

Data Sheet

USAID Mission:	Guatemala
Program Title:	Investing in People
Pillar:	Global Health
Strategic Objective:	520-023
Proposed FY 2004 Obligation:	\$10,000,000 CSH; \$2,900,000 DA; \$9,030,000 PL 480
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$10,471,000 CSH; \$3,000,000 DA; \$9,030,000 PL 480
Year of Initial Obligation:	FY 2004
Year of Final Obligation:	FY 2008

Summary: Despite significant progress over the past decade in the extension of primary health and education service programs for rural areas, Guatemala's health and education statistics lag far behind nearly every country in the Latin America and Caribbean region. Under the new regional Central America and Mexico strategy, assistance to Guatemala from USAID will support Government of Guatemala efforts to ensure healthier, better-educated people and improve social sector investments and transparency. Working through the Ministry of Health (MOH) and NGOs that provide health services, the program will support quality maternal child health and nutrition services, prevent HIV/AIDS, and improve health and nutrition practices. Policy dialogue in health and education will focus on increased public investments in these sectors, improved accountability and transparency, effective decentralization of services, and increased quality, efficiency and equity of government programs. USAID's education assistance will focus on improving primary school completion rates through promoting policies and actions that increase the quality of education, reduce inefficiency (drop-out and repetition, especially in the early grades), and increase children's readiness for school. USAID will encourage private sector partnerships to advance these objectives, capitalizing on a sharp increase in corporate social responsibility programs. Assistance from USAID will contribute to bridge the enormous health and education gaps between rural indigenous highland populations and the rest of the country.

Inputs, Outputs, Activities:

FY 2004 Program:

Social sector investment (\$5,527,000 CSH; \$3,400,000 DA). USAID will pursue increased public investment in education and health, more equitable resource allocation, and more cost-effective and efficient use of public and private sector funds to achieve broadly shared health and education goals. Technical assistance will improve the capacity of stakeholders (e.g., business groups, civil society groups, and government) to mobilize resources and ensure technically sound social investments. The technical and financial assistance to the Ministry of Education (MOE) will develop policy reforms focused on increased accountability and improved quality of basic education. Funding will target policy-based reforms for improving classroom performance in the early grades, especially first grade, the key to primary school completion, and will include curricular reforms, the development of standards and assessments, and administrator and teacher training. USAID funding also will support public-private partnerships to help finance and improve basic education and health care. Principal implementers will include the Ministries of Health (MOH) and MOE, the Guatemalan Family Welfare Association (APROFAM), the Academy for Educational Development, and others to be determined.

Child and reproductive health care (\$3,973,000 CSH; P.L. 480). Funding will support training, printing and distribution of health and nutrition education materials, equipment and supplies, grants to extend health care coverage to new rural areas, and technical assistance for public and NGO health care providers to implement an integrated maternal child health and nutrition care program. The program focus will be to increase access to health and nutrition services in rural highland communities that currently lack coverage. The program's first priority will be to get the MOH to assume financial responsibility for the health care coverage of 317,000 people served by USAID-financed local NGOs.

USAID will build on prior investments in NGO health networks to improve administrative and technical capacities. P.L. 480 Title II assistance will help food insecure families maintain adequate nutrition, while monetization proceeds will be used for maternal/child health activities. Efforts will focus on growth monitoring of children less than 24 months of age, and on educating mothers regarding health practices and complementary feeding to reduce child malnutrition. USAID will provide training and technical assistance for family planning services in all 1,295 MOH facilities, as well as in 32 clinics and with 3,350 rural promoters of APROFAM and small rural NGOs working under the MOH's primary health care program. USAID will continue to help the MOH implement the Population and Social Development Law, which guarantees access to reproductive health information and care. Principal implementers will include the MOH, APROFAM, and others to be determined.

Prevention of HIV/AIDS (\$500,000 CSH). Assistance will be provided to MOH clinics for training and equipment for treating sexually transmitted infections in groups with high HIV prevalence. USAID will also assist NGOs working with high HIV prevalence groups to offer voluntary HIV counseling and testing services (including kits) and behavior change communication. Principal implementers will include Family Health International and the MOH.

FY 2005 Program:

Social sector investment (\$3,742,000 CSH; \$3,000,000 DA). Technical assistance, training and support to the MOH, the MOE, and civil society organizations would focus on the same activities described above. Resource mobilization policy activities would be directed toward increasing public expenditures for health and education, improving the efficiency in resource use, and promoting decentralization. USAID would also strengthen local mechanisms to manage public-private alliance resources to increase basic health, nutrition, and education services for rural areas. Support to APROFAM and NGO networks would underscore institutional and technical sustainability through improved service delivery, alliances, and innovative financing. Principal implementers would include the MOH, the MOE, APROFAM, NGO networks, alliance partners, and others to be determined.

Child and reproductive health care (\$6,229,000 CSH; P.L. 480). USAID funding will support the continuation of activities described for FY 2004. The program would provide technical assistance, training, and financial support to increase access to maternal and child health and nutrition services in rural highland areas lacking coverage. USAID would continue to support social marketing of micronutrients, ORT, and educational campaigns on improved nutritional practices. P.L. 480 Title II food aid would be integrated with community growth monitoring and health care to reduce child malnutrition. USAID would continue to support training and technical assistance for family planning services and work on contraceptive security in the public sector as well as in APROFAM and NGO clinics.

Prevention of HIV/AIDS (\$500,000 CSH). USAID-funded prevention activities among high prevalence groups would focus on selected geographical areas. Integrated actions at the health facility level (testing, counseling and STI treatment) and NGO outreach activities would be brought closer to target populations. Principal implementers will be the MOH and others to be determined.

Performance and Results: By program completion, the Government of Guatemala's greater commitment to social sector investment will be reflected in increased public expenditures to ensure more effective and efficient health and education services. Rural access to quality health services will be expanded in now underserved areas. Specifically, the program anticipates a 50% increase in public health and education expenditures; student failure in first grade will be reduced by 20%, and primary completion will increase by 20% nationally. Improved allocation of the education budget and reduced inefficiencies in public education investment will free up resources to increase coverage and educational quality; approximately 14,000 infant lives will be saved; the infant mortality rate will be reduced to 29 per 1,000 live births; the total fertility rate will be reduced from 4.4 to four children per woman; an additional 135,000 women will be practicing family planning; and one million people who currently do not have access to health services will be covered by an expanded public-NGO partnership program.

US Financing in Thousands of Dollars

Guatemala

520-023 Investing in People	CSH	DA	PL 480
Through September 30, 2002			
Obligations	0	0	0
Expenditures	0	0	0
Unliquidated	0	0	0
Fiscal Year 2003			
Obligations	0	0	0
Expenditures	0	0	0
Through September 30, 2003			
Obligations	0	0	0
Expenditures	0	0	0
Unliquidated	0	0	0
Prior Year Unobligated Funds			
Obligations	0	0	0
Planned Fiscal Year 2004 NOA			
Obligations	11,400	3,400	5,500
Total Planned Fiscal Year 2004			
Obligations	11,400	3,400	5,500
Proposed Fiscal Year 2005 NOA			
Obligations	9,723	2,737	7,631
Future Obligations	34,029	9,100	31,940
Est. Total Cost	55,152	15,237	45,071