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**GUATEMALA**

# Project Brief

## Health and Nutrition

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### Contact Information

Health and Education Office  
Km. 6.5 Final Boulevard Los Próceros  
Santa Catarina Pinula, Guatemala  
Tel: (502) 2422-4000



### Situation Analysis

Despite significant improvements in the health of the general Guatemalan population over the past decades, the health status of poor and indigenous Guatemalans, who comprise close to half of the total population, continues to be among the worst in the Western Hemisphere. Guatemala's high maternal and infant mortality and stunting rates are concentrated primarily among the poor and indigenous in the rural areas of Guatemala's Western Highlands.

The Guatemala's constitution calls for universal, free health care for its citizens. However, the public health sector lacks of funding to comply with this mandate. The Ministry of Health (MOH), along with the Guatemalan Institute for Social Security, is responsible for providing health care. In most rural areas, health care for the underserved, vulnerable populations is offered largely through the public sector. However, limited resources, infrastructure, personnel and inadequate supplies of medicines and materials pose profound challenges within the health care system, especially for the more remote, rural indigenous areas. Additionally, Guatemala's health system focuses on curing diseases rather than preventing them, with the large majority of public health resources dedicated to expensive hospital care. The remaining resources allocated to primary health care are insufficient to address the high burden of stunting and to reduce preventable deaths in Guatemala.

### USAID Response

USAID's health and nutrition efforts are part of the Western Highlands Integrated Program, which focuses on reducing stunting and improving food security through the implementation of three presidential initiatives – Feed the Future, the Global Health Initiative, and the Global Climate Change Initiative.

The Western Highlands Integrated Program seeks to achieve sustainable rural development through parallel focus on agriculture, economic development, health care, education, nutrition, adaptation to the impacts of climate change, local governance, and gender equity. The integrated program works in 30 municipalities and more than 2,500 communities in Guatemala's Western Highlands that suffer from the highest rates of poverty and chronic malnutrition, yet have the potential for economic growth. USAID collaborates with Guatemalan officials and leaders at the community, municipal, departmental, and regional levels to achieve shared goals, especially under Guatemala's national plan to reduce chronic malnutrition, known as the Zero Hunger Pact.

In the health and nutrition sector, USAID expands the adoption of beneficial health and nutrition practices, and improves availability and quality of sustainable, culturally sensitive health care and nutrition services for indigenous populations.

- With USAID technical support the MOH launched the New Primary Health Care Service Delivery Plan; the plan is in its initial implementation phase to restore coverage to approximately 5 million people in mostly rural, indigenous areas that was lost following the abrupt cancellation of the NGO PEC Program in 2014.
- With USAID support the new GOG Administration publicly announced the health reform as one of its top priorities.
- USAID continues to address the barriers to improved nutritional status of women and children by increasing access to micronutrient supplements, treatment of childhood illness, and education on improved nutritional practices and better hygiene, nutrition and health behaviors. USAID uses the “Thousand Day Window” approach which is also a Government of Guatemala priority. This approach focuses interventions on the period of a mother’s pregnancy through the child’s second birthday, to address adequate nutrition among pregnant and lactating women and children under two years of age. USAID interventions also support public-private alliances to address maternal and child nutrition issues, such as improved access to potable water to combat high levels of diarrheal disease.
- USAID works to improve access to and the quality of care for mothers and newborns during pregnancy, childbirth and the post-partum period. With USAID’s support, the MOH will scale up access to skilled birth attendants and practices that reduce maternal and neonatal, infant and child morbidity and mortality.
- In the Western Highlands, USAID’s family planning activities are expanding access to and improving the quality of family planning/reproductive health information, education, counseling and services for underserved population groups including an emphasis on youth. Services include increasing men’s participation, expanding the variety of available contraceptive methods including long-term reversible and permanent family planning methods, and reducing cultural and medical barriers that limit contraceptive use.
- USAID continues to build up and empower organized civil society associations of women and men (at the national and local levels) with technical capacities and tools that allow them to carry out advocacy and social accountability oversight of health, education and nutrition services.
- In 2016, initial work is underway as part of a robust USAID’s response to the Zika epidemic. Areas of technical assistance to the MOH include social and behavior change communication, vector management as well as maternal and child health interventions and service delivery.

## Results and Accomplishments

USAID’s efforts have resulted in:

- **Increased access to basic health services for rural indigenous women and children** – USAID is supporting 31 Health Municipal Districts (DMS) which manage 180 health posts (first level of care) and 29 health facilities of the second level of care.
- **Improved access to maternal and child health and family planning services** – Absolute number of maternal deaths were reduced by almost 20% in the 30 WHIP Municipalities from 2013 to 2015.
- **Implementation of evidence-based nutrition and health interventions** – USAID-supported nutrition programs reached 188,988 children under five in 2015.
- **Increased civil society engagement** –From 2012 to 2015, USAID supported the development of 156 local indigenous men’s advocacy networks for health, nutrition and education with participation from 200 local organizations. There are also more than 300 active women’s local organizations in the Western Highlands region.



## Principal Current Implementing Partners

Project Name	Implementing Partner	Duration
Community Nutrition and Health Care Project (Nutri-Salud)	University Research Co., LLC	June 1, 2012 – May 31, 2017
MEASURE Phase III Demographic and Health Survey (DHS)	ICF Macro International	March 1, 2012 – July 30, 2016
Food and Nutrition Technical Assistance (FANTA) III	FHI 360	January 1, 2012 – February 28, 2017
Support for International Family Planning Organizations (PlanFam)	Population Services International (PSI)	September 1, 2010 – May 31, 2017

Health and Education Policy Project Plus (HEP+)	Palladium (formerly known as Futures Group)	September 1, 2010 – September 30, 2017
USAID Deliver II Project	John Snow, Inc.	September 1, 2010 – September 30, 2016
Inter-Agency Agreement II with CDC	Centers for Disease Control & Prevention (CDC)	January 1, 2008 – September 30, 2018
INCAP Support for the 2013-2014 DHS	Instituto de Nutrición de Centro América y Panamá (INCAP)	November 21, 2014 – July 30, 2016
Maternal and Child Survival Project (MCSP)	JHPIEGO	June 1, 2016 September 30, 2018
Zika Response	HC3, Abt Associates, ASSIST	June 1, 2018