**Investment Case Priorities**

1. Improve access to primary health care and nutrition services, prioritizing the reduction of chronic malnutrition:
   - Prioritize an integrated package of interventions in frontier areas and with fewer implementing agencies.
   - Improve monitoring and supervision.
2. Improve water and sanitation services to ensure proper supply of quality drinking water and waste disposal.
3. 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.
4. Improve governance and multisectoral collaboration:
   - 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.

**RMNCAH-N Data**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality ratio</td>
<td>140 per 100,000 live births</td>
</tr>
<tr>
<td>Under-five mortality ratio</td>
<td>35 per 1,000 live births</td>
</tr>
<tr>
<td>Adolecent birth rate</td>
<td>92 per 1,000 women</td>
</tr>
<tr>
<td>neonatal mortality ratio</td>
<td>17 per 1,000 live births</td>
</tr>
<tr>
<td>Percent of births &lt;24 months after the preceding birth</td>
<td>18.8%</td>
</tr>
<tr>
<td>Stunting among children under 5 years of age</td>
<td>47%</td>
</tr>
<tr>
<td>Moderate to severe wasting among children under 5 years of age</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Coverage Indicators**

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

**World Bank-funded Project (IDA/IBRD/OFF)**

- **Board Date**: 3/24/17
- **GFF Approved Amount**: $9M
- **IBRD Amount**: $100M

**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 (NSPCom), and coordination within the health sector; and (2) convening government and local partners to strengthen integrated service delivery networks.