Guatemala: A Tale of Two Countries
Nine-year-old children in Guatemala are significantly shorter than the World Health Organization's global average height for their age. Chronic malnourishment, which causes stunted growth, is an epidemic in Guatemala. In rural villages, more than 50 percent of the population is stunted. (ABCNews)
A Story of Exclusion and Poverty

Western Highlands
### Indicators – Indigenous vs. Non-Indigenous

<table>
<thead>
<tr>
<th>Indicators</th>
<th>ENSMI Results 2002</th>
<th>ENSMI Results 2008–2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Indigenous</td>
</tr>
<tr>
<td>Modern contraceptive prevalence for women of reproductive age in union</td>
<td>34.4%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Delivery attended by medical personnel</td>
<td>41.4%</td>
<td>19.1%</td>
</tr>
<tr>
<td>Infant mortality rate (deaths per 1,000 live births)</td>
<td>44</td>
<td>49</td>
</tr>
<tr>
<td>Neonatal mortality rate (deaths per 1,000 live births)</td>
<td>23</td>
<td>26</td>
</tr>
<tr>
<td>Prevalence of stunting among children &lt; 5</td>
<td>49.3%</td>
<td>69.5%</td>
</tr>
<tr>
<td>Anemia in children 6–59 months</td>
<td>39.7%</td>
<td>41.9%</td>
</tr>
<tr>
<td>Underweight (weight for age)</td>
<td>22.7%</td>
<td>30.4%</td>
</tr>
</tbody>
</table>
Because we share a common goal...the success of one is the success of all.

Oh my, Pancho!!
What luck that it’s not on our side!!
We need to ensure that in the end we achieve our goals.
What is the Western Highlands Integrated Program (WHIP)?

- A conceptual framework for the collaborative implementation of USG-funded activities in the Western Highlands
- Activities are designed to reduce poverty and chronic malnutrition
- Sustainability can be gained by working closely with municipal and community organizations
- Partners will collaborate closely with GOG officials at the municipal, departmental/regional levels.
- Partners recognize the role that the Guatemalan private sector can play and agree to seek opportunities for investment in development activities
“Comité Central”
(partners)
EG (2)
HEALTH (X)
EDUCATION (1)
PL 480 (2)
[LOCAL GOV]
ENVIRONMENT (1)

“Comité Departamental”
(4-5 comités)
EG
HEALTH
PL 480
[DG]
ENVIRONMENT
EDUCATION
LOCAL GOVERNMENT

US PSC COORDINATOR @ DEPT. LEVEL

WHIP
CORE TECH
(USAID Staff)
EG
HEALTH
ENVIRONMENT
LOCAL GOV
PL 480 (2)
PROGRAM
EDUCATION

AORs + COPs

Expanded Tech
USDA
POL ECON
PEACE CORPS
Important Topics

- Location: Municipalities, communities.
- Common Goals:
  - Health and Nutrition (Thousand Days Approach to MCH)
  - Livelihoods and Income Generation (Rural Value Chain Project, FFP)
- Baselines, Indicators, and Monitoring and Evaluation
- Coordination within USAID
  - Between Offices
  - With the GOG
Key of USAID Projects

<table>
<thead>
<tr>
<th>Project</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>MERCY CORPS - IMARE</td>
<td>1. Playa Grande</td>
</tr>
<tr>
<td>PLANFAM - PASMO</td>
<td>2. Nebaj</td>
</tr>
<tr>
<td>NUTRISALUD - URC</td>
<td>3. Chajul</td>
</tr>
<tr>
<td>OSAR – REDMISAR - REDHOSEN</td>
<td>4. Uspantán</td>
</tr>
<tr>
<td>ALIANZAS - FUNCAFE</td>
<td>5. Chicamán</td>
</tr>
<tr>
<td>AGEXPORT</td>
<td>6. Cotzal</td>
</tr>
<tr>
<td>PAISANO – SAVE THE CHILDREN</td>
<td>7. Cunén</td>
</tr>
<tr>
<td>LEER JUNTOS, APRENDER JUNTOS –</td>
<td>8. Sacapulas</td>
</tr>
<tr>
<td>QUALITY in HEALTH SERVICE</td>
<td>9. San Pedro Jocopilas</td>
</tr>
<tr>
<td>COVERAGE</td>
<td>10. San Bartolomé Joc.</td>
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<tr>
<td></td>
<td>11. San Andrés Sajcabajá</td>
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<td>12. Canillá</td>
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<td>13. Joyabaj</td>
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<td>14. Pachalum</td>
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<td>15. Zacualpa</td>
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<td>16. Chiché</td>
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<td>17. Chinique</td>
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<td>18. Santa Cruz del Quiché</td>
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<td></td>
<td>19. Chichicastenango</td>
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<td></td>
<td>20. Patzité</td>
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<td></td>
<td>21. San Antonio Iлотенango</td>
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</tbody>
</table>
Quiche: Meeting with the Governor and Seven Mayors
Integrated Program Evaluation
Health, Nutrition & Family Planning
(1.4m people)
Health (1.4m people)

RVCP + Health (150,000 people)
Health (1.4m people)

RVCP + Health
(150,000 people)

FFP + Health*
(300,000 people)

* In 18 of 21 FFP Municipalities
Farmers Association

RVC Households

Indirect RVC Households
FTF INDICATORS

- Household Poverty
- Underweight and stunting among children under 5
- Households with moderate/severe hunger
- Maternal and child diet
- Maternal and child anemia
- Exclusive breastfeeding
- Women’s Empowerment in Agriculture Index (WEAI)
GHI INDICATORS

- Contraceptive prevalence
- Skilled birth attendance and antenatal care
- Percent of first births under age 18
- Appropriate care for pneumonia and diarrhea
- Childhood vaccination
PURPOSE AND TIMELINE

1. Monitor key population-level indicators over time

2. Identify what outcomes can be attributed to the WHIP interventions

- 2012: Baseline
- 2013: Follow-up 1
- 2014: Treatment
- 2015: Follow-up 2
- 2016
- 2017

Comparison
QUESTIONNAIRES

- Household
- Community
- Health Service Delivery Points
EVALUATION HYPOTHESES

1. Integration is more effective than a single program

2. RVC has impact beyond direct participants
FURTHER ANALYSIS

• Household decision making
• Women’s empowerment and other health and nutrition outcomes
• Community context and household practices
• Positive deviance