August 2021

Strengthening Stewardship of Health Reforms in Guatemala

OVERVIEW

In the past few decades, Guatemala has undertaken multiple initiatives to improve the life prospects of its most vulnerable citizens (Reyes et al., 2013; Cross et al., 2018). Survey data highlight the country's progress across various social and health indicators since the late 1990s (see Figure 1). Still, striking disparities in health and well-being remain along the fault lines of gender, ethnicity, geography, and income. To address these and other challenges, the U.S. Agency for International Development (USAID)-funded Health Policy Plus (HP+) project—which operates as Health and Education Policy Plus (HEP+) in Guatemala—has helped the country strengthen stewardship in health, setting the stage for better services and, ultimately, outcomes.
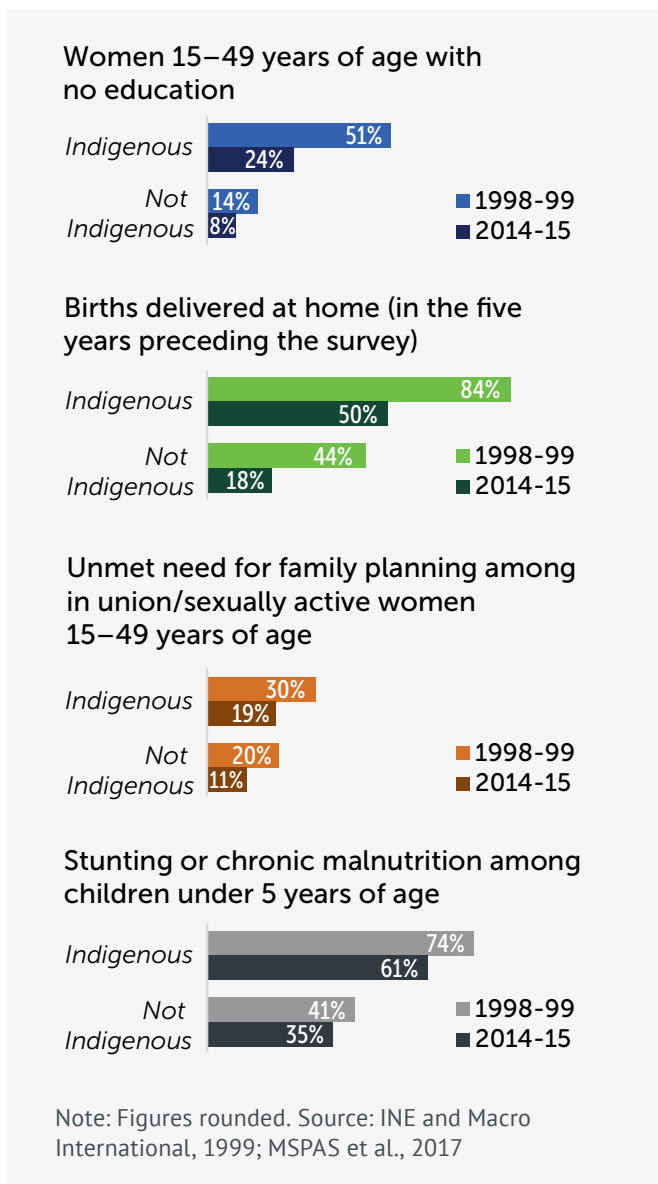
This brief summarizes experiences to: (1) support decentralization reforms, (2) strengthen government management and accountability at the subnational level, (3) enhance civil society participation in policy processes, and (4) make data widely accessible for decision making. Across these areas, the project's efforts have supported stronger stewardship capacities for enduring improvement in the health system. These capacities include the ability to establish **strategic policy direction** and policy instruments for implementation; to **build and sustain productive relationships**, coalitions, and partnerships; to ensure **accountability and transparency**; and to **generate intelligence** on policies and programs (Cross et al., 2018).

Figure 1. Select Indicators, 1998–2015

Women 15–49 years of age with no education

Indigenous
- 1998-99: 51%
- 2014-15: 24%

Not Indigenous
- 1998-99: 14%
- 2014-15: 8%

■ 1998-99
■ 2014-15

Births delivered at home (in the five years preceding the survey)

Indigenous
- 1998-99: 84%
- 2014-15: 50%

Not Indigenous
- 1998-99: 44%
- 2014-15: 18%

■ 1998-99
■ 2014-15

Unmet need for family planning among in union/sexually active women 15–49 years of age

Indigenous
- 1998-99: 30%
- 2014-15: 19%

Not Indigenous
- 1998-99: 20%
- 2014-15: 11%

■ 1998-99
■ 2014-15

Stunting or chronic malnutrition among children under 5 years of age

Indigenous
- 1998-99: 74%
- 2014-15: 61%

Not Indigenous
- 1998-99: 41%
- 2014-15: 35%

■ 1998-99
■ 2014-15

Note: Figures rounded. Source: INE and Macro International, 1999; MSPAS et al., 2017

SUPPORTING EFFECTIVE DECENTRALIZATION REFORMS IN HEALTH

Decentralization in Guatemala involves the transfer of select policy, management, and financial responsibilities from the central government to the departmental and municipal levels. By bringing government "closer" to communities, the aim is to improve service access, quality, efficiency, and accountability. In many countries, however, decentralization reforms have fallen short of expectations (Channa and Faguet, 2016; WHO, n.d.). Recognizing this, the project's support in Guatemala has taken aim at common challenges with these reforms, such as insufficient capacity at the subnational level to assume new responsibilities, incomplete or inconsistent delegation of functions, insufficient or inconsistent political will to implement reforms requiring resources over years, and a lack of transparency related to funding flows.

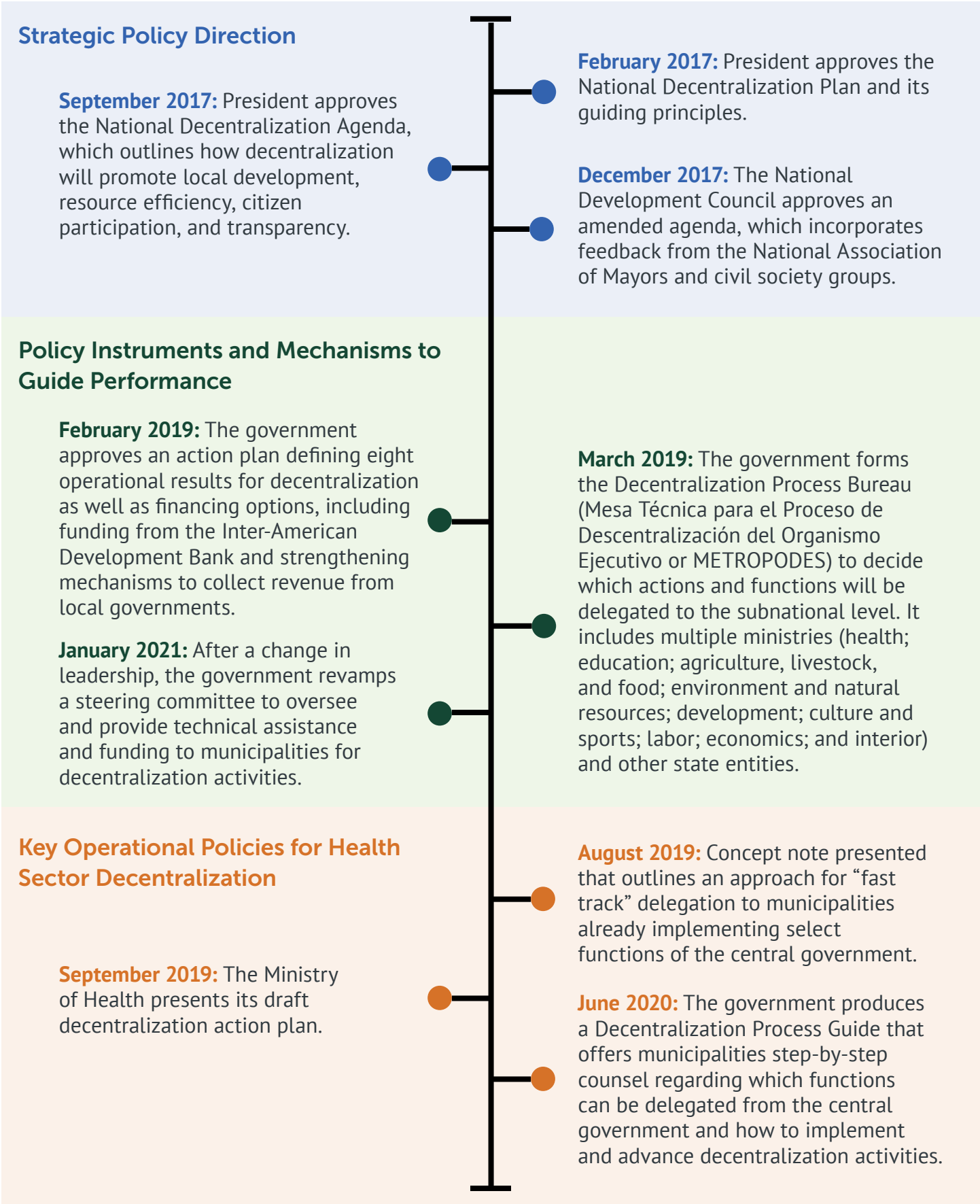## Establishing Strategic Policy Direction and Operational Guidance

In 2002, the government passed a decentralization law (Decree No. 14-2002) that outlined key actors, steps, criteria, and other details for delegating functions from the central level to local government entities. A decade later, the government had yet to implement the law. Among the barriers to implementation were misperceptions about the law's legality, along with changes in government leadership and priorities (Fagan et al., 2017). Starting in 2016, HEP+ worked closely with reformers in the Presidential Secretariat for Executive Coordination (SCEP) and other stakeholders to debunk misconceptions and revitalize political will for implementation. From 2017 onward, HEP+ has helped the government translate the 2002 law into strategies and plans, which are now being implemented (see Figure 2). These include efforts to systematize the delegation of functions and allocation of funds to subnational entities and to make data on these processes publicly available. By enhancing transparency, these efforts also help guard against politicization and corruption in implementation. In addition, the government formed a multisectoral board to oversee decentralization processes.

Devising Management Tools and Approaches to Facilitate Decentralization

As in many countries, the ultimate scope and scale of decentralization in Guatemala is immense, involving the transfer of new roles and responsibilities to governmental entities in 22 departments and 340 municipalities. HEP+ strengthened the capacity of government to

Figure 2. Select Decentralization Policies and Plans, 2017–2020

Strategic Policy Direction

September 2017: President approves the National Decentralization Agenda, which outlines how decentralization will promote local development, resource efficiency, citizen participation, and transparency.

February 2017: President approves the National Decentralization Plan and its guiding principles.

December 2017: The National Development Council approves an amended agenda, which incorporates feedback from the National Association of Mayors and civil society groups.

Policy Instruments and Mechanisms to Guide Performance

February 2019: The government approves an action plan defining eight operational results for decentralization as well as financing options, including funding from the Inter-American Development Bank and strengthening mechanisms to collect revenue from local governments.

January 2021: After a change in leadership, the government revamps a steering committee to oversee and provide technical assistance and funding to municipalities for decentralization activities.

March 2019: The government forms the Decentralization Process Bureau (Mesa Técnica para el Proceso de Descentralización del Organismo Ejecutivo or METROPODES) to decide which actions and functions will be delegated to the subnational level. It includes multiple ministries (health; education; agriculture, livestock, and food; environment and natural resources; development; culture and sports; labor; economics; and interior) and other state entities.

Key Operational Policies for Health Sector Decentralization

September 2019: The Ministry of Health presents its draft decentralization action plan.

August 2019: Concept note presented that outlines an approach for "fast track" delegation to municipalities already implementing select functions of the central government.

June 2020: The government produces a Decentralization Process Guide that offers municipalities step-by-step counsel regarding which functions can be delegated from the central government and how to implement and advance decentralization activities.

develop a systematized, evidence-based approach to guide and implement the process. The "Decentralization Process System" (SIPRODES) classifies and accredits municipalities based on their preparedness in governance, administration, financial management, public service delivery, and transparency. SIPRODES has three modules:

- The Preparation Index for Exercising Delegated Competencies (PRECODE) uses municipal rankings to gauge preparedness for decentralization and to identify capacity gaps.

- The Program for the Improvement of Sustainability and Accreditation (PROMESA) facilitates analysis of PRECODE results to generate tailored improvement plans for departmental and local development councils, municipalities, and municipal associations.

- PROGRESS MONITORING tracks the progress of municipalities at different stages of decentralization.

To implement decentralization efforts and SIPRODES effectively, HEP+ assisted the government to undertake various capacity strengthening and engagement activities. SCEP, with HEP+'s support, trained municipal councils as well as municipal planning and budget officials on the decentralization process and progress indicators. These trainings provided stakeholders with a strong understanding of the importance of decentralization reforms and concrete actions that could be taken toward accreditation. To enhance local support, the government also recognized it was important to engage mayors, who could champion municipal action to secure accreditation. To reach all municipalities, HEP+ helped SCEP strengthen its capacity to coordinate key actors in decentralization such as the Municipal Development Institute and the National Institute of Public Administration.

To monitor and assess these processes, HEP+ supported the government to develop a dashboard providing data and graphics on municipal progress toward fulfilling the commitments in their decentralization plans (see Figure 3). Demonstrating progress to decision makers and the public is

Figure 3. Example of a SIPRODES Output on Municipal "Readiness" to Assume New Roles and Responsibilities

Available at: https://precode.scep.gob.gt/nacional.html.
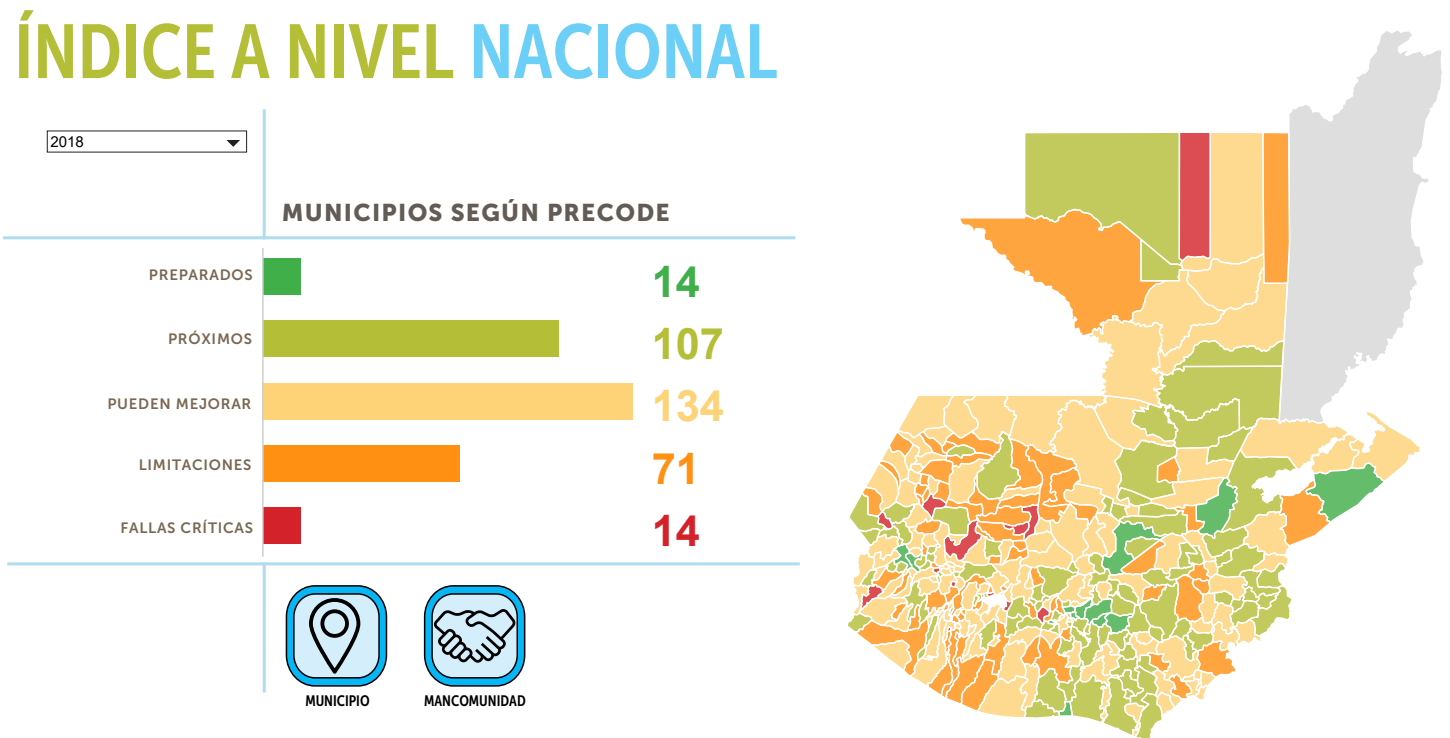
critical for maintaining political will and fostering transparency in the process. In 2018, SIPRODES indicated 14 of Guatemala's 340 municipalities had sufficient capacity to assume new delegated functions, with 107 close to being prepared. This was an increase from 2016, when seven municipalities were prepared and 40 were close to being prepared. The next version of SIPRODES, which will be applied in 2021 and beyond, will expand its monitoring to those municipalities implementing delegated functions, collecting data on their investments in education, health, nutrition, water, and sanitation.

STRENGTHENING SUBNATIONAL MANAGEMENT AND PERFORMANCE IN HEALTH

Improving the accessibility and quality of local health services requires policies, capacities, and structures in place to realize these objectives. HEP+ worked with the government on operational policies to expand infrastructure and to enhance subnational management of services. With greater local responsibility for health functions, the project also helped stakeholders plan for a major expansion of accountability mechanisms for contraceptive security. These types of mechanisms are critical for monitoring local policy implementation and facilitating effective resourcing, management, and responsiveness of services.

Advancing New Resourcing and Management Models

In recent years, the government estimated that the country needed more than 3,500 new health posts to meet demand. In response, the project worked with stakeholders to develop a policy in 2019 that enables the central government to partner with local governments to construct and finance health facilities. Reformers expect that municipalities will contribute land and labor for constructing new buildings while the central government provides additional support. The project also worked with

Strengthening Municipal Capacity to Address Food and Nutrition Challenges

In 2018 and 2019, collaborating with the Municipal Commission for Food and Nutritional Security, HEP+ helped develop the *Municipal Investment Guide for Food Security and Nutrition*. In Sacapulas and San Rafael Pie de La Cuesta, municipalities with pressing food and nutrition insecurity, HEP+ assisted with new policies to reduce stunting among children under two years of age. These policies established procedures to allocate municipal resources and leverage other funding for services.

the government to improve the availability of funds for health and education infrastructure at the subnational level. In 2019, the government approved a new regulatory framework that guides departmental development councils in directing funding to health and education projects.

As health infrastructure expands, strengthening management practices throughout the system is critical. In Guatemala, government-supported health facilities often functioned as fragmented units, with minimal coordination among them. To address this challenge, HEP+ worked with the government in 2018 to develop a formal strategy to standardize planning, reporting, and budgeting across the country's health area directorates. The strategy clearly defines roles, responsibilities, and administrative processes, shifting from the central level to the health area directorates, and guides directorates in how to manage health regulations and other activities, such as infrastructure maintenance.

Expanding System Structures to Strengthen Subnational Accountability for Contraceptive Security

In the area of family planning, the government is planning a nationwide expansion of a key

accountability mechanism, the National Committee for Contraceptive Security (CNAA). The CNAA promotes political commitment for family planning, coordinates and engages stakeholders, and monitors the supply and quality of services. Notably, the CNAA successfully promoted legal changes to enable the purchase of contraceptives at the best market price, strengthening program sustainability and preventing an imminent shortage of supplies.

The planned nationwide scale-up of the CNAA builds on an earlier expansion that HEP+'s predecessor project supported in the Western Highlands region. Following the establishment of the national CNAA in 2006, the project worked with stakeholders to form five subcommittees for contraceptive security in Huehuetenango, Ixil, Quetzaltenango, Quiché, and San Marcos. Highlighting the success of these subcommittees, in 2019, the CNAA worked with HEP+ on a strategy to replicate them nationwide, covering all of Guatemala's 22 departments. Also in 2019, the Ministry of Public Health issued a directive (No. 088-2019, May 24, 2019) that formalizes the status of the existing five subcommittees in the Western Highlands. To date, the government has launched 10 additional new subcommittees.

ENHANCING CIVIL SOCIETY PARTICIPATION IN POLICY PROCESSES

In Guatemala, USAID-funded policy projects have supported civil society organizations that have played a critical role in government reform and social accountability for decades. In recent years, for instance, civil society organizations have formed coalitions to spur government to prohibit marriage among children under 18 years of age with no exceptions to this rule; to establish a pathway for identifying and reporting sexual violence among adolescents under 14 years of age; to develop and implement a new manual for service providers, *Guide for the Promotion of Male Participation and Responsible Fatherhood*; and to establish a sustainable source of vaccine financing. To ensure culturally appropriate healthcare, civil society

Capitalizing on Guatemala's "Pro-Equity" Policy Framework

The efforts to improve Guatemala's health system build on a strong policy framework. With support from successive USAID-funded policy projects, reformers and advocates have pressed successfully for a wide variety of laws and policies, which mandate:

- Increased services for marginalized or vulnerable populations (e.g., Indigenous, women, and adolescents)

- Universal and equitable access to culturally competent, high-quality health and education services

- Financing for reproductive health and alcoholism treatment services and supplies from alcohol tax revenue

- Revisions to the legal framework allowing procurement of contraceptives and other health commodities from the lowest-cost reputable domestic or international provider

- Formal government–civil society "watchdog" mechanisms to monitor compliance with laws

Additionally, the Health Code (1997), Social Development Law (2001), and Law of Urban and Rural Development (2002) call for public participation in policy processes and social programs.

Source: Reyes et al., 2013; Cross et al., 2018

organizations also pushed the Ministry of Health to establish its first Indigenous Peoples' Unit. This unit is charged with devising policies and programs to advance the health of Indigenous people through activities such as bilingual providers, stigma-free services, and care models incorporating traditional and modern systems (Velásquez et al., 2018). In recent years, USAID-funded health policy projects

have also strengthened the advocacy capacities of youth-focused networks through partnerships with the Network of Reproductive Health Observatories (OSAR) and the Network of Young Artists for Social Justice (JAxJS).

Fostering Civil Society Engagement in Municipal-Level Policy Processes

At the municipal level, governmental actors provided openings for civil society participation in education and health policy processes. Accountability efforts at this level are especially important for marginalized groups to achieve more equitable access to services. The country's 340 municipalities implement national policy and exercise control over both nationally allocated and locally generated funding in health and education. In 2011, HEP+ supported its civil society partners to build relationships with municipal officials and expand their efforts in five majority-Indigenous departments (Huehuetenango, Quetzaltenango, Quiché, San Marcos, and Totonicapán). The expansion included OSAR; the National Alliance of Indigenous Women for Reproductive Health, Nutrition, and Education (ALIANMISAR) plus departmental-level networks of this group (REDMISAR); and the National Network of Men for Health, Education, and Nutrition (REDHOSEN). These organizations, already operating at the national and departmental levels, established branches in 30 priority municipalities with high poverty levels and poor health, nutrition, and educational outcomes. The youth network JAxJS was formed in 2018 and since then has engaged with municipal officials about the need to improve equitable access to high-quality services.

Across the priority municipalities, civil society partners supported by HEP+ interacted and sometimes formally partnered with government to identify and address a range of challenges. For example, in 20 out of 30 municipalities, civil society stakeholders cited a "lack of awareness among local authorities to budget for health, nutrition, and education" as a barrier for advocacy and, ultimately, service improvement (McGill et al., unpublished). Thus, civil society worked with government to gather and present data on gaps and make recommendations on needed investments and enhancements for better education and health outcomes. In about half the municipalities, civil society partners reported inadequate budget allocations from the central government because the municipal officials weren't members of the political party in power. Civil society partners pushed for greater transparency and evidence use in budget allocations. The effectiveness of the relationships and partnerships between government and civil society are reflected in the following achievements:

- Since 2012, civil society representatives have served regularly on development councils in 29 of 30 priority municipalities.

- Civil society partners, collaborating with government, have conducted monitoring visits to 200 schools and 33 municipal health service providers (as of early 2021). Using data from these monitoring visits and other sources, advocates alerted local officials to needs and gaps.

- In the wake of monitoring and advocacy efforts, local officials have allocated more than US$6.6 million in service improvements from 2012 to 2019, including an estimated US$4.28 million in education and US$2.36 million in health. These investments included procuring family planning commodities, medical equipment for health centers, and fuel for ambulances; improving health services at the primary and secondary levels; constructing toilet facilities and kitchens in schools; purchasing land for a new school; and providing healthy school meals.

Forging Strategic Partnerships and Alliances

In Guatemala, the government has participated in a range of partnerships and alliances with civil society groups to monitor policy implementation and improve outcomes in education and health. Over the years, HEP+ efforts have fostered partnerships among congressional commissions, the Human Rights Ombudsman, civil society networks, academia, private commercial sector entities, and others. Notably, government and civil society partners have worked effectively

together, deftly avoiding an "us versus them" dynamic even as they push for positive change. For example, representatives from REDHOSEN and ALIANMISAR were elected to serve on two government bodies that deal with nutrition and food security issues, including the National Food Security and Nutrition Council, which approves and oversees implementation of Guatemala's policies in these areas. HEP+'s civil society partners have had formal agreements with such governmental entities as the Ministry of Health, Human Rights Ombudsman; Organization for Social Inquiry and Citizen Participation; Congressional Parliamentary Council for Health; Ministry of Education; Secretary of Food and Nutrition Security; and numerous congressional commissions.

In part, strong relationships with the government have helped civil society networks continue to grow and evolve. ALIANMISAR, for example, began in 2006 as an informal group of about six organizations. It now includes more than 400 organizations and has taken on high-profile work with the government, helping monitor nutrition services provided in a child's first thousand days of life (Velásquez et al., 2018). Recognizing that new alliances can play an important role in improving the relationship between marginalized people and the government, HEP+ supported civil society networks to map organizations with common interests to form new alliances to engage with the government. In 2019, this led to launch of the National Network for the Rights of Indigenous Women (REDNAMI; an alliance of ALIANMISAR, the Majawil Q'ij Association of Mayan Women, the Ixoquib 'MIRIAM Association, the Güipil Weaving Platform, and the Nim Alaxik National Grandmothers Movement). Together, this alliance engages with governmental actors to advance the interests of Indigenous women in policies, plans, and programs.

Planning for Sustainability

Given the importance of the partnership between government and civil society for effective health policies and programs, HEP+ supported its network of partners to develop sustainability and transition plans starting in 2015. In Alta Verapaz Department, this exercise was especially pressing as local branches of the project's partners, OSAR

and REDMISAR, needed to transition off USAID assistance by the end of 2016. Since then, the project has supported civil society networks in five priority Western Highlands departments to assess and update their sustainability and transition plans, which prioritize four strategies: participation of local leaders in decision-making platforms; formation of strategic alliances with nongovernmental organizations, private sector entities, government, academia, mass media, and others; development of departmental-level strategies for coordination and influence; and diversification of funding sources. The project also produced a manual, *Guide to the Sustainability of Civil Society Networks*, that outlines the legal, fiscal, and administrative processes necessary for registration as non-profit organizations. An important pathway to sustainability involves continued government–civil society alliances and partnerships toward improved health policies and programs.

MAKING DATA WIDELY ACCESSIBLE FOR DECISION MAKING

Historically, decisionmakers and other stakeholders in Guatemala faced challenges accessing reliable data. Inconsistencies and other data quality issues were common, which led to mistrust and less demand. Also, only a relatively small group of specialists had strong data analysis skills. Successive USAID-funded policy projects have helped increase access to data and foster its use in decision making, social accountability, and advocacy efforts. Using guided analytics principles, HEP+ has assisted stakeholders to devise pre-defined dashboards, charts, and calculations to enable non-specialists to investigate evidence related to specific policy decisions.

Developing Tools to Monitor Policies and Programs

The project has helped strengthen the capacity of various stakeholders to develop and use policy monitoring tools. Since 2017, these efforts have included the following tools:

- **Contraceptive security indicator monitoring tool** to track family planning service delivery, resourcing, accessibility, and use; facilitate inter-institutional coordination in service provision; and inform advocacy efforts.

- **Health, education, and nutrition service monitoring tools** to inform stakeholder advocacy and policy dialogue efforts. The latest tool facilitates rapid online monitoring to gather district-level data on acute malnutrition in the context of COVID-19.

- **Smartphone application and other tools** for tracking progress of the government's "1,000 Days" program to reduce and prevent chronic malnutrition or stunting, which affects about six in ten Indigenous children under the age of five in Guatemala (MSPAS et al., 2017).

- **Presidential priorities monitoring system** to provide updated data on presidential development priorities, which seek to improve transparency, education, health, and security in Guatemala.

Expanding Access to Data

The project supported the government with developing a national social information system, which launched in 2016 and consolidated national and subnational data on the performance of social programs from 16 government institutions.

HEP+ also supported the development of mobile applications that provide "anytime anywhere" access to health data, including the following:

- SANA GT provides civil society and government stakeholders at the departmental and municipal levels with data and recommendations on food and nutrition security. (Available at: https://play.google.com/store/apps/details?id=org.hppgt.sanagt&hl=en_US)

- OSARapp provides national and departmental-level information on indicators the Reproductive Health Watchdog monitors and updated news and data on COVID-19, facilitating advocacy and policy dialogue. OSAR administrates the app. (Available at: https://play.google.com/store/apps/details?id=org.hppgt.osar&hl=en_US)

CONCLUSION

With support from successive USAID-funded policy projects, Guatemala's efforts to improve health policies and programs have entailed:

- Establishing a strong policy framework and multisectoral governance for health reforms

- Enhancing subnational management, resourcing, and accountability mechanisms

in line with policy aims to improve equitable access to responsive, high-quality services

- Strengthening the capacity of government and civil society actors to build productive relationships and partnerships to inform and improve health policy processes, from the municipal level to the central level

- Improving multisectoral collaboration for citizen oversight and policy advocacy, advancing the interests and needs of the most vulnerable groups, such as Indigenous women

- Supporting sustainability planning among civil society networks representing marginalized and vulnerable groups

- Improving data and information systems for decision making, transparency, accountability, and advocacy efforts

Over time, progress in health has not been continuous in Guatemala. Changes in government and policy priorities, along with shocks such as COVID-19, have posed major challenges to the health system. But by strengthening key stewardship functions, Guatemala has a solid foundation for continued efforts to improve the health and well-being of the country's most vulnerable populations.

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