**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Final country programme document for Guatemala

Proposed indicative UNFPA assistance:

$18.3 million: $6.5 million from regular resources and $11.8 million through co-financing modalities and/or other resources, including regular resources

Programme period:

Five years (2010-2014)

Cycle of assistance:

Sixth

Category per decision 2007/42:

A

Proposed indicative assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health and rights	3.0	6.7	9.7
Population and development	1.5	4.5	6.0
Gender equality	1.5	0.6	2.1
Programme coordination and assistance	0.5	-	0.5
Total	6.5	11.8	18.3

I.   Situation analysis

1.   With the signing of peace agreements in 1996, Guatemalans adopted a comprehensive development agenda to strengthen the rule of law and develop an equitable, democratic society that respects human rights and seeks to achieve the Millennium Development Goals. The United Nations system is supporting government efforts through the United Nations Development Assistance Framework (UNDAF), 2010-2014. The UNDAF guided the development of the UNFPA country programme.

2.   Guatemala, with 14 million inhabitants in 2009, is the most populous country in Central America. The population of this multi-ethnic, multicultural nation is predominately poor, rural, young (69 per cent are younger than 30), and of indigenous descent. Two per cent of the population owns 64 per cent of the land, and 10 per cent receives more than half of all revenue. Rural and indigenous communities have the highest rates of illiteracy, malnutrition, maternal and infant mortality, and unmet basic needs.

3.   The total fertility rate is 4.4 children per woman, one of the highest rates in the region. Among poor and indigenous women, the unmet demand for family planning is estimated at 28 per cent. The contraceptive prevalence rate is 43 per cent, the third lowest rate in Latin America.

4.   The maternal mortality ratio, 153 deaths per 100,000 live births in 2000, is three times higher among indigenous women. Only 41 per cent of births are attended by skilled personnel. The HIV prevalence rate is 0.9 per cent among those aged 15 to 24. Murders of women have increased from 300 in 2001 to 732 in 2008.

5.   Public investment in the social sector is insufficient to reduce social deprivation. The average length of school enrolment is 3.5 years, and illiteracy is over 30 per cent among those older than 15. Less than 20 per cent of the population has access to social security, and access to public health services is limited. Forty-nine per cent of children under five have chronic malnutrition, with the rate even higher among indigenous children (69 per cent).

6.   As a result of sustained economic growth (an average of 4 per cent per year from 2002-2007) and remittances from Guatemalans living in United States, the poverty rate declined from 56 per cent to 51 per cent from 2000-2006. However, taxation is the lowest in Latin America. In addition, the global economic crisis is negatively impacting the economy, and is expected to affect social indicators as well.

II.   Past cooperation and lessons learned

7.   During the previous country programme, UNFPA helped the Government to: (a) improve reproductive health services; (b) institutionalize mechanisms for the advancement of women; and (c) incorporate population dynamics in public policy. The programme received $15 million from other resources, in addition to $5 million from UNFPA regular resources.

8.   UNFPA supported the Ministry of Health and non-governmental organizations to increase access to and strengthen the quality of sexual and reproductive health services. Reducing maternal mortality is now a national priority implemented through community participation, the training of midwives and health providers, and the management of obstetric emergencies. The programme strengthened the contraceptive logistics system, increasing the percentage of distribution points from 52 per cent to more than 80 per cent.

9.   The programme promoted a policy and model of reproductive health services for adolescents and youth, and supported the detection of cervical cancer. To address HIV and AIDS, the programme strengthened social communication campaigns to promote preventative measures and adopted the 'three

ones' strategy (one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority; and one agreed country-level monitoring and evaluation system). UNFPA promoted the inclusion of population and sex education in the educational system, and supported the National Youth Council and livelihood programmes for adolescents and indigenous girls.

10. UNFPA supported government efforts to: (a) mainstream concerns related to gender and indigenous populations in producing and analysing sociodemographic data; and (b) incorporate demographic variables in local planning.

11. UNFPA supported the Presidential Secretariat for Women and the Ombudsman's Office for the Defence of Indigenous Women to institutionalize the National Policy for the Advancement and Integral Development of Women. UNFPA also promoted dialogue between the Government and women's organizations to encourage women to exercise their rights and participate in politics.

12. Given the high incidence of violence against women, UNFPA: (a) worked with government institutions to train public workers; (b) supported programmes carried out by the Ministry of Health and non-governmental organizations to prevent and provide care for women who have been victims of gender-based violence, including in humanitarian situations; and (c) supported the adoption of the law against the murder of women and other forms of gender-based violence.

13. UNFPA, as part of the United Nations disaster management team, provided hygiene kits, emergency obstetric care kits, and support to address sexual violence among populations affected by hurricanes and floods.

III. Proposed programme

14. The proposed programme is based on the priorities of the government plan (*Plan de la Esperanza*, 2008-2011) and the UNDAF, taking into account the Millennium Development Goals, the Programme of Action of the International Conference on Population and Development and the UNFPA strategic plan, 2008-2013.

15. The programme has three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality. The programme addresses the needs of young people, adolescents and indigenous populations, and mainstreams gender and human rights concerns.

16. UNFPA will participate in joint programmes with United Nations organizations in the areas of gender, governance, conflict prevention and food security. UNFPA will also participate in regionally led initiatives.

Reproductive health and rights component

17. The reproductive health component will contribute to the UNDAF outcome related to improving access to health and educational services. This component has two outcomes: (a) increased demand for reproductive rights and high-quality health services; and (b) increased access to and delivery of high-quality, comprehensive sexual and reproductive health services.

18. Output 1: Government institutions have enhanced capacity to plan and disseminate comprehensive sex education and to guarantee reproductive rights at national and local levels, using a gender and multicultural perspective. This will be achieved by: (a) promoting the integration of reproductive health into municipal plans and budgets; (b) strengthening commissions on safe motherhood; and (c) supporting advocacy for sex education.

19. Output 2: Civil society organizations are strengthened to demand reproductive rights and

access to high-quality, comprehensive sexual and reproductive health services and sex education that are culturally relevant and gender sensitive. This will be achieved by: (a) supporting community committees and organizations to enable them to demand services for sexual and reproductive health and for obstetric emergencies; (b) training midwives to identify high-risk pregnancies, refer emergencies and improve care; and (c) consolidate partnerships with non-governmental organizations and faith-based organizations.

20. Output 3: The national health system is enhanced to provide comprehensive sexual and reproductive health services that promote maternal health, family planning and the prevention of HIV and cervical cancer, as well as differentiated services for young people and adolescents. This will be achieved by: (a) promoting institutional commitment to expand high-quality, comprehensive reproductive health services; (b) developing communication strategies on reproductive health; (c) supporting national and local strategies to reduce maternal morbidity and mortality; (d) implementing protocols for obstetric care and the training of health-care providers; and (e) improving national capacity for reproductive health commodity security.

21. Output 4: The national reproductive health information and epidemiological monitoring system is strengthened to collect and use information for policy analysis and decision-making. This will be achieved by: (a) increasing the capacity of the Ministry of Health to manage statistical information and improve the quality of reproductive health data; (b) supporting follow-up actions by the Reproductive Health Observatory; and (c) supporting national surveys on reproductive health issues.

Population and development component

22. This component will contribute to national priorities and the UNDAF outcome that seeks to strengthen the national capacity to formulate and implement public policies. The outcome for this component will help to improve the availability of data on population dynamics and its linkages with reproductive health in order to formulate and evaluate public policies and reduce poverty.

23. Output 1: The national statistical system and the National Institute of Statistics are strengthened to produce data, disaggregated by age, gender and ethnicity, for decision-making and for formulating, implementing and monitoring public policies and programmes. This will be achieved by: (a) supporting the census and thematic population surveys; (b) improving the quality and availability of vital statistics; and (c) developing indicators with standardized methods through inter-agency coordination mechanisms.

24. Output 2: Government institutions at central and local levels, and civil society organizations, have improved capacity to analyse population dynamics, reproductive rights, and sexual and reproductive health in order to formulate and monitor public policies and programmes from a gender, multicultural and human-rights perspective. This will be achieved by: (a) promoting methodological frameworks to integrate population variables into planning; (b) supporting civil society to monitor policies; (c) providing on-the-job and postgraduate training for planning personnel in population and development; and (d) promoting networks to enhance knowledge on population and development, including emerging issues and their impact on development.

25. Output 3: Government and civil society have increased capacity to address the needs of young people in the design, implementation and monitoring of public policies and programmes, including the national education system, with a

focus on human rights, gender and multiculturalism. This will be achieved by: (a) promoting the development and implementation of policies and programmes to increase opportunities for youth; (b) including population issues in educational programmes; and (c) promoting the participation of civil society and youth organizations in formulating and monitoring policies and programmes.

Gender equality component

26. The outcomes of this component seek to: (a) integrate gender equality and the rights of women into public policies and legislative frameworks; and (b) empower women, adolescents and young people to demand and exercise their rights.

27. Output 1: Public institutions have increased capacity to implement, monitor and evaluate the National Policy for the Advancement and Integral Development of Women, 2008-2023, applying a multicultural and human-rights approach. This will be achieved by: (a) supporting the institutionalization of mechanisms to implement and evaluate gender policies; (b) building the capacity of public service providers to support women's rights; and (c) incorporating women's rights into the justice system, using a culturally sensitive approach.

28. Output 2: Public institutions and non-governmental organizations have increased capacity to implement comprehensive care programmes for women who are victims of violence, including sexual violence. This will be achieved by: (a) supporting policy implementation and enforcement of the legal framework; (b) implementing a comprehensive model of care (including medical, psychosocial and legal support) and protection of victims of violence; and (c) promoting the capacity to register and analyse information and promote research.

29. Output 3: Women's organizations, including indigenous, adolescent and youth organizations, have increased capacity to engage in policy dialogue with the Government in order to analyse, and promote the advancement of, public policies through advocacy and social audits (which monitor the protection of human rights and the implementation of public policies). This will be achieved by: (a) promoting the organization and participation of women in development-related dialogue and decision-making; (b) strengthening communication channels between the State and women's organizations; and (c) emphasizing the contributions and potential of women in the development process.

IV. Programme management, monitoring and evaluation

30. UNFPA and the Government will be jointly responsible for managing the country programme. The Secretary of Planning will oversee a coordination mechanism that includes key partners. UNFPA and the Government will conduct programme monitoring through field visits and an annual review mechanism that includes representatives of government, donors and non-governmental organizations.

31. The UNFPA country office in Guatemala consists of a representative, an assistant representative and four administrative and support staff. UNFPA will earmark programme funds for national programme staff as well as for support personnel in order to strengthen programme implementation and resource mobilization. The UNFPA regional office in Panama City, Panama, will provide technical and programmatic support.

RESULTS AND RESOURCES FRAMEWORK FOR GUATEMALA

National priorities: (a) fighting poverty in compliance with the peace accords, the law on social development, and the Millennium Development Goals; (b) improving investments and conditions to guarantee the right to education, health and nutrition for all people, with an emphasis on women and indigenous populations; and (c) strengthening the national capacity to reduce infant and maternal mortality, and to expand and improve the quality of health services for all people, with an emphasis on rural and suburban populations and vulnerable groups

UNDAF outcomes: by 2014, Guatemala will: (a) strengthen its capacity for decision-making in formulating and implementing inclusive democratic public policies; (b) strengthen its capacity for recovery, accountability and transparency, to ensure the quality of public spending and to better meet constitutional mandates; and (c) ensure the exercise of rights and participation by a citizenry with skills that enable it to interact with the Government, ensure participation, and demand the full enjoyment of rights; and (d) strengthen its capacity to improve access to and quality of health and educational services, as well as economic opportunities in prioritized municipalities, with an emphasis on children, women, adolescents and youth.

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	Outcome: Increased demand for reproductive rights and high-quality reproductive health services, particularly among indigenous women, young people and adolescents, using a reproductive rights approach Outcome indicators: • Percentage of young people using condoms • Prevalence of modern contraception methods Outcome: Increased access to and delivery of high-quality sexual and reproductive health services, with a gender, multicultural and human-rights perspective Outcome indicators: • Percentage of adolescent pregnancies • No. of maternal and neonatal deaths registered	Output 1: Government institutions have enhanced capacity to plan and disseminate comprehensive sex education and to guarantee reproductive rights at national and local levels, using a gender and multicultural perspective Output indicators: • No. of municipalities that developed integral actions with regular resources • No. of institutions that promote reproductive rights and sex education Output 2: Civil society organizations are strengthened to demand reproductive rights and access to high-quality, comprehensive sexual and reproductive health services and sex education that are culturally relevant and gender sensitive Output indicator: • No. of civil society organizations that carry out a social audit for reproductive health and sex education Output 3: The national health system is enhanced to provide comprehensive sexual and reproductive health services that promote maternal health, family planning, and the prevention of HIV and cervical cancer, as well as differentiated services for young people and adolescents Output indicators: • Percentage of health services with the capacity to offer essential obstetric care • Percentage of health services that offer modern family planning methods • No. of services with the capacity to identify and treat cervical cancer • No. of departments that develop preventative actions on sexually transmitted infections and HIV and AIDS • Percentage of adolescent-friendly health services Output 4: The national reproductive health information and epidemiological monitoring system is strengthened to collect and use information for policy analysis and decision-making Output indicators: • No. of government and non-governmental organization committees with the capacity to analyse epidemiological data • No. of health services with situational analysis sites	Guatemalan Institute of Social Security; Ministry of Education; Ministry of Public Health and Social Assistance Council of Social Cohesion; National Youth Council; public institutions Private companies; youth, indigenous, women's and civil society organizations	$6.5 million ($3.0 million from regular resources and $3.5 million from other resources)

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	Outcome: Data on population dynamics and its linkages with reproductive health are available in order to formulate and evaluate public policies and reduce poverty Outcome indicators: • Population census and related surveys are conducted • No. of public policies that incorporate population dynamics	Output 1: The national statistical system and the National Institute of Statistics are strengthened to produce data, disaggregated by age, gender and ethnicity, for decision-making and for formulating, implementing and monitoring public policies and programmes Output indicator: • Census and surveys incorporating a gender and multicultural perspective are conducted Output 2: Government institutions at central and local levels, and civil society organizations, have improved capacity to analyse population dynamics, reproductive rights, and sexual and reproductive health in order to formulate and monitor public policies and programmes from a gender, multicultural and human-rights perspective Output indicators: • No. of programmes that explicitly incorporate population dynamics • No. of mechanisms of civil society and youth organizations that analyse and monitor public policies and programmes Output 3: Government and civil society have increased capacity to address the needs of young people in the design, implementation and monitoring of public policies and programmes, including the national education system, with a focus on human rights, gender and multiculturalism Output indicators: • No. of institutions and organizations that include young people and adolescents in their programmes • No. of educational institutions that include sex education and reproductive health education in their curricula	Ministry of Education; municipal planning offices; National Institute of Statistics; national statistics system; National Youth Council; Ombudman's Office for the Defence of Indigenous Women; Presidential Planning Secretariat; Presidential Secretariat for Women; research centres; universities; youth, indigenous women's and civil society organizations	$2.5 million ($1.5 million from regular resources and $1.0 million from other resources)
Gender equality	Outcome: Gender equality and the rights of women and adolescent girls, particularly their reproductive rights, are integrated into national policies, sectoral frameworks and laws Outcome indicator: • No. of laws and public policies that incorporate a gender and culture perspective Outcome: Women, adolescents and young people are empowered to demand and exercise their rights, citizenship and a life free from violence and discrimination Outcome indicator: • No. of women's, youth and indigenous groups participating in policy dialogue	Output 1: Public institutions have increased capacity to implement, monitor and evaluate the National Policy for the Advancement and Integral Development of Women, 2008-2023, applying a multicultural and human-rights approach Output indicators: • No. of public institutions implementing the Equal Opportunity Plan • Percentage of public expenditure earmarked for the advancement of women • Monitoring and evaluation system of the National Policy for the Advancement and Integral Development of Women is in place Output 2: Public institutions and non-governmental organizations have increased capacity to implement comprehensive care programmes for women who are victims of violence, including sexual violence Output indicators: • No. of women who are victims of violence, including sexual violence, who receive comprehensive care • No. of periodic reports with reliable and accurate information that is used for decision-making in relation to violence against the women Output 3: Women's organizations, including indigenous, adolescent and youth organizations, have increased capacity to engage in policy dialogue with the Government in order to analyse, and promote the advancement of, public policies through advocacy and social audits (which monitor the protection of human rights and the implementation of public policies) Output indicators: • No. of women's organizations able to monitor public policies for the advancement of women, with data disaggregated by age and ethnic group • Functioning mechanism for dialogue between the Government and women's organizations	National Coordinator for the Prevention of Domestic Violence and Violence against Women; Presidential Planning Secretariat; Presidential Secretariat for Women; Ombudman's Office for the Defence of Indigenous Women Research centres; social funds and municipal governments; youth, women's and civil society organizations	$4.0 million ($1.5 million from regular resources and $2.5 million from other resources) Total for programme coordination and assistance: $0.5 million from regular resources

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