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Population Fund and the United  
Nations Office for Project Services**

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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Guatemala**

Proposed indicative UNFPA assistance: \$18.3 million: \$5.1 million from regular resources and \$13.2 million through co-financing modalities or other resources

Programme period: Four years (2022-2025)

Cycle of assistance: Eighth

Category per decision 2017/23: Orange

Alignment with the UNSDCF Cycle United Nations Sustainable Development Cooperation Framework for Guatemala (2020-2025)

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.0	11.2	12.2
Outcome 2	Adolescents and youth	1.1	0.7	1.8
Outcome 3	Gender equality and women's empowerment	1.0	1.0	2.0
Outcome 4	Population dynamics	1.3	0.3	1.6
Programme coordination and assistance		0.7	-	0.7
<b>Total</b>		5.1	13.2	18.3

## I. Programme rationale

1. Guatemala is a diverse and multiethnic country, with a population of 17.1 million people. More than 40 per cent identify themselves as indigenous (41.7 per cent Mayan; 1.8 per cent Xinka; and 0.1 per cent Garifuna), and 0.2 per cent as Afro-descendants (Census, 2018). More than 45 per cent of people live in rural areas. With 65 per cent of its population under age 30 years, Guatemala has the unique opportunity to take advantage of the demographic dividend. The country is a gateway in one of the largest migration corridors in the world, as a country of origin, transit, destination and return of migrants in Central America.

2. Guatemala is an upper-middle-income country, which has experienced moderate economic growth over the last decade, mainly driven by internal demand fostered by remittances (accounting for 13.1 per cent of its GDP in 2020). Nevertheless, poverty and inequalities rose over the same period and are expected to further increase due to the socio-economic impact of the COVID-19 pandemic. In 2014, 59.3 per cent of the population lived in poverty and 23.4 per cent in extreme poverty, with rural-urban, ethnic and gender gaps (ENCOVI, 2014). Poverty is higher among indigenous people (79.2 per cent of them are poor), almost double in rural areas, compared to urban areas (76.1 per cent versus 42.1 per cent) and higher among women than men (104.4 women living in poverty for every 100 men in 2019). With the Gini index surpassing 0.5, the distribution of wealth is among the most unequal in Latin America and the Caribbean.

3. Poverty and inequalities are linked to exclusion, discrimination, food security, violence, and human mobility. Recurrent natural hazards, exacerbated by climate change, contribute to increased poverty, food insecurity, and vulnerabilities, driving migration flows and complex humanitarian needs, impacting peace and security. Women, children, adolescents, and young people, particularly among those furthest left-behind (indigenous peoples, people living in rural areas, Afro-descendants, migrants, and people with disabilities) often face structural barriers and intersectional forms of discrimination in access to services and opportunities. Nearly half of the under 5-year-olds suffer stunting, particularly among indigenous populations and in rural areas in the western and the north-eastern parts of the country. Despite the existence of the National Youth Policy, adolescents and young people, particularly from the most left-behind groups, face significant challenges, as their access to health, high-quality education and decent jobs are affected, thus severely limiting their participation in public decision-making and citizenship rights. Adolescents and young people aged 13-29 years have an average of 7.3 years of education; 42.8 per cent of adolescents and young people aged 15-29 years do not work; among those employed, 76.7 per cent work without a contract and 76.4 per cent without social protection.

4. Guatemala records one of the highest average maternal mortality ratios in the region (113 maternal deaths per 100,000 live births in 2018), with significant disparities by ethnicity, age, education levels and geographic location. Maternal mortality doubles among indigenous women, compared to non-indigenous women, particularly those living in rural areas (156 versus 75 deaths per 100,000 live births). One third (34 per cent) of preventable maternal deaths occur among adolescent and young girls aged 10-29 years. 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. Most of these maternal deaths are due to preventable causes: haemorrhages (47%); hypertension (23%); infections (14%); and abortion (8%).

5. Maternal mortality is linked to geographic, economic and cultural barriers. Limited coverage and access to health providers, particularly in rural and dispersed areas, are key determinants. Institutional birth is 65 per cent, dropping to 50 per cent among indigenous women and 40 per cent among women with little education (ENSMI 2014-2015); during the COVID-19 pandemic in 2020, it declined by 20 per cent. In 2019, there were only 161 comprehensive emergency obstetric care (EmOC) services available at the national level, equivalent to only 1 EmOC service per 340,000 people. An estimated 34 per cent of

maternal deaths occur at home, due to the high number of home births, particularly at the community level, where delivery is attended by family members or traditional midwives, often disconnected from the health system. Over the last cycle, the Ministry of Health enacted policies and programmes to strengthen the qualification of healthcare professionals, including a university curriculum for midwifery technicians, launched in 2018 in partnership with UNFPA and USAID. Limited demand, determined by the high cost of services and the low quality of care, represents another critical determinant. Health services are often paid out-of-pocket, as public spending in health is low, at only 2.1 per cent of GDP. In 2020, the national budget for maternal healthcare was only \$63.5 million, falling short of the estimated \$375 million needed by 2022 to have an impact on maternal and neonatal mortality reduction (UNICEF, 2012). The low quality of care is linked to limited adherence to international standards and intercultural pertinence. In 2019, no antenatal care was found in 31 per cent of the maternal deaths cases. In 2014, only 64 per cent of pregnant women received prenatal care by a doctor; the percentage was lower among indigenous women (54 per cent), women without education (34 per cent) and women in the lowest quintile (39 per cent). During the COVID-19 pandemic in 2020, prenatal care decreased by 16 per cent. However, limited evidence and data availability hamper a comprehensive assessment of the situation.

6. The unmet need for family planning was 13.9 per cent during 2014-2015. This is higher for adolescents (21.9 per cent); indigenous women (17.4 per cent); and women in the lowest income quintile (22.2 per cent). The contraceptive prevalence rate increased from 23 per cent in 1987 to 61 per cent in 2015, although the use of modern methods among women aged 15-49 years only reached 49 per cent. This figure varies significantly by ethnicity (38.9 per cent among indigenous women versus 58 per cent for non-indigenous women); level of education (37.6 per cent for women with no education versus 59.7 per cent for women with university education); and age (only 31.3 per cent among adolescents aged 15-19 years). First consultations for family planning decreased by 8.6 per cent during the COVID-19 pandemic in 2020. In 2019, Guatemala recorded among the lowest uses (1.1 per cent) of intrauterine devices and subdermal implants (1.9 per cent) in Latin America.

7. Although the total fertility rate declined sharply, from 5.6 children in 2009 to 3.1 children per woman in 2015 (ENSMI 2014-2015), the adolescent fertility rate remained stagnant (92 per 1,000 women aged 15-19 years); it is higher among adolescents with no education (34.4 per cent) and in the lowest income quintile (23.3 per cent). The main determinants are poverty, the limited access to high-quality sexual and reproductive health services, particularly modern contraceptives (due to the distance from health providers and the limited availability of contraceptives at local health services, caused by a weak logistics and information system), poor information and counselling, early unions, sexual violence and uneven comprehensive sexuality education. The Guatemalan law penalizes marriages and unions under the age of 18 and categorizes pregnancies under age 15 as sexual violence; however, in 2014, an estimated 9 per cent of women were married or in a union before age 15 and 36 per cent before age 18. In 2020, an estimated 16.2 per cent of total births occurred in girls under age 19 and 1.7 per cent in girls under age 15. Adolescents and young people have little knowledge about sexuality and the prevention of HIV/STIs and violence. Comprehensive sexuality education, mandated by national law, integrates the public education curricula; however, its implementation has been uneven and its impact not evaluated.

8. Gender inequalities persist, as women continue to lag behind men in access to health, education, and job opportunities (the Government of Guatemala understands the gender approach as the equitable inclusion of men and women, as referred in the Joint Declaration and Signatures of the United Nations Strategic Cooperation Framework for Sustainable Development 2020-2025). Gender-based violence is alarming, although limited disaggregated data hamper a comprehensive understanding of the problem, particularly among those furthest left behind (indigenous, Afro-descendants, migrants and women with disabilities). In 2014, women and girls aged 15 years and older reported having suffered physical (20 per cent), sexual (8 per cent) or psychological violence (14.4 per cent). In

2019, the National Prosecutor's Office reported an increase in the number of gender-based violence cases, including violent murders of women (701) and women's disappearances (2,599). Women, unaccompanied children, and adolescent girls among migrants, refugees and internally displaced people are particularly vulnerable to sexual violence, human trafficking, and exploitation. In 2020, during the COVID-19 pandemic, more than 59,000 cases of violence against women were reported, a 4 per cent increase compared to 2019. Despite a solid legal and judicial framework, significant challenges persist in the provision of essential services to survivors of violence: (a) weak multisectoral coordination and response; (b) low decentralization; and (c) limited ethnic, cultural and linguistic sensitivity. The persistence of patriarchal norms and high levels of impunity also contribute to this phenomenon, with only 5 per cent of complaints of violence against women leading to sanctions (INE, 2019).

9. The national statistical system needs strengthening to enable the follow-up of the Sustainable Development Goals (SDGs), the Montevideo Consensus and national priorities indicators. A national statistics development strategy needs to be developed and implemented. Greater availability of disaggregated data by age, territory (urban-rural), ethnicity (i.e. Mayan, Garifuna, Xinkas and Afro-descendants), as well as the generation, analysis and use of administrative records, would allow enhancing visibility of those furthest left behind. The 2018 Housing and Population Census, actively supported by UNFPA, provides significant information to update national indicators and support evidence-based policy-making.

10. The UNFPA country programme is aligned to national priorities and the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2020-2025, contributing to its five strategic areas (Economic Development; Social Development; Strengthened Institutions; Peace, Security and Justice; and Environment), and eight related outcomes. UNFPA will promote interventions aimed to bridge inequalities and strengthen institutions, people, and communities across the development-humanitarian-peace and security nexus, based on its areas of comparative advantages: (a) evidence-based policy support for investing in adolescents and young people; (b) data generation and analysis to support monitoring and evaluation of public policies and the SDGs; (c) development of innovative, sexual and reproductive health strategies with intercultural and life-course approaches; (d) expertise on gender equality, the transformation of socio-cultural norms, gender-based violence prevention and essential services for girls and women survivors of violence; (e) trusted partnerships with governmental and non-governmental organizations.

11. The proposed programme builds on lessons learned from the current cycle: (a) strengthening sexual and reproductive health commodities supply and logistics prevent stock-outs at secondary and primary levels; (b) policy dialogue between State institutions and civil society organizations contributes to the advancement of the SDGs, population and development commitments; (c) partnerships with community organizations and leaders support the implementation of public policies to better reach out to those groups most left behind; (d) the availability and use of reliable, high-quality and disaggregated data are key for mapping those furthest left behind and for evidence-based policies and decision-making.

## **II. Programme priorities and partnerships**

12. The proposed programme is aligned with the National Development Plan – K'atun Nuestra Guatemala 2032; the Government General Policy 2020-2024; the 2030 Agenda for Sustainable Development; the ICPD Programme of Action; the Montevideo Consensus. It will particularly contribute to SDGs 1, 3, 4, 5, 10, 11 and 17, and will be implemented within the framework of the development-humanitarian-peace-security nexus. The programme will support government efforts to follow up and comply with human rights commitments, including the Universal Periodic Review recommendations, particularly those related to promoting a national healthcare system accessible to all without discrimination, addressing violence against women and adolescent pregnancies.

13. The programme will contribute to the three transformative results, focusing on ending preventable maternal mortality, as a key accelerator of Guatemala's path towards the achievement of the SDGs, with rippling effects on the other two transformative results, contributing to supporting Guatemala's efforts to take advantage of the demographic dividend. It will aim at reducing maternal mortality by 30 percentage points (from 113 to 78 maternal deaths per 100,000 live births) in prioritized municipalities in the four departments of Huehuetenango, Quiché, Alta Verapaz and Chiquimula, which exhibit the highest levels of maternal mortality, poverty and malnutrition. It will adopt a comprehensive approach that includes (a) expanding access to 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). Considering that 34 per cent of preventable maternal deaths occur among pregnant adolescents and young girls aged 10-29 years, the programme will also address the determinants of adolescent pregnancies, including early and forced unions/marriages and sexual violence, as a maternal mortality reduction strategy. Strengthening data generation, analysis and use is a cross-cutting pillar that will support evidence-based decision-making, to make the most left-behind population groups and inequalities visible.

14. The modes of engagement will be capacity development, advocacy and policy dialogue, knowledge management, coordination and partnerships. South-South and triangular cooperation will be promoted, particularly on maternal mortality, gender-based violence and early/forced adolescent pregnancies, unions/marriages, data and territorial planning. The programme will strengthen national and subnational capacities to implement policies, plans and programmes, also through increased inter-institutional and multisectoral coordination.

15. UNFPA will strengthen coordination with UNDP, UNICEF, and UN-Women to contribute to the State's efforts in (a) poverty reduction and improvement of the social protection system; (b) empowerment and investment in youth to take advantage of the demographic dividend; (c) accelerated reduction of maternal mortality and malnutrition; (d) a comprehensive response to gender-based violence and violence against women, adolescents and youth; and (e) strengthening of the national statistics system to enhance vital statistics, administrative records and data disaggregation.

#### **A. Sexual and reproductive health**

16. UNFPA will contribute to UNSDCF outcomes 2.4 and 5.1 (Indicator 5.1.1) through two outputs: one UNFPA-specific and the other a joint output.

17. *UNFPA-specific output 1. Strengthened national and subnational capacities to ensure access to high-quality comprehensive sexual and reproductive health services within a life-course approach in development and humanitarian settings, within the framework of the promotion of universal health coverage.* Key interventions include (a) evidence-based policy dialogue with government entities on the importance of ensuring access to an integrated comprehensive package of sexual and reproductive health, including maternal health, HIV/STIs, family planning, access to contraception, reproductive cancers, and prevention and response to sexual violence, including in humanitarian settings; (b) strengthen the capacity of the Ministry of Health to improve the execution of the national health budget, through support to planning, implementation, monitoring and evaluation of sexual and reproductive health programmes at national and local levels, which aim at the reduction of maternal mortality, prevention of adolescent pregnancy, HIV/STIs, and sexual violence; (c) generation of evidence on key determinants of access to sexual and reproductive health services, including a needs assessment on maternal health; (d) South-South cooperation to strengthen the Ministry of Health's logistics and management information system for the effective distribution of essential reproductive health and

commodity supplies to service delivery points, reaching the ‘last mile’; (e) partnerships with academia for the inclusion of an integrated approach on sexual and reproductive health and reproductive rights in the training curriculum of healthcare students; (f) strengthen the advocacy, policy dialogue and monitoring capacities of civil society organizations to generate informed demand for high-quality sexual and reproductive health; (g) strengthen the capacities of health providers for the provision of comprehensive, age-appropriate, culturally-sensitive and inclusive services for adolescents and young people; (h) strengthen the Ministry of Health’s municipal districts to incorporate the Minimum Initial Service Package (MISP) for reproductive health in risk management plans, to ensure the continuity of essential sexual and reproductive health and gender-based/sexual violence services, addressing humanitarian response, including during the COVID-19 pandemic.

18. *UNFPA-specific output 2. Strengthened national and subnational capacities to reduce preventable maternal and neonatal mortality, focusing on the furthest left-behind population groups.* Key interventions include (a) advocacy and policy dialogue with national, departmental and municipal authorities and stakeholders to strengthen the implementation of targeted strategies and plans to accelerate the reduction of maternal morbidity and mortality; (b) advocacy, policy dialogue and technical assistance to strengthen regulatory frameworks, training and deployment of professional midwives, particularly in indigenous communities and among rural and dispersed areas; (c) strengthen the capacity of the Ministry of Health in the development of norms that facilitate communication between traditional midwives, primary and secondary level healthcare services, including referrals and counter-referrals; (d) coordination and partnerships with PAHO/WHO and UNICEF for the development and implementation of a United Nations joint programme to accelerate the reduction of maternal mortality in 32 prioritized municipalities by strengthening: (i) human resources capacities to ensure high-quality maternal health care during pregnancy and childbirth, including human rights-based and culturally-sensitive services; (ii) the logistics and management information system to ensure the distribution of life-saving maternal and neonatal supplies; (iii) linkages of traditional midwives to institutional health services; (iv) the e-health national strategy supporting early-warning systems through telemedicine; (v) partnerships with community organizations and actors to detect and refer maternal and neonatal complications in a timely manner; and (vi) information systems, epidemiological surveillance and response.

## **B. Adolescents and youth**

19. UNFPA will contribute to UNSDCF Outcomes 1.1, 2.3 and 4.3 through a UNFPA-specific output.

20. *UNFPA-specific output 1. Strengthened national and subnational capacities to develop, implement and monitor policies and programmes to tackle the determinants of adolescents and youth development and well-being, and promote their rights, in development and humanitarian settings.* UNFPA will support government efforts to take advantage of the demographic dividend through a comprehensive approach aimed at creating the enabling conditions for adolescents and young people, particularly from the most left-behind populations, to develop their full potential. Key interventions include (a) policy dialogue with governmental and non-governmental stakeholders, including congressional commissions (youth, education, human rights), and other national mechanisms, to advance adolescents and young people’s rights, including their right to high-quality education, participation in public policy-making and violence prevention, within the framework of the triple nexus of development, humanitarian and peacebuilding contexts; (b) coordination and partnerships with UNICEF and UNESCO to support the efforts of the Ministries of Education and Social Development in increasing education coverage and quality at different levels (middle, high-school, university, and technical education), including targeted programmes and scholarships to ensure the presence in school of adolescent girls from the groups most left behind, girl-centred programmes and life-skills programmes engaging boys to end gender-based violence and other harmful practices; (c) strengthen the capacities of youth organizations and leaders, particularly

indigenous, Afro-descendants and young people with disabilities, to advocate for their rights; (d) strengthen the capacity of the Ministry of Education to implement and scale-up the National Strategy for Comprehensive Sexuality Education and Violence Prevention in school and out-of-school settings in the prioritized municipalities, adopting intercultural and gender-transformative approaches; (e) generation of evidence, in partnership with the Ministry of Education, on progress in the implementation of the National Strategy for Comprehensive Sexuality Education.

### **C. Gender equality and women's empowerment**

21. UNFPA will contribute to UNSDCF outcomes 3.2, 4.1 and 4.3 through a UNFPA-specific output.

22. *UNFPA-specific output 1. Strengthened national and subnational capacities to promote the rights and empowerment of women, adolescents, and young girls, particularly those furthest left behind, focusing on prevention and response to gender-based violence, in development and humanitarian contexts.* Key interventions include (a) strengthening the capacities of national and subnational institutions and mechanisms for the advancement of women's rights, intersectoral coordination, implementation and monitoring of public policies related to gender-based violence and harmful practices; (b) supporting, in coordination with PAHO/WHO, UNDP, UNICEF, UN-Women and UNODC, the National Coordination for the Prevention and Response to Violence against Women (CONAPREVI) to enhance and decentralize the implementation of the essential services standards for girls and women survivors of violence, including in humanitarian settings, using intercultural and inclusive approaches; (c) generation of evidence, in partnership with governmental institutions and academia, on gender-based violence and early unions/child marriages, analysing their linkages with poverty, socio-cultural norms, migration dynamics and adolescent pregnancies; (d) advocacy with national, local and traditional authorities and community organizations, to raise awareness on gender norms reproducing inequalities and discrimination against women and adolescent girls; (e) strengthening the capacities of diverse women's organizations, particularly indigenous, Afro-descendants, and women with disabilities, to follow-up on international human rights recommendations, national legal frameworks and public policies related to gender equality, women's empowerment and gender-based violence; (f) strengthening the humanitarian country team for enhanced preparedness and multisectoral response to gender-based violence in humanitarian settings; (g) strengthen the national information system on violence against women, through improved harmonization of information systems, administrative records and a national survey on violence against women.

### **D. Population dynamics**

23. UNFPA will contribute to UNSDCF outcomes 2.2, 4.1 and 4.3 through two outputs, one UNFPA-specific and one joint output.

24. *UNFPA-specific Output 1. Strengthened national capacities to collect, generate, analyse, use, and disseminate disaggregated socio-demographic data and evidence to guide national planning processes and public policy-making, in development and humanitarian settings.* Key interventions include (a) South-South cooperation and strengthening of the National Statistics Office for the development and implementation of a National Statistics Development Strategy; (b) advocacy, policy dialogue and strategic partnerships to strengthen the capacities of the national statistical system, promoting availability of specialized surveys, improving administrative records and disaggregated data (by geographic location, age, sex, ethnicity, migration and disability status) for evidence-based and policy decision-making, including the National Social Household Registry; (c) strengthen the development and dissemination of statistical information in humanitarian settings from institutions, civil society organizations, and academia, for prepositioning of data to prevent and mitigate humanitarian and environmental risks; (d) generate multidimensional evidence at the national and subnational levels to increase the visibility

of the populations left behind to guide targeted and evidence-based public policy-making and planning.

25. *UNFPA-specific output. Strengthened national capacities to promote citizen participation, dialogue, alliances, access to information, monitoring and evaluation, for the advancement of the 2030 and population and development agenda.* Key interventions include (a) advocacy and policy dialogue with governmental authorities to strengthen the Government's participation in regional and global mechanisms related to the 2030 Agenda, human rights, population and development; (b) capacity development of government institutions and civil society organizations for monitoring, evaluation, and social audit of public policies and international commitments linked to the 2030 Agenda and the population and development agendas, including the Montevideo Consensus; (c) advocacy with government institutions to facilitate enhanced dialogue and articulation between the State, civil society and community organizations from the population groups most left behind, through platforms and mechanisms that allow their participation in policies and plans at national and subnational levels.

### **III. Programme and risk management**

26. The programme will use a mix of direct and national execution modalities, seeking ownership and the development of national and local capacities. UNFPA will support the implementation of the United Nations reform process at the country level, the standard operating procedures and a harmonized approach to cash transfers. It will also participate in the design and implementation of joint workplans and programmes.

27. The programme will articulate its interventions and mobilize resources with different partners, including government entities at national and subnational levels, civil society and community organizations, universities, the private sector, traditional donors, media, other United Nations organizations and international development partners.

28. The office structure will be aligned and strengthened to ensure adequate capacity for the implementation of the proposed programme, particularly in the reduction of maternal mortality, sexual and reproductive health commodity security, population dynamics, data analysis, leave no one behind, and an increased focus on adolescent, youth and territorial prioritization. UNFPA will also leverage partnerships with other United Nations organizations and development actors, and seek support from the regional office, headquarters, and other country offices, optimizing the use of available human resources.

29. The following risks have been identified: (a) changes in legislative, policy, regulatory and/or institutional frameworks that may limit the advancement of human rights and the right to a life free from violence; (b) insufficient financial resources or delays in disbursements; (c) high rotation of institutional personnel that may affect national capacities for the institutionalization and sustainability of strategic processes; (d) increased impact of the COVID-19 pandemic or new humanitarian situations; and (e) socio-political conflict situations affecting the programme's territorial focus.

30. UNFPA will implement the following risk-mitigation measures, building on its risk management experience with complex projects, such as the Housing and Population Census: (a) engage in advocacy, policy dialogue, evidence-based and strategic communications, and partnerships, including with other United Nations organizations, to promote the advancement of legal and policy frameworks; (b) conduct regular training/activities to strengthen capacities of institutional partners; and (c) consolidate current partnerships, while engaging with new partners with territorial presence and attracting new funding sources.

31. In emergencies, UNFPA may, in consultation with the Government, reschedule programme activities to respond to humanitarian situations.

32. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers



at the country, regional and headquarters levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

#### **IV. Monitoring and evaluation**

33. UNFPA and the Government of Guatemala, through the Presidential Secretariat for Planning and Programming (SEGEPLAN), will oversee the country programme, following the procedures agreed upon in the UNSDCF guidance, UNFPA policies and procedures, results-based management principles and standards, and the jointly agreed monitoring and evaluation plan.

34. The country programme monitoring and evaluation plan will include: technical monitoring meetings with national and local counterparts and implementing partners; field visits; risk assessment and adoption of appropriate corrective measures; periodic financial performance reviews; annual progress reports and meetings, including the generation of knowledge and the identification of lessons learned and good practices for strengthened evidence-based decision-making and accountability.

35. A midterm evaluation of the programme will be conducted to analyse progress, reorient programme strategies and align it with the UNFPA Strategic Plan, 2022-2025. A project external evaluation of the sexual and reproductive health commodities supplies will also be implemented.

36. The monitoring and evaluation plan will be aligned with the UNSDCF monitoring and evaluation system. For reporting and consolidation of this information, the UN INFO platform will be used. UNFPA will actively participate in the UNSDCF implementation, monitoring, revision, annual reporting and evaluation.

37. UNFPA will work with relevant governmental and non-governmental partners, as well as with other United Nations partners, bilateral and multilateral organizations, to strengthen the national planning and statistics systems as well as national and local capacities and their systems for monitoring and reporting on the National Development Plan and Priorities, the SDGs, and the Montevideo Consensus indicators.

## RESULTS AND RESOURCES FRAMEWORK FOR GUATEMALA (2022-2026)

<b>NATIONAL PRIORITY:</b> Social development, health and environment				
<b>UNSDCF OUTCOMES INVOLVING UNFPA:</b> By 2025, the prioritized population, according to their life-cycle, has increased coverage and access to essential health services (reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases, and the capacity of and access to services, among the general population and the most disadvantaged) seeking to make them integrated, comprehensive, relevant, and quality. By 2025, the State of Guatemala strengthens its policies that promote mitigation and adaptation to climate change, improving the comprehensive management of environmental risks, with emphasis on the most vulnerable population and territories.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Sexual and reproductive health				
UNSDCF outcome indicator(s), baselines, target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicator(s):</p> <ul style="list-style-type: none"> <li>• Maternal mortality ratio <i>Baseline: 113; Target: 90</i></li> <li>• Proportion of births attended by skilled health personnel <i>Baseline: 65%; Target: 73%</i></li> </ul> <p>Related UNFPA Strategic Plan Outcome indicator(s):</p> <ul style="list-style-type: none"> <li>• Proportion of births attended by skilled health personnel <i>Baseline (prioritized municipalities):55%; Target: 66%</i></li> <li>• Proportion of women of reproductive age who have their need for family planning satisfied with modern methods <i>Baseline (15-49 years): 49%; Target: 53%</i> <i>Baseline (15-19 years): 31%; Target:35%</i> <i>Baseline (indigenous women): 39%; Target:43%</i> <i>Baseline (LARCS): IUD 1.5%; Subdermal implants 1.9%; Target: IUD 5%; Subdermal implants 5.9%</i></li> </ul>	<p>Output 1. Strengthened national and subnational capacities to ensure access to quality comprehensive sexual and reproductive health services within a life-course approach in development and humanitarian settings, within the framework of the promotion of universal health coverage</p>	<ul style="list-style-type: none"> <li>• Number of health facilities (permanent attention centres and second-level hospitals) in prioritized municipalities that provide integrated high-quality sexual and reproductive health services, addressing indigenous people and populations living in rural areas <i>Baseline:0; Target:40</i></li> <li>• Number of health facilities that provide adolescents health services, including sexual and reproductive health, according to quality standards of care <i>Baseline:84; Target:124</i></li> <li>• Number of health facilities in prioritized municipalities that implement integrated logistics and management information system plans <i>Baseline:0; Target:40</i></li> <li>• Number of prioritized municipalities that have included MISP in their risk management plans, ensuring the continuity of essential sexual and reproductive health and gender-based/sexual violence services, addressing humanitarian response, including during the COVID-19 pandemic <i>Baseline:0; Target:32</i></li> <li>• Number of studies on sexual and reproductive health access determinants, including EmONC needs assessment in prioritized areas <i>Baseline:0; Target:2</i></li> </ul>	<p>Ministry of Health; Institute of Social Security; CONRED; civil society organizations; academia; media; private sector; international cooperation and other United Nations organizations</p>	<p>\$8.9 million (\$0.2 million regular resources and \$8.7 million other resources)</p>
	<p>Output 2. Strengthened national and subnational capacities to reduce preventable maternal and neonatal mortality, focusing on the furthest left-behind population groups</p>	<ul style="list-style-type: none"> <li>• Number of health facilities of the prioritized municipalities that develop and implement evidence-based interventions for the reduction of maternal mortality <i>Baseline:0; Target:40</i></li> <li>• Number of university midwife technicians graduated and deployed in public health services, with UNFPA support <i>Baseline (graduated):14; Target:150</i> <i>Baseline (deployed):0; Target:30</i></li> </ul>		

		<ul style="list-style-type: none"> <li>Number of trained traditional midwives linked to selected health service networks, based on Ministry of Health guidelines <i>Baseline:0; Target:500</i></li> </ul>		
<b>NATIONAL PRIORITY:</b> Economic and social development; strengthened institutions; peace, justice and security				
<b>UNSDCF OUTCOMES INVOLVING UNFPA:</b> By 2025, Government institutions increase access of prioritized populations to decent and dignified work, productive means, and economic services at national and local levels. By 2025, prioritized populations have greater access to inclusive, equitable, relevant, sustainable, and quality education. By 2025, prioritized populations (youth) have greater access, under conditions of equality and security, to spaces of political and civic participation at national and local levels and promote the different spaces at integral urban and rural development.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Adolescents and youth				
<p>UNSDCF Outcome indicator(s):</p> <ul style="list-style-type: none"> <li>Proportion of young people aged 15-24 years who are not in education, employed or receive training <i>Baseline: 27.9%; Target: ND</i></li> </ul> <p>Related UNFPA Strategic Plan Outcome indicator(s):</p> <ul style="list-style-type: none"> <li>Number of national and sub-national policies and programmes that engage adolescents and youth, including marginalized adolescents and youth, in the formulation of national sexual and reproductive health policies <i>Baseline: 2; Target: 4</i></li> </ul>	<p>Output 1. Strengthened national and subnational capacities to develop, implement and monitor policies and programmes that tackle the determinants of adolescents and youth development and well-being and promote their rights in development and humanitarian settings</p>	<ul style="list-style-type: none"> <li>Number of institutional mechanisms that support the implementation and monitoring of the National Youth Policy and other youth sectoral-territorial policies and programmes <i>Baseline:0; Target:10</i></li> <li>Number of institutions and educational facilities that implement comprehensive sexuality education in school and out-of-school settings, with UNFPA's support <i>Baseline (school):250; Target:500</i> <i>Baseline (out of school):500; Target:800</i></li> <li>Number of adolescent and youth networks from the furthest left-behind groups (indigenous, afro-descendants, people with disabilities) supported by UNFPA that participate in policy dialogue spaces for the promotion of adolescent and youth rights <i>Baseline:1; Target:5</i></li> </ul>	<p>Ministries of: Education, Health, Economy; National Youth Council; national councils system; civil society and community organizations; UNFPA Youth Advisory Group; media; private sector; international cooperation and other United Nations organizations</p>	<p>\$1.8 million (\$1.1 million regular resources and \$0.7 million other resources)</p>
<b>NATIONAL PRIORITY:</b> Strengthened institutions; peace, security and justice				
<b>UNSDCF OUTCOMES INVOLVING UNFPA:</b> By 2025, Government institutions improve access to justice, decent and transformative reparation, comprehensive protection, and prevention of violence against women, young people, adolescents and children. By 2025, Government institutions improve democratic governance, efficient and transparent resource management, and evidence-based decision-making, including the use of information and communication technologies. By 2025, prioritized populations (women) have greater access, under conditions of equality and security, to political and civic participation spaces at national/local levels and promote, from the different spaces, integral urban-rural development.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Gender equality and women's empowerment				
<p>UNSDCF and related UNFPA Strategic Plan Outcome indicator(s):</p> <ul style="list-style-type: none"> <li>Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence <i>Physical violence: Baseline 7.9%; Target:</i></li> </ul>	<p>Output 1. Strengthened national and subnational capacities to promote the rights and empowerment of women, adolescents, and young girls, particularly the furthest left behind, focusing on prevention and response to gender-based violence,</p>	<ul style="list-style-type: none"> <li>Number of institutions and mechanisms, supported by UNFPA, that coordinate, implement and monitor policies, plans and programmes for the advancement of women's rights, at the national and subnational levels <i>Baseline:2; Target:5</i></li> <li>Number of institutions that implement the essential services package for women survivors of gender-based violence at the territorial level, considering age, ethnicity, disability and migration status, including in humanitarian settings <i>Baseline:4; Target:6</i></li> </ul>	<p>SEPREM; Indigenous Women's Rights Office; other institutions or mechanisms leading Women public policy; Ombudsperson; CONAPREVI;</p>	<p>\$2.0 million (\$1.0 million regular resources and \$1.0 million other resources)</p>

<p>5.9% Sexual violence: Baseline: 2.62%; Target: 0.6% Psychological violence: Baseline: 14.4%; Target: 12.4%</p>	<p>in development and humanitarian contexts</p>	<ul style="list-style-type: none"> <li>Number of community networks and indigenous authorities that incorporate community strategies to change socio-cultural norms, focusing on prevention of gender-based violence and early unions <i>Baseline:5; Target:15</i></li> </ul>	<p>Prosecutor's Office; national councils' system; community and civil society organizations; academia; media; private sector; international cooperation and United Nations organizations</p>	
<p><b>NATIONAL PRIORITY:</b> Strengthened institutions</p>				
<p><b>UNSDCF OUTCOMES INVOLVING UNFPA:</b> By 2025, Government institutions make progress in designing and implementing a comprehensive contributory and non-contributory social protection system, seeking greater coverage and quality with equity. By 2025, Government institutions improve democratic governance, efficient and transparent resource management, and evidence-based decision-making, including the use of information and communication technologies. By 2025, priority populations have greater access, under conditions of equality and security, to spaces of political and civic participation at the national and local levels and promote the different spaces at integral urban and rural development.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Population dynamics</p>				
<p><b>Specific framework outcome indicator(s), baselines and target(s)</b></p>	<p><b>Country programme outputs</b></p>	<p><b>Output indicators, baselines and targets</b></p>	<p><b>Partner contributions</b></p>	<p><b>Indicative resources</b></p>
<p>UNSDCF Outcome indicator(s):</p> <ul style="list-style-type: none"> <li>Citizen participation, according to the General Index of Municipal Management <i>Baseline: 245; Target: 293</i></li> </ul> <p>UNSDCF and related UNFPA Strategic Plan Outcome indicator(s):</p> <ul style="list-style-type: none"> <li>Proportion of SDG indicators produced at the national level with full disaggregation when relevant to the target <i>Baseline: 38% (88/231); Target: 41.1% (95/231)</i></li> </ul>	<p>Output 1. Strengthened national capacities to collect, generate, analyse, use, and disseminate disaggregated socio-demographic data and evidence, to guide national planning processes and public policy-making, in development and humanitarian settings</p> <p>Output 2. Strengthened national capacities to promote citizen participation, dialogue, alliances, access to information, social audit, monitoring and evaluation, for the advancement of the 2030</p>	<ul style="list-style-type: none"> <li>Number of institutions strengthened to implement the National Statistics Development Strategy and/or other statistical processes for production, analysis and use of disaggregated data <i>Baseline:4; Target:8</i></li> <li>Number of institutions that integrate population dynamics in the design and implementation of plans, policies and programmes <i>Baseline:5; Target:8</i></li> <li>Number of high-quality statistical products and studies supported by UNFPA on socio-demographics, intersectional discriminations, gender-based violence and other harmful practices that inform national policies, plans and programmes <i>Baseline:3; Target:8</i></li> <li>Number of national and subnational civil society organizations, particularly from the most left-behind groups, supported by UNFPA that develop and implement advocacy and social audit plans, within the framework of the 2030 Agenda and Population and Development commitments <i>Baseline:6; Target:8</i></li> <li>Number of participatory mechanisms that promote policy dialogue among Government, civil society and community organizations from prioritized population groups, for the</li> </ul>	<p>National Statistics Institute and System; Presidential Secretariat of Planning; MIDES; national councils system; civil society, indigenous, and Afro-descendant organizations; academia; media; private sector; international cooperation and United Nations organizations</p>	<p>\$0.9 million (\$0.8 million regular resources and \$0.1 million other resources)</p> <p>\$0.7 million (\$0.5 million regular resources and \$0.2 million other resources)</p>

	and the population and development agenda	advancement of the 2030 Agenda and the Montevideo Consensus <i>Baseline:2; Target:5</i>		
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