

Defending the SRHR of indigenous people in Guatemala: the experience of the CDRH and how they link knowledge creation to practice

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Why defend SRHR in Guatemala?

- Guatemala has 18 million people, about 47% are indigenous
- 60% poverty rate (80% among indigenous people)
- 35% literacy rate among indigenous women
- Indigenous women are 3x as likely to die from giving birth
- Lack of quality public health services is generalized, but affect the more excluded more intensely

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Our approach

- Independent and autonomous citizen (people) action.
- Using the existing legal framework (national and international) norms, policies and standards.
- Rights literacy campaigns among population.
- Capacity building:
 - To monitor public policies and services and demand accountability from authorities.
 - Strategic advocacy to engage with the state (in addition to health sector, Parliament, Judiciary system, National Ombudsman and others).

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The Network of CDRH

- Represent 38 municipalities and 6 linguistic communities.
- Promote human rights through rights-awareness & defense.
- Are trained in collecting evidence of rights violations and use it to support social accountability processes.
 - Advocate for the improvement of SRH services & monitor performance.
 - Support & accompany patients.
 - Document poor conditions for SRH service delivery.



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Defending SRHR during COVID-19

- Guatemala experienced an increase in human rights abuses during lockdown due to expanded governmental powers at local and national levels. This resulted in serious abuses of power.
- Permission was needed to leave your home and women were not allowed to go outside without male companionship.
 - This negatively affected single mothers and female-headed households & limited privacy when seeking SRH-related services.
- The suspension of all non-COVID-related services led to increased home births and TBAs replaced more skilled birth attendants.
 - Birth certificates are only provided to children that are born in health facilities, so many families could not register births.
 - We supported 15 cases of denial of birth registration in one region alone, but we suspect many more children do not have birth certificates.

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What do we need to do?

- To research and investigate the nature of these abuses, using multidisciplinary approaches that strengthen the work the CDRH do.
- To identify effective mechanisms to report human rights violations and abuse of power during the pandemic.
- To improve our understanding of how to effectively engage with the complex and intricate administrative hierarchy of the Ministry of Health to better performance of health services.

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How are we doing it?

- By providing more than 100 smartphones to CDRH to they have the tools to monitor, learn, share and organize better.
- By developing a learning program around the right to health that includes the legal framework, how to work with authorities to hold them accountable, and the use of basic advocacy tools.
- Hold biweekly zoom meetings for sharing learning experiences, to discuss political context, COVID-related issues, and other topics. This a way stay to engaged with the CDRH in the context of COVID restrictions.

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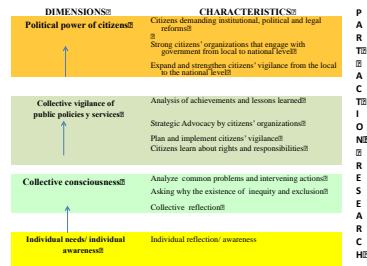
How do we link knowledge creation to practice?



- By working in learning cycles.
- By working on raising awareness of the roots of the complex issues around defending SRHR, which facilitates deeper reflections.
- Through citizen-led processes.

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How do we link knowledge creation to practice?



Source: (Adapted from) (VeneKlassen) (Miller)

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- By working with processes that continually build awareness and raise consciousness.
- By acknowledging that without citizens that are trained, critical, and engaged, conditions will not change.

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