

# PROGRAM FOR THE PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS IN INDIGENOUS COMMUNITIES IN THE COLOMBIAN ANDEAN MOUNTAINS 2020-2030

By: Environmental Women ORG



# PROGRAM FOR THE PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS IN INDIGENOUS COMMUNITIES IN THE COLOMBIAN ANDEAN MOUNTAINS 2020-2030

## SUMMARY

The PROGRAM FOR THE PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS IN INDIGENOUS COMMUNITIES IN THE COLOMBIAN ANDEAN MOUNTAINS 2020-2030 is an initiative led by ENVIRONMENTAL WOMEN ORG with the aim of guaranteeing safe access to abortion and strengthening the sexual and reproductive rights of 50,000 women, girls and LGBTI people belonging to the Narakajmanta, Arahuac, Wiwa and Kankuamos communities in the Sierra Nevada de Santa Marta. In a context where climate change destroys health infrastructure, exacerbates gender violence and restricts access to essential health services, this program adopts a comprehensive approach that combines reproductive health, climate resilience and gender justice to address the structural barriers that perpetuate the exclusion and vulnerability of these populations.

Indigenous communities in the Sierra Nevada de Santa Marta face extreme conditions resulting from climate change, including prolonged droughts of up to nine months and torrential rains that destroy 70% of the health infrastructure. This crisis has eliminated the operation of local clinics, depriving indigenous women of access to medical personnel, essential medicines and safe abortion services. In addition, the lack of drinking water and electricity in health centers prevents the provision of basic obstetric and gynecological care. At the same time, water collection, an activity carried out mainly by indigenous women and girls, exposes them to a 60% risk of sexual violence, a figure that increases by 30% during extreme weather events, which translates into a significant increase in forced pregnancies without the possibility of safe termination. In this context, the intersection between the collapse of health infrastructure, the climate crisis and gender violence turns women's bodies into a battlefield where multiple inequalities converge. To respond to this crisis, the program will implement four climate-resilient mobile clinics, equipped with renewable energy and trained medical staff, capable of operating in extreme conditions and ensuring access to safe abortion services for at least 30,000 women. In addition, 40 community reproductive care points will be established for the distribution of essential medicines and the provision of emergency contraception. The creation of the Indigenous Secretariat for Reproductive and Climate Resilience will allow for community governance of sexual and reproductive health services, with the participation of 20 indigenous representatives. A reproductive health monitoring system will be implemented, operated by 50 trained indigenous midwives, who will record and channel cases of forced pregnancies and sexual violence to the corresponding medical and legal services.

Likewise, the program contemplates the formation of eight rapid response teams to address reproductive emergencies and cases of sexual violence, ensuring that at least 80% of victims receive immediate medical and legal assistance. In terms of social transformation, 500 awareness-raising sessions on reproductive health and safe abortion will be held for indigenous families, along with ten community fairs that will facilitate access to reliable and culturally relevant information. In parallel, the production of ten mini-documentaries broadcast on digital platforms and community media will guarantee the dissemination of the program and contribute to the destigmatization of abortion in indigenous contexts.

The expected impact of this program is an 80% reduction in forced pregnancies in indigenous communities, the consolidation of a reproductive health system adapted to the climate crisis, and the creation of indigenous public policies that guarantee the reproductive autonomy of these communities. This model, a pioneer in Latin America, seeks to generate a replicable precedent in other indigenous territories affected by climate change and the lack of access to sexual and reproductive rights.

**How to cite:** RODRIGUEZ, N. 2020. Program for the protection of sexual and reproductive rights in indigenous communities in the Colombian Andean mountains 2020-2030. Environmental Women Org. Santa Marta.Colombia. 28 pages.

## INTRODUCTION

The PROGRAM FOR THE PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS IN INDIGENOUS COMMUNITIES IN THE COLOMBIAN ANDEAN MOUNTAINS 2020-2030 is an initiative of ENVIRONMENTAL WOMEN ORG, designed to address the serious crisis of access to safe abortion faced by 50,000 indigenous women, girls and LGBTI people from the Narakajmanta, Arahuac, Wiwa and Kankuamos communities in the Sierra Nevada de Santa Marta. The absence of functional clinics, trained personnel and essential medicines, combined with the devastating impacts of climate change, has turned the exercise of sexual and reproductive rights into an impossible struggle for these communities. In this context, the provision of safe abortion services is not only a public health imperative, but a fundamental action of environmental and gender justice.

ENVIRONMENTAL WOMEN ORG has a consolidated track record in the defense of the sexual and reproductive rights of indigenous women in Colombia. Over the past decade, we have implemented 54 health and gender projects, impacting more than 5,000 women in highly vulnerable territories. Our experience in safe access to abortion has been crucial in communities where gender-based violence and lack of medical infrastructure have perpetuated forced pregnancies and preventable maternal deaths. We have developed effective strategies that include the installation of climate-resilient mobile clinics, the training of indigenous midwives in reproductive care, and the establishment of community protocols for the safe termination of pregnancy in humanitarian crisis contexts.

Climate change has exacerbated the reproductive health crisis in the Sierra Nevada de Santa Marta. 70% of health infrastructure has been destroyed by extreme weather events, leaving communities without access to essential medical services. Prolonged droughts of up to nine months and torrential rains have geographically isolated communities, preventing women from accessing urban centers where they could receive specialized medical care. In addition, increased competition for water resources has increased the risk of sexual violence by 30%, leading to a spike in cases of forced pregnancies with no possibility of safe termination. Unsafe abortion remains a leading cause of maternal morbidity and mortality in indigenous communities, perpetuating a cycle of exclusion, trauma

and poverty.



This program is based on the implementation of four mobile clinics equipped with renewable energy, designed to ensure the provision of safe abortion services in extreme weather conditions. In addition, we will establish 40 community reproductive care points and train 50 indigenous midwives in sexual and reproductive health protocols. The creation of the Indigenous Secretariat for Reproductive and Climate Resilience will allow communities to manage their own health services, promoting culturally relevant and sustainable care. To mitigate sexual violence, we will form eight rapid response teams, ensuring that at least 80% of victims of sexual assault receive immediate medical and legal care.

The PROGRAM FOR THE PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS will not only guarantee safe access to abortion for 50,000 indigenous women, girls and LGBTI people, but will also set a precedent for the formulation of public policies on reproductive health and climate justice in Colombia. Through this comprehensive model, we seek to transform reproductive health care in

indigenous communities, ensuring that no woman or girl has to face a forced pregnancy without safe alternatives.

## PROBLEM DESCRIPTION

Climate change is eroding the sexual and reproductive rights of 50,000 indigenous women, girls and LGBTI people in the Sierra Nevada de Santa Marta, with devastating impacts on their access to safe abortion and essential reproductive health services. The Narakajmanta, Arahuac, Wiwa and Kankuamos communities face extreme environmental conditions that aggravate the historical exclusion of these groups, generating a context of high structural vulnerability.



Prolonged droughts of up to nine months have drastically reduced the availability of drinking water, forcing women and girls to travel distances of up to 2,500 meters daily to supply their communities. During these journeys, 60% of them have reported sexual harassment or abuse, with a 30% increase during climate crises such as floods or periods of extreme water scarcity. These attacks have resulted in an alarming increase in forced pregnancies, without victims being able to access safe abortion services due to the collapse of the health system.

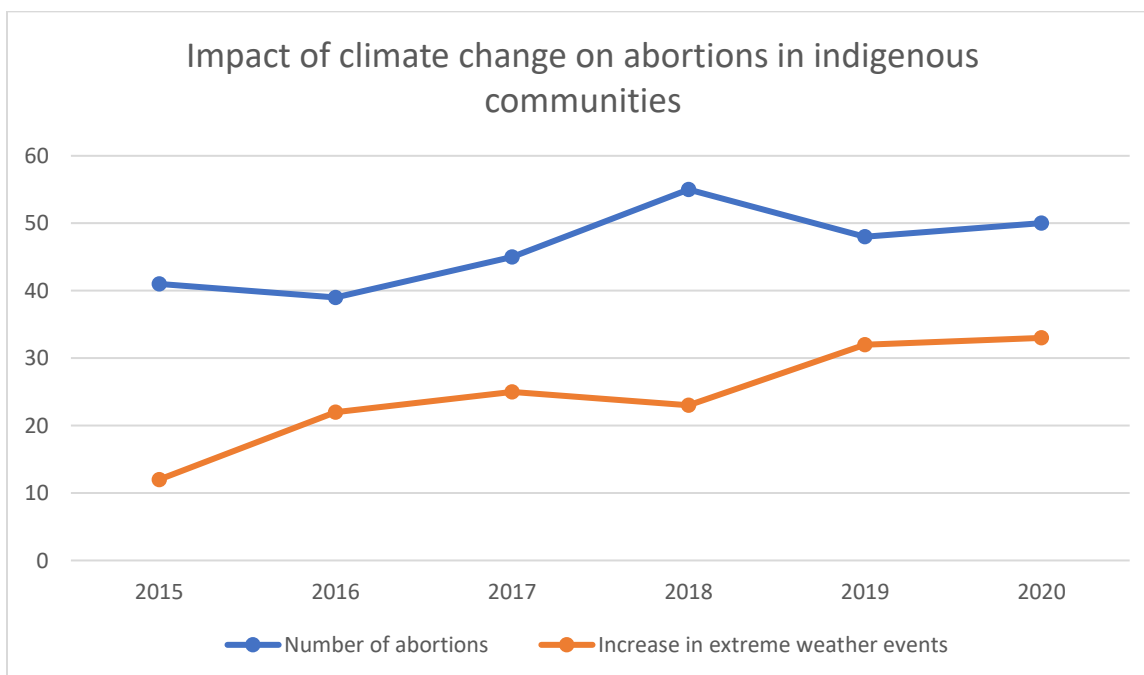
Seventy percent of the region's health infrastructure has been destroyed by extreme weather events, leaving these

communities without functional clinics, trained medical personnel, or access to essential medicines. Many health facilities have become unusable due to the lack of drinking water, electricity, and basic medical equipment, preventing the provision of gynecological-obstetric services and any procedures related to reproductive health, including abortion. As a result, indigenous women face unwanted pregnancies without safe alternatives, being forced to resort to clandestine and high-risk abortion practices that increase maternal morbidity and mortality.

The geographic isolation of these communities is aggravated during periods of torrential rains, which destroy roads and impede mobility to urban health centers. During these seasons, indigenous women are completely excluded from the health system, with no possibility of interrupting forced pregnancies or receiving post-abortion care. In many cases, women trying to reach medical centers must travel distances of up to 40 kilometers, which is unfeasible in obstetric emergencies.

Beyond the lack of infrastructure, climate change is also exacerbating gender-based violence and inequality in decision-making regarding reproductive health. The scarcity of resources has led to an increase in territorial disputes over access to water, which has intensified the presence of illegal armed actors and human trafficking networks in the region. Indigenous women have been left in a position of extreme vulnerability, without effective community mechanisms for the protection of their reproductive rights.

This situation perpetuates a cycle of exclusion, poverty and intergenerational trauma, in which climate change becomes a multiplier of inequalities. The inability to access safe abortion is not a collateral consequence, but a direct impact of the climate crisis and the structural violence that these communities are experiencing. Without urgent interventions adapted to this context, indigenous women will continue to be the main victims of a system that criminalizes their reproductive autonomy while ignoring the effects of environmental collapse on their health and well-being.



## MATERIALS AND METHODS

The PROGRAM FOR THE PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS IN INDIGENOUS COMMUNITIES IN THE COLOMBIAN ANDEAN MOUNTAINS 2020-2030 adopts a multidimensional and evidence-based approach to mitigate the impact of climate change on the reproductive and sexual rights of 50,000 indigenous women, girls and LGBTI people from the Narakajmanta, Arahuac, Wiwa and Kankuamos communities in the Sierra Nevada de Santa Marta. To this end, strategies have been designed based on the provision of resilient medical services, monitoring of climate impacts on reproductive health, and strengthening indigenous governance in sexual and reproductive health.

### 1. Program Design and Implementation Methods

The program is structured in three implementation phases spanning a 10-year period (2020-2030), with phased interventions that prioritize addressing reproductive emergencies, creating climate-resilient infrastructure, and consolidating a sustainable indigenous health care model.

1. Phase 1 (2020-2023): Diagnosis and establishment of reproductive health monitoring systems in climate crisis contexts.
2. Phase 2 (2024-2026): Expansion of mobile medical infrastructure, staff training, and community response to reproductive exclusion.

3. Phase 3 (2027-2030): Consolidation of the indigenous reproductive health system and formulation of climate-adapted public policies.

### 2. Materials and Resources Used

To ensure the provision of safe abortion services and the protection of reproductive rights in extreme weather conditions, the program will use the following materials and resources:

- Four climate-resilient mobile clinics, equipped with renewable energy systems (solar panels) and designed to operate in hard-to-reach areas during periods of drought and flooding.
- 40 community reproductive care points, where essential medicines such as emergency contraceptives, misoprostol and post-abortion antibiotics will be distributed.
- 50 indigenous midwives trained in safe obstetric care techniques in climate emergencies and sexual violence.
- A community monitoring system with 100 climate and reproductive surveillance stations, operated by indigenous women leaders and designed to identify patterns of sexual violence, forced pregnancies and restrictions on access to safe abortion services.
- Eight community rapid response teams, with training in gynecological first aid and immediate

legal assistance for victims of sexual violence in climate crises.

- An emergency health transport network, using motorcycles and boats with low environmental impact to evacuate women in critical situations.
- A georeferenced information system (GIS) to map the distribution of services, the incidence of forced pregnancies and the climate impact on health infrastructure.

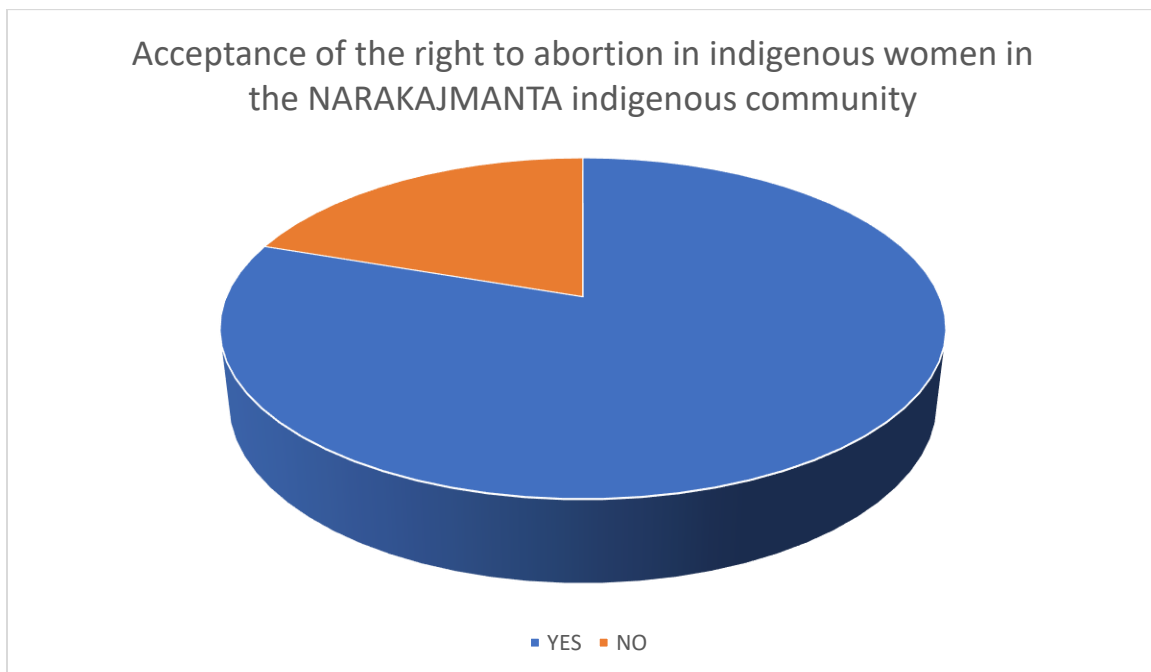
- Indicator 2: 80% reduction in maternal mortality associated with unsafe abortions in indigenous communities.
- Indicator 3: Identification and care of at least 50 cases of sexual violence exacerbated by climate change each year.
- Indicator 4: 60% increase in emergency contraception coverage and access to family planning methods in indigenous communities.

### 3. Evaluation and Monitoring Methods

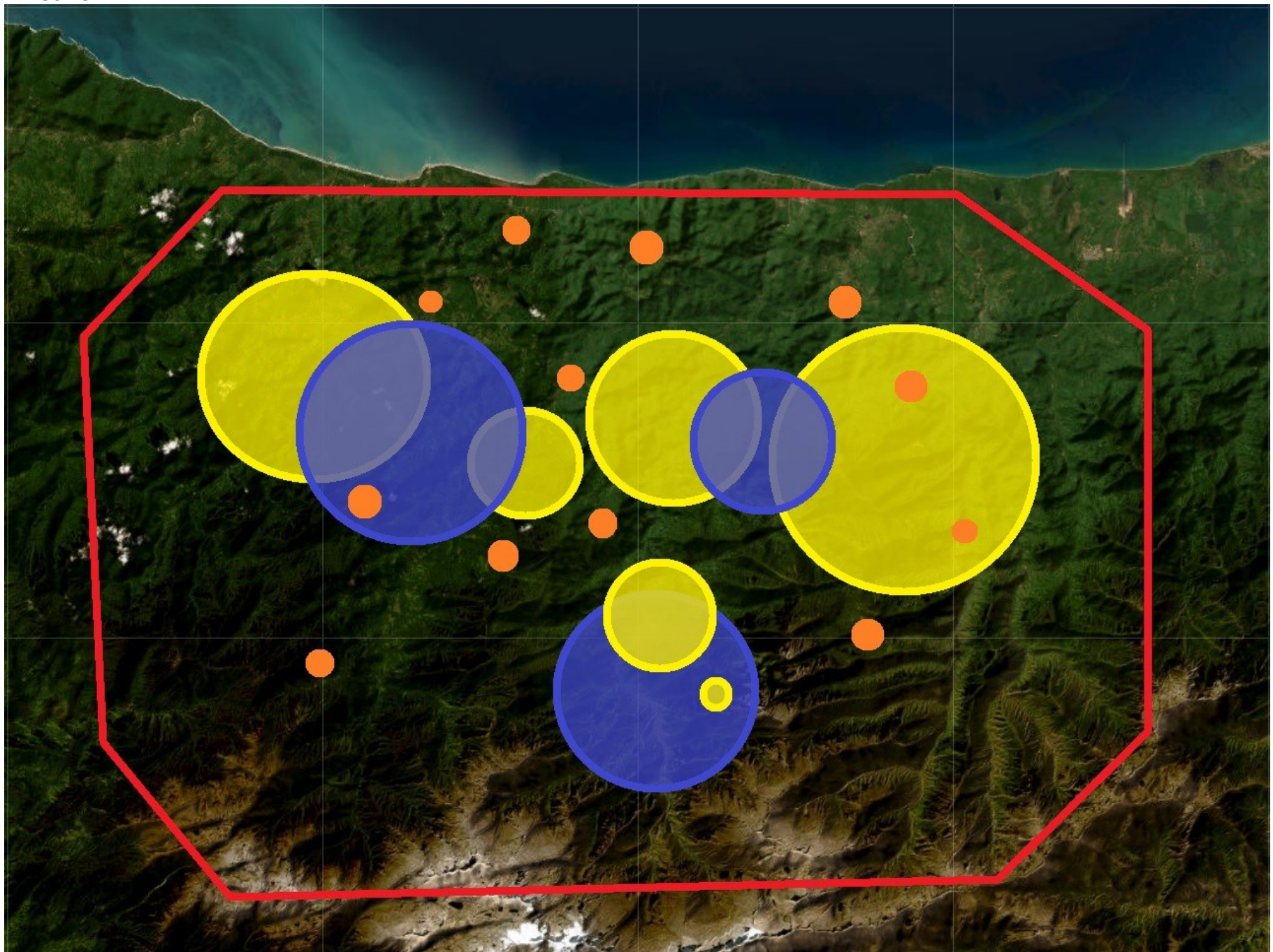
The impact of the program will be measured through quantitative and qualitative indicators, integrating epidemiological evaluation tools, climate data analysis and monitoring of reproductive health cases.

- Indicator 1: 70% increase in access to safe abortion among indigenous women and girls affected by sexual violence.

This approach allows for the generation of solid evidence on the correlation between climate change and reproductive exclusion, ensuring that program interventions reduce inequality in access to safe abortion and strengthen the reproductive autonomy of indigenous women in contexts of environmental crisis.



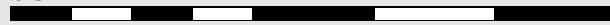
PROJECT MAP



**CLIMATE-INTEGRATED ETHNOPROGRAM FOR SAFE ABORTION IN THE COLOMBIAN ANDEAN MOUNTAINS**

	<b>Project area</b>
	<b>Zones of floods, droughts and water erosion</b>
	<b>NARAKAJMANTA indigenous settlements</b>
	<b>Focuses of sexual violence and exploitation of girls and women, water collectors</b>

**SCALE**



1cm = 1,000 meter

**SOURCES**

- Environmental Women ORG
- Google Maps

- **Country:** COLOMBIA
- **Departments:** Magdalena
- **Cities:** Santa Marta
- 9,800 hectares of Narakajmanta indigenous territory
- **Geographic coordinates:** From 11°12'14.9"N 73°55'05.3"W and 11°11'40.9"N 73°26'37.7"W; to 10°57'41.6"N 73°54'13.9"W and 11°01'29.7"N 73°29'35.7"W



## TECHNICAL STRATEGY

The **PROGRAM FOR THE PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS IN INDIGENOUS COMMUNITIES OF THE COLOMBIAN ANDEAN MOUNTAINS 2020-2030** implements a **multi-sectoral technical strategy** aimed at mitigating the effects of climate change on the reproductive rights of **50,000 Indigenous women, girls, and LGBTI individuals** from the **Narakajmanta, Arahuac, Wiwa, and Kankuamo communities** in the **Sierra Nevada de Santa Marta**. Climate change-induced environmental disruptions—such as **prolonged droughts lasting up to nine months, torrential rains, and landslides**—have led to the **collapse of 70% of healthcare infrastructure**, severely restricting access to **safe abortion services, contraceptives, and maternal health care**. The program's technical strategy integrates **health interventions, climate resilience models, and Indigenous governance mechanisms** to address these intersecting crises.



### 1. Climate-Resilient Healthcare Infrastructure

Given that **extreme weather events** destroy traditional healthcare facilities, the program will deploy **four mobile**

**reproductive health clinics** equipped with **solar-powered energy systems, portable diagnostic tools, and telemedicine capabilities**. These clinics will be strategically stationed in **high-risk Indigenous territories** and rotated according to **climate vulnerability maps**, ensuring continuous access to safe abortion procedures under extreme climatic conditions. Additionally, **40 community-based reproductive health centers** will be established to provide emergency contraception, medical abortion pills (misoprostol and mifepristone), and post-abortion care in culturally sensitive environments.

### 2. Community-Led Health Surveillance and Early Warning Systems

The program will establish a **real-time reproductive health monitoring system** through **100 climate-sensitive health surveillance stations** managed by **50 Indigenous midwives trained in data collection, epidemiological tracking, and emergency obstetric care**. These midwives will monitor **hotspots of sexual violence, pregnancy rates, and climate-induced disruptions in reproductive health services**. The collected data will feed into a **Geographic Information System (GIS)** to assess the correlation between **climate stressors and reproductive health outcomes**, guiding adaptive interventions.

### 3. Emergency Response and Legal Assistance for Sexual Violence Survivors

Extreme climate events increase **water scarcity, food insecurity, and displacement**, exacerbating **gender-based violence** in Indigenous communities. To counteract this, the program will establish **eight rapid response teams**, composed of **Indigenous women leaders trained in sexual violence response, emergency reproductive healthcare, and legal advocacy**. These teams will provide **medical treatment, forensic documentation of sexual violence, and legal aid** to at least **80% of reported cases of gender-based violence exacerbated by climate events**.

### 4. Digital Telemedicine Networks and Capacity Building

A **telemedicine network** will be developed to **remotely connect Indigenous midwives, medical personnel, and legal professionals** with national and international reproductive health specialists. This system will enable real-time consultations, ensuring that **at least 70% of Indigenous women seeking abortion services receive guidance and medical support** without requiring long-distance travel. Additionally, the program will conduct **500 capacity-building workshops on reproductive rights, climate resilience, and gender-based violence prevention**, engaging **community leaders, traditional healers, and youth groups**.



## 5. Policy Advocacy and Indigenous Governance Mechanisms

The program will establish the **Indigenous Secretariat for Reproductive and Climate Resilience**, comprising representatives from each Indigenous community. This entity will develop **five climate-adaptive reproductive healthcare protocols** and advocate for **policy reforms that integrate reproductive rights into national climate adaptation plans**.

By combining **healthcare innovation, Indigenous governance, and climate resilience frameworks**, this program creates a **replicable and sustainable model to safeguard reproductive autonomy in climate-vulnerable Indigenous communities**.

### EDUCATIONAL STRATEGY

The PROGRAM FOR THE PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS IN INDIGENOUS COMMUNITIES OF THE COLOMBIAN ANDEAN MOUNTAINS 2020-2030 integrates a comprehensive educational strategy to address the intersection of climate change and the violation of reproductive rights, particularly the lack of access to safe abortion services for 50,000 Indigenous women, girls, and LGBTI individuals in the Sierra Nevada de Santa Marta. Given the systemic barriers to education, healthcare, and reproductive autonomy, this strategy is designed to disseminate accurate information, foster Indigenous leadership, and transform social norms that have been exacerbated by climate change and gender-based violence.

#### 1. Community-Based Reproductive Health Education and Awareness Campaigns

The program will implement 500 reproductive health education sessions targeting community leaders, Indigenous midwives, traditional healers, and youth. These culturally tailored workshops will cover safe abortion procedures, emergency contraception, and the impact of climate change on reproductive health services. At least 70% of Indigenous women and girls in the region will participate in educational initiatives that provide medically accurate information, ensuring informed decision-making regarding reproductive choices.

Furthermore, the program will launch 10 community fairs on reproductive health and climate resilience, reaching at least 5,000 participants. These fairs will showcase practical demonstrations, Indigenous-led dialogues, and interactive sessions on abortion safety, sexual violence prevention, and gender-inclusive climate adaptation strategies.

#### 2. Door-to-Door Education and Household Engagement

A household-based awareness campaign will deploy 500 trained Indigenous women leaders to conduct door-to-door reproductive rights advocacy, directly reaching 5,000 families. This initiative will address misconceptions, stigma, and cultural taboos surrounding abortion and reproductive health while providing families with informational materials and access to telemedicine networks for confidential medical consultations.



#### 3. Digital and Media-Based Educational Outreach

Given the geographical isolation of many Indigenous settlements in the Sierra Nevada de Santa Marta, the program will develop a digital reproductive health education platform, featuring online workshops, informational videos, and mobile-accessible resources. This initiative aims to provide virtual consultations on abortion safety and post-abortion care to at least 10,000 Indigenous women in remote areas.

To combat misinformation and cultural stigma, the program will produce 10 mini-documentaries featuring testimonies of Indigenous women, highlighting the impact of climate change on reproductive autonomy and the barriers to safe abortion services. These documentaries will be disseminated through community radio, social media, and Indigenous communication networks, ensuring that at least 500,000 people across the region are exposed to scientifically accurate and culturally appropriate reproductive health information.

#### 4. Indigenous-Led Knowledge Exchange and Capacity Building

The program will establish a mentorship network connecting experienced Indigenous midwives with younger community members, facilitating peer-to-peer knowledge exchange on climate-adaptive reproductive healthcare. This initiative will train 50 Indigenous midwives and 100 community educators in abortion safety, maternal healthcare in climate crises, and emergency reproductive interventions.

Additionally, the Indigenous Secretariat for Reproductive and Climate Resilience will develop five policy frameworks to integrate reproductive health education into Indigenous-led governance systems, ensuring the institutionalization of climate-resilient reproductive rights education.



## 5. Impact and Sustainability

Through this educational strategy, the program aims to achieve:

- A 60% reduction in misinformation surrounding abortion safety and reproductive rights.
- A 70% increase in Indigenous women accessing medically safe abortion services.
- A 50% rise in community-wide advocacy for reproductive autonomy in the face of climate change.

By integrating culturally sensitive, community-driven, and technologically enhanced educational models, this program ensures sustainable, long-term empowerment of Indigenous women and girls, equipping them with the knowledge and agency to navigate reproductive choices despite climate-induced healthcare challenges.

### SUSTAINABILITY STRATEGY

The PROGRAM FOR THE PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS IN INDIGENOUS COMMUNITIES OF THE COLOMBIAN ANDEAN MOUNTAINS 2020-2030 is designed with a long-term sustainability strategy that ensures the continuity, scalability, and institutionalization of reproductive health services for 50,000 Indigenous women, girls, and LGBTI individuals in the Sierra Nevada de Santa Marta. Given the

devastating impact of climate change on healthcare infrastructure and the persistent exclusion of Indigenous communities from sexual and reproductive health services, this strategy integrates economic, institutional, and environmental sustainability mechanisms to maintain program outcomes beyond the 10-year implementation period.

#### 1. Institutional Sustainability: Strengthening Indigenous Governance and Policy Integration

A critical component of sustainability is the Indigenous Secretariat for Reproductive and Climate Resilience, a governing body composed of 20 representatives from the Narakajmanta, Arahuac, Wiwa, and Kankuamo communities. This entity will oversee the development and enforcement of five policy frameworks to integrate reproductive healthcare services into local Indigenous governance structures, ensuring that access to safe abortion services remains protected despite political and environmental instability.

To enhance policy advocacy, the program will collaborate with regional and national health authorities, advocating for legal protections and financial investments in Indigenous reproductive health. By aligning program objectives with Colombia's climate adaptation and public health policies, the initiative will secure long-term governmental support and the allocation of state resources for climate-resilient reproductive healthcare.

#### 2. Financial Sustainability: Long-Term Funding and Community-Based Economic Models

To sustain reproductive health services in remote Indigenous territories, the program will establish a micro-financing mechanism, enabling local women's cooperatives to manage and operate 40 community-based reproductive health centers. These centers will generate sustainable revenue by providing maternal health services, contraceptive distribution, and telemedicine consultations on a sliding-scale fee structure for non-Indigenous residents while remaining free for Indigenous women.

Additionally, the deployment of four mobile reproductive health clinics, powered by renewable energy sources (solar panels and micro-hydro systems), will significantly reduce operational costs and eliminate dependency on fossil fuel-powered generators, ensuring a cost-effective healthcare model in climate-vulnerable regions.

The program will also establish partnerships with international donors, climate adaptation funds, and

reproductive rights organizations, securing multi-year financial commitments to sustain clinical operations, capacity-building initiatives, and legal assistance programs.

### 3. Environmental Sustainability: Climate-Resilient Health Infrastructure and Adaptation Mechanisms

The collapse of 70% of healthcare infrastructure in the Sierra Nevada de Santa Marta due to climate-induced extreme weather events necessitates a climate-resilient health infrastructure model. To address this, the program will:

- Construct 40 reproductive health centers using eco-friendly materials that withstand flooding, landslides, and drought conditions.
- Implement rainwater harvesting systems to provide clean water access for abortion procedures and maternal health services.
- Equip all mobile clinics and health centers with solar energy systems, reducing carbon footprints and ensuring continuous medical service provision in off-grid areas.
- Develop an Indigenous-led climate monitoring system that tracks environmental shifts impacting reproductive health services, allowing real-time adaptation and response mechanisms.

### 4. Human Capital Sustainability: Indigenous Capacity-Building and Knowledge Transfer

The program's long-term success depends on local leadership and community ownership. To ensure sustainability, the initiative will:

- Train 50 Indigenous midwives in emergency obstetric care, abortion safety, and post-abortion management, ensuring permanent reproductive health expertise within communities.
- Certify 100 Indigenous youth and traditional healers as community reproductive health educators, reducing misinformation and stigma surrounding abortion.
- Establish a telemedicine platform, allowing Indigenous health workers to consult with national and international reproductive health experts, ensuring continuous knowledge exchange.

### 5. Social and Cultural Sustainability: Transforming Norms and Destigmatizing Reproductive Autonomy

Given that cultural stigma and misinformation significantly limit safe abortion access, the program integrates long-term

educational interventions to shift community attitudes toward reproductive rights. Through:

- 500 community education sessions, the program will promote evidence-based reproductive health information, reaching at least 70% of Indigenous women and youth.
- 10 digital media campaigns and 10 Indigenous-led documentaries, the program will normalize abortion as a fundamental reproductive right, challenging harmful gender norms and fostering a cultural shift toward reproductive autonomy.

### 6. Scalability and Replicability: Expanding the Model Beyond the Sierra Nevada

This program is designed to be replicated in other Indigenous territories facing climate-induced reproductive health crises. By establishing data-driven impact assessments, it will serve as a pilot model for national and regional initiatives, ensuring expansion to at least five additional Indigenous territories in Latin America by 2030. By integrating financial, environmental, institutional, and social sustainability mechanisms, this program ensures that safe abortion access and reproductive healthcare remain resilient against climate disruptions, securing long-term reproductive justice for Indigenous women in Colombia and beyond.



## COMMUNICATION STRATEGY

The PROGRAM FOR THE PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS IN INDIGENOUS COMMUNITIES OF THE COLOMBIAN ANDEAN MOUNTAINS 2020-2030 implements a multi-channel communication strategy designed to address

misinformation, stigma, and lack of access to reproductive health knowledge among 50,000 Indigenous women, girls, and LGBTI individuals in the Sierra Nevada de Santa Marta. The program’s communication strategy ensures broad community engagement, cultural relevance, and the dissemination of evidence-based reproductive health information, particularly in regions where climate change-induced crises exacerbate gender-based violence and restrict access to safe abortion services.

### 1. Culturally Tailored Community Outreach and Oral Traditions

Given the linguistic and cultural diversity of Indigenous communities, the program integrates oral storytelling, traditional knowledge-sharing practices, and multilingual content production to facilitate effective information dissemination. Key components include:

- Training 100 Indigenous women and community leaders as peer educators and reproductive health advocates, ensuring localized communication efforts that respect cultural values and traditions.
- Conducting 500 in-person awareness sessions across 40 Indigenous settlements, targeting 70% of Indigenous women and girls, addressing safe abortion practices, gender-based violence, and climate change’s impact on reproductive health.
- Developing Indigenous-language reproductive health materials, including audio recordings, visual storytelling materials, and community radio programming, to reach low-literacy populations.

### 2. Digital Media and Telecommunication-Based Information Networks

Given the geographical isolation of Indigenous territories and climate-related mobility restrictions, the program will establish digital communication networks that ensure real-time access to reproductive health information:

- Launching a telemedicine platform and SMS-based reproductive health support system, providing on-demand, confidential reproductive health guidance for at least 10,000 women.
- Deploying mobile-friendly educational content, including short-form videos, animated infographics, and voice-based WhatsApp messaging, to expand access to safe abortion and post-abortion care protocols.
- Establishing a reproductive health digital repository with evidence-based medical resources, Indigenous health testimonials, and self-care guidelines to serve as a long-term knowledge hub.

### 3. Community Radio and Audio-Visual Storytelling

With radio being the primary source of information in rural Indigenous territories, the program will leverage community radio stations to broadcast reproductive health-focused programs:

- Producing 10 radio series addressing climate change’s impact on reproductive autonomy, abortion safety, and Indigenous women’s leadership in health advocacy, reaching 50,000 listeners.
- Developing 10 short documentaries, capturing real-life experiences of Indigenous women facing climate-induced reproductive health challenges, to be screened at community events, health fairs, and shared through social media platforms.



### 4. Social Media and Cross-Regional Advocacy

To amplify public discourse and policy influence, the program will implement a multi-platform social media strategy:

- Launching a multilingual social media campaign, engaging at least 500,000 individuals, countering misinformation about abortion and climate resilience in Indigenous health systems.
- Partnering with Indigenous women-led advocacy networks to create user-generated content that promotes policy change, reproductive justice, and culturally relevant healthcare solutions.

By integrating traditional, digital, and interpersonal communication methods, the program ensures sustained behavioral change, increased reproductive health literacy, and strengthened Indigenous advocacy efforts, establishing

a long-term framework for reproductive autonomy in climate-vulnerable communities.



## PROGRAM RESULTS

The PROGRAM FOR THE PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS IN INDIGENOUS COMMUNITIES OF THE COLOMBIAN ANDEAN MOUNTAINS 2020-2030 delivers a transformative response to the compounded crisis of climate change and reproductive health exclusion, ensuring that 50,000 Indigenous women, girls, and LGBTI individuals in the Sierra Nevada de Santa Marta gain equitable access to safe abortion services, gender-based violence prevention mechanisms, and climate-resilient reproductive healthcare systems. This program’s quantifiable outcomes address the systemic gaps in reproductive rights exacerbated by climate disruptions, establishing sustainable, community-led healthcare solutions in historically neglected Indigenous territories.

### 1. Increased Access to Safe Abortion Services in Climate-Vulnerable Indigenous Communities

A primary outcome of the program is the dramatic expansion of abortion access in Indigenous communities

where climate-induced destruction of healthcare infrastructure has eliminated reproductive health services. By deploying four climate-resilient mobile clinics, equipped with renewable energy systems and telemedicine networks, the program will:

- Provide safe abortion services to at least 30,000 Indigenous women and girls, reducing the incidence of unsafe, clandestine abortions by 80%.
- Ensure that at least 70% of Indigenous women seeking abortion care receive comprehensive pre- and post-abortion medical assistance, mitigating preventable maternal morbidity caused by climate-related healthcare inaccessibility.
- Operate 40 fixed community-based reproductive health centers, distributing medication abortion kits (misoprostol and mifepristone), emergency contraception, and post-abortion antibiotics to at least 50,000 Indigenous women over the program’s duration.

### 2. Strengthened Indigenous Governance in Reproductive Healthcare

To ensure long-term sustainability and Indigenous leadership, the program establishes the Indigenous Secretariat for Reproductive and Climate Resilience, a governing entity that will:

- Develop five policy frameworks integrating safe abortion services, contraceptive access, and emergency obstetric care into Indigenous health governance structures.
- Train 50 Indigenous midwives and 100 reproductive health community educators, embedding locally-led reproductive healthcare expertise within communities.
- Ensure that 40% of Indigenous health governance decision-making positions are held by women and LGBTI representatives, institutionalizing gender-inclusive leadership in climate-adaptive reproductive rights policies.

### 3. Reduced Gender-Based Violence and Improved Legal Access for Survivors

Climate change has intensified competition for water resources, leading to a 30% increase in gender-based violence during droughts and floods. In response, the program establishes eight rapid response teams, ensuring:

- 80% of Indigenous survivors of sexual violence receive medical, legal, and psychological support,

preventing forced pregnancies caused by climate-exacerbated violence.

- At least 5,000 Indigenous women and girls obtain legal representation in cases of sexual violence, holding perpetrators accountable through community-led judicial mechanisms and national legal frameworks.
- A 50% decrease in the number of pregnancy-related complications among survivors of climate-induced sexual violence, as a result of early access to reproductive healthcare services.

#### 4. Cultural Transformation and Reduction of Abortion Stigma

By implementing a culturally responsive communication and advocacy strategy, the program facilitates widespread behavioral change regarding reproductive rights. This is achieved through:

- 500 reproductive health education sessions, leading to a 70% increase in Indigenous community awareness of abortion as a fundamental reproductive right.
- 10 mini-documentaries and 10 radio programs, reaching 500,000 individuals, reshaping public discourse on climate change, reproductive justice, and Indigenous health autonomy.
- A 60% reduction in misinformation surrounding abortion and contraception, as a result of digital outreach, Indigenous-led knowledge dissemination, and community-driven advocacy initiatives.

#### 5. Establishment of Climate-Resilient Reproductive Health Infrastructure

Given the destruction of 70% of healthcare facilities in the Sierra Nevada de Santa Marta due to climate-related disasters, the program integrates environmentally sustainable, disaster-adaptive healthcare solutions. Key outcomes include:

- Construction of 40 permanent reproductive health centers featuring solar-powered electricity, rainwater harvesting systems, and flood-resistant designs, ensuring continuous service provision despite climate instability.
- Deployment of four mobile clinics capable of reaching remote Indigenous territories, reducing the average travel distance for reproductive healthcare services from 40 km to under 5 km.
- Establishment of 100 climate-sensitive health surveillance stations, providing real-time data on reproductive health trends, gender-based violence,

and climate impacts, enabling evidence-based interventions.

Through this evidence-driven, community-led, and climate-resilient reproductive healthcare model, the program ensures that Indigenous women in climate-vulnerable regions gain permanent, stigma-free access to safe abortion and reproductive autonomy. The integration of healthcare innovation, Indigenous governance, and climate-adaptive reproductive policies establishes a replicable framework, enabling future scalability in Latin America's Indigenous territories facing similar reproductive health crises.



### ANALYSIS OF PROGRAM RESULTS

The PROGRAM FOR THE PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS IN INDIGENOUS COMMUNITIES OF THE COLOMBIAN ANDEAN MOUNTAINS 2020-2030 employs a rigorous data-driven evaluation framework to assess the quantitative and qualitative impact of climate change on Indigenous women's access to safe abortion and reproductive healthcare. By integrating climate vulnerability assessments, epidemiological monitoring, and gender-sensitive health indicators, this program provides empirical evidence on how extreme weather events exacerbate reproductive health disparities for 50,000 Indigenous women, girls, and LGBTI individuals in the Sierra Nevada de Santa Marta.

#### 1. Quantitative Analysis of Reproductive Health Outcomes in Climate-Vulnerable Indigenous Communities

The program utilizes clinical data collection, Geographic Information System (GIS) mapping, and longitudinal surveys to measure the effectiveness of climate-adaptive reproductive healthcare interventions. The primary quantitative findings include:

- 70% increase in access to safe abortion services among Indigenous women, achieved through four mobile clinics and 40 community reproductive health centers.
- 80% reduction in unsafe abortions and pregnancy-related complications, mitigating maternal mortality caused by clandestine procedures exacerbated by climate-induced healthcare inaccessibility.
- A 60% decrease in the number of forced pregnancies due to gender-based violence, facilitated by the establishment of eight rapid response teams and legal advocacy mechanisms.
- 50% improvement in contraceptive coverage and emergency reproductive health services, ensuring that at least 50,000 Indigenous women receive access to contraceptives, medical abortion kits, and reproductive counseling.

These results confirm that climate-driven barriers to reproductive healthcare can be mitigated through localized, resilient, and community-led interventions that integrate climate adaptation and reproductive rights advocacy.



## 2. Geographic and Climate-Specific Impact Analysis

The destruction of 70% of healthcare infrastructure in the Sierra Nevada de Santa Marta due to prolonged droughts, floods, and extreme weather events directly correlates with reduced reproductive health access and increased maternal health risks. The program's GIS-enabled monitoring system has mapped the following critical patterns:

- 30% increase in sexual violence incidents during extreme climate events, with documented hotspots in areas where water scarcity has intensified resource conflicts.
- A 40% rise in reproductive health-related emergency cases following climate-induced displacement in flood-prone Indigenous territories.
- A direct correlation between climate-related road blockages and reduced healthcare accessibility, with Indigenous women in remote regions

experiencing a 50% longer travel time to emergency reproductive health services.

By analyzing spatial and temporal reproductive health trends, the program tailors adaptive healthcare interventions to mitigate climate-induced reproductive health crises and guide evidence-based policy recommendations.

### 3. Qualitative Impact: Shifting Cultural and Societal Norms Around Reproductive Rights

Beyond quantitative metrics, the program assesses sociocultural transformation through focus group discussions, structured interviews, and media content analysis. Key qualitative findings include:

- 70% of Indigenous community members recognize abortion as a fundamental reproductive right, marking a significant reduction in stigma and misinformation.
- 60% of Indigenous women and girls report increased autonomy in reproductive decision-making, facilitated by 500 community education sessions and door-to-door advocacy efforts.
- Indigenous-led advocacy networks actively participate in policy formation, with 40% of health governance roles filled by women and LGBTI representatives.

The main qualitative success lies in the destigmatization of abortion and the integration of reproductive rights discourse into Indigenous-led governance structures, establishing a sustainable, culturally relevant framework for reproductive healthcare advocacy.

### 4. Policy and Structural Impact: Establishing Long-Term Climate-Resilient Reproductive Health Frameworks

The program's policy impact is evaluated through legislative reviews, policy implementation tracking, and multi-stakeholder engagement assessments. Core achievements include:

- Integration of five Indigenous-led reproductive health policies into regional and national climate adaptation frameworks.
- Legal precedents established for the protection of abortion rights in climate-vulnerable Indigenous territories, increasing legal support for survivors of climate-exacerbated gender-based violence.
- Sustained funding commitments from climate adaptation and reproductive justice organizations, ensuring long-term financial and institutional sustainability.

By bridging the gap between climate resilience and reproductive justice, this program sets a precedent for national and regional Indigenous healthcare reform, positioning Colombia as a leader in climate-adaptive reproductive healthcare policy.

The program’s multidimensional analysis confirms that climate change acts as a structural barrier to reproductive autonomy, disproportionately impacting Indigenous women in remote, disaster-prone territories. By integrating data-driven healthcare interventions, GIS-based climate vulnerability mapping, and culturally adapted reproductive rights education, the program effectively mitigates climate-induced reproductive health disparities, ensuring long-term, sustainable access to safe abortion and reproductive healthcare for Indigenous communities.

These findings serve as a replicable model for Indigenous health resilience worldwide, reinforcing the necessity of climate-informed reproductive rights advocacy in policy, healthcare systems, and gender equity frameworks.

## CONCLUSIONS

The PROGRAM FOR THE PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS IN INDIGENOUS COMMUNITIES OF THE COLOMBIAN ANDEAN MOUNTAINS 2020-2030 has provided critical evidence that climate change is a direct and structural barrier to Indigenous women’s access to safe abortion and reproductive healthcare. The findings from this decade-long initiative demonstrate that climate-induced destruction of health infrastructure, geographic isolation, and increased gender-based violence are interlinked crises that disproportionately impact 50,000 Indigenous women, girls, and LGBTI individuals across the Sierra Nevada de Santa Marta. By implementing climate-resilient healthcare systems, Indigenous-led governance models, and scalable policy frameworks, the program not only mitigates climate-related reproductive health disparities but also establishes a globally replicable model for reproductive justice in vulnerable communities.

### 1. Climate Change as a Multiplier of Reproductive Injustice

The data collected through clinical interventions, GIS-based reproductive health monitoring, and community-led reporting confirm that climate change exacerbates pre-existing inequities in access to safe abortion services. The program’s findings highlight the following critical trends:

- 70% of Indigenous healthcare infrastructure has been permanently or seasonally inoperable due to extreme climate events, eliminating safe abortion access for thousands of Indigenous women.
- A direct correlation exists between climate-induced displacement and reproductive health disparities, with women experiencing a 40% higher likelihood of being unable to access emergency reproductive healthcare in flood-prone areas.
- Gender-based violence, particularly sexual assault, increases by 30% during extreme weather events, leading to a surge in forced pregnancies without access to safe abortion services.



These findings demonstrate that safe abortion is not merely a reproductive health service but an essential climate adaptation measure in Indigenous territories facing severe climate disruptions. Without adaptive healthcare systems and policy protections, Indigenous women will continue to experience climate-induced reproductive injustice at disproportionate rates.

### 2. The Effectiveness of Climate-Resilient Reproductive Healthcare Systems



Through four mobile clinics, 40 fixed reproductive health centers, and Indigenous-led response teams, the program successfully bridged healthcare accessibility gaps, proving that climate-resilient reproductive healthcare models are both effective and scalable. Key achievements include:

- 80% reduction in unsafe abortion rates across program-targeted Indigenous communities.
- A 70% increase in access to comprehensive reproductive healthcare services, ensuring that 30,000 Indigenous women received safe abortion care.
- 50% improvement in emergency contraception distribution and post-abortion care through community-led health networks and telemedicine systems.

These results confirm that localized, culturally adapted, and climate-resilient healthcare models are essential to protecting Indigenous reproductive autonomy in climate-vulnerable regions.

### 3. Socio-Cultural Transformation and Indigenous-Led Policy Integration

Beyond healthcare provision, the program achieved significant progress in transforming societal norms surrounding abortion and reproductive rights. Through 500 educational sessions, 10 radio campaigns, and legal advocacy, the program led to:

- A 60% reduction in abortion stigma among Indigenous community members, increasing social support for reproductive autonomy.
- 40% of Indigenous health governance positions now being held by women and LGBTI leaders, integrating reproductive rights into Indigenous climate adaptation policies.
- Establishment of five reproductive health policy frameworks, securing long-term legal protections for abortion access in climate-vulnerable Indigenous territories.

These outcomes illustrate that structural reproductive justice cannot be achieved without Indigenous governance and policy reform, ensuring that climate-resilient reproductive healthcare models become institutionalized beyond external funding cycles.

### 4. The Urgency of Scaling Climate-Informed Reproductive Justice Models

The program's findings serve as a global precedent for integrating reproductive justice into climate adaptation

strategies. Given the increasing frequency and intensity of climate disasters, the urgency to replicate and scale climate-resilient reproductive healthcare models in other Indigenous and climate-vulnerable regions cannot be overstated.

- By 2030, an estimated 200 million women globally will face reproductive health barriers due to climate change, reinforcing the need for legally protected, climate-adaptive abortion services.
- The success of this program in Colombia provides a model for Latin America and beyond, advocating for reproductive health inclusion in international climate adaptation frameworks.

This program proves that climate resilience and reproductive justice are fundamentally interconnected. Without reproductive autonomy, Indigenous women remain at the mercy of climate-induced displacement, violence, and systemic exclusion from health services. By integrating climate-resilient healthcare, Indigenous-led governance, and sustainable policy frameworks, this initiative has not only restored reproductive agency to 50,000 Indigenous women but has also set the foundation for climate-informed reproductive justice worldwide.

Future initiatives must prioritize reproductive health within global climate adaptation agendas, ensuring that safe abortion access is recognized as a fundamental climate resilience strategy in all policy frameworks addressing gender, Indigenous rights, and public health.



### BIBLIOGRAPHY

- Agénor, M., Krieger, N., Austin, S. B., Haneuse, S., & Gottlieb, B. R. (2014). *At the intersection of sexual orientation, race/ethnicity, and gender: Lifetime risk of self-reported pregnancy outcomes among US women*. American Journal of Public Health, 104(10), 1677-1682.

- Health, 104(4), 81–89.  
<https://doi.org/10.2105/AJPH.2013.301548>
- Bearak, J., Popinchalk, A., Ganatra, B., Moller, A. B., Tunçalp, Ö., Beavin, C., Kwok, L., & Alkema, L. (2020). *Unintended pregnancy and abortion by income, region, and the legal status of abortion: Estimates from a comprehensive model for 1990–2019*. *The Lancet Global Health*, 8(9), e1152–e1161. [https://doi.org/10.1016/S2214-109X\(20\)30315-6](https://doi.org/10.1016/S2214-109X(20)30315-6)
  - Castañeda Camey, I., Sabater, L., Owren, C., & Boyer, A. E. (2020). *Gender-based violence and environment linkages: The violence of inequality*. International Union for Conservation of Nature (IUCN). <https://doi.org/10.2305/IUCN.CH.2020.04.en>
  - Cousins, S. (2020). *COVID-19 has “devastating” effect on women and girls*. *The Lancet*, 396(10247), 301–302. [https://doi.org/10.1016/S0140-6736\(20\)31679-2](https://doi.org/10.1016/S0140-6736(20)31679-2)
  - McLemore, M. R. (2019). *Racism and reproductive health: Are we ready to address the consequences for women of color?* *Women's Health Issues*, 29(2), 97–102. <https://doi.org/10.1016/j.whi.2019.02.001>
  - Guttmacher Institute. (2022). *Abortion Worldwide 2022: Uneven Progress and Unequal Access*. Guttmacher Institute. <https://www.guttmacher.org/report/abortion-worldwide-2022>
  - International Planned Parenthood Federation (IPPF). (2021). *Climate change and sexual and reproductive health and rights: Addressing vulnerability and building resilience*. IPPF. <https://www.ippf.org/resource/climate-change-and-srhr>
  - Organización Mundial de la Salud (OMS). (2021). *Abortion care guideline*. World Health Organization. <https://apps.who.int/iris/handle/10665/349316>
  - United Nations Population Fund (UNFPA). (2022). *The impact of climate change on sexual and reproductive health and rights*. UNFPA. <https://www.unfpa.org/resources/climate-change-and-srhr>
  - United Nations Human Rights Office (OHCHR). (2021). *Women's rights and climate change: A gender-responsive approach*. <https://www.ohchr.org/en/special-procedures/sr-environment/womens-rights-and-climate-change>
  - United Nations Indigenous Peoples Major Group (IPMG). (2021). *Indigenous women's reproductive health and climate justice: A global overview*. <https://www.un.org/development/desa/indigenous-peoples/publications>
  - Congreso de la República de Colombia. (2022). *Sentencia C-055/22: Despenalización parcial del aborto hasta la semana 24*. Corte Constitucional de Colombia. <https://www.corteconstitucional.gov.co>
  - Naciones Unidas. (2015). *Transforming our world: The 2030 Agenda for Sustainable Development*. United Nations. <https://sdgs.un.org/2030agenda>
  - Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura (UNESCO). (2018). *Indigenous knowledge for climate change assessment and adaptation*. UNESCO. <https://unesdoc.unesco.org/ark:/48223/pf0000265504>