

**United States Agency for International Development  
Bureau of Democracy, Conflict and Humanitarian  
Assistance  
Office of Food for Peace  
Fiscal Year 2009 Annual Results Report**

**Food for the Hungry/Guatemala  
FFP-G-00-09-00031-00**

**Submission Date: 11/02/09**



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## **LIST OF ACRONYMS**

FFP	Office of Food for Peace
FH/G	Food for the Hungry/Guatemala
IFRP	International Food Relief Partnership
MOH	Ministry of Health

## 1. Introduction: Annual Food Aid Program Results

The Food for the Hungry/Guatemala FFP/IFRP Program was recently awarded (September 1, 2009) and at the time of this report, no program activities have commenced. However, various administrative and program support tasks were completed during the first two months of the project. Project personnel were hired, including the national commodities coordinator, two regional commodities assistants and two regional health promoters. The commodities monitoring system has also been designed and validated, and staff has been trained in this system, as well as in the proper management of commodities. One half (37.5 metric tons) of the commodities were shipped to Guatemala on September 30, 2009, arriving October 5, 2009; and related government inspections and certifications are currently being processed. Distribution of these commodities to beneficiaries will begin in November 2009. A second shipment of the remaining commodities (37.5 metric tons) is planned for December 2009, thus reducing the storage needs in-country.

Also, as of 30 September 2009 preliminary financial reports, we show total expenditures of \$3,123.90 covered by the first advance of \$57,476.50 received in October 2009 from USAID towards this grant.

Various preparatory activities at the community level have also started. A census of families with children under the age of five in beneficiary communities was completed in order to build a database that will allow for proper control of food ration distribution. Training of project staff in various aspects of the project, including the preparation of the food ration itself, has begun; as have crucial meetings with community leadership to present the project.

The goal of this program is to improve the health and nutrition of 1,560 families with children less than 5 years of age in 32 communities in the municipalities of Nebaj and Cotzal in the Quiché department and the municipalities of San Cristóbal and San Juan Chamelco in the Alta Verapaz department. The total budget for this project is \$288,053, composed of a contribution from FFP/IFRP of \$114,953 and the cost of the commodities themselves at \$173,100.

### Objectives:

- Reduce the rate of chronic (height/age) and global malnutrition (weight/age) among children 0-5 years old
- Enhance maternal nutrition and health
- Improve key health behaviors among mothers and children (exclusive breastfeeding, water purification, hand washing, etc.)

### Key Indicators

- Reduce the rate of chronic malnutrition (height /age) in children 0-5 years old from 76% to 69%
- Reduce the rate of global malnutrition (weight/age) in children 0-5 years old from 46% to 40%
- Increase the rate of exclusive breastfeeding of infants under 6 months from 64% to 70%
- Ensure that at least 50% of child caregivers and food preparers practice appropriate hand washing behaviors
- Ensure that 50% of households are using a promoted water treatment practice

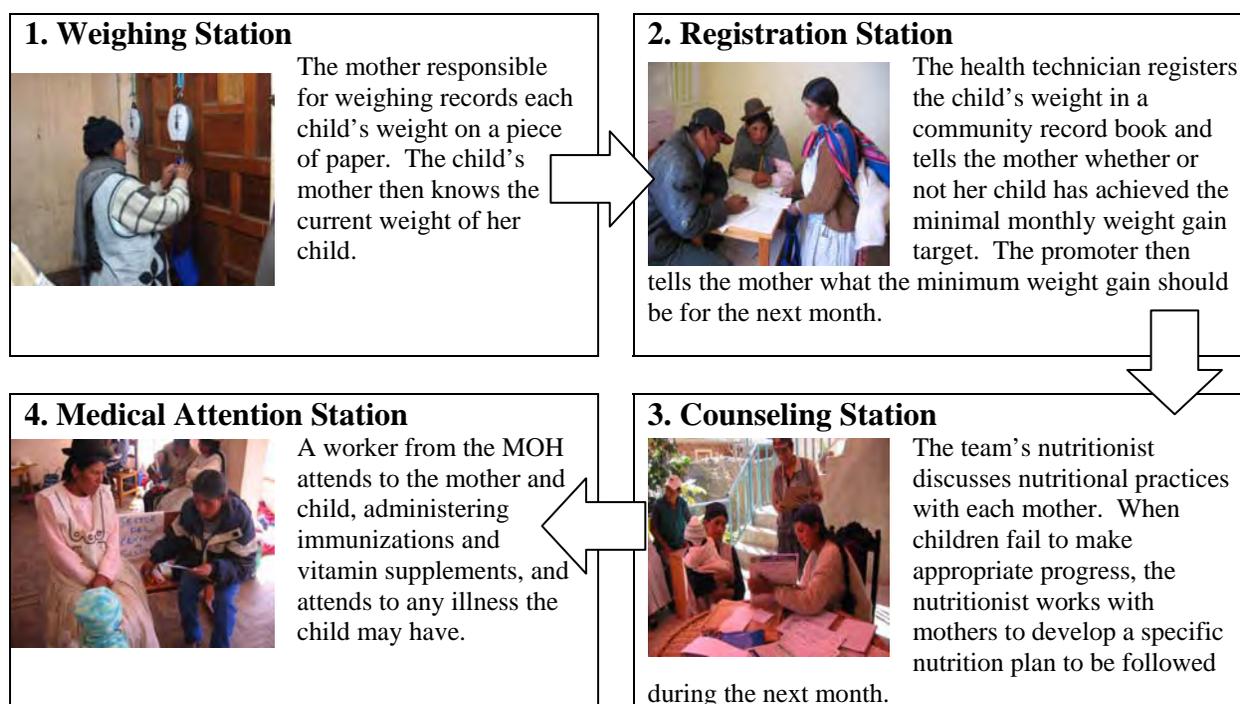
Food for the Hungry/Guatemala (FH/G) collaborates very closely with local, municipal, and national governments to implement the program activities described in detail below. These interventions address specific causes of chronic malnutrition.

### 1.1 Improving Community Health Services and Access to Health

The current Ministry of Health volunteer community health promoters are responsible for far more work than they are able to do alone, resulting in promoter burnout and poor rates of retention of trained promoters. To resolve these problems, FH/G will create a sustainable community-based system for monitoring and promoting improved nutritional health of children. A key component of this strategy is the development and strengthening of *volunteer community growth promotion teams*. Volunteer community growth promotion teams monitor the nutritional status of community children. Each team will consist of two mothers trained to weigh children, a mother trained in nutrition, a trained health technician and a representative from the Ministry of Health (MOH). The trained health technician initially is a project employee who works closely with and trains the local MOH health promoter, trains other team members, and develops a team that will eventually be able to continue without assistance from the project.

*Methodology:* The communities set aside one day per month for women and children to attend growth promotion sessions at a health or community center. The sessions consist of four sequenced stations for child weighing, registration, nutrition counseling and medical attention.

**Diagram 1: Monthly Mother and Child Health Promotion Session**



Based on the needs discovered in the session, the growth promotion teams prioritize trainings and home visits to be carried out over the upcoming month. Volunteer nutritionists conduct home visits and provide training to mothers whose children have not reached the minimum

expected weight, and also verify the proper use of food rations in the home. They reinforce important hygiene and nutrition messages and teach mothers to plan and prepare nutritious meals. Volunteer mothers responsible for weighing children visit the mothers whose children have diarrhea and reinforce training on key hygiene and sanitation messages. Project health technicians work with mothers whose children are sick with acute respiratory diseases or severe diarrhea to teach them how to properly care for children suffering from these problems. Children are referred to health posts or hospitals in the nearby cities when necessary.

## **1.2 Provision of Monthly Food Rations**

Women in rural areas often have a heavy workload and very little free time to spare. It is not uncommon that responsibilities within the household take priority over seeking care for themselves or their young children. Furthermore, the current world food crisis principally affects the poorest families as food prices in the markets have increased. For this reason, families don't have the option to access other highly nutritive foods and instead consume the customary diet of corn and beans.

It is for this reason that FH/G will give an incentive to families through monthly food rations. This will encourage participation of the mothers in growth monitoring activities and provide them with access to high protein foods that will, in the short term, impact their children's growth and health. They will also understand that introducing other types of foods, complementary to corn and beans, is beneficial to the nutrition of their children.

The intent of an incentive sized ration is that, following a period of project participation, caregivers and household decision makers will recognize the value of project activities and participation and then choose to sustain the new practices even without the ration input. Communities and recipients will be sensitized to the strict entrance, graduation and exit criteria from the beginning of the project.

Monthly incentive food rations will be distributed to the mothers who regularly attend the growth monitoring sessions. During these sessions the mothers will also receive training on preparing the food, and get a chance to practice preparing the food in order to be able to prepare it at home.

In order to verify the proper use of the food rations, home visits to the participating mothers will take place, verifying the correct storage and use of the donated food. Mothers that use the food improperly will no longer receive a monthly ration; however, if they continue to participate in the project, they will have the opportunity to earn the right to once again receive rations. Two food ration supervisors will be hired to verify the storage and distribution of the rations, as well as the correct use in the families. They will also be trained in the proper preparation of the food rations.

Due to the fact that program activities began in October 2009, there are no results to report at the time of report submission.

## **2. Success Stories**

Will be included in FY2010 Annual Results Report

## **3. Lessons Learned**

Will be included in FY2010 Annual Results Report