

## GHI Implementation and Sexual and Reproductive Health in Guatemala: A Progress Report

Center for Health and Gender Equity (CHANGE)



### INTRODUCTION

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Sexual and reproductive health are at the core of global health. If women and girls have access to the services and tools that support healthy pregnancies and protect against unintended pregnancy, HIV, and other sexually transmitted infections, the benefits in terms of healthy women, young people, children, and communities are staggering.

The Obama administration's Global Health Initiative (GHI) marked an important shift in U.S. global health assistance by emphasizing an integrated, country-driven approach. Three of GHI's seven principles are particularly critical for advancing sexual and reproductive health: the focus on women, girls, and gender equality; country ownership; and integration of health sectors.

**METHODOLOGY:** To assess the development of GHI's implementation and the extent to which it is advancing sexual and reproductive health and rights, CHANGE staff and consultants interviewed stakeholders, engaged local civil society organizations, and conducted site visits in Guatemala, Ethiopia, and Nigeria. CHANGE staff also met with policy makers in Washington, D.C., and reviewed policy documents and GHI country strategies.

This analysis should be considered a preliminary snapshot of a developing initiative. CHANGE staff appreciates and recognizes that GHI is a work in progress, with important possibilities for significantly improving the impact of U.S. global health programs given limited resources. Gauging GHI's success or failure is not the purpose of this analysis. Rather, the analysis seeks to provide constructive guidance to facilitate fulfillment of GHI's promise.

Since the Global Health Initiative (GHI) was launched in 2009, CHANGE has recognized GHI's promise for advancing women and girls' access to sexual and reproductive health services and human rights. The input of civil society and the perspectives of those most affected by U.S. programs provide essential feedback to those implementing GHI principles and programs. In Guatemala, Nigeria, and Ethiopia, CHANGE is collaborating with civil society to monitor GHI implementation and advocate for policies and programs that promote the health and rights of women and girls.

**COUNTRY PROFILE:** Guatemala has a population of 14.3 million people, of which about 40% are of indigenous (Mayan) descent. Stark health inequities exist between the indigenous and non-indigenous populations.<sup>i</sup>

- Modern contraceptive use by women of reproductive age in union: 44% total, 28% Indigenous, 54.2% Non-Indigenous
- Childbirth attended by medical personnel: 51.6% Total, 29.5% Indigenous, 70.2% Non-Indigenous
- Unmet need for family planning among indigenous women (29.6%) versus non-indigenous women (15.1%)
- Maternal mortality ratio (deaths per 100,000 live births): 139.4/100,000, 211/100,000 among indigenous women compared with 70/100,000 among non-indigenous women (2007)<sup>ii</sup>
- Only 2% of schools have “effective life skills-based HIV education”<sup>iii</sup>
- For every six births in Guatemala, there is one abortion. Most of these are illegal, as abortion is only legally permitted to save the life of the woman.<sup>iv</sup>
- Guatemala's HIV epidemic is largely sexually driven (94%) and concentrated among men who have sex with men (MSM) and sex workers, with a national prevalence of 0.9%.<sup>v</sup>
- Guatemala has graduated from family planning commodity support, so U.S. family planning funds support technical assistance only.

Guatemala is a GHI Plus country, meaning that it receives additional technical and management resources to quickly implement GHI's approach.<sup>vi</sup> The GHI Guatemala country strategy was released in December of 2010 in the first round of country strategies, and the three main priorities outlined were:

- “Improving access to and quality of MCH/FP/RH [maternal and child health, family planning and reproductive health] services in Guatemala with an emphasis on rural and indigenous populations to reduce inequitable health outcomes;
- Preventing chronic malnutrition for children under two years of age with a focus on rural and indigenous populations; and
- Strengthening the use of information for action at all levels of the health system (from the community level to the central level).”<sup>vii</sup>

The Guatemala GHI strategy does not emphasize HIV/AIDS services because these are coordinated under the Central America regional partnership framework, and their interventions are focused on most at-risk populations (MARPs). However, health system strengthening funded by the President’s Emergency Plan for AIDS Relief (PEPFAR) will be integrated with GHI activities.

Under the new Country Development and Cooperation Strategy (2010-16), U.S. Agency for International Development (USAID) in Guatemala has decided to integrate resources and efforts from all sectors to achieve economic and social development results in one geographic focus area of the country—the five highest-need departments of the largely indigenous and rural Western Highlands.<sup>vii</sup>

## FINDINGS

Outlined below are the factors this analysis used to assess GHI implementation progress in Guatemala within each of the three key GHI principles that CHANGE has identified as essential to advancing sexual and reproductive health and rights. Figure 1 shows current progress on each of these principles, based on CHANGE’s research and subjective analysis, compared to progress we anticipate by the end of year 5. For the purposes of the graph, full implementation would mean that these principles are central to every aspect of U.S. government and U.S. contractor activities on sexual and reproductive health in Guatemala.

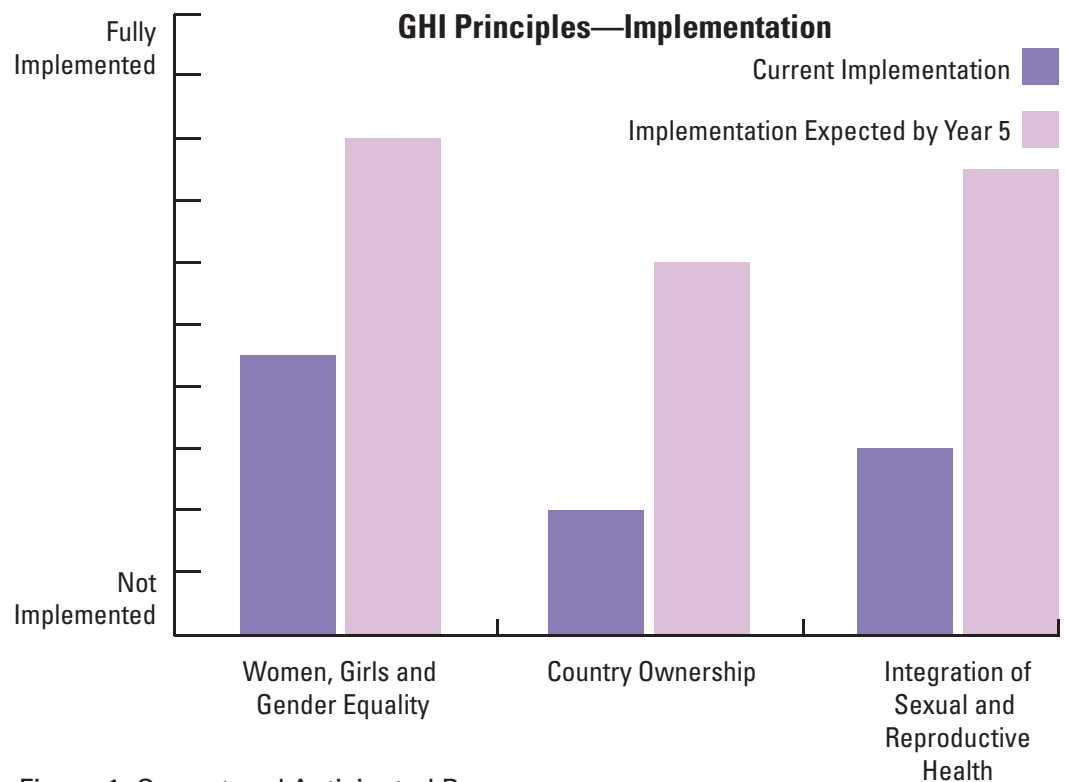


Figure 1: Current and Anticipated Progress

## FOCUS ON WOMEN, GIRLS AND GENDER EQUALITY

Promoting access to health care among women and girls is central to the GHI's expressed goals. In fact, of all the GHI principles, only this principle thus far has been defined through a U.S. government guidance.

As outlined in the GHI Supplemental Guidance on Women, Girls, and Gender Equality, U.S. global health programs should focus efforts on women and include them in program design, implementation, monitoring, and evaluation. This implies country health programs should:

- Work with stakeholders to facilitate access to a full range of health services, recognizing and addressing cultural, social, and legal barriers commonly faced by women and girls;
- Be based on a sound gender analysis, and include consultation with human rights and women's organizations;
- Proactively address issues that have substantial impact on the health of women and girls, yet are considered politically controversial, such as access to safe abortion, emergency contraception, and school-based comprehensive sex education;
- Address HIV risk among women, and provide access to tools women can initiate to prevent unwanted pregnancy and HIV, such as female condoms; and
- Seek to address harmful attitudes and behaviors among men, including gender-based violence and opposition to family planning.

U.S. agencies in Guatemala have made some progress in implementing a women, girls, and gender equality focus. USAID documents and strategies display a clear focus on targeting indigenous women with maternal health and family planning interventions, and implementing organizations report that gender equity is a crosscutting theme in their work.

However, at the time of our research, agency staff interviewed had not seen the GHI Supplemental Guidance that directs country teams how to best approach issues of gender equality and a focus on women and girls, and they had not undertaken a gender analysis of their programs, as recommended by the guidance.

This assessment of the focus on women, girls, and gender equality by U.S. agencies in Guatemala is informed by U.S. attention to: human rights<sup>ix</sup>/gender, adolescents, and abortion and emergency contraception.

### HUMAN RIGHTS AND GENDER: PROGRESS

**ATTENTION TO HUMAN RIGHTS IN STRATEGY.** In USAID/Guatemala's BEST Action Plan for Family Planning, MNCH, and Nutrition, and in their GHI Country Strategy, Mission staff demonstrate a keen awareness that discrimination against indigenous women in maternal health and family planning programs is a serious barrier to care.

**SUPPORT FOR GRASSROOTS ADVOCACY.** A study funded by USAID showed mistreatment in hospitals as one of the barriers to accessing skilled providers

for birth. U.S. health programs have responded by funding indigenous women to advocate for improved care. In response to the demands of indigenous women, a hospital director in Sololá agreed to support vertical birthing positions, modesty (replacing revealing hospital smocks), and midwifery support during and after birth.<sup>x</sup>

**ADDRESSING STIGMA.** The U.S. Mission reports funding many HIV projects that focus on stigma and discrimination, especially among transgender populations. Through implementing organizations, they conduct policy advocacy and media campaigns to decrease stigma, and are working with employers to ensure job protections for people living with HIV.

**ADDRESSING CULTURAL LITERACY.** The USAID Mission has asked implementers to address cultural barriers to services by including information in the local language and ensure providers are informed of clients' rights.

**USING GENDER GUIDANCE.** Although USAID staff interviewed weren't familiar with the Supplemental Guidance on Women, Girls, and Gender Equality, one U.S.-funded implementing organization mentioned that they used it in designing their strategy, particularly on men's normative behavior.

**PROGRESS ON MALE INVOLVEMENT.** U.S. agencies fund organizations that are making progress on male involvement in family planning and other reproductive health programs. For example, the family planning organization WINGS is building a peer support program for men that engages them in discussions about parenting, gender, family planning, violence, and communication. APROFAM, the country's International Planned Parenthood Federation (IPPF) and USAID's main partner on family planning, is considering adopting this model as well.

## HUMAN RIGHTS AND GENDER: AREAS FOR IMPROVEMENT

**INCREASE CONSULTATION.** The BEST Action Plan team consulted with a number of NGOs, including a human rights group and a women's health group, in the development of the Mission's Action Plan for FP, MNCH and Nutrition. Yet other human rights and women's groups report a lack of consultation in the Mission's development of strategies and implementation plans. Ongoing consultation with these groups is essential to ensuring that programs protect and advance women's rights, and is one of the specific recommendations of the GHI Supplemental Guidance on Women, Girls, and Gender Equality.

**INCREASE USE OF EMERGING TECHNOLOGIES.** Anti-shock garments and magnesium sulfate are two emerging maternal health technologies that can help decrease maternal mortality. Although these have been discussed and studied, they have not been scaled up.

**IMPROVE MONITORING.** U.S. agencies do not currently have the capacity to monitor for human rights problems among program implementers and subgrantees. Because U.S. agencies rarely consult directly with beneficiaries or with civil society groups that aren't U.S. grantees, human rights issues may be overlooked.

**INTEGRATE GENDER EQUALITY INDICATORS.** A separate study of all external aid to Guatemala found that donors have no framework for gender indicators, so improvement on gender equality is difficult to determine.<sup>xi</sup> USAID staff interviewed could not give an example of a gender equality indicator that was used in their work.<sup>xii</sup>

**INCREASE ACCESS TO HIV EDUCATION.** Because Guatemala’s epidemic is concentrated in certain populations, U.S. agencies have not invested in widespread HIV education. Although migrant laborers are considered high risk, their wives are not targeted by any U.S. programming. Neglect of prevention for women is a violation of their rights.

**INCREASE ACCESS TO A RANGE OF METHODS.** As they do not provide contraceptives, U.S. agencies have little control over the mix of family planning methods available to Guatemalan women. However, one informant noted “we are being successful at creating demand but then access to methods is limited. It appears that graduating Guatemala from the commodity support was premature and it is tough finding donors willing to give money for methods. We receive much more demand for temporary methods, for example, than we can meet because of lack of funding.”<sup>xiii</sup>

**INCREASE ACCESS TO FEMALE CONDOMS.** Although approved by the U.S. FDA, the Guatemalan government has not yet registered the FC2 female condom—which is cheaper and more popular among users than its predecessor—for distribution in Guatemala. Civil society organizations are trying to change this. Support from U.S. officials could be instrumental in advancing access, and would be consistent with the Central America PEPFAR Partnership Framework.

**EFFECTIVE MALE INVOLVEMENT PROGRAMS SHOULD SCALE UP.** Work on male involvement seems to be a limited portion of USAID’s family planning and maternal health portfolio. Successful programs, such as the one run by WINGS, should be scaled up. New USAID-funded programs appear to be placing greater emphasis on male involvement, an encouraging trend.<sup>xiv</sup>

## ADOLESCENT GIRLS: PROGRESS

**FUNDING BEST PRACTICES.** U.S. agencies fund many excellent examples of programs that target youth, some of which provide access to comprehensive sex education and services, including HIV and family planning.

**ADDITIONAL EMPHASIS ON YOUNG PEOPLE.** Because in-school sexuality education has been a political lightning rod in Guatemala, U.S.-funded programs have focused particularly on out-of-school youth. APROFAM reports that they will have an increasing focus on young people through their mobile units, which reach rural areas.

**ENCOURAGING POLITICAL SUPPORT FOR FAMILY PLANNING EDUCATION IN SCHOOLS.** Guatemala’s GHI country strategy mentions encouraging “the Ministry of Education to include age-appropriate FP/RH information and education in the school curricula.” Mission officials report: “USAID and UNFPA have been working systematically and assiduously with the Ministry of Education for

three years to get sex education into the basic education curriculum, with some success. Continued efforts are on-going to expand the sex education curriculum to all grades and all schools. Peace Corps incorporates sex education into their Youth Development program.”<sup>xv</sup>

## ADOLESCENT GIRLS: AREAS FOR IMPROVEMENT

**IMPROVE STRATEGY FOR MAYAN GIRLS.** An expert who works with Mayan girls reports that USAID does not have a strategy that is relevant to the needs and perspectives of this group. For example, some implementers talk to these girls about family planning right at the outset, even though this concept is foreign to the culture these girls have known. A subgrantee’s initiative that approaches Mayan girls with a respect for their culture recently lost U.S. funding due to budget cuts for the larger project.

**DEVELOP YOUTH STRATEGY.** Youth make up a sizeable portion of Guatemala’s population and they are more sexually active than past generations. However, while U.S. agencies fund several youth-serving family planning and HIV programs, there is no systemic approach to give access to the many youth who fall through the cracks. Young people are almost entirely absent from recent policy and planning documents issued by the U.S. Mission.<sup>xvi</sup>

**INCREASE ATTENTION TO EARLY MARRIAGE.** U.S. agencies can do more to address early marriage, especially considering the impact this has on maternal mortality and morbidity.

**INCREASE ATTENTION TO IN-SCHOOL YOUTH.** The lack of comprehensive sex education in Guatemalan schools means the vast majority of young people have no source of comprehensive, factual information on sexuality, HIV, and family planning. U.S. agencies should continue to work with the Guatemalan Ministry of Education to ensure access to comprehensive sexuality education.

**RECOGNIZE COST AS ACCESS BARRIER.** Even though APROFAM is able to subsidize youth access to family planning with support from IPPF, cost is still barrier for young people’s access. Also, APROFAM doesn’t reach the majority of Guatemala’s youth, so a more systematic approach to improve youth access must be adopted to effectively address adolescent pregnancy and HIV risk.

## ABORTION AND EMERGENCY CONTRACEPTION: PROGRESS

**AWARENESS OF POST-ABORTION CONTRACEPTIVE NEED.** The GHI Country Strategy lists post-abortion contraception as a priority family planning action.

**THE REMOVAL OF THE MEXICO CITY POLICY (GLOBAL GAG RULE).** Since President Obama rescinded the Global Gag Rule in January 2009, the U.S. government is no longer restricted in providing family planning support to organizations that use their own funds to advocate for, perform, or provide referral to legal abortion services.



## ABORTION AND EMERGENCY CONTRACEPTION: AREAS FOR IMPROVEMENT

**INCREASE ATTENTION TO UNSAFE ABORTION.** A 2006 study found that one in six pregnancies ends in abortion. Unsafe abortion is a significant contributor to maternal mortality and morbidity. Despite this, the GHI Country Strategy and BEST Action Plan do not discuss abortion at all. A USAID staff person indicated that their work focuses on family planning, and does not touch abortion. An NGO informant reported that botched abortion is the leading cause of maternal mortality in Guatemala, and that it would be helpful for USAID to talk about this. U.S. silence on the issue makes partners feel like they cannot discuss it, and so a critical issue among Guatemala's women and girls is widely ignored.

**INCREASE CONSULTATION WITH CIVIL SOCIETY ON UNSAFE ABORTION.** U.S. agencies should consult with organizations that work on the impact of criminalized abortion in Guatemala. They provide an important perspective on a critical women's health and rights issue.

**PROVIDE TECHNICAL SUPPORT ON EMERGENCY CONTRACEPTION.** Emergency contraception is not widely available in Guatemala, and the public sector provides it only to rape victims. Because the U.S. is not providing family planning commodities to Guatemala, it has taken on little role in improving access to emergency contraception. However, as with other family planning methods, U.S. agencies could provide technical support specifically around improving supply of emergency contraception.



## COUNTRY OWNERSHIP

GHI documents stress the importance of country ownership, which they explain means not only will the U.S. seek to align GHI activities with the priorities of the national government, but that they will also seek out civil society input and ownership. Developing meaningful country ownership is tremendously complex given the many diverse opinions and priorities within any society. As elaborated in GHI documents, country ownership should:

- Generate consultation with diverse sectors of recipient countries so that they are invested in the outcomes of global health programs;
- Not be merely a government-to-government relationship; to ensure sustainability, local civil society must be given the power to debate, shape, and monitor implementation;
- Include consultation, not just information sharing; and
- Proceed rapidly and strategically, with careful deliberation and an eye to long-term sustainability.

The U.S. Mission in Guatemala is clearly committed to the principle of country ownership. The GHI Country Strategy makes repeated reference to the Guatemalan government's health plan, and U.S. officials interviewed spoke of ongoing coordination with the Guatemalan Ministry of Health. In this past year, U.S. officials have convened meetings with U.S. government contractors to get input on their health strategy. Moreover, U.S. support for civil society advocacy on health policy is building significant capacity among Guatemalan NGOs to hold their own government accountable on sexual and reproductive health and rights.

However, civil society organizations aside from direct U.S. contractors report that they have heard little or nothing from U.S. officials about the Global Health Initiative, and no civil society groups had received a copy of the GHI Country Strategy from U.S. officials. Moreover, the GHI Country Strategy was not available in Spanish until months after it was published, and at the time of this writing was not posted on the USAID Guatemala website. The August 2011 USAID/Guatemala BEST Action Plan for Family Planning, MNCH, and Nutrition was available on the website, but only in English.<sup>xvii</sup>

This assessment of the implementation of country ownership focuses on meaningful consultation with civil society organizations, and the extent to which marginalized populations are involved in problem definition, program design, implementation, and evaluation.

### COUNTRY OWNERSHIP: PROGRESS

**GUIDANCE HIGHLIGHTS CIVIL SOCIETY PARTICIPATION.** The Supplemental Guidance on Women, Girls, and Gender Equality highlights the importance of consulting women's groups and human rights groups in the development and implementation of programs.

**INCREASED ENGAGEMENT WITH CIVIL SOCIETY.** U.S. officials increased engagement with contracting organizations beginning in January 2011, holding workshops and interviews on the U.S. health and nutrition approach. U.S. officials report that while the overall approach did not change as a result, they did change some specifics of the strategy as a result of civil society input.<sup>xviii</sup>

**SUPPORT FOR CIVIL SOCIETY ENGAGEMENT WITH GUATEMALAN GOVERNMENT ON HEALTH.** U.S. agencies support a range of health policy advocacy projects, including Maternal Health Observation Posts (OSARES), a collaboration among civil society groups, university representatives, and government. The posts monitor maternal mortality in their districts, providing accountability for maternal deaths and offering input on improvements on family planning and maternal health.

**INCREASED EMPHASIS ON LOCAL PARTNERS.** In November, USAID issued a request for applications for a nutrition and health care project that specifically expressed a preference for substantial involvement of local partners. The announcement requested that international organizations demonstrate how they would involve local groups in implementation.<sup>xix</sup> NGO representatives report that this was the first time U.S. officials expressed such a preference.<sup>xx</sup>

## COUNTRY OWNERSHIP: AREAS FOR IMPROVEMENT

**CREATE A STRATEGY ON CIVIL SOCIETY OWNERSHIP.** In order to build sustainable civil society capacity and mobilization for health policy advocacy, U.S. officials should develop a strategy to engage a broader representation of civil society organizations working on sexual and reproductive health. They should then work with civil society to create a strategy that enhances the ability of Guatemalan organizations to provide input into health policy decisions that affect Guatemala, whether these are made by the Guatemalan government or the U.S. and other international donors.

### **CONSULTATION SHOULD EXPAND TO SUBCONTRACTORS AND NON-PARTNERS.**

U.S. engagement with civil society has been limited. Some subcontracting organizations report that they were invited to a meeting to hear about the U.S. strategy, but were not invited to participate in the more interactive session to gather feedback from stakeholders. One informant said she had tried to get information from USAID about GHI, but was unsuccessful.<sup>xxi</sup>

### **BUILD CIVIL SOCIETY ENGAGEMENT IN PROGRAM DESIGN, IMPLEMENTATION,**

**EVALUATION.** While U.S. officials are encouraging local groups to participate in local and national advocacy with the Guatemalan government, there has been no known similar process to engage them in a feedback loop with U.S. contractors, or with U.S. officials themselves.

## INTEGRATION OF SEXUAL AND REPRODUCTIVE HEALTH

A Guatemalan woman (or a Guatemalan girl) experiences sexual and reproductive wellness or dysfunction on a continuum. The same woman who seeks to avoid pregnancy at one moment in life often seeks to have a healthy pregnancy and birth at another moment. When sexually active, she must have access to information and services to keep her free from sexually transmitted infections, most critically HIV. To meet the needs of women and girls, these issues should be addressed holistically and from the perspective of the individual, ideally in one service location or through a robust referral system.

U.S. foreign assistance has historically maintained conceptual and geographical distance among sexual and reproductive health issues. GHI's integration principle ideally eliminates these distances. Integration of maternal health, family planning, and sexual health (including HIV/AIDS) should:

- Promote a woman's access to all the services she needs for sexual and reproductive health;
- Build communication within and among U.S. aid agencies;
- Provide client access to a wide range of information and services at one location, or through seamless referral systems; and
- Integrate basic sexual and reproductive health care in rural clinics and health promoter programs, as meaningful referral is particularly challenging for rural women and girls.

U.S. agencies in Guatemala appear to be progressing well in integrating family planning and maternal health projects. The Action Plan for Family Planning, MNCH, and Nutrition, covering USAID's activities on these issues for 2011-2015, presents the first unified strategy for Guatemala's many different U.S. investments (including USAID, USDA, and Food for Peace).<sup>xxii</sup> USAID Mission officials interviewed indicate that GHI has encouraged a common prioritization of activities and an increase in communication across sectors.<sup>xxiii</sup>

Integration of HIV programming into family planning and maternal health, however, is not happening to any significant extent. Mission officials decided that because HIV in Guatemala is concentrated in specific populations, widespread integration of testing, education, and treatment would not be an effective investment, noting that they have to focus on "where the next 1,000 cases are coming from."<sup>xxiv</sup> Some civil society leaders, however, point out that because there is no widespread testing in the country, it is difficult to assess the extent of the epidemic in rural areas, and at-risk populations—particularly women—may be hidden and not served.

This assessment of integration focuses on inter- and intra-agency coordination, same-site integration, health workforce issues, and the human rights of sexual and reproductive health integration.

## INTEGRATION OF SEXUAL AND REPRODUCTIVE HEALTH: PROGRESS

**INCREASE IN INTER- AND INTRA-AGENCY COORDINATION.** U.S. officials report that they are communicating more across sectors, and their strategy documents reflect increased coordination, particularly on family planning and maternal health.

**JOINT COMMUNICATION PROJECT ON NUTRITION, MATERNAL AND CHILD HEALTH, FAMILY PLANNING.** USAID is funding a communications project that will produce social change messaging around these issues for different life stages.

**IMPLEMENTING ORGANIZATIONS INTEGRATE HIV/FAMILY PLANNING.** Several U.S.-funded groups integrate attention to HIV and family planning on their own initiative. For example, TAN UX'IL, an organization that works on family planning and sexual health among young people in the Petén, combines prevention education for HIV and unintended pregnancy.

**WORKING GROUP ON FAMILY PLANNING/HIV.** USAID created a working group on HIV and family planning that brings together hospitals and health centers that offer HIV and family planning services. The group works on supply chain and service quality issues together. It is now functioning independently of USAID.

## INTEGRATION OF SEXUAL AND REPRODUCTIVE HEALTH: AREAS FOR IMPROVEMENT

### **ENSURE IMPLEMENTING ORGANIZATIONS SEIZE INTEGRATION OPPORTUNITIES.**

At the time of the research, APROFAM was considering training their family planning volunteers about the signs of complications in childbirth. Opportunities like these are important, yet are often overlooked. One subgrantee reported that they hadn't been encouraged to integrate maternal health or HIV into their family planning programs by U.S. officials or their granting organization.

**INTEGRATE HIV PREVENTION EDUCATION.** U.S. Mission officials discounted the need for widespread HIV education because, "in the highlands, they don't engage in high risk behavior." <sup>xv</sup> But others, including UNFPA representatives and civil society representatives, highlight the rising HIV rates among women and young people as a reason to broaden HIV prevention education. For example, although migrant workers are targeted by the U.S. for HIV prevention, their partners have not been. Low-cost HIV prevention education could be integrated into existing family planning and maternal programs to reach many of these women.

**RESEARCH HIV PREVALENCE IN GUATEMALA.** CDC had planned to study HIV prevalence in Guatemala, but it was not done due to budget considerations. Current statistics rely on accurate diagnoses in health centers and hospitals, yet NGO leaders and journalists have reported that HIV cases may often be misdiagnosed. Because funding decisions are being made based on prevalence estimates, it is critical to study whether these estimates are accurate.

**ENCOURAGE IMPLEMENTING ORGANIZATIONS TO ELIMINATE SILOS.** Some U.S. funding recipients reported that their organizations are still organized in silos, responding to how U.S. and other donor assistance has been structured. U.S. officials can encourage these groups to embrace integration by restructuring or increasing cross-sector communication.

**MEASURE INTEGRATION AND ITS IMPACT.** USAID officials noted that they have stringent targets and reporting requirements on HIV, family planning, and maternal health separately, yet no targets or indicators to measure integration. U.S. officials must be able to measure whether integration is happening in the field and, if so, how effective it is in advancing women and girls' access to the health care services they need.

## CONCLUSION AND TOP RECOMMENDATIONS

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U.S. agencies that fund health programs in Guatemala have made important first steps in implementing the Global Health Initiative's principles. They have strengthened attention to women's rights within health care, funding innovative projects that build civil society capacity to challenge health care practices that are not culturally relevant or lack sufficient resources. They have generated buy-in from implementing organizations by inviting input on their strategy. They have increased inter- and intra-agency coordination on health issues and made progress in unifying messaging on family planning and maternal health.

Current resource and policy constraints are barriers to continued progress. Demands on the U.S. Mission are high, yet foreign assistance funding to the country is holding steady. Moreover, Guatemala has been graduated from U.S. contraceptive procurement, meaning the U.S. cannot contribute to family planning access except through technical support. A recent change in Guatemala's presidency has meant turnover in the Ministry of Health, threatening sexual and reproductive health gains achieved as a result of civil society pressure in the last administration.

Despite these challenges, there are several areas where GHI principles can be effectively and rapidly advanced. Of the areas of improvement listed above, the following should be considered most urgent or are most easily achievable:

- **Increase consultation with subcontractors and local NGO, particularly human rights groups and women's organizations.** In order to ensure that GHI is truly country-owned, U.S. officials must solicit the feedback and input of not only those they engage directly through funding mechanisms, but those who have not been U.S. partners. Engagement of human rights and women's organizations was specifically highlighted in the Supplemental Guidance on Women, Girls, and Gender Equality because consultation with these groups feeds important, often overlooked perspectives into the policy and program development process. U.S. funding instruments should stress the participation of these groups in problem definition, project design, implementation and evaluation.

- **Increase attention to method mix, especially for low-income Guatemalans.** The U.S. Mission should be particularly attentive to how graduation of Guatemala from contraceptive procurement is affecting access to a varied contraceptive method mix among the poor. Reports that many Guatemalan women are seeking yet cannot access temporary methods raise serious concerns. If the Guatemalan government proves unable to supply a range of methods to meet the needs of Guatemalan women and youth, U.S. officials may need to reexamine graduation.
- **Increase access to female condoms.** Although the U.S. does not procure female or male condoms because of its graduation agreement with the Guatemalan government, it can help facilitate registration of FDA-approved female condoms. Because female condoms are a women-centered approach that combines HIV prevention and family planning, promoting their access is entirely consistent with the GHI.
- **Develop a youth strategy.** Conservative political pressures, especially from the Catholic and Evangelical churches in Guatemala, create a challenging atmosphere for providing Guatemala's young people with the sexual and reproductive health care services that are their right. But such challenges only make U.S. leadership on this issue more urgent. In consultation with youth-serving organizations, U.S. agencies should establish clear priorities to meet the growing need for SRH services among young people.
- **Integrate HIV prevention education.** Low-cost HIV prevention education could conceivably be quickly integrated into all U.S.-funded family planning and maternal health programs. Although Guatemala's epidemic seems to be concentrated, there is no reason to exclude information about HIV risk from other sexual and reproductive health interventions. In fact, each person has a right to this potentially life-saving information.

## NOTES

- i Shepard, Bonnie L., Guatemala Country Report: A Baseline Study of the Implementation of the United States Government's Global Health Initiative. Report to CHANGE, May 2011, page 5.
- ii 2008-9 National Maternal and Child Health Survey.
- iii UNAIDS 2010 Global Report, Annex 2: Country progress indicators and data, 2004 to 2010.
- iv Singh, Susheela, Elena Prada, and Edgar Kestler. "Induced Abortion and Unintended Pregnancy in Guatemala." *International Family Planning Perspectives*, 32:3 (2006).
- v UNAIDS Guatemala Country Situation 2009. [http://www.unaids.org/ctrysa/LACGTM\\_en.pdf](http://www.unaids.org/ctrysa/LACGTM_en.pdf) (accessed 1.19.12).
- vi USAID Press Release: U.S. Government Support for Global Health Efforts. <http://www.usaid.gov/press/releases/2010/pr100618.html>
- vii USG Guatemala GHI Team, The United States Global Health Initiative: Guatemala Strategy. Revision: December 11, 2010.
- viii U.S. Agency for International Development, USAID/GUATEMALA BEST Action Plan For Family Planning, MNCH, and Nutrition. August, 2011, page 3.
- ix Internationally accepted human rights in relation to sexual and reproductive health include: the right to decide the number and spacing of one's children and to have the access to the information and means to do so; the right to the highest attainable standard of health; the right to make reproductive decisions free from violence, coercion, and discrimination; and the right to have access to comprehensive reproductive health care (including family planning, prenatal care, safe motherhood, HIV and STI prevention and treatment, infertility treatment).
- x Interview with NGO Informant, October 13, 2011.
- xi Report to CHANGE from Asociación Guatemalteca de Mujeres Médicas (AGMM), November 2011.
- xii Interview with USAID Mission, October 11, 2011.
- xiii Email from NGO Informant, February 26, 2012.
- xiv Email from USAID Mission staff, March 15, 2012.
- xv Email from USAID Mission staff, March 15, 2012.
- xvi GHI Country Strategy and BEST Action Plan have scant reference to adolescents and young people.
- xvii Confirmed through visit to <http://www.usaid.gov/gt/espanol/index.htm> on March 7, 2012.
- xviii Interview with USAID officials, October 11, 2011.
- xix USAID Guatemala. Paid ad in Prensa Libre, November 10, 2011.
- xx Report to CHANGE from , November 2011.
- xxi Interview with NGO Informant, October 13, 2011.
- xxii BEST Action Plan, page 2.
- xxiii Interview with USAID Mission officials.
- xxiv Interview with USAID Mission officials.
- xxv Interview with USAID Mission officials.



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This assessment report was written by Mary Beth Hastings, vice president of the Center for Health and Gender Equity (CHANGE) as part of CHANGE's GHI Accountability Project.

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## ABOUT CHANGE

The Center for Health and Gender Equity (CHANGE) is a U.S.-based nongovernmental organization that promotes the sexual and reproductive health and human rights of women and girls globally by shaping rights-based and just U.S. policies. CHANGE advocates for effective, evidence-based policies and increased funding for critical programs. CHANGE believes that every individual has the right to basic information, technologies, and services needed to enjoy a healthy and safe sexual and reproductive life free from coercion and preventable illness.



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