



## Advocacy Case Study: CONACMI in Guatemala



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### Combating Violence Against Girls in Guatemala

Violence against women and girls is widespread throughout Guatemala: an average of two women are murdered in every day (UNICEF, 2011) and 3,602 cases of sexual assault against women were documented by the government in 2011 alone (INACIF, 2012). Yet statistics merely scratch the surface of the tragic story of gender-based violence in Guatemala, where the majority of women and girls suffer in silence. Experts estimate that 90% of domestic violence cases aren't reported at all, and there are very few statistics available that capture the plight of adolescent girls in particular (UNICEF, 2011).

The National Association Against Child Abuse (CONACMI) works to address all forms of child abuse, with a particular emphasis on the social and legal factors that contribute to the epidemic of gender-based violence in Guatemala.

Founded in 1994, CONACMI coordinates services between health care providers, the legal system, and other government agencies, and provides technical assistance to other non-governmental organizations, hospitals and community-based institutions. Responding to the rising epidemic of gender-based violence, CONACMI began in 2008 to focus more explicitly on violence suffered by children and adolescent girls.

In 2010, support from Let Girls Lead's Adolescent Girls' Advocacy & Leadership Initiative (AGALI) enabled CONACMI to advocate for the passage of a National Protocol for the Comprehensive Treatment of Victims of Sexual Violence, leveraging domestic and international partnerships to push for full implementation at the national level. In collaboration with AGALI, CONACMI successfully incorporated new advocacy strategies into its existing advocacy work and has emerged as a national leader in speaking out for adolescent girls who suffer gender-based violence in Guatemala.

### ABOUT LET GIRLS LEAD

Let Girls Lead is building a global movement of Champions who empower girls to attend school, stay healthy, escape poverty, and overcome violence. Let Girls Lead empowers girls and their allies to lead social change through advocacy, education, storytelling, economic empowerment, and strategic partnerships. Since 2009, Let Girls Lead's proven model has contributed to improved health, education, livelihoods, and rights for more than 3 million girls through the passage of national laws, implementation of programs, and distribution of funds to ensure access to quality healthcare, education, and economic opportunity.

## A Systematic Approach to Advocacy

When CONACMI's Executive Director Miguel Ángel López became an AGALI Fellow in 2009, the organization conducted a detailed political mapping process to identify gaps in the legal protections provided to adolescent survivors of sexual violence in Guatemala. With funding and technical assistance from AGALI, CONACMI advocated with the Guatemalan Ministry of Public Health and Social Assistance (MSPAS) for the adoption and implementation of a comprehensive protocol to address cases of sexual violence that addressed all aspects of the problem, including detection, prevention, medical treatment, reporting, and psycho-social support. The initiative's original objective was for the protocol to be adopted and implemented by two major public hospitals in Guatemala City.

CONACMI's previous attempts to improve legal protections for adolescent survivors of abuse had focused on the judicial bodies involved in investigating, prosecuting and protecting against child sexual abuse, and had been largely unsuccessful. CONACMI had been able to reach formal agreements with these judicial bodies, or Instancias Judiciales, even achieving passage of key components of the sexual violence protocol. However, these agreements were not sustainable due to the high turnover in government personnel and the fact that every four years, national elections would usher in a new administration with different political priorities and operational plans. Thus, CONACMI's existing advocacy efforts were inherently limited, as they offered no assurance for a longer-term strategic plan that would ensure implementation at the national level.

Although CONACMI's initial strategy of approaching the judicial bodies seemed logical, this proved ineffective. Using political analysis strategies learned from AGALI, CONACMI staff realized that they had been approaching the wrong decision-maker for the adoption of the protocol and devised a new advocacy strategy aimed at the Ministerial level. As a result of CONACMI's new advocacy approach, MSPAS adopted the Sexual Violence Protocol so quickly that instead of only implementing the protocol at two hospitals, CONACMI leveraged additional funding for implementation of the approved protocol in all government hospitals and clinics throughout the country, beginning with the high-need Departments of Alta Verapaz, Baja Verapaz, Jalapa, Quetzaltenango, and Guatemala City.

*“There is a dual discourse going on in relation to sexuality and sexual violence against girls and adolescents.... A judge can say that they are highly sensitized to the issue, but their judgments will continue to be based on perceptions informed by patriarchy and machismo. ”*

*--Miguel Ángel López, 2009 AGALI Fellow*

## Alliance-Building and Strategies for Sustainability

During the AGALI advocacy training in 2009, Miguel Ángel participated in intensive sessions focusing on political mapping and strategies for alliance building, among others. After receiving technical assistance and financial support from AGALI to advocate for the national Sexual Violence Protocol, CONACMI used this new institutional knowledge to reinvigorate their previously unsuccessful advocacy efforts to achieve approval and full national implementation of the Protocol. In the first stage of the project, CONACMI staff conducted a careful analysis of potential allies for the advocacy initiative to ensure the political influence necessary for such an ambitious advocacy goal. To be effective, these allies needed both the political clout necessary to push the Protocol through with MSPAS as well as the funding to support a portion of its implementation. According to Dr. Haroldo Oquendo, CONACMI's Legal Representative, Guatemala's investment in health services is minimal. Therefore, CONACMI was well-aware that even if they successfully advocated with MSPAS to adopt the Protocol, its implementation would prove a financial challenge for the Ministry.

CONACMI's first ally was the United Nations Children's Fund (UNICEF), which had been funding various aspects of MSPAS' work. Their second key ally was the Embassy of France, which had also funded MSPAS on specific projects. The French Embassy brought international clout to CONACMI's advocacy strategy, and the French Ambassador's presence at meetings proved important to obtaining buy-in from MSPAS. CONACMI's third key ally was PLAN International, a large international NGO that promotes children's rights and protects children and adolescents. PLAN works at the departmental level in Guatemala, funding salaries at government clinics at the local level and providing training and

technical assistance to MSPAS clinics and hospitals. Finally, the Guatemalan Pediatric Association lent its name and title to the advocacy initiative as an ally and as a nationally recognized authority on the medical treatment of children in Guatemala.

Once CONACMI identified MSPAS as the appropriate decision-maker to approve and implement the protocol, CONACMI then conducted careful political mapping to analyze which entity within MSPAS would be the most strategic to approach regarding the Protocol. To ensure the Protocol's adoption by MSPAS, CONACMI contextualized the newly developed Protocol within a larger and more recognized strategy - the Strategy for Comprehensive Attention to Preventable Illness in Children and Youth (Atención Integral de las Enfermedades Prevenibles de la Infancia y Juventud, or AIEPI), an international strategy developed by the World Health Organization, implemented by the Pan-American Health Organization, and adopted by Guatemala in 2001. By placing their Comprehensive Protocol for survivors of sexual violence within the context of this existing and previously-validated international strategy, CONACMI helped to ensure MSPAS's acceptance of the protocol.



*“In the baseline survey we conducted, we found that about 40% of medical personnel did not know how to identify the indicators for violence in their patients and that they had no institutionalized tools to address sexual violence.”*

*--Dr. Haroldo Oquendo,  
CONACMI Legal Representative*

*Photograph: A medical group from Roosevelt Hospital participating in a training on the national Sexual Violence Protocol. Guatemala City, Guatemala*

Another key component of the first phase of CONACMI's advocacy initiative was the implementation of a baseline survey of medical personnel in 2010. While working with MSPAS and their allies to develop the Protocol and secure support for its implementation, CONACMI leaders conducted a survey to see exactly how much training of medical personnel would be required to fully implement the Protocol. CONACMI surveyed 68 medical personnel in the main hospital in Guatemala City and 24 health districts in the Department of Quetzaltenango, finding that half of those surveyed did not know of any legal framework protecting the rights of children against abuse and that 20% did not know of any of the channels to report cases of sexual abuse to authorities. This valuable information guided CONACMI's technical assistance and training to ensure effective implementation of the Protocol.

The Sexual Violence Protocol adopted by MSPAS establishes the medical indicators necessary to identify cases of sexual abuse. Further, the Protocol provides detailed guidance concerning follow-up treatment and prevention for adolescent girls and includes mandated reporting requirements and referral procedures for psycho-social services. Another important component of the Protocol is the Ministerial Agreement 536-2011, which establishes the creation of Abuse Prevention and Treatment Committees in all of the hospitals and health centers in Guatemala. These Committees meet monthly to review cases of sexual violence treated in the hospitals, and to ensure compliance with the Protocol. CONACMI's emphasis on alliance-building and on achieving sustainability through multi-sectoral advocacy contributed to MSPAS signing the Protocol in 2010. CONACMI's ongoing efforts have ensured that the successful girl-friendly implementation of the Protocol has been sustained even after the national elections in 2011 and 2013.

Thus far, the greatest success of CONACMI's advocacy initiative has been the implementation of the Sexual Violence Protocol in the high-need Departments of Quetzaltenango, Izabal, Baja Verapaz and Guatemala City. Twenty different NGOs and government institutions formally approved the Comprehensive Protocol – their support, combined with the influence of key international organizations, brought CONACMI the external validation needed to convince MSPAS to adopt the Protocol. Although MSPAS officially approved the Protocol, CONACMI has had to mobilize external funding to support the training and coordination required to implement the Protocol at the national level.

## Challenges

One of the major challenges throughout the advocacy strategy process has been the lack of collaboration among NGOs in Guatemala. During its analysis of potential allies, CONACMI realized that while there were other NGOs with similar action plans, the organizations could not agree on a unified strategy to adequately address sexual violence cases at the Ministerial level. As Dr. Oquendo notes, “we do not agree that there is one single route and therefore we don't have an impact as a civil society.” Instead, he says, the NGOs often regard one another as rivals in search of limited funds to accomplish similar work. However, reaching out to new partners and international allies helped CONACMI address this challenge and successfully collaborate with a variety of other institutions.

One unexpected challenge has involved the mandated reporting aspect of the Protocol, which requires that doctors must report sexual abuse cases to the Health Management Information System (SIGSA). Many doctors have resisted this aspect of the Protocol because they are reluctant to get involved in the legal affairs of their patients once the reports are made to

the appropriate judicial bodies. According to Miguel Ángel López, some doctors have even refused to treat patients who show clear signs of sexual abuse, and instead call in forensic doctors to gather the necessary evidence from the initial medical examination. Other doctors have delegated their mandated reporting duties to nurses and social workers rather than complying with the process themselves. In addition, the SIGSA forms that doctors must complete have no space to report cases of suspected sexual violence and doctors are reluctant to categorize cases as confirmed.

These obstacles have made it clear that medical personnel require further training and sensitization concerning how to effectively treat cases of sexual violence. Despite intensive training, many medical personnel are still influenced by patriarchal and machista attitudes towards women and girls, and CONACMI's work has shown that addressing this issue will require further sensitization.

To address these challenges, CONACMI is working to improve the effectiveness of the Monitoring and Evaluation Committees at the Departmental level. The Committees must evaluate the response to each sexual violence case to ensure that all levels of the Protocol were implemented correctly. As for changing attitudes around reporting and gender-based violence, CONACMI sees the need to address the largely patriarchal values of Guatemala's diverse cultures and communities. As Dr. Oquendo states, “It is not the same to work in the Mayan communities of the Western Highlands as



*As of March 2013, the national Sexual Violence Protocol is being implemented in the departments identified in the map above.*

to work in the Garifuna communities along the coast. Each location reflects a different set of cultural values that needs to be addressed when doing this kind of work.”

## Key Lessons

Several key lessons have come to the fore during CONACMI’s advocacy campaign. The first has been the importance of strategically selecting allies to maximize the political and financial support for an advocacy initiative. Without support from UNICEF, the French Embassy, and PLAN International, CONACMI’s advocacy initiative would not have achieved the same degree of success. These politically-positioned allies, which are also key funding agencies in Guatemala, made it possible for MSPAS to implement the adopted Protocol once CONACMI had successfully advocated for its approval. In addition, AGALI’s political mapping and advocacy strategy planning tools have proven central to CONACMI’s planning process. CONACMI had tried for years to present the draft Protocol via the National Program of Mental Health. However, after systematic political mapping that allowed for a more careful analysis, CONACMI realized that this government program lacked the political weight necessary to approve such a definitive protocol. AGALI’s institutional capacity building and strategic approach to advocacy helped CONACMI achieve both the adoption and implementation of the Sexual Violence Protocol in only two years.

Finally, CONACMI has seen that budgetary advocacy is needed at the national level in Guatemala to ensure that government ministries like MSPAS have the funding necessary to implement the Comprehensive Protocol without outside aid. For Guatemala to improve its health outcomes and achieve the Millennium Development Goals, government ministries need to prioritize social issues such as health, education and economic wellbeing.

## Looking Ahead

Building on the success of their efforts to gain approval for the Protocol, CONACMI has already received funding from AGALI and other partners to expand implementation of the Protocol. Beyond the four departments that they have worked in thus far, CONACMI plans to scale up the initiative in San Marcos, Totonicapán, Sololá, Jalapa, y Chiquimula, Alta Verapáz, Baja Verapáz and Escuintla in 2013. CONACMI is continuing to look for resources to expand the implementation of Protocol to all departments in Guatemala.

Now that CONACMI is implementing the protocol in 11 departments, they are discovering new opportunities for advocacy. For example, CONACMI is currently advocating with SIGSA to allow for doctors to register suspected cases of sexual violence in order to trigger a further investigation of these cases. CONACMI is also advocating with the Ministry of Health to assume responsibility for providing emergency kits to medical clinics so that they can treat victims of sexual violence effectively by providing antibiotics, retrovirals and emergency contraception. Previously, only two of the 22 departments in Guatemala had emergency kits in stock and used them with any kind of regularity. Finally, CONACMI plans to advocate for a clearer process for the investigation of suspected cases of sexual violence and the prioritization of the safety of the girls and young women involved in confirmed cases.

While there is more work to be done, what began with a small grant from the AGALI program has grown into a national-level advocacy strategy with numerous international funders and a long-term vision to improve outcomes for adolescent girl survivors of sexual violence in Guatemala.

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