



Creating Spaces for Youth-Led Advocacy on Sexual and Reproductive Health and Rights: A Guatemalan Case Study



CHANGE
CENTER FOR HEALTH
AND GENDER EQUITY

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About CHANGE

CHANGE is a U.S.-based advocacy organization whose mission is to advance the sexual and reproductive health and human rights of women and girls globally by shaping the development and implementation of U.S. policies. CHANGE launched a project in 2010 to monitor the impact of the U.S. Global Health Initiative on sexual and reproductive health and rights in three countries: Guatemala, Ethiopia, and Nigeria. To enhance country ownership, the project also was designed to generate sustained advocacy by each country's civil society organizations to monitor and assess donor and government policies and programs related to sexual and reproductive health and rights (SRHR). The project was funded through generous support from the Summit Foundation and the MacArthur Foundation.

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EXECUTIVE SUMMARY

On September 24-25, 2013, the Center for Health and Gender Equity (CHANGE) and 30 Guatemalan civil society groups welcomed more than 200 youth from all over the country as participants in that country's first youth summit on adolescent sexual and reproductive health (ASRH). The event marked an important benchmark for coordinated youth advocacy with political leaders on ASRH in Guatemala, and also offers lessons beyond Guatemala for improving meaningful participation of youth in debates about adolescent and youth sexuality.

This project affirms the importance of bringing high-level decision makers into contact with adolescents in order to advance ASRH. The follow up since the summit has been particularly meaningful, including:

- Youth participation with the Ministry of Health in the definition of parameters for the delivery of youth-friendly services;
- Relationships established between youth and local Ministry of Health and municipality officials in six regions, and local summits held in two states;
- Heightened donor interest in youth-led advocacy on ASRH;
- Increased collaboration among youth-led and youth-serving civil society organizations on ASRH.

Some of the critical lessons learned during the project are:

- **Local Control:** Guatemalan civil society partners and Guatemalan consultants to CHANGE had a great deal of control over the scope and content of the event, generating increased possibilities for sustainability.
- **Impartial Convening:** CHANGE's role as an outside and impartial convener ensured buy-in from diverse organizations.
- **Resources for Meeting Convening:** With competition over scarce donor resources in Guatemala, particularly for advocacy, resources provided through CHANGE to bring groups together for meetings was essential.
- **Advocacy expertise:** Local partners reported that complementing local-level engagement with high-level engagement of donors and Guatemalan ministry officials contributed substantially to the success of the event, and trainings led by CHANGE and Guatemalan partners improved advocacy messaging.
- **Implementation of donor policies:** Donor policies promoting ASRH programming and youth participation are unlikely to be implemented unless they are adequately resourced and incorporated into planning processes.

As shown in Guatemala, with sufficient motivation, resources, and tools, youth-serving civil society organizations can successfully overcome barriers that divide young people from political leaders, generating important shifts in policy and implementation. Sustained mobilization of youth voices at the national and local level requires donor support, civil society cohesion, and capacity-building opportunities for young leaders. The required passion and commitment from young people is fortunately in abundant supply.



Participants with the closing panel, including representatives from Guatemala's Congress, Ministry of Health, Ministry of Education, and Youth Council.

INTRODUCTION

There is increasing global recognition that young people’s sexual and reproductive health and rights are an underlying lynchpin of the development gains world leaders seek. At the same time, young people have rightfully demanded their place at the table where decisions about their health and rights are being made. While there have been some gains at an international level to include the voices of youth, at the country and community level many young people still find themselves stigmatized and excluded in debates about adolescent and youth sexuality. Youth organizations find it hard to obtain material support for local activities and capacity building. Moreover, their involvement in so-called controversial SRHR issues may be discouraged. If they are able to gain a seat at a table, it is often extremely limited in nature or duration.

To facilitate a receptive political environment at the national and local level, as well as global level, bilateral and multilateral donors must play a supporting role in driving consistent and meaningful youth participation in sexual and reproductive health decision making. Recent strategies, such as the U.S. Agency for International Development’s Youth in Development Strategy, can help guide donors on youth engagement. Positive examples specific to adolescent sexual and reproductive health advocacy can also provide useful lessons as donors seek to expand their impact in this area. This case study will show how young people in Guatemala, with the help of unified civil society organizations, are winning increasing recognition as critical stakeholders in the development and implementation of sexual and reproductive health programs. It also shows the positive role that neutral, outside convening bodies can play in connecting local advocates with donors and international nongovernmental organizations (NGOs), in facilitating collaboration, and in enhancing advocacy skills and outcomes.

GUATEMALAN SUMMIT

The courtyard of Guatemala’s colonial National Palace looked like an odd mix between a child’s birthday party and a serious political event, populated by colorful balloons, young people in t-shirts, and adults in business attire. It was September 26, and only the second time Guatemala’s leaders had recognized the International Day for the Prevention of Adolescent Pregnancy. Instead of celebration, the balloons represented the lost childhood of the over 10,000 girls between the ages of 10 and 14 who had given birth in Guatemala from 2009 to mid-2013. Accountability was the theme of the day—and the leaders present displayed new awareness that their actions were being measured not only by the donors and nongovernmental organizations in the room, but also by young people themselves.

On the previous two days, September 24 and 25, the Center for Health and Gender Equity (CHANGE) and 30 Guatemalan civil society groups welcomed more than 200 youth from all over the country—some as young as 11—as participants (for a full list of organizations, see Annex page 15) in that country’s first youth summit on adolescent sexual and reproductive health (ASRH).

The First National Summit on Youth Sexual and Reproductive Health was the first time high-level Guatemalan decision makers were being held accountable by unified youth voices for existing government commitments to family planning access, youth-friendly health services, and sex education. Representatives from the Guatemalan Congress and ministries of health, education, and social development sat at a table with youth representatives in the closing session, listened to their testimonies, and signed a declaration affirming these commitments.

The idea for a summit emerged over the previous eighteen months, during which time CHANGE and Guatemalan civil society organizations (CSOs) analyzed and developed

actions to influence decision making on sexual and reproductive health and rights. CHANGE collaborated with diverse leading CSOs working on sexual and reproductive health issues, including HIV, family planning, maternal health, and adolescent health and rights. As advocates built momentum for the summit, they attracted support from UNICEF-Guatemala, UNFPA-Guatemala, the Pan-American Health Organization, Population Services International affiliate (PASMO), Plan Guatemala, and World Vision Guatemala. A representative from USAID-Guatemala came to the opening event, and USAID added their logo to the summit's materials. Representatives of UNICEF, UNFPA, and the Guatemalan Ministry of Health spoke on the opening panel.

BACKGROUND ON GUATEMALAN CONTEXT

Guatemala is the most populous country in Central America. According to the World Bank, Guatemala has a highly unequal income distribution with 75 percent of its people living below the poverty line. Guatemala's economy is largely driven by its agricultural sector, yet land is concentrated in the hands of a very few—2.5 percent of the landowners own 65 percent of farming lands. This inequality is the result of historical marginalization and oppression of the majority indigenous population.

There is widespread discrimination against women and girls. The UNDP 2012 Gender Inequality Index, which compiles indicators on reproductive health, economic opportunity, and political empowerment to assess the status of women and girls, ranked Guatemala 114th out of 148 countries ranked. Only 12.6 percent of adult women have completed secondary education.

In April 2012, Guatemala's Ministry of Health reported that in 2011, more than 49,000 girls between the ages of 10 and 19 had become pregnant, nearly 8,000 more than just two years before. More than 3,000 of the births were by girls just 10 to 14. Many observers note that the actual number is likely higher as families may hide these births. Such pregnancies are devastating for many reasons. Girls who give birth before the age of 15 are five times more likely to die in childbirth than women in their 20s. They are more likely to experience devastating birth injuries, like obstetric fistula, and they are more likely to contract HIV.

Civil society organizations, namely the Reproductive Health Monitoring Body (OSAR), have been significantly involved in publicizing these numbers, particularly at the departmental (state) level, opening opportunities to demand local action. The OSARs in various departments also have pushed the media to cover stories of impacted girls, giving meaning to abstract numbers.¹

Over the years, to stem the increase in adolescent pregnancy, the Guatemalan government had passed laws, signed agreements, and created policies, for example the ministerial declaration "Prevent with Education," signed in Mexico in 2008. There is a progressive law on family planning, there are commitments to creating youth-friendly clinics, and there's a comprehensive sexual education curriculum. Yet youth advocates have reported that commitments do not go beyond lip service, and that they encounter major obstacles at the community level. They report, and have begun to document, that young people are typically shamed by staff in family planning clinics, the sex education curriculum sits on a shelf, and that access to contraception is hampered by stock outs, language barriers, and prohibitive cost.

Moreover, except in limited, often ad-hoc circumstances, national and community-level youth-led organizations were often left out of policy discussions about sexual and reproductive health, despite the urgent need to address adolescent pregnancy.

¹ For example, an article in *Plaza Pública* on March 24, 2014, documented the circumstances around the death of a 13-year-old indigenous Guatemalan girl from eclampsia. www.plazapublica.com.gt/content/la-maldicion-de-martiza-caal

CHANGE'S METHODOLOGY FOR CIVIL SOCIETY COLLABORATION

Over the past five years, CHANGE has developed a multi-step methodology for collaborating with civil society on donor-targeted advocacy. Working with a local consultant or advisor, CHANGE develops contacts with a range of sexual and reproductive health and women's rights organizations. We strive to ensure broad representation, with both geographical and thematic diversity—including urban and rural, youth-serving, service-delivery, advocacy, women's rights (including women living with HIV), reproductive health, and HIV organizations.

CHANGE then hosts an advocacy workshop with interested civil society groups. We secure a local co-sponsor of the workshop and a local facilitator to co-lead the advocacy training with CHANGE. Tailored to the participants' advocacy expertise, these workshops feature basic or advanced message crafting, development of advocacy objectives, marshalling of evidence to support the objectives, role plays of high-level advocacy meetings, and advocacy campaign planning. As an invaluable experiential learning technique, CHANGE arranges meetings for subgroups of participants with donor and/or government ministry representatives. While some of the advocates will have existing relationships with these representatives, in most cases these meetings establish new or expanded connections to decision makers. The meeting also allows the participants to jointly develop and practice talking points, including a clear advocacy "ask" and the evidence and examples to back up their request. These meetings generally take place before the conclusion of the workshop so that participants then have the opportunity to reflect on the experiences together to hone their skills, as well as process new information obtained through the meetings.

CHANGE has learned over the years that experiential, stand-alone advocacy workshops are of limited value if participants do not have the financial resources to apply new skills and knowledge. To this end, CHANGE's methodology includes small grants so that participating organizations can propose and implement advocacy projects targeting donors, national government officials, and/or local decision makers. As funding allows, CHANGE also seeks to provide the opportunity for a coalition of participating organizations to implement an advocacy project together, such as the youth summit in Guatemala. International NGOs and donors involved in similar capacity-building should consider whether their project design allows sufficient funding to translate new advocacy skills into action, particularly given the difficult funding environment for advocacy projects.

This methodology has been implemented in:

- Uganda (workshop only)
- Latin America/Caribbean (workshop only)
- Southern Africa (workshops and grants)
- Guatemala (workshop, grants, summit)

ORGANIZING THE EVENT

In April 2012, CHANGE held an advocacy workshop for 18 diverse Guatemalan NGOs. These groups work with rural and urban youth, indigenous women, migrant workers, and others, and approach sexual and reproductive health with extensive maternal health, family planning, and HIV expertise. The purpose of the workshop was to increase the engagement of sexual and reproductive health NGOs in monitoring implementation of the U.S. Global Health Initiative (GHI) in the country to ensure that U.S. funding was addressing Guatemala's most urgent SRHR needs. During the workshop, the Guatemalan press published new data showing the high rate of pregnancy among 10 to 19 year olds. This resonated with the participants, who articulated the many obstacles young people face in achieving sexual and reproductive health. This issue emerged as the top priority of participating groups. It also supported CHANGE's objectives, as the USAID-Guatemala GHI country strategy had no mention of adolescent sexual and reproductive health (ASRH).

The workshop closed with development of next steps. While CHANGE anticipated only a handful of groups would be interested in follow up, all 18 participating organizations committed to meeting with U.S. officials, specifically on ASRH.

In August 2012, a subgroup of workshop participants secured an agreement with U.S. officials in Guatemala to form an ongoing relationship in order to improve attention to ASRH in Guatemala. The group presented and discussed with the U.S. officials the proposal they had prepared. The U.S. officials said they welcomed the meeting and the expertise of the group. However, the group reported that no follow up occurred as a result of the meeting. While U.S. officials said during the meeting that they would invite participants to their upcoming partners meeting, none of the participants received an invitation.

In January 2013, a loose coalition of 16 youth-led and youth serving organizations, including a few groups who had not attended the workshop, coalesced around the seed of an idea: in order to press the Guatemalan government to assure full and sustained implementation of laws and policies on ASRH, with robust support from the international donor community, young people had to be consulted and systematically involved. Decision makers would be more likely to respond if they saw young people showing their organized force. Therefore, it was the groups' consensus to hold a high-level meeting with Guatemalan officials and donor representatives with young leaders affiliated with the coalition members (both youth-serving and youth-led).

Understanding the importance of geographical and ethnic diversity of this movement, organizational representatives pledged to begin working at the local level to prepare young people and local officials by hosting advocacy trainings and dialogues. CHANGE offered small grants (\$1,500 each) to support these activities. Proposals from five organizations were approved, generating short-term advocacy projects in Peten, Jalapa, Coatepeque, Quetzaltenango, Escuintla, and Izabal.

At the same time, CHANGE staff reached out to multilateral and bilateral donors to secure their support for the idea. Because of the excellent work done by Guatemalan organizations to highlight the ASRH crisis, these donors were already alerted to the issue and readily supported the idea of a high-level national dialogue on ASRH. Plan International-Guatemala and World Vision-Guatemala, the national affiliates of U.S. based organizations, were also enthusiastic early supporters as they were also engaging young people and decision makers at local levels on ASRH issues.

The organizing committee, composed of groups from all over the country, continued to meet throughout the year to share information. In July 2013, CHANGE staff met with our consultants to discuss next steps. The idea for a high-level dialogue had a problem: how

to get high-level officials in a room with just a handful of youth representatives? Such an event would likely not attract the attention of high-level officials. Although logistically more challenging, consultants and staff decided to propose a larger event that would bring 200 youth together with Guatemalan decision makers and donor representatives. The organizing committee rallied behind the idea of a youth summit, and began planning in earnest. With only modest support to reimburse their travel, these groups met repeatedly in the ensuing two months to set the summit agenda, identify facilitators, develop and distribute the invitation, and define the parameters for participation.

Young people took an active role in the planning and implementation of the event. Many of the groups, institutionally committed to youth participation in sexual and reproductive health decision making, began incorporating youth from their organizations (staff or volunteers) in summit planning meetings early in the process. Some groups also generated youth enthusiasm for and participation in the summit through the regional advocacy projects funded by CHANGE. By involving youth in preparations for the summit, Guatemalan CSOs ensured that youth felt ownership over the summit and its follow up.

First National Youth Summit for Sexual and Reproductive Health

The two-day event featured a round-robin format for the first day. The commitment to youth voices was apparent at check in, where those older than 28 signed a form affirming that they would strictly participate as observers during discussions and workshops. After the opening ceremony, presided over by a youth leader and including high-level representatives of government and UN agencies, participants divided into groups to explore specific themes, including sexual and reproductive health, HIV, sexual violence, adolescent pregnancy, and sexual rights. Organizing committee groups took responsibility for planning content and facilitating these different sessions. The evening's events featured a puppet show that is used in communities to educate young people about sexual abuse, and various activities for the young people to network and exchange ideas.

On day two, youth-serving organizations set up tables featuring their work, while UNFPA-Guatemala's youth representative briefed the participants about the political situation for sexual and reproductive rights in Guatemala. Soon after, a representative from the Ministry of Health—the Vice Minister of Hospitals—arrived early and agreed to speak with the participants and answer their questions. The session turned into an ad hoc advocacy session, with the participants asking important questions about progress on the creation of youth-friendly spaces, which subsequently enabled substantive engagement of youth representatives with the Ministry of Health.

The afternoon of day two featured a panel of two youth representatives along with Guatemalan officials (a youth council representative, Ministry of Health representative, Member of Congress, and Ministry of Education representative). Both of the youth representatives presented questions based on real circumstances of



José Roberto Luna, UNFPA-Guatemala youth specialist, presenting on Guatemala's political landscape for youth sexual and reproductive health.

Guatemala's adolescents and youth for response by the government officials. At the end of the dialogue, the four officials signed a declaration on youth sexual and reproductive health prepared by the organizing committee. The declaration expresses a commitment to:

- Implement the legal framework on sexual and reproductive health at the national, regional, and local levels;
- Implement science- and rights-based comprehensive sexual education throughout the educational system;
- Pursue cases of sexual violence and pregnancies among girls 14 and younger within the judicial system; and
- Ensure access to family planning services in all health centers for adolescents that seek them.

EVENT IMPACT

The unprecedented collaboration of 30 Guatemalan civil society organizations on behalf of ASRH was an enormous achievement in itself, but the visibility participants received from top Guatemalan political leaders and donors helped sustain the event's impact beyond the two-day summit. While medium- and long-term impact is impossible to gauge as this case study is published, there have been several positive indications that the summit helped shift decision making processes on ASRH in Guatemala. Further evaluation of the summit's impact should assess whether youth-led and youth-serving organizations are able to access systematized dialogue with local and national officials on ASRH issues.

This project affirms the importance of bringing high-level decision makers into contact with adolescents in order to advance ASRH. While the summit resulted in a signed commitment, the follow up since the summit has been even more meaningful. As described below, several encouraging follow up activities have happened since the summit, promising more opportunities for movement on these issues. It remains to be seen whether such engagement will be institutionalized by major decision makers in Guatemala.

National Advocacy Impact: For the first time, youth leaders have successfully entered into dialogue with Guatemalan Ministry of Health officials to ensure access to youth-friendly services. A delegation of summit participants met with the Vice Minister of Hospitals and the head of reproductive health in October and November 2013. As is illustrated below, this national-level engagement is critical to driving local results, particularly in local hospitals and clinics overseen by the Ministry of Health.

Local Advocacy Impact: In the months leading up to the summit, CHANGE partners conducted local advocacy projects in six different regions to prepare young people and local Ministry of Health officials and mayors to understand ASRH needs and make necessary changes to local policies and programs. In the Guatemalan state of Peten, youth organization Tan Ux'il established agreements with three municipal health directors, committing them to support ASRH locally. Also, Colectivo Revolucion Joven of Jalapa, Go Joven, and OSAR Huehuetenango held regional summits with local leaders to follow up on the national summit. Local Ministry of Health officials signed an agreement at the local summit in Jalapa agreeing to develop youth dialogue in coordination with the Observatorio de Salud Reproductiva (Reproductive Health Monitoring Body). These local-level advocacy successes on ASRH are essential to creating change for young people, given the gap between national policies and local implementation.

As a result of youth engagement with the Ministry of Health in the capital, Ministry of Health representatives have also met with young leaders in four different communities to get their input on the creation of youth-friendly services and access to contraception in Ministry of Health clinics and health posts. As an outcome of these meetings, each



Participants reported out from their groups on critical sexual and reproductive health issues facing young people in Guatemala, including adolescent pregnancy and HIV.

community now has a volunteer group of youth and adolescents to advise staff in Ministry of Health facilities that are supposed to be providing youth-friendly services. Youth participation in these meetings has been facilitated by Guatemalan CSOs that participated in the summit. The ministry has featured these meetings in their public relations materials.

Advocacy Gains with Donors: CHANGE's partners reported to external evaluators that CHANGE opened "new dialogue avenues with USAID," and that the youth summit united international cooperating agencies with local civil society. USAID lent support to the summit with its logo, its attendance, and through the in-kind donations of its main implementing partner, PASMO. Youth advocates also report that USAID has been reaching out to youth-led groups in recent months to let them know about funding opportunities. UNFPA, UNWomen, and UNICEF all participated in the opening session of the summit. UNFPA also used the summit as an opportunity to engage interested participants in forming a youth network on post-2015 goals. A meeting to gauge interest in the new network drew 60 participants.

Coordination among CSOs: CHANGE partner organizations also reported increased collaboration and cohesion among youth-serving and youth-led organizations leading up to and following the summit, allowing them to continue to build effective advocacy on sex education and access to youth-friendly services.

LESSONS LEARNED

CHANGE and Guatemalan partner organizations identified critical lessons learned during the project.

Local Control: CHANGE contracted two consultants for the project: one worked with civil society groups and the other worked to get high-level buy-in. CHANGE staff worked closely with both to shape the idea for the summit, then the two consultants, with representatives from partner CSOs, were the primary organizers of the summit. This allowed maximum control at the local level for the summit, ensuring sustainability of the effort following the summit. This was confirmed by an external evaluation of CHANGE's three-year project on the Global Health Initiative. Guatemalan CSOs remarked that CHANGE allowed important freedom for CSOs there to develop and carry out the summit: "They facilitated the dialogue



More than 200 young people from 34 Guatemalan organizations across the country participated in the summit.

space without ordering [us what to do], without imposing their opinion.”

Recommended Approach: Local control, whether established through in-country consultancies or close partnerships with civil society groups, is essential for advocacy sustainability. Through the process, establishing clear parameters and benchmarks in conjunction with local partners will facilitate success.

Impartial Convening: Having CHANGE as the outside arbiter was crucial to ensure buy in from a variety of Guatemalan organizations. However, because CHANGE could not realistically oversee daily logistics or summit design (nor did we want to for sustainability reasons), CHANGE deferred to the judgment of Guatemalan groups, even when their decisions were quite different than those CHANGE would have made. In the end, this made the summit more meaningful for organizers, and several have commented that they learned a great deal from the process. CHANGE reached its objectives, even while relinquishing control of the details of the event itself.

Recommended Approach: Collaboration among diverse civil society groups can be greatly enhanced by an outside group, but it is critical that the external arbiter not dominate decision making.

Grassroots Seed Grants: The seed grants for local level advocacy facilitated the identification and engagement of local health and education officials who are key to implementation of national-level policies and commitments. Grant recipients found a low level of understanding of ASRH issues among these officials, as well as officials who understand, yet find no incentive to advancing local attention to ASRH. Continued engagement at this level is critical, and donors should recognize the importance of funding civil society to sustain this work.

Recommended Approach: International NGOs and donors should prioritize resources for grassroots seed grants. While need and contexts vary, having at least several such grants available is imperative. If the project is national in scope, but local impacts are sought, then advocacy seed grants for all localities with viable CSOs need to be considered.

Resources for Convening Meetings: With competition over scarce donor resources in Guatemala, particularly for advocacy, resources provided through CHANGE to bring groups together for meetings was essential. Without these resources, groups would have found it very difficult to coordinate this large undertaking. The organizing committee would likely have been restricted to groups within or very close to the capital, significantly reducing the diversity of representation. Given the role of these groups in attracting participants facilitating the summit’s sessions, the content and reach of the summit would have been significantly limited as a result.

Recommended Approach: Advocacy efforts that seek national-level results must include resources to facilitate convening geographically diverse organizations.

Advocacy Expertise: Local partners reported that complementing local-level engagement with high-level engagement of donors and Guatemalan ministry officials contributed substantially to the success of the event. The advocacy experience and contacts of CHANGE's partner Instancia para la Salud y el Desarrollo de las Mujeres (Women's Health and Development Authority—ISDM) brought key officials to the summit, while CHANGE's work with donors helped generate their interest and support. Also, both CHANGE and ISDM contributed carefully tailored advocacy training leading up to the summit—emphasizing how to message effectively in high-level advocacy meetings. As a result, partners reported that, “civil society had more tools after CHANGE's workshops,” including “what to ask for from the [Guatemalan] state,” and the ability to create more concrete advocacy goals.

Recommended Approach: Many CSOs have highly refined advocacy skills, while others are in the nascent phase of developing such skills. Defining areas for capacity development in conjunction with CSO partners, and then addressing gaps with as much local expertise as possible, facilitates the expansion of overall advocacy movement capacity and greatly improves possibilities for impact.

Energy and Cohesion of Organizing Committee: CHANGE's partners in Guatemala report that coordinated advocacy efforts have been very rare and fraught with internal disputes. The deeply-felt and urgent issue of adolescent pregnancy brought these groups to the table and created energy to maintain cohesiveness through the event.

Recommended Approach: Local consultants who are seen as honest brokers are essential to help overcome coordination barriers that may exist from past friction. If national coordination of multiple CSOs seems untenable, then stepping back to identify more local advocacy efforts (rather than national) may be appropriate.

Donor Involvement: Guatemalan partners also report that multilateral and bilateral donors in Guatemala have not often been coordinated in their response to key issues. Again, the urgency of adolescent pregnancy and the media coverage (driven by civil society) that accompanied it contributed to multiple donors supporting the summit. Donors in Guatemala should strive to coordinate their efforts on this issue in particular, to ensure the sustainability of civil society efforts and government engagement.

Recommended Approach: Generating a coordinated civil society advocacy response facilitates donor coordination as well, particularly when CSOs specifically request such coordination. CHANGE's approach of meeting with as many donors as possible to press them on youth involvement, as well as on the local CSO interest on the issue in question, helped smooth the way for the donors' support.

Implementation of Donor Policies: The advocacy process surrounding this summit also provided a case study of the strengths and limitations of policies that come from donor's headquarters. For example, in October 2012, USAID in Washington released a Youth in Development Policy (for a summary of the policy, see Annex page 17), which outlined the urgency of investing in youth development, including to increase their access to youth-friendly sexual and reproductive health care and comprehensive sexuality education. However, in January 2013, USAID representatives in Guatemala visited by CHANGE had limited awareness of the policy and did not see many opportunities to shift gears as a result, as their contracts with implementing organizations were on long cycles. Over the course of that year, however, they did increasingly engage on ASRH issues, although their actions did not appear to be driven by the new youth policy. At the country level, based on

CHANGE’s observations, there seem to be numerous disincentives to quickly adopting new policies, and few perceived rewards, particularly when new policies do not come with the additional resources to carry them out. This should not serve as a barrier to promoting important new policies, simply as a reminder that such policies should include sufficient resources, incentives, and opportunities for full implementation at the national level.

Recommended Approach: Advocacy groups based in the U.S. should articulate the need for policies to come with sufficient funding for implementation, and should make the connections between new policies adopted in Washington and the local benefits and potential impacts to implementing it more robustly.

CONCLUSION

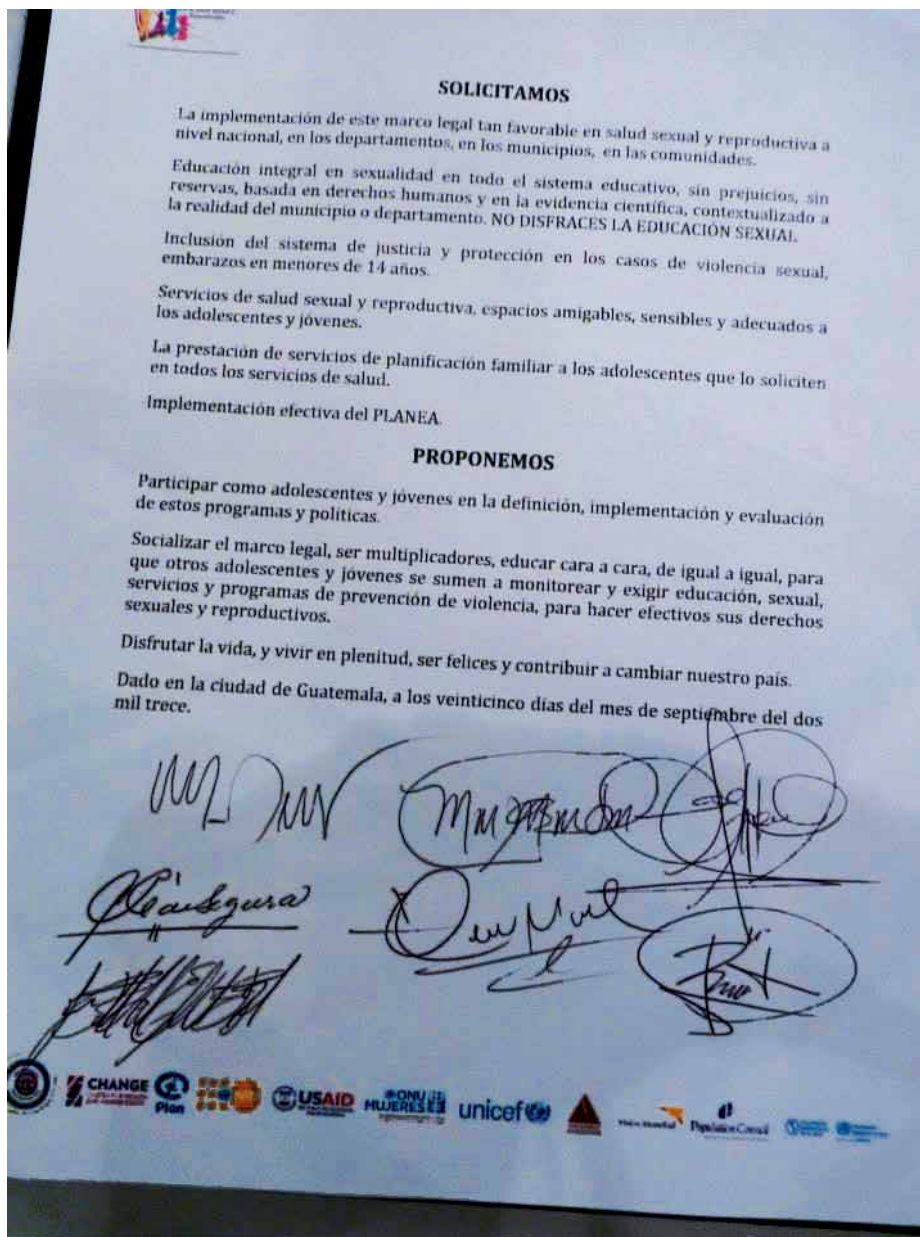
In setting and meeting broad development goals for 2015 and beyond, the global community must recognize young people as irreplaceable experts on youth rights and health, and essential catalysts for change. To break through generations of exclusion, it must no longer be considered acceptable to sideline youth voices in international, national, and local debates on issues that affect them.

The global community must also promote new models of facilitating local advocacy and supporting advocates with the resources and capacity to provide critical feedback on international donor policies and programs. As donors like USAID advance new policies on youth participation and country ownership, youth-led and youth-serving organizations should be important partners—yet they are too often left out of strategy development, implementation, and evaluation efforts. International allies can play an important role to bridge the gaps, particularly between local-level youth-led groups and donor or other high level representatives.

Guatemalan government representatives recognized summit participants like these at the commemoration of the International Day on the Prevention of Adolescent Pregnancy, hosted at the National Palace on September 26, 2013.



As shown in Guatemala, with sufficient motivation, resources, and tools, youth-serving civil society organizations can successfully overcome barriers that divide young people from political leaders, generating important shifts in policy and implementation. Sustained mobilization of youth voices at the national and local level requires donor support, civil society cohesion, and capacity-building opportunities for young leaders. The required passion and commitment from young people is fortunately in abundant supply.



The summit declaration requested comprehensive sexual education programs in the schools, youth-friendly health services, adolescent access to contraception in all health service delivery sites, and the prosecution of sexual violence cases. It also noted that adolescents and youth should participate in the definition, implementation, and evaluation of these programs and policies. The declaration was signed by representatives from the Guatemalan Ministry of Health, Ministry of Education, Youth Council and Congress.

ANNEX I

ACRONYMS

ASRH—Adolescent Sexual and Reproductive Health

CHANGE—Center for Health and Gender Equity

CSO—Civil Society Organization

GHI—Global Health Initiative

ISDM—Instancia por la Salud y el Desarrollo de las Mujeres [Women's Health Development Authority]

NGO—Non-Governmental Organization

OSAR—Reproductive Health Monitoring Body

PASMO—Population Services International's affiliate in Central America

SRHR—Sexual and Reproductive Health and Rights

UNPD—United Nations Development Program

UNFPA—United Nations Population Fund

UNICEF—United Nations Children's Fund

USAID—United States Agency for International Development

ORGANIZING COMMITTEE

Asociacion Tan Ux'il

Asociación Amigas

Asociacion Mujeres de Gente Nueva (AMUGEN)

Asociacion Alas

CONASIDA

Go Joven

Instancia por la Salud y el Desarrollo de las Mujeres

Colectivo Revolución Joven de Jalapa

Observatorio Salud Reproductiva

EXTERNAL ADVISOR

Center for Health and Gender Equity (CHANGE)

ANNEX II

PARTICIPATING ORGANIZATIONS

Acronym	Name	Location
FUNDAECO	Fundación Ecologica	Izabal
	Asociación Amigas	Quetzaltenango
	Municipios Trifinio	Jutiapa
OSAR	Observatorio Salud Reproductiva	Jalapa
IUMUSAC	Instituto Universitario de la Mujer de la Universidad de San Carlos	Central
CONASIDA	Comisión Nacional Multisectorial de Organizaciones que velan y trabajan en la prevención de Infecciones de Transmisión Sexual/VIH/Sida	
AMUGEN	Asociación de Mujeres Gente Nueva	Central
	Asociación Tan Uxil	Peten
COINDE	Consejo de Instituciones de Desarrollo	
OSAR	Observatorio Salud Reproductiva	Sacatepéquez
	Go Joven	Huehuetenango
ASECSA	Asociación de Servicios Comunitarios de Salud	Totonicapán y Alta Verapaz
AMUGEN	Asociación de Mujeres Gente Nueva	Escuintla
ADESJU	Asociación para el Desarrollo Sustentable de la Juventud	
AMUGEN	Asociación de Mujeres Gente Nueva	Suchitepequez
	Proyecto Vida	Coatepeque
AGALI	The Adolescent Girls' Advocacy & Leadership Initiative	
ASOGEN	La Asociación Generando Equidad, Liderazgo y Oportunidades	Chimaltenango
	Alas (Wings)	Sacatepequez
	Proyecto Cactus	Jalapa
OSAR	Observatorio Salud Reproductiva	Huehuetenango
IDEI	Asociación de Investigación Desarrollo y Educación Integral	Quetzaltenango
	Red Cross	
	Plan Internacional	
	World Vision	
ISDM	Instancia por la Salud y el Desarrollo de las Mujeres	
	Population Council	
REDSO	Red Sur Occidente de Guatemala	
	Asociación Defiende	
	Tierra Viva	San Marcos
	Aprofam	
	Asociación Tijax	
Paz Joven	GoJoven	Sololá
	Asociación Paz Joven Guatemala	Guatemala

ANNEX III



First National Youth Summit on Sexual and Reproductive Health September 23-24, 2013 Guatemala City, Guatemala Summit Agenda

September 23	
7:45 – 8:00	Registration
8:00 – 8:45	Welcome and Icebreaker
9:00 – 10:00	Inauguration of the Summit Tracie Mendez, <i>Jalapa Youth Collective</i> Dr. Ludy Rodas, <i>Coordinator of the National Reproductive Health Program, Ministry of Public Health and Social Assistance</i> Christian Skoog, <i>UNICEF Country Representative in Guatemala</i> Ana Luisa Rodas, <i>UNFPA Country Representative in Guatemala</i> Dr. Gustavo Batres, <i>Ministry of Public Health and Social Assistance</i> Kathy Hall, <i>Program Officer, Summit Foundation</i>
10:00 – 12:30	Break Out Groups <ul style="list-style-type: none"> • Sexual and Reproductive Rights • Sexual and Reproductive Health • Adolescent Pregnancy • HIV/AIDS • Sexual Violence
12:30 – 2:00	Lunch
2:00 – 5:00	Break Out Groups
5:30 – 6:30	Plenary
6:30 – 9:00	Photo booth, puppet show, demonstrations from youth projects

September 24	
8:00 – 9:00	Plenary Session
9:00 – 10:30	Work Groups <ul style="list-style-type: none"> • Indicators on youth sexual and reproductive health (ICRW) • Exchange of innovative experiences in networks and alliances • Development of summit declaration • Advocacy skills
10:30 – 11:00	Break
11:00 – 12:30	Work Groups, continued
12:30 – 2:00	Lunch
2:00 – 3:30	Advocacy Event and Closing Mr. Marco Vinicia Arevalo, Vice Minister of Health Evelyn Amado de Segura, Vice Minister of Education Alejandra Carillo, Director of CONJUVE (Youth Council) Rep. Mirma Figueroa de Coro, Vice President of the Steering Committee, Congress
4:00	Sexual and Reproductive Rights Caucus (UNFPA)

ANNEX IV



Fact Sheet

USAID YOUTH IN DEVELOPMENT POLICY AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

August 2014

USAID released its [Youth in Development Policy](#) in October 2012 and [implementation guide](#) in September 2013. Recognizing that more than half of the world's population today is under the age of 30 and living in developing countries, the policy emphasizes that investments in sexual and reproductive health and rights are critical to protect the well-being of young people and improve health, education, and economic outcomes.

The goal of the policy is to improve the capacities and enable the aspirations of youth through two objectives:

- Strengthening youth programming, participation, and partnership; and
- Mainstreaming and integrating youth issues and engaging with young people across Agency initiatives and operations.

YOUTH ENGAGEMENT

Youth engagement is a guiding principle of the policy, which clearly articulates the importance of working with youth-led and youth-serving groups throughout program development. The policy calls upon USAID initiatives to strengthen the capacity of youth organizations, as well as relevant ministries at the national level, to provide more effective youth programs. The implementation guide offers several tools for supporting youth participation in program development, implementation, and assessment for improved reproductive health outcomes and HIV prevention.

LIFE CYCLE APPROACH TO SEXUAL AND REPRODUCTIVE HEALTH

The policy rightfully highlights important linkages between sexual and reproductive health and rights (SRHR) and gender equality. It strives to achieve broad societal change by “promoting the sexual and reproductive health of young people, reducing pregnancies and improved levels of education and earnings of young women” (p. 13).^{*} The policy states that programming in these areas should be responsive to the distinct phases of the life span. USAID defines “youth” as individuals aged 10-29 years.

PROTECTING GIRLS DURING EARLY ADOLESCENCE (10–14)

The onset of puberty makes reproductive health and maturation an important area of focus:

- One in seven girls in developing countries are married by age 15 (p. 13).
- The ratio of girls aged 10-14 that die in pregnancy or childbirth is five times higher than that of women aged 20-24 – the majority of deaths taking place within marriage (p. 7).
- “Early marriage, pregnancy, HIV/AIDS, and limited family planning services are major contributors to the inability of girls to complete their education” (p. 4).

The policy states that vulnerabilities – especially for girls – “make the fight against early marriage and the promotion of youth sexual and reproductive health critical” to USAID programming (p. 7). The policy stresses that “protection efforts should be emphasized” for girls ages 10-14 (p. 21). Appropriate interventions include “preventing early marriage, pregnancy and sexual exploitation” (p. 21) through efforts such as “awareness campaigns around girls’ rights and child marriage” (p. 22).

^{*}Unless otherwise indicated, citations are from the USAID Youth in Development Policy published in October 2012.

ANNEX IV continued

USAID YOUTH IN DEVELOPMENT POLICY AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

PREPARING YOUNG WOMEN THROUGHOUT ADOLESCENCE (15–19)

The policy highlights these years as critical to sustaining health and education gains for women:

- One in three girls in developing countries are married by the age of 18 (p. 13).
- Youth pregnancy adds to the increasing number of young women not employed, in education, or training – “a matter of world-wide concern” (p. 6).

The implementation guide notes:

- Unprotected sexual activity contributes to numerous health risks for young women, including: early pregnancy, sexually transmitted infections like HIV, obstetric fistula, unsafe abortion, poor nutrition, and gender-based violence (p. 4).¹
- About 16 million girls aged 15-19 years give birth every year (p. 4).²
- Young women under age 18 face a 28% greater risk of maternal mortality, and are more likely to experience pregnancy related morbidities (p. 13).³

The policy’s suggested programming during this life phase includes: health education for healthy life-styles, promotion of positive gender norms, provision of youth-friendly reproductive health services, and legal rights education (p. 21).

EMERGING ADULTHOOD (20–24)

For young women transitioning into adulthood, the Youth in Development Policy recommends that programs should continue to “support positive and constructive decision-making” and “build resilience” (p. 21). Among the list of relevant programs provided in the policy is “reproductive and maternal health, [and] family support” (p. 21).

TRANSITION INTO ADULTHOOD (25–29)

During this stage in the life cycle, physical maturation is largely complete; however, learning continues to take place. The policy highlights that programming during the transition into adulthood should enable youth to build assets and provide economic, health, and social support for family life.

INCREASED COORDINATION THROUGHOUT THE AGENCY

The Youth in Development Policy calls for the appointment of designated staff, particularly a Senior Youth Coordinator within the Agency, who will be critical in converting the policy’s principles and aspirations into tangible and measurable action. The appointment of a permanent Senior Youth Coordinator will help to improve the tracking of youth programs and investments in young people. The Coordinator will play a special part in recognizing the vital role that sexual and reproductive health and rights plays in improving adolescent and youth development outcomes across all sectors.

ABOUT THE CENTER FOR HEALTH AND GENDER EQUITY (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 worldwide through education and advocacy efforts that affect the development and implementation of U.S. policies.

¹⁻³ USAID, *Integrating Youth into Health Programs: Considerations for Implementing the Youth in Development Policy*, 2013.



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