Second regular session  
20 to 24 September 2004, New York  
Item 8 of the provisional agenda  
UNFPA

UNITED NATIONS POPULATION FUND

Draft country programme document for Guatemala*

Proposed UNFPA assistance: $10 million: $2 million from regular resources and $8 million through co-financing modalities and/or other, including regular, resources

Programme period: 4 years (2005-2008)

Cycle of assistance: Fifth

Category per decision 2000/19: B

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

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Regular resources</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive health</td>
<td>0.6</td>
<td>6.6</td>
<td>7.2</td>
</tr>
<tr>
<td>Population and development strategies</td>
<td>0.6</td>
<td>0.4</td>
<td>1.0</td>
</tr>
<tr>
<td>Gender</td>
<td>0.4</td>
<td>1.0</td>
<td>1.4</td>
</tr>
<tr>
<td>Programme coordination and assistance</td>
<td>0.4</td>
<td>–</td>
<td>0.4</td>
</tr>
<tr>
<td>Total</td>
<td>2.0</td>
<td>8.0</td>
<td>10.0</td>
</tr>
</tbody>
</table>

*The collection of data required to present the Executive Board with the most current information has delayed submission of the present document.
I. Situation analysis

1. The internal armed conflict that affected Guatemala for 36 years ended with the signing of the 1996 Peace Accords. The United Nations played an important role in the design, negotiation and implementation of the Peace Accords, which have since then provided the framework for national development policies and programmes.

2. Guatemala is characterized by deep-rooted inequalities: the richest 20 per cent of the population possesses 64 per cent of the national wealth. The percentage of the population living in extreme poverty is estimated at 21 per cent, while 57 per cent of the population lives below the poverty line. Tax revenues account for only 8.5 per cent of the gross domestic product, limiting the amount of resources available for public investment. Much of the population has no access to health and educational services, with indigenous and rural populations particularly affected.

3. According to the 2002 census, the population of 11.7 million is growing at an annual rate of 2.4 per cent. The total fertility rate is 4.4 children per woman, with significant differences between indigenous and non-indigenous women, rural and urban women, and rich and poor women. While women living in extreme poverty have an average of eight children, women in the richest quintile have only 2.5 children. Among women living below the poverty line, there is a large gap between desired family size and actual family size. The adolescent fertility rate is 114 per 1,000, one of the highest in the region.

4. The highest levels of poverty and the lowest socio-economic indicators are found within the indigenous population, which accounts for 41 per cent of the population. With the signing of the Peace Accords, the country recognized its multi-ethnic, multicultural and multilingual character and committed itself to addressing the needs and rights of the indigenous population.

5. From 1989 to 2000, the maternal mortality ratio decreased from 219 to 153 deaths per 100,000 live births. The level of maternal mortality among indigenous women, however, is 83 per cent above the national average. Skilled attendants are present at only 41 per cent of births, most of them in urban areas. Reducing maternal mortality, particularly among poor, indigenous and rural women, is a national priority.

6. The contraceptive prevalence rate, which reached 34 per cent in 2002, has been steadily increasing. However, the unmet need for family planning is still high, particularly among poor and indigenous women. Contributing factors include the lack of information on reproductive health and the limited access to culturally sensitive public health services.

7. Cervical cancer is a significant health problem. The Government has assigned a high priority to its eradication in response to demands made by civil society.

8. The HIV/AIDS prevalence rate, estimated at 1.1 per cent among 15 to 24 year-olds, is the third highest in Central America. The epidemic is concentrated among traditionally vulnerable groups, but is expanding to the general population. There is a low level of awareness about HIV/AIDS, and the registry system provides limited coverage. As a result, the epidemic is not adequately monitored and effective public policies have not been designed to address it.

9. In recent years, Guatemala has made important progress in developing institutional frameworks and public policies that promote women’s rights. Advances include the establishment of the Presidential Secretariat for Women and the Office for the Defence of Indigenous Women. However, discriminatory practices persist, along with gender-based violence and the inability to exercise reproductive rights, especially for poor and indigenous women.
II. Past cooperation and lessons learned

10. During the fourth country programme (2000-2004), the Government sought UNFPA assistance in conducting the 2002 census; in achieving national self-sufficiency in contraceptive commodity security; and in institutionalizing gender concerns and mechanisms for the advancement of women. The programme raised an additional $27 million from extrabudgetary resources – more than 10 times the regular resources of the fourth country programme – to respond to evolving national priorities.

11. The national context in which the previous programme was implemented was characterized by emerging opportunities in reproductive health. For example, a broad consensus was forged between the Government and civil society in order to pass the 2000 Law on Social Development, which establishes the framework for the implementation of reproductive health, family planning and reproductive health education programmes. The law was adopted with the consensus of all political parties and civil society, including the Catholic and Evangelical churches.

12. The programme placed more emphasis on national contraceptive commodity security than was originally envisaged, in response to a phased withdrawal in this area from a major donor. UNFPA facilitated a partnership between the Ministry of Health and the Canadian International Development Agency whereby UNFPA administered a $4.5 million contribution from Canada for contraceptive commodity security. In an agreement signed between the Government of Guatemala and UNFPA, the Government will assume an increasing share of the costs involved in ensuring contraceptive commodity security, achieving nearly total self-sufficiency by 2008.

13. At the request of the Ministry of Economy, the programme provided technical assistance for the design, administration and implementation of the 2002 census and its post-census phase. The programme sensitized the population to the importance of conducting a census in order to ensure high response rates. The Government provided $21 million to implement the census, administered through a cost-sharing agreement.

14. The programme also helped to strengthen the Presidential Secretariat for Women. In addition, it supported an interregional project to prevent gender-based violence and address the needs of victims. It may be possible to replicate this project, implemented through reproductive health service delivery points, in selected municipalities where the majority of the population is indigenous.

15. One lesson learned is that the design and implementation of public policies require the involvement of civil society. Such involvement played a key role in enacting the Law on Social Development. Building a broad social consensus and an understanding of reproductive health issues also helped to ensure the sustainability of the programme.

III. Proposed programme

16. The 2005-2008 country programme was developed in close consultation with the Government, civil society and international development partners and draws on the experience of previous country programmes. It was formulated within the framework of the national priorities established by the Government, the common country assessment (CCA) and the 2005-2008 United Nations Development Assistance Framework (UNDAF). The programme will further the implementation of the Peace Accords, the Programme of Action of the International Conference on Population and Development, and the Millennium Development Goals.

17. The goal of the programme is to contribute to resolving the principal national problem identified in the UNDAF: the complex transition to an equitable and participatory society that respects human rights and that aims to achieve the Millennium Development Goals,
sustainable human development and the consolidation of peace.

18. The programme will have three components: (a) reproductive health; (b) gender; and (c) population and development strategies. Given the cultural diversity of the country, multiculturalism will be a crosscutting theme. The programme will also provide assistance in designing, testing and implementing culturally sensitive reproductive health services.

Reproductive health component

19. The reproductive health component will contribute to the UNDAF outcome that calls for increased coverage, access to and quality of basic social services, with special attention to disadvantaged persons. The outcome of the reproductive health component is to contribute to improved health, with special attention given to reducing maternal mortality through increased access to and demand for integrated reproductive health services.

20. The component outputs are: (a) to improve the delivery of reproductive health services, with a focus on reducing maternal mortality, while also addressing cervical cancer and HIV/AIDS, with special attention given to adolescents and youth; (b) to enhance responsible parenthood through interventions in the formal educational system; and (c) to sensitize the public and to promote information sharing on reproductive health issues through non-formal education, targeting the most vulnerable groups.

21. Three strategies will be developed to reduce maternal mortality: (a) improved skilled attendance at birth; (b) the timely referral of obstetric emergencies; and (c) the promotion of birth spacing through family planning.

22. Regarding the need for skilled attendance at birth, programme interventions will seek to involve community groups, traditional birth attendants and voluntary health promoters to better identify obstetric emergencies and to refer them in a timely manner to properly equipped health centres. The programme will strengthen the demand for reproductive health services by disseminating messages on safe motherhood, including the timely referral of obstetric emergencies, the prevention of adolescent pregnancies and responsible parenthood. The programme will also promote culturally acceptable practices such as birth spacing. It will support media campaigns with civil society organizations and will continue to assist the Government in its efforts to achieve self-sufficiency in contraceptive commodity security.

23. The programme will support the Ministry of Health in order to improve the delivery of reproductive health services, including assistance for the design and pilot testing of a network to detect and treat cervical cancer. It will also support national actions aimed at reducing the incidence of HIV/AIDS, especially among vulnerable groups, by promoting voluntary counselling and testing, condom programming and through prevention activities targeting youth and adolescents.

24. The programme will work with the Ministry of Education to incorporate population and reproductive health education into the school curriculum at various educational levels, within the framework of educational reform, in order to promote positive, healthy behaviour as well as responsible parenthood. Programme interventions will include training teachers and producing and distributing educational materials.

Gender component

25. The gender component will contribute to the UNDAF outcome that seeks to eliminate discrimination against women by promoting inclusive public policies, knowledge and full exercise of human rights, and a civic culture of tolerance and respect for diversity. The outcome of the gender component is to contribute to reducing gender discrimination by promoting the full exercise of women’s rights,
emphasizing reproductive rights and a life free from violence.

26. The gender component will support the Government in strengthening the institutionalization of gender within the context of government reform and modernization. UNFPA will support the Presidential Secretariat for Women in coordinating public policies, emphasizing planning, programming, training and the dissemination of information. The component will also support the National Institute of Statistics in strengthening the production and dissemination of statistical information with a gender and intercultural focus. This will permit better design and monitoring of programmes and will strengthen advocacy actions.

27. The programme will seek to strengthen, with the participation of indigenous women, the dialogue between the Government and civil society in order to mainstream gender equality and promote women’s empowerment. It will support the establishment of an inter-institutional commission on gender equality to institutionalize the dialogue between the Government and civil society on this important issue.

28. The gender component will strengthen the legislative framework on sexual and gender-based violence, including a review of legislation on sexual violence. It will also support the implementation and expansion of a culturally sensitive approach to gender-based violence.

Population and development strategies component

29. The population and development strategies component focuses on the UNDAF outcome that aims to reduce poverty and eradicate extreme poverty by implementing social and economic public policies that promote equitable, viable and sustainable economic growth. The outcomes of the component are: (a) to contribute to the production, dissemination and improved use of population data disaggregated by age, sex and ethnic group; and (b) to contribute to the consideration of population and development linkages in national and subnational sectoral policies, plans and strategies.

30. In recent years the Government has invested heavily in producing high-quality demographic, social and economic data. Examples include the 2002-2003 census rounds, the national survey on maternal and infant health, and the national cost-of-living survey. The programme will strengthen the National Statistical Institute in using and disseminating statistical information on population and in producing statistical data and information disaggregated by age, sex and ethnicity. Furthermore, the component will support the Secretariat for Planning and Programming in carrying out policy-oriented research on population issues in order to strengthen national capacity in using population-related data, including at decentralized levels.

31. This component will also strengthen the capacity of the Secretariat for Planning and Programming to follow up and evaluate policies related to population and poverty by establishing a system of indicators to monitor such policies. In addition, this component will seek to include population factors in strategic territorial planning and decentralization policies. It will do this by strengthening the Department for Regional and Departmental Policies in the Secretariat for Planning and Programming; by strengthening the development councils; and by facilitating access to and use of disaggregated territorial information for decentralized planning processes.

IV. Programme management, monitoring and evaluation

32. The Secretariat for Planning and Programming is the government counterpart agency for the programme. Government institutions as well as non-governmental organizations will implement the programme. UNFPA will closely monitor the programme in
collaboration with the Secretariat for Planning and Programming, the Ministry of Health, the Ministry of Education, the Presidential Secretariat for Women, and the National Institute of Statistics. The programme will be implemented with the participation of United Nations agencies and development partners, using a results-based management approach.

33. The UNFPA country office in Guatemala consists of a Representative, an Assistant Representative and four administrative support personnel. Programme funds will be earmarked for three national programme posts (one for each of the programme components) within the framework of the approved country office typology. National technical and support personnel may also be recruited to strengthen project implementation. The UNFPA Country Technical Services Team in Mexico City, Mexico, in collaboration with national and international consultants, will provide technical assistance.
# RESULTS AND RESOURCES FRAMEWORK FOR GUATEMALA

**National priorities:** improve maternal health  
**UNDAF outcome:** increased coverage, access to and quality of basic social services, with special attention to disadvantaged persons

<table>
<thead>
<tr>
<th>Programme component</th>
<th>Country programme outcomes, indicators, baselines and targets</th>
<th>Country programme outputs, indicators, baselines and targets</th>
<th>Role of partners</th>
<th>Indicative resources by programme component</th>
</tr>
</thead>
</table>
| Reproductive health | **Outcome:**  
To contribute to improved health, with special attention given to reducing maternal mortality through increased access to and demand for integrated reproductive health services  
**Outcome indicators:**  
- Percentage reduction in the number of maternal deaths  
- Percentage of health services offering at least three modern contraceptive methods  
- Percentage reduction of deaths due to cervical cancer  
- Percentage increase in the prevalence of condom use  | **Output 1:**  
To improve the delivery of reproductive health services, with a focus on reducing maternal mortality, while also addressing cervical cancer and HIV/AIDS, with special attention given to adolescents and youth  
**Output indicators:**  
- Number of local health managers and providers trained in managing reproductive health programmes and who apply this knowledge to local health planning  
- Number of pregnant women receiving timely referrals and trained medical attention at birth, including referrals for obstetric emergencies  
- Percentage of health centres that offer at least three modern contraceptive methods, that have an adequate contraceptive logistics system and the number of family planning services delivered  
- Number of Pap smears carried out and the number of clients informed per year  
- Number of hospitals that have a cytopathology laboratory with quality control  | Ministry of Health  
Ministry of Education; Intersectoral commission for population education  
Attorney General’s Office for Human Rights; Joint United Nations Programme on HIV/AIDS; OPEC Fund for International Development; Civil society groups (Evangelical Alliance and others)  
| $7.2 million  
($0.6 million from regular resources and $6.6 million from other resources) |
**National priority:** promote equality between the sexes and women's empowerment  
**UNDAF outcome:** contribute to eliminating discrimination against women by promoting inclusive public policies, knowledge and full exercise of human rights, and a civic culture of tolerance and respect for diversity

<table>
<thead>
<tr>
<th>Programme component</th>
<th>Country programme outcomes, indicators, baselines and targets</th>
<th>Country programme outputs, indicators, baselines and targets</th>
<th>Role of partners</th>
<th>Indicative resources by programme component</th>
</tr>
</thead>
</table>
| Gender              | To contribute to reducing gender discrimination by promoting the full exercise of women’s rights, emphasizing reproductive rights and a life free from violence | **Output 1:** Strengthened institutionalization of gender within the context of government reform and modernization  
**Output indicators:**  
- Number of activities to strengthen the Presidential Secretariat for Women and other government bodies  
- Gender approach incorporated into public budgets, policies, programmes and plans | Presidential Secretariat for Women (SEPREM); Secretariat for Planning and Programming (SEGEPLAN); National Institute for Statistics (INE); National Institute for Public Administration | $1.4 million ($0.4 million from regular resources and $1 million from other resources) |
|                     | Output 2: Strengthened partnership between the Government and civil society to promote women’s rights | **Output indicator:**  
- National mechanisms established and functioning effectively to reduce gender discrimination in the areas of reproductive rights and violence against women | Civil society groups |  |
|                     | Output 3: Strengthened legislative framework on sexual and gender-based violence, and support to implement and expand a culturally sensitive approach to gender-based violence | **Output indicator:**  
- Number of health centres that have adopted a culturally sensitive approach to address gender-based violence | SEPREM; National commission to prevent violence against women; Civil society groups |  |

**National priority:** eradicate extreme poverty and hunger  
**UNDAF outcome:** contribute to the reduction of poverty and the eradication of extreme poverty by implementing social and economic public policies that promote equitable, viable and sustainable economic growth

<table>
<thead>
<tr>
<th>Programme component</th>
<th>Country programme outcomes, indicators, baselines and targets</th>
<th>Country programme outputs, indicators, baselines and targets</th>
<th>Role of partners</th>
<th>Indicative resources by programme component</th>
</tr>
</thead>
</table>
| Population and development strategies | To contribute to the production, dissemination and improved use of population data disaggregated by age, sex and ethnic group | **Output 1:** Strengthened capacity of the National Statistical Institute in using and disseminating statistical information on population and in producing statistical data and information disaggregated by age, sex and ethnicity  
**Output indicators:**  
- Diagnostic document for the national statistical system and a manual of norms and methodologies for statistical production produced  
- Guatemalan information centres functioning at the departmental level | INE | $1 million ($0.6 million from regular resources and $0.4 million from other resources) |
<p>|                     | Output 1: |  |  |  |</p>
<table>
<thead>
<tr>
<th>Programme component</th>
<th>Country programme outcomes, indicators, baselines and targets</th>
<th>Country programme outputs, indicators, baselines and targets</th>
<th>Role of partners</th>
<th>Indicative resources by programme component</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1 indicator:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Disaggregated data by age, sex and ethnic group, in national and subnational databases, available for monitoring development plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 2:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To contribute to the consideration of population and development linkages in national and subnational sectoral policies, plans and strategies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 2 indicator:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Linkage between population and poverty is included in national development policies and plans and in the national poverty reduction strategy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Output 2:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthened national capacity to analyse and use population data in designing and implementing decentralized policies and programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Output indicator:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Number of analytical documents produced on population and development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Output 3:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthened institutional capacity to design, implement, monitor and evaluate public policies related to population and poverty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Output indicators:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A system of indicators created and studies carried out supporting the formulation of policies on employment, migration, environmental sustainability and disaster prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sectoral plans and reports created to implement the policy on social development and population</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Output 4:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthened strategic territorial planning that takes into account population factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Output indicator:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• System of geographical information based on population data and the environment created and made available to formulate, follow-up and evaluate local interventions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEGEPLAN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEGEPLAN, INE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEGEPLAN, INE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total for programme coordination and assistance:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0.4 million from regular resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>