

Guatemala

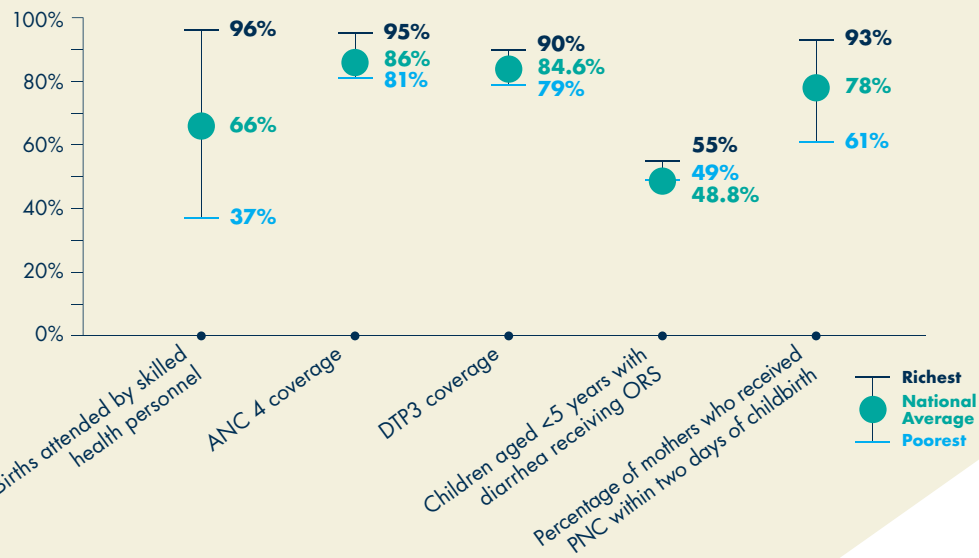
RMNCAH-N Data

CORE IMPACT INDICATORS

Maternal mortality ratio 140 per 100,000 live births	Under-five mortality ratio 35 per 1,000 live births	Percent of births <24 months after the preceding birth 18.8%	Moderate to severe wasting among children under 5 years of age 1%
Neonatal mortality ratio 17 per 1,000 live births	Adolescent birth rate 92 per 1,000 women	Stunting among children under 5 years of age 47%	

COVERAGE INDICATORS***

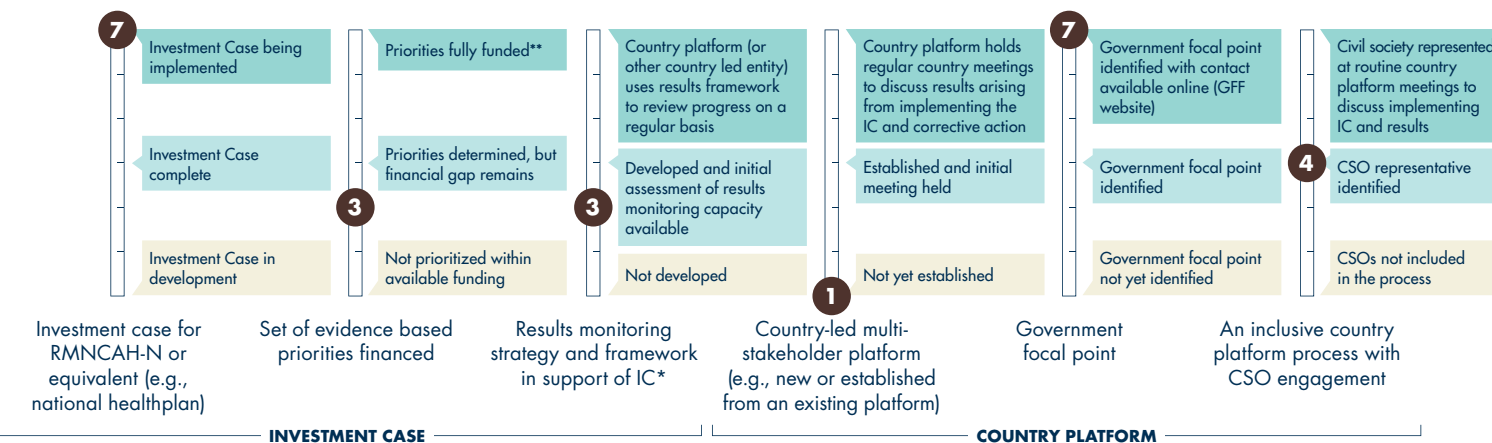
People living with HIV receiving ART 36%	Coverage of pregnant women who receive ARV for PMTCT 19%	Children aged <5 years with pneumonia symptoms taken to a healthcare provider 52%	Modern contraceptive prevalence rate 32.2%
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Investment Case Priorities

- Improve access to primary health care and nutrition services, prioritizing the reduction of chronic malnutrition:
 - prioritize an integrated package of interventions in fewer areas and with fewer implementing agencies
 - improve monitoring and supervision.
- Improve water and sanitation services to ensure proper supply of quality drinking water and waste disposal.
- Strengthen financial flows to support the flow of funds to implement the National Strategy to Prevent Chronic Malnutrition:
 - Support the Conditional Cash Transfer Program to increase both financial protection and demand for critical health and nutrition services
 - Implement financing for results and target communities with greater needs.
- Improve governance and multisectoral coordination:
 - ensure strong government commitment
 - promote strong advocacy and communication for behavioral change
 - strengthen local involvement in reducing chronic malnutrition
 - support multi-sectoral efforts targeting the determinants/risk factors of malnutrition.

Monitoring the Country-led Process



*Both included in the IC document or a separate document **Meaning that funding was allocated, disbursed and released – payment done ***ANC4 = four antenatal care visits; ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.

Health Financing Indicators

CORE HEALTH FINANCING IMPACT INDICATORS

Health expenditure per capita financed from domestic sources 71.88	Ratio of government health expenditure to total government expenditures 14.93%	Percent of current health expenditures on primary/outpatient health care Not available	Incidence of catastrophic and impoverishing health expenditures 1.4% catastrophic 0.3% impoverishing
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OUTPUT INDICATORS

Share of health in total government budget Not available	Identified options for strengthening domestic resource mobilization Yes	Taken actions to support domestic resource mobilization No	Share of external funding for health that is pooled or on budget 30.4%
Monitoring of catastrophic and impoverishing health expenditure with data less than three years old No	Implemented strategies to reduce key drivers of inefficiency No	Implemented reforms to address identified drivers of financial protection (especially related to RMNCAH-N) No	
Country has: implemented or updated a resource mapping exercise No	Identified drivers of limited financial protection (especially in relation to RMNCAH-N services) No		

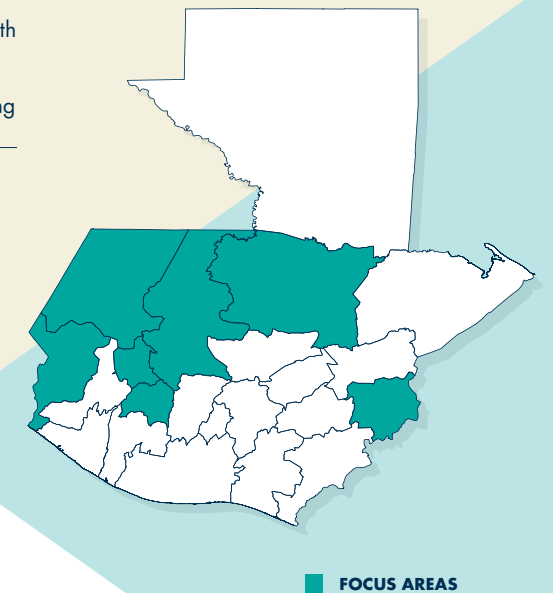
EFFICIENCY

DTP3 dropout rate 13.23%	ANC dropout rate 6%
Health budget execution rate 90% wages 85% non-wage	

World Bank-funded Project (IDA/IBRD/GFF)

COUNTRY	Guatemala
BOARD DATE	3/24/17
GFF APPROVED AMOUNT	\$9M
IBRD AMOUNT	\$100M

Geographic Focus Areas



Resource Mapping

It is important to recognize that Guatemala is different from other GFF countries, with only 2 percent of total health expenditure coming from external financing. Additionally, several development partners are further reducing their investments in Guatemala, as it is now a lower-middle-income country. Thus, GFF's comparative advantage, to help coordinate efforts and reduce duplication of activities, while still useful, is expected to have less focus on external partners and improving donor coordination, and more focus on internal coordination. In consultation with the Government of Guatemala, the GFF will focus more on: (1) contributing to improved intra-ministerial coordination in the context of Guatemala's investment case, which is the National Nutrition Strategy to Prevent Chronic Malnutrition (NSPCM), and coordination within the health sector; and (2) convening government and local partners to strengthen integrated service delivery networks.

