# COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR GUATEMALA

*Second regular session 2021*

| Comments by Canada | UNFPA country/regional office response |
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| ● Canada welcomes the CPD for Guatemala.<br>● We are pleased to see gender equality and women's empowerment at the centre of the programme.<br>● The CPD provides a clear understanding of the Guatemala context, especially for women and girls. We are pleased with the four key themes selected - SRHR, Adolescents and Youth, Gender Equality and women's empowerment; and, population dynamics – as they are of high importance in the country.<br>● Canada also welcomes UNFPA highlighting the importance of coordination with other UN agencies within the document, as this is key to achieving the Sustainable Development Goals. | Canada's comments are deeply appreciated.<br>UNFPA reiterates its commitment to continue its cooperation with Canada as a critical development partner in Guatemala and the region, in order to accelerate the achievement of the Sustainable Development Goals and UNFPA´s three transformative results by 2030.<br>UNFPA will continue to work with its UN and other partners to achieve the SDGs by 2030. |
| **Comments by the United States of America** | **UNFPA country/regional office response** |
| Overall, we encourage UNFPA to include greater discussion on the impacts of COVID-19 and interventions to support Guatemala in its recovery. We are concerned that UNFPA does not see a strategic role for itself in responding to the specific impacts of COVID-19 on the protection issues and family planning/reproductive health indicators (e.g., increased rates of unmet need for family planning, decreased contraceptive prevalence rate, and increased contraceptive stockouts) that fall within UNFPA's mandate. UNFPA seems to be missing a critical opportunity to help Guatemala address the profound consequences of the pandemic vis-a-vis GBV, reproductive health, and specific challenges for girls, youth, and adolescents, and we encourage UNFPA to think about how it can better tailor its activities and priorities to address these issues. | UNFPA acknowledges and thanks the thorough review and comments made by the US delegation, which are duly noted.<br>Overall, UNFPA fully concurs and has been both globally and locally very clear about the profound impact and consequences of the COVID-19 pandemic upon the three transformative results and implementation of the ICPD Programme of Action.<br>Conceptually, COVID-19 has been woven within many dimensions into the UNFPA country programme for Guatemala. While programme strategies are articulated at a strategic level in the country programme document (CPD), further details will be included within annual workplans.<br>However, the following highlights illustrate some of the many elements where the CPD is tailored to the impact of COVID-19 – |

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| | including on gender-based violence, reproductive health, and the specific challenges for girls, youth and adolescents.<br><br>The programme rationale (notably in paragraphs 5, 6, and 8) includes information related to the impacts of the COVID-19 pandemic on institutional birth coverage, prenatal care, as well as the decrease in first consultations for family planning and the increase in reports of cases of violence against women.<br><br>UNFPA is currently addressing the impact of COVID-19 on sexual and reproductive health, including family planning, as well as gender-based violence (GBV), and will continue to address it in the new cycle. The CPD outlines the programme priorities and partnerships supporting Guatemala in building back better after the pandemic. It is worth highlighting that UNFPA is supporting the provision of modern contraceptive methods to the Ministry of Health to avoid stock-outs.<br><br>UNFPA will strengthen the capacities of the Ministry of Health to restore the continuity of essential services for sexual and reproductive health and gender-based violence, including maternal and neonatal health, family planning and sexual violence attention and care for GBV victims.<br><br>Despite ongoing challenges in supply chains, UNFPA has continued to bolster reproductive health supplies, strengthening the logistics management and information systems, and will do so in the new cycle. It will also continue supporting the Ministry of Health efforts to strengthen maternal mortality surveillance and response, including the estimation of maternal and neonatal deaths associated with COVID-19, as part of the strengthening of the national vital statistics capacities.<br><br>UNFPA has been supporting and will continue to support Guatemala in strengthening its multisectorial response to gender-based violence, with emphasis on strengthening coordination and governance mechanisms (e.g. the National Coordinator for the Prevention of Intra-family Violence, referral networks, sexual |

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| | violence care routes) for the implementation of the National Plan for the Prevention and Eradication of Intra-family Violence and against Women (PLANOVI) and ensuring the provision of essential services care for women and girls as survivors of violence.<br><br>Within the COVID-19 pandemic framework, the following strategies have been implemented: (a) strengthening the capacities of the National Coordinator for the Prevention of Intra-family Violence to ensure the inclusion of violence against women in the COVID-19 response and recovery plans; (b) prioritizing PLANOVI results within institutions and at the territorial level to reduce response gaps, exacerbated by the COVID-19 pandemic.<br><br>The UNFPA country programme also includes interventions that respond to the challenges that girls, youth, and adolescents face to enjoy a life free from violence and harmful practices, including the promotion of public policies (e.g. the National Youth Policy and the Comprehensive Sexuality Education Strategy) and strengthening of youth and adolescent capacities through specific programmes focused on adolescent girls, public policy dialogue and partnerships to promote socio-cultural norm changes and encourage men's participation in the prevention of violence and harmful practices. |
| *Regarding Programme Rationale*<br><br>We encourage UNFPA to seek the most up-to-date data in its country programme document, as multiple crises in recent years have affected the current state of SRH in Guatemala and impacted unmet need for FP, maternal mortality, use of modern FP methods, etc.<br><br>In Item 3, we recommend using the term 'stunting' instead of "chronic malnutrition."<br><br>We suggest updating Item 5, as public spending on health in Guatemala accounts for 2.4% of GDP, rather than 5.5%.<br><br>With respect to Item 5, which touches on key determinants contributing to maternal mortality, we recognize that men often have the decision-making power over when and how women and girls can access critical health services, | UNFPA affirms that the programme uses the latest available official data.<br><br>Regarding items 3 and 5, UNFPA will use the term 'stunting' instead of "chronic malnutrition" and will update the figures for public spending on health in Guatemala, which will be reflected in the revised CPD. [The latest figure available World Development Indicators (WDI) 2018, with data from WHO, is 2.1% of GPD.]<br><br>With respect to item 5, it is important to note that the country programme adopts a comprehensive approach, which includes a consideration of the unequal gender power dynamics. Please refer to paragraph 13 of the CPD, where it is mentioned that the UNFPA programme *"aims at reducing maternal mortality, adopting a comprehensive approach that includes: (a) expanding access to* |

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| including sexual and reproductive health services. We acknowledge that unequal gender power dynamics are a contributor to maternal mortality in the country. We encourage UNFPA to elaborate on how its Guatemala country program will integrate gender analysis to monitor and address unequal gender power dynamics, including how UNFPA plans to work with men to promote women's and girls' access to critical health services (e.g., joint/equitable decision-making on health access and expenditures at the household level). | *high-quality sexual and reproductive health services for all without discrimination, including the range of contraceptives, for women, adolescents and young people, particularly among the population groups furthest left behind; (b) strengthening the implementation of comprehensive sexuality education, both in school and out-of-school settings; and (c) strengthening prevention and the multisectoral response to gender-based violence and other harmful practices (particularly early and forced pregnancies and child marriages/unions), that support the change of socio-cultural norms and unequal gender power dynamics".*<br><br>The UNFPA country programme has foreseen community approach strategies that ensure active participation of local actors (including men), coordination between the Ministry of Health and midwives for risk management, as well as the development of municipal plans to reduce maternal mortality. |
| *Regarding Programme Priorities and Partnerships*<br><br>Related to Item 13, we recommend UNFPA consider geographic disparities when setting targets. Although the national maternal mortality ratio (MMR) averages 113 x 100,000 live births, data for Huehuetenango, Alta Verapaz, Quiche, and Chiquimula are much higher. Thus the target MMR of 78 x 100,000 is not realistic, as described in the narrative of the proposal.<br><br>In relation to Item 22, we appreciate the intention to strengthen the humanitarian country team to improve preparedness and multi-sectoral responses to GBV in humanitarian situations.<br><br>Regarding Item 24, we appreciate UNFPA's efforts to improve the collection and use of disaggregated data, including disability-disaggregated data.<br><br>We would welcome more clarity on how disability inclusion will be integrated within the country programme and all of its priority actions.<br><br>With regards to Item 34 and monitoring and evaluation, we encourage UNFPA to incorporate specific analysis and lessons learned on disability inclusion for | Regarding item 13, the country programme document considers the geographical disparities in the programme rationale (see para. 4: *"Half of the maternal deaths occur in four departments in the northwest of the country (Huehuetenango, San Marcos, Quiché, Alta Verapaz, most of them in rural and dispersed areas with the highest rates of malnutrition, poverty and indigenous peoples"* as well as in programme priorities and definition of targets. Consequently, the country programme will concentrate interventions *"in the prioritized municipalities in the four departments of Huehuetenango, Quiché, Alta Verapaz and Chiquimula, which exhibit the highest levels of maternal mortality, poverty and malnutrition"* (CPD para. 13).<br><br>The maternal mortality reduction target of 78 per 100,000 live births actually refers to the prioritized departments of Huehuetenango, Alta Verapaz, Quiche, and Chiquimula. We are aware that this target is ambitious. However, UNFPA, in partnership with other UN organizations, has placed a stronger commitment within the framework of the UNSDCF, 2020-2025 to support the country in reducing maternal mortality, through equity-based strategies, |

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| the humanitarian sector and related responses into its Annual Progress Reports and Meetings. | particularly aimed at addressing geographic disparities at departmental level. To this end, UNFPA, PAHO/WHO and UNICEF have agreed to promote a joint programme to accelerate maternal mortality reductions in selected departments. We trust our ongoing partnership with USAID and other donors will contribute to accelerate these efforts to achieve this ambitious target.<br><br>In relation to item 22, we acknowledge and thank the USA for these comments.<br><br>Regarding item 24, UNFPA acknowledges and thanks the USA for these comments. The CPD will integrate the 'leave no one behind' principle across all programmatic interventions, addressing intersectional inequalities that affect people with disabilities through strategies for the reduction of maternal mortality, the unmet need for family planning and gender-based violence that adopt "accessibility" and "inclusiveness" approaches.<br><br>It must be noted that UNFPA has been actively promoting increased visibility and awareness on the situations of people with disabilities, in line with the United Nations Disability Strategy (UNDIS). It has done so through several strategies, which include: (a) strengthening the statistical visibility of people with disabilities through disaggregated data and information (e.g. census, surveys, administrative records); (b) prioritizing access to accessible sexual and reproductive health services and information, including comprehensive sexuality education programmes in accessible formats; and (c) strengthening platforms for the active participation of people with disabilities.<br><br>Regarding item 34, UNFPA acknowledges and thanks the USA for the recommendation provided and will consider the inclusion of good practices and lessons learned from the humanitarian response plans that have included people with disabilities, as well as the different monitoring mechanisms into annual progress reports and meetings. UNFPA is the lead agency for monitoring UNDIS indicators and information systems, as well as following-up on |

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| | compliance indicators of the Convention on the Human Rights of Persons with Disabilities. UNFPA promotes strategic processes, such as the development of the National Registry of Persons With Disabilities and the strengthening of administrative registries. Furthermore, UNFPA leads the Gender-based Violence Sub-Cluster of the National Humanitarian Response Team, which includes women with disabilities as one of the prioritized populations. |
| *Regarding Results and Resources Framework*<br><br>We suggest reviewing the baseline data for the proportion of births attended by skilled health personnel, as 65% looks very high. | The data on the proportion of births attended by skilled health personnel (65%) has been taken from the latest available official source, Encuesta Nacional de Salud Materno Infantil (ENSMI), 2014-2015. |