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**OPTIONS II STRATEGY FOR GUATEMALA**

**Sharon Kirmeyer  
Barbara O'Hanlon**

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**The Futures Group  
1101 14th Street, NW  
Suite 300  
Washington, DC 20005  
(202) 347-8165**

OPTIONS FOR POPULATION POLICY II  
STRATEGY FOR GUATEMALA  
EXECUTIVE SUMMARY

OPTIONS II proposes to focus on three areas: (1) increasing support among national leaders for family planning; (2) improving collaborative planning among the organizations providing family planning services; and, (3) supporting the development of family planning through the Guatemalan Social Security Institute.

Increasing Support for Family Planning Among National Leaders

The focus of OPTIONS II efforts in this area should be on building support for family planning among the leaders of the government that took office on January 14, 1991 and among influential private sector leaders. The specific activities to be conducted are as follows: (a) development of computer graphic StoryBoard presentation on child survival and unmet need based on existing data that can be used by APROFAM and other family planning advocates to build support for the population policy being drafted with UNFPA assistance; (b) observational travel for key officials of the new government; and, (c) strengthening of the APROFAM information dissemination strategy and technical capacity.

Joint Planning for Expanded Service Delivery

OPTIONS II assistance in this area should concentrate on facilitating and providing technical inputs to quarterly meetings of the major service providers to improve the quality of planning and complementarity among the organizations providing family planning services. Topics that might be addressed during these quarterly meetings include disaggregation of national objectives among the various service providers; implications of the structure of health service delivery for family planning; and, the consequences of specific regulations governing health service delivery for improving access to family planning services.

Expanding Family Planning Services through the Guatemalan Social Security Institute (IGSS)

Leaders of the medical services division at IGSS, a major provider of health services, wish to expand the delivery of family planning services. OPTIONS II proposes the following major activities: (a) a survey of IGSS beneficiaries that will strengthen planning for expanded service delivery; (b) development of a strategy for expanded services; and, (3) presentations to the IGSS Executive Board and senior management to increase their support for family planning, with specific emphasis on approving a strategy that will maximize access to family planning services among IGSS covered workers and their dependents.

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## OPTIONS FOR POPULATION POLICY II

### STRATEGY FOR GUATEMALA

#### I. DEMOGRAPHIC PROFILE

##### A. Key Indicators

Population size (1990):	9.3 million
Crude Birth Rate (1990):	39 per thousand
Crude Death Rate (1990):	8 per thousand
Rate of Natural Increase (1990):	3.1% per year
Infant Mortality Rate:	59 per thousand
Maternal Mortality Rate (1985):	78 per 100,000
Total Fertility Rate (1985-90):	5.6
Contraceptive Prevalence (1987) (women in union 15-44):	23% all methods 18% modern methods
Singulate Mean Age at First Marriage (1987):	19.4
Percent Urban (1989):	35%

##### B. Fertility, Contraceptive Prevalence and Unmet Need

The last twenty years have been witness to a modest fertility decline in Guatemala; the current total fertility rate of 5.6 represents a drop of over 20% relative to the rate observed in 1969-70. However, Guatemala has experienced a considerable drop in child mortality: the death rate for children under 5 averaged 150 per thousand in 1972-76, compared to 110 for the period 1982-87.

Despite the progress achieved, significant challenges remain. Infant, child and maternal mortality remain quite high by Latin American standards. The persistence of high fertility is an important reason for the observed level of mortality. Guatemalan survey data indicate clearly that infant mortality is higher when the mother is under twenty or over forty, when the interval between births is less than two years or when the woman has already had seven or more children. The proportion of high risk births is quite high; over half of Guatemalan women have their first child before the age of twenty.

To these findings must be added the observation that there is a significant level of unmet demand for family planning. The 1987 Demographic and Health Survey estimated contraceptive prevalence at about 23% among women in union of reproductive age. However, 35% of women state that they do not want any more children and an additional 27% stated that they would like at least two years to elapse before the next birth. Actual

fertility is considerably higher than desired fertility (ideal family size averages 3.8 children). The DHS data indicate that 19% of married women who expressed desires to limit or space births and who are exposed to the risk of pregnancy are not presently practicing family planning.

These data suggest that there are significant barriers to access and effective use of family planning services. Of particular significance are the following findings:

- relatively low utilization of conventional health services; only about one-third of Guatemalan women visit a doctor or nurse for pre-natal care or to assist in childbirth, while 40% use traditional birth attendants and 27% receive no assistance;
- knowledge of contraceptive services is low; 71% of married women can name the pill, 41% the IUD or injectables, 36% condoms, 33% vaginal tables and 19% diaphragms;
- there is widespread concern about the secondary effects of contraception; among those able to name the method, 63% cited the secondary effects of the pill, 50% those of the IUD and 48% those of injectables;
- quality of care issues need greater attention; among those women having abandoned contraception in the last five years, 27% experienced use failure and 24% discontinued due to secondary effects.
- access to and use of family planning and other health services varies significantly by urban-rural residence, region, educational level and ethnic group.
- the current method mix is highly skewed towards permanent methods implying limited options from which women can choose; 57.7% of women in unions using a modern method selected voluntary sterilization.

### C. Demographic Data Sources and Applications

There are two recent sources of relevant demographic data. The first is the 1987 Demographic and Health Survey, known in Guatemala as the 1987 National Maternal Child Health Survey. Some of the major findings have been summarized above. The DHS results have clear and important policy implications but unfortunately, they have not been widely disseminated to the appropriate groups. Much more use can be made of the DHS findings to demonstrate to national leaders the health consequences of high fertility and the degree of unmet demand for family planning, as well as to guide program planning.

The second main source of demographic data is the 1989 National Socio-Demographic Survey. Not only does it permit the analysis of fertility and mortality levels for subnational groups, it has good quality information on disease prevalences, duration, medical service utilization, as well as physical household characteristics, which lead to programmatic conclusions. The sponsor, UNFPA, has begun a program of dissemination of the study's results.

## II. KEY INSTITUTIONS AND ORGANIZATIONS

In Guatemala, the population sector is comprised of governmental agencies, non-profit and private voluntary organizations (PVOs), and the commercial private sector. The public sector is made up principally of the Ministry of Health (MOH), including the Family Planning Unit and the Guatemalan Social Security Institute (IGSS). However, the Ministry of Planning (SEGEPLAN), the National Institute of Statistics (INE), other related governmental ministries, and the public universities could eventually play an important role if the new government demonstrated an interest in a population policy and/or family planning activities.

The Ministry of Health is a relative newcomer to the family planning sector. Since restructuring in 1985, the Family Planning Unit has expanded its services to 24 districts, offering family planning services in 29 hospitals, 224 health center and 697 health posts. They reach approximately 57,000 users, or 22.4% of all users. Over one half of the women using MOH/FP services select voluntary sterilization as their preferred method; the second and third method requested are pills (37%) and IUDs. To expand their services, they have trained 6,000 health workers and traditional birth attendants to collaborate with the MOH/FP Unit in education/outreach activities. Next year they will begin a community based program with the health workers to distribute contraceptives.

The Guatemala Social Security Institute (IGSS), on the other hand, has no institutional family planning program. Currently, IGSS offers limited family planning services primarily in the form of voluntary sterilization to high risk women (with high parity and/or pre-existing condition). Nonetheless, these efforts contribute a modest 13% of total users. To date, several constraints have prevented IGSS from expanding their family planning efforts: a) absence of political will to provide family planning services; b) lack of contraceptive supplies, and c) legislation limiting medical coverage of worker's wives. However, IGSS is creating a Reproductive Health Unit to address some of these obstacles and to increase family planning coverage among SSI beneficiaries and dependents.

The non-profit sector includes a variety of PVOs of which the most important is APROFAM, the IPPF affiliate. Since 1965, APROFAM has played an significant role in pioneering family planning services. Currently, APROFAM has 23 clinics and CBD programs located in rural and urban areas that reach over 100,000 family planning users and provide MCH services to over 46,000 mothers and their children. Among the reversible methods, 30% of the women use pills, another 23% select IUD, and 13% choose injectables. In addition to their MCH and FP programs, APROFAM actively promotes family planning and other related issues by sponsoring seminars, workshops, and conferences; presenting the Guatemalan RAPID model; publishing newsletters and documents; and training educators.

The commercial side of the family planning sector consists of private physicians, other medical personnel, pharmaceutical manufacturers and distributors, and retailers (mainly pharmacies). In the past, private health providers, particularly physicians, have been

formidable opponents to family planning services. However, many of the interviewees stated that this group has slowly changed its position and no longer present an obstacle to family planning programs.

Among the pharmaceutical manufacturers and distributors, the key actors are Schering and IPROFASA. Schering, located in Guatemala, distributes contraceptives throughout Central America at a market price. In addition to manufacturing and providing contraceptives, Schering contributes to family planning through their education programs with private doctors. IPROFASA engages in a social marketing program to distribute, promote and retail contraceptives through pharmacies. In 1990, IPROFASA's CSM program reached 77% of all Guatemalan pharmacies, offering contraceptives at affordable prices ranging from 30 centavos (6 cents) for a condom to 3.5 quetzales (70 cents) for a cycle of pills.

The following table, drawn from the 1987 DHS, shows the percentage of users receiving services from the various family planning providers:

**TABLE 1**  
**PERCENT OF USERS RECEIVING FAMILY PLANNING SERVICES**  
**FROM VARIOUS PROVIDERS**

PROVIDER	% USERS
APROFAM	41.2
Public hospitals/clinics	22.4
Private hospitals/clinics	20.6
Instituto Guatemalteco de Seguridad Social	13.3
Other	2.5
Total	100.0

In reviewing the population and family planning field, it is also important to look at the overall health sector. The structure of health care service delivery is likely to dictate the organization of an expanded family planning program. The data in Table 2, which were supplied by an interviewee, describe the sources of health services. Among the government organizations, the MOH and IGSS are delivering family planning services. Very little, however, is known about the 600 non-government organizations (NGO) that provide a significant portion of health care, and their potential to expand family planning services. To date, CARE and Save the Children have demonstrated interest in expanding their services to include family planning. Further analysis of the characteristics of NGOs and their beneficiaries is needed to determine their potential contribution to the expansion of family planning coverage, particularly to the more remote population groups. The same analysis should be conducted for the traditional healers as another channel for family planning.

TABLE 2  
SOURCES OF HEALTH SERVICES  
(%)

PROVIDER	% USERS
Ministry of Public Health	~30%
IGSS	15%-17%
Non-governmental organizations	17%-19%
Traditional healers	43%
Total	100.0

### III. OPTIONS II AGENDA FOR POLICY DEVELOPMENT

OPTIONS II proposes to focus on three areas:

- (1) increasing support among national leaders for family planning in parallel with UNFPA assistance to develop a national population policy;
- (2) improving collaborative planning among the organizations providing family planning services; and,
- (3) encouraging the development of family planning services through the Guatemalan Social Security Institute.

This section provides the rationale for each area, the objectives to be attained, the counterparts and target audiences, the specific activities to be carried out and the required inputs.

#### A. Policy Dialogue for Family Planning

##### 1. Background and Rationale

Article 47 of the Guatemalan Constitution guarantees the right of every Guatemalan citizen to choose the number and timing of children. Beyond this constitutional guarantee there is no national population policy as conventionally understood. In 1990 a Commission on Population and Development developed the draft of a national population policy with technical assistance provided through the United Nations Population Fund (UNFPA). The major sections of the draft policy are as follows: (a) women's status; (b) maternal and child health; (c) migration; (d) environment; (e) employment; and (f) education.

The development of the policy was apparently suspended as the elections approached. The UNFPA hopes that consideration of the policy will resume with the inauguration of a new government on January 14, 1991.

There is a widespread perception that the new government is likely to be more supportive of family planning than its predecessors, though it is premature to make any judgement about the extent to which the new leaders will become active proponents.

Most of those interviewed during the course of the strategy design concurred that lack of high level political support has been a major impediment to the development of the family planning program. They were divided, however, on the utility of developing a formal population policy. While some supported the adoption of a national policy, others believed that the process of developing the policy was likely to coalesce or focus opposition and that a more low key approach that concentrated on policy dialogue with key actors was a more useful approach.

A number of those interviewed also cited opposition from the medical community as an obstacle to family planning. It was pointed out, for example, that the medical school curriculum does not include any training in family planning. Family planning has both proponents and opponents among physicians; the proportion falling into the opposing camps is unclear.

OPTIONS II should focus on developing support for family planning among key groups and individuals. The UNFPA has provided the technical assistance for drafting of the population policy and OPTIONS II can best support this effort by helping create a supportive environment, rather than through direct involvement in policy drafting.

## 2. Objectives for Policy Dialogue

The objectives of OPTIONS II in this area are twofold:

- (a) to increase support for family planning among the leaders of the new government and the private sector; and,
- (b) to reinforce the capacity of APROFAM, which is the leading family planning provider, to continue as an advocate for family planning.

## 3. Activities

### (a) Development of Child Survival and Unmet Need Presentations

Policy dialogue in support of family planning tends to revolve around three themes: the economic development rationale for family planning; the health rationale for family planning and the human right to the means and information needed to choose the timing and spacing of children. In Guatemala, the RAPID Project has worked effectively to develop and apply presentations that demonstrate the economic development rationale, using the RAPID model and an environment and population computer presentation and video documentary. APROFAM has made extensive use of the RAPID model. However, additional tools for policy dialogue are needed as different target groups for policy dialogue are responsive to different arguments. Therefore it is recommended that OPTIONS II work with APROFAM to develop two additional computer graphic Storyboard presentations based upon existing data from the Guatemala DHS:

- a presentation that demonstrates the effects of high fertility on maternal and child health; and,
- a presentation that shows the degree of unmet demand for family planning.

The groups to whom these presentations should be made include the senior officials of the new government, Congress, the medical community, the major economic groups such as

CASIF and the intellectual centers, including ASEIS, CIEN, ASINDES, and the universities, and the non-governmental organization through their association, ASINDES.

(b) Observational Travel

OPTIONS II should support observational travel for a limited number of the senior officials of the new government to observe family planning programs in comparable countries. The officials to be involved and the countries to be visited remain to be determined.

(c) Strengthening APROFAM's Information Dissemination Capacity

OPTIONS II should assist the information dissemination division of APROFAM in (1) developing a more effective information dissemination strategy and; (2) strengthening the technical capacity to produce materials through training in desktop publishing and transfer of relevant software.

4. Resource Requirements

(a) Policy Dissemination Activities and Technical Assistance to APROFAM

OPTIONS technical assistance: 20 weeks

Trips: 4 two week TDYs

Local transportation and per diem

Equipment: upgrade on Hewlett Packard Laser printer and DeskTop publishing software program

Other direct costs (communications, printing 2 IMPACT like documents for 2 presentations, and conferences)

(b) Observational Travel

OPTIONS technical assistance: 18 weeks

Trips: 4 two week TDYs for OPTIONS staff

Trips: 11 two week TDYs for 5 MDs and 6 politicians

Local transportation and per diem

Other direct costs (communications)

## 5. Evaluation Indicators

The proposed OPTIONS activities should be assessed using the following:

- o improved technical capacity within APROFAM to produce and disseminate materials and presentations;
- o adoption and implementation by APROFAM of a satisfactory information dissemination strategy, including production of two computer graphic presentations, development of printed materials and policy seminars; and,
- o increased support for family planning among key leaders, with particular emphasis on senior officials of the new government.

B. Improve Joint Planning for Expanded Service Delivery

1. Background and Rationale

An important step in improving planning for the extension of services occurred under the just concluded RAPID III activities in Guatemala. RAPID III worked with Guatemalan colleagues to develop projections of the increase in family planning users that would be required under alternative population projections. Table 3 shows the growth of family planning users between 1990 and 2010 under alternative fertility assumptions.

TABLE 3  
THOUSANDS OF FAMILY PLANNING USERS 1990-2010  
THREE FERTILITY PROJECTIONS

```
*****
*   PROJECTION 1 +   *
*
*   Year  # FP USERS  *
*****
*   1990      308,000  *
*   2000      432,500  *
*   2010      585,500  *
*
*   + TFR 5.6 by 2010  *
*   CPR 23.35% by 2010 *
*****
```

```
*****
*   PROJECTION 2 +   *
*
*   Year  # FP USERS  *
*****
*   1990      330,600  *
*   2000      526,300  *
*   2010      797,100  *
*
*   + TFR 5.0 by 2010  *
*   CPR 31.6% by 2010  *
*****
```

```

*****
*      PROJECTION 3 +      *
*      *      *      *
*      Year # FP USERS    *
*****
*      1990      360,300  *
*      2000      651,300  *
*      2010      1,079,100 *
*      *      *      *
*      + TFR 4.2 by 2010   *
*      CPR 42.8% by 2010  *
*****

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*****
*      PROJECTION 4 +      *
*      *      *      *
*      Year # FP USERS    *
*****
*      1990      393,700  *
*      2000      791,900  *
*      2010      1,396,410 *
*      *      *      *
*      + TFR 3.3 by 2010   *
*      CPR 55.3% by 2010  *
*****

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The analyses developed under the RAPID Project are clearly only the first step in developing a national family planning strategy. It is unknown, for example, whether the objectives and strategies adopted by the individual service providers sum to any of the demographic scenarios in Table 3. In addition, discussions during the development of this strategy suggest that there is considerable room for improved coordination of effort among the various family planning service providers in support of common objectives.

OPTIONS II should facilitate periodic joint planning exercises among the major service providers identified in Section III.

## 2. Objectives for Assistance in Planning

OPTIONS II objectives in this area are to:

- improve the quality of planning through selected technical inputs; and,
- increase complementarity of efforts among the major service providers.

### 3. Activities

OPTIONS II should support and facilitate quarterly meetings of the major service providers. Each meeting would be one-half to one day in length with a carefully prepared agenda. OPTIONS II technical assistance would focus on preparing the specific technical inputs that would serve as the basis for the planning discussions. Examples of the analyses that might be prepared for such meetings include:

- disaggregation of national objectives among the various service providers;
- analysis and discussion of characteristics and unmet need of special population groups;
- projected method mix and impact on prevalence, and;
- implications of the structure of health service delivery for family planning.

### 4. Resource Requirements

OPTIONS technical assistance: 23 weeks

Trips: 6 TDYs for a total of 12 weeks

Local transportation and per diem

Other direct costs (communications, supplies for conferences, computer presentations, 4 conferences)

### 5. Evaluation Indicators

Indicators for measuring OPTIONS activities with respect to this element include:

- o quality and appropriateness of technical analyses prepared;
- o better targeting and resource requirements projections among the major service providers; and,
- o improved coordination among the major service providers that increases the efficiency of resource use.

## C. Expanding Service Delivery Through IGSS

### 1. Background and Rationale

The focus on IGSS is a follow-up to the Conference on Social Security and Family Planning in Latin America sponsored by OPTIONS II in July 1990. As presented in Tables 1 and 2, IGSS is an important provider of health services, with responsibility for about 18% of the population. IGSS currently serves 13% of all family planning users. The director of the IGSS medical services division is determined to support expansion of the family planning program offered by IGSS and USAID/Guatemala wishes to be supportive.

However, there are a number of constraints that must be addressed if IGSS is to expand its role in family planning service delivery:

- there is very little information available about the current or potential family planning clientele to be served through IGSS;
- IGSS does not have a strategy of any kind for expansion of services;
- 85% of the workers covered by IGSS are men; IGSS rules state that the wives of workers may receive health services only from the moment of conception to 45 days post-partum. If enforced, this rule would be a major impediment to the expansion of family planning through IGSS.

The medical staff also expressed uncertainty about the approach to family planning that will be taken by the IGSS leadership that will be named by the new government.

OPTIONS II should work closely with IGSS to develop a coherent strategy for expanded service delivery that addresses the above constraints.

### 2. Objectives

The objectives for OPTIONS II assistance to IGSS are to:

- develop a better understanding of the actual and potential IGSS family planning clientele;
- develop a realistic strategy for expansion of services that would be approved by the IGSS authorities;
- encourage IGSS to grant the wives of IGSS covered workers access to family planning services.

### 3. Activities

OPTIONS II technical assistance would include the following components:

(a) a survey of IGSS female beneficiaries that would estimate the magnitude of unmet need and high risk births, provide information needed for program planning and develop a profile of the "high risk" woman who should be referred for family planning services;

(b) collaboration with IGSS to develop a strategy for expanded services through IGSS clinics, emphasizing setting targets, allocating resources and selecting service delivery modes;

(c) collaboration with the IGSS technical staff in presentations to the IGSS Executive Board and other key figures (such as the Minister of Labor) to grant eligibility to workers' wives for family planning services and to garner support for the family planning strategy.

### 4. Resource Requirements

(a) Resource needs for survey of beneficiaries

OPTIONS II technical assistance: 28 weeks

Trips: 7 two week round trips from technical assistants

Equipment: 3 laptop computers and 1 projector

Subcontract with IGSS: 43 person-months of labor (interviewers and supervisors)

Subcontract with international organization: 8 person-weeks (epidemiologist)

Local transportation and per diem

Other direct costs (communications, printing, conferences)

(b) Resource needs for family planning strategy

OPTIONS II technical assistance: 13 weeks

Trips: 4 two week round trips

Local transportation and per diem

Other direct costs (communications, printing, 2 conferences)

(c) Resource needs for policy presentation for IGSS Executive Board

OPTIONS II technical assistance: 8 weeks

INCAP labor: 7 weeks

Other Direct costs (communications, printing, 2 presentations at 2 conferences)

5. Evaluation Indicators

The proposed OPTIONS activities should achieve the following:

- o determine unmet need among SSI beneficiaries and dependents;
- o develop profile of potential family planning users in IGSS;
- o reform IGSS regulation to grant eligibility to the wives of workers for family planning services;
- o increase support among IGSS Executive Board for family planning services through a series of presentations and other awareness raising activities; and,
- o develop strategies to expand family planning services in IGSS clinics.