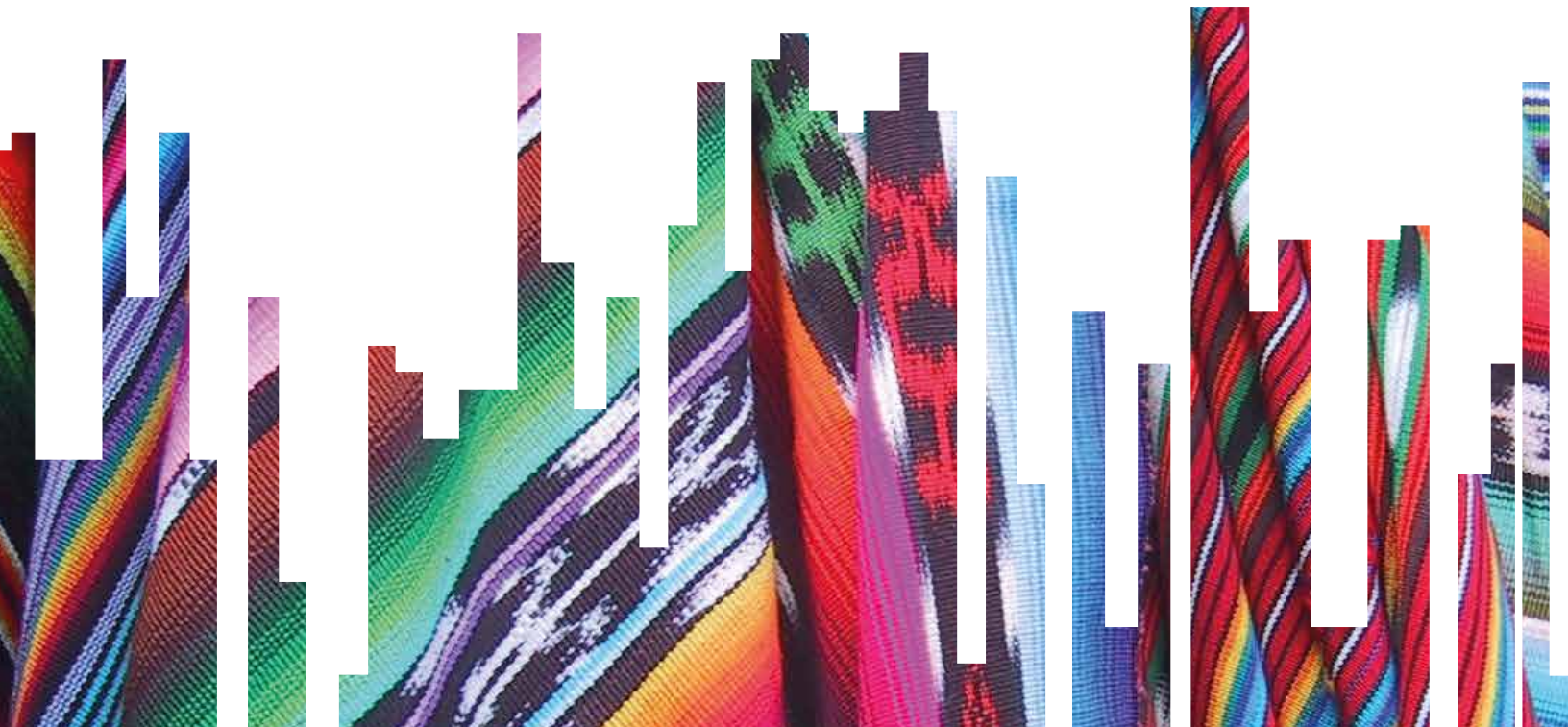




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MAPPING OF THE CIVIL REGISTRATION AND VITAL STATISTICS SYSTEM IN GUATEMALA





**MAPPING OF THE CIVIL
REGISTRATION AND
VITAL STATISTICS SYSTEM IN
GUATEMALA**

REPORT

September 2018

This study was sponsored by the Centre of Excellence for Civil Registration and Vital Statistics Systems at the International Development Research Centre, through Consulting Contract No. PO301978.



CENTRE OF EXCELLENCE
for CRVS Systems

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ACKNOWLEDGEMENTS

The Universal Civil Identity Program in the Americas (PUICA) of the Department for Effective Public Management of the General Secretariat of the Organization of American States (GS/OAS) would like to thank the Government of the Republic of Guatemala for its assistance in preparing this report on the civil registration and vital statistics system in Guatemala. In particular, PUICA wishes to express its sincere thanks to the National Registry of Persons for facilitating the two visits by the research team, for having opened its doors for the interviews carried out in the institution's different areas, and for its review of the draft report. We would also like to acknowledge the important support from the National Statistics Institute in compiling statistics for the report as well as for its input and feedback for the report's sections on vital statistics. Likewise, this report would not have been possible without the invaluable contributions from all the representatives of the State institutions, nongovernmental organizations, and international agencies who took part in the interviews and provided feedback on the report, and for which PUICA is most grateful. Finally, PUICA would like to thank the Centre of Excellence for Civil Registration and Vital Statistics Systems at the International Development Research Centre for financing and entrusting it with the preparation of this report, and for its guidance and feedback throughout the process.

ACRONYMS

AFIS	Automated Fingerprint Identification System
CAPEL	<i>Centro de Asesoría y Promoción Electoral</i> [Center for Electoral Assistance and Promotion]
CGC	<i>Contraloría General de Cuentas</i> [Office of the Comptroller General]
CLARCIEV	<i>Consejo Latinoamericano y del Caribe de Registro Civil, Identidad y Estadísticas Vitales</i> [Latin American Council for Civil Registration, Identity and Vital Statistics]
COCODE	<i>Consejos Comunitarios de Desarrollo</i> [Community Development Councils]
CODISRA	<i>Comisión Presidencial contra la Discriminación y el Racismo contra los Pueblos Indígenas</i> [Presidential Commission against Discrimination and Racism against Indigenous Peoples]
CONADI	<i>Consejo Nacional para la Atención de Personas con Discapacidad</i> [National Council on Assistance for Persons with Disabilities]
CONAMIGUA	<i>Consejo Nacional de Atención al Migrante</i> [National Council on Assistance for Migrants]
IDB	Inter-American Development Bank
IDRC	International Development Research Centre
CRVS	Civil registration and vital statistics
CUI	<i>Código Único de Identificación</i> [Unique Identification Code]
DPI	<i>Documento Personal de Identificación</i> [Personal Identification Document]
ENCOVI	<i>Encuesta Nacional de Condiciones de Vida</i> [National Survey of Living Standards]
ENEI	<i>Encuesta Nacional de Empleo e Ingresos</i> [National Survey of Employment and Income]
FLACSO	<i>Facultad Latinoamericana de Ciencias Sociales</i> [Latin American Faculty of Social Sciences]
FODIGUA	<i>Fondo de Desarrollo Indígena Guatemalteco</i> [Guatemalan Indigenous Development Fund]
FRS	Facial Recognition System
IGSS	<i>Instituto Guatemalteco de Seguridad Social</i> [Guatemalan Social Security Institute]
IIHR	Inter-American Institute of Human Rights
INACIF	<i>Instituto Nacional de Ciencias Forenses</i> [National Forensic Sciences Institute]
INAP	<i>Instituto Nacional de Administración Pública</i> [National Public Administration Institute]
IOM	International Organization for Migration
LGBTI	Lesbian, Gay, Bisexual, Transgender, Transsexual, Transvestite, and Intersex
MIDES	<i>Ministerio de Desarrollo Social</i> [Ministry of Social Development]
MINEX	<i>Ministerio de Relaciones Exteriores</i> [Ministry of Foreign Affairs]
MINGOB	<i>Ministerio de Gobernación</i> [Ministry of the Interior]

MMDS	Mortality Medical Data System
MP	<i>Ministerio Público</i> [Office of the Attorney General]
MSPAS	<i>Ministerio de Salud Pública y Asistencia Social</i> [Ministry of Public Health and Social Assistance]
OAS	Organization of American States
OCSES	<i>Oficina Coordinadora Sectorial de Estadísticas de Salud</i> [Sectoral Coordinating Office for Health Statistics]
PAHO	Pan American Health Organization
PDH	<i>Procurador de los Derechos Humanos</i> [Human Rights Ombudsperson]
PGN	<i>Procuraduría General de la Nación</i> [Office of the Attorney General]
PRO-SOCIAL	Portal Social [Social Assistance Portal]
PUICA	<i>Programa de Universalización de la Identidad Civil en las Américas</i> [Universal Civil Identity Program in the Americas]
REDIGUA	<i>Red para el Diálogo y el Registro de la Población Guatemalteca</i> [Guatemalan Dialogue and Registration Network]
RENAP	<i>Registro Nacional de las Personas</i> [National Registry of Persons]
SAT	<i>Superintendencia de Administración Tributaria</i> [Superintendency of Tax Administration]
SDGs	Sustainable Development Goals
SEGEPLAN	<i>Secretaría de Planificación y Programación de la Presidencia</i> [Presidential Secretariat for Planning and Programming]
SEN	<i>Sistema Estadístico Nacional</i> [National Statistics System]
SEPREM	<i>Secretaría Presidencial de la Mujer</i> [Presidential Secretariat for Women]
SESAN	<i>Secretaría de Seguridad Alimentaria y Nutricional</i> [Secretariat for Food and Nutrition Security]
SIBIO	<i>Sistema Biométrico</i> [Biometric System]
SIGSA	<i>Sistema de Información Gerencial de Salud</i> [Health Management Information System]
SIRECI	<i>Sistema de Información de Registro Civil</i> [Civil Registration Information System]
SVET	<i>Secretaría contra la Violencia Sexual, Explotación y Trata de Personas</i> [Secretariat against Sexual Violence, Exploitation, and Trafficking in Persons]
TIC	<i>Tarjeta de Identificación Consular</i> [Consular Identification Card]
TSE	<i>Tribunal Supremo Electoral</i> [Supreme Electoral Tribunal]
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Programme

EXECUTIVE SUMMARY

The Centre of Excellence for Civil Registration and Vital Statistics Systems of the International Development Research Centre (IDRC) of Canada entrusted the Universal Civil Identity Program in the Americas (PUICA) of the Organization of American States (OAS) with the preparation of this report, the purpose of which is to generate a detailed mapping of the civil registration and vital statistics (CRVS) system in Guatemala, one of the countries supported from the Global Financing Facility under the “Every Woman Every Child” global initiative. Specifically, OAS/PUICA was asked to review the legal framework of the CRVS system; identify the main actors and stakeholders in the system, focusing particularly on their interoperability; analyze statistical trends and processes in relation to birth and death registration; and identify the main challenges and opportunities for strengthening the system and the support received from national and international cooperation.

The process of preparing the report, from design of the methodology through delivery of the final version, lasted from October 2017 to September 2018. The report was drafted using information gathered in semistructured individual and group interviews with 93 representatives from 27 national and international institutions linked to the CRVS system, in addition to documents, institutional statistics, and participant observation.

Guatemala is a Central American country with 17.3 million inhabitants, 38.8 percent of whom identify as belonging to Indigenous Peoples. 23 percent of the Guatemalan population lives in extreme poverty and there are significant gaps in terms of education and health that predominantly affect the rural, indigenous, and female populations. Furthermore, as a result of 36 years of internal armed strife, socioeconomic hardships, and high levels of violence, 13.9 percent of the Guatemalan population lives abroad, chiefly in the United States. Those factors have influenced the way in which the CRVS system functions in Guatemala.

The right to identity in Guatemala is recognized in the country's Political Constitution. The Child and Adolescent Comprehensive Protection Law expressly protects the right to identity of minors. The civil registration and vital statistics functions are framed in the Civil Code.

For the purpose of this report, four main groups of actors and stakeholders in the CRVS system were identified. The first group consists of implementing actors, which carry out civil registration, identification, and vital statistics functions. Foremost among them are the National Civil Registry (Registro Nacional de las Personas – RENAP), which is responsible for registration of vital events and identification of persons; and the National Statistics Institute (Instituto Nacional de Estadísticas – INE), which is in charge of generating and publishing vital statistics. RENAP was established in 2005 by Law Decree No. 90-2005. That law transferred the civil registration and identification functions from the municipal governments to a new institution with its headquarters in the capital and offices in each of the country's municipalities. The INE, for its part, was created as a semi-autonomous entity in 1985 by the Organic Law of the National Statistics Institute (Decree Law No. 3-85). Other important actors in the system include the Ministry of Public Health and Social Assistance (MSPAS) which, through its network of public hospitals, supports the issuance of the primary documents required to register a birth or death; and the Ministry of Foreign Affairs, which offers civil registration—and in certain cases identification—services at its consulates abroad. The second group of actors comprises the CRVS system users; that is, institutions that need CVRS system data to perform their functions, such as agencies that implement social programs at the national level. The third group is made up of actors involved in oversight and/or monitoring of government activities, including its performance in the CRVS area. The fourth category is composed of facilitators and promoters of the CRVS system; i.e., domestic and international organizations that support the CRVS system with technical cooperation projects, financing, or training.

Guatemala's public policy with respect to CRVS is built on the strategic vision developed, at the domestic level, in the National Development Plan: K'atun, Our Guatemala 2032; and, at the international level, in the 2030 Agenda for Sustainable Development. RENAP has an Institutional Strategic Plan 2018-2022 that sets out the institution's goals as regards provision of civil registration, identification, and verification services. RENAP has an annual budget of approximately US\$53.2 million, almost half of which comes from self-generated income in the form of fees charged for the services it provides to the public. The institution's coverage extends to all the country's

municipalities and public hospitals, in addition to a number of specialized offices at institutions such as the National Forensic Sciences Institute (INACIF). All RENAP offices are connected to its headquarters via the Civil Registration System (SIRECI) a technology platform designed to support registration processes. The main challenge facing RENAP in terms of institutional capacity is the obsolescence of its physical and technological infrastructure and equipment, which have not been renewed since its inception.

The INE is a smaller institution that usually operates on an annual budget of US\$3.3 million (2016), although that was boosted to more than US\$45 million in 2017 and 2018 in preparation for a population census, the first since 2002. Maintenance, analysis, and publication of vital statistics are done by a team of four people.

The MSPAS, for its parts, has a budget of approximately US\$1.9 billion and a countrywide network of 1,640 facilities, including 44 public hospitals. Generation of health statistics in the MSPAS is done through the Health Management Information System (SIGSA). However, the system's manually intensive component and technological challenges create problems with the quality of the data generated.

The registration processes for births, deaths, and other vital events are governed by the RENAP Rules on Civil Registration. Information is initially recorded by frontline personnel (medical staff, midwife, municipal official, etc.) on a primary form (Notification of Birth, Notification of Death) which the parents or, in the case of deaths, family members must present to RENAP together with the requisite documentation. RENAP asks the applicant to fill out a registration request, the data from which is entered in the SIRECI. Based on the entered data, RENAP issues a certificate of registration and gives the applicant a copy.

Neither RENAP nor INE have current data on the completeness of birth registration. In a 2014 study, the INE estimated the birth under-registration rate at 3 percent in 2013. Under-registration is thought to be higher in rural departments, which often have a high proportion of Indigenous Peoples. That rate is consistent with the one published by UNICEF in its State of the World's Children reports (3 percent urban, 4 percent rural in 2017). RENAP has resorted to different strategies to reduce under-registration, such as introducing a hospital registration system at all public hospitals, the implementation from 2013 to 2016 of the National Plan to Eradicate Under-registration, and initiatives with midwives, who attend around 30 percent of all births in the country. In spite of substantial progress, challenges subsist in

terms of access to birth registration, quality of data generated through the Notification of Birth, and implementation of timely registration by midwives.

There are currently no available data on the rate of under-registration of deaths and causes of death. In 2017, RENAP launched a pilot project on eradication of death under-registration, starting with the establishment of an interagency roundtable in a municipality near the country's capital. The initiative is regarded as a success by the stakeholders and the hope is that it can be replicated in other municipalities in the country. Another significant challenge in the area of death registration is poor quality of information provided in notifications of death, particularly as regards registration of causes of death.

With regard to registration of marriages, the main finding of note is that marriages of minors have almost been eradicated since the promulgation in 2015 of Decree 8-2015, which sets the marriageable age at 18 years old.

With respect to the identification process, the main challenge has to do with access to the personal identification document (DPI), which costs US\$16, almost 8 times the daily income of someone in extreme poverty. Since the parents' DPI is a requirement for registering the birth of a child, the DPI's cost can have an impact on birth registration. Other challenges in the area of identification include the expiration starting in 2019 of the first DPIs issued by RENAP and the need for a mass renewal process. Another is the introduction of DPIs for minors which, though provided for in the RENAP Law, have not yet been implemented owing to budget constraints.

RENAP has developed different solutions for improving service delivery to citizens and public and private institutions. There is a specific office in charge of resolving registration problems that provides free notary services to the public. Citizens can also access certain services online as well as through a mobile application. In addition, RENAP has developed a tool known as Portal Social (Social Assistance Portal) that enables government institutions to make mass consultations without charge to verify the biographical data of beneficiaries of social programs.

The INE relies on RENAP data as its only source in generating vital statistics. RENAP submits consolidated databases containing information on births, marriages, and deaths to INE monthly. The INE receives, reviews, codifies, and analyzes the data, then publishes them on its website. The main challenge in terms of vital statistics generation is codification of causes of death, which is due to deficiencies in how notifications of death are

filled out. This problem impacts the quality of analysis of causes of death, and therefore can adversely affect the formulation of appropriate health policies. Another problem detected is that, in using RENAP data as the only source of vital statistics without comparing them to population projections or data from other sources, such as the health system, unregistered people are disregarded in the vital statistics published. This can have a significant impact on the design of public policies that should take into account the needs of the vulnerable in the country, particularly in the area of health. In that regard, the holding in 2018 of the first population census in 16 years is a significant opportunity for generating data and analysis, especially up-to-date estimates on under-registration of births and deaths, based on the demographic reality of the country.

The mapping produced findings with respect to the inclusion of a gender, human rights, and diversity perspective in the CRVS system, particularly as regards attention to women, Indigenous Peoples, migrants, trans individuals, and persons with disabilities. The following good practices are worth noting: adoption of a protocol for coordinated interagency protection actions in the event of the registration of a birth where the mother is under 14 years old; inclusion of identification fields on the DPI for Indigenous Peoples and persons with disabilities; provision of civil registration and identification services in several indigenous languages; adoption of a handbook on birth registration in border areas; and implementation of a special attention protocol for LGBTI persons that has made it easier for trans individuals to change the image and name on their identity documents. In spite of progress, challenges subsist in terms of ensuring that the most vulnerable groups and individuals are able to exercise their right to identity in full, including the identification of the thousands of migrants who are deported or return to the country every month.

The principal CRVS coordination mechanisms include the INE-led Sectoral Coordinating Office on Health Statistics (OCSES) and the Guatemalan Dialogue and Registration Network (REDIGUA). At the subregional level, El Salvador, Honduras, and Guatemala have formed an Interagency Roundtable to agree on registration criteria and support for migrants in the three countries. A registration data verification system was launched in 2017 to allow citizen identity consultations among the three countries. One of the most ambitious undertakings in terms of the interoperability of Guatemala's CRVS system remains the implementation of the Unique Identification Code (CUI). Despite the fact that the RENAP law required all public institutions to adopt the CUI before the end of 2016, a number of key institutions, including MSPAS and the Ministry of Social Development (MIDES), have

not completed the transition. That impacts the implementation of social programs since there is a risk that families without CUIs could be excluded from these programs. In addition, the lack of interoperability between State institutions makes it harder to verify program beneficiaries' compliance with criteria. In the health system, the absence of a mass use of the CUI is attributed to the view that citizens cannot be denied services for lack of a CUI. However, this situation impacts the quality of the MSPAS database and of health statistics.

External support to Guatemala's CRVS system has been declining. At present, organizations that provide support include Family Search (archive processes), the United Nations Population Fund (implementation of the INE work plan), the Viva: Juntos por la Niñez Foundation (birth registration), the Organization of American States (registration in border areas), the Pan American Health Organization (cause of death registration), Statistics Sweden (capacity building in statistics), and UNICEF (child data generation). The main investments from international cooperation donors have concentrated on combating malnutrition, maternal and child health promotion, security, and the fight against corruption. That assistance does not necessarily take into account the importance of access to civil identity and strengthening the CRVS system for public policy design and effective social program implementation.

Based on the report's findings, a number of opportunities have been identified for strengthening the CRVS system and its interoperability with other State institutions:

Institutional capacity

It is recommended to renew and upgrade RENAP's physical and technological infrastructure and equipment (vehicle fleet, mobile units, biometric data capture equipment); strengthen the INE vital statistics generation and analysis team; and upgrade the MSPAS health information system. Not only are these investments necessary for the efficiency and effectiveness of the work of the institutions that belong to the CRVS system but, by increasing the availability of accurate and up-to-date information on the Guatemalan population, they will benefit the design and implementation of public policies and programs as a whole. Therefore, it is also recommended that the National Congress allocate the above-mentioned institutions with the resources they need to make the suggested investments.

In tandem, it is recommended that RENAP develop a strategy for strengthening promotion and marketing of electronic services to private institutions, with a view to ensuring its financial self-sustainability.

Birth and death registration

It is recommended that RENAP continue implementation of the under-registration prevention and eradication plan. That entails: implementing the REDIGUA network in conjunction with municipalities to identify and register "under-registered" persons; with the MSPAS, relaunch the hospital timely registration program to ensure that all hospital births occurred in hospitals are registered prior to discharge, and develop a program for timely registration of midwife-attended births. To enhance the effectiveness of those measures, it is recommended that the RENAP Board exonerate people in extreme poverty from the late registration fee. As regards registration of deaths, it is recommended that RENAP expand the pilot project on death under-registration nationwide in collaboration with municipal mayors' offices.

Identification

It is recommended that an effort be made in conjunction with the MIDES and the Presidential Secretariat for Food and Nutrition Security (SESAN) to identify a solution to cover the cost of DPIs for families in extreme poverty that are eligible for social benefits and lack identification. It is also recommended that a DPI service be developed and implemented for minors, and that options be evaluated for waiving or reducing its cost. Abroad, it is recommended that steps be taken to strengthen identification of Guatemalans who live in other countries, including providing all consulates located in places with high concentrations of Guatemalan migrants with biometric enrollment equipment, as well as holding awareness campaigns among migrants on the importance of having national identity documents. It is also recommended that the Department of Migration of the Ministry of the Interior (MINGOB) and RENAP establish a joint pre-enrollment strategy for returning Guatemalan migrants, in order to obtain a biometric and biographical record while they complete their registration and identification procedures. Finally, bearing in mind that millions of DPIs will expire in 2019 and that general elections are scheduled for that same year, it is recommended that RENAP implement a plan for expanding its public attention capacity in line with the anticipated increase in demand.

User assistance and services

It is recommended that RENAP develop a comprehensive monitoring and evaluation plan to follow up on the indicators and goals in the Strategic Plan and Annual Operating Plan. It is recommended that the identity verification and social support area of RENAP (in charge of solving registration problems) be strengthened by ensuring one notary per department, and that registration criteria be reviewed with a view to increasing

the number of cases that can be resolved administratively. To continue improving user attention, it is recommended that a service rating application be developed and that a system be implemented for monitoring citizens' requests through to their solution.

Archive process

It is recommended: to implement the Virtual Book (Libro Virtual) initiative, an archival description of each registry book; implement the Project on Document Digitization and Digital Preservation; modernize and improve document management in the Central Archive, and; complete the screening of registration entries with inconsistencies and/or errors and make the necessary corrections in the civil registration system.

Vital statistics

It is recommended that training and awareness programs be developed on correctly filling out notifications of birth and death, tailored to the target audience concerned (medical community, midwives, municipal and community leaders), along with subsequent follow-up to monitor the quality of the information included. It is also recommended that a system be developed and implemented for the entire public and private health sector to upload data from notifications/records of birth and death for consolidation and maintenance in the SIGSA database. Finally, once the results of the 2018 census are available, it is recommended that the INE carry out a study to measure under-registration of births and deaths and that those estimates be updated annually.

Interagency coordination, data exchange, and interoperability

To improve coordination among the CRVS system actors, it is recommended that an interagency roundtable comprising the national and international actors in the CRVS system be set up to discuss and coordinate key initiatives. Specifically with regard to coordination between RENAP and institutions in charge of implementing social programs, it is recommended that a register be established of records of members of under-registered family groups identified by those institutions, and that the data be shared with RENAP for follow-up and solution of cases of under-registration. To enhance interoperability between the institutions belonging to the CRVS system and the institutions that use CRVS system data, it is recommended that all agencies that implement social, education, and health programs systematically adopt and use the CUI in their systems, programs, projects, and applications, and that a system be developed in order to have a consolidated beneficiaries database. Finally, it is recommended that the capacity of

RENAP's Social Assistance Portal be strengthened so that it can handle information volumes that meet user institutions' needs. Provision of verification services to other State institutions should be perceived as a core RENAP function for ensuring a State with a modern and efficient information management system, and it is important that RENAP be provided with the capacity and resources it needs to perform that role.

Gender, human rights, and diversity in the CRVS system

It is recommended: that all State institutions compile statistics disaggregated by gender, ethnicity, and disability consistent with standard definitions; that RENAP develop an attention protocol for Indigenous Peoples and promote the use of the ethnic and linguistic community fields on the DPI, as well as the use of the disability field. It is also recommended that the MSPAS develop a process for evaluating a person's degree of disability so that that degree of disability is registered on the identification document. Overall, enforcement of the disabilities law needs to be strengthened so that identification as a person with disabilities provides access to the appropriate services and benefits. Finally, it is recommended that the Congress of Guatemala and RENAP analyze Advisory Opinion OC-24/17 of the Inter-American Court of Human Rights with a view to identifying legislative initiatives and measures to align practices with international standards on the human rights of LGBTI persons.

External support for the CRVS system

It is recommended that donors and national and international cooperation agencies be made aware of the importance of including CRVS system strengthening in their strategic priorities and programming, bearing in mind the importance of access to civil identity and the availability of reliable population statistics for efficiently and effectively designing and implementing public policies, as well as for achieving and measuring the targets contained in the 2030 Agenda for Sustainable Development.

I. INTRODUCTION

In September 2017, the Universal Civil Identity Program in the Americas¹ of the Organization of American States was selected by the Centre of Excellence for Civil Registration and Vital Statistics Systems² of the International Development Research Centre of Canada to conduct a mapping and prepare a report on Guatemala's civil registration and vital statistics system.

The mapping has been carried out in the context of the "Every Woman Every Child" global initiative, which seeks to reduce maternal and child mortality and improve the health of women, children and adolescents as part of the efforts to achieve the 2030 Sustainable Development Goals. Its objective is to "generate an in-depth analysis of the CRVS systems and interoperability between the main CRVS data providers and main actors at country level in Guatemala."³

The report's findings will help strengthen country leadership by creating an information base to guide engagement with all stakeholders for planning, resource mobilization and identification of gaps. It will also provide a resource for facilitating the coordination between the local CRVS actors and the stakeholders in Guatemala.

Under the terms of reference contained in the agreement between the IDRC and the OAS General Secretariat, the mapping focused on: identifying the main actors in the CRVS systems along with existing mechanisms of coordination, information sharing, and interoperability; an overview of the legal framework governing the CRVS system; documenting processes relating to birth, marriage and death registration; an overview of national strategies and priorities, and of levels of funding and resources allocated to the CRVS system, including the infrastructure currently supporting

those systems; the collection of vital statistics data on births, marriages, and deaths and analysis of trends; the analysis of issues and gaps identified; and challenges and opportunities to be developed for improving and aligning the CRVS system with the Sustainable Development Goals (SDGs).

Given the importance of the identification of individuals to enable their inclusion in social, education, and health programs, OAS/PUICA believed it was important to include an overview of the DPI issuance process. In addition, in view of Guatemala's unique demographic and social characteristics it was specifically decided to look closely at the how the CRVS system interacts with populations in situations of vulnerability.

This report is organized as follows: Chapter II sets out the mapping methodology; Chapter III profiles Guatemala and its population; Chapter IV describes the current governance model of the CRVS system in Guatemala, including its legal framework and main actors; Chapter V analyzes the institutional capacity of the system's main actors, that is, RENAP, INE, and MSPAS; Chapters VI and VII detail the processes for birth, death and marriage registration, identification, and vital statistics generation; Chapter VIII analyzes the CRVS system's approach from the standpoints of gender, human rights, and diversity; Chapter IX deals with the issue of interinstitutional coordination and interoperability, particularly with respect to implementation of the Unique Identification Code at the State level; and Chapter X provides an overview of external support and cooperation received by the CRVS system in Guatemala. Finally, Chapter XI contains a summary of the mapping's findings and a series of recommendations designed to strengthen Guatemala's CRVS system for the future.

¹ The OAS Universal Civil Identity Program in the Americas, known by its Spanish language acronym PUICA, was created in 2008 through resolution AG/RES. 2362 (XXXVIII-O/08) of the OAS General Assembly. PUICA supports OAS member states in their efforts to eradicate under-registration, in order to ensure recognition of the right to civil identity for all persons in the region. Since its creation, PUICA has implemented technical cooperation projects in 20 OAS member states in the Caribbean, Central America and South America, including hospital registration, mobile registration campaigns in border areas, reconstruction of destroyed or lost civil identity documents, institutional interoperability and process modernization projects. PUICA also promotes horizontal cooperation and the identification of successful practices in registration and identity. It serves as Technical Secretariat to the Latin American and Caribbean Council for Civil Registration, Identity and Vital Statistics (CLARCIEV, by its Spanish acronym) and was elected as chair of the Global Civil Registration and Vital Statistics Group for the 2018-2019 period. PUICA's efforts have contributed to reducing the birth under-registration rate in the region from 18% in 2008 to 5% in 2017 according to UNICEF data. For additional information, visit: <http://www.oas.org/es/sap/dgpe/PUICA.asp>

² Funded by Global Affairs Canada and the International Development Research Centre, the Centre of Excellence for Civil Registration and Vital Statistics System was established to link knowledge-seekers with information, tools and expertise to facilitate the development of integrated CRVS systems. The Centre of Excellence works in close collaboration with the Secretariat of the Global Financing Facility in support of the "Every Woman Every Child" global initiative to enable the development and implementation of CRVS systems plans as part of country-led Investment Cases eligible for GFF funding. Guatemala is one of the countries supported from the GFF.

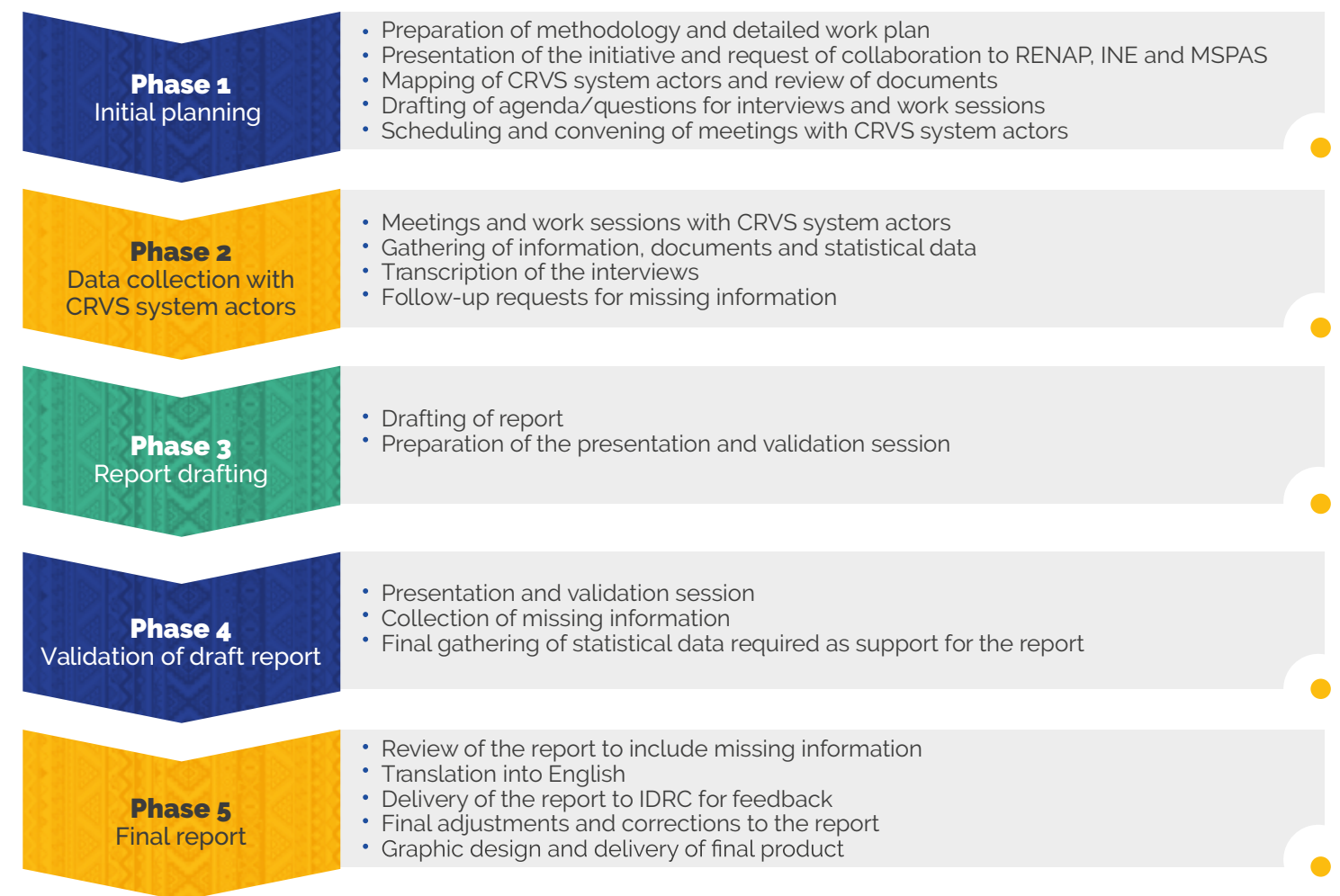
³ IDRC, *Request for Information # 17180009*, May 25, 2017, p.4.

II. METHODOLOGY

The mapping of Guatemala's CRVS system was carried out from October 2017 to September 2018, encompassing five stages: initial planning; information gathering with stakeholders of the

CRVS system; preparation of the draft report; validation of the report by CRVS system actors; and preparation of the final report. Figure 1 provides a description of each of the stages.

Figure 1:
Stages of the mapping methodology for the CRVS System in Guatemala



At every stage of the report preparation and drafting process the attempt was made to incorporate a gender, diversity, and human

rights perspective in keeping with the OAS General Secretariat's Institutional Policy on Gender, Diversity, and Human Rights.

2.1 Initial Planning

Planning of the mapping began in October 2017 with the elaboration of an overall strategy, preliminary identification of actors, design of the methodology, and work team selection.⁴ In particular, the initial preparation served to define the data-gathering sources and methods that would be used in the mapping.

The primary sources identified included: national laws and regulations on the operation of the CRVS system, statistical data (and administrative reports containing those data), strategic documents of the main actors in the CRVS system, institutional documents detailing the procedures in use for registration of births and deaths and for logging vital statistics, budget documents, and staff at institutions that make up the CRVS system.

Secondary sources were also considered, including reports, documents, and statistics from national and international institutions that support the CRVS system, as well as staff at those institutions.

Three main data-gathering methods were used: document review and analysis; semistructured individual and group interviews (based on an interview script); and, to a lesser extent, observation. Table 1 summarizes the data collection sources and methods used for each of the topics covered.

Table 1:
Data collection sources and methods, by topic

Type of data to be collected	Data source	Data collection method
CRVS system governance, including coordination mechanisms	Legislation, regulations, policies, strategies CRVS actors	Document review Individual and group semi-structured interviews
List of CRVS national actors and respective roles/mandates	Legislation, regulations, policies, strategies, SOPs, guidelines CRVS actors	Document review Individual and group semi-structured interviews
List of CRVS local/international stakeholders and respective roles/mandates	CRVS actors Local/international stakeholders	Individual and group semi-structured interviews
CRVS processes and procedures	Regulations, SOPs, guidelines CRVS actors	Document review Individual and group semi-structured interviews Observation
CRVS data, for the last five years where data are available: - Birth registration rate - Death registration rate - Coverage of birth registration - Coverage of death registration - Cause of deaths	National administrative databases/reports International organizations databases/reports	Document review (interviews also serve to request access to administrative databases reports)
Assessment of the quality of data	CRVS actors Local/international stakeholders	Semi-structured interviews
CRVS budget information	National budget documents (Ministry of Public Finance), CRVS agencies budget documents and execution reports	Document review (NB: Interviews may serve to request access to internal budget documents)
Challenges, gaps and areas of assistance	CRVS actors Local/international stakeholders	Semi-structured interviews Observation

⁴ The OAS/PUICA mapping and report work team consisted of: Manuel Colmenares, lead consultant and expert in CRVS systems in Latin America, in charge of the data collection and report drafting (based in Ecuador); Emmanuelle Pelletier, project manager (based in Washington, D.C.); Carlos Motta, consultant in charge of the OAS/PUICA Project in border zones of the Central American Northern Triangle for El Salvador and Guatemala (based in Guatemala), and Stefany Diaz, consultant in charge of logistical and documental support (based in Guatemala). The team worked under the guidance of Rebeca Omaña Peñaloza, OAS/PUICA program coordinator.

2.2 Data Collection

The first visit to Guatemala—to collect information and meet with CRVS system actors—took place from March 5 to 13, 2018. Interviews were conducted individually and through group working sessions with 93 officials/representatives (56 men and 37 women) from 27 institutions identified as having some level of involvement in the CRVS process (See List of interviewees at the end of the report). In each interview, the interviewee was asked to complete and sign a consent form with their contact details, allowing the information shared to be used in the report (See form in Appendix G). A note was also made on the form of pending documents to be provided by the interviewee to facilitate follow-up. To ensure data reliability, most of the interviews were recorded with a view to being transcribed.

With the main actors in the CRVS system the approach used was one of individual interviews (or with small teams from the same division or department); however, for “secondary actors” in the CRVS system, it was decided to hold three group working sessions to gather their input: the first, with government actors; the second, with international agencies; and the third, with nongovernmental organizations (NGOs) and local professional associations. During the group sessions, participants were asked to fill out a form describing the different projects or initiatives carried out by their organization in relation to the CRVS system.

Between December 2017 and January 2018, an overview of the project was provided to senior management officials at RENAP, INE and MSPAS, the three main actors identified by OAS/PUICA in the CRVS system. They were also sent a formal collaboration request to secure their backing for the study.

With the formalization of the agreement between IDRC and GS/OAS in February, the active planning phase began. That included mapping of the CRVS system actors, collection and review of regulatory documents, identification of documentation and statistics to be compiled, preparation of a tentative meetings agenda (See Appendix F, Agenda), sending of invitations to the various actors identified for interviews and joint working meetings, and preparation of interview scripts. The actors were identified based on the OAS/PUICA team's experience and knowledge of Guatemala's CRVS system, as well as through consultations with the GS/OAS Office in Guatemala, RENAP, INE, MSPAS and the GFF secretariat using the snowball identification method. Actors were arranged into categories (see Chapter IV, Civil Registration and Vital Statistics System of Guatemala: Legal Framework and Actors) based on their role in the CRVS system. In preparing the interview scripts, general topics were identified, from which a series of questions or specific topics to be addressed in each interview were drawn up.

Figure 2:
Photograph of group session with CRVS system stakeholders



Finally, a visit to the Municipality of Amatitlán was included in the mission schedule in order to participate as observers in a meeting of the Working Roundtable on Registration of Deaths, a pilot initiative organized by RENAP and the Office of the Mayor of Amatitlán, as well as to visit the RENAP auxiliary office at Amatitlán Hospital. The Municipality of Amatitlán was selected at the suggestion of RENAP because of its proximity to the capital (the mission's time constraints precluded visiting more distant municipalities) and the fact that it was the pilot municipality for the above project.

2.3 Data Analysis and Draft Report Preparation

The third stage, carried out from March to May 2018, got underway with the transcription of the interviews and review of the information, documentation, and statistical tables, in order to categorize the information collected by topic and analyze it. That phase required following up on several requests for statistics and documents due to be delivered by a variety of actors.⁵ To analyze the data, the information harvested from documents, interviews, observations, and statistics was triangulated in order to obtain conclusions and recommendations. The statistics were analyzed using simple descriptive statistical methods. Using that information, a draft mapping report was prepared in Spanish.

2.4 Validation of the Draft Report

The fourth stage consisted of the preparation and deployment of a second mission to Guatemala to validate the contents of the draft report with the main actors in the CRVS system. To that end, a group was selected of key persons representing the main actors, with whom the draft report was shared in advance, after which they were invited to a validation session. The meeting, held on May 17, 2018 and attended by 28 representatives from 7 institutions, was an opportunity to collect the participants' input, provide clarifications, and correct specific aspects of the report. The second visit was also utilized to present the report's conclusions and recommendations to the Executive Director of RENAP and fill in missing information. After the visit, INE and RENAP sent written comments on the draft report, which were taken into consideration for the final version.

2.5 Preparation of the Final Report

The fifth stage, carried out in the second half of May and June 2018, involved checking the input provided during the validation session, with a view to generating a final draft of the report in Spanish, which was then translated into English. The English version was shared with the IDRC Centre of Excellence for CRVS Systems. Final corrections and adjustments were then made to the report based on comments from the Centre of Excellence. The final product was designed and delivered to the IDRC Centre of Excellence in September 2018. With IDRC's permission, a final version of the report in Spanish was also shared with the Government of Guatemala.

III. GUATEMALA PROFILE

Guatemala is a Central American country that shares borders with El Salvador and Honduras to the south, Mexico to the north, and Belize to the east. Its east coast overlooks the Caribbean Sea and its southern shore, the Pacific Ocean. Other than the

southern coast and northern lands in the Department of Petén, the country is mountainous, and rugged terrain or dense forest makes several areas hard to reach.

Figure 3:
Map of Guatemala and its departments



Source: *Mapade.org*⁶

Administratively, Guatemala is made up of 22 departments comprising 340 municipalities. The country's capital is Guatemala City, which is situated in the Guatemala Department.

3.1 Historical Overview

The territory that modern-day Guatemala occupies was once the center of the Mayan civilization. During the classical period (250-900 A.D.), urban centers such as Tikal are thought to have had populations of up to 50,000. In 1519, when the Kingdom of Spain began colonizing Guatemalan territory, it became the Captainship General of Guatemala.

Guatemala proclaimed its independence from the Spanish Crown on September 15, 1821, along with Chiapas, El Salvador, Honduras, Nicaragua, and Costa Rica. In 1823, the Central American territories seceded from Mexico to join the recently created Federation of United Provinces of Central America. The Federation remained intact until 1842. Guatemala was one of the last provinces to become an independent republic in 1848.

The event of greatest significance in contemporary Guatemalan history was the internal armed conflict that gripped the country for 36 years (1960 to 1996), pitting Guatemalan government forces against leftist guerrillas, which mainly consisted of indigenous populations and peasants. According to the Historical

⁵ Pursuant to a decision by its Board of Directors, RENAP was not authorized to provide registration data free of charge to OAS/PUICA. Most of the registration data featured in the report therefore comes from INE.

⁶ Mapade.org, Map of Guatemala and its departments. Available online: https://www.mapade.org/guatemala_y_sus_departamentos.html (last accessed: June 21, 2018).

Clarification Commission set up in the framework of the peace process, more than 200,000 people were killed or disappeared during the strife. 93 percent of the violations documented were attributed to government forces and paramilitary groups; however, massacres, executions, and abductions on the part of guerrilla forces were also documented. The peak period in terms of numbers of victims was from 1978 to 1985, particularly among Mayan populations in Quiché, Huehuetenango, Chimaltenango (west), Alta and Baja Verapaz (north), the south coast, and the capital.⁷

Negotiations for reaching a peaceful settlement of the conflict began in 1987 and concluded on December 29, 1996, with the signing of the "Accord for a Firm and Lasting Peace," which consolidated the earlier agreements signed since 1994. The Accord put an end to the conflict that had dragged on for almost four decades and ushered in a new era for the country's politics, sustained by a culture of peace and the desire to forge a new nation founded on the rule of law.

3.2 Population

Guatemala's population forecast for 2018 is 17,311,085 inhabitants; 51.1 percent of them female and 48.9 percent male. 55.6 percent of the population lives in rural areas, while 44.4 percent are urban dwellers.⁸

As table 2 shows, the departments of Guatemala, Alta Verapaz, Huehuetenango, San Marcos and Quiché have the largest populations. The Department of Guatemala, where the capital is located, has the largest urban population, while the biggest rural population concentrations are in the departments of Alta Verapaz, Huehuetenango, San Marcos, and Quiché.

Table 2:
Estimated total population, by area and department, 2018

Department		2018				
		Total population	Urban	Rural	% Urban	% Rural
1	Guatemala	3,489,142	2,922,125	567,018	83.7	16.3
2	El Progreso	178,387	64,902	113,486	36.4	63.6
3	Sacatepéquez	363,073	307,116	55,956	84.6	15.4
4	Chimaltenango	743,055	389,020	354,035	52.4	47.6
5	Escuintla	806,014	397,258	408,756	49.3	50.7
6	Santa Rosa	398,717	140,597	258,120	35.3	64.7
7	Sololá	533,956	267,444	266,512	50.1	49.9
8	Totonicapán	585,578	208,088	377,490	35.5	64.5
9	Quetzaltenango	921,010	514,072	406,939	55.8	44.2
10	Suchitepéquez	609,987	255,678	354,309	41.9	58.1
11	Retalhuleu	355,045	128,201	226,845	36.1	63.9
12	San Marcos	1,199,615	263,981	935,634	22.0	78.0
13	Huehuetenango	1,360,712	301,661	1,059,051	22.2	77.8
14	Quiché	1,199,553	296,508	903,045	24.7	75.3
15	Baja Verapaz	323,294	85,163	238,131	26.3	73.7
16	Alta Verapaz	1,371,229	292,782	1,078,447	21.4	78.6
17	Petén	809,215	247,096	562,120	30.5	69.5
18	Izabal	489,449	144,483	344,965	29.5	70.5
19	Zacapa	249,214	96,900	152,315	38.9	61.1
20	Chiquimula	435,511	109,697	325,814	25.2	74.8
21	Jalapa	385,959	120,218	265,741	31.1	68.9
22	Jutiapa	503,369	132,947	370,422	26.4	73.6
Total - Country		17,311,086	7,685,936	9,625,150	44.4	55.6

Source: INE⁹

Guatemala is a multicultural country with 26 different ethnic groups. In 2014, 60.9 percent of the population self-identified as ladino (otherwise commonly known as mestizo, meaning "of mixed race"), while 38.8 percent identified themselves as indigenous, and 0.5 percent as belonging to another group.

According to the country's classifications, the indigenous population includes Mayan peoples (of which the main linguistic communities are the Q'eqchi', Kaqchikel, Mam and K'iche'), Garifuna (Afro-descendent mestizos) and Xinka.¹⁰ Figure 4 shows the geographic distribution of the indigenous population.

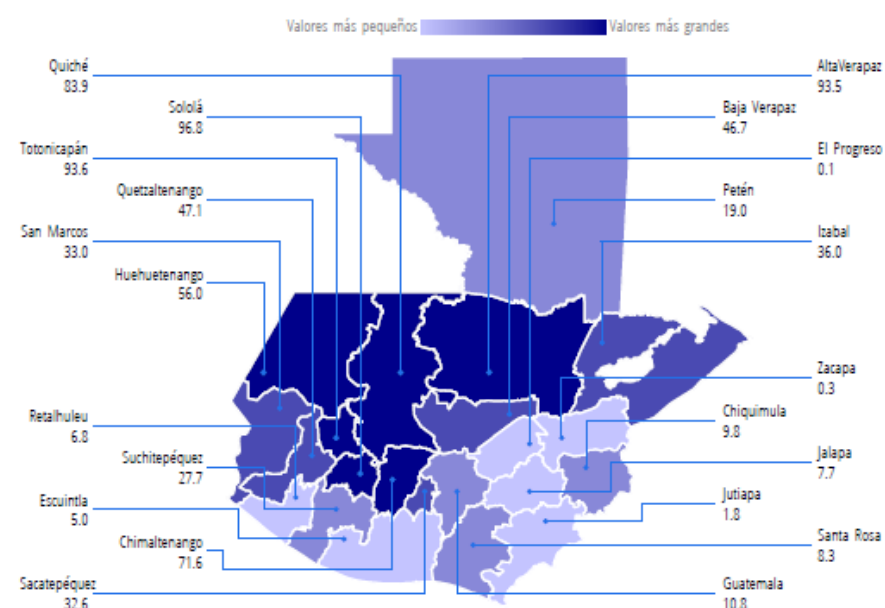
7 Latin American Social Science Faculty (FLACSO), Chapter III, "Reseña Histórica de Guatemala y el Proceso de Paz [Historical Overview of Guatemala and the Peace Process]" Available online at <http://www.flacsoandes.edu.ec/biblio/catalog/resGet.php?resId=18288> (last accessed on June 21, 2018).

8 INE, Departmental Population Forecasts, by sex and age, Guatemala: INE, 2018.

9 INE, Population Forecast based on the XI Population Census and VI Housing Census 2002, period 2000-2020, Guatemala: INE, 2004

10 INE, *National Survey of Living Standards 2014*, Vol. 1, 2016, p.20.

Figure 4:
Percentage of the population self-identified as indigenous, by department

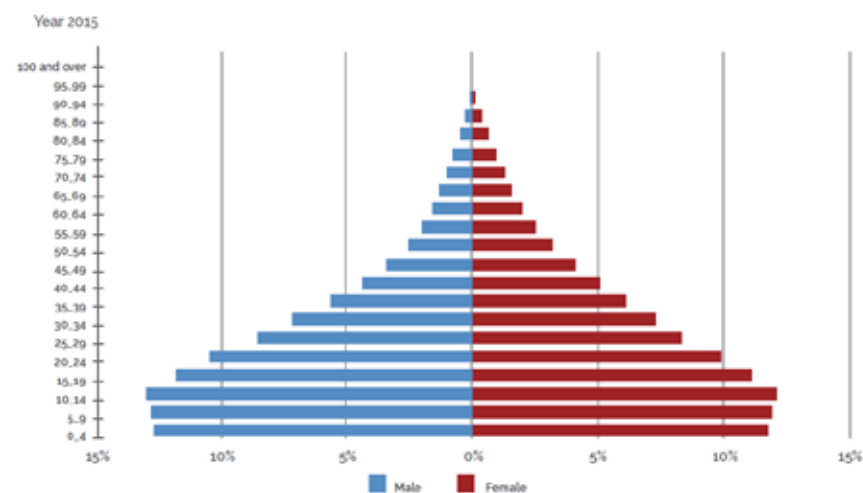


Source: INE, 2014¹¹

In terms of the population's age distribution, according to current INE data forecasts, the estimated number of births annually is 468,259, while the population under 18 is 7,756,156, which

accounts for 45 percent of the total population of Guatemala (see Figure 5).

Figure 5:
Population distribution, by sex and age



Source: ECLAC, 2015¹²

¹¹ Ibid, p.21.

¹² ECLAC, CEPALSTAT, *Guatemala: National Socio-demographic Profile, 2015*. Available at: http://estadisticas.cepal.org/cepalstat/Perfil_Nacional_Social.html?pais=GTM&idioma=english (last accessed on June 21, 2018).

3.3 Migrant Population and Returnees

Factors such as the civil war, the economy, violence, and the relative proximity of the United States border have prompted a

significant portion of the population to emigrate. According to IOM migration estimates and studies, some 2,301,175 people, or 13.9 percent of the Guatemalan population, live abroad.

Table 3:
Estimated Guatemalan migrant population, 2010 and 2016

Year	Total estimated population (1)	Population residing abroad (2)	Emigration rate (for 100 habitants)
2010	14,376,054	1,637,119	11.4%
2016	16,545,589	2,301,175	13.9%

Source: (1) INE¹³ (2) IOM¹⁴

Of that total, 73.0 percent are men and 27.0 percent are women. 60 percent are 25 to 45 years old and 12 percent are 15 to 24 years old. 97.1 percent live in the United States, 0.8 percent in Canada, and 0.7 percent in Mexico.¹⁵

Mexico. Thousands of Guatemalans are deported monthly by air from the United States, as well as across the land border with Mexico. Since 2013, 713,649 Guatemalans have been deported to Guatemala. In 2017 alone an estimated 5,492 Guatemalans were deported back to their country every month, of whom 82.6 percent were male and 17.4 percent female. Of that total, 11.3 percent were minors.

There is also return migration resulting from immigration policies being implemented, particularly by the United States and

¹³ INE, *Population forecast by department, by sex and simple age*, Guatemala: INE, 2018.

¹⁴ IOM, *Survey on International Migration of Guatemalans and Remittances 2016*, Guatemala: IOM, 2017.

¹⁵ Ibid.

Table 4:
Statistics on deported Guatemalans, by age, sex, and means of deportation (2013-2018)

Years	Guatemalans deported by air*					Guatemalans deported by land*					Total
	Age 18 or older		Under 18		Annual Total Air	Age 18 or older		Under 18		Annual Total Land	
	Male	Female	Male	Female		Male	Female	Male	Female		
2013	45,477	4,431	280	33	50,221	23,862	3,204	1,926	606	29,598	79,819
2014	44,633	6,330	144	50	51,157	32,593	6,369	4,272	1,880	45,114	96,271
2015	27,639	3,655	100	49	31,443	48,263	12,433	9,490	4,859	75,045	106,488
2016	31,523	3,720	152	70	35,465	33,976	9,876	7,821	4,469	56,142	91,607
2017	29,305	3,214	214	100	32,833	20,264	5,658	4,628	2,521	33,071	65,904
2018**	9,719	1,080	65	30	10,894	5,053	1,431	1,419	724	8,627	19,521
TOTAL	328,060	35,470	3,718	635	367,883	245,602	49,761	33,954	16,449	345,766	713,649

Source: Prepared by OAS/PUICA with DGM data^{16 17}

*According to DGM, deportees are "people who violated the migratory regulations of the country from which they are being deported".

**Through March 20, 2018

3.4 Guatemala Development Indicators

Guatemala is classified by the World Bank as a lower-middle-income country with a GNP per capita of US\$3,790 a year (World Bank, 2016). As the country's socioeconomic indicators show, there are deep inequalities in terms of standard of living, education, and health.

3.4.1 Poverty Indicators

The 2011 and 2014 national living standards measurement surveys (ENCOVI), in which poverty indicators are calculated according to the World Bank methodology,¹⁸ show that extreme poverty rose from 13.33 percent in 2011 to 23.35 percent in 2014 (See Table 6). The departments with the highest levels of extreme poverty in 2014 were Alta Verapaz (53.75 percent), Quiché (41.77 percent), Chiquimula (41.14 percent), Totonicapán (41.05 percent), and Sololá (38.89 percent). Extreme poverty is most prevalent in Indigenous Peoples and rural populations.

¹⁶ MINGOB, DGM, Returned by air. Guatemala: DGM, 2018.

¹⁷ MINGOB, DGM, Returned by land. Guatemala: DGM, 2018.

¹⁸ The World Bank currently defines poverty as earning less than US\$3.10 a day, and extreme poverty as living on less than US\$1.90 per day.

Table 5:
Poverty indicators, by department

Department		2011			2014		
		Extreme poverty	Poverty	Total	Extreme poverty	Poverty	Total
1	Guatemala	0.69	17.95	18.64	5.42	27.89	33.31
2	El Progreso	4.07	36.98	41.05	13.23	39.97	53.2
3	Sacatepéquez	3.88	37.39	41.27	8.44	32.68	41.12
4	Chimaltenango	13.33	52.24	65.57	23.37	42.57	65.94
5	Escuintla	2.28	37.37	39.65	11.16	41.74	52.9
6	Santa Rosa	11.15	46.61	57.76	12.93	41.37	54.3
7	Sololá	17.97	59.51	77.48	39.89	41.05	80.94
8	Totonicapán	20.99	52.3	73.29	41.05	36.39	77.44
9	Quetzaltenango	10.44	43.28	53.72	16.67	39.36	56.03
10	Suchitepéquez	22.58	48.07	70.65	19.86	43.99	63.85
11	Retalhuleu	12.67	46.57	59.24	15.26	40.73	55.99
12	San Marcos	15.19	53.35	68.54	22.03	38.19	60.22
13	Huehuetenango	9.59	50.91	60.50	28.55	45.2	73.75
14	Quiché	16.83	55.02	71.85	41.77	32.89	74.66
15	Baja Verapaz	23.55	40.46	64.01	24.68	41.63	66.31
16	Alta Verapaz	37.72	40.52	78.24	53.75	29.48	83.23
17	Petén	16.25	49.42	65.67	20.18	40.66	60.84
18	Izabal	19.92	38.74	58.66	35.18	24.7	59.88
19	Zacapa	24.96	30.05	55.01	21.38	34.7	56.08
20	Chiquimula	28.28	34.41	62.69	41.14	29.48	70.62
21	Jalapa	18.35	51.58	69.93	22.05	45.19	67.24
22	Jutiapa	13.02	38.52	51.54	24.22	38.53	62.75
	Total - Country	13.33	40.38	53.71	23.35	35.93	59.28

Source: INE¹⁹

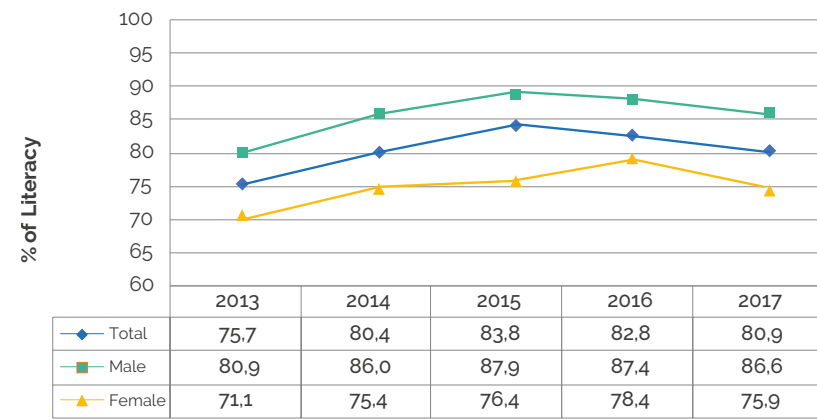
¹⁹ INE, National Survey of Living Standards (ENCOVI) 2014. Guatemala: INE, 2016.

3.4.2 Education Indicators and Literacy

The literacy rate among people aged 15 and over in Guatemala has increased, rising from 75.7 percent in 2013 to 80.9 percent in

2017. However, there is a significant gender gap, with a literacy rate of 86.6 percent in males, compared to 75.9 percent in females in 2017.

Figure 6:
Literacy rate in people aged 15 and over, 2013-2017

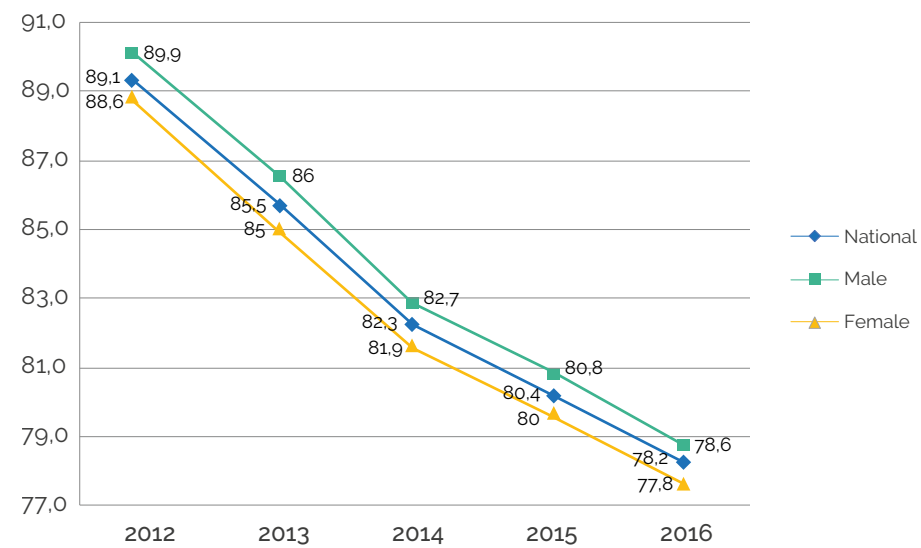


Source: OAS/PUICA with INE data²⁰

In terms of education, the coverage rate, which compares the projected population at the ages covered by each education level with the enrolled population (see Figures 7 to 9),²¹ marks a negative trend at the primary level (Figure 7), where coverage

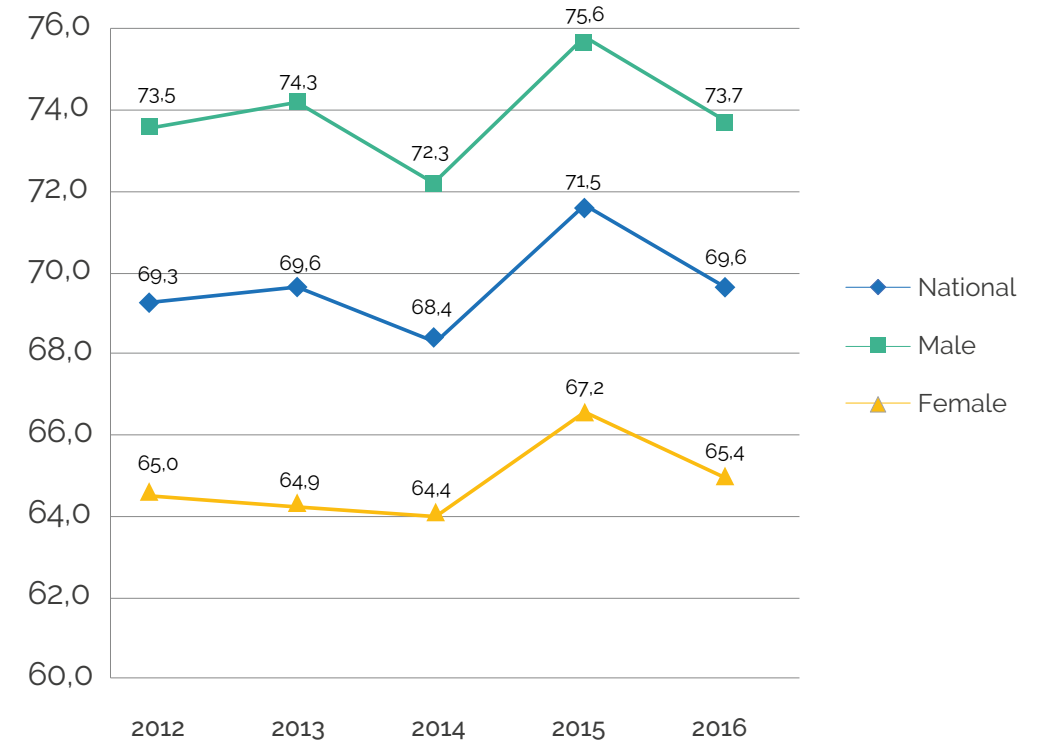
shrank from 89.1 percent in 2012 to 78.2 percent in 2016. At the basic level (ages 13 to 15), the coverage rate held steady, although there is still a marked gender disparity, with 73.7 percent of males and 65.4 percent of females enrolled at that level.

Figure 7:
Primary education coverage rate, by sex, 2012-2016 (in %)



Source: Prepared by OAS/PUICA, with data from the Ministry of Education²²

Figure 8:
Basic education coverage rate, by sex, 2012-2016 (in %)



Source: Prepared by OAS/PUICA, with data from the Ministry of Education²³

3.4.3 Child and Maternal Health Indicators

Certain child health indicators have deteriorated in the 2012 to 2016 period, with an increase in the child mortality rate from 18.3 per thousand (the year in which Guatemala reported its historically lowest level) to 21.4 per thousand, as well as a slight rise in the incidence of low birthweight, from 11.4 percent to 12.7 percent. However, undernutrition-related child mortality fell from 10.9 per 100,000 to 6.2 per 100,000 over the same period, while the percentage of medically attended births has continued to rise (from 58.7 percent to 67.9 percent). This signifies greater health-service coverage of births and a drop in cases attended by a midwife, a traditional figure in Guatemalan culture.

Despite this improvement in health system coverage, significant challenges remain that need to be tackled in order to substantially reduce child mortality indicators that are the sixth-highest in Latin America and the Caribbean, while the rate of chronic child undernourishment, which affects 46.5 percent of Guatemalan children under five,²⁴ is the region's highest.

²⁰ INE, *Literacy rate in people aged 15 and over 2013-2017* (data from the national surveys on employment and income (ENEI)), Guatemala: INE 2018.

²¹ The school ages, by education level, are 7-12 years for primary and 13-15 years for basic.

²² Ministry of Education, *Education Coverage Rate*. Guatemala: Ministry of Education, 2018.

²³ Ibid.

²⁴ ECLAC, "Malnutrición en niños y niñas en América Latina y el Caribe" [Malnutrition in children in Latin America and the Caribbean], December 14, 2017. Available online at <https://www.cepal.org/es/enfoques/malnutricion-ninos-ninas-america-latina-caribe> (last accessed June 21, 2018).

Table 6:
Child health indicators, 2012 to 2016

Year	Child mortality rate (1)	% low birthweight (2)	Percentage of medically attended births (3)	Undernutrition-related mortality rate (4)
2012	18.3	11.4	58.7	10.9
2013	18.6	11.7	62.8	11.5
2014	19	12.4	66.1	9.1
2015	21	12.6	67.4	6.8
2016	21.4	12.7	67.8	6.2

Source: INE²⁵

(1) The number of deaths under one year of age occurring among the live births in a given geographical area during a given year, per 1,000 live births.

(2) The proportion of live births with a birth weight of 2,499 g (5.5 lb.) or less.

(3) Births attended at health care facilities.

(4) Mortality rate (E40-E46) due to undernutrition per 100,000 inhabitants.

Mortality Estimation Inter-Agency Group reported a decrease of maternal mortality from 109 per 100,000 live births in 2010 (460 cases), to 88 per 100,000 live births in 2015 (380 cases),²⁶ whereas the 2014-2015 VI National Survey of Maternal and Child Health estimated maternal mortality at 140 per 100,000 live births for the 6 years preceding the survey.²⁷ The MSPAS does not provide a rate but reports a decrease from 394 cases in 2012 to 313 in 2016.²⁸

Estimates of maternal mortality vary depending on the source of data and methodology. Using civil registration data, the Maternal

25 INE, Child Health Indicators: 2012 to 2016. These data come from RENAP.

26 WHO, UNICEF, UNFPA, World Bank Group and United Nations Population Division Maternal Mortality Estimation Inter-Agency Group, *Maternal mortality in 1990-2015: Guatemala*. Available online at http://www.who.int/gho/maternal_health/countries/gtm.pdf (last accessed on August 24, 2018).

27 MSPAS, INE & ICF International, *VI Encuesta nacional de salud materno infantil (ENSMI) 2014-2015 - Informe Final* [VI National Survey of Maternal and Child Health (ENSMI) 2014-2015: Final Report], Guatemala, January 2017. Available online at https://www.ine.gob.gt/images/2017/encuestas/ensmi2014_2015.pdf (last accessed on August 24, 2018).

28 MSPAS, SIGSA, *Casos de mortalidad materna y mujeres en edad fértil, años 2012 a 2016* [Cases of maternal and women in reproductive age mortality, years 2012 to 2016], 2017. Available online at <http://sigsa.mspas.gob.gt/datos-de-salud/mortalidad-materna> (last accessed on August 24, 2018).

IV. CIVIL REGISTRATION AND VITAL STATISTICS SYSTEM OF GUATEMALA: LEGAL FRAMEWORK AND ACTORS

4.1 Legal Framework of the CRVS System in Guatemala

Guatemala's CRVS system was first established by the country's Civil Code of 1877.²⁹ Historically, civil registration was a function performed by the "Depositary of the Civil Registry," a government official based in the capital, and, at the municipal level, by municipal secretaries. Another of the officials' responsibilities was to submit data on births registered each month to their superior, who, in turn, was responsible for providing "the Government at the beginning of each year a statement of the number of births in the Department for the year just ended, disaggregated by sex, said records being immediately archived."

Currently, the legal framework governing the right to identity and the CRVS system is mainly contained in the Political Constitution of the Republic of Guatemala, the Civil Code, the National Civil Registry Law (Decree No. 19-2005), and the Organic Law of the National Statistics Institute (Decree Law 3-85). Those provisions are complemented by regulations that more precisely define how the main institutions in charge of the CRVS system operate.

4.1.1 Provisions Governing the Right to Civil Identity

The right to identity is framed in the 1985 Political Constitution of the Republic, Article 1 (Protection of the Person) of which provides: "The State of Guatemala is organized to protect the person and the family; its supreme objective is the realization of the common good."³⁰

The Constitution also recognizes the rule of primacy of international law, which makes all international legal instruments to which Guatemala is a party binding. Where the right to identity is concerned, that includes the International Covenant on Civil and Political Rights, which provides that "[e]very child shall be registered immediately after birth and shall have a name" (Article 24.2),³¹ and the Convention on the Rights of the Child, which states, "The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents" (Article 7).³²

The Civil Code (Decree Law No. 106), for its part, stipulates at its Article 1 that "civil personality begins at birth and ends at death," and at its Article 4 that "the individual person is identified by the name with which his/her birth was inscribed in the Civil Registry."³³

Finally, it should be mentioned that the Child and Adolescent Comprehensive Protection Law (Decree No. 27-2003) protects the right to identity of children and adolescents in its Article 14, which provides that "children and adolescents have the right to identity, including a nationality and a name; to know their parents and to be cared for by them; to their own cultural expressions and their language. The State has the obligation to guarantee the identity of the child and adolescent and to punish anyone responsible for replacing, altering, or depriving them thereof."³⁴

29 Republic of Guatemala, *Civil Code of the Republic of Guatemala*, 1877, Title XIII, "Civil Registration" Available online at http://ecollections.law.fiu.edu/cgi/viewcontent.cgi?article=1001&context=civil_codes (last accessed on June 21, 2018).

30 Republic of Guatemala, *Political Constitution of the Republic of Guatemala*, 1985. Available online at <http://www.wipo.int/wipolex/en/details.jsp?id=2011> (last accessed on August 24, 2018).

31 United Nations, *International Covenant on Civil and Political Rights*, adopted by the General Assembly on December 19, 1966. Available online at <https://treaties.un.org/doc/publication/units/volume%20999/volume-999-i-14668-english.pdf> (last accessed on August 24, 2018).

32 United Nations, *Convention on the Rights of the Child*, New York, November 20, 1989. Available online at https://treaties.un.org/doc/Treaties/1990/09/19900902%2003-14%20AM/Ch_IV_11p.pdf (last accessed on August 24, 2018).

33 Republic of Guatemala, *Civil Code of the Republic of Guatemala*, Decree Law No. 106 of September 14, 1963. Available online at <http://www.wipo.int/edocs/lexdocs/laws/es/gt/gt014es.pdf> (last accessed on August 24, 2018).

4.1.2 Provisions Governing Civil Registration and Identification

Background

Before RENAP was established, the role of civil registration fell to officials at the various municipalities, each of which performed the task in a non-standardized way. In many municipalities in Guatemala, the quality of civil registration was an acute problem. The officials responsible for civil registration in each municipality were appointed along political or partisan lines, rather than for technical reasons, increasing the risk of errors that harmed the quality civil records. Furthermore, historically, registration

coverage was weak, which was particularly detrimental to the poorest rural populations with low levels of education, few links to the State, often of indigenous vernacular, and located in areas where guerrilla activities or social disputes were most intense. This led to the destruction of public records during the civil war in almost one fifth of mayoralties, especially in the west of the country. As a result, segments of the worst-off population lacked a recognized legal identity and were excluded from any possibility of participating in public affairs.³⁵

Table 7 contains the main legal norms on civil registration.

Table 7:
Legal provisions on civil registration and identification

Legal provisions	Relevance to civil registration functions
Constitution of the Republic of Guatemala as amended by Legislative Agreement No. 18-93 of November 17, 1993.	Article 1 enshrines protection of the person: "The State of Guatemala is organized to protect the person and the family; its supreme objective is the realization of the common good." Article 2 establishes the duties of the State: "It is the duty of the State to guarantee to the inhabitants of the Republic the life, freedom, justice, security, peace, and integral development of the person."
The Peace Agreements Framework Law, Decree 52-2005 of August 3, 2005	Implementation of the commitment to modernize the electoral system, specifically with respect to documentation, adopted in the Peace Agreement on Constitutional Reforms and the Electoral System.
Electoral and Political Party Law, Decree No. 10-2004.	Implementation of legal provisions requiring the creation of an autonomous entity with its own legal and technical personality, that comprises, inter alia, the Supreme Electoral Tribunal, and is in charge of issuance and administration of the DPI. "Article 4. Registration procedure. They citizens wishing to register or update their electoral residence should go to any Civil Registry office, sub-office, or registration center. The procedure is free and must be done in person by the citizen concerned, who must provide the requisite information. The citizen must provide their personal identification document so that the registrar can issue the registration certificate."
Decree-Law No. 106, Civil Code of the Republic of Guatemala of September 14, 1963.	Book One on Persons and the Family Sets out the provisions governing civil registration of births, marriages, and deaths.

Legal provisions	Relevance to civil registration functions
Decree 90-2005, Law of the National Registry of Persons, December 14, 2005	Creates RENAP as an autonomous entity with its own legal and technical personality, in charge of registration of births, marriages, divorces, deaths, and any events or acts having to do with the civil capacity or civil status of individuals, as well as the procedures inherent thereto; and of DPI issuance and administration. ³⁶
Health Code, Decree No. 90-97	Sections VI and VII set out provisions on the management of cemeteries and cadavers. ARTICLE 115. Death Registration. The inhumations and incinerations can only be done in authorized cemeteries, upon prior presentation to the administrator or the person in charge of the cemetery of the proof of registration from the responsible institution, in accordance with regulations. In case of cremation, the relatives may be authorized to dispose of the ashes as the family chooses.
Agreement on Identity and Rights of Indigenous Peoples, Mexico City, March 31, 1995.	Compliance with agreements and laws in accordance with the RENAP Law, Article 6 Specific functions, Paragraph i. Ensure unrestricted observance of the right to identification of individuals and of all other rights inherent thereto that derive from their registration with the RENAP.
United Nations Declaration on the Rights of Indigenous Peoples, 2007	
Public Policy on Coexistence and Elimination of Racism and Racial Discrimination, Government Decision No. 143-2014	
National Languages Law, Decree No. 19-2003	
Child and Adolescent Comprehensive Protection Law, Decree No. 27-2003, Article 14.	
Persons with Disabilities Assistance Law, Decree No. 135-96	Governs all civil registry procedures: birth, recognition, marriage, marital agreements, annulment of marriage, divorce, common-law marriage, annulment of common-law marriage, termination of common-law marriage, determination of age, declaration of absence, declaration of presumed death, death (including causes of death), adoption, change of name, third-party identification, declaration of incapacity, guardianship, Guatemalan in origin status, naturalized Guatemalan status, domiciled alien status, rectification of certificate, replacement of certificate, and events and acts that could alter the civil status or civil capacity of individuals.
Decision No. 104 2015 of the RENAP Board of Directors, Rules on Civil Registration	
Ministerial decisions 106-2016 and 136-2016 of the Ministry of Public Health and Social Assistance	Establish the mechanism ensuring registration of births occurring in health care facilities of the Ministry of Public Health and Social Assistance where RENAP has an auxiliary civil registration office.

³⁴ Republic of Guatemala, *Child and Adolescent Comprehensive Protection Law*, Decree No. 27-2003, 2003, available online at http://www.oas.org/dil/esp/ley_de_proteccion_integral_de_la_ninez_y_adolescencia_guatemala.pdf (last accessed on June 21, 2018).

³⁵ GS/OAS, RENAP, *Auditoría a los Procesos del Registro Nacional de las Personas* (National Registry of Persons Process Audit), 2010, p.3.

³⁶ Provisions of Chapter XI of the Civil Code, on Civil Registration, were repealed by Decree 90-2005, RENAP Law.

The RENAP Law (Decree No. 90-2005)

Decree 90-2005, of December 14, 2005, mandated the creation of RENAP as "an autonomous entity governed by public law with its own legal status and capital, and full capacity to acquire rights and contract obligations" (Article 1), "in charge of organizing and maintaining the consolidated civil register of individuals, registering events and acts relating to their civil status, civil capacity, and other identification data from their birth to their death, as well as for issuance of the personal identification document" (Article 2).³⁷ The Decree also established that RENAP would have its headquarters in the capital of the Republic but that, as its functions required, it should establish offices in all municipalities and would be able to deploy mobile units anywhere in the country, as well as abroad through consular offices.

The preamble of Decree No. 90-2005 provides the main reasons that prompted the entity's creation:

- The urgency of enacting legal provisions on personal documentation that is in line with technological progress and the natural evolution of customs, as well as to implement "the commitment to modernize the electoral system, specifically with respect to documentation, adopted in the Peace Agreement on Constitutional Reforms and the Electoral System."

- The need to eliminate the *cédula de vecindad* (the identity document previously issued by municipalities), which lacked security measures and was easily forged.

- The need for the legal organization of the Civil Registry as the institution in charge of "registration of births, marriages, divorces, deaths, and any events or acts having to do with the civil capacity or civil status of individuals, as well as the procedures inherent thereto" in accordance with the Civil Code.

- The need to implement the reforms to the Electoral and Political Parties Law envisaged in Decree No. 10-04, which contains reforms to the Electoral Law requiring the creation of an autonomous entity with its own legal and technical personality that comprises, inter alia, the Supreme Electoral Tribunal (TSE), and is in charge of issuance and administration of the DPI.

- The need for automation, harmonization of registration criteria and technology, and a DPI that includes security measures, such as the Automated Fingerprint Identification System (AFIS), in order to facilitate its use, prevent its forgery, and endow with legal certainty any acts and contracts entered into on its basis.

In December 2007, RENAP gradually began absorbing municipal civil registries, a process that lasted approximately until 2010. As RENAP set up registry offices at municipalities, they transferred responsibility to it.

Transition Period

Bearing in mind the lack of controls on the verification of people's identity when issued a *cédula de vecindad*, one of the main reasons for creating RENAP was to replace 7,408,618 such documents with a new DPI by December 31, 2010. To achieve that goal, transitory articles were included that provided that the *cédula de vecindad* would cease to be valid two years after the first DPI was issued. Ultimately, a number of extensions had to be approved in order to give citizens enough time to apply for a DPI, with the result that the *cédula de vecindad* finally became invalid as an identification document for Guatemalans on August 24, 2013.

One of the main challenges in the process of replacing the *cédula de vecindad* with the DPI was the transfer of information from the municipal civil registration systems to RENAP, including receiving the municipal ledgers and their subsequent digitization with a view to their storage and use in the RENAP systems. RENAP officials had to contend with an array of problems, including burnt, destroyed or dilapidated books, registration errors, and incomplete registrations, making them unlawful.

RENAP Functions

The functions of RENAP are set out in Chapter II of the Decree (Articles 5 and 6). Its principal function is "to plan, coordinate, direct, centralize, and control registration of the civil status, civil capacity, and identification of individuals." Its specific functions include:

- Centralize, plan, organize, direct, regulate, and streamline registrations in its area of responsibility;

- Register births, marriages, divorces, deaths, and such other events or acts as may alter the civil status and civil capacity of individuals; judicial and extrajudicial decisions relating thereto that are susceptible to registration, and all the other acts indicated by law;

- Keep the identification registry of individuals permanently up to date;

- Issue, replace, and renew DPIs for Guatemalans and domiciled aliens such as to attest to their identity as individuals;

- Issue certificates of registration;

- Submit to the TSE information about registered citizens within eight days of a DPI's presentation to its holder, along with such information as the TSE may request for the purposes of performing its functions;

- Promote instruction and training for staff in the skills that the institution needs;

- Provide the Office of the Attorney General, police, judicial authorities, and other government entities authorized by RENAP with the information that they request relating to the civil status, civil capacity, and identification of individuals;

- Ensure unrestricted observance of the right to identification of individuals and of all other rights inherent thereto that derive from their registration with the RENAP;

- Provide information about persons, on the principle that information in the possession of RENAP is public, except when it could be used to harm the reputation or privacy of a citizen. Only the given and last names of a person; their identification number; date of birth or death; sex; district of residence; occupation, profession, or trade; nationality, and civil status are recognized as unrestricted public information; not so the address of their residence.

- Implement, organize, maintain, and supervise the operations of fingerprint and face registration and others necessary for the performance of its functions;

- File a complaint or become a co-complainant in cases in which acts are detected that could constitute criminal offenses in connection with the identities of individuals;

- Perform all the other functions entrusted to it by law; and

- Correct any inconsistencies, errors, or duplications notified by the TSE, for which purpose it is required to replace the holder's DPI in accordance to law.

RENAP Organizational Structure

Article 8 of Decree 90-2005 provides that the structure of RENAP consists of a Board of Directors, an Executive Director, an Advisory Council, and Implementing Offices.

The Board of Directors comprises one judge on from TSE, the Minister of the Interior, and one member elected by the Congress of the Republic. Its competencies are to set national policy on personal identification, supervise and coordinate the planning, organization, and operation of the personal identification system, promote measures designed to strengthen RENAP, and approve RENAP handbooks, budgets and plans, as well as agreements, accords, contracts, and any other arrangement entered into with public and private institutions or nongovernmental organizations.

The Executive Director is appointed by the Board of Directors for a term of five years and is the chief administrative officer of RENAP, who acts as its legal representative and is in charge of overseeing the entity's correct and appropriate operation.

The composition of the Advisory Council is as follows: one member elected by the general secretaries of the political parties, one member elected from among the rectors of the country's universities, one member designated by the business associations for commerce, industry, and agriculture, the Manager of the INE, and one member elected from among the members of the Board of Directors of the Superintendency of Tax Administration (SAT). Its competencies are to serve as advisory body to the Board of Directors and the Executive Director on any technical or administrative matter of RENAP and to oversee the institution's activities at all times.

³⁷ Republic of Guatemala, *Decree No. 90-2005, RENAP Law*, December 14, 2005. Available online: https://www.renap.gob.gt/sites/default/files/contenido-pdf/decreto_90-2005_ley_del_registro_nacional_de_las_personas.pdf (last accessed on June 21, 2018).

The Implementing Offices are as follows:

- The Central Register of Persons, which is in charge of everything relating to civil registration and the registries located in each of Guatemala's municipalities. That office is under the direction of the Central Registrar of Persons.

- The Directorate of Processes, which is responsible for issuing DPIs and the operation of the biometric system.

- The Directorate of Identity Verification and Social Assistance, which is responsible for examining and resolving the problems of any individual who for some reason has had their registration request denied by the Central Register of Persons.

- The Directorate of Training, which is responsible for the training of RENAP human resources.

- The Directorate of Information Technology and Statistics, which is responsible for planning, administration, and maintenance of technology systems and equipment, and for statistics generation.

- The Legal Directorate, which is responsible for providing legal advice.

- The Administrative Directorate, which is responsible for the administrative management of RENAP.

- The Budget Directorate, which is responsible for budget planning, control, and execution.

- The Directorate of Management and Internal Oversight, which is responsible for formulating institutional plans and programs, oversight of administrative management of RENAP personnel, and monitoring administrative performance.

- The registration with the National Registry of Persons of events and acts relating to civil status, civil capacity, and all other personal identification data of individuals, as well as their amendment, is mandatory (Article 68).

- Nonregistration in the National Registry of Persons prevents obtaining a DPI (Article 69).

- With the exception of the registration births, for which the time allowed is 60 days, the registration of all events relating to civil status should be done within 30 days after their occurrence. Any registrations after that time must be done according to the late registration requirements.

- Consular agents accredited overseas shall keep a record of the births, marriages, changes of nationality, and deaths of any Guatemalans who reside in or are temporarily visiting the countries where they perform their functions (Article 85).

The Rules on Civil Registration were approved by Decision No. 104 2015 of the RENAP Board of Directors on December 22, 2015.³⁸

The Rules govern all civil registry procedures: birth, recognition, marriage, marital agreements, annulment of marriage, divorce, common-law marriage, annulment of common-law marriage, termination of common-law marriage, determination of age, declaration of absence, declaration of presumed death, death (including causes of death), adoption, change of name, third-party identification, declaration of incapacity, guardianship, Guatemalan in origin status, naturalized Guatemalan status, domiciled alien status, rectification of certificate, replacement of certificate, and events and acts that could alter the civil status or civil capacity of individuals.

The Rules set out the requirements to be met for each civil registration act and describe the process to follow for each procedure, taking into account specific circumstances that may arise.

For their part, Decisions 106-2016 and 136-2016 adopted by the Ministry of Public Health and Social Assistance establish the mechanism ensuring the registration of births occurring in Ministry health care facilities where RENAP has an auxiliary civil registration office.

Identification Process and DPI

Decree 90-2005 contains the following provisions on the identification process and the DPI:

- The DPI is a personal, nontransferable, official public document.

- The DPI is the official document for all civil, administrative, and legal acts and, in general, for all instances where identification is legally required.

- Upon reaching 18 years of age, citizens have the right and obligation to apply for a DPI.

- The Board of Directors determines the cost of the DPI. The Board of Directors has the authority to issue it free of charge to social groups that are unable to afford it owing to their circumstances.

- The DPI is renewable every 10 years.

- The document for minors is a personal, nontransferable public document; it shall have physical characteristics that distinguish it from the document for those who have reached the age of majority.

On November 17, 2014, the Board of Directors adopted Decision No. 106-2014 approving the Rules on Issuance of the DPI.

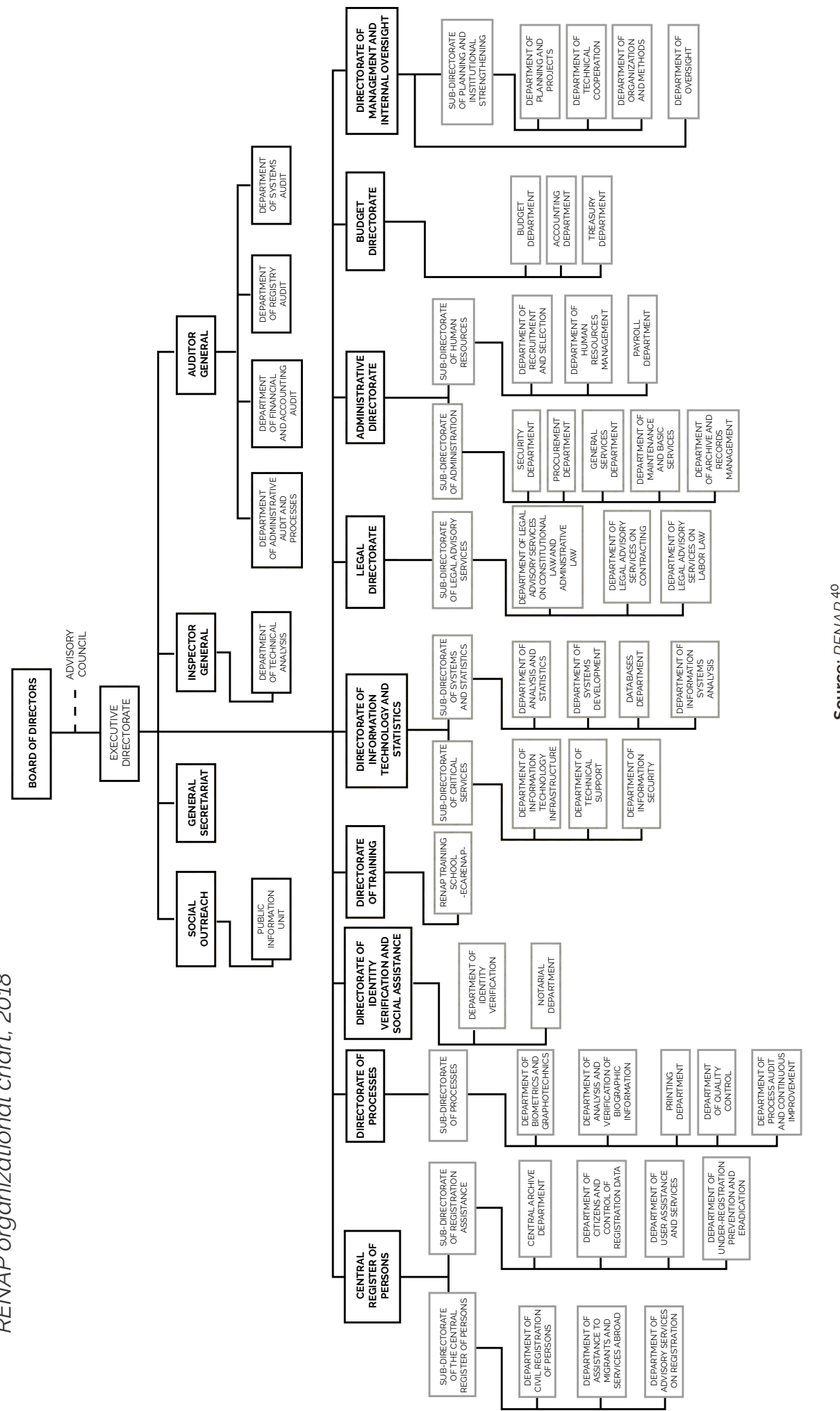
Figure 9 contains the RENAP organizational chart.

Civil Registration Process

Decree 90-2005 contains a number of provisions on the civil registration process, notably the following:

³⁸ RENAP, Board Decision No. 104-2015, *Reglamento de Inscripciones del Registro Civil de las Personas* [Rules on Civil Registration], 2015. Available online at <https://www.Renap.gob.gt/informacion-publica/marco-normativo-acuerdos-de-directorio> (last accessed on June 21, 2018).

Figure 9:
RENAP organizational chart, 2018



Source: RENAP 40

40 RENAP. RENAP Organizational Chart, 2018. Available online at <https://www.renap.gob.gt/informacion-publica/estructura-organizacional-funciones-y-marco-normativo> (last accessed on June 21, 2018).

Unique Identification Code

The CUI is the personal identification number for individuals in Guatemala. Under Article 4 of the RENAP Law, "Registrations in RENAP shall be done according to simplified criteria, using standardized forms and an automated data processing system integrated with a consolidated identification registry for all individuals, each of whom are assigned, upon registration of their birth, a Unique Identification Code (CUI), which shall be invariable."

Article 61 of the RENAP Law, on implementation of the CUI, stipulates that the CUI "is the basis for their identification by society and the State for all purposes. Its gradual adoption by all entities of the State as a unique identification number for individuals is mandatory; in all instances where record keeping is obligatory, this number shall be gradually incorporated in order to replace the numbers that are in the public records of all identification systems by no later than December 31, 2016."

4.1.3 Provisions Governing Vital Statistics Management

As mentioned above, the reporting of vital statistics on births to the central government was first mandated by the Civil Code of 1877.⁴¹ The second Civil Code, which went into force in 1933, contained an express provision at Article 363 making it obligatory to submit information to the Bureau of Statistics (Dirección General de Estadística) on a monthly basis. The third Civil Code (1963) kept the same provision at article 385.⁴² However, the latter was repealed with the adoption of Decree 90-2005, or RENAP Law.

Table 8 contains the main legal norms in effect on vital statistics.

Table 8:
Legal norms on vital statistics generation, analysis, and publication

Legal Norms	Vital Statistics Consolidation, Generation, Analysis, and Publication
Organic Law of the National Statistics Institute, Decree Law No. 3-85, January 15, 1985.	The Law provides that the institutions that make up the National Statistics System (SEN) are required to apply the methods, procedures, definitions, and technical norms issued by INE, as well as to submit all statistical data and reports that they prepare to the INE for approval prior to their official publication.
Health Code, Decree No. 90-97	Provision establishing the authority of the MSPAS to generate health statistics and reports. ARTICLE 53. National Health Information System. The health information system is defined as the aggregate statistics and reports on the health situation and its trends; the productivity, coverage, and costs of health care services; and the quantity and quality of the different human, technological, and financial resources in the sector. The Ministry of Health and the INE shall adopt rules governing their organization and operation according to their field of action.
Regulations of the Organic Law of INE	Clarify and develop the provisions of the Organic Law, particularly with respect to the activity of the SEN, the workings of the National Statistics Commission, the preparation of the National Statistics Plan, the statistical data collection process, and census organization. Article 22: Statistical information collected by the organs of the National Statistics System shall be provided using the forms and/or questionnaires that INE authorizes for this purpose.

41 Republic of Guatemala, *Civil Code of Guatemala, 1877*. Available online at <http://biblioteca.oj.gob.gt/digitales/27303.pdf> (last accessed on June 21, 2018).

42 Republic of Guatemala, *Civil Code of Guatemala*, Decree Law No. 106 of September 14, 1963. Available online at <http://www.wipo.int/edocs/lexdocs/laws/es/gt/gt014es.pdf> (last accessed on June 21, 2018).

The Organic Law of the National Statistics Institute (Decree Law No. 3-85) was enacted on January 15, 1985, creating the INE "as a semiautonomous, decentralized state entity with legal personality, its own equity, and full capacity to acquire rights and contract obligations in pursuit of its purposes," attached to the Ministry of Economy (Article 1).

It also created the National Statistics System (SEN) as "the organic framework of all state offices, autonomous and semiautonomous decentralized entities, and municipalities whose functions include any activity having regard to the preparation, collection, analysis, and publication of statistics" (Article 6). The entities that make up the SEN have a responsibility to:

- Comply with the provisions of the Organic Law of the INE, its regulations, and all other applicable legal provisions;
- Abide by the norms and provisions issued by the INE in the exercise of its functions;
- Carry out the tasks of collection, preparation, analysis, utilization, and dissemination stipulated in their own laws and regulations, as well as those assigned to them in the national statistics plan;
- Apply the methods, procedures, definitions, and technical norms issued by the INE in executing the statistics programs entrusted to them;
- Submit all statistical data and reports that they prepare to the INE for approval prior to their official publication;
- Comply with all their other obligations under the provisions of the Organic Law of the INE, its regulations, and applicable legal provisions.

Functions

According to Decree Law No. 3-85, the main functions of the INE are to:

- Research and determine the statistics needs for the country's different activities;
- Supervise, coordinate, and assess the research, collection, preparation, analysis, and disclosure operations of the SEN;
- Promote, organize, direct, and carry out, either itself or in

coordination with other collaborating entities, general and specific statistical studies or surveys of a national nature or in compliance with international treaties;

- Collect, prepare, and publish official statistics and establish and keep current an inventory of statistical series produced by SEN entities and offices; and
- Act as the central clearinghouse for information and official statistics, at both the national and the international level, except where such information and statistics are the express responsibility of other SEN entities or offices.

Organizational Structure

Decree Law 3-85 recognizes the following as organs of the INE: the Board of Directors, the Management, the National Statistics Commission, and the necessary Technical Administrative Units (Article 8).

The Board of Directors is the highest authority in the INE. It is composed of the Minister of Economy (Chair), the Minister of Finance, the Minister of Agriculture, Livestock Breeding, and Food, the Minister of Energy and Mines, the Secretary General of the National Council of Economic Planning, the President of the Bank of Guatemala, a representative of the University of San Carlos of Guatemala, a representative of the private universities, and a representative of the farming, industrial, financial, and commercial sectors (Article 9).

Its main functions are to set national policy on statistics prepared in the country; supervise and coordinate the planning, organization, and operation of the National Statistics System; approve the National Statistics Plan, which is required to contain short-, medium-, and long-term programs and measures; and agree upon provisions required for the execution, preparation, and dissemination of general or specific national statistical studies, in accordance with the law and international treaties (Article 10).

The Manager, who is appointed by the Head of State (Article 14), has the following main functions: to act as legal representative of the INE; submit annually to the Board of Directors for approval the statistical operations programs prepared in accordance with priorities and specifications; present annually to the Board of Directors the institution's draft budget, reports on INE operations, financial statements, and the institution's draft annual report, as well as an assessment and analysis of the costs of operations and

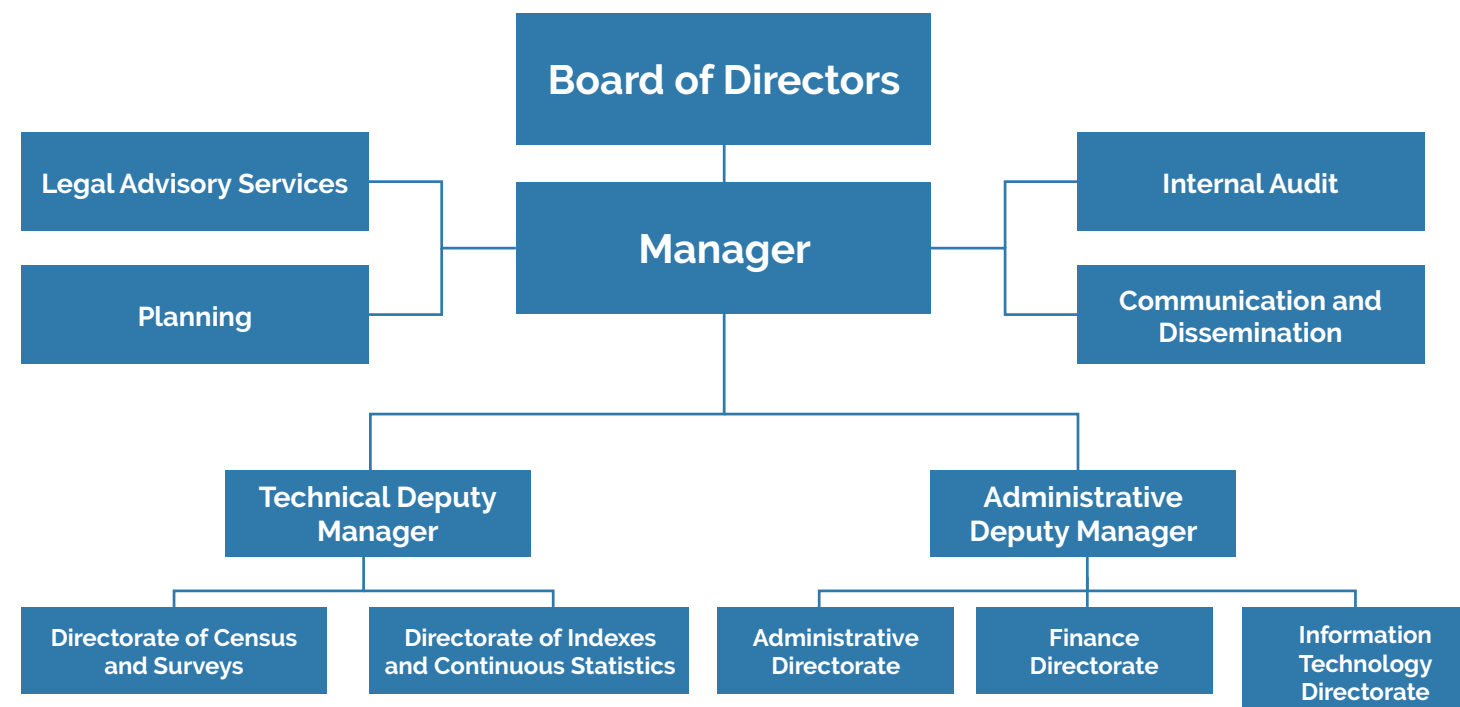
services carried out during the year; and draft the appropriate regulations in accordance with this law, as well as regulations or directives containing technical norms, methods, and procedures to be observed by the entities and offices belonging to the National Statistics System (Article 16).

The National Statistics Commission is a technical body of an advisory nature. The Commission is composed of the Manager of the INE (Chair) and a representative of each of the same entities that make up the Board of Directors (Article 20). Its main functions are to advise the INE on the formulation and assessment of statistics programs and handle queries from the Board of Directors; propose the development of new methods

and procedures as well as the application of appropriate measures for enhancing the quality and coverage of statistics; and submit such proposals to the Board of Directors as it deems advisable for better achieving the purposes of the National Statistics System (Article 21).

Figure 10 shows the INE's organizational structure. The INE team that deals with vital statistics is situated in the Technical Division, under the Directorate of Indexes and Continuous Statistics. The Directorate has a Department of Socioeconomic and Environmental Statistics, which, in turn, has a Social Statistics section.

Figure 10:
INE organizational chart



Source: INE ⁴³

Statistical Information and Research

With respect to statistics management, Articles 24 to 26 of the Organic Law of the INE provide that:

- All public officials and employees, individuals, legal

persons—whether public or private, national or foreign—and residents or temporary visitors, are required to provide such information as may be requested of them by competent authorities that, by their nature and purpose, are related to the preparation of official statistics.

43 INE, *General Organizational Chart* (internal document), 2018.

- All data obtained by the National Statistics System are confidential and may only be used for purposes of a statistical nature.

- Without prejudice to provisions contained in other special laws, the employees and officials of the entities and offices belonging to the National Statistics System are responsible for any harm or injuries caused by their acts or omissions in the performance of their official duties by reason of this law's application.

The Organic Law also recognizes "as useful and publicly necessary, any studies or research conducted for statistical ends by the National Statistics System in accordance with the provisions of this law and international conventions ratified by Guatemala" (Article 27). That includes the regular scheduling of censuses of population (at least every 10 years), housing (at least every 10 years), agriculture (at least every 5 years), and economic activity (at least every 5 years) (Article 28).

The Regulations of the Organic Law of the INE clarify and develop the provisions of the Organic Law, particularly with respect to the activity of the SEN, the workings of the National Statistics Commission, the preparation of the National Statistics Plan, the statistical data collection process, and census organization. Worth highlighting is Article 22, which sets out that "statistical information collected by the organs of the National Statistics System shall be provided using the forms and/or questionnaires that INE authorizes for this purpose", and therefore gives INE the authority to define standards for the provision of civil registration information, among others.

4.2 CRVS System Actors in Guatemala

As the preceding section shows, over the last two decades the CRVS system has undergone a process of centralization, with the transfer of registration functions from the municipalities to the RENAP Central Register. At the same time, the expansion of social programs, migration trends, and other factors have led to an increase in the number of stakeholders in the CRVS system and the data it produces, giving rise to a complex framework of actors. This section identifies the various actors in the CRVS system in Guatemala, as well as its stakeholders.

It describes the criteria used to categorize the actors and stakeholders into different groups and then examines the main characteristics of each group.

4.2.1 Categorization Criteria

In order to provide a holistic overview of Guatemala's CRVS system, four groups of actors have been identified, organized according to their role in the CRVS system.

- **Implementing actors:** The entities that directly carry out a function or activity related to the registration of vital events or the generation and publication of vital statistics.

- **Users of CRVS system data:** Although the public are the main users of the CRVS system, this category covers the institutions that need and use CRVS system data to perform their functions.

- **Oversight and monitoring actors:** The institutions involved in surveillance or oversight of implementing actors.

- **Facilitators or promoters:** The entities that as part of their activities support the CRVS system through institutional strengthening projects, programs to eliminate under-registration, awareness raising about the importance of identity and vital statistics, and training on CRVS systems.

Finally, though not defined as a separate category, it is also worth mentioning coordinating actors, such as interagency technical roundtables, which are usually made up of several of the above-mentioned institutions and promote information sharing, coordination, and follow-up on specific aspects relating to CRVS systems. The role of those entities is addressed in greater detail in Chapter IX, which deals with interagency coordination, information sharing, and interoperability.

The sections that follow contain a series of tables on each category of actors in Guatemala's CRVS system. In order to provide a more precise picture of each actor's role, their importance, and their potential impact on the CRVS system, each table includes the following:

- A summary description of the actor's main mandate or competency in relation to the CRVS system.

- An assessment of the role that the different actors play in the four processes of the CRVS system addressed in the mapping: births, marriages, deaths, and vital statistics. An "X" in a given column signifies that the actor—be it in their implementation, monitoring, facilitation/promotion, or user role—has a particular involvement or stake in the process concerned.

- An assessment of the actor's scope with regard to the Guatemalan population: A "high" (H) scope indicates that the actor reaches or has an influence on more than 50 percent of the population; an "intermediate" (I) scope means that the actor reaches or has an influence on between 10 percent and 50 percent of the population; and a "low" (L) scope signifies that the actor's reach or influence extends to less than 10 percent of the population.

- If the actor has an agreement with the two main actors in the CRVS system: RENAP and INE.

4.2.2 Implementing Actors

To identify the actors that perform an implementing role in the Guatemalan CRVS system (see Table 9), two categorization criteria were considered:

- If they are **institutional** actors (i.e., public institutions with a direct role in the CRVS system) or **non-institutional** actors (i.e. entities or groups that are not public institutions but play a direct role in the CRVS system).

- If they perform their functions at the **national** or **local** level.

At the institutional level, as seen in the section on the legal framework, the CRVS system in Guatemala has a centralized structure built around the following institutions:

- **RENAP**, which by law is responsible for the registration of births, marriages, divorces, deaths, and such other events or acts as may alter the civil status and civil capacity of individuals. It is also responsible for providing people with identification in the form of DPs.

- The **INE**, which is in charge of setting policy and standards on vital statistics and, based on data received from RENAP, of consolidation, classification, analysis, preparation, and official publication of vital statistics.

- The **MSPAS**, which is responsible for the issuance, through its network of hospitals and health centers, of notifications/ records of birth and notifications of death, the documents on which the RENAP relies to register births and deaths.⁴⁴

There are also several "secondary" implementing actors, part of whose functions relate to the CRVS. The role of the Ministry of Foreign Affairs is worth noting, given its authority, through its network of consular offices, to register vital events abroad.

Among the non-institutional actors are midwives, who still attend to almost 30 percent of births in Guatemala; community leaders, who are particularly important in the registration of deaths; and lawyers and notaries, who fill out notices of marriage. Figure 11 provides a general outline of the implementing actors in the CRVS system. A more complete mapping of processes for registering births, marriages, and deaths is included in Chapter VI.

⁴⁴ The MSPAS is also responsible, through its Health Management Information System (SISGA, based on the Spanish acronym) for the publication of health statistics. However, official data on births, deaths and causes of death published by MSPAS come from the RENAP database.

Figure 11:
General outline of the CRVS System

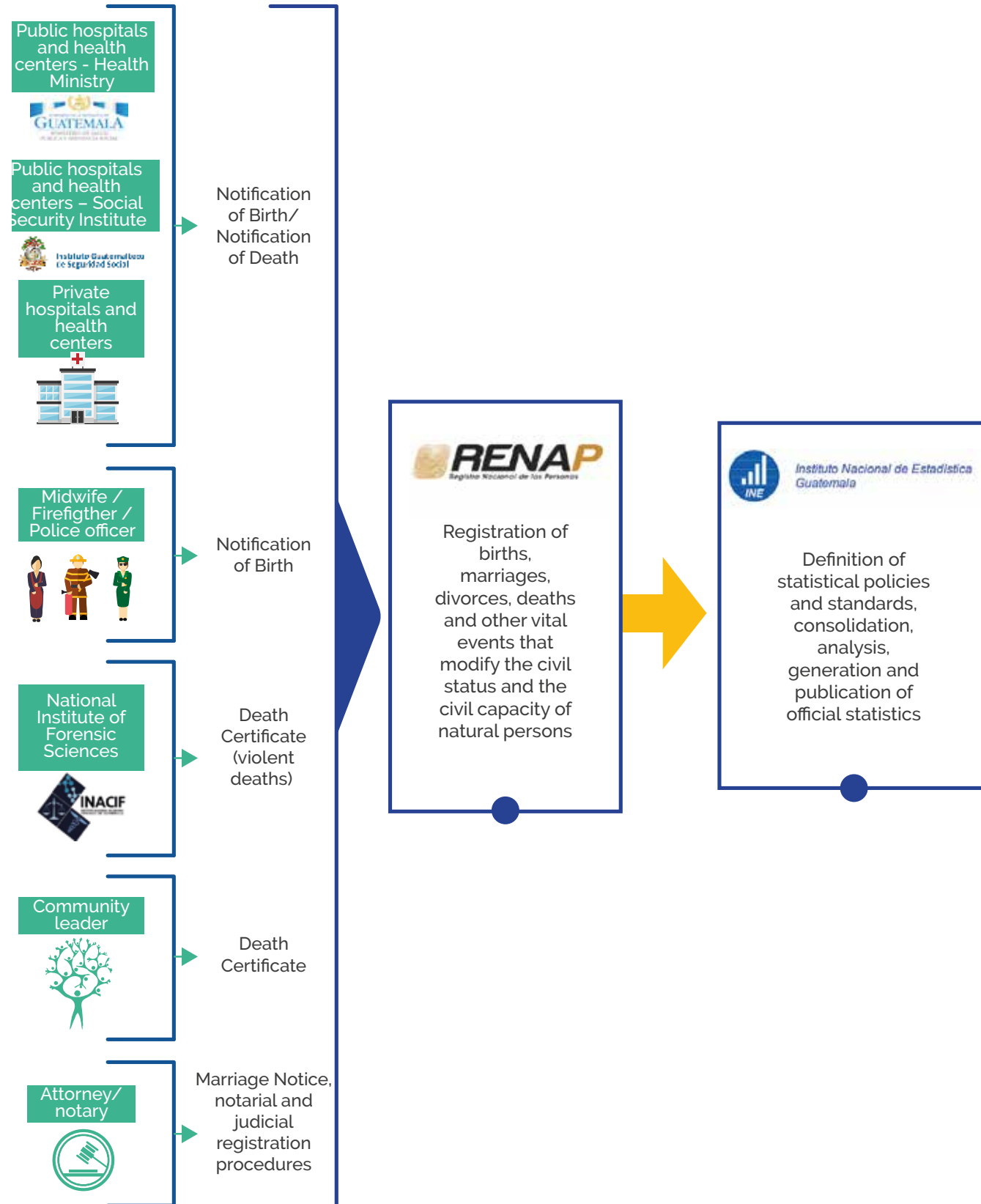


Table 9:
Map of implementing actors in the CRVS System

ACTOR/MANDATE	Birth	Marriage	Death	Vital statistics	ACTORS RANKING CRITERIA	
					Population scope (high, intermediate, low)	Agreement with RENAP or INE
INSTITUTIONAL						
National level						
National Registry of Persons Responsible for registrations of births, marriages, deaths and other vital events.	X	X	X	X	H	INE
National Statistics Institute Responsible for issuing notifications of birth and notifications of death at public hospitals, and for generating health statistics.				X	H	RENAP
Ministry of Public Health and Social Assistance Responsible for issuing notifications of birth and notifications of death at public hospitals, and for generating health statistics.	X		X	X	H	RENAP
Ministry of Foreign Affairs Responsible for registrations of births, marriages, deaths and other civil registration procedures at consulates, some of which also handle DPI applications.	X	X	X		I	RENAP
Guatemalan Social Security Institute Responsible for issuing notifications of birth and notices of death at hospitals that it manages.	X		X		I	RENAP
National Forensic Sciences Institute Responsible for issuing notifications of death and verifying the identity of decedents in cases of violent deaths.			X	X	L	RENAP
Office of the Procurator General Provides legal representation to minors who lack it, including in matters relating to civil registration.	X				L	RENAP
Department of Migration of the Ministry of the Interior Responsible for issuing passports and, for addressing the issue and verifying the identity of returned Guatemalan migrants.					L	RENAP
Local level						
RENAP municipal registry offices Responsible for registrations of births, marriages and deaths and other registration procedures.	X	X	X		H	RENAP

ACTOR/MANDATE	Birth	Marriage	Death	Vital statistics	ACTORS RANKING CRITERIA	
					Population scope (high, intermediate, low)	Agreement with RENAP or INE
RENAP auxiliary offices at hospitals Responsible for registrations of births, marriages and deaths at hospitals.	X		X		H	RENAP
Hospitals Responsible for issuing medical notifications of births and deaths.	X		X		H	RENAP
Fire Department / Police Responsible for issuing notifications of attended births.	X				L	
Cemeteries Responsible for requesting death registrations for burials.			X		H	
NONINSTITUTIONAL						
National level						
Association of Lawyers and Notaries of Guatemala The association that represents notaries, who issue notices of marriage and handle notarial and judicial procedures for rectification of certificates.		X			L	RENAP
College of Physicians The association that represents physicians, who prepare notifications of birth and death.	X		X		L	RENAP
Local level						
Notaries Issues notices of marriage and handles notarial and judicial procedures for rectification and replacement of certificates.		X			H	
Midwives Issue records of birth for attended deliveries.	X				I	
Municipal/community leaders Responsible for issuing notifications of death in places where there are no health centers.			X		I	
Private clinics Responsible for issuing medical notifications of births and deaths.	X		X		L	

4.2.3 CRVS System Users

The users of the CRVS system are all the public and private institutions that, in the context of their services and administrative and financial operations with Guatemalan citizens and domiciled aliens, require proof of identity and/or identification of persons, such as birth registration, a CUI, and a DPI.

In first place are the users that need to verify the identity of beneficiaries of social programs, be they in the area of education, health care, employment, and others. At present, the institutions with the broadest population coverage and impact are the MSPAS, the Ministry of Education, the MIDES, and the Secretariat for Food and Nutrition Security (SESAN).

There are two other bodies that have been set up to facilitate coordination of social programs targeting vulnerable populations: the National Council on Food and Nutrition Security (CONASAN), which was established by Decree No. 32-2005 and is responsible for implementing measures to advance food and nutrition security; and the Special Cabinet for Social Development, which was created by Government Decision No. 168-2012 and is responsible for designing and managing measures and policies, formulating proposals, monitoring projects and programs, and generating opportunities for technical coordination in the area of social development.

Some of the main social programs are those being implemented by SESAN: Attention to the Food and Nutrition Security Policy; Attention to the General Government Policy on Reduction of Chronic Undernutrition; and Attention to the Reparation Policy for Communities Affected by the Construction of the Chixoy Hydroelectric Dam. Under those programs food rations are distributed to families with children with acute undernutrition or in a state of food and nutrition insecurity. MIDES has programs that provide conditional cash transfers (CCT) such as *Mi Bono Seguro*, *TMC para Alimentos*, and *Beca Primer Empleo*.

It is worth pointing out that the interaction between these agencies and the CRVS system implementing institutions is critical for the effective implementation of social programs, as Chapter IX on interagency coordination, information sharing, and interoperability describes.

Also included among the CRVS system users are the agencies in charge of setting policies or implementing programs targeting specific groups or segments of the population, such as women, Indigenous Peoples, migrants, and persons with disabilities.

Table 10 maps the main State institutional users of the CRVS system.

Table 10:
Map of CRVS system users

ACTOR/MANDATE	Birth	Marriage	Death	Vital statistics	ACTORS RANKING CRITERIA	
					Population scope (high, intermediate, low)	Agreement with RENAP or INE
Ministry of Public Health and Social Assistance ⁴⁵ Identity verification and identification of beneficiaries of healthcare services and update of the health database.	X		X	X	H	RENAP
Guatemalan Social Security Institute Identity verification and identification of beneficiaries of healthcare services.	X		X		I	RENAP
Supreme Electoral Tribunal Update of the electoral roll based on RENAP data.	X		X		H	RENAP
Ministry of Education Identity verification and identification of beneficiaries of education services and identification of children not registered with RENAP.	X		X		H	RENAP
Ministry of Social Development Identity verification and identification of beneficiaries of social services and identification of unregistered persons or those without a DPI.	X		X		H	RENAP
Secretariat for Food and Nutrition Security Technical planning and coordination in relation to food and nutrition security.	X		X		I	
Presidential Secretariat for Women Advice and coordination on public policies to promote integral development for Guatemalan women and foster a democratic culture.	X	X	X		H	
Guatemalan Indigenous Development Fund Promotion and generation of individual and collective processes to contribute to cultural, political, social, environmental, and economic development for the Maya, Garifuna and Xinka peoples.	X		X		I	
Secretariat against Sexual Violence, Exploitation, and Trafficking in Persons Linkage and advice for prevention, assistance, prosecution, and punishment of the crimes of sexual violence, exploitation, and trafficking in persons.	X	X	X		L	RENAP

⁴⁵ The Ministry of Public Health and Social Assistance and the Guatemalan Social Security Institute are considered both implementing actors and users of the CRVS system.

ACTOR/MANDATE	Birth	Marriage	Death	Vital statistics	ACTORS RANKING CRITERIA	
					Population scope (high, intermediate, low)	Agreement with RENAP or INE
National Council on Assistance for Persons with Disabilities Coordination and advice on the implementation of general and State policies, in order to ensure observance of human rights and fundamental freedoms for persons with disabilities.	X		X		L	RENAP
National Council on Assistance for Migrants Coordination, definition, supervision, and oversight of measures and activities implemented by State organs and entities to provide protection and assistance to Guatemalan migrants and their families in Guatemala as well as to migrants from other countries who are in Guatemala.	X		X		I	
Presidential Secretariat for Planning and Programming Coordination on formulation of general government policy and assessment of its implementation, as well as coordination of the National Planning System.	X	X	X		L	RENAP
Presidential Commission against Discrimination and Racism toward Indigenous Peoples Advice and formulation of public policies to eradicate racial discrimination and racism toward Indigenous Peoples.	X		X		I	RENAP
Ministry of the Interior/Bureau of Corrections Custody and security for persons deprived of their liberty, and provision of conditions conducive to their education and social rehabilitation.	X		X		L	RENAP
Presidential Secretariat for Social Welfare Formulation, coordination, and implementation of public policies on comprehensive protection for Guatemalan children and adolescents.	X	X	X		I	RENAP

4.2.4 CRVS System Oversight and Monitoring Actors

There are five main Guatemalan State institutions whose functions and competencies require them to supervise and monitor budgets and finance, legal compliance, and respect of citizens' rights, including the right to identity.

- **Congress of the Republic of Guatemala:** The Congress is the legislative body that issues laws for the country's integral development and the well-being of its inhabitants. As regards its legislative function, its responsibilities include creating,

enacting, and drafting laws, as well as reforming or abolishing them in strict accordance with constitutional rules and those that the body itself has established to govern how it functions. As regards its public control and oversight function, it ensures that the executive branch exercises its power in a lawful way and follows up on the latter's compliance with the commitments it assumes.

As noted in the previous chapter, the Congress of the Republic is represented on the RENAP Board of Directors.

•**Office of the Procurator General (PGN):** The PGN is the government institution created by constitutional mandate, whose competencies include providing legal counsel and advice to the public administration, as well as representing the State of Guatemala. The institution represents and defends minors, women, older persons, persons declared missing and those declared incapacitated, in accordance with the law. Its main functions in relation to the CRVS system include to:

- Represent and defend the interests of the State in all legal proceedings to which it is party and to promote the timely enforcement of judgments issued in those proceedings;
- Plan and follow up on actions to search for, locate and protect minors who have disappeared or been abducted, and;
- Represent the missing, minors, and persons declared incapacitated when they lack legitimate representation in accordance with the Civil Code and other laws.

•**Human Rights Ombudsperson (PDH):** The PDH is the institution responsible for promoting and protecting human rights through actions of promotion, dissemination, representation, mediation, education, and supervision of the work of State institutions, in accordance with the Constitution and laws of Guatemala and international treaties on human rights. The functions of the Human Rights Ombudsperson as a commissioner of the Congress of the Republic include to:

- Receive, assess, and process complaints of possible human rights violations;
- To supervise the public administration, organized according to vulnerable groups and rights: women, minors, persons with disabilities, young people, LGBTI, the elderly, migrants, due process, workers, trafficking victims, transport users, right to food, right to health, consumer rights, environment;
- Promote and disseminate human rights;
- Prepare national and international situation reports;
- Bring domestic legal actions (constitutional relief, unconstitutionality suits, amicus curiae);
- Request precautionary measures from the Inter-American Commission on Human Rights, and;

• Act as regulating authority on access to public information through the Executive Secretariat of the Commission on Access to Public Information.

Through those functions, the PDH monitors access to the right to identity in Guatemala and, to that end, it has worked closely with RENAP to promote the rights to identity and identification for groups in situations of vulnerability.

• **Office of the Attorney General (MP):** The responsibilities of the MP include to investigate publicly actionable criminal offenses and prosecute them in the courts in accordance with its powers under the Constitution, the law, and international treaties and conventions; bring civil suits in the instances envisaged by the law and to advise those who seek to bring private criminal suits in accordance with the Code of Criminal Procedure; direct the police and other State security bodies in the investigation of criminal offenses; and preserve the rule of law and observance of human rights by instituting the necessary proceedings in the courts of justice.

It is responsible for investigating offenses against the public administration (which includes the institutions of the CRVS system), such as disobedience, abuse of authority, dereliction of duty, disclosure of official secrets, usurpation of official functions, violation of seals, failure to comply with legal formalities, acceptance of bribes, illicit acceptance of gifts, embezzlement, offenses against public trust and national property (forgery of a public document and document tampering), and offenses against the access to public information law (sale of personal data, alteration or destruction of archive information, disclosure of confidential or secret information).

• **Office of the Comptroller General (CGC):** The regulating entity in charge of governmental oversight and control, its main purpose is to direct and implement governmental external and financial oversight as well as to ensure transparency in the management of State entities or of those that manage public funds, promotion of ethical values and accountability in public officials and civil servants, oversight and quality assurance in public spending, and probity in the public administration.

Table 11 contains the map of oversight and monitoring actors.

Table 11:
Map of CRVS system oversight and monitoring actors

ACTOR/MANDATE	Birth	Marriage	Death	Vital statistics	ACTORS RANKING CRITERIA	
					Population scope (high, intermediate, low)	Agreement with RENAP or INE
Congress of the Republic Exercises legislative power, monitors the exercise of power by the executive branch to ensure its lawfulness, represents the people, and approves the national budget.	X	X	X	X	H	
Office of the Procurator General Represents and defends the rights of the nation in all proceedings to which it is party and represents minors, the elderly, and persons with different abilities in any court of justice when they lack representation.	X	X	X	X	H	RENAP
Human Rights Ombudsperson Ensures observance of the human rights recognized in the Constitution and in human rights conventions and treaties signed and ratified by the country, including the right to identity.	X	X	X	X	H	RENAP
Office of the Attorney General Initiates criminal prosecutions, directs investigations of publicly actionable offenses, and ensures strict compliance with the country's laws.	X	X	X	X	H	RENAP
Office of the Comptroller General (CGC): Controls the income, expenses and all financial interests of state agencies.	X	X	X	X	H	

4.2.5 CRVS System Facilitators and Promoters

The facilitators and promoters can be subdivided into **national** entities, that is, Guatemalan NGOs or associations with programs or interests aligned with the CRVS system, **and international entities**, in other words, cooperation agencies, international organizations, development banks, international NGOs, etc., that in one way or another support the CRVS system.

The contributions that international and national entities have provided in recent years in terms of support and promotion of identity and identification have included: awareness campaigns on the importance of identity, installation of auxiliary offices at hospitals to ensure timely birth registration, mobile days to eradicate under-registration, digitalization of records of births, marriages, and deaths, and institutional strengthening projects, etc.

Table 12 contains the map of facilitators and promoters identified in Guatemala's CRVS system. The roles and support capabilities of these actors are explored in more detail in Chapter X.

Table 12:
Map of CRVS system facilitators and promoters

ACTOR/MANDATE	Birth	Marriage	Death	Vital statistics	ACTORS RANKING CRITERIA	
					Population scope (high, intermediate, low)	Agreement with RENAP or INE
INTERNATIONAL						
Organization of American States, through the Universal Civil Identity Program in the Americas (PUICA)	X		X	X	L	RENAP
UNICEF	X			X	L	RENAP
Plan International	X	X		X	L	RENAP
Inter-American Development Bank	X	X	X	X	L	
United Nations Population Fund	X			X	L	
UNDP	X			X	L	
Latin American Faculty of Social Sciences	X	X	X		L	
Family Search	X	X	X		L	
World Food Programme	X				I	
United States Agency for International Development	X				L	
World Vision	X	X	X		L	
Pan American Health Organization	X	X	X	X	L	
NATIONAL						
National Public Administration Institute	X	X	X		L	RENAP
Fundación Juntos: Viva por la Niñez [Foundation Juntos: Viva por la Niñez]	X				L	RENAP
Fundación Rigoberta Menchú Tum [Foundation Rigoberta Menchú Tum]	X	X			I	RENAP
Asociación de Lenguas Mayas [Mayan Languages Association]	X				L	RENAP
Asociación de Autoridades y Alcaldes indígenas [Association of Indigenous Authorities and Mayors]	X		X		L	RENAP
Mesa a favor de Niñas y Adolescentes [Roundtable for Girls and Adolescent Women] ⁴⁶		X			L	

⁴⁶ The Roundtable for Girls and Adolescent Women is a coordinating body that brings together non-governmental, international organizations and the PDH to advocate for the rights of girls and adolescents. It played an important role in the national campaign to abolish the marriage of minors.

V. CIVIL REGISTRATION AND VITAL STATISTICS INSTITUTIONAL MANAGEMENT MODEL

5.1 Public Policy Framework

Guatemala's public policy is built on the strategic vision developed in two main instruments: at the domestic level, the National Development Plan: K'atun, Our Guatemala 2032; and at the international level, the 2030 Agenda for Sustainable Development.

Although the National Policy makes no direct reference to the need to reduce under-registration of births and deaths, several goals aim to strengthen the CRVS system as a means to achieving objectives in the areas of health, social development, and democratic governance, and entail the active participation of RENAP and the INE, as Table 13 illustrates.

5.1.1 K'atun National Development Plan and National Development Policy

The K'atun National Development Plan⁴⁷ was approved by the National Council on Urban and Rural Development (CONADUR) in 2014 in the context of a participatory process. Thereafter, the Presidential Secretariat for Planning and Programming (SEGEPLAN), the main State planning body, was instructed to craft a public policy based on the K'atun Plan. The National Development Policy was approved in January 2015 as a long-range strategic instrument for public policy planning and implementation in Guatemala.⁴⁸ The policy proposes a sustainable human development model that centers on the individual and has five planks: urban and rural Guatemala; well-being for the people; wealth for all; natural resources today and for the future, and; the State as guarantor of human rights and driver of development.

Under the General Guidelines of the National Policy, all public institutions, including autonomous and decentralized agencies, were requested to align their institutional policies to the priorities, goals, outcomes, and guidelines contained in the K'atun Plan and to establish the necessary coordination mechanisms.⁴⁹

Each plank of the national policy is supported by a matrix of priorities, goals, guidelines, responsible and coordinating entities, and implementation timeframes.

⁴⁷ A k'atun is a time unit that refers a period of 20 years in the Mayan civilization calendar.

⁴⁸ SEGEPLAN, *Política Nacional de Desarrollo* [National Development Policy], 2015. Available online at <http://www.katunguatemala2032.com/index.php/descarga-documentos> (last accessed on June 26, 2018).

⁴⁹ Ibid, pp. 25-27.

Table 13:
National Development Plan priorities aligned with the CRVS System

Priorities	Goals	Guidelines	Responsible entity/ies	Coordination	Timeframe		
					Short-term (by 2019)	Medium-term (2020-2024)	Long-term (2025-2032)
Matrix Table 2 Alignment between the "Well-being for the people" plank and the policy and co-implementing entities and timeframes							
Advance transformation of the health care model to reduce morbidity and mortality in the general population	Reduce the burden of the main infectious, parasitic, and chronic degenerative diseases based on standardized and institutionalized health sector data.	n. Strengthen RENAP in order to make it easier to obtain information disaggregated by sex, territory, and age so as to better program service provision.	MSPAS	RENAP	X	X	X
	Guarantee service provision and care at health facilities for 100% of the sick population.	e. Develop a supervision, monitoring, and evaluation system for all health sector entities in order to track progress in reducing morbidity and mortality at the national, departmental, and municipal levels.	MSPAS	National Health System CNE INE	X	X	X
	Set up rehabilitation services in the community to improve the quality of life of persons with temporary or permanent disabilities, and ensure that their basic and participation needs are met.	e. Consolidate and guarantee the operations of the health sector logistics system and registration system, in order to ensure adequate care and follow-up for people.	MSPAS	National Health System	X	X	
Matrix Table 3 Alignment between the "Wealth for all" plank and the policy and co-implementing entities and timeframes							
A more active State role in achieving growth and social inclusion	The State has enhanced its scope of action, representation by social actors, and the quality of its management.	f. Generate an efficient information system that keeps up-to-date statistics on the country's political, social, economic, and environmental reality.	INE	SEGEPLAN CNE	X	X	X

Priorities	Goals	Guidelines	Responsible entity/ies	Coordination	Timeframe		
					Short-term (by 2019)	Medium-term (2020-2024)	Long-term (2025-2032)
Matrix Table 5 Alignment between the "State as guarantor of human rights and driver of development" plank and the policy and co-implementing entities and timeframes							
Strengthening the State's capabilities in meeting development challenges	By 2032, the public management mechanisms are strengthened and operate in a framework of efficiency and effectiveness (Outcome 4).	a. Establishment of a National Evaluation Council with the necessary autonomy and technical capacity to generate, process, and analyze objective information to guide decision-making on development matters.	SCDUR	INE SEGEPLAN SENACYT COPRET IGN INSIVUMEH USAC	X		
		a. Creation of a National Information Institute, to supervise and manage the country's statistical, geographic and scientific information.	SCDUR	SEGEPLAN INE SENACYT IGN INSIVUMEH USAC	X		
Democratic governance	By 2032, the Guatemalan political system has increased its representation, inclusion, and transparency (Outcome 1).	a. Ensure the identification of all Guatemalans.	MSPAS	National Health System	X	X	

Source: Prepared by OAS/PUICA based on National Development Plan matrix tables

5.1.2 2030 Agenda for Sustainable Development

The 2030 Agenda was approved in September 2015 and contains 17 universal goals to guide the efforts of all the world's countries toward attaining a sustainable world by 2030. Goal 16 (Promote peaceful and inclusive societies) includes for the first time a target that relates specifically to civil identity: 16.9 "By 2030,

provide legal identity for all, including birth registration."⁵⁰ In 2017, Guatemala, along with all the other countries in the region, approved the conclusions and recommendations of the First Meeting of the Forum of the Countries of Latin America and the Caribbean on Sustainable Development, which acknowledged "the primary responsibility of Governments in implementing the 2030 Agenda for Sustainable Development" and recommended

⁵⁰ United Nations, Sustainable Development Goals. Available online at <https://www.un.org/sustainabledevelopment/peace-justice/> (last accessed on June 26, 2018).

⁵¹ Forum of the Countries of Latin America and the Caribbean on Sustainable Development – 2017, First Meeting, Mexico City, April 26 to 28, 2017. Available online at https://foroalc2030.cepal.org/2018/sites/foro2018/files/final_text_of_the_conclusions_and_recommendations_3mayo.pdf (last accessed on June 26, 2018).

to continue building institutional capacities for reaching the SDGs and targets, including for data collection and monitoring.⁵¹ As part of efforts to monitor progress and challenges in attaining the targets, the region's countries responded to an ECLAC questionnaire on their capacity to produce indicators relating to the Agenda's 169 targets. Guatemala said in its response to the questionnaire that it had the capacity to produce an indicator on Target 16.9 (83 percent of countries in the region have the capacity to produce that indicator).⁵²

Figure 12:
RENAP strategic alignment



Source: RENAP

5.2 Civil Registration Institutional Management Model

5.2.1 Strategic Plan

RENAP's Institutional Strategic Plan 2018-2022 articulates the agency's vision for meeting its objectives in the area of civil registration and identification. It is aligned with the K'atun National Development Plan, the 2030 SDGs, and the General Government Policy 2016-2020, as the following charts prepared by RENAP's Department of Management and Internal Oversight show.

Figure 13:
Institutional alignment with the K'atun National Development Plan 2032

INSTITUTIONAL LINK, K'ATUN NATIONAL DEVELOPMENT PLAN 2032 - GENERAL GOVERNMENT POLICY – SDGs		Table 1
Axis of the General Government Policy	Zero tolerance to corruption and State Modernization	
Description of the Goal/Output	To improve the country score in the Corruption Perceptions Index, moving from 32 in 2014 to 50 in 2019	
Identification in K'atun	Sub-guideline	
K'atun axis	The State as guarantor of human rights and development driver	
Target SDG	16.9 By 2030, provide legal identity for all, including birth registration	
SDG	SDG16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	
RENAP action	To guarantee the identity and identification of all Guatemalans	

Source: RENAP⁵³

Figure 14:
Institutional alignment with the General Policy Guidelines 2016-2020

INSITUTIONAL IDENTIFICATION WITH THE GUIDELINES OF THE GENERAL GOVERNMENT POLICY		Table 2
Axis	Food and nutrition security, integral health and quality education	
Strategic action of the general government policy 2016-2020	Nominal registry of beneficiaries of the Strategy of Reduction of Chronic Malnutrition for children under five, using RENAP's CUI	
Orientations	Implement necessary actions for the nominal registry of beneficiaries of the Strategy of Reduction of Chronic Malnutrition for children under five	
Responsible institution	MIDES	
Coordination entities	MAGA, MSPAS, MINECO	
Actions proposed by RENAP linked to the guidelines of the general government policy	Support, at the request of MIDES, the development of the nominal registry of beneficiaries of the Strategy of Reduction of Chronic Malnutrition for children under five, using the CUI. Address the cases of children under the age of five referred by MIDES and/or the coordination entities related to birth registration.	

Source: RENAP

⁵² ECLAC, *Annual report on regional progress and challenges in relation to the 2030 Agenda for Sustainable Development in Latin America and the Caribbean*, Santiago: United Nations, 2017. Available online at https://repositorio.cepal.org/bitstream/handle/11362/41189/S1700474_en.pdf?sequence=7&isAllowed=y (last accessed on June 26, 2018).

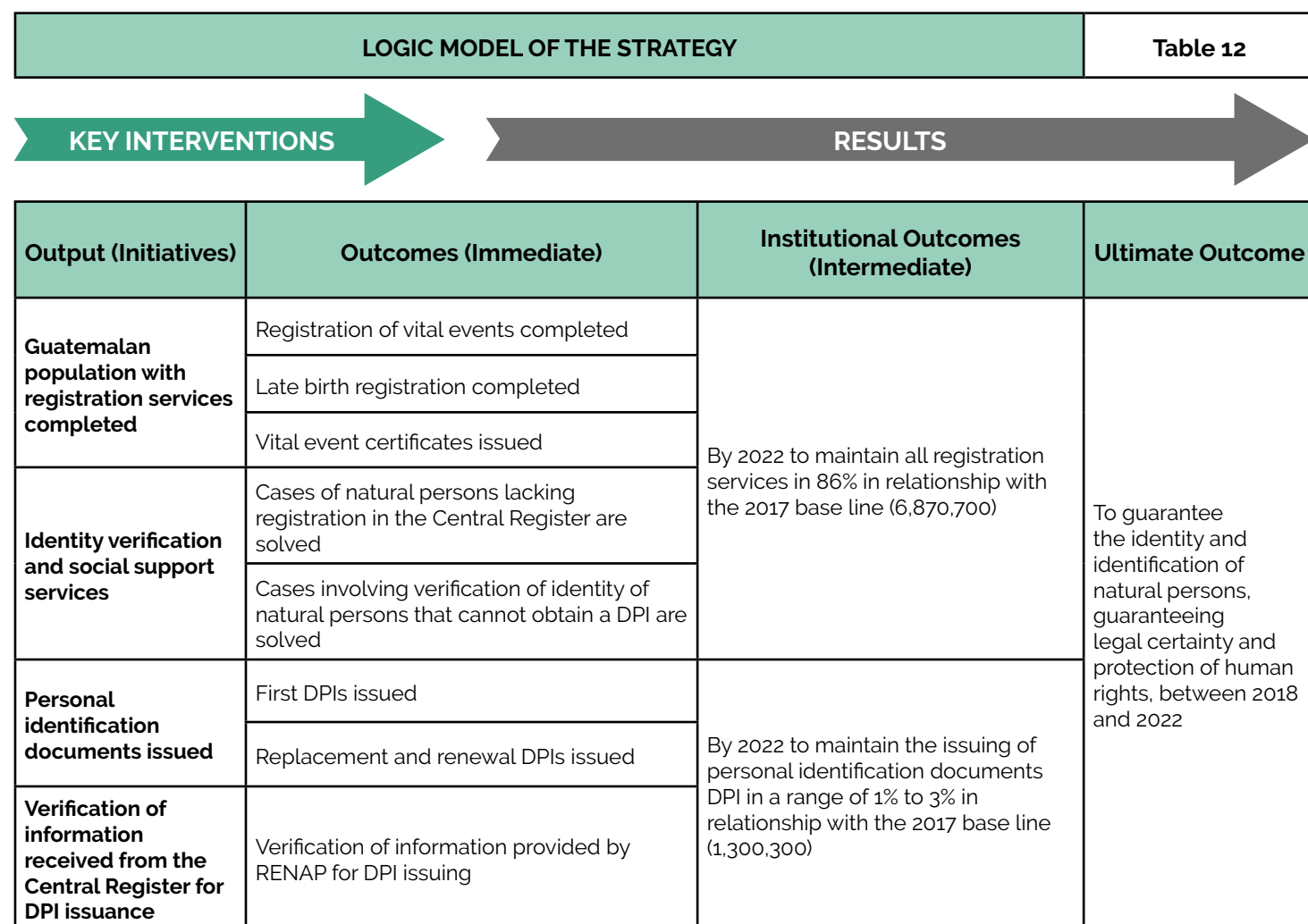
⁵³ RENAP, *Institutional Strategic Plan 2018-2022*, December 2017, p.5.

The goals of the Institutional Strategic Plan were defined based on a situation analysis that identified an array of contributing factors for under-registration of births in Guatemala. They include, in particular, poverty and extreme poverty; illiteracy (the majority of people without a DPI in Guatemala are poorly educated women); the absence of a culture of registration; the perception that birth registration is not a fundamental right; consequences of the armed conflict, as a result of which many people were deprived of documents; ethnic and gender discrimination; geographic barriers due to the nature of the terrain; natural disasters; political factors such as past tampering with the electoral roll; irregular migration abroad and migrants'

fear of being identified by immigration authorities if they request a document or register their children; and a high proportion of midwife-attended births.⁵⁴

Using a results-based management model, an analysis of the problem was used to design intervention strategies and expected outcomes for: provision of registration services; identity verification and social support services; issuance of DPIs; and verification of the information received from the National Civil Registry to issue DPIs, as detailed in the Institutional Strategic Plan logical framework (Figure 15).

Figure 15:
RENAP Institutional Strategic Plan logical framework



Source: RENAP⁵⁵

54 Ibid, p.6.

55 Ibid, p.33.

Those intervention strategies translated into annual operational goals for each awaited output and sub-output. For example, in 2018 the agency expects to provide 6,522,100 registration services, process 987,737 DPI applications, and conduct 450,000 verifications in the birth registration database in relation to DPI applications. Table 14 details the institutional goals for 2018 and progress in execution as of January.

Table 14:
2018 institutional goals in the Annual Operating Plan 2018

Outputs and Sub-outputs	2018 Goal	Executed as of January 2018
Guatemalan population with registration services completed	6,522,100	913,065
Registrations of registry events and acts completed	583,900	53,421
Late birth registrations completed	38,200	6,493
Certificates of registry events and acts issued	5,900,000	853,151
Identity verification and social support services	3,400	306
Individuals unable to register in the Central Register, with situation resolved	3,000	250
Identity verification for individuals unable to obtain a DPI, with situation resolved	400	56
Personal identification documents (DPIs) issued	987,737	109,122
First DPI issued	431,054	55,721
DPI replacement or renewal issued	556,683	53,401
Verification of information received from the Central Register for DPI issuance	450,000	53,000
Verification of information received from the Central Register for DPI issuance	450,000	53,000

Source: Prepared by OAS/PUICA based on RENAP data⁵⁶

5.2.2 Budget

The RENAP budget for fiscal year 2018 is 393,855,691 quetzals (a little under US\$53 million). As table 15 shows, there was a gradual decline in the budget from 2014 to 2017, which was partially offset by an increase in 2018. Even so, the 2018 budget is 7 percent less than the 2014 budget. The biggest cut has been in the amount of funds allocated to identification, while

the allocation to registration of the Guatemalan population has remained more or less constant over the last five years.

According to the Office of the Executive Director of RENAP, the budget constraints have meant that in recent years practically all the budget has been used for operational expenses and running costs, leaving the agency insufficient funds for investments in

56 RENAP: Directorate of Management and Internal Oversight, *Physical Progress and Financial Report*, January 2018.

technology, infrastructure, vehicles, and equipment. RENAP is in the process of requesting a budget increase for 2018 of Q 337,842,597 (US\$45 million) from the Guatemalan Congress to finance priority projects for ensuring its services, such as DPI personalization equipment and inputs (printing) (Q 92,000,000

/ US\$12.2 million), DPI quality control equipment (Q 110,000 / US\$15,000), vehicles and mobile registration and identification units (Q 15,562,450 / US\$2.1 million), strengthening civil registration (Q 11,514,051 / US\$1.5 million) and infrastructure and technology systems (Q 218,656,096 / US\$29.1 million).⁵⁷

Table 15:
*RENAP budget, by program, 2014-2018*⁵⁸

Programs	2014	2015	2016	2017	2018
Core activities	158,080,944	149,550,212	147,461,101	152,609,735	173,580,766
Registration of the Guatemalan population	183,982,848	179,539,487	168,602,381	178,234,694	189,480,200
Identification of the Guatemalan population	81,436,779	73,615,717	83,690,043	38,979,034	29,635,872
Items not assignable to programs		1,036,436	1,530,476	961,526	1,158,853
TOTAL IN QUETZALS	423,500,571	403,741,852	401,284,001	370,784,989	393,855,691
TOTAL IN US DOLLARS	57,223,397	54,553,599	54,221,494	50,100,468	53,217,781

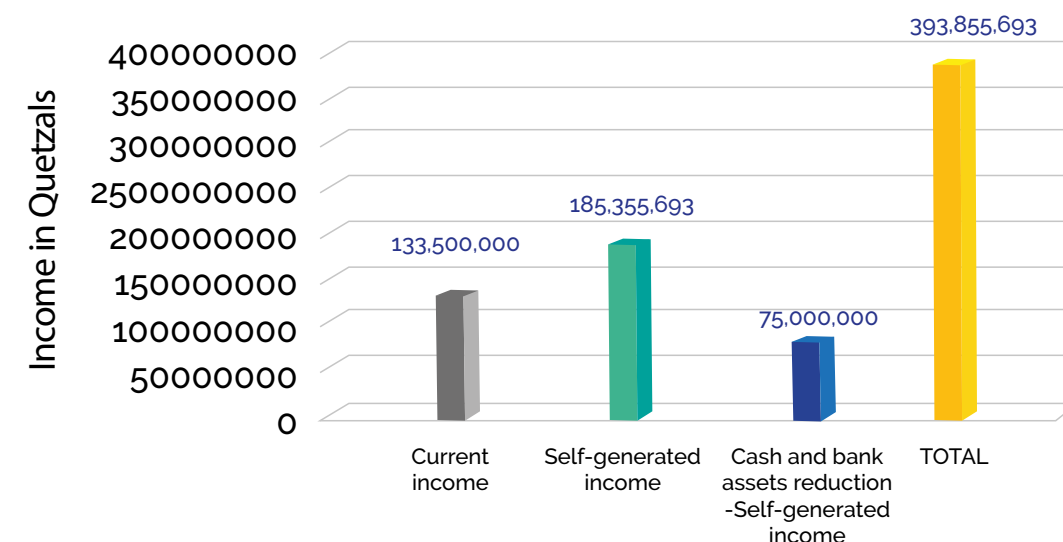
Source: RENAP⁵⁹

Article 48 of the RENAP Law identifies the following sources of financing for RENAP: (a) The financial resources annually programmed and allocated to it in the State Budget; (b) special contributions that the State may decide to grant it; and (c) self-generated funds, principally those collected for issuing DPIs and other certifications or registrations, and contributions from other

individuals or legal persons, including those from international cooperation sources.

In 2018, 47 percent of RENAP's overall budget is from self-generated income.

Figure 16:
RENAP income, by source of financing



Source: Prepared by OAS/PUICA based on RENAP data⁶⁰

As stated earlier, the self-generated income comes in part from the fees charged to the public for different documents and registration processes (see table 16) and the sale of services

to nonpublic organizations. All services to national public institutions are provided free of charge.

Table 16:
List of RENAP services and fees

Services	Price (Quetzals) ⁶¹	Price (US\$)
Domiciled alien	500.00	67.56
All other RENAP registrations	25.00	3.38
For issuance of documents		
Replacement, renewed, or first DPI	85.00	11.49
Certificate of refusal to issue a DPI	75.00	10.13
Certificate of refused registration	25.00	3.38
Certificate of registration, including a digital image from the book	50.00	6.76
Certificate of refusal due to inability to issue	25.00	3.38
Certificate of refusal of <i>Cédula de Vecindad</i> entry	25.00	3.38
Literal certificate of registration	75.00	10.13

60 RENAP: Directorate of Management and Internal Oversight, *Physical Progress and Financial Report*, January 2018.

61 If the above documents, including certificates of registration, are requested electronically, there is a 25 percent surcharge. The above is based on a decision of the Board of Directors under Article 4.

57 RENAP: Office of the Executive Director, *Request to the Congress of the Republic for additional current income*, (b) infrastructure, (Ref. DE-1020-2018) (internal document), Guatemala: RENAP, 2018.

58 Compiled using internal budget amendments as at December 31 for each year, except 2018, for which only the amendments as at February were included.

59 RENAP, Website, Public Information: Budget, 2018. Available online at <https://www.Renap.gob.gt/informacion-publica/presupuesto-de-ingresos-y-egresos> (last accessed on August 24, 2018).

Services	Price (Quetzals)	Price (US\$)
Certificate of single status	25.00	3.38
Certificate of homonymous status	25.00	3.38
DPI certification	75.00	10.13
Certificate of district of residence	25.00	3.38
Certified copy of supporting documents	50.00	6.76
Certified copy of book entry	25.00	3.38
Certificate of medical record	25.00	3.38
Other Services		
Late registration	25.00	3.38
Authentication of civil registrar's signature	50.00	6.76
DPI delivery to an address in Guatemala City	30.00	4.05
DPI delivery to an address outside the capital in the Republic of Guatemala	50.00	6.76
Electronic request for a replacement DPI	100.00	13.51
DPI delivery abroad	111.01	15.00
Electronic preregistration via notary	100.00	13.51
Vital statistics of population records	250.00	33.78
Services requested at embassies and consulates		
Issuance of a certificate of birth registration	37.00	5.00
Issuance of DPI (special charges depending on type of delivery chosen)	111.01	15.00

Source: Prepared by OAS/PUICA based on RENAP data ⁶²

5.2.3 RENAP Institutional Resources

The civil registration and identification services provided by RENAP are sustained by a network of physical, human, and technological resources distributed across the country.

RENAP Office Network

RENAP has a network of registry offices that cover all 340 municipalities in Guatemala and provide the full range of civil registration and identification services at each one. Its headquarters is located in Guatemala City, where there are an additional three offices that provide attention to the public. Likewise, the more heavily populated departmental capitals

(Quiché, Izabal, Petén, Retalhuleu, Jutiapa and Sololá) have two offices. RENAP has three mobile units for its under-registration eradication and identification programs.

There are also specialized offices at the headquarters of INACIF in Guatemala City, to generate timely registrations of death in cases of people killed in violent circumstances. That RENAP office has fingerprint readers to make biometric identifications of decedents. RENAP also has offices at the Office of the Attorney General and at the headquarters of the Judiciary, where it provides consultation services on identity and the identification in cases under investigation by those institutions. The Ministry of Foreign Affairs provides registration services for migrants

abroad through its network of consulates, where all civil registration procedures can be carried out. It can also issue DPis at 10 consulates in the United States and one in Spain. Consular registrations are handled by consular staff.

Human Resources

RENAP has 2,594 employees, 67.39 percent of whom belong to the Central Register Directorate, 3.43 percent to the Directorate of Processes, and 1.58 percent to the Directorate of Verification and Social Support, the areas responsible for providing registration and identification services to the public.

Table 17:
Distribution of RENAP employees, by administrative unit (as at May 2018)

Area	Total Employees	%
Administrative Directorate	406	15.65%
Legal Directorate	17	0.66%
Directorate of Training	20	0.77%
Directorate of Management and Internal Oversight	32	1.23%
Directorate of Information Technology and Statistics	105	4.05%
Office of the Inspector General	23	0.89%
Budget Directorate	53	2.04%
Directorate of Processes	89	3.43%
Directorate of Verification and Social Support	41	1.58%
Office of the Executive Director	13	0.50%
Board of Directors	5	0.19%
Central Register	1,748	67.39%
General Secretariat	7	0.27%
Office of the Internal Auditor	24	0.93%
Social Communication	11	0.42%
TOTAL	2,594	100.00%

Source: RENAP

⁶² RENAP, *Service Fees according to Board of Directors Decision No. 67-2016*, 2016. Available online at <https://www.Renap.gob.gt/sites/default/files/contenido-pdf/tarifario-servicios-acuerdo-67-2016.pdf> (last accessed June 26, 2018).

48 percent of employees are male and 52 percent are female. As part of its policy of inclusion of persons with disabilities in its personnel, RENAP employs 17 workers with some type of disability.

Technology Infrastructure

The Civil Registration System (SIRECI) is the information system that supports RENAP's registration processes. It was developed on a client/server platform and has an Oracle database. The system allows registry operators to perform all registration transactions online from all 479 locations (registry offices, auxiliary offices at hospitals, specialized offices, and mobile units) where services are provided. All RENAP's offices are connected to SIRECI and have biometric workstations for enrolling DPI applicants. SIRECI is supported by a telecommunications infrastructure and data processing and storage servers.

SIRECI has been in use since RENAP's inception. In the course of the agency's 10-year existence the system has evolved and its stability, data integrity, and user response time improved. The next step, according to personnel at the Department of Information Technology and Statistics, is to switch from a client/server system to a web-based environment.

RENAP also has a biometric information system for which 11,500,000 unique biometric identifier registrations were purchased in 2008.

5.2.4 Challenges and Opportunities

Infrastructure and Equipment Renewal

Although the agency has achieved 100 percent coverage of municipalities, the physical state and technology of registry offices throughout the country vary. In terms of infrastructure, ventilation equipment needs to be renewed, as do electricity plants and sanitary facilities for the public. In addition, conditions of safekeeping for supporting documents for individual registrations and DPI requests need to be enhanced. As regards technology, most of the equipment is obsolete, having been in use for more than five years, and offices need to be supplied

with updated printers, scanners, and equipment for collecting biometric data in the enrollment process.

According to the RENAP officials in charge of Central Register, the agency's information system is stable and its response times are adequate. The most pressing problem where technology is concerned is obsolescence of software and hardware resources. The technological obsolescence stems from the fact that most of the investment in equipment occurred in 2008 and 2009 and there has been no budget for their renewal in the years since.⁶³ As a result, most of the equipment and software have outlived that useful life and are no longer under warranty, support, or maintenance. Most of the institution's technology architecture needs to be renewed in order to support its registration services and improve service quality for the public. That includes purchasing equipment and software licenses, perimeter security equipment, data storage equipment, data processing equipment (servers), telecommunications equipment, data links, computers, and databases.

As regards the biometric information system, RENAP is currently in the process of acquiring additional registration storage capacity and updating existing biometric data collection equipment.⁶⁴

Another need is to renew and expand the fleet of mobile units and vehicles, since the shortage of vehicles is a considerable hindrance on the scope of action of both the Department of Under-Registration Prevention and Eradication and the Department of Identity Verification and Social Support, whose lawyers have to travel to several departments to resolve registration problems. Currently there are only three mobile units (where 22—one per department—are needed) with the necessary communication equipment and enrollment stations to carry out regular mobile registration and identification days in all the communities where they are needed.

Long-term Financial Self-Sustainability

One of RENAP's biggest challenges is to develop a long-term strategy and goals for securing its financial self-sustainability. In order to increase the proportion of self-generated income in its budget without putting up the cost of its services to the public, it is important to develop a strategy with different private institutions⁶⁵

that would allow RENAP to develop new products and services in line with people's identity verification needs. That entails strengthening in the areas of marketing, market research, and development of new identity products and services, just as other countries in the region have done. A marketing specialist's position was created in RENAP's User Assistance area for that purpose.

5.3 Vital Statistics Institutional Management Model

Vital statistics are ongoing statistics that gather data on births, deaths, fetal deaths, marriages and divorces, and provide information that reveals changes in levels and patterns of mortality, fertility, marriage rates and divorce, offering a dynamic perspective of the population to complement the still view provided by censuses. As mentioned previously, the agency in charge of compilation, analysis, and publication of vital statistics in Guatemala is the INE.

5.3.1 Strategic Plan

INE is a crosscutting technical institution that governs and regulates the National Statistics System. Its purpose is to

formulate and implement national statistics policy and to plan, direct, coordinate, and supervise all activities in the country relating to statistics. The institution's activities are guided by the K'atun National Development Plan: Our Guatemala 2032, the General Government Policy, and the Sustainable Development Goals, in accordance with its legal and strategic framework.

INE's work plan for 2018 proposes to carry out the following: (a) the implementation stage of the National Censuses of Population and Housing; (b) the Census of Education and Health Infrastructure; (c) two National Censuses of Employment and Income to update information on the labor market; (d) a National Census of Agriculture; (e) the planning of a National Survey of Family Income and Expenditure; (f) the planning of a National Multipurpose Survey; (g) update the production of ongoing statistics and socioeconomic, environmental, and business indicators; and (h) continue production of macroeconomic indicators and indexes.

The outputs that INE expects to develop in 2018 are as follows:

Table 18:
INE 2018 expected outputs

No.	Output	Sub-output	Measurement Unit	Target	Periodicity of the Result
1	Census and Survey Planning	Census Planning	Document	1	Annual
		Survey Planning		1	
2	National Census	National Population and Housing Census	Document	1	
		Educational Infrastructure Census		1	
		Health Infrastructure Census		1	
3	Cartographic Updates	Field Cartographic Update	Report	1	
		Digital Cartographic Update		1	
4	National Surveys	ENA	Document	1	
		ENEI		2	
		ENIGFAM (Planning)		1	
		ENAPROM (Use of Time), (Planning)		1	
5	Ongoing Statistics	Social and Environmental Statistics: Vital, Hospital (Private), Education, Transit Accidents, Judicial Errors, Libraries and Document Centres, Criminal Acts, Inter-family Violence, Violence against Women, Environmental	Document	10	
		Economic Statistics: Transportation and Services, Municipal Management, International Trade, Agricultural, Tourism, DINESE		6	

63 RENAP: Directorate of Information Technology and Statistics, *Informe Dictamen Técnico Informático* (Information Technology Report), Guatemala: RENAP, 2018.

64 Interview with the Directorate of Processes.

65 It should be noted that services to public institutions have to be provided free of charge; however, according to RENAP's Department of Management and Internal Oversight there is a legal provision that allows exchanges in kind, in materials, and in services as payment between public institutions.

No.	Output	Sub-output	Measurement Unit	Target	Periodicity of the Result
6	Economic Indexes and Indicators	Consumer Price Index, Cost of the Basic Food Basket, Cost of the Expanded Basket, Wholesale Price Index, Producer Price Index, Relative Index of Construction Materials and Reference Prices	Document	47	Monthly Quarterly
		Food Balance Sheet		1	Annual

Source: INE⁶⁶

5.3.2 Budget

Table 19 tracks how the INE budget has evolved by program from 2014 to 2018. The sharp increase that appears in 2017 and 2018 is due to a special line item reserved for funding the 2018 national census.

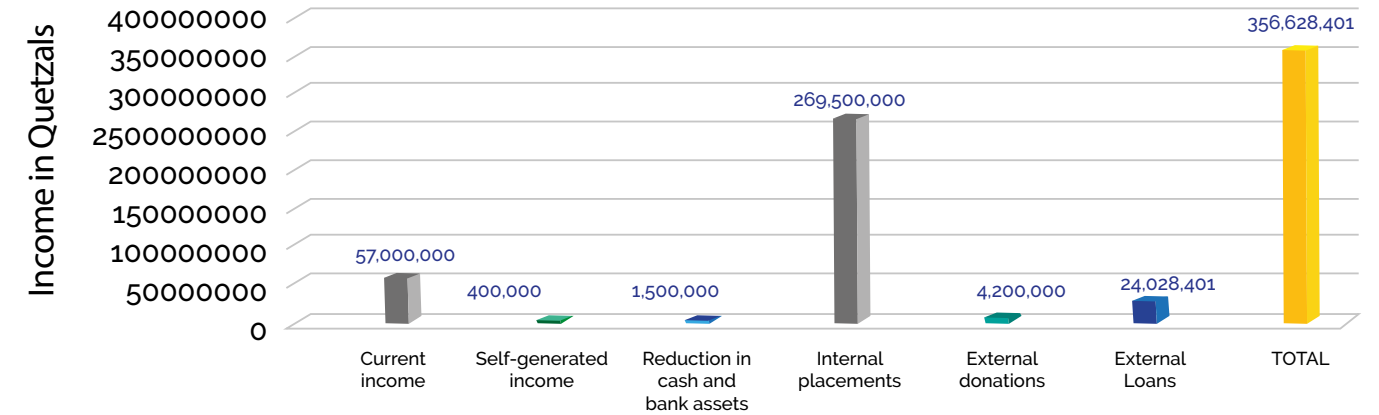
Table 19:
INE budget, by program, 2014–2018

Programs	2014	2015	2016	2017	2018
Generation of censuses and surveys	24,072,758	19,499,160	17,750,696	52,963,221	36,543,756
Production of statistics and indicators	7,203,106	4,936,680	6,310,214	16,040,664	30,224,664
Items not assignable to programs				269,500,000	269,500,000
TOTAL in quetzals	31,277,878	24,437,855	24,062,926	338,505,902	336,270,438
TOTAL in US\$	4,226,267	3,302,043	3,251,383	45,738,917	45,436,862

Source: INE⁶⁷

As Figure 17 shows in relation to funding by source of income in 2018, INE generates relatively little of its own income from service provision. For 2018, its main areas of revenue are "internal allocations" for the 2018 National Census, current income, and external loans.

Figure 17:
INE income budget, by source of financing, 2018



Source: Prepared by OAS/PUICA based on data from INE⁶⁸

5.3.2 Institutional Resources

As of April 2018, INE had a staff of 198 permanent employees and civil servants, along with 144 temporary employees. 78 percent are at its headquarters in Guatemala City and 22 percent are distributed among the INE offices in each of the country's departments. 42 percent are female and 50 percent are male.

INE has a headquarters, 22 departmental offices, and eight regional offices. In that distribution there are:

- 22 departmental delegates;
- 22 departmental assistants, and;
- 8 regional coordinators.

In some cases the regional coordinators are assigned a computer technician for the region and a consumer price index (CPI) estimator.

At present, each unit that compiles statistics is responsible for uploading them to the webpage and consolidating them, so that they are centralized. LAN infrastructure is relied upon for

that purpose. In terms of in-house information systems, there are the Sistema de Clínica (Clinic System), Sistema Gerencial de Seguimiento (Management Follow-Up System), INE Surveys (a personnel tracking system), and Guate payroll system (temporary hiring).

Tools include: Statistical Package for the Social Sciences (SPSS) statistical software; Census and Survey Processing System (CSPro) data processing software; ArcGIS geographic information systems, and QGIS, an open-source geographic information system.

5.3.3 Institutional Challenges

Infrastructure and Equipment Renewal

INE currently has 350 personal computers, 10 percent of which are technologically obsolete, making renewal of computers important. In the particular case of the Health Statistics Unit (where the vital statistics team is located), important needs include computers, a UPS, and a dedicated unit server, which would enable them to centralize the health statistics database.

66 INE, Annual Operating Plan 2018.

67 INE, Budget, 2018. Available at <https://www.ine.gob.gt/index.php/7-presupuesto-de-ingresos-y-egresos> (last accessed on June 28, 2018).

68 Ibid

INE-Managed Centralized Information Database

The statistics data are currently stored on the computers of the individual staff members that work in the Health Statistics Unit. It is important for the data handled by INE's different statistics areas to be located in a centralized database where it can be more securely administered and the integrity of all statistical data can be guaranteed.

5.4 Health System Institutional Management Model with Respect to CRVS

Under the Constitution, the Ministry of Public Health and Social Assistance is in charge of executive branch business pertaining to health. That implies seeing to health care and social assistance for all inhabitants and, therefore, developing prevention, promotion, recovery, rehabilitation, coordination and pertinent complementary measures to ensure their most complete possible physical, mental, and social well-being (Article 94 of the Constitution). The new health code approved through Decree No. 90-97 defines actions to be carried out by the health sector institutions to guarantee the health of all inhabitants.

5.4.1 Strategic Plan

In the context of the development priorities contained in the General Government Policy and the K'atun Development Plan 2032, the MSPAS Institutional Strategic Plan 2016-2020 includes, among others, the following fundamental goals:

- By 2020, reduce maternal mortality by 20 points (from 113 per 100,000 live births in 2013 to 93 per 100,000 live births in 2020).

- By 2020, reduce child mortality by 10 points (from 35 per 1,000 live births in 2017 to 25 per 1,000 live births in 2020).⁶⁹

The MSPAS combines child mortality prevention measures that include prevention of chronic undernourishment and prevention of maternal and neonatal mortality.

In response to Guatemalans' health needs, the current government has decided to implement a new health care model

which is to be built on three important aspects for service delivery. The first targets health promotion and disease prevention; the second focuses on strengthening comprehensive care actions (diagnosis, treatment, and guidance to individuals, families, and communities) for health problems at the three levels of care; the third centers on rehabilitation measures.

Based on the current health situation, indicator analyses, and sector-specific problems and their causes, it was decided to strengthen health actions in the following specific priority areas:

- Food and nutrition security;
- Women's comprehensive health care and reproductive health;
- Water and sanitation;
- Sexually transmitted infections, particularly HIV/advanced HIV;
- Vector-borne diseases, especially malaria, dengue, chikungunya, and zika;
- Tuberculosis (TB) prevention;
- Immuno-preventable diseases;
- Comprehensive health care for children and adolescents; and
- Injuries from external causes.

5.4.2 Budget

The MSPAS budget as of May 2018 was Q. 13,794,192,392 (US\$1,863,871,276), divided between its headquarters (50%), hospitals (22.6%), departmental health offices (13.6%), the Administrative Department (13.1%), and other areas (0.7%).

Table 20:
MSPAS 2018 budget

Item of expenditure	Quetzals	US\$
Ministry of Public Health and Social Assistance	6,897,096,196	931,935,638
Administrative Department	1,811,393,769	244,755,526
Departmental health offices	1,871,300,893	252,850,177
Hospitals	3,118,161,334	421,325,959
Nursing Schools and Health Personnel Training Institute	35,660,291	4,818,419
Medications Access Program (PROAM)	18,878,778	2,550,900
National Health Laboratory	28,172,500	3,806,668
National Cemetery	13,528,631	1,827,989
TOTAL	13,794,192,392	1,863,871,276

Source: Data extracted from the Information System on the 2018 National Budget of Guatemala at May 18, 2018.

5.4.3 Institutional Resources

Infrastructure for Provision of Health Care Services

The MSPAS has a network of facilities for providing health care services. Each implements programs, services, and actions on health promotion, prevention, recovery, and rehabilitation, targeting individuals and the environment. Those public health facilities are physically located in all 22 of the country's departments.

The MSPAS system of healthcare services delivery comprises facilities corresponding to three levels of care:

- **Level 1:** Includes health posts and primary care centers, through the Coverage Extension Program's Basic Health Team.
- **Level 2:** Includes health centers, peripheral maternity units, permanent care centers (CAP), and comprehensive maternal and child care centers (CAIMI).
- **Level 3:** Includes district, departmental, regional, national general, and national specialized hospitals.

Table 21 shows the number of facilities by level of care.

Table 21:
MSPAS facilities system, by level of care

Level of Care	Type of Facility	Number
Level 1	Health Posts and Primary Care Centers	1,231
Level 2	Health Centers, types A and B Permanent Care Centers Nutrition Recovery Center Maternal Care Center Medical Emergency Center	365
Level 3	Hospitals	44

Source: MSPAS

⁶⁹ These goals are based on indicators of the MSPAS, which do not necessarily match the official INE statistics reported in Chapter II.

The MSPAS faces a significant challenge in strengthening service delivery at the first level of care, where there are infrastructure deficiencies and services are mainly provided by auxiliary nursing staff and community personnel, who have less expertise.

In addition, 70 percent of hospitals were built between 20 and 40 years ago which means that major repairs constantly have to be done because of the age of the buildings and hospital equipment. Repairs are frequently not carried out because of a shortage of funds to pay for them, which compromises the quality of care provided at the facilities concerned.

Preliminary estimates by the Office of the Vice Minister for the MSPAS Hospitals Program suggest that more than Q 500,000,000

(US\$66.6 million) needs to be invested to overhaul the hospital system's physical infrastructure and equipment.

Technology Infrastructure for Health Statistics Generation

Generation of health statistics in the MSPAS is the responsibility of the Health Management Information System (SIGSA). Health centers do not currently have automated health statistics and records systems; all their processes are done using forms filled out by hand. MSPAS facilities have a system of consecutively numbered standardized "SIGSA" forms to control and record services provision and information, some of which are listed in Table 22.

Table 22:
SIGSA forms

SIGSA Forms
Monthly Birth Registration SIGSA1
Monthly Death Registration SIGSA2
Daily Consultation Registration SIGSA3
Daily Follow-up Consultation Registration SIGSA4
Under-5 Vaccination and Supplement Registration Booklet SIGSA 5A
Vaccination Registration for Women Aged 15-49 and Other Groups SIGSA 5B
Under-5 Acute Malnutrition Follow-up Booklet (SIGSA 5 "DA")
Consolidated Monthly Vaccination, Growth Monitoring, and Food Security (SIGSA 5C)
Annual Report SIGSA6
Monthly Priority Morbidity Report SIGSA7
Hospital Output SIGSA8
Under-5 Card (SIGSA 15)
Weekly Epidemiological Surveillance Report SIGSA18
Daily Dentistry Registration SIGSA22

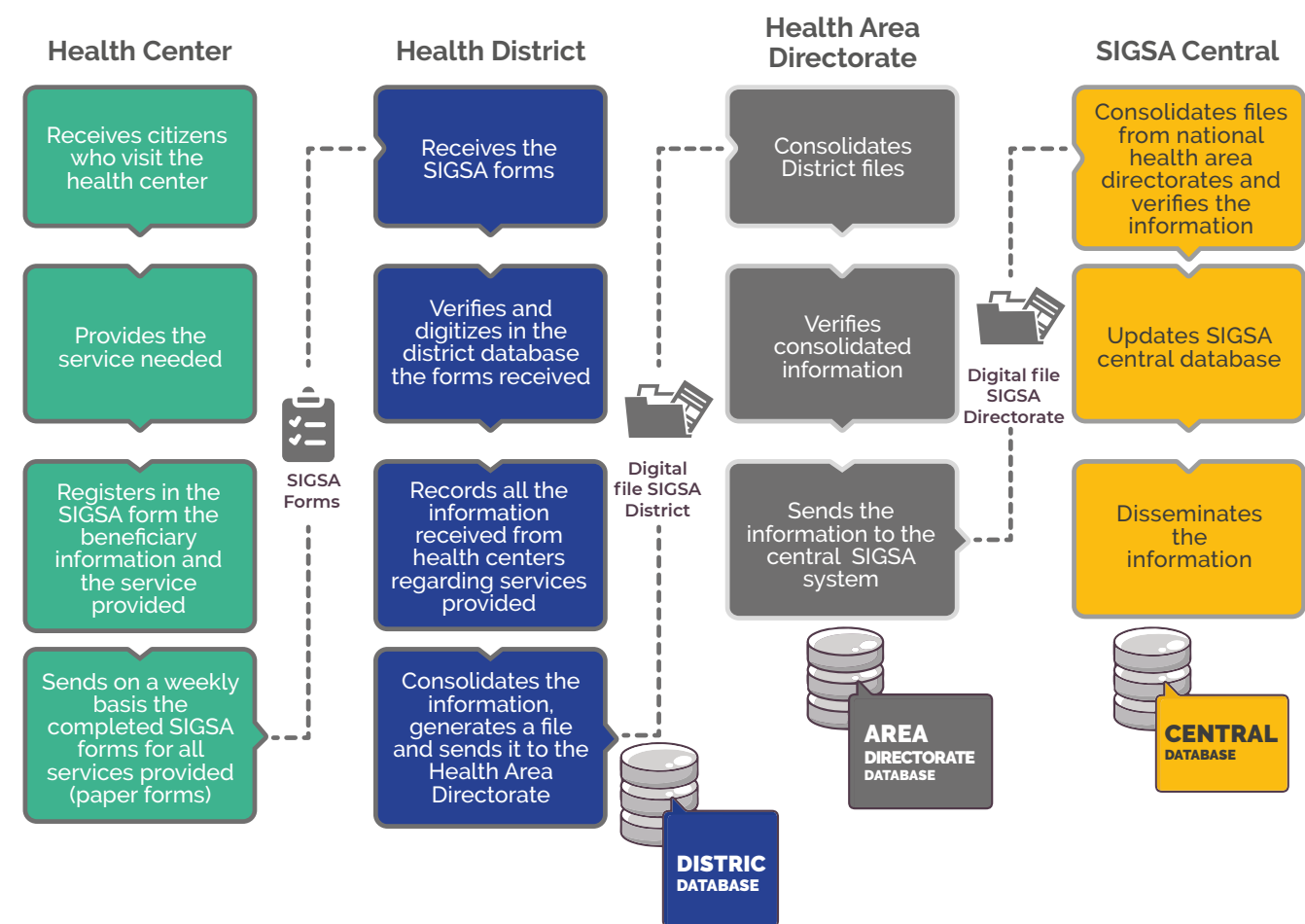
Source: MSPAS: SIGSA

The SIGSA forms "Monthly Birth Registration" and "Under-5 Card" are provided in appendices D and E as examples.

At the various MSPAS health centers and units, SIGSA forms are filled out as people are seen. The manually completed forms are sent weekly to the relevant Health District (there are 345 districts) where a digitizer verifies the information and records

it in the SIGSA local web system. A digital file is then generated with the information and sent to the appropriate Health Office, which also verifies the information and consolidates it for all the districts under its jurisdiction. The Health Office then sends a consolidated file to SIGSA Central, which consolidates the information at the national level.

Figure 18:
SIGSA information flow chart



5.4.4 Challenges and Opportunities

With regard to the information system, the fact that there are more than 300 SIGSA databases and systems distributed across the country presents multiple challenges. Updating the databases and the SIGSA application requires a technician to physically visit the health care facilities. In addition, there are multiple versions of SIGSA Web throughout the country because user-identified errors are only corrected at the health care facility where they are reported, as opposed to on the central application.⁷⁰

The system's manually intensive component and technology challenges create problems when it comes to data quality. For

example, there are 27 million users in SIGSA database, when Guatemala's population in 2018 is estimated to 17.3 million. The database contains many homonyms, incomplete names, and duplicated names. That duplication is due to the way in which forms are filled out and the fact that the more than 300 databases distributed across the country do not communicate with each other. In addition, empty fields on SIGSA forms and the fact that the SIGSA system makes it mandatory to complete them mean that digitizers are sometimes forced to make up data. Another problem is that data reach the central database with at least one month's delay. Finally, the handwriting on SIGSA forms is not always legible.⁷¹

⁷⁰ World Bank Group, *Situación actual del proceso de chequeo de cumplimiento de corresponsabilidades en salud del programa Mi Bono Seguro del Ministerio de Desarrollo Social* [Current situation of the compliance review of joint health care responsibilities of the Ministry of Social Development's Mi Bono Seguro program], PowerPoint presentation, December 2017.

⁷¹ Ibid.

VI. CIVIL REGISTRATION AND IDENTIFICATION PROCESSES AND DATA

This chapter looks at the processes of birth, death, and marriage registration, archives, identification, and service provision to citizens and institutions. It also analyzes statistical trends and data on birth, death, and marriage registration, as well as identifies challenges and the initiatives implemented to address them.

6.1 Birth Registration

6.1.1 Requirements

Birth registrations are governed by RENAP's Rules on Civil Registration (Board Decision No. 104-2015). Specific requirements are established, depending on the type of registration being made.⁷²

Timely Registration (done within 60 days after birth)

Requirements for timely birth registration are:

- ✦ The DPIs of both parents or just of the mother, as appropriate; the DPI of the person appearing, when they are not a parent;
- ✦ Notification of Birth/Record of Birth issued by a hospital, physician, nurse, or midwife accredited with the MSPAS, fire department, or local authority.⁷³

The Notification/Record of Birth (see appendices A and B) is the primary document for making the registration. They are issued by the public and private health center, the IGSS, midwife, fireman, or policeman who attended the birth.

Timely birth registrations are free; however, a printed birth certificate costs Q15 (US\$2).

Late Registration (done later than 60 days after birth)

Requirements for late birth registration of a minor are:

- ✦ The DPI of the person appearing;
- ✦ The information necessary for the full identification of the minor, their parents, and/or representatives, and;
- ✦ A certificate of non-registration of birth issued by the civil registry of the municipality where the event occurred.

In the case of those born before 2009, any of the following documents should be included: baptism certificate, Notification of Birth, general studies certificate, or local authority certificate from the municipality where they were born. If no Notification of Birth is submitted, an administrative sworn statement must be given by two adults to the Civil Registrar, showing their DPIs. A receipt of payment of the late registration fee must also be presented. The cost of late registration is Q25.0 (US\$ 3.38).

Special Cases

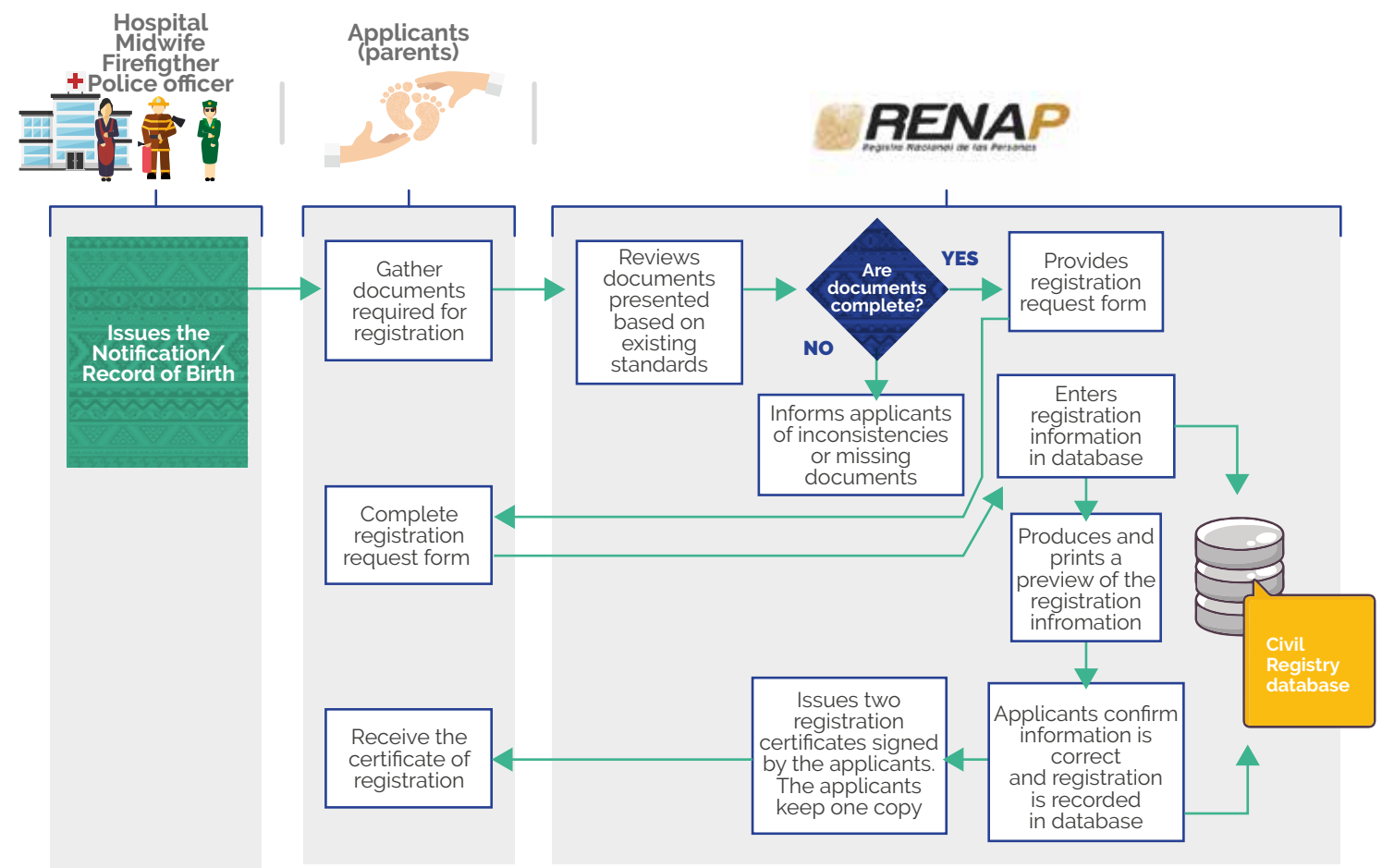
When the mother or father of the person being registered is a minor, a copy of the birth certificate issued by RENAP must be attached. In cases where the identity of the parents is unknown, of abandonment, or of orphanhood, the minor's registration may be requested by the minor's ascendants or adult siblings who can show proof of kinship, or in the absence thereof, the minor's legal guardian, or the Procurator General of the Nation.

6.1.2 Procedures

In keeping with the RENAP Law, births can be registered at the location where the birth took place, or where parents – or those who serve in this capacity – are residing. Registration is an automated, online process and the SIRECI database is updated in real time as soon as the registration is done. Figure 19 shows the registration process. In the case of registrations of

citizens resident abroad, consular officials receive and validate the supporting documentation submitted with the application. The documents are scanned and sent to the RENAP office located at the Ministry of Foreign Affairs. The RENAP officials at that office verify the supporting documents and then register and/or update the information in the SIRECI depending on the procedure in question.

Figure 19:
Birth registration process flow chart



6.1.3 Data

Births

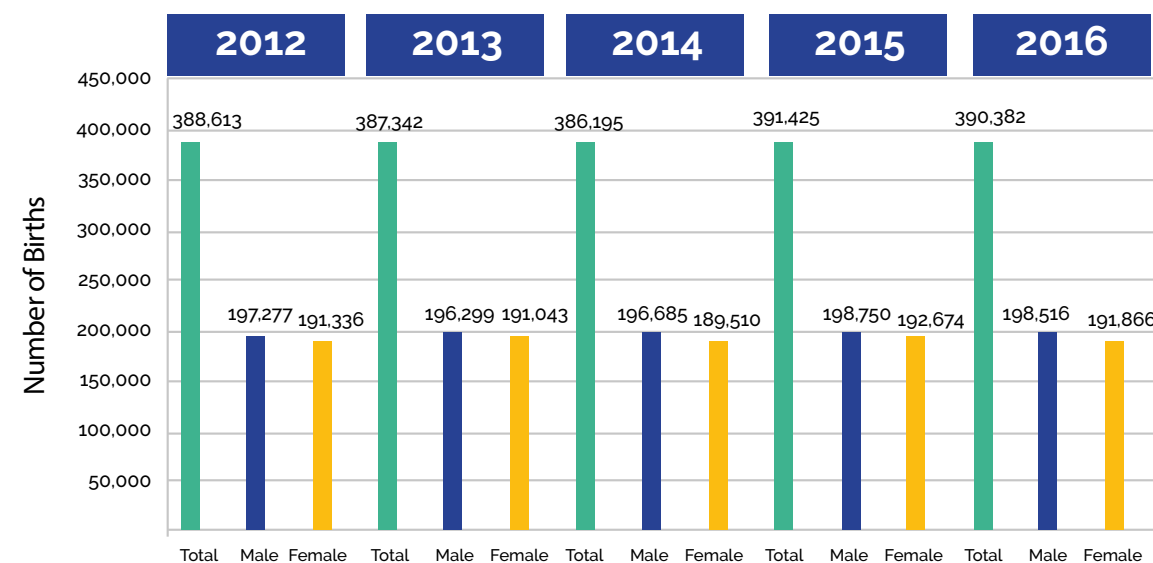
The data on registered births published by the INE are provided by RENAP. In 2016, 390,382 births were registered in Guatemala (see Figure 20), evincing a relatively steady trend since 2012. In 2016, 50.9 percent of registered births were male, and 49.1 percent were female. The birth statistics by ethnicity of the

father and mother (Tables 23 and 24) are incomplete and hard to interpret, because in 16.7 percent and 8.1 percent of cases (father and mother, respectively), that datum is unknown, in addition to the fact that the registration data cannot be compared with recent population data.

⁷² That is, timely birth registration, late birth registration for minors, late registration for adults, late registration for adults over 60 years old, notarial registration, judicial birth registration, consular/notarial registration abroad.

⁷³ Where the Notification of Birth is issued by someone other than those mentioned in the preceding paragraph, it must be submitted with the authenticated signatures of the child's parents, just that of the mother, or of the issuer.

Figure 20:
Registered births from 2012 to 2016, by sex



Source: INE⁷⁴

Table 23:
Registered births from 2013 to 2016, by father's ethnicity

Father's Ethnicity	2013		2014		2015		2016	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Maya	155,622	40.2	153,208	39.7	157,039	40.1	156,828	40.2
Garifuna	91	0	99	0	101	0	80	0
Xinca	163	0	141	0	144	0	154	0
Mestizo / Ladino	166,356	42.9	166,019	43	167,488	42.8	164,685	42.2
Other	1,470	0.4	1,728	0.4	2,662	0.7	3,601	0.9
Unknown	63,640	16.4	65,000	16.8	63,991	16.3	65,034	16.7
Total	387,342	100	386,195	100	391,425	100	390,382	100

Source: INE

Table 24:
Registered births from 2013 to 2016, by mother's ethnicity

Mother's Ethnicity	2013		2014		2015		2016	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Maya	170,389	44	168,721	43.7	171,227	43.7	169,303	43.4
Garifuna	108	0	95	0	105	0	113	0
Xinca	163	0	130	0	175	0	214	0.1
Mestizo / Ladino	186,902	48.3	187,794	48.6	188,081	48.1	184,013	47.1
Other	1,564	0.4	1,881	0.5	4,438	1.1	5,292	1.4
Unknown	28,216	7.3	27,574	7.1	27,399	7	31,447	8.1
Total	387,342	100	386,195	100	391,425	100	390,382	100

Source: INE

The proportion of registered births at hospitals (Table 25) has been following an upward trend. In 2016, 69.2 percent of births took place in hospitals, up from 58.7 percent in 2012. Even so, in some regions of Guatemala, particularly in departments with high indigenous concentrations, the cultural tradition of relying on midwives to attend births remains strong. For example, just

40.4 percent of births in the Department of Huehuetenango were attended in hospitals in 2016. The figures are also short of 50 percent for the departments of Quiché and Totonicapán, which have mostly rural and indigenous inhabitants. By contrast, in Guatemala Department, 94.5 percent of births took place at hospitals.

Table 25:
Proportion of hospital-attended births, 2012-2016

Mother's Department of Residence	2016	2015	2014	2013	2012
Guatemala	94.5	84.5	92.1	92.3	91.8
El Progreso	89.3	86.3	86.2	86.1	81.5
Sacatepéquez	90.7	88.9	87.8	88.5	85.9
Chimaltenango	66.4	66.0	63.4	60.2	55.5
Escuintla	90.8	90.7	88.8	86.4	85.4
Santa Rosa	90.2	87.4	84.0	85.0	80.9
Sololá	53.5	49.6	46.4	42.1	36.4
Totonicapán	48.5	46.5	44.7	41.4	35.5
Quetzaltenango	72.2	71.8	68.3	66.1	62.9
Suchitepéquez	83.2	80.6	77.7	71.3	65.8
Retalhuleu	83.8	82.0	81.3	78.5	73.3
San Marcos	56.6	57.2	54.2	46.7	39.4
Huehuetenango	40.4	37.9	36.0	33.2	29.8
Quiché	42.5	40.9	38.4	35.5	31.2
Baja Verapaz	69.9	68.7	66.7	61.6	55.8
Alta Verapaz	59.0	56.9	54.7	52.3	45.8

⁷⁴ INE: Website, Estadísticas continuas: Estadísticas Vitales [Ongoing Statistics: Vital Statistics], 2018. Available online at: <https://www.ine.gob.gt/index.php/estadisticas/tema-indicadores> (last accessed on June 26, 2018).

Petén	66.9	65.2	60.7	55.3	49.1
Izabal	72.7	70.8	70.4	69.5	66.0
Zacapa	83.1	82.5	80.5	80.4	78.6
Chiquimula	58.9	56.4	56.6	56.3	46.3
Jalapa	82.9	79.5	78.5	74.3	67.3
Jutiapa	84.9	83.4	80.8	77.4	72.9
Abroad	91.5	94.4	91.6	92.9	82.7
Unknown	65.1	72.4	21.4	-	50.0
All departments	69.2	66.3	65.9	63.1	58.7

Source: INE⁷⁵

Under-registration of Births

Neither RENAP nor the INE has up-to-date data on birth under-registration. In the 2014 study *Estimated level of under-registration of births in vital statistics and number of live births in Guatemala from 2003 to 2013*, the INE estimated a 3 percent under-registration of births in 2013. The study compared the number of births estimates from three different sources: the Latin American and Caribbean Demographic Centre (CELADE), the 2002 Population Census, and the National Survey on Maternal and Child Health. The latter, considered most reliable, was ultimately used to calculate the birth under-registration rate.⁷⁶

In its *State of the World's Children* reports from 2013 to 2017, UNICEF reported a birth registration rate of 96-97 percent.⁷⁷ The 2017 report recorded a registration rate of 96 percent (97 percent urban, 96 percent rural), also using data from the VI National Survey on Maternal and Child Health, 2014-2015.

In the interviews carried out, MIDES reported that the outreach brigades deployed to select people in poverty and extreme poverty as beneficiaries of its programs still find cases of under-registration; however, they lack statistics in that regard.

The MSPAS also does not have an automated system that consolidates all births occurring at public and private hospitals, and those attended by midwives that would allow a comprehensive analysis of vital statistics on births.

6.1.4 Strategies to Combat Birth Under-registration

Since the inception of RENAP, Guatemala has made considerable efforts to eradicate birth under-registration. RENAP has a Department for the Prevention and Eradication of Under-registration that initially focused on under-registration of births but now also encompasses under-registration of deaths and marriages. In recent years the Department has implemented a variety of strategies and initiatives to tackle birth under-registration. It is also worth noting that the fact that the CUI (associated with birth certificates and the DPI) is required for a growing number of official procedures as a matter of government policy has created an incentive for people to register.

National Plan to Eradicate Under-registration

The National Plan to Eradicate Under-registration was implemented in every municipality in the country from 2013 to 2016. Registration roundtables made up of local authorities, institutional and community leaders, and RENAP staff identified cases of birth under-registration. After all the information on a community had been compiled, identity campaign days were held to carry out late registrations. As a result of that effort, a state of "zero under-registration" was declared in all the country's municipalities, except Guatemala City.⁷⁸

According to data provided by RENAP (see tables 26 and 27) a significant number of birth registrations (52,190) were achieved

during the implementation period. The departments with the highest number of late registrations made were Guatemala with 8,075 (15.5 percent), Alta Verapaz with 6,579 (12.6 percent), and Quiché with 5,994 (11.5 percent). The data disaggregated by sex

reveal that 48.8 percent of those registered were male and 51.2 percent, female (see Table 25). In terms of age, the groups with the most registrations were 0-12 years (54 percent) and 18-64 years (25 percent).

Table 26: *Outcomes of the National Plan to Eradicate Under-registration in Guatemala 2013-2016, by municipality*

Department	Projected Population INE, 2015	% total population	Number of under-registered	% under-registration relative to population	% under-registration relative to total under-registration found
Jalapa	330,588	2.5%	245	0.07%	0.5%
Sololá	737,879	5.5%	621	0.08%	1.2%
Chiquimula	357,928	2.7%	442	0.12%	0.8%
Baja Verapaz	290,961	2.2%	526	0.18%	1.0%
Chimaltenango	534,489	4.0%	996	0.19%	1.9%
Zacapa	231,472	1.7%	538	0.23%	1.0%
Quetzaltenango	756,105	5.6%	1,777	0.24%	3.4%
El Progreso	134,489	1.0%	319	0.24%	0.6%
Santa Rosa	306,288	2.3%	889	0.29%	1.7%
Sacatepéquez	251,301	1.9%	746	0.30%	1.4%
Guatemala	2,410,723	18.0%	8,075	0.33%	15.5%
Jutiapa	390,876	2.9%	1,300	0.33%	2.5%
Totonicapán	457,535	3.4%	1,528	0.33%	2.9%
Suchitepéquez	426,734	3.2%	1,617	0.38%	3.1%
Huehuetenango	935,850	7.0%	3,684	0.39%	7.1%
San Marcos	842,121	6.3%	4,224	0.50%	8.1%
Retalhuleu	194,215	1.4%	996	0.51%	1.9%
Escuintla	724,826	5.4%	3,814	0.53%	7.3%
Alta Verapaz	1,171,486	8.7%	6,579	0.56%	12.6%
Quiché	973,161	7.2%	5,994	0.62%	11.5%
Petén	530,008	3.9%	3,313	0.63%	6.3%
Izabal	433,918	3.2%	3,967	0.91%	7.6%
TOTAL	13,422,953	100.0%	52,190	0.39%	100.0%

Source: RENAP⁷⁹

75 INE, *Proportion of births occurred in hospitales, 2012-2016 period*, Guatemala: INE, 2018.

76 Using CELADE birth estimates, the under-registration rate for 2013 would have been around 17% and, using census-based projections, around 15%.

77 UNICEF: Website, *The State of the World's Children: The State of the World's Children reports*. Available at <https://www.unicef.org/sowc/> (last accessed on June 26, 2018).

78 A "zero under-registration" declaration was left pending in Guatemala City because RENAP and the municipal authorities were unable to conclude an interagency agreement.

79 RENAP, *Results of the National Plan to Eradicate Under-registration in Guatemala for the Period 2013 to 2016* (internal document), Guatemala: RENAP, 2018.

Table 27:
Outcomes of the National Plan to Eradicate Under-registration in Guatemala 2013-2016, by age group and sex

Aspect		Quantities	Relative %	% relative to total under-registration found	
Municipalities	Municipalities Total	338	100,0%	N/A	
	Municipalities declared free of under-registration	337	99,7%		
Population	Male	6,588,358	49,1%		
	Female	6,834,595	50,9%		
	Total Population	13,422,953	100,0%		
Under-registered population benefited	0-12 years	Male	14,059		49,3%
		Female	14,431	50,7%	27,7%
		Total 0-12 years	28,490	100,0%	54,6%
	13-17 years	Male	1,218	49,2%	2,3%
		Female	1,257	50,8%	2,4%
		Total 13-17 years	2,475	100,0%	4,7%
	18-64 years	Male	6,343	48,5%	12,2%
		Female	6,729	51,5%	12,9%
		Total 18-64 years	13,072	100,0%	25,0%
	65 or older	Male	3,856	47,3%	7,4%
		Female	4,297	52,7%	8,2%
		Total 65 or older	8,153	100,0%	15,6%
Total Population	Male	25,476	48,8%	48,8%	
	Female	26,714	51,2%	51,2%	
	Total	52,190	100%	100%	

Source: RENAP⁸⁰

Hospital Registration

One of the strategies most widely acknowledged at the international level for its effectiveness in countering under-registration is hospital registration. The timely birth registration project was launched in Guatemala in 2011 with the opening of the RENAP auxiliary office at Roosevelt Hospital in Guatemala City as a service for parents to ensure that newborns leave hospital

with a birth registration. From 2011 to 2018 RENAP installed 46 auxiliary offices at 36 hospitals and 2 public maternity centers in the country (100 percent coverage), as well as at 4 IGSS hospitals and 4 private hospitals. It is worth noting that the expansion of the hospital-based registration system in Guatemala is regarded as a successful experience and has been emulated by other countries in Central America, such as Honduras.

Figure 21:
Photograph of parents registering their newborn child at the RENAP auxiliary office in the hospital of Amatitlán



One of the key factors in this success has been the coordination of efforts between RENAP and the MSPAS. MSPAS Ministerial Decisions 106-2016 and 136-2016 introduced the rule that the hospital must generate a Notification of Birth prior to discharge and also advise the mother to visit the RENAP office to make the registration before leaving the hospital.

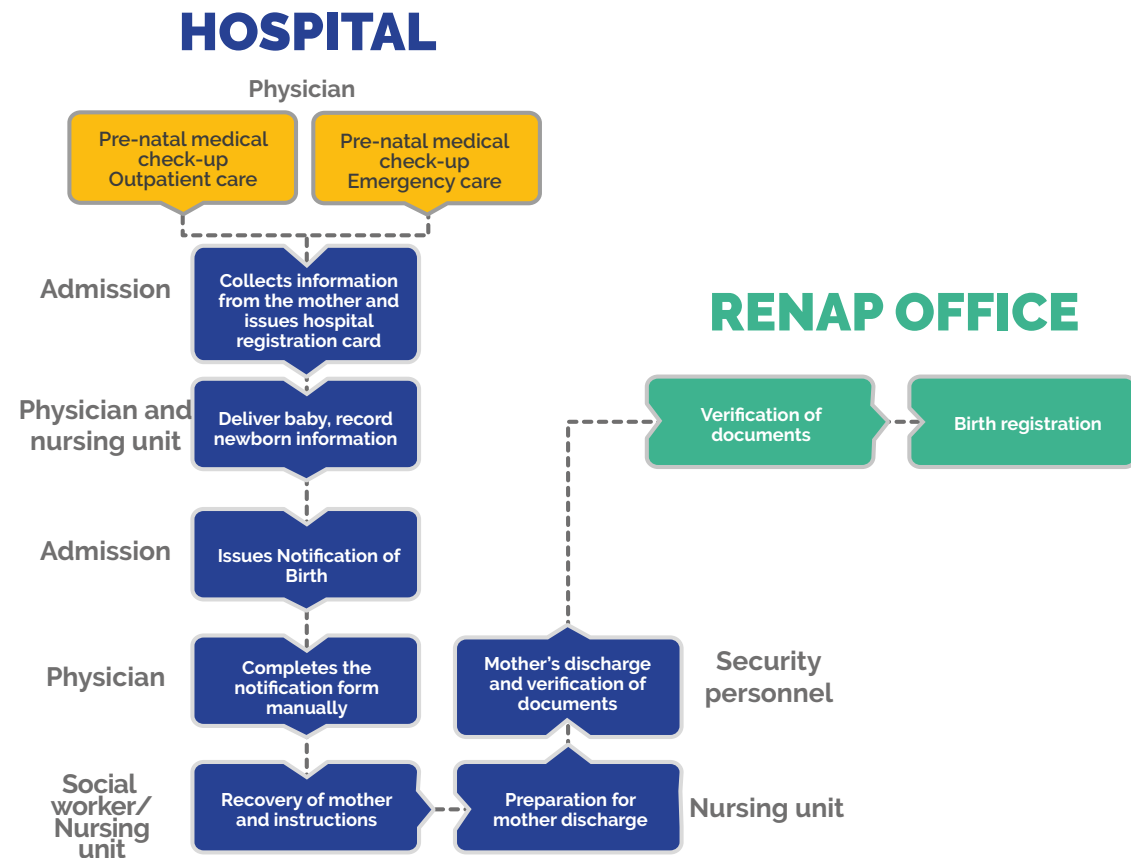
Figure 22:
Poster on requirements for birth registration at the hospital of Amatitlán



Figure 23 contains a hospital birth cycle flow diagram and how the RENAP auxiliary office responsible for registering the birth integrates with it.

⁸⁰ Ibid

Figure 23:
Hospital birth cycle flow diagram



RENAP has developed an information system that monitors the percentage of timely registrations in relation to discharges at all its hospital auxiliary offices. As shown in Table 28, the

percentage of registrations with RENAP in relation to the number of discharges has increased from 54% in 2013 to 90% in 2017.

Table 28:
Statistics on birth registration at RENAP auxiliary offices at hospitals, 2013-2017

Year	Total hospitals with RENAP auxiliary office	Total discharges of newborns	Total registrations at RENAP auxiliary offices	Registrations vs. discharges (%)
2013	38	83,251	44,938	54.0%
2014	38	98,050	63,024	64.3%
2015	45	120,459	72,259	60.0%
2016	46	121,593	71,449	58.8%
2017	46	144,804	130,354	90.0%

Source: RENAP⁸¹

⁸¹ RENAP. *Estadística de inscripciones de nacimiento en oficinas auxiliares de RENAP en hospitales (2013-2017)* [Statistics of Hospital Birth Registration in Auxiliary Offices of RENAP in Hospitals (2013-2017)]. Guatemala: RENAP, 2018.

Midwives Initiative

In 2016 around 30 percent of births in Guatemala were attended by midwives. According to MSPAS officials, there are an estimated 25,000 midwives in the country, 80 percent of whom are registered and licensed.

Every month or every two months, the MSPAS holds training workshops for midwives in all its health districts on antenatal, natal, and postnatal care, as well as to strengthen their role in the health care system. Midwife attendance at the trainings is mandatory for keeping their license current.

The MSPAS provides midwives with a "Midwife Activity Logbook," which is organized monthly, from October 2016 to September 2019, in which they must keep a monthly record of antenatal care activities, attended deliveries and postpartum care, and newborn care. The book's cover and an example of a monthly log sheet are shown below for illustration purposes (Figures 24 and 25).

Figure 24:
Cover of the Midwife Activity Logbook



Source: MSPAS

Figure 25:
Midwife Activity Logbook: Newborn care activities

Source: MSPAS

According to the MSPAS Reproductive Health Program, midwives must follow the following birth registration process:⁸²

a) Initial registration of birth information

- The midwife records the basic birth information in a logbook

b) Request for Record of Birth at the health center

- The midwife brings her midwife's license and the parents bring their DPIs to the health center
- The midwife requests the record of midwife-attended birth.
- The health center fills out the record with the basic birth information.

- The midwife signs or places her fingerprint.

- The health center, which has a midwife database,⁸³ assigns a code.

c) Registration with RENAP

- The parents and the midwife visit the RENAP office with the Record of Birth.
- RENAP verifies the information and the midwife's registration.
- RENAP verifies the documents and the list of active midwives.
- If there are no objections, RENAP registers the birth.

It should be mentioned that once a year RENAP and the health centers provide training to midwives on the registration procedure and its legal implications.

Identification Campaign Days for Specific Populations

The Secretariat for Social Welfare partners with RENAP to hold identity and identification campaign days at shelters and juvenile detention centers. RENAP and MIDES also coordinate to deal with under-registration cases identified by that ministry.

Awareness Activities

The awareness programs organized by RENAP's Department of Under-registration Prevention and Eradication are another important strategy. In addition to daily awareness-raising for mothers and staff at hospitals, awareness activities are also a component of the identification campaign days targeting various populations. Table 29 contains statistics for awareness programs from 2013 to 2017.

Table 29:
Awareness programs statistics

Activity	2013	2014	2015	2016	2017	Total
Number of campaign days	255	247	140	84	144	870
Total persons educated	22,518	4,460	2,625	1,548	58,340	89,491
Subtotal of persons educated in prevention and reduction of birth under-registration	19,830	2,625	1,200	764	7,574	31,993
Subtotal of persons educated in timely birth registration	2,688	1,835	1,425	593	50,766	57,307
Subtotal of persons educated in death registration				191		191

Source: RENAP⁸⁴

6.1.5 Challenges and Opportunities

Access to Registration Services for Vulnerable Populations

In spite of the efforts of RENAP, pockets of under-registration persist in population groups in situations of vulnerability, who have the greatest difficulty with timely registration. Among the main problems are difficulty of access to RENAP offices (which, though present in every municipality, may be a long way from the villages where certain communities live), and the costs associated with travel and the loss of a day's work. The cost of the DPI may also represent an indirect obstacle to birth registration, since parents have to show it to register their children. Another

challenge is lack of awareness of the importance of birth registration and the fact that people who live in remote areas in conditions of poverty or extreme poverty may never have needed to register a birth because of their isolation.

In that regard, the social programs being carried out by the Guatemalan Government are an opportunity to identify unregistered persons and to do the necessary follow-up with RENAP to register them. Within RENAP itself, that requires a joint effort between the Department of Under-registration Prevention and Eradication and the Directorate of Identity Verification and Social Support in order to identify and resolve the most difficult cases.

⁸² MSPAS, Interview with the Department of Health Promotion and Education.

⁸³ The health center provides RENAP with a list of active midwives on a monthly basis.

⁸⁴ RENAP, Central Register of Persons, *Statistics of Awareness Programs on the Importance of Civil Registration* (internal document), Guatemala: RENAP, 2018.

It is worth mentioning that the investments recommended in Chapter V, especially for additional vehicles and mobile units, are essential to enable both departments to carry out their plans.

Quality and Standardization of the Notification of Birth

In order to rectify the lack of harmonized registration criteria that existed before RENAP's creation, Article 4 of Decree 90-2005 provided: "Registrations in RENAP shall be done according to simplified criteria, using standardized forms and an automated data processing system integrated with a consolidated identification registry for all individuals, each of whom are assigned, upon registration of their birth, a Unique Identification Code, which shall be invariable."

Given that the Notification/Record of Birth is the only source of data on the birth, it is critical that the information on it be accurate and reliable. In interviews with the various CRVS system actors it emerged that improvements could be made in the way in which the Notification of Birth is filled out; for example, with regard birth weight information, which is an important parameter for timely measures in relation to the child's health. In 2015, the Sectoral Coordinating Office on Health Statistics (OCSES) designed and approved the Notification of Birth and Notification of Death forms. Initially, with funding provided by the Pan American Health Organization (PAHO), the INE printed and distributed those forms to all health centers. However, when the funds were exhausted, it lacked the resources to print and distribute the forms nationwide. For that reason, standard forms are currently not in use; some centers have their own forms and others make copies of the standard form. The use of predefined and approved standard forms is important for ensuring that the notification is correctly and completely filled out. To address that challenge, it is proposed, through the OCSES, to reiterate the responsibility of health facilities to use the standard form. To make the form more accessible it is proposed to do away with the consecutive numbering system and to upload it to the network so that each health center can download and print it. That would also allow follow-up to verify its use by all institutions in the health care system.

Cases also arise of parents arriving at the civil registry office with a Notification of Birth showing a date different to the real date of birth, in order to avoid the fine for late registration. This situation also undermines the quality of registry information and could have repercussions on the child's health, given that the vaccination schedule, for example, must follow precise dates in line with the child's age.

Another opportunity to improve the quality of birth information would be by automating the Notification of Birth for hospital births. That would entail having an information system that generates the Notification of Birth and, under and interoperability agreement with RENAP, automatically updates the RENAP database. In such cases, the birth would have a pre-registered status that would be activated when the parents came forward to make the registration.

Given that midwives continue to play a very important birth-attendance role, they are also key allies in ensuring that birth notifications are correctly filled out.

Improving the Rate of Registration prior to Discharge in Hospitals

Despite the success of the hospital registration program, because registration in the hospital is not mandatory, a small percentage of discharges still occur without registration of the birth (10% in 2017 according to Table 28).

Therefore, apart from establishing an automated information system between the MSPAS and RENAP, compliance should also be strengthened with Ministerial Decisions 106-2016 and 136-2016, and awareness programs stepped up with management and medical personnel at hospitals in order to generate notifications of birth prior to discharge.

The rate of registration prior to discharge could also be improved at hospitals by implementing, where it does not already exist, a closed system that encourages the mother to visit RENAP auxiliary office before leaving. For instance, the hospital in Amatitlán, where the study team visited the RENAP auxiliary office, does not have that system. The RENAP personnel explained that the office's location had had to be moved further away from the exit for security reasons (equipment theft). Such considerations need to be taken into account when implementing a closed system.

Strengthen Alliances with Midwives

As mentioned, in 2016, around 30 percent of births in Guatemala were attended by midwives, most of them occurring in populations in a situation of vulnerability. Midwives are often community leaders who enjoy a high level of credibility in their community. Therefore, it is important to strengthen alliances with them for implementing timely registration programs, either through an early alert system or another option allowing that population to be reached. In 2016, RENAP developed *Alerta*

Temprana de Vida (Early Life Warning), a mobile application featuring images and icons to allow timely birth registration regardless of geographic location. The application was designed to be used by midwives, especially in rural areas. When a birth occurred, the midwife would send an early life alert by mobile telephone to the civil registrar closest to her community. Using an access code, the midwife would enter the CUI of the newborn's parents in the application, together with a photograph of the infant's face and right footprint. The project, however, was suspended for lack of funds.

Measuring Under-registration of Births

Finally, the lack of up-to-date information on birth under-registration in Guatemala makes it harder to design strategic countermeasures against under-registration. One of the main problems is that the last census was carried out in 2002, making accurate population projections difficult. It is hoped that the census due to be carried out in 2018 will allow INE to determine an up-to-date birth under-registration rate, disaggregated by sex and ethnicity, and that the rate will be updated annually.

6.2 Death Registration

6.2.1 Requirements

Death registrations are governed by RENAP Board Decision No. 104-2015 (Rules of Civil Registration). Specific requirements are established, depending on the type of registration.⁸⁵ Timely death registration must be done within 30 days after death occurs.

Registration of death requires the following:

- ✦ The Notification of Death (see Appendix C); this is the primary document for death registration and is issued by public and private health institutions, the IGSS, the INACIF in the case of violent deaths, and the municipal or community authorities wherever there is no health facility. Based on the Rules of Civil Registration, the Notification of Death must include, at the least: the names, last names and sex of the decedent, the cause of death and the location, date and hour of the death.

✦ The DPI of the decedent or any of the following documents: certification of the decedent's DPI or certification of the decedent's birth registration, DPI of the person appearing and;

✦ The beautification tax (*Boleto de Ornato*) receipt⁸⁶

6.2.2. Procedures

With the above mentioned documents, a family member of the decedent can go to a RENAP office and register the death. Registration with RENAP is a prerequisite for burial in a private, municipal, or community cemetery.

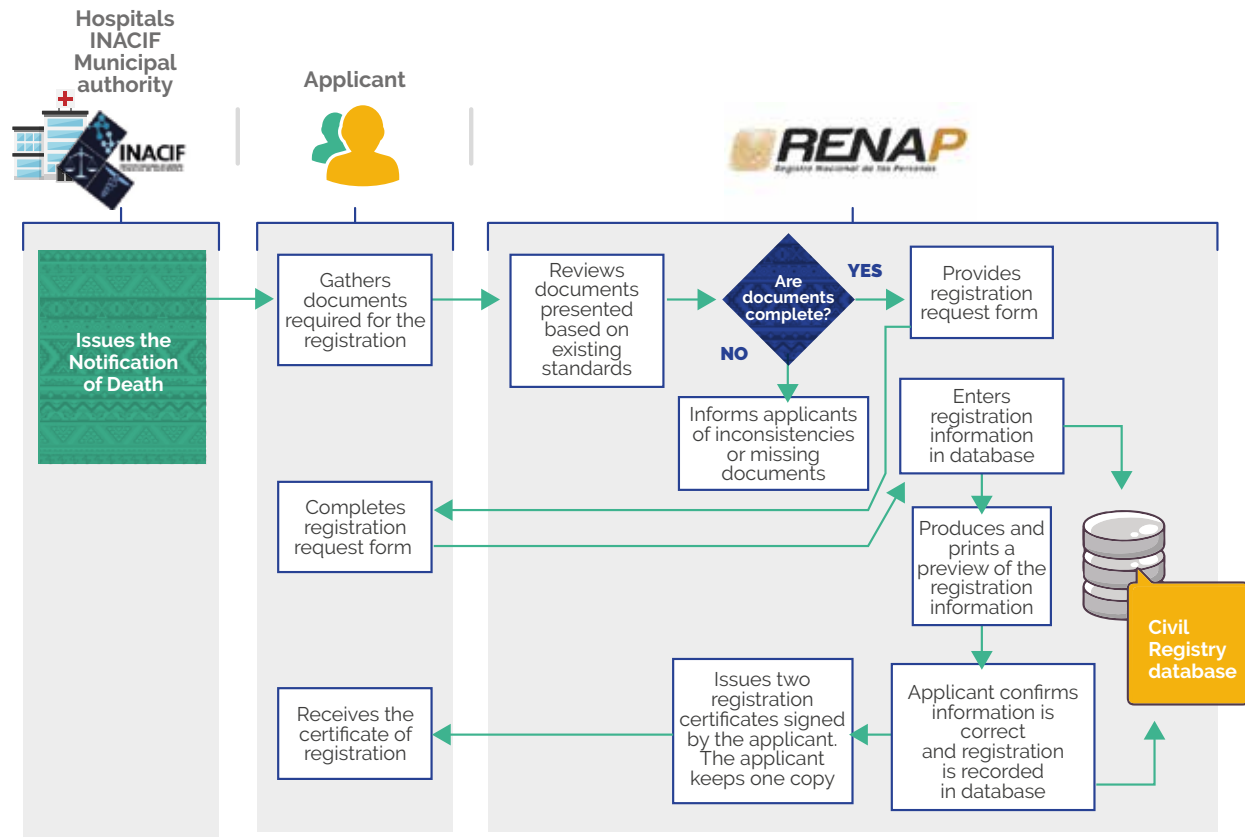
Registration is an automated, online process. The SIRECI database is updated in real time as soon as the registration is done.

Figure 26 contains a flow diagram of the death registration process.

⁸⁵ That is, timely, late for minors under one-year-old, late for persons over one-year-old, notarial, judicial, consular, and stillbirth.

⁸⁶ The beautification tax is a municipal tax that every resident of the municipality is required to pay annually to contribute to the municipality's beautification. The amount payable varies between Q4 and Q150, depending on the taxpayer's monthly income.

Figure 26:
Death registration process flow chart



6.2.3 Data

Statistics on Death and Causes of Death

The statistics on death compiled by the INE in the period from 2012 to 2016 (see Table 30 and Figure 27) mark a steady increase in registered deaths, with 13 percent more in 2016 than in 2013, a trend consistent across nearly all age groups. The highest number of registered deaths occurred in children under one

year old, with the second highest in the 80-84 year-old age group. For 2016, the number of registered male deaths was 27 percent higher than registered female deaths. Based on INE's population projections, this means that males accounted for approximately 49 percent of the population but 56 percent of registered deaths.⁸⁷

⁸⁷ Due to the lack of statistics on total deaths, it was not possible to calculate the under-registration rate by sex. It is therefore not possible to determine conclusively whether the observed difference between the numbers of female and male deaths registered is attributable to a greater under-registration of women compared to men. The research team considers, however, that this is a plausible hypothesis.

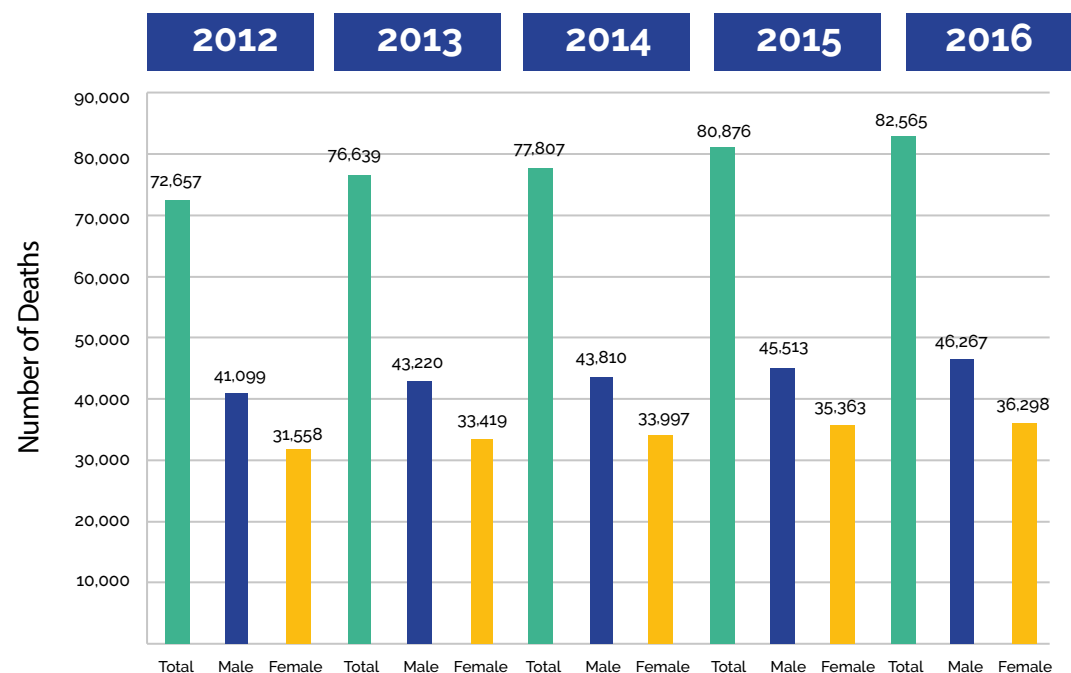
Table 30:
Registered deaths by year of occurrence, sex, and age group, 2012-2016

Age group	2012			2013			2014			2015			2016		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
All ages	72,657	41,099	31,558	76,639	43,220	33,419	77,807	43,810	33,997	80,876	45,513	35,363	82,565	46,267	36,298
Under 1 year old	7,121	3,958	3,163	7,221	3,997	3,224	7,342	4,122	3,220	8,202	4,624	3,578	8,366	4,750	3,616
1 - 4	2,481	1,289	1,192	2,690	1,440	1,250	2,446	1,254	1,192	2,494	1,296	1,198	2,662	1,414	1,248
5 - 9	722	385	337	760	392	368	750	414	336	781	454	327	694	388	306
10 - 14	844	496	348	893	530	363	854	456	398	875	509	366	848	477	371
15 - 19	2,119	1,471	648	2,259	1,518	741	2,342	1,594	748	2,353	1,592	761	2,362	1,616	746
20 - 24	2,700	1,997	703	2,727	2,074	653	2,847	2,178	669	2,925	2,236	689	2,947	2,221	726
25 - 29	2,688	1,967	721	2,691	1,981	710	2,634	1,951	683	2,616	1,954	662	2,699	2,009	690
30 - 34	2,737	1,971	766	2,780	2,002	778	2,848	2,094	754	2,784	1,965	819	2,739	1,966	773
35 - 39	2,724	1,892	832	2,843	2,021	822	2,722	1,873	849	3,078	2,103	975	3,037	2,082	955
40 - 44	2,682	1,790	892	2,789	1,852	937	2,765	1,829	936	2,942	1,962	980	2,982	1,944	1,038
45 - 49	2,816	1,724	1,092	2,994	1,894	1,100	3,000	1,833	1,167	3,138	1,885	1,253	3,215	1,957	1,258
50 - 54	3,396	1,947	1,449	3,405	1,932	1,473	3,569	2,045	1,524	3,725	2,157	1,568	3,730	2,116	1,614
55 - 59	3,812	2,010	1,802	4,079	2,226	1,853	4,310	2,235	2,075	4,322	2,319	2,003	4,683	2,506	2,177
60 - 64	4,333	2,297	2,036	4,590	2,348	2,242	4,812	2,469	2,343	5,054	2,557	2,497	5,218	2,696	2,522
65 - 69	4,584	2,404	2,180	4,859	2,485	2,374	5,103	2,652	2,451	5,491	2,874	2,617	5,760	2,928	2,832
70 - 74	5,079	2,675	2,404	5,292	2,713	2,579	5,472	2,874	2,598	5,562	2,866	2,696	5,793	3,015	2,778
75 - 79	5,641	2,899	2,742	5,895	3,028	2,867	6,290	3,240	3,050	6,448	3,251	3,197	6,420	3,224	3,196
80 - 84	6,378	3,191	3,187	6,487	3,252	3,235	6,894	3,399	3,495	6,870	3,456	3,414	6,770	3,366	3,404
85 - 89	5,124	2,438	2,686	5,600	2,693	2,907	5,830	2,838	2,992	6,108	3,006	3,102	6,363	3,152	3,211
90 - 94	2,769	1,308	1,461	3,009	1,395	1,614	3,228	1,545	1,683	3,392	1,628	1,764	3,534	1,609	1,925
95 and over	1,008	399	609	1,056	422	634	1,155	538	617	1,233	514	719	1,278	548	730
Unknown	899	591	308	1,720	1,025	695	594	377	217	483	305	178	465	283	182

Source: INE⁸⁸

⁸⁸ INE: Website, Estadísticas continuas: Estadísticas Vitales [Continuous Statistics: Vital Statistics]. Available online at: <https://www.ine.gov.gt/index.php/estadisticas/tema-indicadores> (last accessed on June 27, 2018).

Figure 27:
Registered deaths, by sex



Source: INE⁸⁹

The distribution of registered deaths by ethnicity (Table 31) from 2013 to 2016 shows that in 2016,⁹⁰ 51.1 percent of registered decedents were identified as mestizo/ladino, 28 percent

as Maya, 1.1 percent as "other," and 0.1 percent as Garifuna. Ethnicity was unknown in 19.8 percent of cases, which makes the interpretation of the data difficult.

Table 31:
Death registration statistics by ethnicity, 2013-2016

Decedent's Ethnicity	2013		2014		2015		2016	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Maya	20,892	27.3	19,717	25.3	21,769	26.9	23,133	28
Garifuna	44	0.1	42	0.1	51	0.1	46	0.1
Xinca	19	0	22	0	23	0	26	0
Mestizo / Ladino	36,116	47.1	41,680	53.6	42,245	52.2	42,165	51.1
Other	342	0.4	521	0.7	581	0.7	868	1.1
Unknown	19,226	25.1	15,825	20.3	16,207	20	16,327	19.8
Total	76,639	100	77,807	100	80,876	100	82,565	100

Source: INE⁹¹

89 Ibid.

90 As with births, the classifications prior to 2013 were Indigenous, Nonindigenous, and Unknown.

91 INE: Website, Estadísticas continuas: Estadísticas Vitales [Ongoing Statistics: Vital Statistics].

The INE also compiles statistics on leading causes of death (Table 32) according to the Mortality Medical Data System (MMDS) specific coding methodology.

The data are a key source of information for designing public policies on health and other issues. In 2016, the leading cause of mortality was pneumonia, with 6,851 cases; in second, third,

and fourth places, respectively, were acute myocardial infarction (5,498 deaths), diabetes mellitus (4,400 deaths), and assault by firearm discharge (3,111 deaths). Causes of death vary by sex. For example, assault by firearm discharge ranks as the third most frequent cause of death in the male population but is in fourteenth place in the female population.

Table 32:
Leading causes of death, 2016

ICD-10 Code	Cause of death	Total	Male	Female
All causes	All causes	82,565	46,267	36,298
J18	Pneumonia, unspecified organism	6,851	3,652	3,199
I21	Acute myocardial infarction	5,498	2,955	2,543
E14	Diabetes mellitus, Unspecified	4,400	1,792	2,608
X95	Assault by other and unspecified firearm and gun discharge	3,111	2,727	384
X59	Exposure to unspecified factors	2,941	2,387	554
K74	Fibrosis and cirrhosis of liver	2,647	1,711	936
A09	Infectious gastroenteritis and colitis, unspecified	2,308	1,224	1,084
I64	Stroke, not specified as hemorrhage or infarction	1,716	872	844
V89	Motor- or nonmotor-vehicle accident, type of vehicle unspecified	1,567	1,310	257
I50	Heart failure	1,520	709	811
E11	Type 2 diabetes mellitus	1,438	578	860
C22	Malignant neoplasm of liver and intrahepatic bile ducts	1,389	683	706
N18	Chronic kidney disease	1,389	690	699
C16	Malignant neoplasm of stomach	1,264	586	678
N19	Unspecified kidney failure	1,007	540	467
R00 - R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	8,901	4,531	4,370
Other causes	Other causes	34,618	19,320	15,298

Source: INE⁹²

92 Ibid.

Death Under-registration Statistics

At present there are no available data, studies, or research estimating the rate of death under-registration in Guatemala.

Based on the experience of a pilot project implemented by RENAP in Amatitlán, it is not unusual for community cemeteries not to request a death registration before burying a dead person because the importance of the procedure is not recognized in the culture of rural communities in Guatemala.⁹³

6.2.3 Programs on Death Registration

RENAP is currently implementing a pilot project on eradication of death under-registration in the Municipality of Amatitlán, an average-size municipality near the country's capital. Under the project a death under-registration roundtable was set up, which holds regular meetings attended by representatives of the mayor's office, RENAP, the TSE, persons in charge of municipal and community cemeteries, the health center, municipal police, and COCODE leaders to address obstacles to death registration. As mentioned, one of the main problems found in the municipality was the failure of municipal cemeteries, which operate under the authority of the COCODEs, to require a death registration. To address that challenge, the actors involved held a dialogue to identify obstacles and ways to overcome them that would favor registration. According to the participants, the project has been successful and the plan is to continue to implement it in Amatitlán and replicate it throughout Guatemala. The factors that have contributed to an improvement in the quality of death notifications and their registration with RENAP in this pilot have been the political will of the mayor, teamwork among all their participants and their diligent attendance at roundtable meetings, awareness raising about the importance of death registration, sharing of results in the organization and formalization of cemeteries, and support from the health center to conduct verbal autopsies.

6.2.4 Challenges in Death Registration

There are three main problems where death registration is concerned: weaknesses in the quality of notifications of death, under-registration, and lack of measurement of under-registration.

According to INE, although the section on causes of death is very seldom left blank in Notification of Death forms, causes of death are ill-defined in 10.8 percent of cases (2016).⁹⁴ The main problem with completing the information on cause of death is that the final cause of death is being registered instead of the underlying cause from which death originated, contrary to guidelines of the International Statistical Classification of Diseases and Related Health Problems (ICD). For example, in Guatemala, the most commonly cited cause of death is myocardial infarction, even if it was not necessarily the primary cause of death. This puts a heavy burden on the INE team responsible for classifying and codifying causes of death in vital statistics so that they meet ICD standards.

The quality of the causes of death determination is impacted by the qualifications of the person who completes the Notification of Death form. For 2016, the overall proportion of deaths certified by a physician or paramedic totaled 71.7 percent (Table 33), which means that almost 30 percent of people who write notifications of death have no medical qualifications or experience. In cases of deaths with ill-defined causes, the proportion of notifications completed by a health professional was 38.8 percent and, in 55.5 percent of the cases, it was not possible to determine whether the person completing the Notification of Death had specific qualifications or not.⁹⁵

Table 33:
Deaths, by certifying authority (in %)

Type of Certifying Authority	2014	2015	2016
Physician	74.5	74.4	70.6
Paramedic	1.7	0.8	1.1
Municipal/community authority	0.8	1.2	1.4
Unknown	23.1	23.5	26.9
Total	100	100	100

Source: INE⁹⁶

Table 34:
Deaths with ill-defined causes, by certifying authority

Type of Certifying Authority	2014	2015	2016
Physician	54.5	46.0	38.8
Paramedic	1.8	0.7	0.9
Municipal/community authority	3.8	5.5	4.8
Unknown	39.9	47.8	55.5
Total	100	100	100

Source: INE⁹⁷

Likewise, there is a high incidence of cases in which not all the fields on the Notification of Death are completed, which prevents analysis of all the variables considered important. These shortcomings in the quality of the information contained in the Notification of Death undermines the ability of the MSPAS and the INE to analyze causes of death and to recommend or adopt timely measures in the area of health.

Figure 28 shows how, in the case of notifications of death for women aged 10 to 54 years old, the field for the question as to whether the woman was pregnant was left blank in 71 percent of notifications of death in 2016. The failure to complete the information in that field undermines the maternal mortality research (routine mortality surveillance in women of reproductive age from 10 to 54 years old) performed by the MSPAS.

93 In Guatemala there are private, municipal, and community cemeteries.

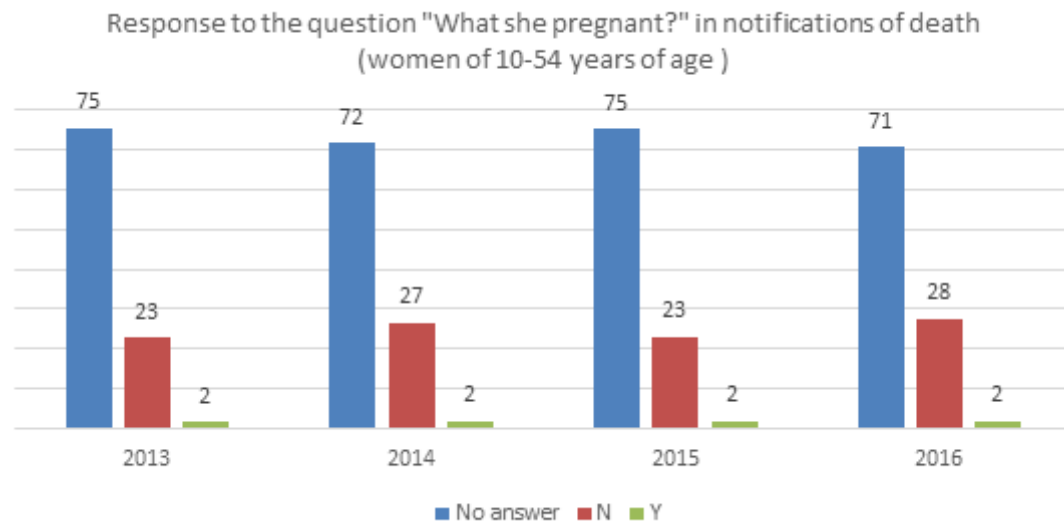
94 According to INE, the cause of death section was left blank in only 0.05 percent of cases in 2016.

95 According to INE, these are cases where only the name of the person appears on the Notification of Death. When such cases occur, the INE codifies the certifying authority as "unknown" unless the death occurred in a medical facility or was certified with the assistance of a medical professional.

96 INE, *Defunciones por todas las causas 2014-2016* [Deaths by All Causes 2014-2016] (statistical table provided by INE to OAS/PUICA), 2018.

97 INE, *Defunciones por causas mal definidas (R00-R94, R96-R99) 2014-2016* [Deaths by Ill-defined Causes (R00-R94, R96-R99), 2014-2016] (statistical table provided by INE to OAS/PUICA), 2018.

Figure 28:
Notifications of death with the question about pregnancy in women of reproductive age left blank



Source: INE

The quality shortcomings in notifications of death is largely due to lack of awareness-raising and systematic training for medical staff as well as other actors with responsibilities in the area of death registration, such as municipal and community authorities.

Taking into account that only 29.8% of deaths occur in health facilities (Table 35), it would be advisable to organize orientation

activities on how to fill out notifications for municipal and community authorities without medical qualifications who are called upon to fill out such certificates more systematically, and to provide them assistance by telephone so that, based on the symptoms and information provided by family members (verbal autopsy), the most probable causes that led to their death can be determined.

Table 35:
Deaths occurred in health facilities

Year	% of deaths occurred in health facilities ⁹⁸
2014	29.4%
2015	29.8%
2016	29.8%

Source: Prepared by OAS/PUICA based on INE data ⁹⁹

⁹⁸ To prepare this table, OAS/PUICA divided deaths occurred in public and IGSS hospitals and health centres by the total number of deaths reported by INE.

⁹⁹ INE, *Sitio de ocurrencia de la defunción 2014-2016* [Site of Occurrence of the Death 2014-2016] (statistical table provided by INE to OAS/PUICA), 2018.

The second problem is under-registration of death. Since community cemeteries do not always enforce existing regulations for burying decedents, family members often go ahead with the burial without having requested a Notification of Death and carried out the registration procedure at a RENAP office. Under-registration of death and causes of death has adverse effects in several areas, from policy formulation on health matters to the inaccuracy of the electoral roll.

The third problem is the lack of measurement of under-registration of death and causes of death. When questioned on the feasibility of conducting a death under-registration assessment, both RENAP and INE indicated that this would be challenging because of the country's history of internal conflict and the impossibility to determine whether certain people have died or emigrated abroad during the conflict. In addition, there are no currently reliable data available on total deaths that can be compared to that of registered death.¹⁰⁰ Nevertheless, considering that the absence of such data is an impediment to data-driven policy making, it is hoped that the 2018 census will enable the INE to estimate the death under-registration rate, disaggregated by gender and ethnicity, and that it can be kept current in the years to come, providing the various actors concerned with a baseline for designing policies, strategies, and programs.

6.3 Marriage Registration

6.3.1 Requirements

Marriage registrations are governed by RENAP Board Decision No. 104-2015 (Rules of Civil Registration)¹⁰¹ Specific requirements are established, depending on the type of registration.¹⁰²

Requirements for marriage registration:

- ✦ A detailed Notice of Marriage stating whether marital agreements were concluded and, as applicable, identifying the document in which they were concluded, along with the economic regime adopted;
- ✦ Beautification tax (boleto de ornato) receipt.

6.3.2. Procedures

The primary document for a marriage registration is the Notice of Marriage, which is issued by a notary, a minister of worship, or a municipal official. A notary or the married couple uses that document to register the marriage.

Registration is an automated, online process and the SIRECI database is updated in real time as soon as the registration is done.

The flow diagram in Figure 29 shows the marriage registration process.

¹⁰⁰ The MSPAS reports deaths based on RENAP data and can therefore not be used as a source of data for overall deaths.

¹⁰¹ It should be noted that the analysis of marriage registration is not exhaustive because it was not a priority for the report under the terms of reference set by the IDRC.

¹⁰² That is, marriage before a notary, a minister of worship, or a municipal official, consular registration, divorce, and notarial, municipal, or judicial, common-law marriage.

Figure 29:
Marriage registration process flow chart

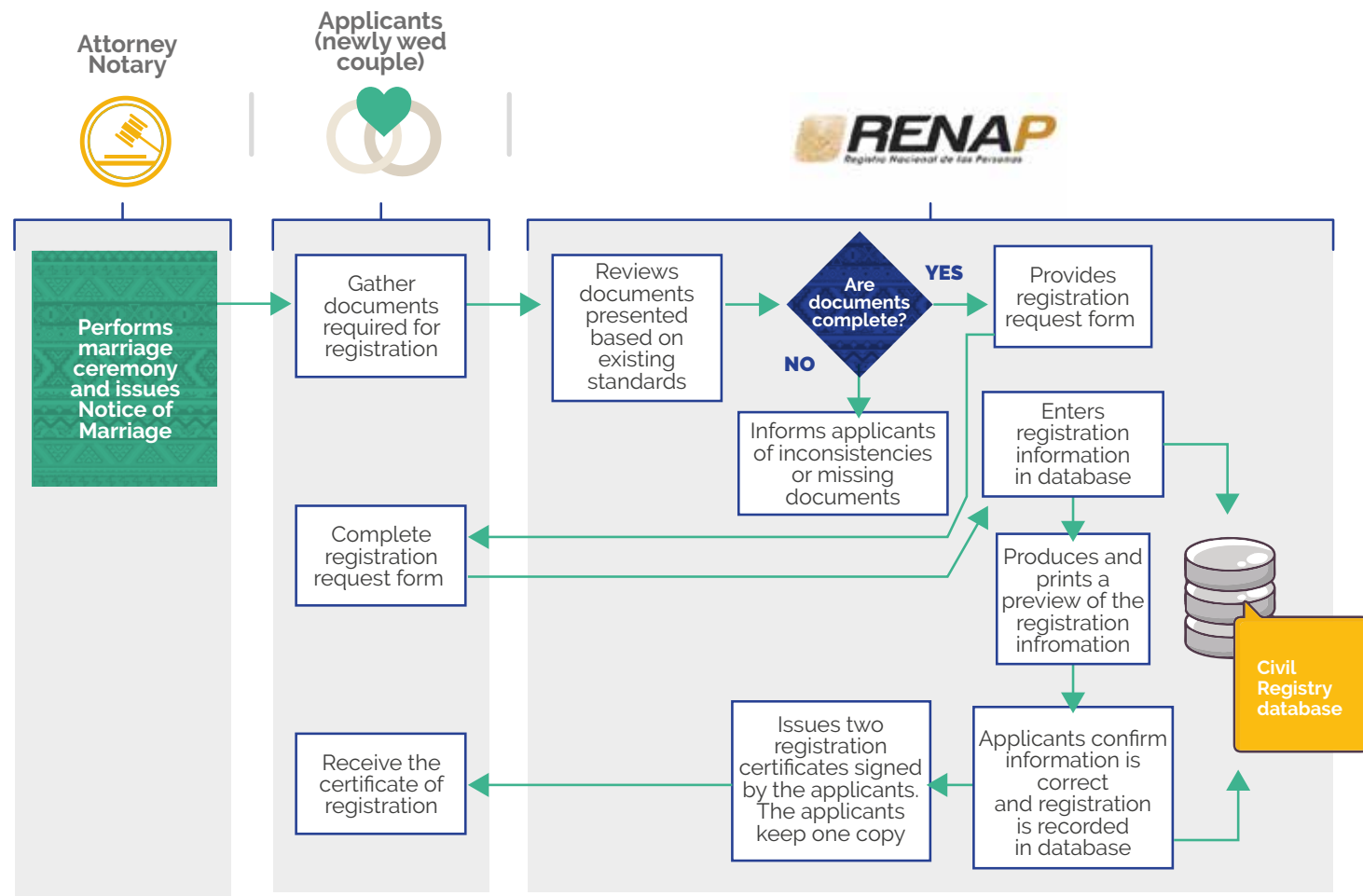


Table 36:
Marriages registered by department, 2012-2016

Department	2012	2013	2014	2015	2016
All departments	84,253	80,750	79,496	79,177	69,613
Guatemala	16,812	17,178	16,812	16,434	15,682
El Progreso	960	1,001	907	850	781
Sacatepéquez	2,178	2,208	2,218	2,373	2,116
Chimaltenango	4,042	3,986	3,947	4,271	3,548
Escuintla	4,052	3,764	4,038	3,905	3,461
Santa Rosa	1,974	1,899	1,871	1,824	1,781
Sololá	2,384	2,199	2,130	2,102	1,859
Totonicapán	2,911	2,981	2,948	2,971	2,265
Quetzaltenango	5,194	5,037	4,904	4,874	4,256
Suchitepéquez	3,745	3,797	3,793	3,651	2,956
Retalhuleu	2,193	2,040	1,929	1,980	1,683
San Marcos	5,886	5,331	5,091	5,109	4,866
Huehuetenango	6,720	6,089	5,907	6,037	5,120
Quiché	5,454	5,213	5,265	5,435	4,098
Baja Verapaz	1,737	1,586	1,422	1,536	1,237
Alta Verapaz	6,123	5,043	5,161	4,820	4,233
Petén	2,550	2,514	2,331	2,366	2,008
Izabal	1,877	1,629	1,724	1,590	1,657
Zacapa	1,344	1,261	1,339	1,234	1,023
Chiquimula	1,805	1,883	1,654	1,754	1,481
Jalapa	1,533	1,463	1,441	1,585	1,337
Jutiapa	2,779	2,648	2,664	2,476	2,165

Source: INE¹⁰³

6.3.3 Data

Marriages

The number of registered marriages has been trending downward, from 84,253 in 2012 to 69,613 in 2016. That decline is

partly because in 2016 marriages of minors under the age of 18 were banned, as the section below explains.

Marriages of Minors

Prior to August 2015, 14-year-old females and 16-year-old males could marry with the permission of the parents or the consent of a judge.

Civil society organizations gathered around the Roundtable for Girls and Adolescent Women, coordinated by Plan Guatemala,

launched a process of debate and reflection with a view to drafting a proposal to amend Articles 81 and 82 of the Civil Code in order to make 18 the minimum age for marriage. The organizations began an advocacy campaign to lobby leaders of blocs, caucuses, and deputies in the Congress, and succeeded in getting the amendments passed on November 5, 2015, by Decree 08-2015.¹⁰⁴

¹⁰³ INE: Website. Estadísticas continuas: Estadísticas Vitales [Ongoing Statistics: Vital Statistics].

¹⁰⁴ Republic of Guatemala, Decree No. 08-2015, Marriage Reforms to Decree Law 106, November 23, 2015.

Decree 08-2015 set the marriage age at 18 but left the exception that adolescents who had reached the age of 16 could be allowed to marry when there were justified reasons and they had obtained the approval of a judge. However, in 2017, Decree 13-2017 eliminated that exception,¹⁰⁵ with the result that the minimum age for marriage in Guatemala is 18.

Table 37 contains statistics for marriages in which at least one of the spouses was a minor. As the figures show, the number of marriages dropped from 12,743 in 2012 to 67 in 2016.

Table 37:
Marriages with at least one minor spouse, by department, 2012-2016

Department	2012	2013	2014	2015	2016
All departments	12,743	11,747	10,763	10,371	67
Guatemala	1,161	1,103	1,025	951	2
El Progreso	106	113	90	72	-
Sacatepéquez	188	222	174	207	-
Chimaltenango	679	655	578	644	-
Escuintla	526	481	473	447	2
Santa Rosa	262	237	213	199	1
Sololá	287	296	291	272	7
Totonicapán	677	685	563	600	-
Quetzaltenango	933	808	827	777	17
Suchitepéquez	820	782	708	666	2
Retalhuleu	367	366	310	330	5
San Marcos	937	806	746	710	6
Huehuetenango	1,266	1,116	1,047	957	7
Quiché	1,283	1,177	1,141	1,245	6
Baja Verapaz	408	376	375	319	-
Alta Verapaz	1,284	1,077	887	852	-
Petén	412	410	357	290	7
Izabal	184	163	160	112	1
Zacapa	147	126	138	115	1
Chiquimula	283	255	215	191	1
Jalapa	154	126	133	121	-
Jutiapa	379	367	312	294	2

Source: INE¹⁰⁶

6.4 Central Archive, Digitization and Indexation of Registry Entries

6.4.1 Processes

Before RENAP was created, births, marriages, deaths, and their annotations were all done in physical registry books. Each

municipality kept books with numbered pages and entries. With the transfer of civil registration functions to a central headquarters and the automation of the process, the task of digitizing images of entries and data indexation/entry into a complete registry database for the Guatemalan population is essential for preserving the information contained in the registry books.

Figure 30:
Photograph of the facilities at the RENAP Central Archive



Source: RENAP¹⁰⁷

In 2008, RENAP began compiling all the municipal books in order to centralize them and begin the processes of digitization (image capture of each registry entry), indexation (linking the image to key data in each entry: book number, page number, entry number, municipality, department, date of registration, first and last names), and data entry (entry of all the data connected with the registry entry).

So far, all the birth registration books (32,695) have been digitized, as have all the marriage books (10,311), and only 446 death registration books remain to be digitized out of a total of 12,297 (Table 38).

The RENAP Central Archive is located at its headquarters and houses all the registry books as well as the INE records of births, marriages, and deaths.¹⁰⁸ Supporting documents (i.e., those submitted by citizens with registrations or DPI applications) since RENAP's inception are also being consolidated.

The Central Archive Department is in charge of the centralization and safekeeping of all the registry book files. It has an agreement with Family Search by which the digitization of the books is done jointly.

¹⁰⁵ Republic of Guatemala, Decree No. 13-2017, Guatemala: Official Gazette, 2017.

¹⁰⁶ INE: Website. Estadísticas continuas: Estadísticas Vitales [Ongoing Statistics: Vital Statistics].

¹⁰⁷ RENAP: Central Register Directorate, Presentation of the Central Archive Department. Guatemala: RENAP, 2018.

¹⁰⁸ Prior to the creation of RENAP, municipalities sent the INE vital statistics information on births, marriages, and deaths in "INE Records" [Boletas del INE].

RENAP's digitization capacity consists of 15 stations for registry books, 18 stations for INE records, and 6 stations for registry entry indexation. The head of the Central Archive believes that the task of indexing all the digitized books will be completed in approximately 18 months.

6.4.2 Data

Statistics on the Central Archive's classification, digitization, and indexation of books are provided in the following table.

Table 38:
Statistics on digitization and indexation of registry books

Archive Activity	Births	Deaths	Marriages
Books digitized, total	32,695	11,851	10,311
Books indexed, total	29,781	0	0
Books pending digitization, total	0	446	0
Books pending indexation, total	2,914	12,297	10,311
Books pending classification and delivery to Central Archive (that are still located at RENAP municipal offices), total	333	138	61

Source: RENAP¹⁰⁹

Table 39:
Daily digitization capacity

Activity	Stations	Daily Digitization Capacity
Digitization of registry books	15	7 books
Digitization of INE records	18	5,000 records
Indexation of registry entries	6	500 registry entries

Source: RENAP¹¹⁰

The Central Archive is currently developing a Virtual Book (*Libro Virtual*) application that provides a detailed archival description of each book in accordance with best practices: whether the book is electronic or physical; the dates of the book's first and last entries; document serial number and document subserial number; location of a book in a specific row, bookcase, and shelf; book's physical condition. The application will facilitate book consultation and access, as well as their safekeeping and preservation.

6.4.3 Challenges and Opportunities

The Central Archive Department identified two main challenges. In the Project on Document Digitization and Digital Preservation the main challenges are to modernize and improve document management in the Central Archive and to contribute to the digitization process in order to ensure the preservation of the original physical documents and more efficient access to the images. That requires technology investments (scanner, planetary scanner, computers, storage system, and metadata entry and digitization software) and training.¹¹¹

Another challenge mentioned was moving the supporting documents from RENAP offices to the Central Archive, which implies standardizing the organization of supporting documents from the whole of Guatemala at the Central Archive and installing a bookcase storage system. That project requires additional human resources to transfer the supporting documents and digitize them.¹¹²

6.5 Identification

The DPI is used as the identification document for all Guatemalans aged 18 or older and domiciled aliens. The RENAP Law also envisages (at Article 57) a DPI for minors, though that is still at a planning stage.

The DPI includes the CUI number, which is assigned with the registration of the individual's birth and remains invariable as a unique identifier until their death.¹¹³

6.5.1 Requirements and Procedures

The requirements for a first-time DPI application are as follows:

- ✦ Receipt for payment of the appropriate application fee (Q85, US\$11.40);
- ✦ Original and one photocopy of the certificate of registration (Q15, US\$2);
- ✦ Original and one photocopy of beautification tax receipt (Q15, US\$2).

With those documents, RENAP enrolls the citizen, captures their biometric data (fingerprint and facial recognition using the facial recognition system (FRS)), and checks that the biographic data match the birth certificate provided. The next stage is automatic validation in the biometric system (SIBIO) to verify that there are no biometric inconsistencies. If inconsistencies are found, the case is referred to the biometrics experts for investigation. The next step is the SIRECI validation. This process of biometric and biographic data comparison with the SIRECI database ensures the integrity and reliability of people's data. The next step is DPI printing and quality control. The document is then sent from the print center in the capital to the registry office where the DPI application was made. DPIs requested at RENAP headquarters are usually delivered in less than a week. The delivery time for applications from other RENAP offices is 2 to 4 weeks.¹¹⁴

Apart from its secure issuance process, the DPI also has several security features (see Figure 31).

¹¹¹ Ibid.

¹¹² Ibid.

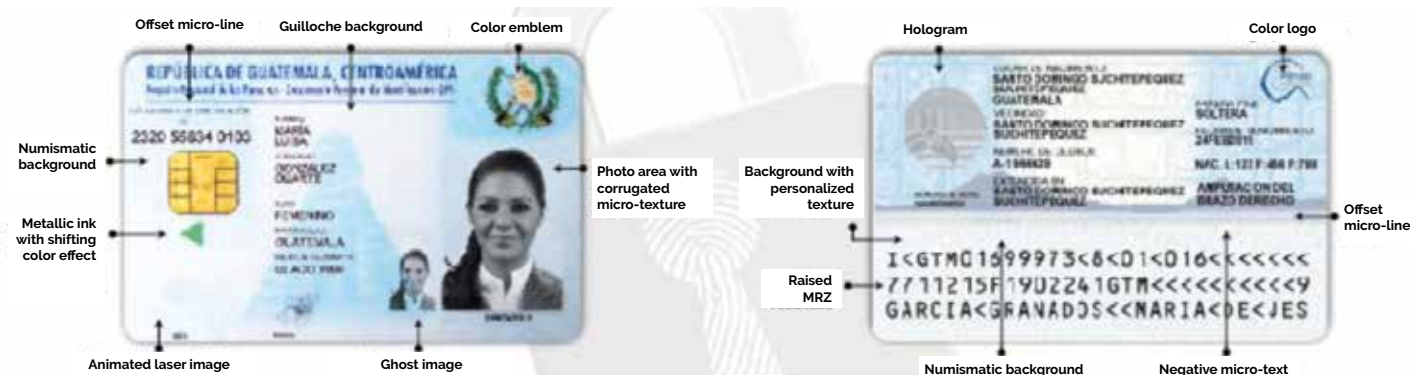
¹¹³ The CUI is automatically generated when the birth registration is entered in the system and is updated in the civil registry database.

¹¹⁴ RENAP, interview of the Directorate of Processes.

¹⁰⁹ RENAP, Central Register Directorate, Presentation of the Central Archive Department, Guatemala: RENAP, 2018.

¹¹⁰ Ibid.

Figure 31:
DPI security features



Source: RENAP¹¹⁵

6.4.3 Data

From 2013 to 2017, RENAP processed an average of 977,197 DPIs per year, 41.4 percent of which were for women, and 58.6 percent for men. 2.6 percent of these DPIs were for Guatemalans living abroad, a relatively small percentage given the proportion of the Guatemalan population who lives abroad (about 14 percent). However, the number of requests has increased steadily since 2015. In 48 percent of cases, the applicant was ladino/mestizo,

in 21.2 percent of cases Maya, and in 28.1 percent of cases the ethnic group is unknown. Based on these data, it appears that there is an under-identification of women, of Guatemalans living abroad, and possibly of Guatemalans who belong to Indigenous People, although it is difficult to draw firm conclusions on the latter given the high percentage of cases where the ethnic group is unknown.

Table 40:
DPI requests from 2013 to 2017

DPI		2013	2014	2015	2016	2017	Promedio	% del total
Sex	Female	491,612	378,567	399,349	376,742	378,715	404,997	41.4%
	Male	581,196	509,619	607,034	595,851	567,298	572,200	58.6%
Type of Procedure	DPI issuance because ID is expired	123,662	107,681	64,155	40,232	28,110	72,768	7.4%
	First time DPI	340,474	356,135	367,045	378,107	411,758	370,704	37.9%
	Replacement	60,401	102,945	194,284	201,026	197,275	151,186	15.5%
	Replacement as a result of theft or loss	275,462	320,731	372,823	347,261	308,866	325,029	33.3%
	Substitution by ID	272,809	694	8,076	5,967	4	57,510	5.9%

¹¹⁵ RENAP: Website. Emisión del DPI: Medidas de Seguridad del DPI: Características que hacen al DPI un documento con seguridad inquebrantable (DPI Issuance: DPI Security Measures: Characteristics that make the DPI a document of unbreakable security). 2018. Available online at <https://www.Renap.gov.gt/servicios/medidas-de-seguridad-del-dpi> (last accessed on June 27, 2018).

DPI		2013	2014	2015	2016	2017	Promedio	% del total
Request made nationally or abroad	Nationally	1,071,798	888,186	983,587	925,951	888,250	951,554	97.4%
	Abroad	1,010	0	22,796	46,642	57,763	25,642	2.6%
Ethnic Group ¹¹⁶	Unknown			251,267	296,873	285,359	277,833	28.1%
	Indigenous			32,170	212	290	10,891	1.1%
	Garifuna			547	517	390	485	0.0%
	Ladino/mestizo			516,340	458,137	449,137	474,538	48.0%
	Maya			203,624	215,965	209,770	209,786	21.2%
	Other			1,013	50	59	374	0.0%
Xinca			1,422	839	1,005	1,089	0.1%	
Total		1,072,808	888,186	1,006,383	972,593	946,013	977,197	100%

Source: Prepared by OAS/PUICA based on data from RENAP

6.4.4 Challenges and Opportunities

DPI Renewal

Given that a DPI is valid for 10 years and that they started to be issued to the public in 2009, the renewal process for the document will begin in 2019. Based on the number of DPI applications processed in 2009, it is estimated that RENAP will have to handle an additional 1,037,805 renewal applications, more than doubling the usual demand for first-time and replacement DPI applications together.

Validation problems could also arise with renewals because the identity control and verification processes are more rigorous and thorough than they were when the first applications were processed in 2009.

RENAP is already working on a DPI renewal plan to address the challenge. It would be recommendable, as part of that plan, to review and validate the records for DPIs that expire in 2019, in order to expedite the process when members of the public apply for renewal. Among other things, that entails strengthening capacity in the areas of user assistance, printing, and distribution logistics to keep up with the increased volume of demand for DPI applications, as well as carrying out a public awareness campaign on the importance of DPI renewal.

It is worth highlighting that Guatemala will hold its next general elections in 2019, making it all the more important to expedite the DPI renewal process.

Access to DPIs for Vulnerable Populations

According to the 2014 National Living Standards Survey,¹¹⁷ 23 percent of the population was living in extreme poverty in 2014, earning less than US\$1.90 a day. For such people, the aggregate cost of a DPI of Q115.0 (US\$15.54) (Q85 for the document, Q15.0 for the beautification tax receipt, and Q15.0 for the birth certificate) is high, equivalent to eight or more days' pay. At present, the mobile campaign being implemented by Department for the Prevention and Eradication of Under-registration targeting people in poverty and extreme poverty is receiving support from Foundation Viva: Juntos por la Niñez, which is covering the cost of those fees. In that connection, it is important to consider options to reduce the costs for such individuals, since without a DPI they cannot complete any bureaucratic formalities relating to employment, health care, or inclusion in social programs.

One option to make DPIs more accessible could be to include the cost of registration and identification services for families classified as being in a situation of extreme poverty in social programs implemented by MIDES or SESAN. Another option could be to include a line item to cover expenditure on such cases in RENAP's current income allocation.

¹¹⁶ Ethnicity data are compiled for 2015 to 2017 only because of a change in the categorization method.

¹¹⁷ INE, ENCOVI 2014 - Tome 1, INE: January 2016.

Implementing DPIs for Minors

Although the RENAP Law envisages DPIs for minors, the initiative has not yet been implemented. In 2014 RENAP began a pre-enrollment process that captured the biometric data of minors. However, budgetary constraints and limited storage for unique registrations meant that the project had to be halted.

Capturing minors' biometric data would facilitate verification of their identity, potentially reduce the risk of trafficking in persons, and improve interoperability with social, healthcare, and food programs.

6.6 Delivery of Services and Solution of Registration Problems

Civil registration and identification services are intended, on one hand, for Guatemalan citizens residing in the country, aliens domiciled in the country, and Guatemalans who have migrated abroad, and, on the other, for public institutions and private enterprises that request verification services for civil registration and identity data.

6.6.1 User Assistance

RENAP has a Department of User Assistance and Services, which currently has a presence at offices in the Guatemala City metropolitan area and in the departments of Escuintla, Quetzaltenango and Villa Nueva. They also monitor the service at all 340 offices in the country through the Call Centre, which does phone inspections, and by deploying committees to visit key offices at the national level. RENAP has a User Assistance Protocol with specific sections on attention to persons with disabilities and LGBTI persons.¹¹⁸ It also has an assistance protocol for older persons, implemented by all its offices nation-wide.

The call center has 19 operators who handle questions about requirements, grievances, and complaints via telephone, chat, and email. According to the person in charge of the call center, an estimated 80 percent of queries concern DPI applications.¹¹⁹

The Department's offices in Guatemala City have a take-a-number system by which members of the public are assigned a turn, depending on the procedure they require, and seen on a first-come, first-served basis. In this way, people can wait seated for their turn number to appear on the screen.

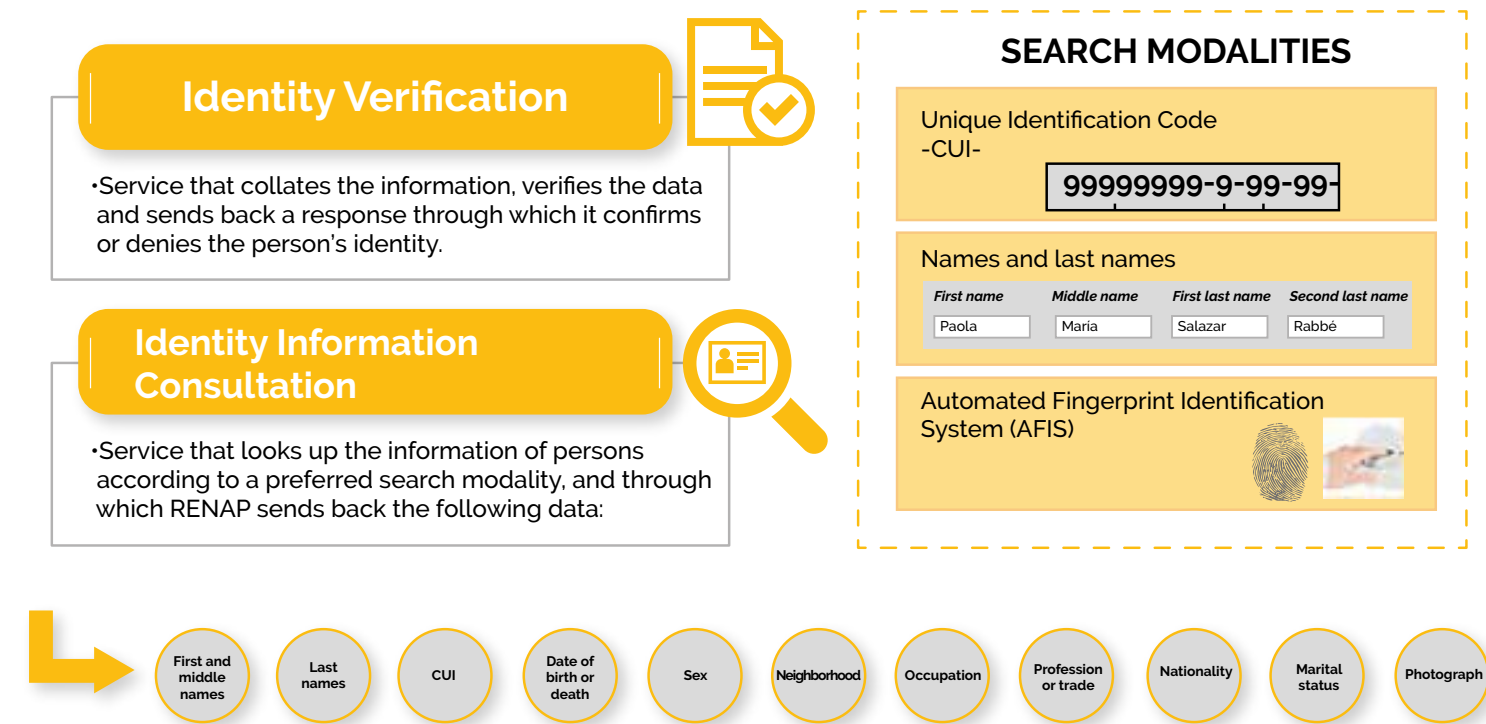
RENAP also has the infrastructure to provide electronic services to the public via its webpage and a smart phone application, by which citizens can request a replacement DPI and/or electronic certificates of registration.

Another improvement brought by the Department of User Assistance and Services is the opening of special customer service points for notaries, where notaries can complete procedures related to non-adversarial proceedings, and be charged for them. These services points are currently available in the registration offices of the RENAP headquarters in Guatemala City, and in the Quetzaltenango and Huehuetenango offices.

6.6.2 Services to Institutions

In terms of electronic services to institutions, RENAP provides two main services to public and private institutions: identity verification, by which it verifies the data supplied in order to confirm or refute a person's identity; and consultation of identity information, through an online application to consult the RENAP database and access public information in accordance with the RENAP Law (see Figure 32). Those services are provided to institutions that meet the procedure established for this purpose. In the case of public institutions, the service is free; private institutions are charged between Q7 and Q27 (approximately US\$ 1 to US\$ 3.50) by consultation, depending on the type of request. The User Assistance and Services Area is responsible for promotion and sales of the electronic services that RENAP provides.

Figure 32:
Institutional electronic services



Source: RENAP

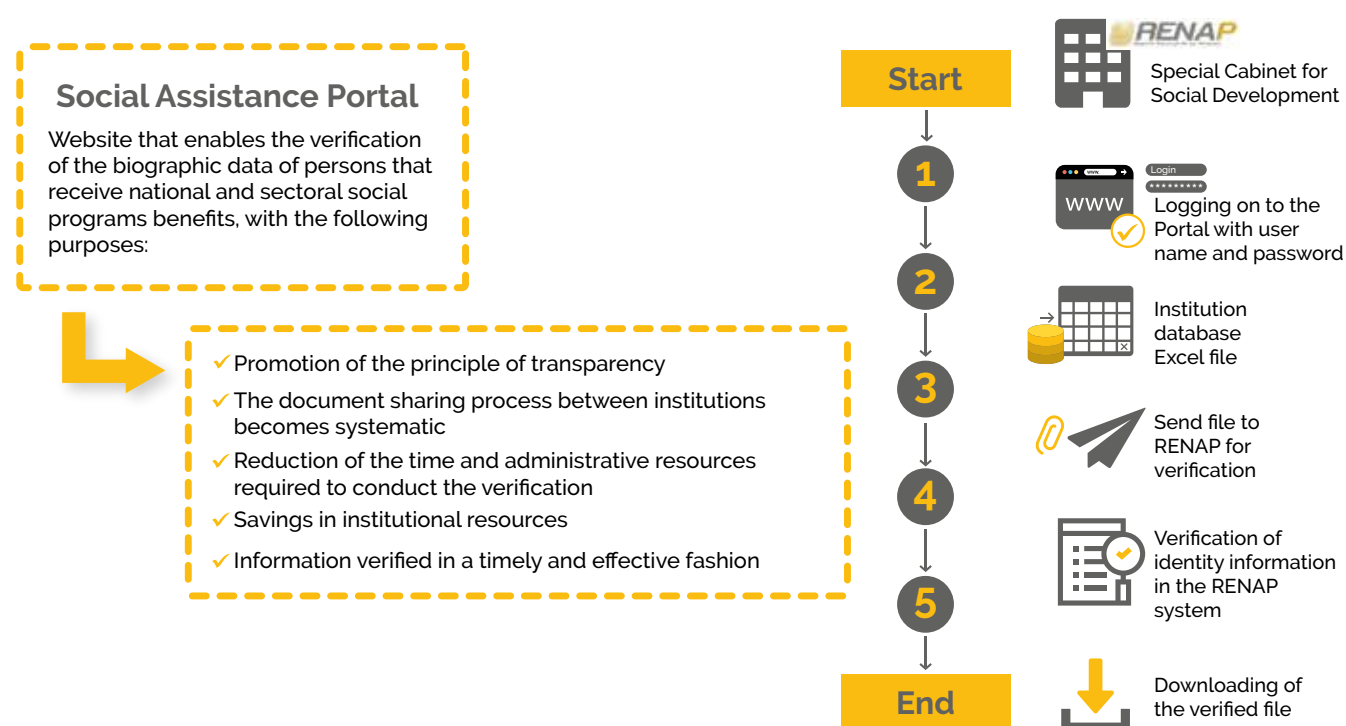
RENAP has developed an application called Portal Social (Social Assistance Portal) for public institutions that are part of the Special Cabinet for Social Development. The Social Assistance Portal assigns one or more user profiles to institutions that make the request through an official communication and send the supporting documents required by RENAP. The Portal allows these institutions to submit up to 5,000 consultations in order to check the biographic data of the beneficiaries of social programs.

The Social Assistance Portal is highly valued by the various institutions that use it, since it expedites identity and identification verification of beneficiaries. Because the system compares the data in the civil registry system with those provided by the institution, it is important for the forms in which the data is provided to be completed in full and meet the requirements for obligatory fields.

¹¹⁸ The issue of the rights of persons with disabilities and LGBTI individuals is covered in greater detail in Chapter VIII.

¹¹⁹ RENAP, Interview with the Department of User Assistance and Services.

Figure 33:
Social Assistance Portal



Source: RENAP

6.6.3 Solution of Registration Problems

The RENAP Law requires that there be an area for identity verification and social support, the purpose of which is to solve all registration problems originating from the records kept by municipalities (prior to the creation of the RENAP). Under that provision, the Directorate of Identity Verification and Social Support was assigned responsibility for examining and resolving cases of registry entries that have been totally or partially destroyed or that contain errors or omissions. The Directorate provides professional notary services to the public free of charge, which is an important help for people in poverty or extreme poverty.¹²⁰ The Department currently has 22 notaries: 10 in in Guatemala City and 12 in the other departments.

Entry rectifications (for example, if there is an error with an accent or with one letter per field) can be resolved administratively through an amendment; in such cases, no notarial or judicial procedure is necessary.

In cases where the birth certificate is destroyed, contains errors or alterations, is used by another person, or contains a misannotation of death or other misannotations, a notarial or judicial procedure, as appropriate, is required. In such cases, the advice of the notaries of the Directorate of Identity Verification and Social Support is necessary to offer the citizen a solution. Solving registration problems is important for enabling the individuals concerned to apply for a DPI and so have access to social programs, health care programs, formal employment, and education; get married; register their children; and claim inheritance or old age or disability pensions, etc.¹²¹

The statistics on identity verification and social support services (see Table 41) show that the number of cases of notarial assistance has declined since the rectification of registry entries became possible through administrative amendment procedures.

Table 41:
Statistics on identity verification and social support services 2013-2017

Type of service	2013	2014	2015	2016	2017
Notarial	33,844	12,449	6,073	4,371	3,000
Identity verification	1,236	1,040	1,802	917	700
Total	35,080	13,489	7,875	5,288	3,700

Source: RENAP

6.6.4 Service Monitoring and Evaluation

The RENAP User Assistance and Services area monitors services and generates statistics on numbers of users assisted by type of procedure (certifications, DPI issuance, DPI consultation, DPI capture, registrations, notarial cases, amendments, and data entry, among others) and document delivery time.

The Assistance Center monitors complaints, calls received, chat queries, and emails answered.

The above information is reported monthly and quarterly. Assistance volumes are monitored daily in order to take steps to expedite attention to users if necessary.

Apart from RENAP's internal monitoring efforts, the PDH monitors the complaints handled by the institution relating to identity and identification. Table 42 below shows that there has been a drop in the number of complaints, from 138 cases in 2012 to 11 in 2017, a low figure considering the volume of services that RENAP provides. Most of the cases handled concerned delays in the procedure, incorrect data, and nonregistration. The data, which were provided by the PDH, are an indication that the service that RENAP provides to the public has improved in recent years.

Table 42:
Requests received by the Office of the Human Rights Ombudsperson (PDH) relating to identity, by type of reason, 2012-2017

Reason for complaint	2012	2013	2014	2015	2016	2017	Total	%
Procedural delay	40	26	17	7	1	3	94	32.53
Incorrect data	45	21	14	1	1	2	84	29.07
Not registered	34	9	14	2	2	3	64	22.15
Poor attention	--	6	3	--	1	1	11	3.81
Damaged book	6	2	--	--	1	--	9	3.11
Nonexistence of records	9	--	--	--	--	--	9	3.11
Requirements	--	--	2	--	2	2	6	2.08
Death record	2	1	1	1	--	--	5	1.73
Corruption	--	2	--	--	--	--	2	0.69
Alien	1	1	--	--	--	--	2	0.69
Guidance	--	1	1	--	--	--	2	0.69
Assistance in obtaining paternal surname	1	--	--	--	--	--	1	0.35
Total	138	69	52	11	8	11	289	100

Source: PDH¹²²

¹²⁰ It is estimated that the process would cost between Q200 and Q2,500 (US\$27 to US\$338) for a member of the public if they engaged the services of a private notary.

¹²¹ RENAP, Interview with the Directorate of Identity Verification and Support.

¹²² PDH, *Reporte de denuncias relacionadas a identidad* [Report of complaints related to identity], Guatemala: PDH, 2018.

6.6.5 Challenges and Opportunities for Improvement

User Assistance

The following options could be considered for strengthening the service to users:

- Expand the take-a-number system in the busier RENAP offices.
- Implement a service review application at each point of assistance.
- Implement a user assistance system that registers each request and monitors it through to its solution. The call center employee who handles the telephone call, chat request, or email from user records in the system whether it is a query, complaint, or request. If it is resolved, they immediately close the case; otherwise, the system follows up until the user's request is resolved.

Solution of Registration Problems

To strengthen the capacity of the Directorate of Identity Verification and Social Support, it would be recommendable to increase the number of notaries so that each department in the country has an assigned notary. It is also important to provide vehicles to allow personnel from that area to travel to the various municipalities in each department.

To expedite processes, the possibility should be considered of reviewing registration criteria in order to increase the number of registry errors that can be resolved administratively, which would offer the citizen a swifter solution

In the case of procedures involving abandoned children, it is important to strengthen joint work and coordination between the PGN, which represents the children legally, and the Department of Identity Verification and Social Support, in order to expedite formalities.

Finally, it is also important for municipal registrars and the Directorate of Identity Verification and Social Support to harmonize their understanding and application of registration rules, in order to avoid cases that could be settled at the municipal level being referred to the Directorate. The citizen initiates the process before the municipal registrar, who reviews it and, in accordance with the registration rules, determines whether or not it can be handled by means of an administrative amendment or undergo notarial or judicial rectification.

Services to Public Institutions

One of the constraints affecting the services that RENAP provides through the Social Assistance Portal is that that service uses the same database as the agency's registration services. Therefore, consultations have to be done at night to avoid affecting the response times of RENAP's 340 operational offices. That limits the number of consultations that RENAP can process. The RENAP personnel and MIDES users consulted for this mapping noted the importance of looking into the possibility of expanding mass consultation (for example, in order to be able to verify 100,000 registrations in a single transaction), given that some social programs have a large number of beneficiaries. This proposed enhancement would mean providing RENAP with the necessary technological infrastructure for an alternate database in order to provide such services without impairing daytime operations. That would enable it to service public entities more efficiently.

Services to Enterprises

In the case of services to private institutions, it would be recommendable to strengthen the promotion and marketing capacity for the agency's electronic services by hiring personnel with the necessary qualifications and expertise for working with business clients who would understand the needs of potential clients and submit service proposals accordingly. This is essential for boosting RENAP's revenue with a view to becoming financially self-sustaining.

VII. VITAL STATISTICS GENERATION PROCESSES

7.1 Characterization of the Information Published in Vital Statistics

The vital statistics that the INE generates cover vital events that occurred during the reference year, based on the event's date of occurrence. The INE generates statistics 6 months after the end

of the year in order to take into account registrations made up to 6 months after the year's end.

Tables 43 to 47 contain the list of vital statistics published by the INE in relation to births, deaths, fetal deaths, marriage, and divorce.¹²³

Table 43:
Vital statistics on births

No.	STATISTIC
1	Births by department of residence of mother and department of occurrence
2	Births by sex, month of occurrence, and department of residence of mother
3	Births by department of residence and age of mother
4	Births by month and day of occurrence
5	Births by marital status and department of residence of mother
6	Births by marital status and age group of mother
7	Births by marital status and age group of father
8	Births by age group of mother and father
9	Number of live births by age of mother
10	Live births and stillbirths by type delivery and department of residence of mother
11	Births by sex, department of residence of mother, and birth weight
12	Births by sex, age group of mother, and birth weight
13	Births by age group and department and municipality of residence of mother
14	Births by age group and occupation of mother
15	Births by age group, department of residence, and ethnicity of mother
16	Births by type of assistance received and department and municipality of residence of mother
17	Births by place of occurrence and department and municipality of residence of mother
18	Births by place of occurrence, department of residence of mother, and type of delivery
19	Births by educational attainment of mother and number of children
20	Births by type of registration and month of occurrence

Source: INE

¹²³ INE: Website, Statistics: Subject/Indicators, 2018. Available online at <https://www.ine.gob.gt/index.php/estadisticas/tema-indicadores> (last accessed on August 24, 2018).

Table 44:
Vital statistics on marriages

No.	STATISTIC
1	Marriages by quinquennial age group of bride and groom
2	Marriages by ethnicity of bride and groom
3	Marriages by occupation of groom
4	Marriages by occupation of bride
5	Marriages by month and department of registration
6	Marriages by month and day of occurrence
7	Marriages by educational attainment of bride and groom
8	Marriages by type of union and department of occurrence
9	Marriages by number of previous marriages of bride and groom

Source: INE

Table 45:
Vital statistics on divorces

No.	STATISTIC
1	Divorces by age group of husband and wife at time of decree
2	Divorces by ethnicity of husband and of wife
3	Divorces by month and department of registration
4	Divorces by occupation of husband and of wife
5	Divorces by month and day of occurrence

Source: INE

Table 46:
Vital statistics on fetal deaths

No.	STATISTIC
1	Fetal deaths by department of occurrence and department of residence of mother
2	Fetal deaths by month of occurrence and department of residence of mother
3	Fetal deaths by gestational age and department of residence of mother
4	Fetal deaths by type of assistance received and department of residence of mother
5	Fetal deaths by place of occurrence and department of residence of mother
6	Fetal deaths by marital status and department of residence of mother
7	Fetal deaths by sex, department of residence of mother, and cause of death
8	Fetal deaths by sex, age of mother, and cause of death
9	Fetal deaths by geographic area and ethnicity and department of residence of mother
10	Fetal deaths by month and day of occurrence

Source: INE

Table 47:
Vital statistics on deaths

No.	STATISTIC
1	Deaths by department of occurrence and department of residence of decedent
2	Deaths by sex, department of residence, and age of decedent
3	Deaths by sex, department of residence, and age group of decedent
4	Deaths by sex, department of residence, marital status and age group of decedent
5	Deaths by sex, age, and cause of death
6	Deaths by sex, department of residence of decedent, and cause of death
7	Deaths by type of certification and department and municipality of residence of decedent
8	Deaths by type of assistance received and department and municipality of residence of decedent
9	Deaths by place of occurrence and by department and municipality of residence of decedent
10	Infant, neonatal, and post neonatal deaths by sex, department of residence, and age
11	Neonatal deaths by sex, age, and cause of death
12	Post neonatal deaths by sex, age, and cause of death
13	Deaths by month and day of occurrence
14	Deaths by geographic area and by ethnicity and department of residence of decedent
15	Deaths, by external cause, sex, and department of occurrence

Source: INE

7.2 Vital Statistics Generation and Publication Process

The process of generating vital statistics (Figure 34) consists of collecting information on the frequency of certain vital events as well as relevant characteristics of the events themselves and of the person and persons concerned, and of compiling, processing, analyzing, evaluating, presenting, and disseminating those data as statistics.¹²⁴

The Organizational Law on the INE provides that the institutions that make up the National Statistics System (i.e., all State offices, autonomous and semiautonomous decentralized entities, and municipalities whose functions include any activity having regard to the preparation, collection, analysis, and publication of statistics) are required to apply the methods, procedures, definitions, and technical norms issued by the INE, as well as to submit all statistical data and reports that they prepare to the INE for approval prior to their official publication.

The main source of vital statistics for the INE is RENAP. RENAP registers events through its decentralized network of registry

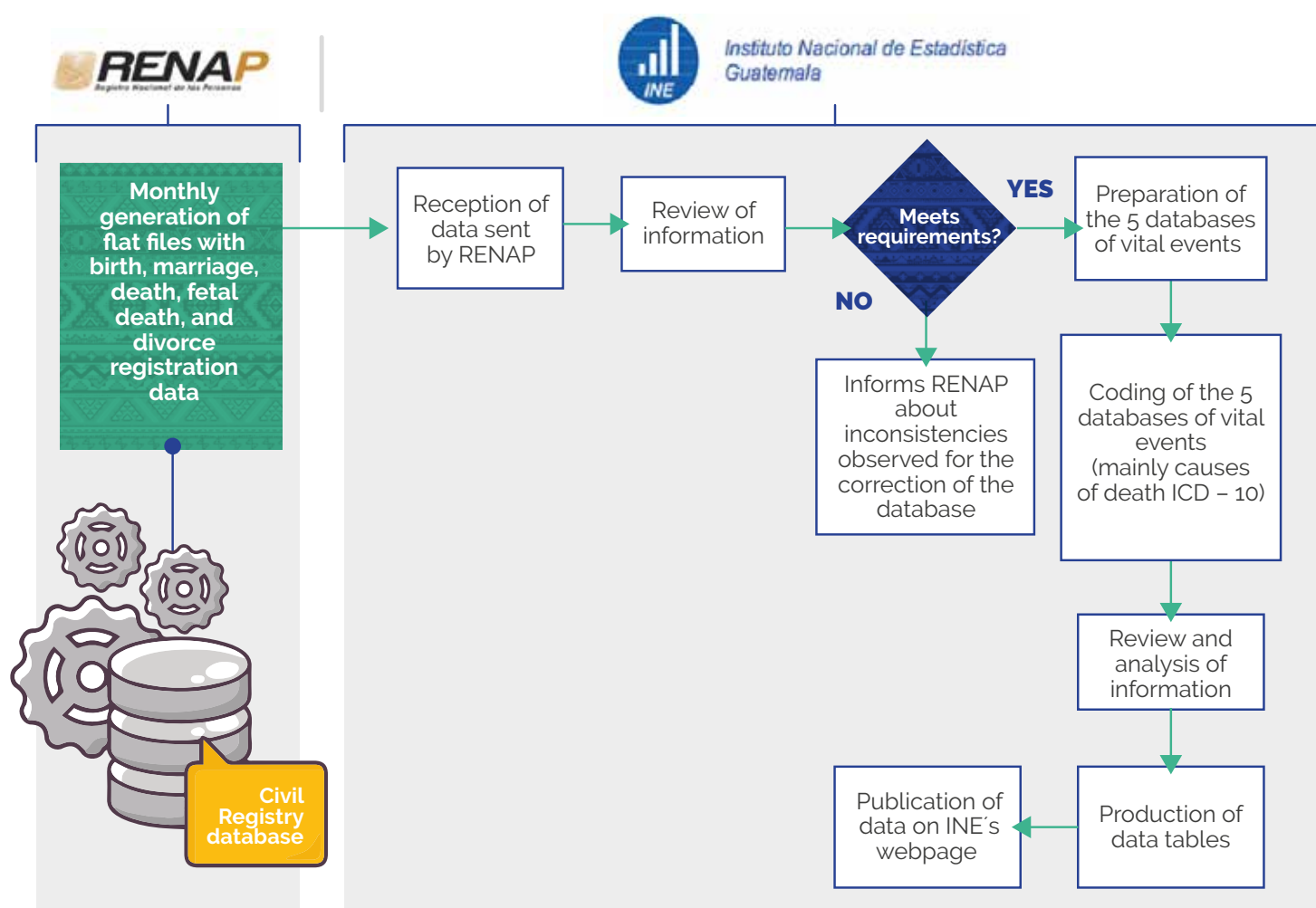
offices and submits consolidated databases to the INE (in a flat file format) during the first eight days of each month, with information about births, marriages, and deaths that occurred in the preceding month. The INE receives and reviews the data to validate its consistency and, if they meet its standards, prepares the vital statistics database and codifies the data (especially cause of death), with a view to their analysis and publication on its portal, where they are available for consultation by national and international users.

The INE uses the vital statistics definitions adopted by the World Health Assembly (births and deaths).

The source forms used by the INE are: for births, the Notification of Birth (see Appendix A, Notification of Birth), and for deaths, the Notification of Death (see Appendix C, Notification of Death). Although the OCSSES has adopted standard forms, as mentioned, they are not being used by all health facilities, many of which use their own forms. There is no standard form for marriages and divorces.

¹²⁴ United Nations, *Principles and Recommendations for a Vital Statistics System*, United Nations: New York, 2014.

Figure 34:
Vital statistics generation and publication process



INE publications are released annually. The vital statistics for a year under study are published in November of the following year. All vital statistics information is posted on the INE webpage where any individual or institution may consult or download it.¹²⁵

Responsibility for evaluating the consistency of variables, identifying duplications, codifying variables (including causes of death), and analyzing vital statistics data falls to the Department of Socioeconomic and Environmental Statistics of the Directorate of Indexes and Continuous Statistics, which has a staff of four for that purpose. The vital statistics evaluation and monitoring process is carried out as follows:¹²⁶

- Selection of variables: Selection and publication of data is done by place and date of occurrence. Duplications are identified.
- Evaluation of variables: In the case of births, the following is evaluated: weight, age of mother, place of residence, and ethnicity, among other aspects. In the case of deaths, the following is evaluated: age and age period, and geographic area of occurrence, among other aspects.
- Validation of variables: In the case of births, the following are validated: age with number of children, educational attainment with occupation, marital status with age, and

educational attainment with age, among other aspects. In the case of deaths, the following are validated: age with educational attainment, age with causes, and sex with causes, etc. This is done to ensure the integrity of the vital statistics data received from RENAP.

7.3 Classification of Causes of Death

The INE follows regulations and guidelines of the World Health Assembly on codification of mortality and morbidity and cause of death certification and, since 2005, tabulation of causes of death has been done according to the 10th revision of the International Classification of Diseases, or ICD-10.¹²⁷ The section on causes of deaths of the standardized Notification of Death form (Appendix C) developed by the OCSSES follows the structure of the International Form of Medical Certificate of Cause of Death. From the perspective of INE, this is the most important part of the Notification of Death.

The ICD, consisting of three-digit categories, is the most widely used international standard tool for mortality and morbidity statistics. The World Health Organization (WHO) reviews the ICD roughly every 10 years to include the most recent advances in science. ICD-11 has been designed to reflect new needs in the generation and use of health information in the context of the 21st century, as well as for analyzing health in the population.¹²⁸

Different technological applications have been developed to standardize and optimize the ICD-10 cause of death codification process. Thus, approximately 70 percent of basic causes of death are codified in the MMDS (the current codification stage of U00 codes, with the assistance of a technician), a software created in the United States that was translated into Spanish and adapted by Mexico for use in Latin American countries. Guatemala has used that application in line with its local needs and priorities. All other causes are codified manually. Mexico is currently testing and evaluating the IRIS software, which is based on MMDS. It hopes to lead the migration from one system to the other in the region, in its Spanish version, based on the soon-to-be-approved updated ICD-11.

Since 2010, various initiatives have been implemented with vital statistics institutions in Guatemala to strengthen their capacity for implementing ICD-10. In 2010, an on-site ICD-10 codification training course was held for INE, MSPAS, and IGSS codifiers.

An online training on ICD-10 was organized in 2012. In 2013-2014, a visit to the INE by the National Statistics and Geography Institute (INEGI) of Mexico was arranged to install the MMDS and train personnel in the program's use, with a view to improving the quality of mortality codification. Automatic codification of registered deaths began in April 2015 and the software update was downloaded in March 2016. In 2017, another on-site codifiers' course was held on the use of ICD-10 based on the PAHO/WHO 10th revision (2015 edition). Guatemala has also been participating since 2010 in the Latin American and the Caribbean Network for Strengthening Health Information System (RELACSIS).

To continue strengthening the use of the ICD, the INE considers it necessary to hold trainings on the ICD-10 updates (2016-2018); prepare a roadmap of measures on current and ICD-11 transition and implementation needs; and organize update training on ICD-11, the English version of which is expected in June 2018, with the Spanish version scheduled for release in or around 2020. Migration from the MMDS to IRIS requires talks between the Mexican Center for the Classification of Diseases, WHO's Collaborating Center for Family of International Classifications in Mexico (CEMECE), INEGI, and RELACSIS in order to develop the necessary arrangements.

7.4 Population and Housing Census 2018

The XII Population Census and VII Housing Census will be carried out in Guatemala in July 2018. Given that the last census was performed in 2002, this census is important for updating population and housing statistics and will be an invaluable tool for strengthening CRVS systems in Guatemala. The 2018 census development and implementation process was led by the INE in partnership with the United Nations Population Fund.

For the first time in Guatemala, the census form includes a question to quantify birth registration (Figure 35), making it possible to measure the level of birth under-registration of the country.

¹²⁵ RENAP provides updates on registrations completed and DPI issued on its website but does not publish official statistics.

¹²⁶ INE. Interview with the Health Statistics Unit, Department of Socioeconomic and Environmental Statistics, Directorate of Indexes and Continuous Statistics.

¹²⁷ Prior to that, ICD-9 was used.

¹²⁸ A version of ICD-11 was released by WHO on June 18, 2018 and is expected to be endorsed by the Seventy-second World Health Assembly in May 2019.

7.5 Challenges and Opportunities

According to the INE vital statistics team and as detailed in section 6.2.4 on challenges in death registration, the biggest challenge relates to the coding of causes of death. That requires reviewing each death registration in order to assign a specific code of death using the MMDS program, which entails a prior evaluation of the mortality database.

According to those interviewed, the chief problem is the poor quality of the information included in notifications of death, an issue aggravated by the fact that the standard Notification of Death form developed by the OCSES is not being used systematically. In some cases, fields have been left blank, preventing analysis of the vital statistics concerned. In particular, as mentioned, the fact that the underlying cause of death is not included adversely affects the processing and assignment of cause of death codes by INE personnel. In such cases INE coders have to determine the cause of death based on available information following ICD-10 guidelines and procedures. This problem hampers technical analyses of causes of death in Guatemala, and impacts the development of appropriate prevention programs.

Therefore, more awareness raising efforts are needed with medical personnel and other actors who fill out notifications of birth and death, in order to ensure that they do so properly in terms of quality and completing all fields. Additionally, and as highlighted in the previous chapter, the standard forms have to be made widely available to all actors involved.

Trainings on the proper use and completion of forms have been coordinated through the OCSES. The trainings have addressed the importance of vital statistics (provided by the INE), form completion (provided by the MSPAS), and legal aspects of registration (provided by RENAP). The trainings target physicians and individuals involved in processing and completion of notifications of birth and death.

INE personnel make great efforts in processing vital statistics. Accordingly, ongoing training is needed to raise quality in assigning cause of death codes. It is also believed that expanding the team of people in charge of vital statistics would be beneficial to the institution, given the current team's heavy workload.

VIII. GENDER, HUMAN RIGHTS, AND DIVERSITY PERSPECTIVE IN THE CRVS SYSTEM

8.1 Gender Perspective

8.1.1 Including a Gender Perspective in the CRVS System

RENAP has implemented gender equality policies, both internally and in the services it provides through the creation of a Women's Unit in the Directorate of Management and Internal Oversight. The main purpose of the Unit is to coordinate promotion, monitoring, and evaluation actions with respect to women's right to identity and civic participation with women's rights organizations and public and private entities, as well as to provide guidance on the incorporation of a women's human rights and gender equity perspective in RENAP's operational offices and administrative departments, in accordance with the laws, conventions, and international treaties ratified by the State of Guatemala.

The statistics generated by the INE, including vital, population, and health statistics, are disaggregated by sex (male/female). The INE has a Women's Office to ensure that its processes, operations, and statistical analyses include a gender perspective.

8.1.2 The Problem of Child and Adolescent Marriages and Pregnancies

As mentioned in Chapter VI, changes in the law have considerably reduced the phenomenon of marriages of minors.

Those reforms have also helped to lower the number of child and adolescent pregnancies in Guatemala, although, as Table 48 shows, the figures continue to be significant.

Table 48:
Child and adolescent pregnancies

Age of Mother	2014		2015		2016		2017	
	RENAP	SIGSA	RENAP	SIGSA	RENAP	SIGSA	RENAP (1)	SIGSA (2)
10	12	51	4	25	6	32	1	39
11	23	80	29	80	29	79	9	66
12	89	241	114	313	99	227	77	159
13	576	1,203	488	1,286	465	993	324	770
14	2,454	4,119	2,308	4,789	1,904	3,782	1,393	2,503
15	6,839	8,976	6,561	11,117	6,045	5,113	3,917	3,537
16	12,847	13,804	12,479	17,554	11,731	16,446	8,651	14,683
17	18,264	16,623	17,881	21,254	16,662	20,260	12,674	18,926
TOTAL	41,104	45,097	39,864	56,418	36,941	46,932	27,046	40,683

Source: PDH, with data provided by RENAP (1) and the Health Management Information System (SIGSA) (2) ¹³⁴

¹³⁴ The figures provided by the SIGSA are higher because it counts cases detected at all health centers, and minors may often visit more than one center during the pregnancy.

In the case of pregnancies of girls under age 14, the MSPAS, RENAP, PGN, and other agencies have devised an approach route for the purposes of coordinating protection measures.¹³⁵ The following steps are followed in such cases:

- The pregnant girl/adolescent goes to an antenatal care health center;
- Following examination, community/religious leaders, health officials identify and address the case;
- The religious, health, community, NGO, indigenous community, international NGO representative reports the case to the PGN and the Office of the Attorney General;
- The MSPAS provides care, including antenatal, delivery, and postpartum services;
- The MSPAS submits information monthly on each case identified to RENAP to confirm the age of the girl/adolescent;
- RENAP sends the verified data on the girl/adolescent to the MSPAS;
- The MSPAS informs the ministries of Education and Social Development, the PGN, the Secretariat against Sexual Violence, Exploitation, and Trafficking in Persons, and the Office of the Attorney General;
- The PGN arranges protection measures for the girl/adolescent and institutes the necessary legal proceedings for her protection;
- Follow-up is done in relation to education and enrollment in social programs.

RENAP's role is particularly important because it serves to verify the minor's identity and confirm her exact age. This information is valuable and supports the measures that all the institutions involved in such cases have to adopt by reason of their official functions.

8.2 Rights of Indigenous Peoples

As is mentioned in Chapter III, almost 40 percent of the Guatemalan population self-identify as indigenous. There are three main ways in which an indigenous-rights-based approach is included in the CRVS system: through the availability of indigenous language services; through the inclusion of a specific field in the DPI; and through disaggregated statistics.

8.2.1 Attention to the Indigenous Population

There are 342 bilingual employees at 146 RENAP offices who speak 17 indigenous languages: Pocomam, Kaqchiquel, Kiche, Tz'utujil, Mam, Popti, Jakalteko, Q'anjob'al, Akateco, Chuj, Chalchiteko, Awakateko, Ixil, Achi, Qeqchi, Pocomchi', and Garifuna.¹³⁶

8.2.2 Use of the "Ethnicity" and "Linguistic Community" Fields in the DPI

When applying for a DPI, the applicant can self-identify with the Indigenous People to which they belong. However, the field is not mandatory and around 28 percent of applicants leave it blank (see Table 40), either because they are unaware of the field's existence on the DPI or because members of indigenous communities fear that indigenous self-identification on their DPI could lead to discrimination.

Figure 38:

DPI with the "ethnicity" and "linguistic community" fields filled



Source: Document shared with OAS/PUICA by a representative of the Guatemalan Association of Indigenous Authorities and Mayors

8.2.3 Disaggregated Vital Statistics Keeping

By including a field for self-identification as a member of an Indigenous People on the DPI, the INE can generate disaggregated registration statistics by ethnicity of the individual. However, if the field is left blank, the value of the statistics produced is limited.

The inclusion in the 2018 census of questions about birth registration and ethnicity will yield more reliable and up-to-date statistics on the rate of birth under-registration in indigenous communities.

8.2.4 Challenges and Opportunities

At one of the group meetings organized for this mapping exercise, *Asociación de Lenguas Mayas* (Mayan Languages Association), *Asociación de Autoridades y Alcaldes Indígenas* (Association of Indigenous Authorities and Mayors), and the Guatemalan Indigenous Development Fund (FODIGUA) said that RENAP had made positive strides in terms of attention to the indigenous population. Nonetheless, they felt that offices that deal with Indigenous People should have specific attention protocols that take into account the location of the RENAP office and the ethnicity, culture, and identity of the local indigenous population.

In addition, the representatives of *Asociación de Lenguas Mayas* and *Asociación de Autoridades y Alcaldes Indígenas* underscored the importance that the field for self-identification of membership of a particular ethnicity and linguistic community be proactively

suggested by the enrolling official to ensure that DPI applicants were duly informed and could decide whether they wished to self-identify with an Indigenous People on their DPI. Having indigenous population statistics will enable database lines with which to design policies/programs that better meet the needs of this population.

In terms of vital statistics, as RENAP amasses more information on indigenous ethnicity it will be able to improve the quality of vital statistics and other statistics in that regard, which would support the design of appropriate public policies. The 2018 census data would also provide a more up-to-date and accurate profile of Guatemala's Indigenous Peoples, likewise aiding policy design.

Finally, it is important to note that the suggested improvements for expanding birth registration in populations living in poverty or extreme poverty would also have a positive impact on access to the right to identity for Indigenous Peoples.

8.3 Rights of Migrants and Services in Border Areas

8.3.1 Guatemalans Abroad

An estimated 2.3 million Guatemalans live overseas, representing 13.9 percent of the country's total population.¹³⁷

¹³⁵ Secretariat against Sexual Violence, Exploitation, and Trafficking in Persons, *Approach route followed in cases of pregnancies of girls under age 14*, Guatemala: SVE, 2018.

¹³⁶ RENAP, Central Register Directorate, List of staff who speak an indigenous language (internal document), Guatemala: RENAP, 2018.

All Guatemalan consulates provide civil registration services. In addition, DPI applications are processed at 10 of Guatemala's 19 consulates in the United States as well as at its consulate in Spain.

The consulates in the United States also issue Consular Identification Cards (TICGs), which Guatemalans living in that country (including those with irregular immigration status) can use for certain official procedures. That document is processed and issued by the consulates themselves. A TICG costs US\$25 and obtaining one requires the presentation of a birth certificate issued by RENAP, a DPI, or a Guatemalan passport.

The Department of Assistance to Migrants and Services Abroad located at RENAP's headquarters has counters for attending directly to migrants who need to apply for a DPI, amendments (rectifications to registry entries that can be dealt with administratively), and support/advisory services for replacement documents, rectifications and late registrations. The Department of Assistance to Migrants expedites processing if migrants are temporarily in Guatemala and need to return to their country of residence. The Department supports Guatemalan consulates abroad that submit DPI applications with which there are problems that need to be solved (for example, birth certificates that require amendment or rectification).

From 2013 to 2017, 128,211 DPI applications were processed at consulates and, as Table 40 shows, the number of applications has been rising year on year.

8.3.2 Border Areas

The Guatemala-Honduras-El Salvador triple border area covers approximately 7,500 square kilometers, encompassing 83 border municipalities and 11 border crossing points. Among the problems that the area's inhabitants face are the distance between the border communities and registry offices, as well as the difficulties of legalizing documents, including, on one hand, difficult procedures and, on the other, the financial cost of travel to the capitals of the countries concerned to have documents stamped or authenticated, in addition to the cost of the day of work lost to carry out the procedure at the registry office. In keeping with the Letter of Understanding signed by the three countries, with support from OAS/PUICA, between 2015 and 2018, two phases were carried out of a project targeting border municipalities and their areas of influence. In the context of those initiatives, Guatemala modernized its border offices in order to enhance services to local residents and in-transit migrants.

Also, recurring problems in border municipalities were reviewed and a handbook on birth registration in border areas (*Manual de criterios registrales para inscripción de nacimientos en zonas fronterizas*) was designed for offices that deal with that issue. Finally, the three countries carried out coordinated awareness, registration, and identification campaigns.

8.3.3 Challenges and Opportunities

Although the offering of services has grown greatly, a significant shortfall still needs to be made up in order to increase the coverage of the identification service for Guatemalans living abroad. To begin with, the coverage and capacity of the DPI service needs to be grown at all Guatemala's consulates, which should be followed by an awareness campaign with migrant leaders and associations to encourage migrants to complete their civil registration and DPI application procedures.

Another substantial problem is attention to returned migrants. Planes carrying Guatemalans deported from the United States land five days a week, in addition to the flow of Guatemalans deported across the land border with Mexico. In 2017, a total of 65,904 Guatemalans were deported. RENAP has deployed a mobile unit at the airport to provide registration and identification services for people arriving by air. However, few returning migrants use the service, as they lack the requisite documents or money to pay for the procedures. This situation is problematic, both from the point of view of access to rights for such individuals, and from a national security perspective (migrants with criminal records may prefer to remain incognito). Thus, it is important for the Department of Migration of the Ministry of the Interior and RENAP to devise a joint strategy. One option suggested by the Executive Director of RENAP is a system of pre-enrollment for returned citizens at entry points in order to keep a biometric and biographical record, so that they are in the RENAP database even if they wished not to pay for a DPI. Pre-enrollment would make it easier to obtain a DPI for anyone wishing to complete their civil registration and DPI application procedures going forward. For registration in Guatemala of children born to Guatemalan parents on foreign soil, one option to consider could be something similar to the *Soy México* program developed by the Ministry of the Interior of Mexico and the National Association for Public Health Statistics and Information Systems (NAPHSIS) of the United States, which simplified registration processes through agreements that enable verification of civil registration data in different states of the United States.

8.4 Rights of Persons with Disabilities

Guatemala carried out its Second Disability Survey in 2016. The survey found that 10.2 percent of the Guatemalan population have some type of disability; that is, around 1.6 million people. In adults over age 50, the percentage increases to 24.1 percent. Almost one third of the households polled reported at least one member with a disability.¹³⁸ Access to civil registration and identification services is especially important for enabling persons with a disability to obtain the protections and services they need.

The Law on Assistance for Persons with Disabilities (Decree 135-96) was passed in 1996. The National Disability Policy was approved in 2006, whose main aim was to create opportunities

for persons with disabilities to integrate and participate in Guatemalan society. In spite of the law and the policy, however, persons with disabilities face physical obstacles, discrimination, and exclusion.

8.4.1 Measures

As regards steps taken by the CRVS system to address the rights of persons with disabilities, one of the main measures implemented was the inclusion of a DPI field to register the holder's disability. As Table 49 shows, only 10 percent of DPI applicants completed the field when requesting a DPI and, to date, only 69,346 citizens (less than 1 percent of DPI holders) identified a disability.

Table 49:
DPIs printed, by disability registration, September 2009 to May 17, 2018

WITH A DISABILITY	NUMBER	PERCENTAGE
Did not say	12,263,421	90,2%
NO	1,267,222	9,3%
YES	69,346	0,5%
Grand total	13,599,989	100%

Source: RENAP¹³⁹

RENAP is also taking steps to improve ease of access for persons with disabilities to its services. In particular, the Office of the Executive Director is implementing a plan to make alterations to offices and improve access ramps. It also offers a mobile service for DPI enrollment.

8.4.2 Challenges and Opportunities

The main challenge is that, despite the existence of the Law on Assistance for Persons with Disabilities and the National Disability Policy, resources are not necessarily available to fund their proper implementation. The representatives of CONADI interviewed recommended that the MSPAS evaluate and certify each individual's degree of disability so that that certification could be used during DPI enrollment to fill the disability field, making it useful for persons with disabilities to have access to social services and economic benefits.

8.5 Rights of Trans Persons

Barring a few exceptions, Guatemala does not currently have a legal framework offering individuals protections against different forms of discrimination on the basis of their sexual orientation or gender identity.¹⁴⁰

¹³⁷ IOM, *Estimaciones de Estudios sobre Emigración Internacional* [Estimates of Studies on International Emigration].

¹³⁸ National Council on Assistance for Persons with Disabilities (CONADI), *Report on the II National Disability Survey in Guatemala* (ENDIS 2016), Guatemala, CONADI, 2016.

¹³⁹ RENAP, Directorate of Processes. The above data were generated using the Click Sense application and include all printed DPIs, both first-time issues and replacements.

8.5.1 Measures

Coordination between the PDH and RENAP to improve attention to transgender and transsexual people has brought about some progress in practice. In April 2014, the Office of the Defender of Sexual Diversity of the PDH made an observation visit to a number of RENAP facilities in response to the problem that trans people were facing of not being able to obtain or renew a DPI because of their gender identity (most trans individuals have a different body image to the one socially expected for their biological sex). The fact that domestic norms (Civil Code, RENAP Law and its implementing regulations) do not address the issue of image as a factor with legal implications in administrative procedures for documenting individuals means that there is no express prohibition against someone having a body image that differs from their biological sex. In response to the situation observed, the PDH requested RENAP to establish an institutional policy for addressing such cases. After analyzing the request, the RENAP Board of Directors issued Circular 043-2015 instructing all civil registrars in the country to respect gender identity in DPI procedures, given that there were no legal restrictions in that regard. This meant that trans persons could have a photograph on their DPI that matched their gender identity. However, transgender people are still not allowed to change the "sex" field on their DPIs to reflect their gender identity.¹⁴¹

Another recommendation of the PDH was to provide training for civil registrars and registry operators (people in charge of DPI information capture). Thus, arrangements were reached between RENAP, the National Democratic Institute, the United States Agency for International Development (USAID), the United Nations Development Programme (UNDP), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the Office of the Defender of Sexual Diversity of the PDH to hold regional training workshops. In April and May 2015, 12 workshops were held, covering all the country's departments, that provided training to a total of 319 RENAP civil registrars and registry operators. The training addressed the issues of stigma and discrimination, basic concepts in relation to LGBTI persons and their rights, the human rights commitments of States in relation to LGBTI persons, RENAP internal guidelines (within a framework of respect for all persons), and technical guidelines for image capture respecting gender identity.¹⁴²

Following on from the above, the Office of the Defender of Sexual Diversity of the PDH carried out a monitoring exercise in coordination with the departmental auxiliary offices of RENAP to evaluate the impact of the training provided on the new DPI procedures for trans individuals, revealing an improvement in the way in which RENAP staff treated members of that group.

8.5.2 Challenges and Opportunities

The publication of Advisory Opinion OC-24/17 by the Inter-American Court of Human Rights represents an important opportunity for the CRVS system in Guatemala—as well as in other countries that recognize the Court's jurisdiction—to amend its laws and practices with respect to trans persons' right to identity.

Among other things, the advisory opinion concluded that "State recognition of gender identity is critical to ensuring that transgender persons can fully enjoy all human rights, including protection from violence, torture, ill-treatment, the right to health, education, employment, housing, access to social security, and freedom of expression and association."¹⁴³ In addition, in the Court's opinion, "the right of individuals to define, autonomously, their own sexual and gender identity is made effective by guaranteeing that their self-determined identities correspond with the personal identification information recorded in the different registers, as well as in the identity documents."¹⁴⁴ On that basis, the Court concluded that "States must respect and ensure to everyone the possibility of registering and/or changing, rectifying or amending their name and the other essential components of their identity such as the image, or the reference to sex or gender, without interference by the public authorities or by third parties."¹⁴⁵ In the case of Guatemala, the fact that changes in the "sex" field of the DPIs of trans persons are not allowed could cause a discrepancy between the person's physical image and their registered sex, which could expose them to a greater risk of discrimination. Therefore, it would be recommendable for the institutions belonging to the CRVS system to consider legislative and administrative measures to bring their rules and practices into line with international law.

IX. INTERAGENCY COORDINATION, DATA EXCHANGE, AND INTEROPERABILITY

9.1 Interagency Relations

Article 7 of Decree 90-2005 provides that "RENAP shall coordinate closely and on a permanent basis with the following entities: (a) Supreme Electoral Tribunal; (b) Ministry of the Interior; (c) Ministry of Foreign Affairs; (d) Public and private hospitals and health centers involved in the process of registration of births and deaths; (e) Judiciary; (f) Office of the Attorney General; (g) Municipalities in the country; (h) Such other institutions governed by public or private law as may be appropriate."

The INE Law provides that, as part of its functions the INE must "have access to all the statistical records of public entities and offices in order to study their functioning, corroborate the veracity of the statistics they provide it, and obtain the pertinent data to perform its functions" (Article 3.13). Article 24 stipulates: "All public officials and employees, individuals, legal persons—whether public or private, national or foreign—and residents or temporary visitors, are required to provide such information as may be requested of them by competent authorities that, by their nature and purpose, are related to the preparation of official statistics."

The two institutions have developed broad interagency relations. RENAP, specifically, has concluded 69 agreements with different public and private entities that include, among other things, commitments for the exchange and verification of information, CUI implementation, implementation of joint institutional strengthening projects, participating in technical roundtables, and provision of services.

In terms of coordination and oversight entities, worth mentioning are the OCSES, whose main contribution was the implementation in conjunction with the INE of standard forms for notifications of births and deaths; the El Salvador-Honduras-Guatemala Interagency Roundtable to agree on registration criteria and support for migrants in the three countries; and the

REDIGUA, which needs to be implemented in order to continue efforts to eliminate birth under-registration in coordination with municipalities and community leaders.

The main interagency agreements are described in the section that follows.

9.1.1 INE-RENAP Relations

Although the RENAP Law does not literally contain a requirement that statistics to be sent to the INE, RENAP and the INE concluded an agreement in October 24, 2014, by which RENAP commits to delivering to the INE information for vital statistics on registrations of births, marriages, and deaths. The INE, for its part, pledges to provide RENAP with population statistics and records of births, marriages, deaths, and stillbirths that the INE has in its archive for digitization and data input.

The two agencies' databases are not interoperable and information is exchanged by means of flat files.

9.1.2 RENAP-TSE Relations

RENAP and the Supreme Electoral Tribunal have an agreement under which RENAP provides the TSE with flat files containing information about DPIs it has issued and death registrations to update the electoral roll. The two institutions also have a joint working roundtable.

9.1.3 RENAP-MSPAS Relations

RENAP and the MSPAS have signed an agreement for, among other things, the timely delivery by RENAP of information on births and deaths to MSPAS. MSPAS can use the data to analyze mortality and design policies and strategies for reducing maternal and child morbidity and mortality, acute and chronic malnutrition, and other important problems that require concrete prevention, promotion, rehabilitation, and coordination actions in the area of public health. There is also a technical roundtable that convenes monthly to address common issues for the two

¹⁴⁰ A gender identity bill was presented to the Congress in 2017.

¹⁴¹ In interviews with RENAP personnel, it was mentioned that because the field says "sex" and not "gender", it has to reflect the biological sex of the person.

¹⁴² PDH, interview with the Chief of Investigation Analysis.

¹⁴³ Inter-American Court of Human Rights, *Advisory Opinion OC-24/17, Gender Identity, and Equality and Nondiscrimination of Same-Sex Couples*, November 24, 2017, p.50.

¹⁴⁴ Ibid, p.51.

¹⁴⁵ Ibid, p.54.

institutions and to implement the commitments adopted under the agreement. Another important component of the agreement is implementation of the timely registration program through RENAP auxiliary offices at hospitals.

9.1.4 National and Local Coordination Mechanisms

In terms of vital statistics, the main coordination entity is the OCSSES, which is made up of the INE, RENAP, the MSPAS, the IGSS, SEGEPLAN, and PAHO/WHO, as an observer as well as providing technical support for the process. The main functions of the OCSSES are to plan, coordinate, supervise, and implement statistics-related activities in the health sector; evaluate statistics produced by its member institutions; propose improvements to those statistics, and promote statistics use and analysis. Although the INE convenes and chairs the meetings of the OCSSES, any of its member institutions may propose topics relating to the production of health statistics.

One of the major contributions of the OCSSES was the development of standardized forms for notifications of births and deaths, though, as was mentioned, they are not currently being used by all the institutions. The OCSSES has not held a meeting since 2015. However, according to information from the INE, meetings will resume in the second half of 2018.

9.1.5 Coordination Mechanisms with Other Countries

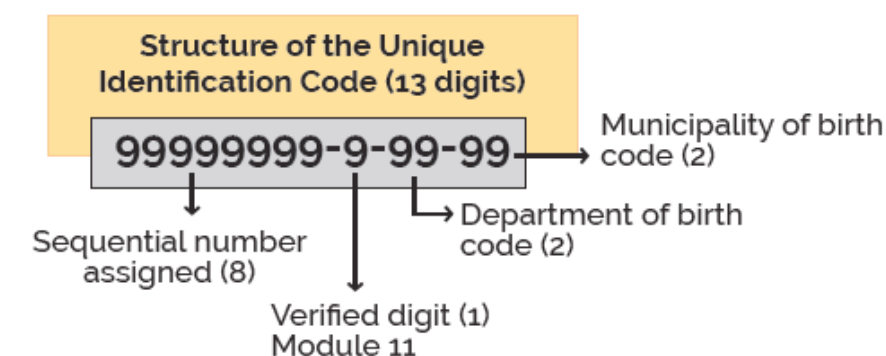
RENAP also has coordination and information sharing agreements with El Salvador and Honduras, with which Guatemala has shared borders. The Interagency Roundtable between the three countries was set up in 2013 following the signing of an Interagency Letter of Understanding by their three civil registries for the purpose of agreeing common registration criteria and support for the population of the three countries. The Roundtable has met at least twice a year since 2013 to discuss specific problems, examine complex registration cases, and adopt technical decisions to facilitate access to registry services in border areas. The handbook on birth registration in border areas mentioned in the previous chapter is one of the outputs that RENAP has developed as a result of the Roundtable's work. A registration data verification system was implemented in 2017 to allow citizen identity consultations among the three countries. The platform is housed on the service of the national civil Registry of El Salvador and can be accessed with a username and password. There are preset consultation options that provide users with access to certain areas of the other countries'

civil records. Worth noting among the options are requests for correct last names, late naming, birth certificate search, dual nationality search, and birth certificate rectification.

9.2 Implementation of the Unique Identification Code

One of the most ambitious undertakings of Guatemala's CRVS system was the implementation of the CUI, which, under the RENAP Law, must be used by all public and private institutions in Guatemala.

Figure 39:
CUI structure



Source: RENAP¹⁴⁶

So far, the institutions that have implemented the CUI for registration, services monitoring, and documentation include the IGSS, MAYCON (which issues drivers' licenses), the Department of Migration of the MINGOB, the TSE, the SAT, and various commercial and financial entities.

Although the deadline set by the RENAP Law for completing the transition to the CUI (December 31, 2016) has passed,¹⁴⁷ important agencies, such as the MSPAS and the institutions that make up the Social Cabinet, are still in the process of implementing it.

9.3 Challenges in the Area of Coordination, Data Exchange, and Interoperability

9.3.1 Implementation of the CUI in Social Programs

The most important challenge with regard to interoperability concerns use of the CUI in social program implementation. To implement those programs, the ministries in charge select the critical areas of poverty and extreme poverty in the country and deploy outreach brigades to those places to fill out socioeconomic records on families. The CUI is a mandatory

eligibility requirement for the program. Therefore, all family members must have a DPI or be registered with the civil registry. Although this modus operandi may be regarded as a good practice because it encourages the population to register with RENAP, it can also contribute to the temporary exclusion of certain people from programs until they obtain a birth registration and CUI.

RENAP has agreements with SESAN, MIDES, the Ministry of Education, the MSPAS, and others, to deploy mobile identity and identification units in areas where families have been identified as unregistered or lacking identification, in order to process the necessary late birth registrations and DPI applications. For families whose members have CUIs, the information on the completed data sheets is sent to RENAP for verification of the identity and identification data on the Social Assistance Portal. However, the process could be streamlined if there were interoperable systems in place enabling the agencies in charge of social programs and RENAP to communicate with each other and automate the registration and identification processes for individuals and families that need it.

Figure 40 shows the entry, evaluation, and follow-up cycle for beneficiaries of social programs; their relationship with the CRVS system, and the opportunities for improvement that would allow

¹⁴⁶ RENAP: Website, Emisión del DPI: Medidas de Seguridad del DPI: Características que hacen al DPI un documento con seguridad inquebrantable [DPI Issuance: DPI Security Measures: Characteristics that make the DPI a document of unbreakable security], 2018. Available online at <https://www.Renap.gob.gt/servicios/medidas-de-seguridad-del-dpi> (last accessed on June 27, 2018)

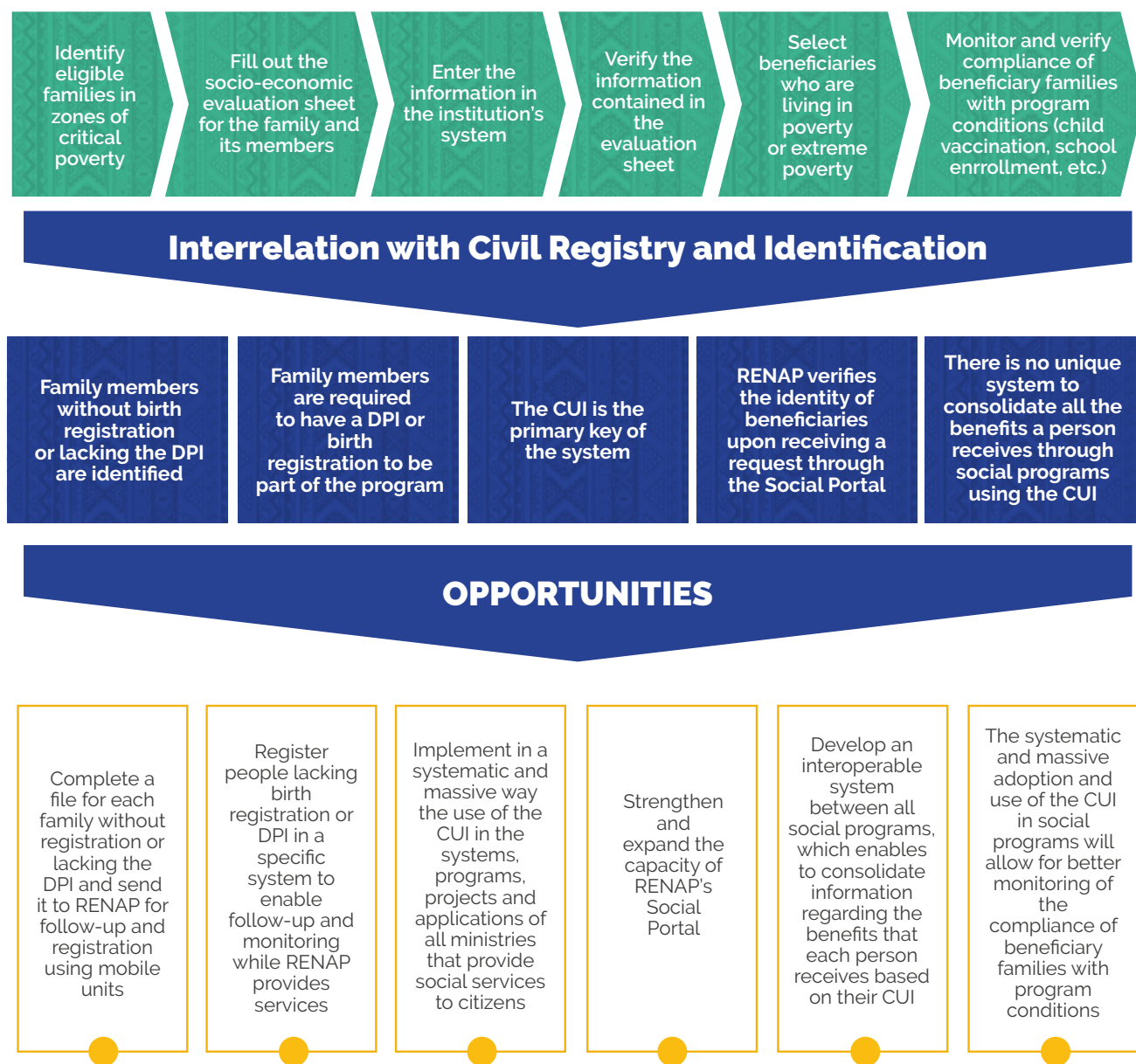
¹⁴⁷ Republic of Guatemala, Decree No. 90-2005, RENAP Law, December 14, 2005.

coverage of the entire population, especially those that still lack civil identity.

CUI implementation is even more problematic in the health system and has a significant impact on the quality of health statistics. Indeed, the fact that CUIs are not systematically registered in the SIGSA forms of the MSPAS makes much harder

to identify duplicate registrations in the ministry's database. In 2017, the Comprehensive Health Care System (SIAS) informed the health care services that registering that datum was mandatory. Nonetheless, the SIGSA currently has fewer than 2 percent of CUIs registered. In interviews with MSPAS representatives, the absence of a mass use of the CUI was attributed to the view that citizens cannot be denied services for lack of a CUI.

Figure 40:
Entry, evaluation, and follow-up cycle for beneficiaries of social programs



X. EXTERNAL SUPPORT FOR THE CRVS SYSTEM

Since RENAP was established in 2005, several domestic and international entities have provided assistance to the CRVS system in promoting the right to identity and identification. That assistance has included, among other, support for awareness campaigns on the importance of identity, installation of auxiliary offices at hospitals to ensure timely birth registration, mobile days to eradicate under-registration, digitalization of records of births, marriages, and deaths, institutional strengthening projects, and implementation of the ICD for cause of death registration. Within RENAP, the Technical Cooperation area of the Directorate of Management and Internal Oversight promotes agreements with international and national organizations on projects of interest to the institution and facilitators.

Overall, investment by international agencies in Guatemala's CRVS system appears to have declined. The priorities of the international community are focused on the issues of food security and health of vulnerable populations (understandable given the slide in certain child health indicators), as well as on security and fight against corruption. However, it should be kept in mind that various programs require beneficiaries to have a legal identity in order to be able to control the benefits granted and follow up on the joint responsibilities assumed by beneficiaries. This situation implies that the most vulnerable, those without identity, could be excluded from those programs. It is important that current and future projects implemented with support from international agencies include contributions and components for ensuring access to the right to identity for the most vulnerable populations, thus helping to accomplish Target 16.9 of the 2030 Agenda for Sustainable Development.

10.1 Assistance Projects and Programs

Currently, the main contributions to the CRVS system come from: Juntos: Viva por la Niñez Foundation, which is supporting RENAP with its under-registration eradication days; OAS/PUICA, through the project on Civil Registration in Border Areas of the Central American Northern Triangle (El Salvador, Guatemala and Honduras), which is being implemented with funding from the Government of Spain; and Family Search, with which RENAP is concluding the project to digitize all the country's birth, death, and marriage registration books.

Table 50 shows relevant projects that have concluded, are ongoing, or are planned by national or international cooperation actors and which have helped to strengthen the CRVS system in Guatemala.¹⁴⁹

The current RENAP administration is in the process of reactivating and promoting new joint projects with national and international cooperation actors that had fallen by the wayside because of a situation that arose with the previous administration.¹⁴⁸

In relation to vital statistics, the main contributions to the INE have been from the United Nations Population Fund, which provided support for the 2018 census and the project "Statistics for Analysis of Population Dynamics in Support of Public Policies"; and from Statistics Sweden (SCB), through the project "Capacity Building in Statistics," financed by the Swedish International Development Cooperation Agency (SIDA) for the 2017-2019 term.

¹⁴⁸ The previous Executive Director of RENAP was under investigation by the Office of the Attorney General and Guatemalan courts as the report was written.

¹⁴⁹ Information compiled from the data sheets completed by the actors that took part in the group meetings on March 12 and 13, 2018.

Table 50:
Programs/projects related to the civil registration and vital statistics (CRVS) system of Guatemala

Project name	Institution	Project status: Finalized (F) In execution (E) Planned (P) Cancelled (C)	Target population/ Geographic location by Department	Estimated investment	Impact / relationship with CRVS system
Digitization and indexing of certificates www.familysearch.org/indexing/projects/country/gt	Family Search	E	RENAP/ National coverage	Not available	Equipment and technology for the digitization of birth, death and marriage certificates of all the existing books of the municipalities of Guatemala.
I Exist project	Foundation Viva: Juntos por la Niñez	E	Female and male children in a situation of vulnerability	US\$ 300,000	Restitution of the right to identity to vulnerable and / or abandoned children.
Strengthening indigenous population	Guatemalan Association of Indigenous Authorities and Mayors	E	Authorities and indigenous population	US\$ 67,560 (Q. 500,000)	Strengthening local governance. Strengthening of indigenous authorities.
Pilot Project of Birth Early Warning System in 3 departments (Alta Verapaz, Baja Verapaz and Huehuetenango) (2016) www.iadb.org/en/project/GU-T1241	IDB	C	Population served by midwives Geographic location: Alta Verapaz, Baja Verapaz and Huehuetenango	US\$ 708,500	Develop and evaluate a pilot program of "birth early warning system" as a preventive mechanism for under-registration of non-institutionalized births (attended by midwives), and register and certify those births in a timely manner.
RENAP institutional strengthening (2013-2015) www.iadb.org/en/project/GU-T1219	IDB	F	All population served by RENAP/ National coverage	US\$ 450,000	Support the strengthening of RENAP to issue high security and trustworthy identity documents through: (i) establishment of a new organizational structure; (ii) development of a tool to improve interoperability between RENAP and other public agencies; (iii) strengthening of customer service and; (iv) development of a strategy to eliminate under-registration and late registration of births and deaths.

Project name	Institution	Project status: Finalized (F) In execution (E) Planned (P) Cancelled (C)	Target population/ Geographic location by Department	Estimated investment	Impact / relationship with CRVS system
Promoting the Right to Identity in Central America's Northern Triangle (Guatemala/ Honduras/El Salvador) (First phase: 2015-2016) (Second phase: 2017-2018) www.oas.org/en/spa/depm/puica/2proyectos.asp	OAS	E	Population served in civil registration offices in the border (595 per month on average) Geographic location: Chiquimula, Esquipulas, Izabal, Jutiapa, Zacapa	US\$ 126.847 (Guatemala's component only) (Donor: Government of Spain)	Opening of registration offices in the border crossing points of Esquipulas (border with Honduras), Pedro de Alvarado, and Atescatempa (border with El Salvador) and awareness, registration and identification campaigns for inhabitants of border municipalities.
Interoperability between the RENAP and Electoral Tribunal databases (2014- 2015) www.oas.org/en/spa/depm/puica/2proyectos.asp	OAS/PUICA	F	452,231 adult citizens included in the electoral roll Geographic location: national coverage	US\$ 85,000 (Donor: Government of Canada)	Technical support in the development, monitoring and implementation of an interoperability project between RENAP and the Electoral Tribunal prior to the 2015 general election. The OAS team conducted an evaluation of the civil registry and the electoral tribunal databases and analyzed the mechanisms to transmit information between both institutions.
Reconstitution of birth registration books and certificates (2014) www.oas.org/en/spa/depm/puica/2proyectos.asp	OAS/PUICA	F	403 people whose vital events records were destroyed during the armed conflict Geographic location: Huehuetenango	US\$ 45,000 (Donor: Government of Canada)	Vital events records of 403 inhabitants in 28 municipalities of the department of Huehuetenango were reconstructed and copies were issued and distributed to beneficiaries. These vital events books had been destroyed during Guatemala's armed conflict.
Supporting installation of RENAP offices in 18 public hospitals of Guatemala (2011-2013) www.oas.org/en/spa/depm/puica/2proyectos.asp	OAS/PUICA	F	Children born in 18 public hospitals Geographic location: Alta Verapaz, Chimaltenango, Chiquimula, El Progreso, Escuintla, Guatemala, Quetzaltenango, Quiché, Sacatepéquez, San Marcos, Santa Rosa, Totonicapán, Zacapa	US\$ 200,000 (Donor: Government of Spain)	Development and implementation of a methodology for timely registration in public hospitals including training of medical and administrative personnel, sensitization of parents and family members of the newborn.

Project name	Institution	Project status: Finalized (F) In execution (E) Planned (P) Cancelled (C)	Target population/ Geographic location by Department	Estimated investment and donor	Impact / relationship with CRVS system
Eradication of under-registration of births (2008-2010) www.oas.org/en/spa/depm/puica/2proyectos.asp	OAS/PUICA	F	Inhabitants of rural and urban municipalities with population in situation of vulnerability Geographic location: Guatemala, Huehuetenango, Quiché	US\$ 305,000 (Donor: Government of Spain)	Support to mobile registration campaigns including technical support, purchase of mobile unit for registration and identification, equipment and awareness materials.
Audit of the Legal, Organizational, Processes and Information System of RENAP (2011)	OAS/PUICA	F	RENAP Geographic location: national coverage	US\$ 98,000 (Donor: Government of Spain)	Technical team of multidisciplinary consultants reviewed the regulations, processes, structure and technology used by the Civil Registry and formulated recommendations for improvement.
Clean-up of the Civil Registry database (2010 - 2011)	OAS/PUICA	F	RENAP Geographic location: national coverage	US\$ 90,000 (Donor: Government of Spain)	Technical support in the development, monitoring and implementation of the data cleaning of the Civil Registry in 2010 and 2011.
Strengthening Vital Statistics: A) Fill out the death certificate correctly	PAHO	E	Physicians and health personnel in charge of filling out the death certificate	US\$ 10,000	Improve the quality of the information regarding causes of death.
Strengthening Vital Statistics: B) Strengthening capacities for the use of ICD-10	PAHO	E	Health and statistics personnel in charge of codifying morbidity and mortality	US\$ 10,000	Improve the quality of morbidity and mortality data according to international coding.
Strengthening Vital Statistics: C) Transition to the use of ICD-11	PAHO	P	Health and statistics institutions	US\$ 10,000	Gradual process for transitioning towards the use of ICD-11.

Project name	Institution	Project status: Finalized (F) In execution (E) Planned (P) Cancelled (C)	Target population/ Geographic location by Department	Estimated investment and donor	Impact / relationship with CRVS system
Regional Core Health Data Initiative	PAHO	E	MSPAS and INE	Not available	Technical support for the generation of health indicators.
Support for active search for maternal deaths	PAHO	E	Women of reproductive age	Not available	Improve registration of maternal deaths.
Support in the reduction of under-registration of births	Plan International	F	Population in the departments of Jalapa, Alta Verapaz and Baja Verapaz	Not available	Joint sensitization with RENAP of community leaders regarding the importance of civil identity and timely registration of births.
Program of Integrated Actions for Food and Nutritional Security in Western Guatemala (PAISANO) www.pciglobal.org/assets/uploads/2018/01/PCI_PAISANO_Project_Overview.pdf	Save The Children	E	26,500 families Pregnant women; fathers and mothers of children under 24 months, boys and girls under 24 months, community leaders, farmers	US\$ 10,000,000	Use of DPI as the document initially required for the registration of participants in the Program. The DPI is used to keep track of the actions, activities, supplies that a family receives or participates in. The DPI is a mandatory document for people over 18 years of age, while the CUI is used for children under two years of age.
Investment for the educational development in the Highlands (IDEA)	Save The Children	E	42,826 children	Not available	The project benefits girls and boys of school age from 283 schools in 6 municipalities of Quiché Department, using the official registration records of the schools, which request a birth certificate and CUI for each child that contains the parents DPI information.
Maternal and Child Survival Program (MCSP) (2016-2019) www.mcsprogram.org/where-we-work/guatemala/	Save The Children	E	1,744,387 people Pregnant women; children under five, women of reproductive age, adolescents	Not available	Provide technical assistance to improve the provision of quality services in maternal, neonatal, child, nutrition and adolescent health within the framework of the MSPAS care model. The MSPAS keeps records of births and deaths (SIGSA 1 and 2) where the primary source of the data is RENAP.

Project name	Institution	Project status: Finalized (F) In execution (E) Planned (P) Cancelled (C)	Target population/ Geographic location by Department	Estimated investment and donor	Impact / relationship with CRVS system
Happy childhood	Save The Children	E	Children and adolescents 989 girls and female adolescents (3 to 15 years of age) 1,047 boys and male adolescents (3 to 15 years of age) Adults 454 women and 243 men Geographic location: Jacaltenango, Huehuetenango	Not available	With the intervention, 8 cases of under-registered children are detected. The Community Committee for the Protection of Children and Adolescents, implemented by the project helped registered one child, the other 7 cases are receiving advice .
Developing statistic capacities (2017-2019)	Statistic Sweden (SCB), through the Swedish International Development Agency (SIDA)	E	INE / National coverage	Not available	Technical Cooperation agreement between Guatemala (INE) and Sweden (SIDA) 2017-2019.
Early childhood information system www.sipi.siteal.iipe.unesco.org/que_es_el_sipi	UNICEF	E	Population from 0 to 5 years	Not available	Identity verification is required to track data of children from 0 to 5 years.
Statistics for analysis of population dynamics in support of public policies (2015-2019) www.unfpa.org/data/transparency-portal/unfpa-guatemala www.unfpa.org.gt/sites/default/files/Plan-de-Accion-del-Programa-de-Pais-2015-2019_firmado_0.pdf	United Nations Population Fund	E	INE / National coverage	Not available	Agreement with INE as partner for the implementation of the Work Plan 2015-2019.

Project name	Institution	Project status: Finalized (F) In execution (E) Planned (P) Cancelled (C)	Target population/ Geographic location by Department	Estimated investment and donor	Impact / relationship with CRVS system
WFP Strategic Plan 2018-2022 (2018-2022) www1.wfp.org/operations/gt01-guatemala-country-strategic-plan-2018-2022	United Nations World Food Programme	E	Children under 2 years of age and women of reproductive age	US\$ 10,000,000	Prevent chronic malnutrition by collecting information such as name, surname, date of birth, age and CUI of each boy and girl of 2 years of age participating in the program.
Crece Sano (Growing up Healthy): Guatemala Nutrition and Health Project (2017-2022) http://projects.worldbank.org/P159213/?lang=en&tab=overview	World Bank	E	Children (emphasis on the first 1,000 days of life)	US\$ 100,000,000	Improve selected practices, services and behaviors known to be key determinants of chronic malnutrition (with an emphasis on the first 1,000 days of life). Identity verification is required.

10.2 Opportunities

The CRVS system in Guatemala has evolved considerably since the creation of RENAP and, thanks to the modernization of processes and civil registration systems, the goal of zero under-registration of births is within the country's reach. However, that change has not necessarily trickled through to the whole public administration and many processes continue to be done manually, especially in the area of health care services, which can affect the quality of vital statistics and, therefore, the design and implementation of public policies to address the population's needs.

Based on the findings described in this report, it is believed that the greatest contribution that external cooperation could make to strengthening Guatemala's CRVS systems would be to support the systematic implementation of the CUI in all public agencies, with a priority on those that provide health services, education, and social programs, in order to facilitate the interoperability of the various ministries' information management systems. Such a reform would help to identify the pockets of under-registration that remain in the poverty and extreme-poverty population as well as helping to strengthen management of vital statistics and health statistics, which, depending as they do on RENAP as their only source, run the risk of overlooking the most vulnerable sectors of the population. Finally, it would contribute to the development of health, education, and social strategies and programs better tailored to the population's needs and to meeting the goals contained in the 2030 Agenda for Sustainable Development. RENAP and the INE should be recognized as hubs in the national population data management system and be provided with the resources to allow them perform that role fully and effectively provide the services requested of them as part of the State structure. National and international cooperation agencies should be made aware of this vision so that the assistance they provide is linked to the CRVS system and helps strengthen it.

With regard to civil registration processes, there is an opportunity to strengthen the death registration process—especially in relation to women, rural populations, and Indigenous Peoples—through interagency coordination, research, standardization, and training targeting those in charge of filling out notifications of death and causes of death in communities and municipalities without primary level health care services. It would be advisable to provide such assistance in the short term, given that Guatemala is due to hold general elections in 2019.

With respect to vital statistics, it would be advisable to seize the opportunity offered by the 2018 census to provide support to the INE in carrying out research initiatives to measure under-registration of births and deaths so as to have up-to-date data.

On the subject of gender, human rights, and diversity, in addition to continued targeting of programs at traditionally marginalized population groups, such as women and Indigenous Peoples, it would be advisable to take advantage of the adoption by the Inter-American Court of Human Rights of Advisory Opinion OC-24/17 to provide assistance to Guatemala in reviewing its laws and processes on civil registration and identification, with a view to promoting observance of inter-American standards on the right to identity of trans persons.

XI. SUMMARY OF FINDINGS AND OPPORTUNITIES FOR STRENGTHENING THE CRVS SYSTEM

11.1 Civil Registration and Identification

Finding	Opportunity
Institutional Capacity	
The equipment at all RENAP's public attention offices in the country has outlived its useful life or is not maintained because it is technologically obsolete. This is due to the fact there has been no significant technology investment since RENAP was established in 2008-2009.	Allocation of national budget resources to renew, upgrade, and supply equipment to RENAP public attention offices Provision of computers with up-to-date technology, printers and scanners, up-to-date biometric data capture equipment for enrollment, fans, electricity plants, sanitary facilities for the public, safekeeping of supporting documents.
	Renewal and upgrade of RENAP's technology infrastructure in terms of equipment and software Provision of software licenses, perimeter security equipment, data storage equipment, data processing equipment (servers), telecommunications equipment, data links, computers, and databases.
	Development of a new civil registration information system based on new technology and a single database of persons.
Although RENAP has made great progress in combating under-registration, pockets of under-registration still exist, especially among populations that live in hard-to-reach areas and in extreme poverty. The RENAP's Department of Under-Registration Prevention and Eradication has no staff-assigned vehicles and has only three mobile units with which to implement its attention plans.	Purchase of mobile identity and identification units to facilitate the work of the Department of Under-registration Prevention and Eradication Purchase and outfitting of vehicles with all the necessary equipment for registration, issuing registry certificates, and DPI data capture.
At present, 47 percent of RENAP's budget comes from self-generated income in the form of fees for the civil registration and identification services that it provides to the public. RENAP also provides an identity verification service to a number of financial institutions, which is another source of income for it.	Strengthen promotion and marketing of electronic services to boost its income and so become financially self-sustaining Strengthen promotion and marketing of electronic services to private institutions with personnel trained in working with business clients who understand the needs of potential clients and present service proposals accordingly. This is key for increasing RENAP income without putting up the cost of its services to the public.
At the INE the department of Socioeconomic and Environmental Statistics of the Directorate of Indexes and Continuous Statistics has a staff of only four, within the Health Statistics Unit, for evaluating the consistency of variables, identifying duplicate cases, codifying variables (including cause of death), and analyzing vital statistics data. The team does not have its own server, and the data are stored on the staff's computers.	Allocation of national budget resources to strengthen the INE vital statistics team Strengthen the vital statistics team within the Health Statistics Unit with additional personnel, and provide the Unit with computers, a UPS, and a dedicated server.
The MSPAS health information management system is not integrated across all the various levels of care and many processes are still being done manually without inputting users' CUIs, which impacts the quality of health information on the population.	Allocation of national budget resources to upgrade the MSPAS SIGSA system To be effective, the SIGSA upgrade must be done simultaneously with a modernization of the information input processes at the different levels of care.

Birth and Death Registration	
In 2017, 10% percent of newborns discharged from the 46 hospitals where RENAP has auxiliary offices were not registered prior to their discharge.	Relaunch of the hospital registration program Relaunch of the timely registration program in order to reach the goal of 100 percent registrations prior to discharge. Strengthen the awareness program for management and medical personnel at hospitals in order to generate notifications of birth prior to discharge and implement a closed system that encourages the mother to visit the RENAP auxiliary office before leaving.
The OCSES designed and approved the "Notification of Birth" and "Notification of Death" forms in 2015. At present, resources to print and distribute the forms nationwide are unavailable. As a result, not all institutions are using the standard forms. Some have their own forms and others make copies of the standard form to use.	Nationwide implementation of the standard Notification of Birth and Notification of Death forms Through the OCSES, reiterate the responsibility of health facilities to use the standard form. The form's consecutive numbering system could be eliminated and it could be uploaded to the network making it available for download; and follow-up to verify its use by all institutions in the health care system.
There are no recent studies by which to determine the extent of under-registration of births and deaths.	Carry out studies to measure the current level of under-registration of births and deaths , taking into consideration for analysis purposes geographic areas, rural and urban population, ethnicity, age groups, and gender.
In 2013, the INE estimated a birth under-registration rate of 3 percent. The study is based on a comparison between the birth estimates made from the National Survey on Maternal and Child Health and actual birth registrations.	Implementation of the REDIGUA Nationwide implementation of the REDIGUA to continue securing the commitment of leaders in each municipality and identifying under registered persons.
RENAP implemented a nationwide birth under-registration eradication plan that resulted in the birth registration of 52,190 people identified as under-registered.	Continued implementation of the Under-registration Prevention and Eradication Plan Plan interventions in areas with large numbers of under-registered people and hold birth registration and identification days in coordination with REDIGUA.
A fee of Q 25 (equivalent to US\$3.38) is charged for late registrations (after 60 days). That cost may impede the registration of people in extreme poverty, who are most in need of late registration services.	Exonerate people in extreme poverty from the late registration fee , using available data to justify the exemption.
In 2016, nearly 30 percent of births were attended by midwives. The MSPAS has a program through which it provides support, training, and follow-up on the activities of midwives, in which they are educated about the importance of correctly filling out the Record of Birth and of birth registration. The early alert program developed in 2016 was canceled due to a lack of funding.	Develop a timely registration program targeting midwives.
In Guatemala there are private, municipal, and community cemeteries. Community cemeteries do not systematically request a proof of death registration and it is common practice to go proceed with the burial without registering the death with RENAP. That situation contributes to under-registration of deaths. A pilot project was implemented in the Municipality of Amatitlán in 2017 to address the problem.	Expand the pilot project on death under-registration Design the strategy and gradually begin expanding the project throughout the country, perfecting the methodology based on the lessons learned in Amatitlán and monitoring the outcomes.

Identification and DPI	
There are around 2,301,175 Guatemalans residing abroad. At present, DPI applications are processed at 10 of 19 consulates in the United States as well as at the consulate in Spain (owing to resource constraints, RENAP is currently unable to allocate more biometric enrollment equipment to consulates).	DPI service coverage and availability of biometric enrollment equipment at all consulates in the United States Expand the biometric enrollment equipment capacity for processing DPI applications at all Guatemala's consulates in the United States and other countries where a significant number of Guatemalans reside by strengthening the agreement between RENAP and MINEX.
A total of 139,791 DPI applications had been processed as of March 8, 2018. A significant shortfall needs to be made up in order to expand the DPI service so that it covers the majority of Guatemalans living abroad.	Development of awareness programs for Guatemalans living abroad on the importance of identification Carry out awareness programs on the importance of being registered with RENAP and of having a DPI, and implement awareness days on identity and identification in places with large Guatemalan migrant populations.
The cost of a DPI (Q 115 or US\$15.54) represents an obstacle for people in extreme poverty in Guatemala (23 percent of the population).	Subsidize the cost of the DPI service for people in extreme poverty Consider the inclusion of a budget to subsidize identity and identification services for families in extreme poverty, either as part of the annual budget allocated to RENAP, or as part of the social programs implemented by MIDES and SESAN.
Every month, thousands of Guatemalans deported from Mexico and the United States arrive by land or air. A mobile unit was deployed at the airport to provide identity and identification services for returnees. However, few use the service, because they lack either the requisite documents or money to pay for the procedures.	Implementation of a coordinated pre-enrollment strategy to capture the biometric data of all deported migrants by the Department of Migration of the MINGOB and RENAP in order to have a biometric and biographical record of that group, so that when they decide to do their civil registration and DPI application they are already in the database.
The DPI for minors envisaged by the RENAP Law has not yet been implemented. RENAP began a pre-enrollment process that captured the biometric data of minors but the project has been halted because of budget restrictions.	Development and implementation of the DPI for minors and evaluation of options for reducing its cost.
	Advance data validation for people whose DPI expires in 2019 As part of the DPI renewal plan, review and validate in advance the records for DPIs that expire in 2019, in order to expedite the process when members of the public apply for renewal.
	Increase attention and DPI processing capacity Preparation and enhancement of attention capacity, printing, and distribution logistics in line with increased DPI demand.
A DPI is valid for 10 years. The first DPIs handed out in 2009 (more than 1 million) expire in 2019, which will substantially increase the volume of applications that RENAP will have to process. RENAP is already working on a DPI renewal plan.	Implement an awareness campaign to encourage people to renew DPIs.
	Agreement on advance strategies at the TSE and RENAP technical roundtable with respect to citizens whose DPIs will expire before the 2019 general elections , taking the different scenarios into account.

User Assistance and Services	
The RENAP information systems compile information on the operational processes of registration and identification. However, there is no monitoring and follow-up system in place that consolidates information and results of RENAP operating systems and calculates the results of key indicators for outputs and suboutputs contained in the Strategic Plan and the goals set in the Annual Operating Plan.	Development and implementation of a comprehensive monitoring and evaluation plan, such as a balanced scorecard, to follow up on the indicators and goals of the Strategic Plan and Annual Operating Plan That entails defining indicators for suboutputs, outputs, and targets consistent with the Strategic Plan (for example, number of registration services provided, or number of late registrations). Establishing such a framework would facilitate results monitoring and decision-making.
In some instances, minor errors prompt corrections to birth certificates before a notary, which creates added costs for the citizen and longer response times. That situation can affect processing of DPLs and other documents.	Increase registry corrections Review registration criteria with a view to increasing the number of corrections to registration errors that can be done administratively.
RENAP has a Directorate of Identity Verification and Social Support, which is responsible for solving the problems of people whose registration requests are denied by the Central Register. This involves, among others, providing free notary services. Currently, the Directorate of Identity Verification and Social Support does not have notaries in all departments (only 10 for the 22 departments) and lacks vehicles and laptops, limiting its service delivery.	Harmonize the understanding and application of registration rules between the registration and verification areas of RENAP , in order to avoid that cases that could be solved at the municipal level be referred to the Directorate of Identity Verification and Social Support.
In the case of procedures involving abandoned children, the Directorate is required to work in coordination with PGN, which represents the children legally.	Strengthen the Department of Identity Verification and Social Support of RENAP by increasing the number of notaries (and providing them with laptops and vehicles) so that each department has a notary.
	Strengthen the joint work between the PGN and the Department of Identity Verification and Social Support of RENAP , in order to expedite the judicial proceedings involving the PGN.
RENAP has a Department of User Assistance and Services. The Department has a presence at six offices in the Guatemala City metropolitan area and in Quetzaltenango, and monitors the service at RENAP's 340 municipal offices. It has developed attention protocols for LGBTI people, persons with disabilities, and senior citizens. There is a call center with 19 operators who handle questions about requirements, grievances, and complaints via telephone, chat, and email. The offices in Guatemala City metropolitan area have a take-a-number system for attending to users.	Implement the take-a-number system at the busier RENAP offices.
	Implement a service rating application at each public attention point.
	Implement a user attention system that registers each request and monitors it through to its solution.
Archive Process	
Through its Central Archive Department, RENAP is close to completing the registry book digitization process. All the birth registration books (32,695) have been digitized, as have all the marriage books (10,311). Only 446 death registration books (of 12,297) remain to be digitized.	Implementation of the Virtual Book (<i>Libro Virtual</i>) project which consists of a detailed archival description of each book in accordance with best practices: whether the book is electronic (migrated data) or physical; the dates of the book's first and last entries; document serial number and document subserial number; locates a book in a specific row, bookcase, and shelf; and the book's physical condition.
The INE records of birth, marriage, and death are in the process of being classified, digitized, and archived. In addition, the supporting documents for civil registration and DPI application procedures, which have been archived since the creation of RENAP, are being centralized.	Implementation of the Project on Document Digitization and Digital Preservation Modernize and improve document management in the Central Archive to ensure the preservation of the original physical documents and more-efficient access to the images. That requires the following equipment: scanner, planetary scanner, computers, storage system, and metadata entry and digitization software.
	Move all supporting documents from RENAP offices to the Central Archive Standardize the organization of supporting documents from the whole of Guatemala at the Central Archive; install a bookcase storage system; arrange the necessary human resources to enable the transfer of supporting documents; and digitize the supporting documents.

In the process of digitizing the birth, marriage, and death registrations, errors and inconsistencies were found in an estimated 500,000 entries.	Screening of registration entries with inconsistencies and/or errors Compare and check inputted data against the information contained in registry entries and make the necessary corrections in the civil registration system.
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11.2 Vital Statistics

Finding	Opportunity
The most complex and demanding task for INE's small vital statistics team is codifying causes of death, which requires reviewing each death registration in order to assign a specific cause of death code using the MMDS program, which entails a prior evaluation of the mortality database.	Strengthen the INE vital statistics team Strengthen the team with additional personnel and provide continuous training.
The notification of death is not filled out in full or correctly, which adversely impacts the quality of analysis of causes of death and, therefore, evidence-based decision-making on health matters.	Develop training and awareness programs for correctly filling out notifications of death Trainings should be prepared taking the target audience into account (for example, one for the medical community and another for municipal leaders). Subsequent follow-up is also needed to monitor the quality and completeness of the information included in notifications, as well as to provide periodic feedback.
The Notification/Record of Birth is the only source of data on the birth and accurate and reliable information is critical. According to the various actors interviewed, the filling out of notifications could be improved.	Training and awareness programs for physicians and midwives on correctly filling out notifications/records of birth Strengthen training and awareness of the importance of filling out birth notifications/records for physicians as well as midwives, so that they complete the form with precise data (e.g., weight, size, gestational age)
RENAP is currently the INE's only source of data for generating vital statistics. The MSPAS does not have a database on all births and deaths in the country.	Systematization of records of birth and death in the health sector Develop and implement a system for the entire public and private health sector that consolidates data on notifications/records of birth and records of death, and keeps them in the SIGSA database.
The following question was included in the 2018 population census for the purpose of quantifying birth under-registration: "Do you have a proof of age or are you registered with RENAP?" The response options are YES or NO (traditionally the birth certificate in Guatemala is called the "Proof of age").	Implementation of a study on birth under-registration based on the results of the 2018 census The INE will have up-to-date information to estimate the level of birth under-registration, based on the number of registered births, population growth, and the fertility rate.

11.3 Gender, Human Rights, and Diversity in the CRVS System

Finding	Opportunity
Lack of statistics disaggregated for ethnicity and disability status.	Establish as standard practice for all public institutions to disaggregate statistics by ethnicity and disability status Ensure that the INE's classifications of information by ethnicity and disability status are defined as standards to be applied by all State institutions.
When applying for a DPI, the applicant can self-identify with the Indigenous People or linguistic community to which they belong. The field is optional; that is, it is not obligatory to fill it. 30% of applicants do not use it, either because of ignorance of its existence on the DPI, or to avoid discrimination.	Awareness of the importance of using the ethnicity/linguistic community fields on the DPI Modify the DPI enrollment process so that enrollers inform applicants of the existence of the ethnicity/linguistic community field when filling out their DPI application. The more persons belonging to Indigenous Peoples fill in the field, the better the statistics that can be generated, which will enable the formulation of appropriate policies and programs as well as access to specific programs/benefits for the individual.
The Law on Assistance for Persons with Disabilities (Decree 135-96) was passed in 1996 and the National Disability Policy was approved in 2006 with the aim of creating opportunities for persons with disabilities to integrate and participate in Guatemalan society. However, there continue to be barriers to access and discrimination against persons with disabilities. The DPI application form contains a field for the applicant to indicate if they have a disability.	Promotion of the use of the disability field on the DPI The MSPAS could evaluate and certify each individual's degree of disability so that that certification could be used during DPI enrollment to fill the disability field, which would enable them to use their DPI to access certain services or benefits.
RENAP has 342 bilingual employees that speak 17 indigenous languages. The representatives of Mayan Languages Association, Association of Indigenous Authorities and Mayors, and FODIGUA interviewed considered that there had been positive strides in terms of attention to the indigenous population, but felt that there was a need to adopt specific protocols at offices serving areas with high concentrations of indigenous populations.	Development and implementation of attention protocols for Indigenous Peoples Develop and implement an attention protocol for Indigenous Peoples that take into account the location of the RENAP office and the ethnicity, culture, and identity of the local indigenous population.
RENAP has made significant progress in its attention to the LGBTI population, particularly in terms of issuing trans persons with a DPI bearing an image and name that corresponds to the individual's gender identity. However, it remains impossible to change the "sex" field on the DPI so that it reflects the person's gender identity.	Analyze Advisory Opinion OC-24/17 of the Inter-American Court of Human Rights to identify measures to align practices with international standards In particular, norms and best practices should be considered for changing the sex or gender field on identity documents so as to avoid discrepancies between the physical image of the person and their registered sex/gender that could lead to discrimination.
Guatemala does not currently have a legal framework that protects the right to sexual orientation and gender diversity in accordance with international human rights standards.	Development of a legal framework that protects the right to sexual orientation and gender identity Draft and pass a law that provides the LGBTI community with the necessary protections against discrimination and violations of their rights.

11.4 Interagency Coordination, Data Exchange and Interoperability

Finding	Opportunity
RENAP has concluded 69 agreements with different public and private entities that include, among other things, commitments relating to interoperability, CUI implementation, joint institutional strengthening projects, participation in technical roundtables, service provision, and training for agency personnel.	Formation of a CRVS system interagency roundtable in Guatemala Formation of an interagency roundtable comprising the main national and international actors in the CRVS system to coordinate and discuss key initiatives, establish commitments, and undertake joint activities in relation to civil registration and vital statistics in Guatemala.
State policy in Guatemala makes the CUI a requirement for access to social programs. While that is a positive practice in that it encourages registration, it also means that people without a CUI are unable to benefit from social programs until they are registered/issued identification. RENAP currently has agreements with SESAN, MIDES, the Ministry of Education, the MSPAS, and others for the deployment of mobile identity and identification units to process the late birth registrations and DPI applications of individuals without registration/identification detected by those programs; however, the process is not systematized.	Completion of records of members of under-registered family groups for submission to and follow-up by RENAP Fill out records for families that are under-registered and lack DPIs in order to submit them to RENAP for follow-up and solution through mobile unit deployments.
The CUI implementation deadline was December 31, 2016. Although many institutions have implemented the CUI, there are still a number of key institutions that have not completed the transition, including the MSPAS, MIDES, the Ministry of Education, and SESAN.	Systematic, mass implementation of the CUI in the systems, programs, projects, and applications of institutions that carry out social, education, and health programs , including the MSPAS (in SIGSA and care system, among others), MIDES (in its applications and information systems that support social programs and beneficiary control), the Ministry of Education (in the information and beneficiary control systems of education programs), and SESAN (in the information systems that support its nutrition programs and beneficiary control). Develop a system with a consolidated database of beneficiaries of all social, education, and health programs Develop a system that ensures interoperability between the databases of social programs and allows having access to a consolidated database, through the CUI, of the various benefits received by a person.
The identity verifications done through RENAP's Social Assistance Portal are limited to 5,000 registrations per verification. Some institutions, like SESAN and MIDES, handle data volumes in excess of 100,000 registrations.	Strengthening and expansion of the capacity of RENAP's Social Assistance Portal to handle information volumes larger than 5,000 registrations.
The main coordination entity in the area of vital statistics is the OCSES, which is made up of the INE (its chair), RENAP, the MSPAS, the IGSS, SEGEPLAN, and PAHO/WHO (in an observer and technical support capacity). The OCSES has not met since 2015; however, it is expected to resume meetings in the second half of 2018. The main contribution of the OCSES was the development of standardized forms for notifications of births and deaths, which are not being systematically used by all the institutions.	Convene regular meetings of the OCSES to address issues such as the use of standardized notifications of births and deaths.

11.5 External Support for the CRVS System

Finding	Opportunity
<p>Investment by international agencies in Guatemala's CRVS system has declined. Donors' priorities are focused on the issues of food security, health of vulnerable populations, security, and fighting corruption. However, health, food security, and other social programs require beneficiaries to have civil identity in order to be able to control the benefits granted and follow up on the joint responsibilities assumed by beneficiaries. There is a risk that the most vulnerable populations (those without registration or identification) could be excluded from those programs, or that it might not be possible to target the programs to the people most in need or measure their results adequately because of existing shortcomings in vital and health statistics management.</p>	<p>Promotion and awareness raising with international agencies on the importance of including CRVS system strengthening components in their programs</p> <p>It is important that current and future projects consider existing links between the program they support and the CRVS system and that they consider including components for strengthening the CRVS system in programs, which could include, for example, contributions for holding registration and identification days with people living in poverty or extreme poverty, criteria for systematic CUI use and use of standard forms.</p>

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4	CODISRA	Gabriel Romero	Attorney
5	CONADI	Indra Milena Molina Muñoz	Director
6	Embassy of Canada	Sonia García	Junior Development Program Officer
7	Embassy of Canada	Domenic Salotti	First Secretary, Head of Aid and Development Programs
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10	FODIGUA	Armando Cocán Teleaguario	Director of Legal Affairs
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30	MINGOB, General Directorate of Migration	Carlos Emilio Morales	Director
31	MINEX	Julia Arabella Woolfolk Contreras de Chinchilla	Director General of Consular and Migratory Affairs
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35	MSPAS	Raúl Gómez	Midwives Program
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40	RENAP Board of Directors	Enrique Antonio Degenhart Asturias	Minister of the Interior, Member of the Board of Directors
41	RENAP Board of Directors	Rudy Marlon Pineda Ramírez	TSE Magistrate, Chair of the Board of Directors
42	RENAP Board of Directors	Jorge Mario Valenzuela Díaz	TSE Magistrate, Alternate Member of the Board of Directors
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52	RENAP	Denis Castro	Chief of User Assistance and Services, Central Register
53	RENAP	Juan Cifuentes Cardona	Chief of Biometrics, Processes
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	INSTITUTION	NAME OF INTERVIEWEE	POSITION
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67	RENAP	Margarita Mejicanos	Director of Management and Internal Oversight
68	RENAP	Danny Josué Minchez	Chief of Databases, Information Technology and Statistics
69	RENAP	Bárbara Montufar	Department of Services to Migrants and Services Abroad, Central Register
70	RENAP	María Licet Morán Aldana	Chief of the Department of Citizens and Control of Registration Data, Central Register
71	RENAP	Sandra Moya Barquín	Chief Notary, Identity Verification and Social Assistance
72	RENAP	Hugo Orlando Quintana	Support Coordinator, Information Technology and Statistics
73	RENAP	Tania Pineda	Chief of Technical Cooperation, Management and Internal Oversight
74	RENAP	Julio Ramírez Enriquez	Coordinator of Administrative Systems, Information Technology and Statistics
75	RENAP	Fernando Javier Ramírez Linares	Coordinator of Registration Systems, Information Technology and Statistics
76	RENAP	Mónica Renee Recinos	Advisor, Processes
77	RENAP	Edwin Alexander Román	Networks Coordinator, Information Technology and Statistics
78	RENAP	Amed Mario Rodolfo Salazar	Registration Strengthening Officer III, Central Register
79	RENAP	Karin Aracely Sierra Tello	Advisor of Identity Verification, Identity Verification and Social Support
80	RENAP	César David Son Dardón	Director of Identity Verification and Social Support
81	RENAP	Blanca Patricia Tobar Chicas	Specialist in Verification of Information Systems, Information Technology and Statistics
82	RENAP	Juan Ramiro Toledo Montenegro	Assistant Director for Registration Assistance, Central Register
83	RENAP	Mario Asdrual Valbert	Infrastructure Coordinator, Information Technology and Statistics
84	RENAP	Jorge Alejandro Vela Letona	Chief of Analysis and Verification of Biographical Information, Processes
85	Secretariat against Sexual Violence, Exploitation and Human Trafficking	Jenny Gabriela Sandoval Baldizón	Director, Area to Combat Sexual Violence
86	Secretariat of Social Welfare of the Presidency	Karina Angélica Ruano Sierra	Coordinator of the Social Work Area
87	SEPREM	Bélgica Rodríguez García	Coordinator
88	UNICEF	Rubén Darío Narciso	Specialist in Monitoring and Evaluation
89	United Nations World Food Programme	Irma Chavarría	Consultant, Nutrition Program
90	USAID Project / MGSP	Axel Moscoso	E-health Information System
91	USAID Project / MGSP	Ana María Rodas Cardona	Monitoring and Evaluation Advisor
92	Viva: Juntos por la Niñez Foundation	José Alfredo Quevedo Pérez	Coordinator
93	World Bank	Danilo Mazariegos	Consultant




APPENDICES


A. Notification of Birth Form

  REPÚBLICA DE GUATEMALA INFORME DE NACIMIENTO 	
<small>Nota: debe llenarse en forma clara con letra de molde y tinta firme o a máquina todos los datos y firma para evitar la devolución. No se aceptará con tachones ni alteraciones</small>	
I. Datos del que suscribe	Nombres y Apellidos _____ Documento personal de identificación -CUI-/Cédula de vecindad _____ No. Colegiado (si es profesional) _____ No. de Registro (si es comadrona) _____ Quién Informa el nacimiento: <input type="checkbox"/> 1. Médico 2. Personal de enfermería 3. Personal institucional 4. Comadrona 5. Autoridad Local
II. Datos del lugar de nacimiento	1. DEPARTAMENTO: _____ 2. MUNICIPIO: _____ 3. DIRECCIÓN: _____ <small>(Además del nombre indique si es ciudad, pueblo, aldea, caserío o finca)</small> 4. LUGAR DONDE OCURRIÓ EL NACIMIENTO: <input type="checkbox"/> 1. Hospital público 2. Hospital privado 3. Centro de salud 4. Seguro social 5. Vía pública 6. Domicilio 7. Otro 9. Ignorado
III. Datos del niño (a) y del nacimiento	5. NOMBRE: _____ <small>Primer nombre Segundo nombre Tercer nombre Primer apellido Segundo apellido</small> 6. FECHA DE NACIMIENTO: _____ 7. HORA: _____ horas _____ minutos 8. SEXO: <input type="checkbox"/> 1. Hombre 2. Mujer 9. PESO AL NACER: _____ libras _____ onzas 10. TALLA: _____ centímetros 11. EDAD GESTACIONAL: _____ semanas 12. ANOMALÍAS CONGÉNITAS VISIBLES: <input type="checkbox"/> 1. SI 2. NO 13. TIPO DE PARTO: <input type="checkbox"/> 1. Parto normal 14. NÚMERO DE HIJOS(AS) 2. Cesárea NACIDOS(AS) EN EL PARTO: _____ 15. PERSONA QUE ATENDIÓ EL PARTO: <input type="checkbox"/> 1. Médico 2. Personal de enfermería 3. Paramédico 4. Comadrona 5. Emprírica 6. Ninguna 9. Ignorado 16. NÚMERO DE HIJOS(AS) QUE HA TENIDO LA MADRE INCLUYENDO LOS NACIDOS MUERTOS Y EL QUE AHORA SE REGISTRA _____ DE ELLOS(AS) CUANTOS(AS) NACIERON MUERTOS _____ Y CUANTOS(AS) VIVEN _____
IV. Datos de la madre	17. NOMBRE: _____ <small>Primer nombre Segundo nombre Primer apellido Segundo apellido Apellido de casada</small> 18. DOCUMENTO PERSONAL DE IDENTIFICACIÓN -CUI-/CÉDULA DE VECINDAD: _____ 19. EDAD: _____ años 20. NACIONALIDAD: _____ 21. OCUPACIÓN U OFICIO: _____ 22. DIRECCIÓN DE RESIDENCIA ACTUAL: _____ <small>Dirección Zona Municipio Departamento</small> 23. PUEBLO DE PERTENENCIA: <input type="checkbox"/> 1. Maya 2. Garífuna 3. Xinka 4. Mestizo / Ladino 5. Otro 24. ESTADO CIVIL: <input type="checkbox"/> 1. Soltera 2. Casada 3. Unida 4. Viuda 5. Divorciada 6. Unión no declarada 25. ESCOLARIDAD: <input type="checkbox"/> 1. Ninguna 2. Primaria 3. Básico 4. Diversificado 5. Universitario
V. Datos del padre	26. NOMBRE: _____ <small>Primer nombre Segundo nombre Primer apellido Segundo apellido</small> 27. DOCUMENTO PERSONAL DE IDENTIFICACIÓN -CUI-/CÉDULA DE VECINDAD: _____ 28. EDAD: _____ años 29. NACIONALIDAD: _____ 30. OCUPACIÓN U OFICIO: _____ 31. DIRECCIÓN DE RESIDENCIA ACTUAL: _____ <small>Dirección Zona Municipio Departamento</small> 32. PUEBLO DE PERTENENCIA: <input type="checkbox"/> 1. Maya 2. Garífuna 3. Xinka 4. Mestizo / Ladino 5. Otro 33. ESTADO CIVIL: <input type="checkbox"/> 1. Soltero 2. Casado 3. Unido 4. Viudo 5. Divorciado 6. Unión no declarada 34. ESCOLARIDAD: <input type="checkbox"/> 1. Ninguna 2. Primaria 3. Básico 4. Diversificado 5. Universitario
SELLO INSTITUCIONAL Y/O PROFESIONAL	*Y para que se haga la inscripción respectiva en el Registro Nacional de las Personas, se emite el presente Informe de nacimiento, en _____ a los _____ días del mes de _____ de dos mil _____. Firma de la persona que extiende el informe: _____ <small>Nota: En caso de nacer más de un niño, debe llenarse un informe de nacimiento para cada uno, asignándole el orden en que haya nacido.</small>

/ CONTINÚA AL REVERSO

B. Record of Birth Form

  REPÚBLICA DE GUATEMALA INFORME DE NACIMIENTO 		
IMPRESIÓN PLANTAR DEL RECIÉN NACIDO(A) (PIE DERECHO)	IMPRESIÓN DEL DEDO PULGAR DERECHO DEL RECIÉN NACIDO(A)	IMPRESIÓN DEL DEDO PULGAR DERECHO DE LA MADRE
<p align="center">INSTRUCCIONES PARA EL LLENADO DEL INFORME DE NACIMIENTO</p> <p>I. DATOS DEL QUE SUSCRIBE: El médico o persona que suscribe el nacimiento, deberá anotar su nombre completo y número de documento personal de identificación -CUI-/Cédula de vecindad, número de colegiado (si es profesional) o número de registro (si es comadrona). Anote además en el recuadro el número que corresponde a la persona que suscribe el nacimiento.</p> <p>II. DATOS DEL LUGAR DE NACIMIENTO:</p> <ol style="list-style-type: none"> DEPARTAMENTO: Anote el nombre del departamento donde ocurrió el nacimiento. MUNICIPIO: Anote el nombre del municipio donde sucedió el nacimiento. DIRECCIÓN: Escriba la dirección exacta, además pregunte si esta corresponde a una ciudad, pueblo, aldea, caserío o finca. LUGAR DONDE OCURRIÓ EL NACIMIENTO: Anote en la casilla el número que corresponda, según el lugar del nacimiento. <p>III. DATOS DEL NIÑO(A) Y DEL NACIMIENTO:</p> <ol style="list-style-type: none"> NOMBRE: Anote los nombres del niño(a) en los espacios correspondientes, también anote el apellido paterno y materno. FECHA DE NACIMIENTO: Anote la fecha en que ocurrió el nacimiento en el orden siguiente: día, mes y año. HORA: Anote la hora (en formato de 24 horas) y minutos del nacimiento. SEXO: Anote en la casilla el número correspondiente al sexo del recién nacido. PESO AL NACER: Anote el peso del niño (a) en libras y onzas. TALLA: Anote la talla del niño (a) en centímetros. EDAD GESTACIONAL: Anote el número de semanas que el niño (a) estuvo en el vientre de la madre. ANOMALÍAS CONGÉNITAS VISIBLES: Anote el número según corresponda, si el niño (a) nació o no con alguna anomalía. TIPO DE PARTO: Anote el número que corresponda en la casilla para indicar si el nacimiento fue por parto normal o cesárea. NÚMERO DE HIJOS(AS) NACIDOS(AS) EN EL PARTO: Anote cuántos hijos ha tenido la madre durante el parto. Cuando el parto ha sido doble, triple o más, asegúrese de registrar por separado cada nacimiento vivo. Todos los niños y niñas nacidos vivos deben registrarse, así mueran después del parto. PERSONA QUE ATENDIÓ EL PARTO: Anote en la casilla el número que corresponda para indicar la profesión de la persona que atendió el parto. NÚMERO DE HIJOS(AS) QUE HA TENIDO LA MADRE INCLUYENDO LOS NACIDOS MUERTOS Y EL QUE AHORA SE REGISTRA: Anote la cantidad de hijos(as) que ha tenido la madre independientemente si nacieron vivos o muertos, así también escriba por separado el número de hijos nacidos muertos. Anote además el número de hijos vivos que tiene actualmente la madre, debe contarse también el que se está registrando. <p>IV. DATOS DE LA MADRE:</p> <ol style="list-style-type: none"> NOMBRE: Anote los nombres de la madre del niño(a) seguidos por el apellido paterno, materno y de casada si lo hubiera. DOCUMENTO PERSONAL DE IDENTIFICACIÓN -CUI-/CÉDULA DE VECINDAD: Anote el número del documento de identificación de la madre. EDAD: Anote la edad de la madre en años cumplidos. NACIONALIDAD: Registre la nacionalidad de la madre. OCUPACIÓN U OFICIO: Anote la ocupación principal de la madre (se considera ocupación principal aquella actividad que durante el mes anterior generó mayores ingresos). DIRECCIÓN DE RESIDENCIA ACTUAL: Anote la dirección donde reside actualmente la madre del niño(a), la zona, municipio y departamento PUEBLO DE PERTENENCIA: Anote en la casilla el número correspondiente al pueblo de pertenencia de la madre, respetando el derecho individual a la autoidentificación. ESTADO CIVIL: Anote en la casilla el código correspondiente al estado civil de la madre. ESCOLARIDAD: Anote en la casilla el código que corresponda al grado de escolaridad de la madre. <p>V. DATOS DEL PADRE:</p> <ol style="list-style-type: none"> NOMBRE: Anote los nombres del padre del niño(a) seguidos por el apellido paterno y materno. DOCUMENTO PERSONAL DE IDENTIFICACIÓN -CUI-/CÉDULA DE VECINDAD: Anote el número del documento de identificación del padre. EDAD: Anote la edad del padre en años cumplidos. NACIONALIDAD: Registre la nacionalidad del padre. OCUPACIÓN U OFICIO: Anote la ocupación principal del padre (se considera ocupación principal aquella actividad que durante el mes anterior generó mayores ingresos). DIRECCIÓN DE RESIDENCIA ACTUAL: Anote la dirección donde reside actualmente el padre del niño(a), la zona, municipio y departamento. PUEBLO DE PERTENENCIA: Anote en la casilla el número correspondiente al pueblo de pertenencia del padre, respetando el derecho individual a la autoidentificación. ESTADO CIVIL: Anote en la casilla el código correspondiente al estado civil del padre. ESCOLARIDAD: Anote en la casilla el código que corresponda al grado de escolaridad del padre. 		

 MINISTERIO DE SALUD PÚBLICA Y ASISTENCIA SOCIAL DIRECCIÓN DE ÁREA DE SALUD DE SAN MARCOS BOLETA DE NACIMIENTO PARA COMADRONAS			
			No. <input type="text"/>
DATOS DE LOS PADRES			
NOMBRE COMPLETO DE LA MADRE:		EDAD:	DPI:
NOMBRE COMPLETO DEL PADRE:		EDAD:	DPI:
DATOS DEL NACIMIENTO			
HORA QUE NACIÓ:	DÍA: MES: AÑO:	PESO:	CUANTO MEDIO: GÉNERO
			Femenino Masculino
COMUNIDAD:	MUNICIPIO:	DEPARTAMENTO:	
CLASE DE PARTO	EUTÓICO	TIPO DE PARTO	SIMPLE DOBLE TRIPLE
DATOS DE QUIEN ATENDIÓ EL PARTO			
NOMBRE DE COMADRÓN(A):		NÚMERO DE DPI:	Nº. CARNÉ DE COMADRÓN(A):
COMUNIDAD Y MUNICIPIO:		FIRMA/HUELLA/SELLO DE COMADRÓN(A):	
DEPARTAMENTO:			
SERVICIO DE SALUD			
SERVICIO DE SALUD:		FIRMA Y SELLO DEL SERVICIO DE SALUD	
LUGAR Y FECHA:			
CONDICIÓN DEL RECIÉN NACIDO Y LA MADRE			
<input type="checkbox"/> Nació vivo / viva	<input type="checkbox"/> Hombre	<input type="checkbox"/> Normal	<input type="checkbox"/> Madre viva
<input type="checkbox"/> Nació muerto / muerta	<input type="checkbox"/> Mujer	<input type="checkbox"/> Con discapacidad	<input type="checkbox"/> Madre muerta

C. Notification of Death Form



República de Guatemala INFORME DE DEFUNCIÓN (INCLUYE DEFUNCIÓNES FETALES)

NOTA: Antes de llenar el presente formulario, debe leer el instructivo del reverso.

Revisión 2016

I INFORMACIÓN GENERAL	1. El que informa (nombres y apellidos): _____		3. Quién informa es: 1. Médico 2. Paramédico 3. Autoridad <input type="checkbox"/>	
	2. Documento de Identificación (CUI) / Cédula de vecindad/ Otro: _____		3.1 No. de colegiado: _____	
II DATOS DEL FALLECIDO(A)	4. Fecha y hora de la defunción: Día: _____ mes _____ del año _____ a las _____ horas			
	5. Lugar y dirección donde ocurrió la defunción: Dirección exacta _____ Municipio _____ Departamento _____			
	SI LA MUERTE ES FETAL, INICIE EN EL APARTADO VI. DATOS DE LA DEFUNCIÓN FETAL (MORTINATO)			
	6. NOMBRE: _____ Nombres y apellidos completos			
	7. SEXO: <input type="checkbox"/> 1. Hombre 9. Ignorado <input type="checkbox"/> 2. Mujer			
	8. EDAD CUMPLIDA: Para menores de un día _____ Horas Para menores de un mes _____ Días Para menores de un año _____ Meses Para mayores de un año _____ Años cumplidos			
	9. DOCUMENTO DE IDENTIFICACIÓN: _____ Ó _____ Número de Libro _____ Número de Folio _____ Número de Partida			
	10. LUGAR DE NACIMIENTO: País _____ Departamento _____ Municipio _____			
	11. NACIONALIDAD: _____ 12. OCUPACIÓN: _____			
	13. ESTADO CIVIL: <input type="checkbox"/> 1. Soltero (a) 3. Unido (a) <input type="checkbox"/> 2. Casado (a) 9. Ignorado			
14. PUEBLO DE PERTENENCIA: <input type="checkbox"/> 1. Maya 3. Xinca 5. Ninguno <input type="checkbox"/> 2. Garifuna 4. Mestizo, Ladino 9. Ignorado				
15. RESIDENCIA: Dirección exacta _____ Municipio _____ Departamento _____				
16. ESCOLARIDAD: <input type="checkbox"/> 0. Ninguna 1. Primaria incompleta 3. Básico incompleto 5. Diversificado incompleto 7. Universitario incompleto 9. Ignorado <input type="checkbox"/> 2. Primaria completa 4. Básico completo 6. Diversificado completo 8. Universitario completo				
III MUJERES EMBARAZADAS FETALES	17. SI LA DEFUNCIÓN CORRESPONDE A UNA MUJER ENTRE 10 Y 54 AÑOS, ESPECIFIQUE SI LA MUERTE OCURRIÓ DURANTE: <input type="checkbox"/> 1. El embarazo 3. El puerperio (Dentro de los 42 días siguientes a la terminación del embarazo) 5. No estuvo embarazada durante los 11 meses previos a la muerte <input type="checkbox"/> 2. El parto 4. De 43 días a 11 meses, después del parto o aborto 9. Ignorado			
	18. CAUSAS DE DEFUNCIÓN			
IV CAUSA DE DEFUNCIÓN	I. Enfermedad o estado patológico que produjo la muerte directamente* (a) _____ debido a (o como consecuencia de) _____		Intervalo aproximado entre el inicio de la enfermedad y la muerte _____	
	Causas antecedentes Estados morbosos, si existiera alguno, que produjeron la causa consignada arriba, mencionándose en el último lugar la causa básica (b) _____ debido a (o como consecuencia de) _____			
V DEFUNCIÓNES ACCIDENTALES Y VIOLENTAS	19. FUE UN PRESUNTO:** <input type="checkbox"/> 19.1 LUGAR DONDE OCURRIÓ LA LESIÓN: <input type="checkbox"/>		0. Vivienda 2. Escuela u oficina pública 4. Calle o carretera (vía pública) 6. Área industrial (taller, fábrica u obra) 8. Otro	
	19.2 OCURRIÓ EN EL DESEMPEÑO DE SU TRABAJO: <input type="checkbox"/> 19.3 FUE ACCIDENTE DE TRÁNSITO: <input type="checkbox"/>		1. Institución residencial 3. Áreas deportivas 5. Área comercial o de servicios 7. Granja (rancho o parcela) 9. Ignorado	
DATOS DE LA MADRE				
20. NOMBRE: _____ Nombres y apellidos completos				
21. DOCUMENTO DE IDENTIFICACIÓN: _____ Ó _____ Número de Libro _____ Número de Folio _____ Número de Partida				
22. LUGAR DE NACIMIENTO: País _____ Departamento _____ Municipio _____				
23. EDAD _____ Años 24. ESTADO CIVIL: <input type="checkbox"/> 1. Soltera 3. Unida <input type="checkbox"/> 2. Casada 9. Ignorado 25. PUEBLO DE PERTENENCIA: <input type="checkbox"/> 1. Maya 3. Xinca 5. Ninguno <input type="checkbox"/> 2. Garifuna 4. Mestizo, Ladino 9. Ignorado				
26. RESIDENCIA: Dirección exacta _____ Municipio _____ Departamento _____				
27. OCUPACIÓN: _____ 28. SABE LEER Y ESCRIBIR: 1. Si <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Ignorado <input type="checkbox"/>				
29. ESCOLARIDAD: <input type="checkbox"/> 0. Ninguna 1. Primaria incompleta 3. Básico incompleto 5. Diversificado incompleto 7. Universitario incompleto 9. Ignorado <input type="checkbox"/> 2. Primaria completa 4. Básico completo 6. Diversificado completo 8. Universitario completo				
30. NACIONALIDAD: _____ 31. EN LOS EMBARAZOS ANTERIORES A ÉSTE TUVO(n) (número): Nacidos vivos _____ Nacidos muertos _____				
DATOS DEL FETO (MORTINATO)				
32. SEXO: <input type="checkbox"/> 1. Hombre 9. Ignorado <input type="checkbox"/> 2. Mujer				
33. MURIÓ <input type="checkbox"/> 1. Antes del Parto <input type="checkbox"/> 2. Durante el Parto <input type="checkbox"/> 34. EL PARTO FUE: <input type="checkbox"/> 1. Simple <input type="checkbox"/> 2. Doble <input type="checkbox"/> 3. Múltiple <input type="checkbox"/> 35. CLASE DE PARTO: <input type="checkbox"/> 1. Eutócico <input type="checkbox"/> 2. Distócico <input type="checkbox"/> 36. VÍA DEL PARTO: <input type="checkbox"/> 1. Vaginal <input type="checkbox"/> 2. Cesárea <input type="checkbox"/> 37. SEMANAS DE GESTACIÓN: _____				
38. CAUSAS DEL MORTINATO Fetales: _____ Maternas: _____				
VI OTROS DATOS DE LA DEFUNCIÓN	39. HUBO NECROPSIA: <input type="checkbox"/> 1. Si <input type="checkbox"/> 2. No <input type="checkbox"/>		40. CLASE DE ASISTENCIA RECIBIDA: <input type="checkbox"/> 1. Médica 3. Comadrona 5. Ninguna <input type="checkbox"/> 2. Paramédica 4. Empírica 9. Ignorado	
	41. LUGAR DONDE OCURRIÓ LA DEFUNCIÓN: <input type="checkbox"/> 1. Hospital Público 3. Otros servicios de salud pública 5. Vía Pública 7. Lugar de trabajo 9. Ignorado <input type="checkbox"/> 2. Hospital Privado 4. IGSS 6. Domicilio 8. Otro			
*Y para que se haga la inscripción respectiva en el Registro Nacional de las Personas, se emite el presente Informe de defunción, en _____ a los _____ días del mes de _____ del año _____				
TIMBRE MÉDICO		SELO INSTITUCIONAL Y/O PROFESIONAL		
Firma de la persona que extiende el informe: _____				

INSTRUCCIONES PARA EL LLENADO DEL INFORME DE DEFUNCIÓN

INSTRUCCIONES GENERALES:

- Este informe debe llenarse en forma clara con letra de molde y tinta firme o a máquina todos los datos y firma para evitar la devolución. No se aceptará con tachones, borrones, sobre escritura o cualquier tipo de alteración.
- No use abreviaturas.
- Para las preguntas de opción, anote el número que corresponde con la respuesta correcta.
- Para las respuestas en las que se deben anotar números (fecha, hora, colegiado, edad, CUI, etcétera), use números arábigos (1,2,3...9).
- Debe colocarse el timbre médico en el espacio correspondiente cuando aplique.

INSTRUCCIONES ESPECÍFICAS:

2 DOCUMENTO DE IDENTIFICACIÓN: Los guatemaltecos y extranjeros domiciliados podrán identificarse con Documento Personal de Identificación -DPI- o Cédula de vecindad acompañada de la constancia emitida por el Registro Nacional de las Personas -RENAP- que la valide temporalmente, únicamente por el plazo que la misma indique. En caso que no sea posible la identificación mediante el DPI por robo, pérdida o deterioro, se aceptará certificación del DPI (consignar CUI). Los extranjeros se identificarán con pasaporte vigente; sin embargo, los centroamericanos también podrán identificarse con el documento de identificación de su país, carta de generalidades o presunción de nacionalidad. Los refugiados podrán identificarse con la cédula de identidad de refugiado, extendida por la Dirección General de Migración.

3.1 NÚMERO DE COLEGIADO: Anote el número de colegiado (si es médico (a) o enfermero (a) graduado(a)).

6 NOMBRE DEL FALLECIDO(A): Escriba los nombres y apellidos completos. Si se trata de un homicidio, accidente, suicidio u otra causa que impida la identificación del cadáver, anote la palabra desconocido. En el caso de que el fallecido(a) sea un recién nacido, anote al menos, los apellidos paternos y/o maternos.

8 EDAD CUMPLIDA: Especifique la edad cumplida del fallecido(a). Para menores de un día, anote la edad en horas (entre 0 y 23 horas). Para menores de un mes, anote la edad en días (entre 1 y 29 días). Para menores de un año, anote la edad en meses (entre 1 y 11 meses). Para los que fallecieron y tenían más de un año, anote solamente los años cumplidos.

Ejemplo 1:

Fallecido(a) de 22 horas:

Para menores de un día	22	Para menores de un mes	Para menores de un año	Para mayores de un año
Horas		Días	Meses	Años cumplidos

Ejemplo 2:

Fallecido(a) de 40 años:

Para menores de un día	Para menores de un mes	Para menores de un año	Para mayores de un año
Horas	Días	Meses	40
			Años cumplidos

9 DOCUMENTO DE IDENTIFICACIÓN: La persona fallecida podrá identificarse con Documento Personal de Identificación -DPI-, Certificación del Documento Personal de Identificación (consignar el CUI), Cédula de vecindad o copia certificada del asiento del libro de cédula de vecindad (consignar número de Cédula de vecindad), en caso de no contar con estos documentos se podrá presentar certificación de inscripción de nacimiento del fallecido (consignar número de libro, folio y partida o número de CUI). Para los extranjeros y refugiados, aplica lo indicado en el inciso 2 de las "INSTRUCCIONES ESPECÍFICAS".

12 y 27 OCUPACIÓN: Anote el último oficio o trabajo. Para el caso de la persona fallecida si no trabajaba por una remuneración mencione a qué se dedicaba, de igual manera para el caso de la madre del feto (mortinato), si no ha trabajado por una remuneración mencione a qué se dedica, por ejemplo: rentista, jubilado, estudiante o ama de casa.

15 y 26 RESIDENCIA: Anote la dirección exacta (incluye: número de casa, calle, avenida, zona y el nombre de la ciudad, pueblo, colonia, aldea, caserío, finca o paraje), municipio y departamento de residencia durante los últimos seis meses, exceptuando los períodos largos de hospitalización. Si la residencia corresponde al extranjero anote solamente el nombre del país.

17 SI LA DEFUNCIÓN CORRESPONDE A UNA MUJER ENTRE 10 Y 54 AÑOS, ESPECIFIQUE SI LA MUERTE OCURRIÓ DURANTE: No omita responder la pregunta.

IV CAUSA DE DEFUNCIÓN: Se entiende por causa de la defunción, la enfermedad o lesión, accidente o violencia, que produjo la muerte de la persona.

18 CAUSA DE DEFUNCIÓN: El informe de defunción, está diseñado para obtener la información que facilitará la selección de la causa básica de la defunción cuando se registran, de manera conjunta, dos o más causas. El modelo del informe consiste de dos partes (I y II).

En la parte I se inscribe la causa que condujo directamente a la muerte en la línea (a) y así mismo los estados patológicos antecedentes en las líneas (b), (c) y (d), que ocasionaron la causa registrada en la línea (a). Indique la causa básica en la última línea de la secuencia de los estados patológicos, sean estas las líneas (b), (c) o (d). Evidentemente, no sería preciso usar de las líneas (b), (c) y (d) si la enfermedad o proceso patológico que condujo directamente a la muerte, y que consta en la línea (a), describiera por completo el curso de los acontecimientos. En la parte II se incluye cualquier otra entidad morbosa (enfermedad) significativa que hubiera influido desfavorablemente en el curso del proceso patológico, y que contribuyó al resultado letal, pero que no estuviera relacionada con la enfermedad o estado patológico que causó la muerte directamente.

Ejemplo:

18. CAUSAS DE DEFUNCIÓN		Intervalo aproximado entre el inicio de la enfermedad y la muerte
I. Enfermedad o estado patológico que produjo la muerte directamente* (a) Peritonitis	debido a (o como consecuencia de)	1 día
Causas antecedentes Estados morbosos, si existiera alguno, que produjeron la causa consignada arriba, mencionándose en el último lugar la causa básica (b) Absceso hepático amebiano roto a cavidad abdominal	debido a (o como consecuencia de)	2 días
(c) Colitis amebiana	debido a (o como consecuencia de)	2 meses
(d) _____	debido a (o como consecuencia de)	_____
* No quiere decirse con esto la manera o modo de morir, por ejemplo: debilidad cardíaca, astenia, etc. Significa propiamente la enfermedad, traumatismo o complicación que causó la muerte.		
II. Otros estados patológicos significativos que contribuyeron a la muerte, pero no relacionados con la enfermedad o estado morboso que la produjo		
Enfermedad vascular cerebral		5 años
Cardiopatía hipertensiva		10 años

19 FUE UN PRESUNTO: Este apartado será para especificar la intencionalidad de la muerte. Anote en dicha casilla el código correspondiente. Estos datos no prejuzgan sobre la calificación del hecho que en definitiva hicieren los tribunales, es únicamente para fines estadísticos.

19.1 LUGAR DONDE OCURRIÓ LA LESIÓN: Especifique la opción correspondiente dado que ésta puede ser diferente a la del sitio donde ocurrió la defunción.

VI DATOS DE LA DEFUNCIÓN FETAL (MORTINATO): Se entiende por defunción fetal, la muerte de un producto de la concepción, antes de su expulsión o extracción completa del cuerpo de su madre; la muerte está indicada por el hecho de que después de la separación, el feto no respira ni da ninguna otra señal de vida, como latidos del corazón, pulsación del cordón umbilical, etc.

Además de lo indicado en el inciso 2 de las "INSTRUCCIONES ESPECÍFICAS"; La madre guatemalteca menor de edad podrá identificarse con certificación de nacimiento por lo que deberá consignarse número de libro, folio y partida o número de CUI.

31 EN LOS EMBARAZOS ANTERIORES A ÉSTE TUVO: Del total de embarazos tenidos por la madre anote cuántos hijos nacieron vivos, independientemente si a la fecha estén vivos o no, y cuántos nacieron muertos.

37 SEMANAS DE GESTACIÓN: Anote la duración del embarazo, expresada en semanas completas, contando a partir de la última menstruación hasta el momento de la extracción o expulsión del producto.

38 CAUSAS DEL MORTINATO: Se entiende por causa fetal, la muerte que está relacionada directamente con el feto, ejemplo: Asfixia perinatal, circular del cordón alrededor del cuello, etc. Y por causa materna, la muerte fetal que está relacionada directamente con la madre, ejemplo: Eclampsia.

Ejemplo 1:

Fetales: Anencefalia

Maternas: Hidramnios

Ejemplo 2:

Fetales: Prematuridad

Maternas: Insuficiencia placentaria

H. List of Participants, Working Session for the Validation of the Draft Report, May 17, 2018

Name	Institution	Position/Area
Carlos Narez	CONAMIGUA	Secretary of the National Council on Assistance for Migrants
Edgar Solares	INE	Coordinator, Health Statistics Unit
Marlon Pirir	INE	Information Technology Technician, Health Statistics Unit
Alver Donald Belletón	MIDES	Information Technology Director
Victor Hugo Figueroa Chacón	MIDES	Assistant Director of Systems Research and Development
Cristian Estuardo Ordoñez Jolón	MIDES	Analyst Developer
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Lidia Mérida	MINEX	Chief, Civil Registration Unit
Carolina Barrientos	MINEX	First Secretary, Directorate of Consular Affairs
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Emma Mendoza	MSPAS	Journalist
Daniel Edelmann	MSPAS	Information Management Coordinator, SIGSA
Julio Urizar	MSPAS	Information Technology
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Sadie Ivonne Cardillo Romero	RENAP	Chief of Prevention and Eradication of Under-registration, Central Register
César David Son Dardón	RENAP	Director of Identity Verification and Social Support
Amán Benjamín Cuc Hernández	RENAP	Director of Information Technology and Statistics
David Guzmán	RENAP	Chief of Analysis and Statistics, Information Technology and Statistics
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Carlos Marroquín	RENAP	Chief of Central Archive, Central Register
María José Sánchez	RENAP	Executive Advisor IV, Executive Directorate
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Carlos Motta	GS/OAS	Consultant, PUICA, Department for Effective Public Management



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