Health problems that were identified for the future of the health of children and early childhood development in Guatemala:

- Poverty and lack of access to health, education and nutrition in vulnerable groups.

- Adolescent pregnancies.

- Lack of skills within the health staff on the subject of neuro-development, which currently has no investment in the subject. There are no parenting patterns, no early stimulation patterns that strengthen potential, nor tools to measure these within a framework of comprehensive development of children. The need to organize trainings for mothers in the stimulation of child development and breastfeeding.

- Lack of comprehensive health strategies for all groups that include quality, respect and cultural relevance, with an emphasis on women, children and adolescents.

- Low investment allocated for health services.

Situation of health services and communities during COVID-19

These are findings by case study participants regarding the impact that health services will have on the care of women, children and adolescents during the COVID-19 pandemic in the country.

- Non-compliance with the right to quality health, all services have focused on COVID-19 and external consultations were closed at the beginning of the pandemic. Currently, only essential services oriented to children such as immunization, growing and development, prenatal care, delivery and newborn care are functioning.

- The government has a plan for the prevention, containment and response of cases of covid-19. Guidelines have been developed for hospitals and care at community-level.

- There is a risk in the continuity of care of essential services for children for fear from families in getting infected and also by health personnel for not having enough personal protective equipment (PPE).

- Fear of many unplanned pregnancies, because women are not having access to Family Planning methods, either because the services are closed or because there is no transportation due to restrictions.

- Increased malnutrition in children and pregnant women, due to the disruption of feeding programs in the communities.

- More orphan children in the streets, due to parents dying from the virus.

- Increased violence.

- Disinformation or lack of sharing information through the media – in some cases, using the current COVID-19 situation to hide other important information.

Table 1: Dimensions and problems

DIMENSION	IDENTIFIED PROBLEMS
Availability	- Insufficient service infrastructure - Shortage of inputs - Insufficient human resources and/or without adequate skills - Lack of information
Accessibility	- Out-of-pocket expenses - Geographic location - Different language issues between provider and user - Acts of discrimination by the service provider - Waiting times
Acceptability	- Cultural incompatibilities between providers and users - Acts of discrimination against providers - Distrust of public services - Lack of empowerment of women users - Religious influences - Gender inequities and 'machismo' - Social norms - Fear or shame
Use	- Lack of user awareness of their health condition - Lack of user awareness of treatment - Negative experiences between provider and user
Effective coverage	- Bad provider practices - Problems with networking (intersectoral references)

Table 2. Legal framework: institutions and mechanisms established to support accountability (obtained from the interviews with the selected key actors)

STRUCTURE Legal framework and infrastructure for accountability	PARTICIPATION Commitment of right holders through which they can significantly inform socio-political decisions and hold duty holders accountable	PROCESS/ MECHANISM Processes established to perform accountability functions (cyclical)

Institutions:
 	
• Human Rights Attorney's Office: the transparency unit, health advocate
• Comptroller General of Accounts
• Public Ministry
• Public Prosecutor's Office
• Attorney General's Office
• Ministry of Public Health and Social Assistance
• Ministry of Education
• The Municipalities
• National Congress of the Republic:
 	
  a) Commission of the Child and the Family of the National Congress of the Republic
  b) National Commission on Children and Adolescents
  c) Commission of Indigenous Peoples of the National Congress of the Republic
  d) Women's Health Commission
  e) Dialogue table on cultural relevance of the National Congress of the Republic
 	
• International organizations: UN, IOM, The Inter-American Court of Human Rights
• Sexual and Reproductive Health Observatory
	Rights:
	
	• There is a legal framework, but it must be required to become obligatory.
	
	• The health code states that state/local managers should encourage citizen participation but do not do so due to lack of regulations.
	• Parallel departmental for the training of advocates and specialists on the current legal framework.
		Monitoring:
		
		• Collect stories, observe, ask providers and ask users, interview them, ask about how they are being treated.
		• Develop qualitative and quantitative monitoring tools, according to the standards, for service providers, warehouses, users, official lists of medicines, staffing, infrastructure, and good storage practices.
		• Request statistics reports, situational rooms and compare them to their community data.
		• Health advocates actively monitor their communities, receiving information and complaints, and attending meetings on an ongoing basis.
		• Epidemiological research work, such as violence.
		• Development of baselines.
		• Monitoring user satisfaction.

STRUCTURE	PARTICIPATION	PROCESS/ MECHANISM
Legal framework and infrastructure for accountability	Commitment of right holders through which they can significantly inform socio-political decisions and hold duty holders accountable	Processes established to perform accountability functions (cyclical)
Laws: • The Political Constitution of the Republic • Social Development Act • Municipal Service Act • Code of Childhood and Adolescence • Access to Public Information Act • Healthy Maternity Act • The Peace Accords • The Code of Children and Youth • The Health Code • The MSPAS Organic Rules 115–99 • The Law on The Dignification and Promotion of Women • National Languages Act • Alcoholic Beverage Distribution Taxes Act • Family Planning Services Access Act • Law against femicide and other forms of violence against women • Food and nutrition safety law • Comprehensive Protection for Children and Adolescents Act • Municipal Code • Midwives Policy • Early Childhood Policy • The Comprehensive Child Development Policy • The Comprehensive Public Policy of Children and Adolescents • ILO Convention 169 on Indigenous and Tribal Peoples in Independent Countries	**Education:** • Formation of Volunteer Health Advocates by CEGSS. • Gain knowledge through participation. • Information and technology training. • Empowering women to immediately initiate fair claims in cases of ill-treatment, discrimination, violence, abuse, etc. • Diplomas to health workers on cultural relevance. • Training workshops with women, adolescents, communities and health authorities.	**Review:** • Document with photos and videos, collect testimonies, analyze and decide whether to refer cases to *Attorney for Human Rights (PDH or Procurador de los Derechos Humanos)* or MP (Public Ministry of Guatemala—*Ministerio Publico)* • Socialize through dialogue with the public institutions. • Include media such as local radio and cable. • Systematize information, report and create presentations. Schedule meetings with heads of the health services and with mayors to present the results and the weaknesses encountered to ensure compromises. **By joining with other civil society organizations and integrating with entities such as OSAR, they have succeeded in:** • Presenting results as directors of health areas and to the governor and deputies of the Congress of the Republic. • The unification of all the results and the presentation of it to Ministers of Health, Education and Social Development, as well as SESAN (Secretariat of Food Security and Nutrition of the Presidency of the Republic) and PDH. • Participation in the analysis of maternal and neonatal deaths.

STRUCTURE Legal framework and infrastructure for accountability	PARTICIPATION Commitment of right holders through which they can significantly inform socio-political decisions and hold duty holders accountable	PROCESS/ MECHANISM Processes established to perform accountability functions (cyclical)
• Criminal and criminal code		
The current government's crusade for nutrition The Early Childhood Technical Bureau	**Access:** • Integration of various organizations for training and knowledge exchange of results. Note: there are several institutions that have open access platforms to information, however, they do not offer certain information when it has been requested.	**Reform and action:** • Dialogues with the public institutions, but that depends on the person in charge of the services as it's currently not considered a standard. • Proposals to improve community participation so that they (CSOs) can follow up.
Electronic media such as *Plaza Pública and Nomad*, *El Peladero del Periódico*, *Prensa Libre* and others that have spaces for citizen reporting	**VOICE: there are spaces for it but,** There are spaces in the Development Councils and SINASAN but political issues have been leaked. • There are no spaces that collect the voice of users or agencies that have complaints with a defined internal mechanism. • There is no route to address the complaint. • Health care personnel use anonymous reporting to avoid retaliation.	

STRUCTURE	PARTICIPATION	PROCESS/ MECHANISM
Legal framework and infrastructure for accountability	Commitment of right holders through which they can significantly inform socio-political decisions and hold duty holders accountable	Processes established to perform accountability functions (cyclical)
	Power and inequality: • Health servers, because of the system's free, put pressure on the user	

Table 3. Findings of barriers to accountability in interviews with key actors

BARRIERS FOR PEOPLE TO KNOW AND CLAIM THEIR RIGHTS:		
STRUCTURE Legal framework and infrastructure for accountability	**PARTICIPATION** Commitment of right holders through which they can significantly inform socio-political decisions and hold duty holders accountable	**PROCESS/ MECHANISM** Processes established to perform accountability functions (cyclical)
• Officials are unaware of the issue of human rights. The Government response should be oriented to established provisions, standards or processes to improve the provision of services and their monitoring and evaluation. • All laws and policies go unfunded, so they cannot be implemented. • Complaints do not progress; sometimes only international trials are achieved in the Inter-American Court of Human Rights, but must first exhaust all proceedings in Guatemala. • There is low budget, low execution and a lot of corruption. • The laws are well drafted but are not enforced.	• There is a lack of training of law enforcement officials and sanctions – for example, the law of access to communication. There are several laws that are not disseminated to the target population. For example, the legal framework for the prevention of violence is only made known to men. • Citizens also ignore their rights, the rights of indigenous peoples, and don't denounce or demand them. • There is a lack of training in the culture of information and technology for citizens. • Fear of reprisals. • Lack of public credibility in resource management and distribution. • Lack of funding for training and participation. • Language barrier. • Racism and discrimination. • Little use of local spaces such as CODEES and COCODES. • Disinterested authorities. • Men's low sensitivity to health issues. • Lack of geographic access prevents participation. • Lack of organization at the local level. • There is no strategy that includes those that are left behind. • The general low level of education in communities, due to lack of access to education, and unaware of tools and routes for reporting. • Machismo: women don't have a voice, they can't decide on pregnancies, childbirth or when to go to a hospital. The communicators interviewed said: • They are not allowed access to talk freely with staff or patients. • Difficult to access information from the Ministry of Health, so they have to partner with civil society organizations to gain access to information.	• There are no rigid mechanisms for sanctioning or follow-up to CSO proposals, therefore changes are not achieved. • There is no independent review or regulations to support accountability processes. • The changes and commitments they make depend on the decision-makers' sensitivity that they have on certain topics. • Although they request information through established channels, they are not given to them, or they give them information that is not the one they requested. • Lack of funding for monitoring, analysis and dialogues with authorities to present results and proposals. • There are no established provisions or processes to improve service delivery and monitoring and evaluation. • Sometimes the relationship with health services deteriorates when citizen monitoring data are presented.