

## TC ABSTRACT

### I. Basic Project Data

▪ Country/Region:	GUATEMALA/CID - Isthmus & DR
▪ TC Name:	Operational Support for the Execution of the PRORISS (GU-L1163)
▪ TC Number:	GU-T1318
▪ Team Leader/Members:	ASTORGA, IGNACIO JOSE (SCL/SPH) Team Leader; DELFS ILIEVA, ISABEL (SCL/SPH); LANDAZURI-LEVEY, MARIA C. (LEG/SGO)
▪ Taxonomy:	Operational Support
▪ Number and name of operation supported by the TC:	Program to Strengthen the Institutional Healthcare Service Network (PRORISS) - GU-L1163  Support for the Preparation of Pre-investment Studies Related with GU-L1163 Loan - GU-T1287
▪ Date of TC Abstract:	28 Mar 2021
▪ Beneficiary:	Ministry of Public Health and Social Assistance
▪ Executing Agency:	INTER-AMERICAN DEVELOPMENT BANK
▪ IDB funding requested:	US\$300,000.00
▪ Local counterpart funding:	US\$0.00
▪ Disbursement period:	24 months
▪ Types of consultants:	Individuals; Firms
▪ Prepared by Unit:	SCL/SPH - Social Protection & Health
▪ Unit of Disbursement Responsibility:	CID/CGU - Country Office Guatemala
▪ TC included in Country Strategy (y/n):	No
▪ TC included in CPD (y/n):	Yes
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Social inclusion and equality; Environmental sustainability; Gender equality; Diversity

### II. Objective and Justification

- 2.1 This Technical Cooperation (TC) objective is to support the execution of the Program to Strengthen the Institutional Healthcare Service Network through the improvement of: (i) the governance; (ii) technical support for health network, infrastructure, land legalization and medical equipment; (iii) cultural pertinence; and (iv) information and communication technologies.
- 2.2 The "Program to Strengthen the Institutional Healthcare Service Network (PRORISS) - 4791/OC-GU" began its execution in December 2020. The Executing Agency (EA) is a new organization in the Ministry of Health (MOH) and are facing multiple challenges in term of its role and the coordination with the existing organization. In the technical area they need specialized support for the implementation of the different network models included in the loan and for some specialized prefeasibility studies related with infrastructure and medical equipment. The 4791/OC-GU will be implemented in indigenous areas and the intercultural approach is not completely deployed in MOH technical and budget instruments, additionally there is a need for training for health care teams additionally the MOH lack of the budget flexibility to support some expenses related with the social consultations (ex. per diem for indigenous leaders). The Information Technologies in health are in permanent evolution and there is a need

to support the design of an IT national strategy in health. The TC is aligned with UIS challenge of Social Inclusion and Equality, through the improvement of the access and quality of the health services for the most vulnerable population and with the EBP 2017-2020 (GN-2899) through the design of integrated health service networks to improve the access of the population to the services.

### III. Description of Activities and Outputs

- 3.1 **Component I: Governance improvement.** Institutional capacity assessment, using IDB PACI instrument to identify the bottlenecks and propose improvement interventions; Implement a change management strategy to improve the coordination between the EA and the MOH; improve the use of digital medias for daily work and training.
- 3.2 **Component II: Technical Support.** Technical assistance and training for network design and implementation; infrastructure and medical equipment projects.
- 3.3 **Component III: Intercultural Health.** Technical assistance to translate the MOG legal framework in operational tools for the different executing units (Hospitals and Health Areas Directions) and the clinical teams. The TC will also support the social consultation for the infrastructure projects.
- 3.4 **Component IV: Information Technologies in health.** Technical assistance to support the participative design of a road map for the IT strategy development and its implementation.

### IV. Budget

Indicative Budget

Activity/Component	IDB/Fund Funding	Counterpart Funding	Total Funding
Governance improvement	US\$29,000.00	US\$0.00	US\$29,000.00
Technical Support	US\$146,000.00	US\$0.00	US\$146,000.00
Intercultural Health	US\$45,000.00	US\$0.00	US\$45,000.00
Information Technologies in health	US\$80,000.00	US\$0.00	US\$80,000.00
<b>Total</b>	<b>US\$300,000.00</b>	<b>US\$0.00</b>	<b>US\$300,000.00</b>

### V. Executing Agency and Execution Structure

- 5.1 The execution agency will be the IDB through the SCL/SPH specialist in Guatemala.
- 5.2 The government asked the Bank to be the EA, given the experience in topics developed in the projects, the contact with broad consultant network and the flexibility to hire international consultants.

### VI. Project Risks and Issues

- 6.1 Given the fact that the EA is a new organization, and the project requires the intervention of all the major MOH divisions, the lack of the required coordination will delay the technical, administrative or financial decisions, with an impact in the execution pace.
- 6.2 Given the fact that the intercultural approach is new for the whole health system and requires an attitudinal change in relation to the indigenous population, there could be a degree of resistance for the implementation of the new model with a potential delay of the implementation of the intercultural units in the healthcare network.

### VII. Environmental and Social Classification

- 7.1 The ESG classification for this operation is "undefined".