

**Indigenous People's Plan
Pilot to improve the development and nutrition of young children
in Guatemala (*Nuestros Niños Sanos y Listos* Project)**

I. Introduction

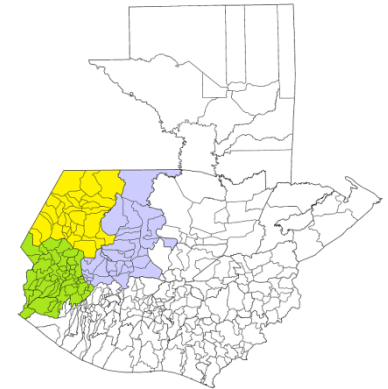
The *Nuestros niños sanos y listos* project seeks to strengthen the capacity of parents and communities to improve and monitor child development outcomes (physical, cognitive, socio-emotional, and linguistic skills) for children under two in 100 communities in four states of Guatemala: Huehuetenango, San Marcos, Totonicapán and Quiché. Project intervention areas are predominantly indigenous and thus require culturally appropriate measures to prevent and respond to potential beneficiary grievances, as well as achieve project objectives and outcomes. The Indigenous People's Plan - IPP - reviews the general and health specific legal and institutional framework applicable to Indigenous Peoples in Guatemala, describes the demographic, socio-cultural and political organization of project intervention areas, attends to requirements related to the free, prior and informed consultation with Indigenous Peoples, assesses the potential positive and negative effects from project implementation, and proposes measures for mitigating adverse effects and grievances while assuring social and economic benefits from project implementation.

II. The Project

The Project Development Objective (PDO) is to strengthen the capacity of parents and communities to improve and monitor child development outcomes (physical, cognitive, socio-emotional, and linguistic skills) for children under two in Project intervention areas.

A. Project Beneficiaries

The project is expected to reach 12,200 poor indigenous children under two years of age and at least 13,000 parents from 100 communities in the northwestern departments of Huehuetenango, Quiché, San Marcos, and Totonicapán.



B. PDO Level Results Indicators

The following are the PDO level results indicators:

1. Percentage of children achieving the expected development level for their age
2. Percentage of participating households with improved stimulation at home
3. Percentage of participating parents with improved knowledge and attitudes about infant and child nutrition and development
4. Percentage of communities monitoring child development outcomes on a monthly basis

C. Project Components

Component 1: Promotion of physical, cognitive, linguistic and socio-emotional development through a parenting and early stimulation intervention: This component will introduce parenting and early childhood stimulation activities into existing health and nutrition community services to improve children's physical, cognitive, and emotional development.

Component 2: Enhanced social and behavior change communication to achieve improved child nutrition and development: This component will develop a strategy to address social and behavioral change, tailored specifically to address concrete constraints caregivers face in adopting positive practices to ensure optimal child nutrition. The strategy will be based on culturally-appropriate and motivational communication delivered at critical moments in child development to have the greatest impact.

Component 3: Project management and administration, monitoring & and evaluation, and knowledge dissemination: This component will support project management and administration, technical assistance and training for monitoring and evaluation (M&E), and knowledge dissemination.

III. Legal and institutional framework applicable to Indigenous Peoples in Guatemala

A. General legal and institutional framework applicable to Indigenous Peoples in Guatemala

Guatemala is signatory of various international conventions on the rights of indigenous peoples. The Universal Declaration of Human Rights which recognizes that all human beings are born with equal rights without distinction of race, color or national origin was signed by Guatemala in 1948 as member of the United Nations. In 1982 the Guatemalan State ratified the International Convention on the Elimination of All Forms of Racial Discrimination under Act 105-82, establishing State obligations to eradicate racial discrimination and assure equality under the law¹. The current Constitution of Guatemala, created in 1985, recognized for the first time ethnic diversity and respect for the language and culture of indigenous peoples. The Constitution includes Article 57 "Right to culture", Article 58 "Cultural identity", Article 59 "Protection and research of culture" and Article 66 "Protection of ethnic groups". The Constitution declares that "The State of Guatemala recognizes respects and promotes the lifestyle, customs, traditions, forms of organization, and languages of the various ethnic groups within Guatemala, which include indigenous groups of Mayan descent". Consequently, in 1990, the Academy of Mayan Languages of Guatemala was established under Act 65-90².

The Guatemalan Peace Accords signed in 1996³ include the Accord on the Identity and Rights of Indigenous Peoples stating that "the identity of indigenous peoples is fundamental to the construction of national unity based on the respect and exercise of political, cultural, economic and spiritual rights of all Guatemalans". In 1996 the Guatemalan State ratified, in the context of the Peace Accords and the Peace process, Convention 169 on Indigenous and Tribal Peoples in Independent Countries of the International Labor Organization - ILO (Governmental agreement 127-96). The aforementioned legal framework enabled the creation of the Office for the Advocacy of Indigenous women (Demi) in 1999 under Act 24-99.

In 2001 the law of Social Development was created under Act 42-2001. In Article 16, "Groups of special care", indigenous peoples were considered as special groups within social development policy. Thus, the participation of indigenous peoples is promoted in "National and social development with full respect and support for their identity and culture." In addition, the Urban and Rural Development Councils law was declared under Act 11-2002. This law aimed to serve as an instrument for the participation and representation of the Maya, Garifuna and Xinka peoples and non-indigenous people within public administration. Therefore, the Municipal Development Councils (COMUDES) and Community Development Councils (COCODES) were created nationwide, amongst other councils at different levels. Lastly, in 2007 the United Nations proclaimed the Universal Declaration of Indigenous Peoples which serves as an international instrument for member States to fulfill the collective and individual rights of indigenous peoples.

B. Health specific legal and institutional framework applicable to Indigenous Peoples in Guatemala

The Universal Declaration of Human Rights states, Articles 26 and 27, that indigenous peoples have the right to health, health care and intellectual property of medicinal plants. This same principle is established in

¹ Derived from this international convention and the Guatemalan Peace Accords, in 2002 the Presidential Commission against discrimination and racism (CODISRA) was created under Act 12-02. This same year racial discrimination was declared a felony according to the Guatemalan penal code under Act 57-2002, and the Law for the promotion of education against discrimination was established under Act 81-2002.

² In 2003 the National Language Law was passed under Act 19-03. Article 1 of the law established Spanish as the national official language, but the State recognizes, promotes and respects the indigenous languages of Mayan, Garifuna and Xinka peoples.

³ In 2005 the Framework, law of the Peace Accords, was created to follow-up on the peace process and enforce all agreements.

Article 25 of the Convention 169 which refers to the government's responsibility to provide indigenous peoples' access to adequate health services at the community level, and according to Article 24, the right to health of indigenous peoples is to be granted by the State without discrimination, as well as to promote the use of traditional medicines and medical practices. In 1993-1994 member states of the Pan-American Health Organization (PAHO) gathered to discuss and create the Health Initiative for Indigenous Peoples of the Americas (SAPIA). The resolution from this initiative calls for a strengthening in the capacity of member States to assure equality in access to health services by making them culturally appropriate to local indigenous populations, conduct research on traditional Indigenous health systems and progressively integrate indigenous health care knowledge, practices and participation into national health services.

Within the Guatemalan national legal framework, Article 98 of the Constitution, "Participation in community health programs", refers to the entitlement of indigenous peoples to participate in community health programs. In the Peace Accords it is also stated that the State "values the importance of traditional indigenous medicine, promotes the research and recovery of traditional concepts, methods and medical practices." Article 18 of the Guatemalan Health Code is of great importance for indigenous peoples, as it states that "The Ministry of Health and Social Assistance should define a health care model that promotes the participation of institutions and communities for the promotion of health, ensuring a comprehensive health care system at different levels that takes into account the country's multi-ethnic, multicultural and multilingual context".

In 2009 the Unit for Health of Indigenous Peoples and Intercultural Affairs of the Ministry of Health (MOH) was established under Ministerial Agreement 1632-2009 and its operation norms in 2010 under Ministerial Agreement 8-2010. According to Article 2 of Ministerial Agreement 1632-2009, the Unit "should create, design and propose programs, projects, policies, norms and lines of action towards the following objectives: a) The health development of Indigenous Peoples in Guatemala; b) The valuing, recognition and respect of the knowledge, therapeutic elements, methods and practices of the health systems of Indigenous peoples of Guatemala; c) Evaluation and modification of the current national health services so they become culturally adequate to the culture of Indigenous peoples and do not negatively affect their ways of life and worldview; d) the strengthening and promotion of the indigenous health practices by promoting research and training of personnel of the national health care system, specifically on the cultural logic of the indigenous health care knowledge; e) Facilitate cultural pertinence in health at a national level among the four ethnic groups of Guatemala: Maya, Garifuna, Xinka and non-indigenous". Of special importance is the definition of "Cultural pertinence in health" included in the Ministerial Agreement 1632-2009: "The term Cultural pertinence in health derives from the principle of the right to "cultural difference", which means "according to the culture". In the case of its application to public health services, the latter should be conceptualized, organized and implemented considering the cultural values within the worldview of indigenous peoples, so that the public health services adapt and respect to the ways of life of indigenous peoples".

C. The World Bank requirements for Indigenous Peoples

The compliance with the World Bank's Policy OP 4.10 on Indigenous Peoples will be mandatory for this project. It contributes to the Bank's mission of poverty reduction and sustainable development by ensuring that the development process fully respects the dignity, human rights, economies, and cultures of Indigenous Peoples. This policy applies to the project described above in section II. The Project. In addition, for the World Bank the requirements are that the project:

- a. Establishes an appropriate gender and intergenerationally inclusive framework that provides opportunities for consultation at each stage of project preparation and implementation among the borrower, the affected Indigenous Peoples' communities, the Indigenous Peoples Organizations (IPOs) if any, and other local civil society organizations (CSOs) identified by the affected Indigenous Peoples' communities.

- b. Uses consultation methods appropriate to the social and cultural values of the selected Indigenous Peoples' communities and their local conditions and, in designing these methods, gives special attention to the concerns of Indigenous women, youth, and children and their access to development opportunities and benefits.
 - c. Provides participant Indigenous Peoples' communities with all relevant information about the project (including an assessment of potential adverse effects of the project on the affected Indigenous Peoples' communities) in a culturally appropriate manner at each stage of project preparation and implementation.
- D. Compliance with Legal and institutional framework for free, prior and informed consultation with Indigenous Peoples in Guatemala

The project will comply with the Convention 169 of the International Labor Organization, The Constitution of the Republic of Guatemala and The Municipal Code.

The requirement of free, prior and informed consultation with indigenous peoples in Guatemala has its roots in Convention 169, -ratified by Guatemala in 1996-, where the State has the obligation to conduct a consultation with indigenous peoples regarding any situation which may directly or indirectly affect them. Additionally, Article 46 of the Guatemalan Constitution states that ratified international treaties have preeminence over national domestic law.

The Guatemalan Municipal Code also calls out for two types of consultations at the municipal level. The first is set forth in Article 38, establishing that consultations may be carried out through open municipal assemblies organized by the Municipal council where citizens may have a voice but not vote on the matter at hand. The second type of consultation is stipulated in Article 63, stating that municipal consultation may be conducted if two thirds of the Municipal Council considers that the matter is of concern to all neighbors. Alternatively, residents may request for the municipal consultation appealing to Article 64. When the issue at hand directly affects indigenous peoples, Article 65 of the Municipal Code clearly states that "When the nature of a particular matter affects the rights and interests of indigenous communities of the municipality or of its authorities, the Municipal Council may hold the consultation at the request of indigenous communities or authorities, including the use of criteria to conduct it following the customs and traditions of indigenous communities." Similarly, Article 66 "Consultation method", emphasizes that the consultation should be conducted within the cultural traditions of the community.

Unlike the Municipal Code, in Guatemala Convention 169 does not have a regulated procedure for the consultation process. In 2010 a commission from the Executive branch of government was organized to create the regulatory framework for the consultation process of Convention 169. The commission formulated the proceedings for the consultation, specifically: the people who would call upon the consultation, the people involved in the consultation and the effects that the results of the consultation would have. However, this proposal was not well received by indigenous organizations in the country since the elaboration of the regulations for consultation were carried out without their consent and consultation, thus it was perceived as an imposed regulation rather than participatory and democratic. The *Consejo de Pueblos de Occidente* -CPO- filed a legal appeal against the regulation before the Constitutional Court in 2011. The final court decision caused the annulment of the proposed regulation. Currently Guatemala does not have a legislation that regulates the consultation process with indigenous peoples according to Convention 169. However, there are clear guidelines for conducting consultations with indigenous peoples according to the Municipal Code as quoted above.

IV. Demography, socio-cultural and political organization of Indigenous peoples in targeted areas

A. Demography

The states of Huehuetenango, San Marcos, Quiché and Totonicapán are located in the western region of Guatemala. The population in these states is mostly rural and indigenous with the exception of San Marcos. Fertility and population growth rates are above the national averages⁴. Poverty indicators show that most of the population lives in poverty and a significant proportion lives in extreme poverty.

	Quiché	Totonicapán	Huehuetenango	San Marcos	Source
Population	985,690	491,298	1,173,977	1,044,667	INE: Estimates and population proportions, based on the VI National Census of Population and XI Housing Census, 2002
Rural population	68.80%	52.40%	70.40%	71.70%	Encovi, 2011.
Indigenous population	88.60%	97%	57.50%	27%	Encovi, 2011.
Population growth rate	3.38	3.05	2.51	2.41	INE: Estimates and population proportions, based on the VI National Census of Population and XI Housing Census, 2002
Total fertility rate	4.1	3.2	3.8	3.5	INE: Health Statistics
Birth rate	30	24.8	32.8	29.1	INE: Health Statistics
Poverty	71.9	73.3	60.5	68.5	Encovi, 2011.
Extreme poverty	16.8	21	9.6	15.2	Encovi, 2011.

Table 1. Demographic and poverty indicators in intervention states

The states of project intervention are diverse in their ethnic and linguistic composition. In the state of Huehuetenango there are eleven Mayan linguistic communities: Akateko, Awakateko, Chuj, Mam, Popti, Q'anjob'al, Tektiteko, Akateko, Awakateko, K'iche' and Chalchiteko; in Quiché there are five: K'iche', Ixil, Q'eqchi, Poqomchi' and Sakapulteko; in San Marcos there are three: K'iche', Mam and Sipakapense; and in Totonicapán there is only one linguistic community: K'iche'.

B. Socio-cultural and political organization at municipal and community levels

In most indigenous areas in Guatemala social and political organization is formed by both State authorities and indigenous customary authorities. In the targeted project states, both of these authorities exist and coexist. The extent to which the indigenous customary authorities are represented and play a role in the sociopolitical organization of indigenous communities varies significantly. Whereas in Totonicapán customary organization and authority is well established, respected and recognized by national State authorities, in San Marcos the same status of indigenous authority is not observed. Yet, indigenous customary authorities continue to play a significant role and function within the sociopolitical organization of indigenous communities in the region.

⁴ The national fertility rate is 3.1 and the population growth rate is 2.4.

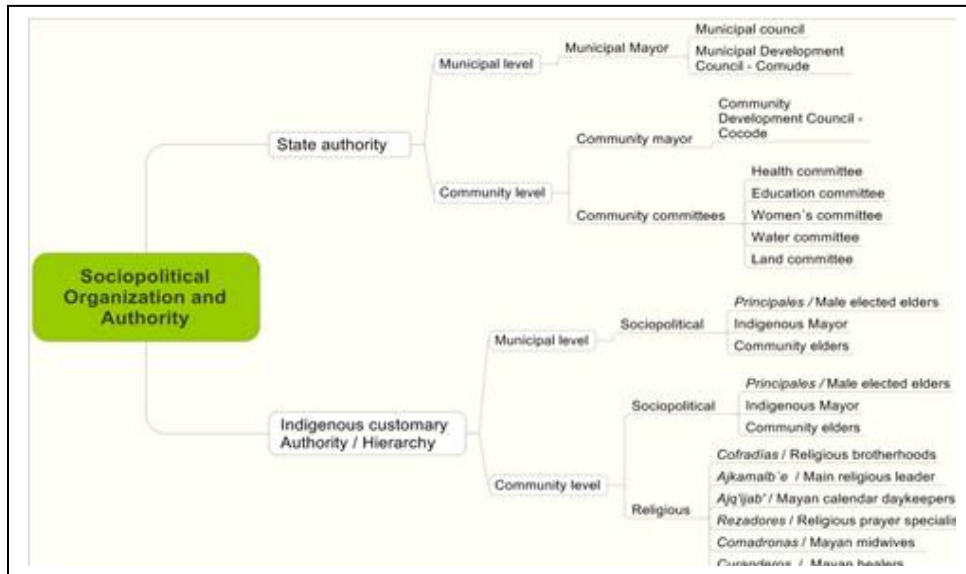


Chart 1- Sociopolitical organization and authority at municipal and community levels

State and indigenous customary authorities tend to be embedded in different levels and respond to different needs of the population. While State authorities tend to carry out tasks related to physical infrastructure and development projects of different sorts, customary traditional authorities and community organization respond to practical needs at the local level, such as conflict resolution amongst community members, family issues, religious and community activities and festivities, as well as traditional health care needs and practices. Both types of authorities are regarded important and must be considered to guarantee proper project implementation in final targeted indigenous communities.

V. Free, prior and informed consultation with Indigenous Peoples in Guatemala

A. Results of free, prior and informed consultation with Indigenous Peoples in project intervention areas

In November 2013 and April 2014 ChildFund Guatemala conducted free, prior and informed consultations with indigenous communities in Quiché, Totonicapán, Huehuetenango and San Marcos. The consultations were carried out within the framework of ChildFund’s Area Strategic Planning using a participatory methodology. Participants in the consultations were current and potential beneficiary mothers and local authorities⁵. The consultation process was conducted in both Spanish and the local Mayan language and following local norms and customs. Initially, personal invitations through local staff who know the terrain and speak the local language were made to mothers and local authorities explaining the purpose of the consultation. Thereafter, meetings were held in communal halls and local schools where participants were asked to voice out their concerns regarding child nutrition, early stimulation, parent involvement in childrearing, domestic violence, child schooling and general community issues, among others. Mothers currently participating in the *Juega Conmigo* Project (ChildFund’s project focused in children from 0-5 years of age) were asked to evaluate the project and make comments for improvements. Potential beneficiary mothers were informed on the purpose and future proceeding of the project in the community. Local

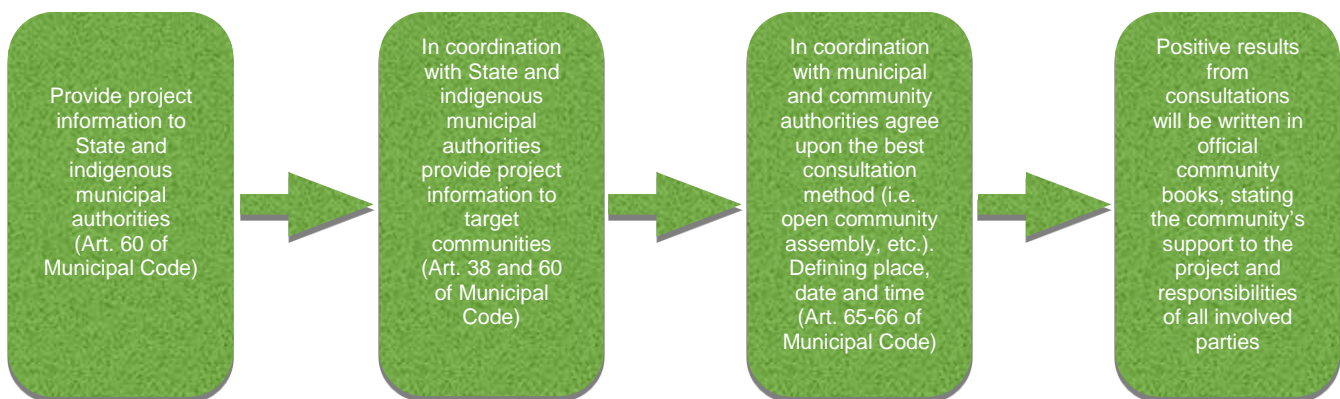
⁵ Local Authorities included both formal (i.e. Community Development Committees - COCODES), community mayor, Principales, and midwives.

authorities were also informed and asked for their input. As a result of this process, there was a broad community support for the project and recommendations for project design were taken into account.

B. Plan for Consultation and Communication at municipal level in selected areas

As previously stated, up to date the Municipal Code is the only valid legal framework for conducting consultations with indigenous and non-indigenous populations in Guatemala. Articles 38, 65 and 66 mention the possibility for open municipal assemblies and consultations according to the cultural traditions of indigenous communities. Chart 1 shows an outline of all actors to be involved in the consultation process. The total number of actors involved will depend on the existence and representation of indigenous customary authorities in different levels. It is important to note here how consultations are commonly conducted in indigenous communities of Guatemala. Community assemblies are held and preceded by the COCODES, Indigenous or community mayor and *Principales* (if available). Following a scheme of egalitarian and participatory direct democracy, issues concerning the community are openly discussed amongst all community members, including women, young adults, men and elders. Issues may be discussed for long periods of time until the entire community arrives to a consensus and all members were able to voice out their concerns. The final decision concerning the discussed topic is made by the participants of the assembly and *not* the authorities preceding the event. The community decision is written down on official books issued by the municipal authorities and signed.

Once the project is approved, ChildFund will use the following four steps process for documenting community support in selected municipalities under project intervention areas:



The proposed framework complies with the current and relevant indigenous consultation laws in Guatemala, as well as indigenous cultural norms at the community level. A further consultation of beneficiary mothers may be drawn through the signing of a consent form in which the beneficiary mother accepts that her infant/child officially participates in the project and ChildFund accepts to comply and fulfill project objectives and outcomes.

V. Assessment of potential positive and adverse effects on Indigenous Peoples from project implementation

A. Potential positive effects

Some of the identified potential positive effects on Indigenous Peoples from project implementation are:

- Increased capacity of parents and communities to improve and monitor child development outcomes (physical, cognitive, socio-emotional, and linguistic skills) for children under two years of age.
- Sustained infant/child stimulation and care from parents and community members.

- Optimal nutritional habits and practices, particularly those related to breastfeeding.
- Improved child nutrition.
- Improved child and household hygiene.
- Decreased child sickness.
- Increased use of available health services for infants/children/mothers requiring health care.

B. Potential adverse effects

Due to the particular emphasis on behavioral change implicit in the project development objective, some adverse effects related to indigenous socio-cultural beliefs, practices and interactions are foreseen. These potential adverse effects refer to: 1. Disregard and/or misrecognition of Mayan health care and cultural illness belief systems and diet; 2. Inadequate socio-cultural interaction and communication with beneficiaries and communities.

1. Disregard and/or misrecognition of Mayan health care and cultural illness belief systems and diet

The Mayan health care system varies from Western or biomedical health care system in its approach to the health-illness process and its conceptualization of the body. Mayan traditional therapists⁶ understand and interpret an illness not only from a biological standpoint, but also from a social, cultural and spiritual one. Within the Mayan cultural illness belief system there are illnesses caused by natural and supernatural factors. Recognizing and understanding the Mayan health care and illness belief systems is essential for designing and articulating culturally appropriate strategies for behavioral change, as well as mitigating potential adverse effects from project implementation. Table 2 displays some of the Mayan cultural illnesses related to project objectives.

Type of illness	Illness	Causes	Symptoms
Natural	Diarrhea	<ul style="list-style-type: none"> • Excessive food consumption • Starvation • If children do not eat at the proper time • When a mother eats “heavy foods” and breastfeeds infant/child • When a mother has an strong argument with husband or neighbor and breastfeeds infant/child • Consumption of greasy, spicy, sweet or refrigerated food • Lifting heavy things • Sitting for long periods of time while not being accustomed to it • Drinking water, milk or eat any foodstuff without previous cooking 	<ul style="list-style-type: none"> • Stomach ache • Constant evacuations
Natural	Sunken/fallen fontanel (<i>Caida de mollera</i>)	<ul style="list-style-type: none"> • If infant/child falls • If infant/child is thrown up in the air while playing or is subject to sudden movements • If mother lifts heavy things while pregnant • Sexual intercourse during pregnancy • When infant’s/child’s head is not covered and is exposed to cold wind 	<ul style="list-style-type: none"> • Infant/Child has difficulties breathing or makes snoring sounds when breathing • Infant/child bites nipple when breastfeeding • Infant/child cannot breastfeed properly or has difficulties • Infant/child has difficulties swallowing

⁶ Comadronas (Mayan midwives), Ajq’ijab’ (Mayan day-keepers), and Curanderos (Mayan healers), amongst others.

Type of illness	Illness	Causes	Symptoms
Natural	Worms (<i>Lombrices</i>)	<ul style="list-style-type: none"> • (All human beings are born with worms that live in the stomach. There are beneficial and harmful worms. Beneficial worms allow infants/children to crave for food and stimulate their appetite. Worms are associated with a particular type of food - breast milk, corn, bread, meat, alcohol, etc. Harmful worms “awaken” when there are food distorters, such as replacing meals with junk food or when there is a leaning for one type of food or drink). • Worms also awaken when an infant/child is frightened, eats unripe fruit and particularly during weaning period. 	<ul style="list-style-type: none"> • Food disorders • Malnutrition • Alcoholism • Diarrhea, stomach ache, vomit • Bloating stomach • Redness of fingernails • Yellow-greenish eyes • Cold feet • Infant/child is grumpy and upset
Natural	Rupture of hot-cold equilibrium	<ul style="list-style-type: none"> • When children eat hot food accompanied by a cold drink or a cold food. • When a mother breastfeeds an infant/child after being exposed to cold air. It is said the cold air “moves” into the infant’s/child’s stomach. 	<ul style="list-style-type: none"> • Diarrhea • Headaches • Limb aches
Natural	Being <i>Chipe</i>	<ul style="list-style-type: none"> • A child becomes <i>Chipe</i> when mother gets pregnant • Jealousy of child over mothers pregnancy 	<ul style="list-style-type: none"> • Infant/child weeping • Loss of appetite • Malnutrition
Natural	Cravings	<ul style="list-style-type: none"> • Food cravings of pregnant women. It is said that cravings originate from the fetus s and not the pregnant women. 	<ul style="list-style-type: none"> • Pain • Hemorrhages and miscarriage • Vomit and nauseas
Supernatural	<i>Susto</i> (Soul fright)	<ul style="list-style-type: none"> • “Blood weakness” (Small children whose blood tends to be weak are prone to <i>Susto</i>). • “Winds” and “influences” produced by persons, animals, objects and supernatural beings that alter the equilibrium of the body and soul. • Having a strong or terrifying emotional experience. • Being exposed to impure objects 	<ul style="list-style-type: none"> • Lack of breast milk (mothers) • Malnutrition • Vomit • Body weakness, headaches, loss of appetite, insomnia and sadness • Sudden awakening at night • Uneasy dreams and nightmares
Supernatural	Evil eye (<i>Mal de ojo</i>)	<ul style="list-style-type: none"> • “Blood weakness” (Small children whose blood tends to be weak are prone to the Evil eye) • Born on an unfortunate day (<i>Nahual</i>) of the Mayan Calendar • Stare from a menstruating woman or in menopause. • Stare from a pregnant woman • Stare from a person sweating • Stare from a drunken person • Insufficient nourishment of the infant/child (Stares that provoke the Evil eye are interpreted as an energy or heat transfer that a recipient (i.e. child) cannot withstand) 	<ul style="list-style-type: none"> • “Heat unbalance” of infant/child • Diarrhea • Infant/child becomes annoyed and irritated • Infant/child weeping • Nauseas • Vomits • Excessive warmth in hand palms • Fever • Insomnia
Supernatural	Witchcraft	<ul style="list-style-type: none"> • Misdeeds of a warlock (Mayan <i>Aj itz</i>) • (Infants and children are prone to witchcraft due to their physical and spiritual vulnerability) 	<ul style="list-style-type: none"> • Sudden awakening at night • Uneasy dreams and nightmares • Severe and incurable sickness • Body weakness, headaches, loss of appetite, insomnia and sadness

Sources: MSPAS 2003; Mosquera 2006, Adams and Hawking 2007

Table 2 - Causes and symptoms of illnesses related to infants/children in the Mayan cultural belief system
 In addition, project implementation must consider native foods within the Mayan diet, such as the consumption of corn (in *tortillas, tamales, atol*), beans, pumpkin (including seeds), and a variety wild herbs and legumes (*chipilín, yerbamora, apazote, bleado*, etc.). Most importantly, there should be a clear understanding of the Mayan hot and cold equilibrium, which applies to food, illnesses and types of human beings. Table 3 below displays such distinctions.

	Hot		Cold	
Food	<ul style="list-style-type: none"> • Chicken • Chicken eggs • Beef • Cheese • Turkey • Coffee 	<ul style="list-style-type: none"> • Peppers • Deer meat • Honey • Onions • Garlic • Alcoholic beverages 	<ul style="list-style-type: none"> • Pork • Fish and aquatic species • Spinach • Salt • Beans • Rice 	<ul style="list-style-type: none"> • Avocados • Duck • Tomatoes • Bananas • Mangoes • Potatoes
Illness	<ul style="list-style-type: none"> • Common cold • Malaria • Skin burns 	<ul style="list-style-type: none"> • Menstruation • Kidney problems • Fevers • Cholera 	<ul style="list-style-type: none"> • Headaches • Diarrhea • Stomach parasites 	<ul style="list-style-type: none"> • Shock/Susto • Soul loss • Loss of blood • Vomits
Types of human beings	<ul style="list-style-type: none"> • Pregnant women • Menstruating women • Newborns 	<ul style="list-style-type: none"> • Persons sexually active • Drunks • Powerful people 	<ul style="list-style-type: none"> • Women after giving birth • Sterile men and women • Adolescents 	<ul style="list-style-type: none"> • Women in menopause • Elders (above 50) • Sad persons

Source: Richards 1999

By understanding and recognizing Mayan cultural conceptions related to illnesses, food and human relations, the project is designed for more efficient and culturally appropriate interventions, and complies with the health specific legal and institutional framework applicable to indigenous peoples in Guatemala (i.e. Cultural pertinence in health). It must be emphasized here that the project was designed based on ChildFund’s experience in many indigenous communities in the country.

2. Inadequate socio-cultural interaction and communication with beneficiaries and communities

Potential adverse effects in project implementation may derive from factors related to the improper and inadequate socio-cultural interaction and communication with beneficiaries and communities, such as:

- Inadequate, improper and/or insufficient consultation with indigenous community authorities and potential beneficiaries, especially by not conducting the consultation according to indigenous norms and cultural practices.
- Inadequate socio-cultural interaction and/or insufficient coordination and consultation with traditional healers prior and during project implementation, particularly with *Comadronas* (Mayan midwives), *Ajq’ijab’* (Mayan day-keepers), and *Curanderos* (Mayan healers).
- Lack of use of local Mayan languages to communicate and interact with beneficiaries, local authorities and traditional healers.
- Inadequate, improper and/or disrespectful behavior from project staff not heeding or complying with local socio-cultural interaction norms and belief systems.
- Beneficiary (mother) exclusion from project and project activities due to cultural barriers.
- Organization of project activities on dates/days regarded as special or sacred according to indigenous ritual and festive calendars.

VI. Measures for mitigating adverse effects from project implementation

Potential adverse effects identified thus far relate to: 1. Disregard and/or misrecognition of Mayan health care and cultural illness belief systems and diet; 2. Inadequate socio-cultural interaction and communication with beneficiaries and communities. Concerning the former, project sub-components 1.1 and 2.1 address such potential adverse effects, while the latter will be mitigated thorough a series of actions included in the table below:

Risk description	Mitigation Measures Included in Project Activities
Disregard and/or misrecognition of Mayan health care and cultural illness belief systems and diet	<p>Sub-component 1.1: Mapping early stimulation practices in (and applicable to) the participating communities. Conducting a diagnostic of current practices and beliefs is a critical step in understanding the context and in designing an appropriate parenting and early stimulation package. This subcomponent will include: (i) identifying current early stimulation practices and beliefs in the participating communities; (ii) assessing methodologies for promoting healthy development that are applicable to the local context and culture; and (iii) identifying monitoring indicators for Early Childhood Development (ECD) milestones.</p> <p>Sub-component 2.1: Investigation of current child feeding and caring behaviors. This subcomponent will identify (i) current child feeding and caring behaviors and (ii) key constraints to optimal child feeding and caring practices (e.g. rationale for behaviors) through consultations with parents, women, and community members as well as midwives and other key stakeholders in the communities as well as a review of all existing diagnostics and relevant documentation.</p>
Inadequate, improper and/or insufficient consultation with indigenous community authorities and potential beneficiaries, especially by not conducting the consultation according to indigenous norms and cultural practices.	The consultation process will be conducted in intervention areas following the guidelines included in the Municipal Code (Articles 38, 60, 65 and 66), as well as the proposed framework included in the present IPP. Complementary consultations will be conducted under activities of subcomponents 1.1, 2.1 and 2.2.
Inadequate socio-cultural interaction and/or insufficient coordination and consultation with traditional healers during project implementation, particularly with midwives, <i>Ajq'ijab'</i> (Mayan day-keepers), and <i>Curanderos</i> (Mayan healers).	Local project staff will be sensitized and acquainted with local socio-cultural interaction norms and Mayan health care and cultural illness belief systems. For this purpose, ChildFund will also continue to work and collaborate with grassroots organizations and local partners in the implementation of this project. This overall effort will enhance the coordination and consultation with traditional healers throughout project implementation, and initially through subcomponent 2.1.
Lack of use of local Mayan languages to communicate and interact with beneficiaries, local authorities and traditional healers.	Project information and activities will be diffused in local Mayan languages for cultural appropriate communication. Knowledge of local Mayan languages will be a requisite of all local project staff working directly with project beneficiaries.
Inadequate, improper and/or disrespectful behavior from project staff not heeding or complying with local socio-cultural interaction norms and belief systems.	An ethics code will be created for proper socio-cultural interaction of project staff with beneficiaries and community members following local norms and belief systems.
Organization of project activities on dates/days regarded as special or sacred according to indigenous ritual and festive calendars.	Project activities will be organized observing the indigenous ritual and festive calendars.

VII. Measures for assuring social and economic benefits from project implementation

Culturally appropriate and transparent measures to ensure social and economic benefits and inclusion of target beneficiaries will be conducted in several steps. First, potential beneficiary mothers will be identified and taken up during the consultation process which will be conducted in the local language and according to indigenous norms and practices. Secondly, in coordination with local authorities, community committees and community members, beneficiary mothers will be targeted either through home visits or open community assemblies following cultural standards. Thirdly, periodic community assemblies will be organized to discuss the actual reception of project benefits by beneficiaries. In these assemblies, participants will have the opportunity to voice out their concerns of project benefits in their own local Mayan language and according to their cultural norms.

Project monitoring and evaluation procedures that are culturally appropriate will also be implemented throughout project duration, thus serving as a complementary measure for assuring the delivery of social and economic benefits.

VIII. Procedures to address grievances of affected Indigenous Peoples arising from project implementation

ChildFund believes that by carrying out municipal consultations is the foremost way of anticipating and preventing future disagreements. Nonetheless, knowing that grievances may arise during the implementation phase of the project, ChildFund will address any potential unresolved grievances by: 1. Involving community and municipal authorities to mediate with the group's interest vis-à-vis project and communities' agreements recorded on official community books. 2. If needed, local authorities in conjunction with suitable staff members, will call and hold necessary meetings with indigenous community participants to peacefully resolve according to local indigenous norms and procedures; 3. Record on official community books the resolution of grievances at hand. These types of meetings at the community level are the normative forms of conflict resolution in Mayan indigenous communities in Guatemala.

Additionally, ChildFund through its local partners will follow up on grievances to resolve them promptly and according to indigenous norms and procedures. Project monitoring and evaluation procedures will also be designed to anticipate and avoid different sorts of project grievances on indigenous peoples. Since potential grievances will be handled promptly and accordingly, no legal disputes or court trials are foreseen.

IX. Estimated costs for financing IPP

ChildFund estimates that all IPP activities are already included in the proposed budget under Information, Education and Communication (IEC) activities. Among others, these activities include:

1. Free, prior and informed consultation with municipal and indigenous community authorities in 100 communities of Huehuetenango, San Marcos, Totonicapán and Quiché
2. Elaboration and printing of ethics code for proper socio-cultural interaction of project staff with beneficiaries, community members and authorities
3. Training workshops with local project staff of each state on proper socio-cultural interaction norms and procedures based on ethics code
4. Training workshops with local project staff of each state on Mayan health care and cultural illness belief system

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