
Advocacy case studies

RURAL HEALTHCARE IN GUATEMALA

COUNTRY:	Guatemala
THEMES:	Governance; health
ADVOCACY APPROACHES:	Building relationships; church and community mobilisation; educating community members; government officials: lobbying; government officials: meeting with; mobilising people and campaigning; using the media; working in alliances and coalitions

Government health services are almost non-existent in rural Guatemala, where most of the country's indigenous population live. Even for emergency care, people often face a journey of many hours to reach the nearest hospital. Yet the birth rate among indigenous communities is high, and they often experience higher rates of poverty, resulting in greater levels of child mortality, maternal health problems and malnutrition.

The communities of Paquip, Xepac and Paley, made up of the indigenous Kaqchikel people, were no exception. These rural villages are part of the municipality of Tecpán in the department of Chimaltenango, and like other communities in the municipality, they were forced to travel for up to five hours to access health services in the capital, Tecpán, because none were available locally. The Ministry of Health had always prioritised providing health centres in urban areas, turning down several requests from local communities on this basis, and leaving rural populations without the basic services they required. Though communities had discussed this issue for decades, their inability to influence the government had led them to believe that healthcare was not a right and that they were not entitled to receive it. A further barrier to progress was choosing the community in which a health centre should be built.

Tearfund partner Asociación Vida began training local evangelical church leaders on community health, as well as integral mission and how to seek their own solutions to the problems their communities faced. It was only then that they began to believe that change was possible, and that the church had a role to play in social action and development. They learnt that they had the right to influence the laws and policies that govern them. They began to participate in their local Community Development Council to represent the views of their communities and help find solutions to their development needs, which they could then propose to the Municipal Development Council.

Representatives from the Community Development Council and the community in Paquip, including Pastor José Méndez Toj from the local Assemblies of God Church, met with the authorities in Tecpán

and began negotiations for a local health centre. Equipped with what they had learnt in their training from Asociación Vida, they had already consulted local community leaders on the best location for the health centre, and Paquip had been chosen. They also made sure that all communities were represented in the delegation attending the meetings. When the Department of Health in Chimaltenango refused to meet with the delegation to take their request to the next level, they decided to change their strategy and instead target the national Department of Health in Guatemala City. They met with their representative in the Congress to gain support for the proposal, and used several political connections to set up a meeting with the Minister of Health in Guatemala City to highlight the issue. They also organised marches in the city to put additional pressure on the Ministry of Health, using radio to raise awareness, as well as prayer meetings.

These tactics proved successful, and just under a year later, a health centre was constructed in Paquip, serving the needs of all those in the municipality. It was the first village health centre to be built in Guatemala. However, although budget was provided for equipment and nurses' salaries, there was no money to pay for doctors or ambulances to transport patients to hospital for emergency care. The community continued to lobby the municipal, departmental and national authorities for these additional services be provided. As a result, over a period of years, the health centre acquired a doctor, more nurses, ambulances and medicines for the pharmacy.