"Beyond Development": A Critical Appraisal of the Emergence of Small Health Care Non-Governmental Organizations in Rural Guatemala

Peter Rohloff, Anne Kraemer Díaz, and Shom Dasgupta

In Guatemala over the last decade, the small Non-Governmental Organization (NGO) sector has grown dramatically. However, there is a critical lack of data examining the impact of this sector growth on target communities. We utilize ethnographic case studies from the Guatemalan health care sector to examine the community-side effects of health care NGO proliferation. We demonstrate how the constraints of "doing business" and serving as proxy agents for government have restricted the sector's flexibility and capacity for local engagement. We consider how these factors, together with competition for limited funds and service duplication, create community burnout and fuels resource shopping. We conclude with a consideration of some recent promising developments in community-based development and call for a return to greater reflexivity in the sector.

Key words: development, indigeneity, healthcare, Non-Governmental Organization, Maya, Guatemala

Introduction

For several decades, Non-Governmental Organizations (NGOs) have been a force in international development (Edwards and Hulme 1992; Fisher 1997; Hulme and Edwards 1997). In Guatemala, an explosion in growth of the non-governmental sector has its roots in two important events in the 1960s. The first was the Kennedy administration's Alliance for Progress, a major Latin American initiative which targeted aid to support community cooperatives and modernization projects (Streeter 2006). Second was the widespread growth of community organizing initiatives in rural, indigenous communities, chief among them Catholic Action, a secularizing movement within the Catholic Church led by foreign-born priests invited into Guatemala by President Castillo Armas following his seizure of power in 1954 (Beck 2011; Streeter 2006). The influx of United States dollars and the emergence of Catholic Action were synergistic,

as both were superficially committed to social transformation as a path away from communism (Fischer 1996), and they solidified a certain grassroots style of non-governmental action, where small, community-based organizations, usually with the guidance of foreign advisors, successfully competed for international funds.

Subsequently, the widespread destruction of the 1976 earthquake, and the influx of small international organizations arriving to provide relief and development in affected areas, intensified the mechanisms by which local, state, and foreign actors coordinated to shape the landscape of NGOs (Kurtenbach 2008; Levenson 2002). In our own ethnography with community health workers in San Juan Comalapa, many point to the years after the earthquake as the "start of aid work," as documented by others as well (Cardelle 2003; Hinojosa 2004).

Although expansion of the sector slowed during the most repressive and violent period of the civil war in the early 1980s, growth began again in the late 1980s and, after the signing of the Peace Accords in 1996, proceeded at a blistering pace (Beck 2011; Ceidec 1993). Although the Peace Accords were rhetorically aligned towards a progressive democratic aperture in Guatemalan history, in reality the post-Accords era has been characterized by a gradual weakening of the state and an enhanced penetration by transnational institutions into the domestic political economy (Chase-Dunn 2000; Robinson 2000). Whereas the post-1976 period was characterized by an authoritarian state that maintained strict control of relief and development projects for political purposes (Kurtenbach 2008; Levenson 2002), the post-1996 era of neoliberalism has af-

forded the NGO sector free reign, with no practical oversight by any entity within the state or otherwise. This shift has resulted in a proliferating patchwork of small local and foreign NGOs. In recent years, estimates suggest that NGOs in Guatemala number more than 10,000 (Beck 2011; Sridhar 2007).

It is this growth of small NGOs and their effects on communities that interests us. Given the patchwork nature of the non-governmental sector in Guatemala, we define our scope of research pragmatically, restricting focus to organizations with annual budgets of no more than several hundred thousand dollars and explicit commitments to "grassroots" action—i.e., the community-based provision of direct services. This restricted definition does not encompass the entire Guatemalan non-governmental scene. In particular, the proliferation of advocacy and paralegal organizations falls outside its scope. Similarly, recently many large governmental and paragovernmental funding units, such as USAID and UN agencies, have taken a renewed interest in direct budgetary support for government while closing off funding to all but "preferred partners" (Lewis and Opoku-Mensah 2006)—mega-NGOs such as SHARE, Caritas, and World Vision. These mega-NGOs control large quantities of money but are vastly outnumbered by small NGOs and rarely engage in sustained direct action. For most of rural Guatemala, small NGOs continue to represent the "face of development."

Because the proliferation of small NGOs continues unabated, a contemporary accounting of their growth and impact on local communities is needed. Although literature on mega-NGOs in Guatemala is robust (Brautigam and Segarra 2007; Morales López 2007), a better understanding of the micrologics of smaller NGO-based development is hampered by a paucity of ethnographic data (Fisher 1997; Gow 2008). As a first approximation to this task, we draw on our fieldwork with health care organizations in rural Guatemala to explore the local dynamics of NGO action. Specifically, we explore the ways in which neoliberal policies and the outsourcing of government in Guatemala have affected how small NGOs do business, and we demonstrate how the rapid proliferation of organizations has not been routinely coupled to successful efforts to collaborate and coordinate with each other. We argue that this hyperdynamic and disjointed NGO landscape has alienated local actors at the grassroots, as evidenced by widespread cynicism, opportunism, and resource shopping.

Site Description and Methodology

Guatemala is a Mesoamerican nation with a large indigenous population descended from the pre-Columbian Maya civilization. According to surveys by the National Bureau of Statistics, 38 percent of Guatemalans identify as indigenous Maya (MSPAS et al. 2009). This official number is contested as too low by many indigenous groups and is complicated by a conflation of ethnic identity and indigenous language use, as the latter is heavily utilized in surveys as a marker for indigeneity (Nelson 1999). Although only half of self-identifying Maya preserve the daily use of one of Guatemala's

21 Mayan languages (England 2003; Richards 2003), many more continue to identify ethnically as Maya (French 2010; Maxwell 2011).

Guatemala is also one of the most impoverished nations in Latin America. Although recent progress has been made on health and economic indicators (MSPAS et al. 2009; UNDP 2010), disparity remains a pressing problem. For example, rates of extreme poverty and chronic malnutrition for rural indigenous communities are nearly twice those of urban non-indigenous communities, and the magnitude of this disparity may be increasing in recent years (Gragnolati and Marini 2003; MSPAS et al. 2009; UNDP 2010).

Ethnographic data in this study is derived from a combined 15 years of fieldwork experience by the authors. Anne Kraemer Díaz is an anthropologist and development expert. Shom Dasgupta is a physician and anthropologist. Peter Rohloff is a physician. Data is derived from ethnographic methods, participant observation, and from experiences working as health care providers within NGOs. Encounters occurred in Spanish, K'ichee',[1] or Kaqchikel at locations in the departments of Sacatepéquez, Chimaltenango, Sololá, and Suchitepéquez. Proper names of informants and of hamlets are pseudonyms; however, municipalities are named in the study.

Navigating Health Care Organization Landscapes in Rural Guatemala

Maria Dolores, a bilingual K'ichee' woman in her 20s, lives in K'exel, a small coffee farming hamlet. Maria is four months pregnant and goes to the government health post in the nearest urban center for a prenatal checkup. She arrives early in the morning and waits nearly all day for her number to be called. When it is time for her appointment, the physician on duty seems rushed. He does not ask her many questions and does not examine her. However, he tells her that her stomach is "too big," that she will likely miscarry, and that she must obtain an ultrasound and cannot return for an appointment until she has one.

She is distressed by this news and perplexed over how to afford an ultrasound, which will cost her husband about one week's salary. Her sister-in-law informs her that a new NGO has just begun a health clinic in a neighboring hamlet, Pa Xulan. She goes the next day, where she is seen by clinic staff who examine her and reassure her that her pregnancy is normal; they give her prenatal vitamins and a follow-up appointment. She returns about once monthly during her pregnancy. Towards the end of the pregnancy, she does require an ultrasound, which shows that her pregnancy is breech. The clinic staff write a letter of medical referral to the closest National Hospital, where she has an uneventful Caesarean section.

After convalescing at home, she returns to the clinic for a postpartum checkup. To her surprise, she is told that the clinic has had a change in its mission. It is no longer accepting patients from her village. Additionally, the staff members who attended her pregnancy are no longer working there.

For Maria Dolores, as for most poor indigenes in rural Guatemala, seeking accurate diagnoses and effective therapies often involves contact with multiple organizations. The simultaneous presence of multiple local government health facilities and private physicians is further complicated by many small NGOs, each with its own funding mechanisms and accountability practices. Such chaotic health care landscapes leave consumers without a reliable "therapeutic home." In the case of Maria Dolores, none of the many health care organizations accessible proved capable of delivering "primary care," i.e., sustained and coordinated healthcare.

The deficiencies in Guatemalan public healthcare are well documented, and they are generally conceptualized as problems of *cobertura* (coverage). For example, in 1996 official estimates were that 46 percent of the population lacked any significant health service coverage (PAHO 2007). These numbers have improved substantially via outsourcing initiatives by the Ministry of Health (MOH)[2] (La Forgia, Mintz, and Cerezo 2005). However, indigenous people still remain less likely than nonindigenous to utilize services (Glei, Goldman, and Rodriguez 2003), and this disparity cannot be attributed solely to rural geography (Annis 1981; Paarlberg and Varda 2009). The case of Maria Dolores—which, in our experience, represents a relatively benign example of a universal phenomenon—can help to explain the persistence of disparities in the face of expanding "coverage" by health care infrastructure.

Indeed, the MOH's conventional focus on coverage is symptomatic of the disconnect between received public health wisdom and the needs of the indigenous poor in rural Guatemala. Rather than an absolute lack of services and facilities, patients and families complain consistently about the apparent unintelligibility and poor quality of biomedical care. In the hamlet of Chiqul Juyu' (more about this community below), when indigenous health promoters voiced harsh criticisms of the local *Centros de Salud* (Health Posts), their primary accusation was that MOH staff, "*manejan puro cobertura*," (just handle coverage) with the implication that medications were distributed in local communities not according to clinical indications but rather predetermined quotas. Besides the irony that the MOH would be accused of having delivered on its prosocial promise of expanding coverage, this example is noteworthy in that it underscores the importance of *quality rather than simply nominal coverage.*

Moreover, in accompanying patients both to municipal Health Posts and to the MOH's national hospitals in Mazatenango, Chimaltenango, Sololá, and Guatemala City, we observe a homology between the systemic unintelligibility of the health care landscape and the unintelligibility of clinical encounters, as expressed in the experiences of confusion and disappointment that individuals report from interactions with health care providers. The same antagonism towards the rural indigenous poor that permeates many other domains of social and cultural life (Fischer and Brown 1996) are manifest in the clinical setting, and a majority of Guatemalan providers remain critical of indigenous health practices and models of health (Hinojosa 2004; Hurtado and Sáenz de Tejada 2001). These difficulties are compounded by language barriers because many Maya have limited Spanish fluency and few physicians employ Mayan languages in their practices. Even practitioners who were raised in Maya-speaking communities tend to discard their maternal languages as professionals (Hinojosa 2004). Providers routinely deploy discourses of negligence and ignorance when dealing with indigenous patients, rather than inquiring into and acknowledging the constraints of poverty and ethnolinguistic marginalization. Consequently, many patients come to view their relationship with MOH providers as fraught with fear and mistrust. As one informant from Santiago Sacatepéquez remarked:

> We can't speak Spanish. We can't learn another language, we hardly manage Kaqchikel. That is all we can manage…because of the language barrier, we can't just say what is wrong, where it hurts, what health problems we have. With a doctor from here, he talks to us and we don't understand. And so we are afraid and we don't tell him what is wrong. The doctor asks, 'What did you say?' He doesn't understand what we say….
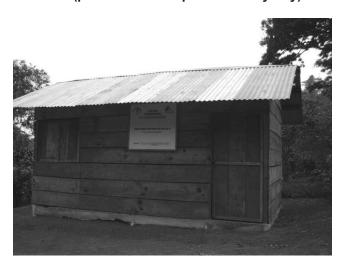
Similarly, when asked to characterize the difference between care provided in an NGO clinic and a MOH post, another informant replied, "In the Health Post, they scold us more." Others have also verified that patient satisfaction is higher and care encounters are "friendlier" in NGO environments (Danel and La Forgia 2005).

Therefore, for many patients like Maria Dolores, NGO-based medical services comprise an opportunity for a second or third opinion, sought by patients dissatisfied with services rendered by a national facility and providers. However, as our introductory vignette illustrates, interactions with small NGOs can be ambiguous—staff turnover, programmatic discontinuity, limited scope, and other factors all impact NGOs' ability to fulfill the sector's implicit commitment to, and communities' expectations of, high-quality services.

The Business of "Doing Government": NGOs and the Governmentalization of Development

The outsourcing of MOH activities and the marketizing of health care services in Guatemala since the Peace Accords have progressively moved small NGOs into the business of filling gaps in areas of the country where the state's activities have been suspended or attenuated. Although many organizations caught up in this wave of privatization would subscribe broadly to a discourse of "reflexive development" (Pieterse 1998), they often fail to appreciate how their commitment to decentralized, populist democratic action can be co-opted by the ascendancy of neoliberal political ideology (Ferguson 2006; Harvey 2005). Indeed, in rural Guatemala, the non-governmental sector may be driving the "governmentalization" of development (Ferguson 1990, 2006), whereby NGOs—functioning within fixed but largely unacknowledged

Figure 1. Photo of Closed SIAS Facility in a Rural Settlement in the Department of Sololá (photo altered to protect anonymity)

structural constraints—unwittingly collaborate in the "depoliticization" of health disparities through the rarefaction of the state and its responsibility for the social welfare of its constituents. Recently, several authors have elaborated the ways neoliberal policy in Guatemala has effortlessly absorbed elements of progressive democratic rhetoric by permitting their deployment only in devitalized forms (del Valle Escalante 2009; Hale 2006), although others are more sanguine in their assessment (Fischer 2001; Zapeta 1999). We explore these themes in the next section through the examination of one program, the Sistema Integral de Atención en Salud (SIAS, Integrated System for Health Coverage).

SIAS: Not So Non-Governmental, After All

The poster child for outsourcing of state development activities in Guatemala is the MOH's efforts to expand rural health care coverage under the umbrella of SIAS, an initiative that began in 1997 with funding and advisement from the Inter-American Development Bank (La Forgia, Mintz, and Cerezo 2005). SIAS contracts small NGOs to deliver a basic package of health care services—principally maternal-child care, vaccine delivery, and the training of community health workers and traditional birth attendants—in rural areas underserved by MOH activities (La Forgia, Mintz, and Cerezo 2005). Financers and advocates of the model point to its sweeping success in broadening coverage; for example, between 1997 and 2002, MOH estimates that 3,200,000 rural inhabitants received new services (Danel and La Forgia 2005). More critical observers note, however, that SIAS has reduced NGOs to serving as administrators for the MOH, limited community-based organization, undermined the authority of established community health workers (Maupin 2008, 2009,

2011), and even spawned the simultaneous emergence of NGOs, often with no prior experience in healthcare, launched with the specific intent of competing for SIAS contracts (Cardelle 2003).

As our introductory vignette illustrates, a primary reason indigenous Guatemalans seek health care services with an NGO rather than the MOH is because of dissatisfaction with the quality of care. In this regard, an early evaluation of SIAS reported friendlier care and shorter wait times as compared to MOH facilities (Danel and La Forgia 2005). On the contrary, however, emerging ethnography, both ours and that of others (Maupin 2009, 2011), shows that many local critiques of SIAS facilities are the same critiques as those leveled against MOH facilities. Our informants complained that SIAS facilities were undependable, limited in scope of services, staffed by unqualified providers, and unable to maintain supplies of vital medications. On one site visit to a small hamlet in the department of Sololá, where we were invited to observe and comment on an epidemic of child malnutrition, we were taken to visit the local SIAS facility. Located on a dirt track some 15 minutes walk from the main highway, the facility was a neat wooden structure, newly painted but shuttered up and padlocked (Figure 1). When we asked what we were supposed to observe, the response was that we should note that the facility was closed.[3]

Ironically, while the MOH touts SIAS as an innovative mechanism for extending a basic *minimum* package of services to areas where they were not previously available, our informants' experience, based on expectations of both quality and responsiveness to local particularities, is that the SIAS package is, instead, *minimal*. Maupin (2011) has carefully documented how SIAS involves a trade-off which achieves spatial and demographic coverage by attenuating the intensity, quality, and temporal coverage of services: less-skilled *guardianes* (guardians) replace more extensively trained community health promoters, preventative services are expanded even as curative services are withdrawn, and local provider presence vanishes in favor of a medical referral system.

Our informants are generally aware of the privatized nature of SIAS ventures vis-á-vis other local MOH facilities, in all cases naming the responsible subcontracting NGO and describing the genesis of their arrival in and interactions with the community. Similarly, Danel and La Forgia (2005) in an early evaluation of SIAS describe how participants "vote with their feet" in areas where SIAS NGOs and pre-SIAS MOH services overlap, preferentially seeking out NGO services. These important points reinforce our earlier assertion that rural populations look to NGOs for a different kind of healthcare but have, at least in the case of SIAS, experienced a gradual disillusionment with the quality of those services. Additionally, although in the early years of SIAS, contracts were often awarded to locally administered "Astroturf"[4] NGOs with little established community base, which might explain to a certain extent community dissatisfaction, many more legitimate local organizations with a greater degree of ideological reserve with respect to the MOH have also

recently gotten into the game, largely to preserve their territorial base in the face of Astroturf encroachment (Cardelle 2003; Maupin 2009). Community criticisms of SIAS are, therefore, not merely displaced criticisms of the MOH itself or the Astroturf phenomenon.

The Business of "Doing Business": Competition Between NGOs

Chiqul Juyu' is a small agricultural Kaqchikel community in the department of Sololá with several thousand inhabitants dispersed on coffee growing land. Access to health care facilities is limited by poor roads and the presence of Lake Atitlán, which necessitates circumnavigation in order to arrive at the MOH's national hospital in Sololá. At least four organizations—a locally administered SIAS-contracting NGO, an international faith-based NGO, the local Catholic parish, and the MOH itself—are attempting to address the health care needs of this community by initiating health promoter training and community outreach programs. Despite serving the same small geographic area, the four programs work in parallel with no inter-organizational communication. Interviews with health promoters from the community reveal that many in fact choose to remain unemployed rather than work with any of these organizations, citing the undermining of their local authority by NGO management; petty in-fighting between personnel; spotty provision of medications, funding, and logistical support; and the continual insistence that they should work for free.

NGOs, due to their smaller size and flexible management style, are often considered to be ideal vehicles for interorganizational collaboration; this, however, is not the rule in Guatemala. The rapid expansion of the NGO sector has created a climate in which an ever increasing number of small NGOs compete for a relatively fixed pool of donor funds (Lindenberg and Dobel 1999). For organizations competing on the international market, the recent global financial crisis has exacerbated the situation, as many foundations in the United States and Europe have drastically reduced their funding (Anheier 2009). Competition among NGOs is not limited to the realm of attracting donor funds; it also defines the local politics of NGO function, as multiple organizations proliferate "under the radar," all the while competing for the interest and allegiance of the same target population (Clifford 2009).

Although these local realities are well known to NGO workers and community leaders, they are not extensively documented in the development or anthropological literature. Nevertheless, a few studies stand out. Ron (1999) described efforts to develop a community health insurance scheme in Huehuetenango that was scuttled by arguments between Catholic and Protestant health NGOs about who would be allowed to provide care to patients in the plan. Sundberg (1998) documented the biosphere reserve movement in the Petén, describing how a large regional NGO took legal proceedings against a small women's collective which was perceived as competition, leading eventually to the failure of the local NGO. Finally, Clifford (2009) in her recent doctoral dissertation described the cacophony of health-related NGO work (by both locally-administered and international organizations) in the department of Chimaltenango, noting, for example, how various organizations competing to introduce different technologies for water purification into general use have created confusion among inhabitants.

In our case study from the department of Sololá, we see a local proliferation of health promoter programs run by four separate institutions. Interviews with community leaders and health promoters confirm that the individual organizations have little interaction, and physicians working in the international NGO confirm that they have little knowledge of the activities of the other organizations. This case description should not be taken as an isolated incident, as it is illustrative of our observations in multiple settings. For example, in the large Kaqchikel town of San Juan Comalapa, Chimaltenango, it was until recently the norm for midwives we interviewed to attend training classes simultaneously in three different organizations—the MOH post, the local SIAS affiliate, and a locally administered women's cooperative.

Despite the proliferation of health promoter services in Chiqul Juyu', most promoters remain critical of all four organizations that offer them training and support. In particular, promoters affiliated with the international NGO assert that their services are underutilized and poorly supported. They note that an insistence by the NGO management that health promoters should work for free has led to constant attrition among the most qualified promoters, who have returned in large measure to their agricultural and small business enterprises. They also complain that their community-organizing energies are frequently sapped by a requirement that they serve as accompaniment to visiting physicians on short medical missions, an activity which simultaneously undermines their own authority as care providers in their communities. They allege that the only consistent benefit of accompanying the medical missions is that the visiting physicians often leave them leftover medical supplies. Undermining of existing local authority by NGO activities is an important finding, also observed by Maupin (2008, 2011) who documents the negative effects on established midwives and health promoters of the introduction of new *guardian* and midwife positions by SIAS-contracting NGOs. Indeed, although the MOH's longstanding attempts to bring lay health workers, especially midwives, under tighter supervision (Hurtado and Sáenz de Tejada 2001) have generally not been very successful because of limited capacity to reach rural areas where these workers practice, smaller NGOs (both SIAS contractors and others) may be more successful, given the geographic overlap between their workspace and that of these traditionally authoritative community actors. In fact, the tighter supervision of lay health workers, by placing them directly under the control of NGOs, depoliticizes health organization at its base by bureaucratizing health organization, undermining the creativity of self-organizing, and spurring competition between health workers employed by different organizations (Maupin 2011).

A homologous competition at the inter-institutional level also works against meaningful institutional collaboration. In the case of Maria Dolores, with which we began our discussion, positive interactions with the NGO clinic in Pa Xulan were not sustained; when she returned after her pregnancy, she found that the organization's mission and staff had changed. Unfortunately, in this case, the clinic's success and growing reputation for providing primary care spelled its demise. Other clinics in the region, including the local MOH post, began diverting their excess patient load there. Under significant pressure from donors and its board of directors, the clinic was forced to redirect its mission and restrict its focus and catchment area. Well in advance of this, staff had foreseen problems related to rapid expansion of the patient base. Attempts were made to reach out to and coordinate services with other organizations, but these were ultimately unsuccessful. For example, an effort to collaborate with a local faith-based NGO run by Guatemalan physicians to divert caseload and coordinate referrals ran afoul of a price-gouging scheme in which the local NGO attempted to fund its own programs by overcharging the international organization. Efforts to coordinate rural prenatal care with the local MOH post were similarly unsuccessful, as MOH staff attempted to charge the NGO for services that they had previously provided to patients for free.

Community Burnout and NGO Proliferation: Alienation at the Grassroots

In Chiqul Juyu', the existence of multiple NGOs, none of which substantively support the health promoters who facilitate their programs, has left local leaders frustrated and reluctant to work for any organization. In fact, the undermining of local leadership and the enervation of local actors is one of the most serious problems associated with the proliferation of NGO services. In her doctoral dissertation, Clifford (2009) details the syndrome of "development burnout," in which NGO workers express apathy and cynicism about the potential for their projects to generate lasting change.

By analogy, but much more important from our point of view, "community burnout" defines a syndrome of growing disillusionment among community members toward the ever shifting and chaotic offerings of NGOs in their region. Such community burnout can manifest in multiple ways. It can be seen in a refusal to participate in any local projects—motivated either by a cynical or critical appraisal of their value or simply by the inability to navigate the complexities of the interorganizational distinctions. The example of health promoters in Chiqul Juyu' is an example of the former, while the well-documented failure of potable water technologies (which are numerous and marketed individually by multiple NGOs) to catch on in communities is an example of the second (Arnold et al. 2009; Clifford 2009; Luby et al. 2008).

It can also manifest as opportunistic attempts by community members to achieve short-term gains before NGOs fail, change their mission statement, or move on. As an example,

resource shopping led midwives in San Juan Comalapa to attend three separate training classes simultaneously, and healer shopping led patients to seek medical treatment in Pa Xulan despite living in the catchment area for another NGO clinic. Similar resource shopping driven by institutional proliferation and complexity has been documented in other countries (de-Graft Aikins 2005; Goudge et al. 2009).

Finally, competition and lack of coordination between NGOs may serve to amplify divisions and conflicts within communities themselves. We have documented this effect elsewhere in studies of community archeology projects (Kraemer Díaz 2007) and NGO-community dynamics (Kraemer Díaz 2008), as have others, including Sundberg (1998) in her study of NGO activity in the Biosphere Reserve and Maupin (2008, 2011) in his studies of the effects of SIAS NGOs on lay health workers.

Why Do NGOs Proliferate?

Important to our analysis is a discussion of the factors underlying the rapid proliferation of NGOs in Guatemala, of which there are three that stand out. The first factor—namely, that the availability of funds drives NGO proliferation—has already been discussed in the introduction and with reference to the SIAS model (Cardelle 2003).

The second factor encouraging NGO proliferation is the "tourism effect," referring specifically to the fact that the density of NGO distribution maps closely to regions of Guatemala that are popular tourist destinations—Lake Atitlán, La Antigua, Quetzaltenango, and a few others. Interviews with foreign NGO founders reveal that visits to Guatemala as a student of Spanish or as a tourist created the feeling of "falling in love" with the country and resulted in a "desire to help." We have also noted a close association between NGO proliferation and child adoption, with many foreign and expatriate NGO leaders we interviewed discussing how adopting a Guatemalan child served as the first phase in their love affair with Guatemala.

Others have documented the synergy of the tourism and development industries in Guatemala (Burtner 2004; Lyon 2009), and Barrera Nuñez (2005, 2009) eloquently documents the transcultural "love affair" and the economy of desire that co-constructs community members and foreigners sliding along the tourist-volunteer-development worker spectrum. A conversation with the organizers of a large surgery NGO reveals the medical staff's preference for volunteering in a place where they could see and take pictures of indigenous people wearing their traditional clothing, a phenomenon not lost on communities themselves who manipulate a particular visual culture of "Maya-ness" in order to attract both tourism and development (Barrera Nuñez 2009; DeHart 2009; Lyon 2009).

Importantly, it is critical to note that the dynamics of transcultural exchange and "love affairs" with Maya Guatemala are not limited to foreign workers and NGOs. As we have been careful to document in this article, especially

with reference to our SIAS examples, locally-administered NGOs contribute significantly to the overall proliferation of the sector. A particular discourse of desire, which we call the "discourse of the interior" (in reference to how middle-class and wealthy Guatemalans from the capital city refer to the rest of the country as "The Interior"), is particular to this sector. Features include romanticization of "country life," an emerging nostalgic visual culture focused on certain essentialized elements of indigenous life (e.g., Samayoa, Mendez, and Wolff 2009), and the use of Maya motifs as rhetorical devices in an autocritical discussion about the insecurities and uncertainties of modern, urban ways of life (del Valle Escalante 2009; Hale 2006). An "adventure rhetoric" is also common among foreign NGO leaders and staff; despite the supersaturation of the NGO landscape, we routinely encounter staff who express surprise that we have independently visited communities within which they work, and chagrined anecdotes of independent volunteer groups showing up simultaneously to work in supposedly, "remote, unreachable, underserved" hamlets abound.

Finally, a third factor that drives NGO proliferation is dissatisfaction with current development offerings. Soza (1996) anticipates this by showing that NGO leadership often cites differences in organizational philosophy as a reason for proliferation. In Chiqul Juyu', in response to the criticisms of current health promoter programs listed above, a group of health promoters has recently begun discussing the possibility of acting autonomously to provide better integrated and more linguistically and culturally competent care. In San Juan Comalapa, the women's cooperative that offers midwife training classes has been rapidly gaining ground on both the MOH post and the SIAS subcontractor, because in contrast to those programs, they offer classes taught by local indigenous women in Kaqchikel using an interactive, democratic pedagogy.

Conclusion

Over the last decade, Guatemala has experienced an unprecedented explosion of the civil sector, particularly among small NGOs (Sridhar 2007). In this paper, we critically examine a portion of this sector, the health care NGO landscape, with a view toward advancing a "ground-level" view of the effects of NGO action. In the opening section, we explore the tense relationship that exists at times between national health services and indigenous patients. Against this background, we show how patients and other local actors generally seek out health NGO services in the hopes of procuring a different, "friendlier" kind of health care experience.

However, the sector has not always been able to deliver on these promises. The increasingly prominent role health care NGOs serve as proxy agents for government through the Ministry of Health's SIAS outsourcing initiative is exemplary of these problematic developments. Although SIAS has been quite successful at advancing national health policy and international political agendas, i.e., increasing rural health coverage (Danel and La Forgia 2005) as evidence of the superiority of neoliberal solutions to public sector failures, NGOs who have obtained SIAS contracts have done so, ironically, at the cost of increased subordination to the MOH agenda (Maupin 2008, 2009, 2011) and decreased organizational flexibility and responsiveness to community wishes, with the result that many SIAS contracting NGOs now engender the same criticism from their target communities as the MOH itself. Constrained by programmatic commitments and pressure from donors and directors, proliferating NGOs compete for diminishing funding dollars (Anheier 2009). As a result, collaboration is limited, and top-down administrative strategies, which undermine local leadership and community-based organizations, are common. The community-level effects of these phenomena are burnout of community leaders and nascent community-based attempts at self-organization.

One recent positive development has been the flourishing of the Guatemalan philanthropic scene, which might lead to more independent, locally-sourced funding sensitive to attempts at self-organization (Sridhar 2007). The recent emergence of indigenous-led NGOs with increased capacity and public health vision, such as two groups we reference in this study—the midwives in San Juan Comalapa who have formed their own autonomous educational curriculum and the health promoters in Chiqul Juyu' who are beginning to self-organize—is symptomatic of this trend.

Endorsing this development as positive does not mean a wholesale romanticization of "the local" or "the indigenous." Indeed, as we make clear in this article, many local organizations are implicated in the proliferating chaos and opportunism of the Guatemalan health NGO landscape; in major development centers, such as Chimaltenango and Todos Santos, entire classes of professional development administrators have sprung up in response to the development boom, separated from their target communities both by geography and widely disparate pay rates and standards of living (cf. Pfeiffer 2003). In fact, in Pa Kuxtun, a remote community in the department of Chimaltenango, it is common to explain away the ineffectiveness of certain development projects as due to the fact that "they are from [the city of] Chimaltenango."

Therefore, an emphasis on the "local" will continue to require critical reflection and an emphasis on best practices such as those proposed by Pfeiffer (2003) and Antlov, Ibrahim, and van Tuijl (2006). These best practices include, among others, the decentralization and deurbanization of NGO infrastructure (e.g., no "NGO compounds"), limiting the role of elite or middle-class management, and the development of meaningful accountability structures with target communities. Notably, using these practices as a standard would cast doubt not only on the activities of many international NGOs but also those of most of the NGOs which currently pass for local in Guatemala. They also provide a sober metric by which to gauge the "perverse incentives" which undermine local institutional strength and community

initiative, a phenomenon which has been recently highlighted by a growing body of aid-critical literature (Easterly 2006, 2007). Of course for best practice efforts to be sustained and effective, strategic collaborations between community-based development organizations and transnational allies (Ferguson 2006; Ferguson and Gupta 2002) will remain critical, both from the standpoint of effective networking and the capture of funding sources.

In line with Ferguson and Gupta's (2002) notion that translocal alliances are critically needed, another positive development would be the emergence of "meta-NGOs" designed to help develop better coordination between disparate NGOs. One example of this process from the Latin American region is the *Programa de Coordinación en Salud Integral* (Integral Health Coordination Program or PROCOSI) in Bolivia, which was founded in 1988 to address issues of competition between NGOs; now with more than 30 member organizations, PROCOSI (2006) has been highly successful at coordinating synergistic regional health programs in Bolivia. Several recent Internet-based initiatives in Guatemala have emerged with an explicit commitment to cataloguing and coordinating activities of NGOs,[4] although they are still quite limited, not only in their ability to sustain meaningful collaboration, but also in that they are mainly for "development professionals," rather than for community-based organizations seeking to develop relationships with translocal entities. Finally, we have been fortunate over the last several years to be involved in the genesis of a series of transinstitutional conferences and workshops ("*Futuros Colectivos*", "Collective Futures")[5] which have made small but satisfying steps toward coordinating regional collaborations while still focusing on giving voice to groups engaged in local direct action.

Ultimately, small NGOs in Guatemala must be held accountable as "proxy representatives for the marginal" (Craig and Porter, 2003, cited in Lewis and Opoku-Mensah 2006:667), a role which has become progressively attenuated the more organizational missions have become disciplined by the constraints of doing business. Claims of representation, when detached from engaged community action, risk becoming a mere rhetorical device in discussions between elite interlocutors who make decisions about marginalized, indigenous persons *in absentia* and without their consent (cf. Rohloff 2010).

Notes

[1]Our spelling of K'ichee' and Kaqchikel words follows the conventions laid out by Ajpacajá Túm (2001) and Patal Majzul (2007).

[2]Following a convention in comparative studies of health policy, we use the generic term, "Ministry of Health (MOH)." The proper name of Guatemala's MOH-equivalent is the *Ministerio de Salud Pública y Asistencia Social* (Ministry of Public Health and Social Assistance or MSPAS).

[3]By design, most SIAS facilities we visited are open generally just one day a month. However, others do provide weekly services on a limited basis.

[4]"Astroturf" is a term coined by Cardelle (2003) to describe organizations that are local ("grass") but not community-based (without "roots.")

[5]Examples include: Link for Health (http://www.linkforhealth.org/), La Antigua Guatemala Network (http://www.laantiguaguatemala.net/), and Habla Guate (http://hablaguate.com/).

[6]See http://www.futuroscolectivos.com.

References Cited

Ajpacajá Túm, Florentino Pedro.
    2001   K'ichee' Choltziij. Guatemala City: Cholsamaj.

Anheier, Helmut.
    2009   The Global Economic Downturn, Philanthropy, and Nonprofits: Reflections On What It Means, And What To Do. Paper presented at the NGO Forum, Orebro, Sweden, October 26-28.

Annis, Sheldon.
    1981   Physical Access and Utilization of Health Services in Rural Guatemala. Social Science and Medicine 15(D):515-523.

Antlöv, Hans, Rustam Ibrahim, and Peter van Tuijl.
    2006   NGO Governance and Accountability in Indonesia: Challenges in a Newly Democratizing Country. *In* NGO Accountability: Politics, Principles, and Innovations. Lisa Jordan and Peter van Tuijl, eds. Pp. 147-166. London: Earthscan.

Arnold, Benjamin, Byron Arana, Daniel Mäusezahl, Alan Hubbard, and John M. Colford, Jr.
    2009   Evaluation of a Pre-existing, 3-year Household Water Treatment and Handwashing Intervention in Rural Guatemala. International Journal of Epidemiology 38(6):1651-1661.

Barrera Nuñez, José Oscar.
    2005   Imaginaries and Desires: Transcultural "Love Affairs" in Guatemala. Ph.D. dissertation, University of Washington.
    2009   Desires and Imagination: The Economy of Humanitarianism in Guatemala. *In* Mayas in Postwar Guatemala: Harvest of Violence Revisited. Walter E. Little and Timothy J. Smith, eds. Pp. 110-123. Tuscaloosa: University of Alabama Press.

Beck, Erin.
    2011   Las ONG y las Mujeres: Los Pros y Contras de las ONG en Guatemala. Más que Desarrollo: Memorias de la Primera Conferencia Bienal sobre Desarrollo y Acción Comunitaria. Bethel, Vt.: Wuqu' Kawoq.

Behrhorst Partners for Development
    n.d.   About Behrhorst Partners for Development. URL:<http://www.behrhorst.org/history___board> (March 15, 2011).

Brautigam, Deborah, and Monique Segarra
    2007   Difficult Partnerships: The World Bank, States, and NGOs. Latin American Politics and Society 49(4):149-181.

Burtner, Jennifer Carol.
    2004   Travel and Transgression in the Mundo Maya: Space of Home and Alterity in a Guatemalan Tourist Market. Ph.D. dissertation, University of Texas, Austin.

Cardelle, Alberto.
    2003   Health Care Reform in Central America: NGO-government Collaboration in Guatemala and El Salvador. Coral Gables, Fla.: North-South Center Press.

Ceidec
  1993   Guatemala ONG's y Desarrollo: El Caso del Altiplano Central. Mexico City: Ceidec.

Chase-Dunn, Christopher.
  2000   Guatemala In the Global System. Journal of Interamerican Studies and World Affairs 42(4):109-126.

Clifford, Rachel.
  2009   Oral Rehydration Therapy in Highland Guatemala: Long-term Impacts of Public Health Intervention on the Self. Ph.D. dissertation, Boston University.

Danel, Isabel, and Gerard M. La Forgia
  2005   Contracting for Basic Healthcare in Rural Guatemala—Comparison of the Performance of Three Delivery Models. *In* Health System Innovations in Central America: Lesson and Impact of New Approaches. Gerard Martin La Forgia, ed. Pp. 49-88. Washington, D.C: The World Bank.

de-Graft Aikins, Ama.
  2005   Healer Shopping in Africa: New Evidence From Rural-Urban Qualitative Study of Ghanaian Diabetes Experiences. British Medical Journal 331(7519):737-743.

DeHart, Monica.
  2009   Fried Chicken or Pop? Redefining Development and Ethnicity in Totonicapán. Bulletin of Latin American Research 28(1):63-82.

del Valle Escalante, Emilio.
  2009   Maya Nationalisms and Postcolonial Challenges in Guatemala. Santa Fe, N.Mex.: School for Advanced Research.

Easterly, William.
  2006   The White Man's Burden: How the West's Efforts to Aid the Rest Have Done So Much Ill and So Little Good. New York: Penguin.
  2007   Are Aid Agencies Improving? Economic Policy 22(52):633-678.

Edwards, Michael, and David Hulme, eds.
  1992   Making a Difference: NGOs and Development in a Changing World. London, United Kingdom: Earthscan.

England, Nora.
  2003   Mayan Language Revival and Revitalization Politics: Linguists and Linguistic Ideologies. American Anthropologist 105(4):733-743.

Ferguson, James.
  1990   The Anti-Politics Machine: "Development," Depoliticization, and Bureaucratic Power in Lesotho. Cambridge, United Kingdom: Cambridge University Press.
  2006   Global Shadows: Africa in the Neoliberal World Order. Durham, N.C.: Duke University Press.

Ferguson, James., and Akhil Gupta
  2002   Spatializing States: Toward an Ethnography of Neoliberal Governmentality. American Ethnologist 29(4):981-1002.

Fischer, Edward F.
  1996   Induced Culture Change as a Strategy for Socioeconomic Development: The Pan-Maya Movement in Guatemala. *In* Maya Cultural Activism in Guatemala. Edward F. Fischer and R. McKenna Brown, eds. Pp. 51-73. Austin: University of Texas Press.
  2001   Cultural Logics and Global Economics: Maya Identity in Thought and Practice. Austin: University of Texas Press.

Fischer, Edward F., and R. McKenna Brown, eds.
  1996   Maya Cultural Activism in Guatemala. Austin: University of Texas Press.

Fisher, William F.
  1997   Doing Good? The Politics and Anti-politics of NGO Practices. Annual Review of Anthropology 26:439-464.

French, Brigittine M.
  2010   Maya Ethnolinguistic Identity: Violence, Cultural Rights, and Modernity in Highland Guatemala. Tucson: University of Arizona Press.

Glei, Dana A., Noreen Goldman, and Germán Rodriguez
  2003   Utilization of Care During Pregnancy in Rural Guatemala: Does Obstetrical Need Matter? Social Science and Medicine 57(12):2447-2463.

Goudge, Jane, Lucy Gilson, Steven Russell, Tebogo Gumede, and Anne Mills
  2009   Affordability, Availability, and Acceptability Barriers to Healthcare for the Chronically Ill: Longitudinal Case Studies from South Africa. BMC Health Services Research 9(1):75-92.

Gow, David.
  2008   Countering Development. Durham, N.C.: Duke University Press.

Gragnolati, Michele, and Alessandra Marini
  2003 Health and Poverty in Guatemala. Washington, D.C.: The World Bank.

Hale, Charles.
  2006   Mas Que Un Indio (More Than an Indian): Racial Ambivalence and the Paradox of Neoliberal Multiculturalism in Guatemala. Santa Fe, N.Mex: School of American Research Press.

Harvey, David.
  2005   A Brief History of Neoliberalism. Oxford, United Kingdom: Oxford University Press.

Hinojosa, Sergio Z.
  2004   Authorizing Tradition: Vectors of Contention in Highland Maya Midwifery. Social Science and Medicine 59(3):637-651.

Hulme, David, and Michael Edwards, eds.
  1997   Too Close for Comfort? NGOs, States, and Donors. London, United Kingdom: Macmillan.

Hurtado, Elena, and Eugenia Sáenz de Tejada
  2001   Relations Between Government Health Workers and Traditional Midwives in Guatemala. *In* Mesoamerican Healers. Brad R. Huber and Alan R. Sandstrom, eds. Pp. 211-242. Austin: University of Texas Press.

Kraemer Díaz, Anne
  2007   Unearthing Collaboration: Community and Multivocal Archaeology in Highland Guatemala. MA thesis, University of Kansas.
  2008   Assessing the Role of Indigeneity in Guatemalan Non-Governmental Organizations. Paper presented at the Symposium on Ethnicity, Race, and Indigenous Peoples, University of California, San Diego, May 22-24.

Kurtenbach, Sabine.
  2008   Guatemala's Post-War Development: The Structural Failure of Low Intensity Peace. Project Working Paper No. 3, Social and Political Fractures After Wars. Duisburg, Germany: Institute for Development and Peace.

La Forgia, Gerard M., Patricia Mintz, and Carmen Cerezo
  2005 Is the Perfect the Enemy of the Good? A Case Study on Large-scale Contracting for Basic Health Services in Rural Guatemala. *In* Health System Innovations in Central America: Lesson and Impact of New Approaches. Gerard M. La Forgia, ed. Pp. 9-48. Washington, D.C: The World Bank.

Levenson, Deborah.
  2002 Reaction to Trauma: The 1976 Earthquake in Guatemala. International Labor and Working-Class History 62 (Fall):60-68.

Lewis David, and Paul Opoku-Mensah
  2006 Moving Forward Research Agendas in International NGOs: Theory, Agency, and Context. Journal of International Development 18(5):665-675.

Lindenberg, Marc, and J. Patrick Dobel
  1999 The Challenges of Globalization for Northern International Relief and Development NGOs. Nonprofit and Voluntary Sector Quarterly 28(4):4-25.

Luby, Stephen P., Carlos Mendoza, Bruce H. Keswick, Tom M. Chiller, and R. Mike Hoekstra
  2008 Difficulties in Bringing Point-of-use Water Treatment to Scale in Rural Guatemala. American Journal of Tropical Medicine and Hygiene 78(3):382-387.

Lyon, Sarah.
  2009 "What Good Will Two More Trees Do?" The Political Economy of Sustainable Coffee Certification, Local Livelihoods, and Identities. Landscape Research 34(2):223-240.

Maupin, Jonathan N.
  2008 Remaking the Guatemalan Midwife: Health Care Reform and Midwifery Training Programs in Highland Guatemala. Medical Anthropology 27(4):353-382.
  2009 "Fruit of the Accords": Health Care Reform and Civil Participation in Highland Guatemala. Social Science and Medicine 68(8):1456-63.
  2011 Divergent Models of Community Health Workers in Highland Guatemala. Human Organization 70(1):44-53.

Maxwell, Judith M.
  2011 Revitalización de los Idiomas Mayas de Guatemala. Más que Desarrollo: Memorias de la Primera Conferencia Bienal sobre Desarrollo y Acción Comunitaria. Bethel, Vt.: Wuqu' Kawoq.

Ministerio de Salud Pública y Asistencia Social (MSPAS), Instituto Nacional de Estadística (INE), Universidad del Valle de Guatemala, United States Agency for International Development (USAID), Agencia Sueca de Cooperación para el Desarollo Internacional (ASDI), Centers for Disease Control and Prevention (CDC), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), Pan American Health Organization (PAHO), United States Agency for International Development (USAID)/Calidad en Salud
  2009 V Encuesta Nacional de Salud Materno Infantil 2008-2009. Guatemala City: Ministerio de Salud Pública y Asistencia Social, Instituto Nacional de Estadística, Universidad del Valle de Guatemala, United States Agency for International Development, Agencia Sueca de Cooperación para el Desarollo Internacional, Centers for Disease Control and Prevention, United Nations Children's Fund, United Nations Population Fund, Pan American Health Organization, United States Agency for International Development/Calidad en Salud.

Morales López, Henry.
  2007 ¿Por qué tanta frustración? La cooperación internacional en la década de la Agenda de la Paz en Guatemala. Guatemala City: Editorial de Ciencias Sociales.

Nelson, Diane M.
  1999 Finger in the Wound: Body Politics in Quincentennial Guatemala. Berkeley: University of California Press.

Paarlberg, Laurie, and Danielle Varda
  2009 Community Carrying Capacity: A Network Perspective. Nonprofit and Voluntary Sector Quarterly 38(4):597-613.

Pan American Health Organization (PAHO)
  2007 Health in the Americas. New York: Pan American Health Organization.

Patal Majzul, Filiberto.
  2007 Rusoltzij ri Kaqchikel. Guatemala City: Asociación Oxlajuuj Keej Maya`Ajtz'iib'/Cholsamaj.

Pfeiffer, James.
  2003 International NGOs and Primary Healthcare in Mozambique: The Need for a New Model of Collaboration. Social Science and Medicine 56(4):725-738.

Pieterse, Jan N.
  1998 My Paradigm or Yours? Alternative Development, Post-Development, Reflexive Development. Development and Change 29(2):343-373.

Programa de Coordinación en Salud Integral (PROCOSI)
  2006 Que es PROCOSI? URL:<http://www.procosi.org.bo/index.php?mc=64> (August 1, 2010).

Richards, Michael.
  2003 Atlas Lingüístico de Guatemala. Guatemala City: Editorial Serviprensa.

Robinson, William.
  2000 Neoliberalism, the Global Elite, and the Guatemalan Transition: A Critical Macrosocial Analysis. Journal of Interamerican Studies and World Affairs 42(4):89-107.

Rohloff, Peter
  2010 Liberation Theology and the Voice of the Indigenous Other in Guatemala. Canadian Geographer 54(3):375-377.

Ron, Aviva.
  1999 NGOs in Community Health Insurance Schemes: Examples From Guatemala and the Philippines. Social Science and Medicine 48(7):939-950.

Samayoa, José L., Oscar Mendez, and Otto Wolff
  2009 Nostalgia Guatemalteca. Guatemala City: D'buk Editorial.

Soza, Carlos A.
  1996 Factores que Inciden en la Conciencia Ecológica de los Habitantes de la Reserva de la Biósfera Maya en el Departamento de El Petén. Guatemala City: Universidad de San Carlos.

Sridhar, Archana.
  2007 Tax Reform and Promoting a Culture of Philanthropy: Guatemala's "Third Sector" in an Era of Peace. Fordham International Law Journal 31(1):186-229.

Streeter, Stephen M.
    2006   Nation-Building in the Land of Eternal Counter-Insurgency: Guatemala and the Contradictions of the Alliance for Progress. Third World Quarterly 27(1):57-68.

Sundberg, Juanita.
    1998   NGO Landscapes in the Maya Biosphere Reserve, Guatemala. Geographical Review 88(3):388-412.

United Nations Development Program (UNDP)
    2010   Guatemala: Hacia un Estado para el Desarrollo Humano. Informe Nacional de Desarrollo Humano 2009/2010. Guatemala City: United Nations Development Program.

Zapeta, Estuardo.
    1999   Las Huellas de B'alam. Guatemala City: Cholsamaj.