Country Specific Information: Guatemala
United States Agency for International Development
Bureau for Democracy, Conflict and Humanitarian Assistance
Office of Food for Peace

Fiscal Year 2012: Title II Request for Applications
Title II Development Program

Subject to the availability of funds and commodities, under this Request for Applications (RFA), the Office of Food for Peace (FFP) plans to enter into awards for the following countries: Guatemala, Niger and Uganda. Applications are submitted at the risk of the applicant, and all preparation and submission costs are at the applicant's expense.

Background: The Office of Food for Peace (FFP) anticipates that funds and commodities will be available for Title II development programming in Guatemala in fiscal year (FY) 2012. The anticipated FFP funding for this program is approximately $15 million annually for up to six years in support of up to two awards, subject to the availability of funds and commodities. This document supplements the Title II Request for Applications (RFA) with information on the United States Agency for International Development in Guatemala (USAID/Guatemala) and FFP’s food security programming priorities.

Food & Nutrition Security Situation: Guatemala ranks sixth for chronic malnutrition in the world and has the highest rate of stunting in the western hemisphere.\(^1\) \(^2\) Chronic malnutrition is the greatest threat to a child’s survival and potential intellectual and future economic productivity. The 2008-09 Reproductive Health Survey (ENMSI in Spanish) found that 49.8 percent of all Guatemalan children under age five are stunted.\(^3\) Indigenous children suffer disproportionately, their rate of stunting rises to 58 percent.\(^4\) Ethnicity is a key factor associated with food and income insecurity in Guatemala. Malnutrition and income poverty are concentrated among mainly rural, indigenous groups.\(^5\) More than 90 percent of the indigenous

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\(^1\) Kothari, Monica and Noureddine Abderrahim. 2010. *Nutrition Update 2010*. Calverton, Maryland, USA: ICF Macro.
\(^2\) USAID/Guatemala website, July 2011.
\(^5\) A. Marini and Michelle Gragnolti, Malnutrition and Poverty in Guatemala, World Bank Research Policy Paper.
population subsists on income that is below the poverty line. Not only does Guatemala have one of the highest rates of stunting, it also has recently experienced a rapid increase in adult obesity, particularly for those people living in urban areas, in part as a consequence of stunting in childhood. This trend of increasing adult obesity leads to potential future problems of chronic diseases. Women are especially affected by this trend; in addition, 31.2 percent of women have a height of less than 145 centimeters, which is a risk factor for having low birth weight children. Iron deficiency is a major public health issue; 47.7 percent of children six-59 months of age suffer from iron deficiency anemia, and 72 percent of children six-11 months of age are anemic.

While infant mortality has improved, Guatemala continues to have the highest rate of infant mortality in Central America. The two most frequent causes of post-neonatal and child death are acute upper respiratory infections and diarrheal illnesses. These infections and poor infant and young child feeding practices are the key determinants of childhood undernutrition. Initiation of breastfeeding within the first hour after birth and exclusive breastfeeding from zero to six months of age are optimal practices that only around half of Guatemalan mothers follow according to ENSMI. The recommendations of World Health Organization (WHO) for feeding children six-23 months frequently with an energy dense and diverse diet along with continued breastfeeding are also not followed in most cases. Formative research to better understand actual infant and young child feeding practices and the barriers to improving them is sorely needed to inform effective social and behavior change communication strategies.

Maternal malnutrition and mortality are troubling as well. One third of Guatemalan women fall below the critical height of 145 centimeters increasing their risk of childbirth complications. Maternal mortality is 70/100,000 for non-indigenous and 211/100,000 for indigenous women. Obstetric complications are the primary cause of maternal mortality, followed by maternal malnutrition and iron deficiency. Behavior change communication and family planning can help prevent early pregnancy, improve birth spacing, and ultimately help to reduce maternal and child mortality and malnutrition. According to the most recent ENSMI, Guatemala’s contraceptive prevalence rate is the second worst in the region, after Haiti. The unmet need for family planning is 25 percent in rural areas. Furthermore, 62 percent of rural births are spaced less than the recommended three years apart.

Guatemala is ranked as the tenth most vulnerable country in the world for natural disasters and is prone to earthquakes, tropical storms, and landslides. Droughts and floods can easily push marginal households into acute food shortages. Natural disasters and extreme climate events disproportionately affect poorer rural, indigenous populations, with young children and women being the most adversely affected due to poor health and nutrition.

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6 USAID Bureau for Latin American and the Caribbean website, July 2011.
7 A. Marini and Michelle Gragnolti, Malnutrition and Poverty in Guatemala, World Bank Research Policy Paper.
8 Ibid; Pan American Health Organization (PAHO) website.
9 Feed the Future, Guatemala Multi-Year Strategy, April 2011.
In 2005, the Government of Guatemala (GoG) developed the “Law on National Food and Nutritional Security” (Ley del Sistema Nacional de Seguridad Alimentaria y Nutricional). Yet, the country continues to suffer high rates of food and nutrition insecurity. Municipalities often do not have the understanding, capacity, and/or resources to promote the law within their municipalities and communities. The recent global economic crisis has further weakened municipalities in Guatemala due to the central government’s decision to cut municipal budgets. Strengthening municipalities to become effective partners in addressing the food and nutrition security challenge is a critical aspect of USAID’s Feed the Future (FtF) and Global Health Initiative (GHI) strategies.

**Geographic Priority Areas and Programmatic Coordination:** USAID/Guatemala has made a commitment to focus its resources and efforts from all sectors toward the five highest-need departments of the largely indigenous and rural Western Highlands, where poverty and food insecurity are highest. Title II efforts will target the most vulnerable households and communities in the Western Highland departments of Huehuetenango, Quetzaltenango, Quiche, San Marcos, and Totonicapan. USAID/Washington and USAID/Guatemala will work with the United States Department of Agriculture (USDA), FtF, and GHI to coordinate and concentrate all efforts on these highland departments to create greater synergies resulting in a more significant and sustainable impact on poverty and food and nutrition security. Initially, FtF will work in municipalities with a higher proportion of households that have the potential to be partners in the sustainable development process. FtF hopes that other coordinated and simultaneous development efforts, such as Title II programs, will work to strengthen more vulnerable families to enable them to take on the FtF challenge and graduate into the FtF program.

Targeting will require thorough attention in this area of Guatemala as better-off farm households ready to participate in the value chain agriculture activities of FtF live side-by-side with more vulnerable households that will be unable to enter into FtF for some time, if at all. Thus, all agencies, including future Title II Awardees, will work together to reach a detailed, operational-level understanding of how specific activities and programs in health, food assistance, nutrition, governance, and education will relate to one another in specific municipalities and communities. Co-location of programs will result in more significant layering of interventions within and across programs, which USAID/Guatemala and partners believe will yield greater and more sustainable impact in these highly vulnerable areas. To reduce the potential for either gaps or overlaps, USAID/Guatemala (FtF, GHI, Title II programs, and others) and USDA will work together to develop a beneficiary targeting strategy for the priority municipalities in the five departments. As well, current Title II programs noted the tendency to “over-reach,” meaning the

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15 Ibid.
focus has been on targeting large numbers of beneficiaries, whereas working more intensely with fewer beneficiaries might yield more significant and sustainable results. Thus, guidance on quality versus quantity will be considered once work localities are determined and during the review of program solicitations and proposals.

USAID/Guatemala seeks to integrate its Health and Education, Economic Growth and Local Governance programs in a select number of municipalities in order to “cluster” (geographically) and “bundle” (provide health, nutrition, agriculture production and community strengthening interventions) U.S. Government funded programs while avoiding duplication of resources and effort in the same area. The Ministry of Health (MOH) health system strengthening efforts, supported by USAID bilateral health funds at the Health Area Directorate level in the Western Highland departments of Huehuetenango, Quetzaltenango, Quiche, San Marcos, and Totonicapán, will provide complementary support for Title II development program activities in designated municipalities. The list of designated municipalities will be provided to successful applicants. However, all applicants should acknowledge that USAID will provide a list of targeted municipalities within the five departments at a later date and plan for flexibility in establishing their final intervention areas.

Program Length: Subject to the availability of funds and commodities, FFP is considering up to two awards for the upcoming development program in Guatemala. FFP may request six year development programs to better assure synergy with FtF and other programs. Final decisions on proposed time lengths for food assistance programs will be made during the finalization of the award for successful applicants.

USAID/Guatemala and FFP Programming Priorities: The Title II development program’s focus is: to reduce food insecurity among vulnerable rural populations in five departments of the Western Highlands of Guatemala. Mission and FFP priority objectives and recommended activities for Title II development programs are summarized below. In order to ensure complementarity and increase synergies to address malnutrition and food insecurity in an effective manner, Title II awardees are asked to coordinate identification of geographic priority areas with other Title II awardees and other U.S. Government programs in priority areas (i.e., FtF, USDA, GHI).

For the development program priority component I, strengthen small-scale agricultural production to improve food availability and access at the household level, and otherwise contribute to household food and nutrition security, please consider the following:

- Working in close coordination with the FtF value chain program implementers (under Component 2 of the FtF RFA – Expanded value chain participation), provide the technical and other assistance to Title II smallholder clients who have the resource base to be able to respond to new, more profitable opportunities that will enable them to participate successfully in value chains for higher valued products, including those supported by the FtF program.
• Assisting smallholder farmers to enhance agricultural production of household food crops for household consumption through improved farming techniques and natural resource management.

• Assisting smallholder farmers to increase household diet diversity and diet quality through improved homestead and local level food production (e.g., household gardens, community gardens, school or clinic demonstration gardens, and/or municipal gardens, etc.) for household consumption.

• Promoting increased household production of indigenous, micronutrient-dense plants for household consumption to increase dietary diversity; create seed reserves for indigenous plants with high micronutrient value.

• Strengthening the integration of small livestock and poultry production and ownership in smallholder households to increase dietary diversity and the consumption of animal food sources.

• Identifying small-scale farmers with the potential to enter into value chains and strengthen their technical and managerial capacity to enable them to graduate into FtF programs.  

• Supporting alliances among micro-credit institutions to improve access to savings and loan services.

For the development program priority component II, reduce chronic malnutrition among children under five years of age and pregnant and lactating mothers, please see the standard language on prevention of malnutrition in the RFA. Title II programs should coordinate their health and nutrition activities closely with the MOH and USAID’s bilateral health, population, and nutrition projects, for example, through:

• Education and demand creation for family planning as well as linking with mobile clinic services and community based distribution of FP methods to be provided by USAID health partners serving Title II development program communities.

• Promotion of child immunization and linking with MOH immunization services, which will be strengthened by USAID health partner efforts.

• Education in maternal and neonatal health and promotion of attendance by skilled birth attendants; birth preparedness and family emergency plans for childbirth and linking with MOH birthing centers, which will be strengthened by USAID health partner efforts.

While implementing the following:

• Optimal breastfeeding during the first six months of age
• Optimal complementary feeding
• Nutritional care of sick and malnourished children
• Improved nutrition for pregnant and lactating women
• Control of Vitamin A deficiency and other micronutrients
• Integrated control of anemia in pregnant women and children

16 Ibid.
Specific policies and norms of the MOH’s national programs for Extension of Coverage (PEC in Spanish) and Integrated Care for Children and Women in the Community (AINM-C in Spanish) should be followed.

For the development program priority component III, strengthen institutional capacity of local communities and municipalities in early warning and food and nutrition security to prevent and respond to emergency events and to enable them to graduate into Feed the Future programs, please consider the following:

Title II awardees should be well positioned to strengthen community and municipal capacity and linkages especially through the development council structure, which is key to meeting FtF programming goals.

- Supporting community and municipal efforts to design rigorous and locally-appropriate disaster prevention, risk reduction and preparedness plans.
- Strengthening institutional capacity of municipalities to support the national law on food and nutrition security; to plan and coordinate sustainable development efforts, and to graduate into FtF programs in a cost-effective and sustainable manner.
- Working with newly invigorated GoG agricultural extension agents to identify and support smallholder farmers that are capable of moving into value chain activities. Coordinating and collaborating with FtF efforts to strengthen the capacity of new producer associations and existing associations, COCODES (i.e., Consejos Comunitarios de Desarrollo) and their commissions (e.g., communities and local institutions, including farmer and women’s organizations), so that they can participate in and benefit from FtF programs and improved integration into value chains.\(^\text{17}\)
- Assisting and providing technical support to strengthen or in some cases establish under the Development Councils at a community level the Commissions for Food Security and Nutrition (COCOSANES – Comisiones de Seguridad Alimentaria y Nutricional) and the Municipal Commission on Food Security and Nutrition (COMUSAN – Comision Municipal de Seguridad Alimentaria) as well as the Municipal Economic Development, Tourism and Natural Resource Commission (COFETARN - Comision de Fomento Economico, Turismo, Ambiente y Recursos Naturales). Supporting efforts to increase strategic alliances between communities, municipalities and the GoG, INCAP (i.e., Instituto de Nutrición de Centroamérica y Panamá), and other private sector partners to ensure proper distribution of micronutrient supplements.
- Providing technical assistance and support to the Municipal Women’s Office in order for them to serve as a coordination mechanism between organized women’s groups and their needs and demands and the Municipality.

\(^{17}\) Ibid.
**Additional Key Considerations**

**Program Integration:** FFP and USAID/Guatemala need to see strong programmatic integration. An integrated Title II Development Program should ensure that beneficiaries will benefit from multiple program components. Thus, it is important to discuss how agriculture, income generation, maternal and child health and nutrition (MCHN), disaster prevention and risk reduction, and/or municipal strengthening activities will be integrated within communities to improve the opportunity for synergistic effects and greater impact.\(^{18}\)

**Gender, Including Adolescence:** USAID/Guatemala recently completed a gender assessment. Successful applicants will be expected to use the gender assessment to finalize their proposal design. Applicants should demonstrate an understanding of the cultural issues that influence gender relations and how they relate to food security and nutrition. Designs should consider how gender relations manifest at the target level, and include an understanding of key categories such as: division of labor, decision-making, access to and use of resources, and issues of women’s control over resources and how these affect food security and nutrition in particular. The new USAID ADS requirements require all projects to integrate and promote gender equity in their program design. In addition, FFP’s proposal guidelines provide additional guidance on their requirements to integrate and promote gender equity in Title II programs; gender integration is evaluated as a threshold issue in the application review process. Issues of dignity, sexual violence, and gender equity should be addressed in program design. Given the issues of early pregnancy among indigenous youths, and the lack of opportunities for youths in these five departments leading to them to fall prey to gangs and drug traffickers, applicants are encouraged to develop innovative programming initiatives to involve youths in improved food and nutrition security activities, as well as ensure that full and adequate information on family planning options is available and linkages are made to family planning services provided by other USAID partners.\(^{19}\) Title II efforts should emphasize male involvement to promote household food security, improve the quantity and quality of the diet, and ensure equitable intra-household food allocation, working in unison with FtF activities that are designed to teach male farmers about household and family nutrition using farming analogies (e.g., lack of adequate fertilizer results in smaller crops, not properly spacing plants results in smaller plants, etc.)

**Strategic Partnerships:** FY 2012 Title II Development Program proposals are encouraged to include key strategic alliances and partnerships to enhance the impact of their programs. Institutional or private sector partnerships that can enhance the delivery of much needed micronutrient supplements are particularly encouraged. Partnerships, civil society, and/or universities which can support and improve the efficacy of programming regarding women’s equality are strongly encouraged. In the case of Early Warning, a strategic alliance with the MFEWS (i.e., Mesoamerican Food Security Warning System) could be researched. The USAID Mission’s Alianzas Project can be a viable link to private sector resources for health, population, nutrition and education activities.

\(^{18}\) Information obtained from interviews conducted by FANTA-2 consultant (July 2011).
\(^{19}\) Ibid.