**A: POLICY GOALS AND PRINCIPLES**

1. **What are the primary principles and goals that govern the provision of services to people with disabilities in your State?**

The State of Guatemala, through the Law of Attention to Persons with Disabilities, establishes the following objectives:

1. Serve as a legal instrument for the care of people with disabilities so that they reach their maximum development, their social participation and the exercise of rights and duties in our legal system.
2. Guarantee equal opportunities for people with disabilities in areas such as: health, education, work, recreation, sports, culture and others.
3. Eliminate any type of discrimination against people with disabilities.
4. Establish the legal and material bases that allow Guatemalan society to adopt the necessary measures for equal opportunities and non-discrimination of persons with disabilities.
5. Establish the basic principles on which all legislation related to persons with disabilities should rest.
6. Strengthen the fundamental rights and duties of persons with disabilities.
7. Create the entity with the character of coordinator, advisor, and promoter of policies on disability.
8. Define the person with a disability and determine the measures that can be adopted for their care.
9. **Have these principles and goals been modified to take explicit account of Article 19 of the CRPD on the right to live independently and be included in the community (e.g., personalization of services, personal and human support, assistive technology, accessible transport, access to housing, expansion of community-based services, emphasis on personal empowerment and choice)?**

The Law on Attention to Persons with Disabilities has not been reformed in relation to the subject in question. However, the institutional actions that CONADI has promoted in recent years have focused on addressing issues that can meet the needs of the population with disabilities in their diversity (native peoples, gender, rurality, NNA, among others). , for access to adapted basic services.

1. **Are these goals linked directly to broader policy imperatives to ensure people with disabilities can take meaningful advantage of being in the community – such as the opportunity for employment and education, access to health care, promotion of natural or unpaid supports or community assets available to citizens without disabilities? If so, how?**

No, there is no broad policy that guarantees access to employment, education and health for people with disabilities in their community or region, in the same way there is no guarantee for people without disabilities to have employment opportunities in their community, according to the education law they have the opportunity to public education for free as in some cases to the health service.

**B: PROVISION OF SERVICES**

1. **Who primarily *delivers* services to people with disabilities (State, local government, private providers commissioned by the State, religious organizations, other, or a mix?). How do you see this mix changing if at all as a result of the UN CRPD in your country?**

At the national level, the services are provided by the municipalities, either through the Municipal Disability Offices or the Municipal Directorates for Women in municipalities where there is still no Disability Office.

1. **Who primarily *pays for* services to people with disabilities (State, local government, private providers commissioned by the State, religious organizations, other, or a mix?). How do you see this mix changing if at all?**

In Guatemala, the State and Local Government offer services to the population in general, and some of these have been adapted to the needs of the population with disabilities. However, this population also pays part of these services with their own resources.

This combination can change with reforms to laws and the creation of policies for the benefit of people with disabilities.

1. **Describe generally *how* community-based providers are paid for the services they deliver (e.g., through general grants, through per capita funding, based on specific services rendered, other means?). What changes, if any, are anticipated regarding the present payment methodology?**

Organizations of people with disabilities are financed through international cooperation, sponsorships and with this community providers are paid. And in the case of CONADI, it is paid with the budget approved in accordance with the Law.

1. **In what ways are principles and service goals communicated to the service system (e.g., in laws, service standards, staff training, funding incentives, means for compensating/penalizing service providers, and/or for assessing the quality of services?). Please describe.**

Through the official newspaper, web pages of public and private institutions. This is done mainly through workshops and talks, which are held in different municipalities of each department through departmental promoters.

1. **What new services, including those to support families, have been added to the available service array to advance principles consistent with Article 19?**

Actions have been carried out regarding the approach to disability from the worldview of the original peoples. This, in order to intersect and adapt actions based on the needs of the population with disabilities belonging to indigenous peoples and the rural population with disabilities belonging to indigenous peoples.

Likewise, in the department of Alta Verapaz, in the municipalities of Santa Cruz and San Cristóbal Verapaz, through efforts by the Municipal Commission of Santa Cruz, training in gastronomy was achieved for 40 people with disabilities with the support of INTECAP and Swisscontact.

The Integral Care Center for People with Disabilities -CAIPD-, located in the Municipality of San Jerónimo, Department of Baja Verapaz, as a result of the steps taken by civil society organized before the National Development Council, with the aim that people with disabilities who live in the municipality and department, have a specialized center that provides care and has appropriate programs to their conditions.

CONADI, as a Coordinating, Advising and Promoter of general and State policies for the benefit of people with disabilities, proposed carrying out a registry and identification of people with disabilities in the Municipality of San Jerónimo, with the aim of strengthening and guide the programs, projects and actions that the institutions will implement in the CAIPD, as part of the delegation of powers and agreements assumed in the Inter-institutional Agreement for this purpose.

Attention and Services that are promoted in the Center:

* **Ministry of the Interior –MINGOB-:** Through the Unit for the Community Prevention of Violence UPCV, training has been carried out on self-esteem, moral, values, loving parenting and prevention of violence against women.
* **Ministry of Labor and Social Welfare–MINTRAB-**: Carries out job orientation workshops and a workshop on making companies aware of the hiring of people with disabilities.
* **Presidential Secretariat for Women, -SEPREM-:** Economic empowerment of women, training aimed at women.
* **Municipality of San Jerónimo, Baja Verapaz:** Itcoordinated the hiring of the center administrator, who is already in office, they also provide maintenance to the center and cover the expenses of basic services.
* **Ministry of Culture and Sports -MICUDE-:** It provides support through CAF Physical Activity Centers, provides care once a week on Wednesdays.
* **Secretary of Social Works of the Wife of the President of the Republic of Guatemala -SOSEP-:** Provides orthopedic supplies and wheelchairs after the analysis of each case.
* **Ministry of Agriculture, Livestock and Food, -MAGA-:** training and workshops in greenhouses and workshops on the agricultural sector.
* **Secretary of Social Welfare of the Presidency -SBS-:** Provides specialized psychological, physiotherapeutic and special educational care for Children and Adolescents, in an affectionate environment and with appropriate care to their needs after completing the personalized diagnosis.
* **Ministry of Public Health and Social Assistance, MSPAS:** There is a doctor, who offers medical services in General from 8:00 a.m. to 4:00 p.m., Monday through Friday. In addition, ophthalmological medical sessions will be held in coordination with the Cuban brigade.
* **Ministry of Social Development, MIDES:** Implements a solidarity dining room with a capacity of 250 people, and provides breakfast and from Monday to Friday to the beneficiaries of the center.
* **Ministry of Economy, MINECO:** It provides Business Development services, entrepreneurship processes and product marketing.
1. **What practices, if any, have been adopted/encouraged to promote greater use of technology to personalize support to persons with disabilities (e.g., telehealth, remote monitoring, adaptive communication, artificial intelligence, etc.)?**

The use of technology is encouraged through virtual processes, internet complaints, communication through social networks using accessible formats, creation of support systems for people with disabilities from the justice system.

1. **In what ways are caregivers (e.g., family members, other informal caregivers) recognized and supported?**

In Guatemala there is no law that recognizes the role of caregiver exercised by family members of people with disabilities. Therefore, any type of support for these is non-existent.

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1. **Do you have a policy of customizing/adapting services to individual needs?**

Nope.

**How is the policy implemented? (eg through individual planning requirements? etc.).**

Does not exist.

1. **Describe how much control people with disabilities have over the services they receive (eg, choice of who provides support, choice of where to live and with whom to live, control over budgets).**

Through the departmental promoters, support has been provided for the involvement of people with disabilities for participation in political decision-making spaces.

1. **In some disability support structures, service users or families have an allocated budget which is devolved so they have control over how the funds are used to purchase eligible disability supports. Do you have or anticipate a policy of devolving budgets to the service user? Describe**.

It does not apply

1. **If budgets are devolved to the user, what kinds of supports are available to assist them, how are the administrative tasks minimized and is the individual given wide discretion on how the funds are spent?**

It does not apply

1. **Have you adopted any positive “wealth accumulation strategies” (e.g., innovative trust funds) to complement social provision? Describe.**

It does not apply

**C. MONITORING AND SUPERVISION**

1. **Describe the types of data you collect on people with disabilities receiving services (e.g., numbers of service users, types of disability, service utilization, costs per person, quality of life outcomes, health outcomes, incidence of abuse, neglect and exploitation). Are these data gathered and reported in aggregate only or may it be disaggregated per person?**

Some institutions that have information on care for people with disabilities in their services are the following:

* Data in the National Social Information System -SNIS- (Ministry of Social Development)
* National Registry of Persons -RENAP-
* Ministry of Public Health and Social Assistance -MSPAS- (Health Management Information System)
* Guatemalan Institute of Social Security -IGSS- (Actuarial and Statistical Department)
* National Institute of Statistics -INE-
* Public Ministry (Public Information Unit) (Computer System for Investigation Control of the Public Ministry)

However, data is not always collected according to the questions that are part of the short set of the Washington Group. There are other institutions that record some data on people with disabilities, without being attached to the human rights model.

1. **How do you enforce standards as they apply to service delivery providers (law, standards, incentives)? What do these standards focus on in the main? How are they measured?**

It does not apply

1. **Do your compliance rules make it possible to disqualify those providers in breach of the standards from competing for future State support?**

It does not apply

**D. REMODELING OF THE MARKET/CHALLENGES AND OPPORTUNITIES**

1. **Describe the major challenges you face in endeavoring to reform your system of services and supports for people with disabilities. Barriers might include workforce shortages, inadequate resources, lack of knowledge and training, weak infrastructure, and/ history of institutionalization.**

Lack of awareness on the part of decision makers to reform the system; little attitude of service of decision makers that could generate commitments that eventually they will not be able to fulfill.

1. **How is the COVID-19 pandemic and its aftermath reshaping the service delivery market? Explain in terms of changes in service expectations among service recipients and regarding impacts on the services available.**

As a result of the pandemic, the provision of many services was changed from face-to-face to virtual. These were not provided in an accessible manner, in addition to various technological barriers within the population with disabilities. Less than 17% of people with at least one difficulty have access to Information and Communication Technologies. All this limited access to the provision of many services. Not to mention that most health services, seeing themselves collapsed during the pandemic, had to suspend care for people with disabilities.

Gradually, attention to services has been resumed in person, but presenting different barriers. An example of this is the use of the mask, which makes communication with deaf people even more difficult.

1. **Do you pro-actively seek out new kinds of service providers with new business models that emphasize person-centered practices?**

There are not many providers in the country, or we can say that there are few that can provide a service where there is accessibility to carry out activities with people with disabilities. Even so, accessibility is minimal in the spaces and buildings of service providers.

The Institution is constantly looking for providers that offer their services internally and that meet the needs of people with disabilities. The option that is considered best is chosen, always keeping in mind that whatever service you want to contract, it is inclusive.

1. **Do you encourage service providers to adopt a ‘business and human rights approach’ to their endeavours?**

No, there are motivational strategies for providers, so that they adopt a business and human rights approach for people with disabilities, due to the lack of motivation or incentives for service providers.

Whenever a service is managed, the issue of human rights in terms of disability is used as the first filter. Likewise, the Institution carries out activities to make the private sector aware of the issue of disability, so that they can adapt their conditions, become accessible in infrastructure, technologically, etc., and thus can generate labor inclusion of people with disabilities.

1. **How do you incentivize innovative new person-centric providers to enter the market? Describe**

There are no incentives as such, they are only offered training and awareness activities so that they can innovate on human rights issues, specifically disability.

There is no incentive for new providers or innovators who provide care and services to people with a human rights approach.

1. **Do minimum wage laws apply in this sector?**

No.

**Is there a career promotion structure for workers in the sector?**

No.

**E: REFORM PROCESS**

1. **What lessons have been learned to build momentum, while minimizing resistance, for systems change consistent with Article 19?**

People with disabilities must be empowered to know their rights and demand their application.

Public and private institutions and civil society must be made aware of the fulfillment of the rights of persons with disabilities.

Raise awareness among authorities in the executive, legislative, and judicial powers so that they do their part in faithful compliance with the Convention on the Rights of Persons with Disabilities.

Promote the participation of people with disabilities at all levels of the Urban and Rural Development Council, so that the needs are visible and actions can be taken to fulfill the rights of people with disabilities

1. **Did you have have an initiative to re-imagine services that includes service users (e.g., have you commissioned a Task Force?).**

CONADI conducted the second National Disability Survey (II ENDIS 2016) in which it was determined that 10.2% of the country's population lived in a disability condition. Factors such as sociodemographic situation, work and employment, participation and environment, access to health services and quality of life were surveyed among the study participants.

Currently, CONADI is in the preliminary phase of planning the III National Disability Survey (ENDIS) with the aim of analyzing the situation of people at the national level, to determine their access to different services.

Likewise, a monitoring of compliance with the National Policy on Disability is carried out, and when it is completed, the actions carried out by the various state entities, in compliance with the policy and for the benefit of people with disabilities, will be known.

With the participation in the Departmental Urban Development Councils, development projects at the departmental level are being made inclusive, or that people with disabilities are taken into account.

1. **In what ways do you solicit the input of people with disabilities and family members in policy making, program oversight, strategic planning, etc. (e.g., national advisory councils, regional/local forums, surveys, webinars, etc.).**

Through consultation processes in which the document is socialized, the contributions provided by people with disabilities are included and supporting documents to be used are analyzed, such as questionnaires, surveys, interviews, etc.

In the municipality of San Jerónimo, department of Baja Verapaz, a local survey process of people with disabilities was carried out, with the aim of knowing the needs of people who can go to the Comprehensive Care Center for People with Disabilities. Through the results, entrepreneurship, rehabilitation, physical, agricultural programs, among others, have been implemented.

For two consecutive years, National Meetings of Municipal Disability Offices have been held, where the progress of each municipality has been made known and actions have been proposed for the benefit of the population with disabilities.

As of 2021, socio-participatory diagnoses have been carried out with civil society, to find out how disability is conceived and addressed from the worldview of indigenous peoples. To subsequently plan actions according to the particular needs of this population.

1. **What are the two or three strategic objectives you have to enhance the quality, availability, and effectiveness of services to people with disabilities in your state?**

Through the Information Research and Analysis Department, advocacy is done for the generation and updating of statistical data on people with disabilities in Guatemala. The last National Population and Housing Census included variables from the short set of Questions from the Washington group. Work is being done on the planning of the III National Survey on Disability, to find out the percentage of prevalence of disability at the national level.

Regarding institutional administrative records, it is sought that all institutions have an approved administrative record, in such a way that it adheres to the human rights model. By having the 3 updated sources of statistical data, projections of the population of people with disabilities can be generated with the aim of promoting and influencing public policies in favor of this population.

• Promote the participation of people with disabilities in decision-making spaces.

• The involvement of organizations of and for people with disabilities in the Departmental Disability Commissions (CODEDIS)

• Participation in the Municipal Disability Commissions (COMUDIS)