

GUATEMALA

TITLE OF THE PROGRAMME: Young indigenous Mayans' leadership program to prevent and reduce the gaps in universal access to information and answers related to HIV and AIDS in Guatemala: Guatemalan Parliament of Children and Adolescents.

CONTACT PERSON

Name: José Martín Yac Huix Title: Political Scientist and International Relations specialist
Organization: Association de Investigación, Desarrollo y Educación Integral. Tel: 77658613 y 77619212 cel. 40032626 Email: josem.yac@gmail.com

Responsible party/parties: Civil society

Populations group(s) reached: People living with HIV / Men who have sex with men / Young people

Has the programme been evaluated /assessed? Yes

Is the programme part of the national aids strategy? Yes

Is the programme part of a national plan other than the national aids strategy? Yes

CONTEXT OF THE NATION According to the National Institute of Statistics 2012, Guatemala is a multicultural, multiethnic and multilingual country, with a population of approximately 15,073,375 individuals, of which 69% are under 30 years old; 4,152,411 people are between 15 and 29 years old. 5,999,203 (39.8%) inhabitants in Guatemala are indigenous Mayans, and 51% of the population lives in rural areas of the country. According to the Public Health and Social Assistance Ministry's National Epidemiology Center, there is a record of 35,660 HIV cases in the 1984-2016 periods, of which 95% is related to sexual transmission, 13,701 are female cases and 21,566 are male cases, in the main five Guatemalan Departments with indigenous population. HIV and AIDS prevalence is found in all groups of age, with the highest number of cases being between 20 and 39 years old (74.5%). (Note: Departments in Guatemala are equivalent to States or Provinces). The training and HIV - AIDS prevention process within indigenous communities is holistic, just as the planting of corn: the seed is selected, nurtured, fed and harvested. This same process is UNAIDS/PCB (40)/CRP4 Page 126/209 done for HIV and AIDS prevention. People with HIV are accompanied, a profile of each one of them is created on a virtual platform (using the four colors of Mayan culture) and the progress of HIV prevention and its response is evaluated in Comprehensive Care Units from the Public Health Ministry. In this way, monitoring of prevention and treatment is strengthened with Mayan ceremonies: some energy is established for each person, according to the Four Chargers, and it is done taking into account the characteristics of knowledge and sexual behavior, and the nature of the job done by the organizations they represent. They are also defined by a color, according to their sexual behavior and knowledge about sexual and reproductive rights. The following table shows the colors and their characteristics: RESULTS AND IMPACT 480 indigenous adolescents and young people (65% women and 35% men, from Mam, K'iche', Aguakateco and Ixil cultures) are capable of carrying out citizen monitoring through the ICT's. There is a virtual platform, software and installed applications that can respond to the demand of adolescents concerning their sexual and reproductive rights and improve the effectiveness of information in real time. Through the exercise of civil responsibility from adolescents and young people, the provision of relevant quality sexual

education, family planning methods, emergency kit, HIV testing and easy access to antiretroviral treatments, the demand has been successfully achieved. It has been possible to monitor health services according to the sexual and reproductive rights indicators recognized by the Guatemalan Government; UNGASS, BEGING 20 and ODM. Relevant data on sexual and reproductive rights has been published and spread from a youth's rights view, so that it can involve authorities in the analysis of demand and supply, and then look for effective strategies to improve access to information. 19 community radio broadcasters transmit information about the sexual and reproductive rights of adolescents and young people and promote a virtual monitoring platform in local languages with an audience of 15,000 families. Adolescent men and women produced a communication campaign to eliminate stigma and discrimination towards people with HIV in the community environment in mostly indigenous communities. The campaign was held through social networks, community radio broadcasters and local cables, during a period of 6 months with the participation of seven Departments of the country. The leaders who form the Guatemalan Parliament of Children and Adolescents have been able to develop pairs of adolescent to adolescent through the methodology of the planting of corn. Adolescents and young people have HIV test days in each of the municipalities, speaking local languages to guarantee high reliability. UNAIDS/PCB (40)/CRP4 Page 127/209

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GOVERNANCE The intervention methodology consisted of organizing groups of adolescent and young indigenous Mayans in three departments of the West: Quetzaltenango, San Marcos and Sololá de Guatemala, selected by indigenous authorities such as midwives, spiritual leaders and committees under the Mayan worldview who promote HIV and AIDS prevention using their indigenous language and information community media. The process started with monitoring health services in Indigenous communities, with the intention of later being able to demand changes to violations of Indigenous peoples rights, according to ILO Convention 169 and the United Nations' Declaration on the Rights of Indigenous Peoples, to have information services and access to HIV tests and medicines understood and accepted in Indigenous communities of Mayan people in Guatemala. Leadership was formed using the corn process as a methodology (corn in the Mayan world is spiritual and sacred), Mayan colors (red, black, yellow and white), the Four Chargers that support time and the Universe (the Sun, the Moon, Venus and the Earth) and 4 leaders in the communities, selected in each municipality to integrate 60 participants (men and women). In addition, leaders have an influence on decision-makers within municipalities, and they are recognized by organizations such as the Observatory on Sexual and Reproductive Health (OSAR, Spanish initials), the Multisectoral Departmental Network on HIV and AIDS, Naleb Indigenous Agency, Friendly Spaces (which belong to health centers from the Health Ministry) and the base group of the Guatemalan Parliament of Children and Adolescents.

LESSONS LEARNED AND RECOMMENDATIONS Indigenous HIV prevention activities must fit into the cultural framework in order to be successful. Mainstream interventions do not work in Indigenous communities. When working with Indigenous Peoples and communities there is a duty to consult BEFORE developing methodologies and implementation strategies as enshrined in the UN Declaration on the Rights of Indigenous Peoples (UNDRIP). Free, prior and informed consent is essential. Indigenous Peoples have collective rights as well as individual human rights meaning that the recognized Indigenous authorities must be engaged and their consent received before

approaching individual community members, who also have the right to say yes or no in regards to participation in any intervention.

Division according to color and characteristics
Charger Characteristics description
Kej Sexually active Adolescents and young people with HIV, pregnant adolescents, men and women living together or married
Noj Conservatives Adolescents who participate in young religious groups – JACRO, EVANGELICAL ALLIANCES, YOUNG ADVENTIST CORES
Iq` Those who speak freely about sexuality
Adolescents who participate in youth networks with training processes in integral sexual education
E` Those with no sexual education
Adolescents from educational centers and adolescents with no educational