

---

# Guatemala: Nutrition Profile

---

## Background

Guatemala has had uneven economic growth since the Spanish colonial times, and this has not been corrected despite several revolutions and the signature of the peace accord of the last violent period that ended in 1996. In 2009, after the global financial crisis pushed GDP growth to a low of 0.6 percent, the economy has rebounded and grew to 3 percent in 2012, largely on the back of exportation of Guatemalan agriculture and some industry-manufactured products and the tourism sector. Guatemala is the biggest economy in Central America but, with a Gini index of 53.7, it is also one of the most unequal countries in the world. In 2014, the UNDP ranked Guatemala 125 among 187 countries in the Human Development Index.. Poverty dropped from 56 percent in 2000 to 51 percent in 2006, but rose again to 53.7 percent in 2011.<sup>1</sup> Poverty is highly concentrated in rural areas, where eight out of ten people are poor, and mainly among indigenous communities—collectively identified as the Mayan population—who comprise 40 percent of the population. Agriculture employs half of the population but only accounts for 13.2 percent of the GDP.<sup>2</sup> The agriculture sector is challenged by the terrain—high mountains and dense forests provide little agricultural space, and farming takes place predominantly on steep slopes. With few reliable water sources, farmers rely on rainfall to irrigate crops. The industrial sector is concentrated in the urban areas of Guatemala City and the South Costal area. The lack of infrastructure and skilled labor in the Highlands precludes the Mayan population’s economic development. Guatemala is one of the ten countries most vulnerable to climate change and natural disasters because of its geographic position, mountainous and volcanic nature, and the several tectonic faults that cross the country. Droughts and floods damage crops and market access roads, pushing marginal households into acute food insecurity. Guatemala is not on track to meet the MDGs related to eradicating extreme poverty and hunger, reducing child mortality, and improving maternal health.

## Nutrition Situation

Guatemala has the highest prevalence of stunting (49.8 percent) in the region of the Americas and the sixth highest prevalence of stunting among children under five in the world. Chronic undernutrition is attributed to high rates of poverty, food insecurity, inadequate hygienic environments, structural problems of inequality and exclusion, and also insufficient child stimulus and care. The most vulnerable are the Mayan communities who live in the highlands, where stunting affects almost 70 percent of children under five.<sup>3</sup> Nevertheless, underweight and wasting are rare at the population level. Stunting is inversely related to maternal education levels and wealth, higher among children living in the poorest households (70.2 percent) than among children in the richest households (14.1 percent) and higher in children whose mothers had no education (69.3 percent) than children with mothers who had secondary or higher education (14 percent).<sup>4</sup> Micronutrient deficiencies have been addressed for many years. Thus, iodine has been added to salt since the 1950s, vitamin A to sugar since the 1970s, and wheat flour has been fortified since 2002 with iron and B-complex vitamins (B<sub>1</sub>, B<sub>2</sub>, niacin, and folic acid), following a Central American formulation.

## Guatemala Nutrition Data

Population (2012)	14.8 million	
Population under 5 years of age (0-59 months, 2012)	2.2 million	
	<b>RHS 2002<sup>5</sup></b>	<b>RHS 2008-9<sup>4</sup></b>
Prevalence of stunting among children under 5 (0-59 months)	49.3% <sup>a</sup>	49.8%
Prevalence of underweight among children under 5 (0-59 months)	22.7% <sup>a</sup>	13.0%
Prevalence of wasting among children under 5 (0-59 months)	1.6% <sup>a</sup>	1.0%
Prevalence of anemia among children aged 6-59 months	*	*
Prevalence of anemia among women of reproductive age (15-49 years)	20.2%	23.0%
Prevalence of thinness among women of reproductive age (15-49 years)	1.9% <sup>b</sup>	1.3%
Prevalence of children aged 0-5 months exclusively breastfed	50.6%	50.0%
Prevalence of breastfed children aged 6-23 months receiving a minimum acceptable diet	n/a	n/a

\* Anemia rates are not reported for Guatemala, because there is controversy about the reliability of this information.

<sup>a</sup> prevalence among children aged 3-59 months

<sup>b</sup> prevalence of mothers aged 15-59 years with a child/children under age 5 years with BMI <18.5

### National Nutrition Policies

The Government's National Secretariat for Food Security and Nutrition (SESAN) is recognized as a model for multi-sector, multi-stakeholder food and security governance in the Latin American region. In the 2012 "National Agenda for Change," the government committed to tackle malnutrition through the National Zero Hunger Pact, which aims to reduce stunting by 10 percent (from 50 percent to 45 percent) among children under 5 by 2015, focusing primarily on nutrition and health during the 1,000 days from pregnancy to a child's second birthday. The Zero Hunger Pact is being operationalized through the Zero Hunger Plan 2012–2016, which includes specific nutrition interventions such as the promotion of exclusive breastfeeding and increased access to complementary foods, fortified food, and to health and nutrition services and counseling. It also includes programs that address the underlying causes of undernutrition. Such programs include the creation of income generation opportunities, improved water and sanitation facilities, and better education for women. The Zero Hunger Plan has been presented to finance departments of all line ministries in an effort to secure their focused consideration when budgeting and planning results for improved nutrition. However, there is still a need to continue to advocate for the country's continued focus on stunting as opposed to acute malnutrition.

In 2010, Guatemala joined **Scaling Up Nutrition (SUN)**, a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. The donor conveners are the World Food Programme and the Inter-American Development Bank.

### USAID Programs: Accelerating Progress in Nutrition

Highlighted Bilateral Nutrition Projects in Guatemala			
Project Name	Year Awarded	End Date	Objective
NutriSalud	2012	2017	To provide a comprehensive health and nutrition package that aims to improve nutritional status of women of reproductive age and children under five by implementing the seven essential nutrition actions (ENAs); strengthening maternal, neonatal and child health care and family planning services at the community level; and engaging communities in active solutions to their health care needs through community mobilization and linkages to local government structures.

FANTA	2012	2016	Use a nutrition advocacy process to raise awareness of the need for quality nutrition services to address malnutrition, especially stunting; strengthen collaboration between the agriculture, health, and nutrition sectors to improve the quality and diversity of the diets of children and pregnant and lactating women; and to provide technical assistance to improve maternal, infant, and young child health and nutrition within the context of the Zero Hunger Initiative.
Rural Value Chains Project (RVCP)	2012	2017	To target smallholder farmers and poor rural households, with activities focused on the coffee, and horticulture, and handicrafts value chains to increase sources of incomes and improve household access to food security.
Food Security Focused on the 1,000 window of opportunity SEGAMIL	8/1/2012	6/30/2018	This program distributes food commodities benefitting approximately 10,500 families and promotes the adoption of improved health and nutrition practices, thereby improving the health and nutrition of pregnant and lactating mothers and children under the age of two years.
Western Highlands Program of Integrated Actions for Food Security and Nutrition PAISANO	8/1/2012	6/30/2018	This program distributes food commodities to program participants, reaching approximately 13,250 households. The program works with community leaders to develop community action plans aimed at improving children's nutritional status. In addition, agricultural promoters will receive training in improved maize, bean and horticulture production systems, small animal husbandry and technical production of forest and fruit species.

### **Feed the Future Progress**

Feed the Future, the U.S. Government's global hunger and food security initiative, has a multi-year strategy that focuses on a value chain approach in order to move people out of poverty by improving their incomes, access to food, and nutrition counseling. The value chain activities are complemented by improved access to health services and potable water, and comprehensive hygiene and nutrition education interventions. The major Feed the Future projects include the **Rural Value Chains Project (RVCP)** and the **Nutrition and Health Project (Nutri-Salud)**, which have been designed to work alongside ongoing Food for Peace (FFP) projects (SEGAMIL and PAISANO). The Feed the Future target regions are the Western highlands, where the majority of the Mayan people live, with the highest density of poverty and food insecurity and high rates of maternal and infant mortality. These programs cover one third of the municipalities (similar to counties) in the five departments (provinces) where USAID works.

#### **USAID/Guatemala Feed the Future Goals for 2017**

- Reduce the prevalence of poverty in Feed the Future target regions by 15 percent
- Reduce the prevalence of stunting in children under age five in Feed the Future target regions by 12 percent

**RVCP** is active in 30 municipalities in Quetzaltenango, Quiche, Totonicapan, Huehuetenango and San Marcos in the Western Highlands, targeting smallholder farmers and poor rural households, with activities focused on the coffee, horticulture, and handicrafts value chains to increase incomes and improve household food security. In FY2013, USAID assisted small-scale producers in the production and marketing of horticulture and coffee products totaling \$20.4 million in sales. Over 12,000 people have been trained in agriculture or food security and nutrition.

Nutri-Salud operates alongside RCVP and targets 1.2 to 1.5 million people, mostly Mayan, especially women of reproductive age and children under five. Nutri-Salud is a comprehensive health and nutrition package that aims to improve nutritional status of women of reproductive age and children under five—with emphasis in children under two—and farmers involved in RCVP activities, by implementing the seven essential nutrition actions (ENAs); strengthening maternal, neonatal and child health care and family planning services at the community level; and engaging communities in active solutions to their health care needs through community mobilization and linkages to local government structures. The BCC component is holistically designed to ensure families and health practitioners have access to supplies, training, and other support. Nineteen priority behavioral objectives have been identified and broken into specific actions by participant group. The

behaviors include self- or home-care (such as appropriate feeding and care for children during and following illness episodes) and health seeking actions. In FY2012, through training on improved infant feeding practices, proper feeding rates improved from 53 percent to 74 percent in the intervention area.<sup>7</sup>

One other Feed the Future project is present—**Promoting Food Security and Trade Integration through SPS and Other Agriculture-Related Capacity Building**, which has a regional focus that includes Guatemala, El Salvador, Nicaragua, Honduras, Costa Rica and the Dominican Republic. It is a regional agreement that plans to support Feed the Future by building government and producer capacity to enhance food security and promote regional agricultural trade among the participating Central American countries.

#### Guatemala: Feed the Future Zones of Influence

- Zones of Influence
- Department Boundary



#### Active Global Nutrition Mechanisms

The **Food and Nutrition Technical Assistance (FANTA) III** project is helping the government meet its nutrition-related goals with activities that include: developing evidence-based dietary recommendations using the Optifood model to improve the nutritional status of women and children; providing technical support to the Ministry of Public Health and Social Assistance and the Ministry of Public Finance to estimate the costs of nutrition interventions under the government’s Zero Hunger Pact; collaborating with INCAP to create a nutrition and development e-learning course, which helps frontline health workers improve their ability to provide key nutrition services within the 1,000-day window of opportunity; and providing an e-learning initiative to strengthen the government’s Food Security and Nutrition Secretariat’s (SESAN) national and municipal delegates’ understanding of the context of food and nutrition security and their use of SESAN’s toolkit to implement and monitor the Zero Hunger Plan in their jurisdictions.

#### Other USAID Nutrition-Related Development Assistance

Over decades of presence, **Food for Peace (FFP)** has evolved from a food distribution program to become an integrated food security and development program. Two multi-year assistance programs, **SEGAMIL** and **PAISANO**, are being implemented in 18 of the 30 Feed the Future-prioritized municipalities with the main goal of improving food security and nutrition status of rural households in selected communities of the Western Highlands. Components of the FFP programs include reducing stunting among children under two, strengthening small-scale agriculture production, and strengthening capacity of local communities and municipalities in early warning and food and nutrition security. These initiatives are intended to enable program participants to reduce food insecurity and graduate a small portion of participants into Feed the Future projects implemented in the same geographic region. The extent of overlap between targeted communities, households, or individuals is in the process of being worked out through coordination between

Nutri-Salud and RVCP at the field level. FFP implementers are expected to work in close coordination with RVCP and improve technical and managerial capacity of small farmers who might have the potential to enter the Feed the Future value chains. FFP interventions also include assisting these smallholders to increase production of micronutrient-dense food crops in family gardens for household consumption. These activities will be coupled with the ENAs, education in maternal and neonatal health, and strengthening of institutional capacity of community and municipal councils to support programs and policies that address food security and nutrition.

Guatemala joined the *Committing to Child Survival: A Promise Renewed* campaign in 2012, and pledged to reduce under-five mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition.

## References

1. World Bank Guatemala Country Overview (from World Bank Poverty Assessment): <http://www.worldbank.org/en/country/guatemala/overview>
2. Feed the Future Guatemala FY2011-2015 Multi-Year Strategy, April 28 2011.
3. WFP Guatemala overview: <http://www.wfp.org/countries/guatemala/overview>
4. Reproductive Health Survey (Encuesta Nacional de Salud Materno Infantil) 2008-9. MSPAS, INE, UVG, USAID, CDC, UNICEF, UNFPA, OPS.
5. Reproductive Health Survey (Encuesta Nacional de Salud Materno Infantil) 2002. MSPAS, INE, UVG, USAID, CDC, USAID, ASDI, APRESA/UE, UNDP, UNICEF, UNFPA, POLICY II, CARE.
6. Guatemala Full Performance Plan Report, 2012. USAID.