

TECHNICAL COOPERATION ABSTRACT

I. BASIC PROJECT DATA

▪ Country/Region:	Guatemala
▪ TC Name:	Increasing access, use, and sustainability of community health and nutrition services in rural Guatemala
▪ TC Number:	GU-T1245
▪ Team Leader/Members:	Ana Pérez Expósito (SCL/SPH), Team Leader; Sheyla Silveira (SCL/SPH)
▪ Taxonomy:	Client support
▪ If Operational Support TC, give number and name of Operation Supported by the TC:	N/A
▪ Reference to Request:	In process
▪ Date of TC Abstract:	June 30, 2015
▪ Beneficiary:	Republic of Guatemala
▪ Executing Agency:	Cáritas Arquidiocesana de Guatemala
▪ IDB Funding Requested:	US\$870,000
▪ Local counterpart funding:	US\$95,000
▪ Disbursement period:	3 years
▪ Required start date:	January, 2016
▪ Types of consultants:	Consulting firms and individual consultants
▪ Prepared by Unit:	Social Protection and Health Division (SCL/SPH)
▪ Unit of Disbursement Responsibility:	Country Office in Guatemala
▪ Included in Country Strategy:	No
▪ TC included in CPD:	No
▪ GCI-9 Sector Priority:	Social Policy for Equity and Productivity

II. OBJECTIVES AND JUSTIFICATION

- 2.1 The objective of this TC is to improve access, use, and sustainability of community health and nutrition services in rural Guatemala.
- 2.2 Health and Nutrition situation. Despite the progress in health indicators in the country, Guatemala still has great challenges. Maternal mortality is still among the highest in the LAC region (120 per 100,000 live births). Additionally, Guatemala has the highest undernutrition rate of the Latin American region with 48% prevalence of chronic malnutrition in children less than five years old. This rate is higher in the highlands, reaching up to 70% in the poorest and indigenous populations.¹
- 2.3 Access to health services. Access to health services in the country has been decreasing in the last year due to the elimination of the Expansion of Coverage Program (PEC). The PEC used to provide health coverage for the poorest and isolated areas. Although the Ministry of Health has recently started the implementation of an alternate model for provision of health services, its progress

¹ Martorell R. 2012. *Intervenciones y opciones de política para combatir la desnutrición en Guatemala. Banco Interamericano de Desarrollo (BID)*.

is very slow, leaving up to 50% of the population without access to essential health and nutrition services. Therefore, the provision of health services for the poorest communities is critical.

- 2.4 **Involving the community.** Providing health and nutrition services is one of the most successful strategies that countries can implement to prevent mortality and malnutrition. Working at a community level is part of the new model of the Guatemalan Ministry of Health; however, budget and management limitations affect its implementation and therefore its success. This project proposes the strengthening of the regular provision of health services by supporting the provision of health and nutrition services at a community level.
- 2.5 **Target beneficiaries.** The proposed areas to implement this project are rural municipalities from the Quiche and Alta Verapaz Departments, the two poorest Departments in the country with more than 80% living in poverty and where health and nutrition indicators are worse than the national average. For example in Quiche, maternal mortality is 196 per 100,000 live births, 76 deaths higher than the average and chronic malnutrition is 72% (among the three highest in the country). Additionally, Quiche is one of the areas selected by the Japan International Cooperation Agency (JICA) for interventions in health and nutrition during 2016. The Bank is already coordinating with JICA in this Department and therefore this project could potentially complement its actions.
- 2.6 **Linkage to Bank's strategy.** This operation fits within the priorities of the Bank's lending program established in the Report on the Ninth General Increase in the Resources of the Inter-American Development Bank (AB-2764). By targeting the interventions in areas with a high prevalence of poverty and malnutrition, the project will contribute to the priority of reducing poverty and increasing equity. The operation is consistent with the Health and Nutrition Sector Framework Document (GN-2735-3) and supports the Guatemala Country Strategy (2012-2016) (GN-2689), specifically in the reduction of malnutrition in children under 5 in rural areas.

III. DESCRIPTION OF ACTIVITIES AND OUTPUTS

- 3.1 The technical cooperation will be composed by three components:
- 3.2 **Component 1. Provision of health and nutrition services at a community level.** This component will support the implementation of a network of community health workers that will perform prevention activities in maternal and child health, including nutrition. Specifically: (i) development of a community model for provision of health and nutrition services; (ii) health workers stipends, training and provision of services; (iii) material for individual counseling and health promotion; and (iv) community meetings and events for social participation.
- 3.3 **Component 2. Encouragement of health workers to improve performance.** This component will fund the implementation of an incentives scheme to improve health worker's motivation and quality of service through the following activities: (i) design of incentives scheme for community health workers; (ii) incentives (in specie).

- 3.4 **Component 3. Supervision, monitoring and evaluation.** The successful implementation of the project will require close supervision and monitoring as well as evaluation to assess its impact and disseminate lessons learned and best practices. This component will support: (i) development and implementation of supervision and monitoring tools; (ii) training for supervisors; and (iii) evaluation.
- 3.5 The project will also support operating expenses and administrative costs required for project implementation and management.

IV. BUDGET

- 4.1 The following table presents the proposed budget.

Indicative Budget

Component/Activity	IDB/Fund US\$	Local US\$	Total
Component 1. Provision of health and nutrition services at a community level	578,000		578,000
Development of a community model for provision of health and nutrition services	50,000		50,000
Health workers training and provision of services	468,000		468,000
Material for individual counseling and health promotion	30,000		30,000
Community meetings and events	30,000		30,000
Component 2. Encouragement of health workers to improve performance.	40,000		40,000
Design of incentives scheme for community health workers	20,000		20,000
Incentives	20,000		20,000
Component 3. Supervision, monitoring and evaluation	152,000		152,000
Development and implementation of supervision and monitoring tools	5,000		5,000
Supervisors training	10,000		10,000
Data collection for monitoring an evaluation	137,000		137,000
Other costs	100,000	95,000	195,000
Operating expenses and administrative costs required for project implementation, such as transportation, staff hiring, and communications	100,000	95,000	195,000
TOTAL	\$870,000	95,000	965,000

V. EXECUTING AGENCY AND EXECUTION STRUCTURE

- 5.1 This project will be executed by Cáritas Arquidiocesana de Guatemala, a Non-governmental Organization (NGO) with experience of more than 35 years in implementing community development programs in Guatemala such as the Program Food for the Poor and other projects executing funds from the European Union. For this project, Cáritas will coordinate its activities with the regular provision of health services of the Ministry of Health.

VI. PROJECT RISKS AND ISSUES

- 6.1 One potential risk for the successful implementation of this project is the possibility of limited collaboration between the project's executing agency and the health services, responsible for delivering regular services and incorporating the

proposed strategy. To mitigate this risk, the Bank will facilitate and promote collaboration at national and local levels.

VII. ENVIRONMENTAL AND SOCIAL CLASSIFICATION

- 7.1 No negative environmental impacts are associated with the project and, because of its characteristics, it is expected to have positive social effects.