Sector Brief

Health and Nutrition

June 2018

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 Guatemalan constitution calls for universal, free healthcare for its citizens. However, the public health sector lacks 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 the reduction of preventable deaths.

USAID Response

Health and nutrition interventions are part of USAID’s integrated efforts focused on improving economic growth and social development in five departments of the Western Highlands region of the country, where historically underserved and excluded rural populations live.

USAID seeks to reduce malnutrition rates, improve food security, and achieve sustainable growth by focusing on agriculture, economic development, healthcare, education, nutrition, local governance, and gender equity. USAID health 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 Chronic Malnutrition Prevention Strategy (2016-2020).

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. Specific activities include:

- 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.

- USAID is expanding access to and improving the quality of family planning/reproductive health information, education, counseling and services for underserved populations with an emphasis on youth. Activities include increasing men’s participation, expanding the variety of available contraceptive methods including long-term reversible and permanent 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 with technical capacities and tools that allow them to carry out advocacy and social accountability oversight of health, education, and nutrition services.

- Since 2016, USAID has collaborated with a wide range of partners to lead a robust response to the Zika epidemic. Areas of technical assistance to the MOH include social and behavior change communication, vector management, community engagement and care and support to families and children affected by Zika.

**Major Results and Accomplishments**

USAID’s efforts have resulted in:

- **Improved access to maternal and child health and family planning services** – Absolute number of maternal deaths were reduced by almost 20% in the 30 focus 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.

**Current Projects**

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Implementing Partner</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Health and Education Policy Project Plus (HEP+)</td>
<td>Palladium</td>
<td>August 28, 2015 – August 29, 2020</td>
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<tr>
<td>Inter-Agency Agreement II with CDC</td>
<td>Centers for Disease Control &amp; Prevention (CDC)</td>
<td>January 1, 2008 – September 30, 2018</td>
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<tr>
<td>Maternal and Child Survival Project (MCSP)</td>
<td>JHPIEGO and Save the Children</td>
<td>June 1, 2016 – December 31, 2018</td>
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