Guatemala Nutrition Country Fiche

Guatemala has made the fight against chronic undernutrition a top State commitment. Half the children in the country are stunted. Indigenous groups are disproportionately affected with stunting rates above 60%. Anaemia in children is a concern and the country faces also emerging problems of obesity and chronic diseases. Undernutrition alone costs the country at least 11% of its GDP. The EU and Member States are committed to joint action with Guatemala by making the fight against chronic undernutrition one of the five priority areas for 2014-2020 programming.

Progress against the World Health Assembly targets

<table>
<thead>
<tr>
<th>WHA Nutrition Indicators</th>
<th>GNR 2015 analysis of progress</th>
<th>Data last referenced by EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting of children under-five years of age</td>
<td></td>
<td>Prevalence Year</td>
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<tr>
<td>Wasting of children under-five years of age</td>
<td></td>
<td>46.5% 2015</td>
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<tr>
<td>Overweight of children under-five years of age</td>
<td></td>
<td>0.7% 2015</td>
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<tr>
<td>Anaemia of women of reproductive age</td>
<td></td>
<td>4.7% 2015</td>
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<tr>
<td>Low birth weight</td>
<td>NA</td>
<td>10.6% 2015</td>
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<tr>
<td>Exclusive breastfeeding of infants under six months</td>
<td>NA</td>
<td>12.4% 2014</td>
</tr>
</tbody>
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EU Analysis of Stunting Trends and Projections

*Implications for Development Planners*

The line graph shows the historic trend in prevalence of stunting and the forward projection (based upon data until 2012) with the current average annual rate of reduction (AARR) of 0.84% (brown dotted line) as well as the projected AARR of 4.98% (blue line) to meet the WHA target. No national target has been defined for children under-five. In 2012, **1,050,000 children under-five were stunted**. Given the current trend and considering the population growth, 1,100,000 children will be stunted in 2025. However, the WHA target calls for additional efforts by government and development partners to reach an extra 470,000 children and avert them from stunting.
Economics and Demography

### Demographic data (2014)

- **National population:** 15,607,540
- **Urban/Rural divide:** 51/49%
- **Children under five:** 2,287,000
- **Adolescent girls:** 866,000
- **Population growth:** 2.5%

Source: WB, UNDESA and INE

### Key Dimensions of Nutrition

One in two children in Guatemala is stunted. This is the 5th highest rate in the world. Huge inequities exist across social and ethnic groups. Stunting rates are four times higher in the poorest wealth quintiles compared to the richest and double in indigenous groups. The alarming rapid rise in both child anaemia (all social groups and regions) and women overweight and obesity (nearly double in indigenous women) are serious public health concerns. Extremely poor breastfeeding, declining diet quality as well as limited education and early pregnancies are key contributors to undernutrition. Adding to this, recurrent natural disasters exacerbate social and food vulnerabilities with dramatic deterioration of rural livelihoods.

### Nutrition Governance

<table>
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<tr>
<th>Member of SUN Movement: Yes since 2010</th>
<th>HANI ranking (out of 45): 2nd (High commitment)</th>
</tr>
</thead>
</table>

**Government’s commitment to nutrition (including N4G event):**

Previous government’s (2012-15) N4G impact commitments (Zero Hunger Pact) are off course. The climate crisis (El Niño) is expected to be one of the most intense in 2016. In face of these challenges, current President Mr. Jimmy Morales has declared an ambitious goal of 10 percentage points reduction among children under 2 years of age by 2020.

**Multi-sectoral policy framework for nutrition:**

The National Policy for Food Security and Nutrition (FSN) is based on the National System for FSN Law (Ley SINASAN 32-2005 adopted in May 2005). The new Food Security National Plan (FSNP) 2016-2020, approved in November 2015, is the common results framework in Guatemala for national institutions and donors. The FSNP focuses on regions and municipalities with the highest rates of chronic undernutrition and incorporates indicators to track progress against targets set for each line of action. The Action Plan to achieve the new stunting reduction target is expected to be released soon.

**Multi-sectoral platform for nutrition coordination:**

The National Council for Food Security and Nutrition (CONASAN) is the responsible body for implementing the FSN policy, with the Secretariat for Food Security and Nutrition (SESAN) acting as the coordinating institution. Multi-stakeholder nutrition governance structures have been set up at all levels: national, departmental and municipal.
Support of the EU and Member States

NIP Focal Sector(s) for nutrition 2014-2020: 1) Food security and nutrition.

Enhance mobilisation and political commitment for nutrition:

• Funding FSNP implementation (financial support modality under review, one option is budget support which helped to spur, sustain and protect funding for nutrition in national budget in the past four years).
• Sustained support to SESAN to strengthen its leadership in effective inter-sectoral cooperation and to reinforce current information systems for monitoring and accountability in FSN.
• Work towards a coherent coordinated position on nutrition through joint programming efforts by EU and Member States (chronic undernutrition is one of the priority areas for 2014-2020 programming). Improved dialogue between the EU Delegation and Member States in different coordination platforms.
• Support to the SUN Movement (focus on enhanced institutional capacities in primary health care for women and children).
• Sensitising politicians in the current transition period on strategies and actions to tackle food and nutrition insecurity (among others FSN information systems, funding, monitoring and accountability).

Scaling-up actions:

• Under review. A two-pronged approach will probably be adopted, combining preventive actions from both health and food security perspectives. This will ensure different ways to address nutrition challenges, including emerging chronic disease problems related to diet and lifestyle that are closely linked to stunting.
• Support nutrition-specific actions by prioritizing maternal and child health services, increasing their coverage, their cultural sensitivity and their use by population groups with the greatest needs.
• Support nutrition-sensitive actions for an increased access to quality food by the most vulnerable. In particular, through the Ministry of Agriculture, interventions aimed at sustainably improving small scale farming in rural areas prioritized in the FSNP. Given stunting is closely related to poverty and ethnicity, complementary measures will have to be taken to reach the most vulnerable groups.

Strengthen expertise and knowledge-base:

• Under review. Significant progress has been achieved since 2012 to improve the FSN monitoring and evaluation systems and capacities in Guatemala. This will continue to be a key area for EU support.

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1 http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/
2 Global Nutrition Report 2015. For stunting and overweight: red = "Off course: No progress", orange = "Off course: Some progress" or "On course: At risk", green = "On course: Good progress"; For exclusive breastfeeding: red = "Off course: Reversal" or "Off course: No progress", orange = "Off course: Some progress", green = "On course"; For wasting and anaemia: red = "Off course", green = "On course". In some cases the GNR analysis will differ from the EU analysis on stunting because the EU database precedes 2000 and projects trends from a longer historic perspective.
3 VI Encuesta nacional de salud materno infantil (ENSMI) 2014-2015.
4 República de Guatemala: Estadísticas demográficas y vitales 2014 (http://www.ine.gob.gt/).
5 The figures presented here using the EC-DEVCO stunting tracking tool might differ from those generated by the WHO tracking tool (http://www.who.int/nutrition/trackingtool/en/) because there are differences in the methods used regarding: i. the calculation of the estimated numbers of stunted children in 2012; ii. the calculation of the target number of stunted children in 2025; iii. the demographic assumptions made; and iv. the historical stunting prevalence considered.