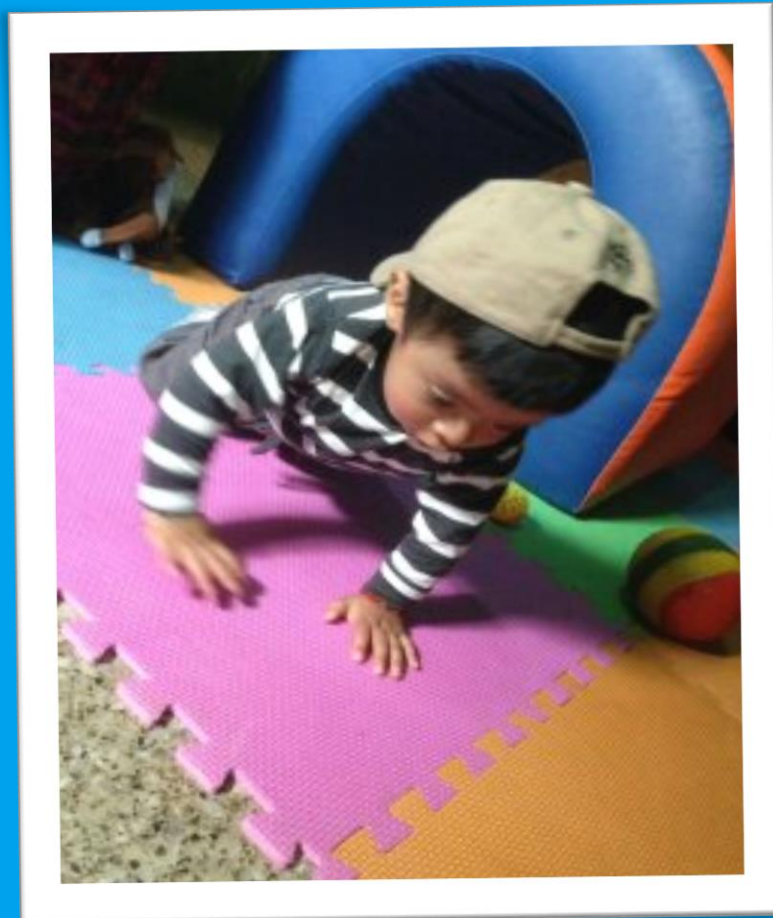


GUATEMALA

Nutrition Thematic Report

January – December 2018



Prepared by:

UNICEF Guatemala

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Abbreviations and ACRONYMS

CO	Country Office
C4D	Communication for Development
ECD	Early Child Development
ENPDC	National Strategy of Chronic Malnutrition Prevention
ENSMI	Maternal and Child National Survey
INE	Instituto Nacional de Estadísticas / National Bureau of Statistics
MoH	Ministry of Health
SESAN	Food and Nutrition Security Secretariat
SUN	Scaling Up Nutrition
WASH	Water, sanitation and Hygiene

Executive Summary

The political context of Guatemala has been affected by two major trends: an internal one, after almost four decades of internal armed conflict, fragmented social fabric, incipient political participation, the lack of a common shared agenda, and a democratic system still under construction. The other external, influenced by global and regional levels, of increasing polarization, discredited politics and global instability affecting economic and social development processes.

The Government's decision to not renew the mandate of the International Commission against Impunity in Guatemala (CICIG) and the proximity of general elections (President, Vice President, Deputies and Mayors) -which will take place in 2019- added tension, instability and uncertainty.

Additionally, Guatemala is a country with high income inequality, (GINI of 48.3 in 2014). Despite macroeconomic stability and economic growth of 3.0% in 2018, poverty has been increasing.

Changes of authorities and personnel in many line Ministries and Institutions continue to be a major challenge for the continued implementation of programmes.

Climate change continues to affect Guatemala, with children bearing the greatest burden with food insecurity. Acute malnutrition increased especially in the most vulnerable communities, with 3.4% of children aged 12-23 months affected. In 2018, 137 children under five died because of acute malnutrition.

UNICEF continues to lead in positioning Early Childhood Development (ECD) in the political agenda. For UNICEF Guatemala, the development of a comprehensive early childhood care model is a major focus and includes nutrition, health, child protection, early learning and early stimulation.

UNICEF will continue supporting the SUN Movement and will make efforts to transfer knowledge and methodology of the community monitoring system to governmental institutions. In 2019, the CO will develop new strategies to address improvement of maternal nutrition and prevention of stunting through infant and young child feeding strategies. It will also support overweight and obesity prevention plans.

Strategic Context of 2018

i) **Country trends in the situation of children vis-à-vis the outcome area.**

Guatemala is one of the poorest and most unequal countries in Latin America. Despite having made efforts to reduce inequality, the country continues to show the lowest rates of human development and the highest levels of inequality in Latin America. A high percentage of the indigenous population live in poverty (79.2% versus 46.6% in non-indigenous groups; and 89% of indigenous children live in poverty), which implies that poverty in the indigenous population is 1.7 times higher than in the non-indigenous population (INE, 2015: 4). Regarding the area of residence, 76.1% of the rural population of the country live in conditions of general poverty, against 42.1% in urban areas. These data show a deterioration of the well-being of the Guatemalan population, although with greater depth in indigenous people and those who live in rural areas.

Chronic malnutrition continues to be one of the most serious problems in Guatemala, affecting 46.5% of the population under five years of age (ENSMI 2014/2015). Gaps exist regarding place of residence (rural 53% vs. urban 35%), ethnic group (Indigenous 61% vs. non-indigenous 35%), and education (mother without education 67% vs. university degree 19%). These last two percentages provide evidence that malnutrition is not only related to the lack of food but also to dietary practices.

Only 54% of children under 6 months receive exclusive breastfeeding and anaemia is a huge problem for children under 1 year (71%).

The government continues to prioritize chronic malnutrition and addresses it through the National Strategy for Chronic Malnutrition Prevention – ENPDC -, but implementation of its components was slow. ENPDC includes a) Health Care, b) Water, Sanitation and Hygiene (WASH), c) Behaviour Change, and d) Food availability and income generation.

UNICEF supports behaviour change through a C4D model focused on change at community level, the health care component through promotion of the 1,000 days interventions and health supplies and hygiene promotion and the use of community video as a communication tool to solve water and sanitation related problems.

Acute malnutrition remains a threat. According to the ENSMI 2014/5, the percentage of children under five affected by acute malnutrition is only 0.7%, but, due to the effects of climate change, including prolonged periods of drought, and the increase in poverty, an increase in children affected by acute malnutrition was observed in some Departments such as Alta Verapaz where 1,304 children under 5 were identified compared to 892 in 2017.

ii) **What changes have been observed within the past year (2017 vs 2018).**

The political context of Guatemala has been affected by two major trends: an internal one, after almost four decades of internal armed conflict, fragmented social fabric, incipient political participation, the lack of a common shared agenda, and a democratic system still under construction. The other external, influenced by global and regional levels, of increasing polarization, discredited politics and global instability that affect processes of economic and social development. The Government's decision to not renew the mandate of the International Commission against Impunity in Guatemala (CICIG) and the proximity of general elections (President, Vice President, Deputies and Mayors) -which will take place in 2019- added tension, instability and uncertainty.

Although the country is a signatory of the Nutrition Promotion Movement (SUN) and in its third year of implementing the National Strategy for the Prevention of Chronic Malnutrition (ENPDC), the actions have not reached the population in a comprehensive and effective way.

In 2018, Guatemala again suffered a prolonged heat wave that lasted for more than 50 days in some communities. Additionally, there were other factors that increased food insecurity, such as pests, the drop-in coffee and sugar prices, sectors which constitute important sources of unskilled labor for small producers in the country. Faced with this situation, UNICEF, in coordination with the World Food Program, carried out a study on Food and Nutrition Security Assessment at the national level. The study focused on the most vulnerable households of small producers with small land properties or day laborers. The main purpose was to know the level of severity of food insecurity, to be able to define the situation and identify needs and areas of possible affectation due to the multiple events that occurred during 2018. The study identified that in these poor rural families, 2% of children under 5 were affected with acute malnutrition and up to 3.4% in children 12 to 23 months of age.

The Secretary of the Food and Nutrition Secretariat – SESAN, the key institution to coordinate the implementation of ENPDC – was removed in early 2018. The frequent changes of main institutional authorities was a major bottleneck to the implementation of activities in this cycle of cooperation spanning 2015-2019.

UNICEF launched The LANCET Series on Early Childhood Development in Guatemala in November 2017 to promote the integrated early childhood development policy. In 2018, the Office began to promote intersectoral coordination to work to achieve integrated ECD, with participation of health, nutrition, child protection, early education, early stimulation and responsive care.

On June 3, the Volcán de Fuego erupted and created avalanches of enormous amount of pyroplastic material. The worst affected departments were Escuintla, Sacatepéquez and Chimaltenango. The President of Guatemala declared National Alert and State of Calamity for the three departments. According to the National Coordinator for Disaster Reduction (CONRED), the eruption left more than 1.7 million people affected, including 685,754 children and adolescents. UNICEF CO, as the Nutrition Cluster coordinator, implemented “Nutrition brigades” to support families of affected communities and living in shelters to ensure adequate nutritional status and prevent acute malnutrition.

iii) **Key challenges and changes happening in the country narrative, partnerships, resources.**

Finding an adequate approach to chronic malnutrition prevention and reduction continues to be a key challenge in the country, since the reduction has been very slow in the last 30 years (average 0.5% per year).

A key challenge assumed by the CO is to create a comprehensive model to care for early childhood adequate growth and development as the new focus to promote early childhood development and prevent malnutrition. Discussions and creation of awareness on this approach (supported by The Lancet 2016) had been held at central and local level; and an ECD Alliance formed by different institutions (UN and NGOs) has been established. This approach focuses on interventions that have particular importance in early childhood, i.e. health, nutrition, child protection, early education, early stimulation and responsive care. In Guatemala, this is an innovative approach and thus a challenge.

iv) **How is UNICEF positioned to engage or address these.**

UNICEF has been the key actor in promoting and advocating for child rights, particularly those of children exposed to multiple deprivations, such as indigenous children, adolescents in rural areas, and children in need of special protection. UNICEF is regarded as the single most influential authority and opinion leader in terms of children’s rights. This allowed UNICEF to hold frequent dialogue with the highest authorities and the line Ministries on policy development, legal reform,

and national programmes to promote the rights of children. UNICEF also maintains close communication and interventions at the local level.

The work carried out through the Communication for Development strategy and its impact on changing and improving behaviors, beliefs and practices related to the 1,000 days actions proved to be effective in improving the situation of children and adolescents in different areas, such as health, nutrition, water and sanitation and child protection. Due to its positive effects, UNICEF has increasingly used this strategy, which has also generated greater demand from communities for the adequate provision of essential public services. UNICEF plays an important role to strengthen local actors, especially through the Food and Nutrition Municipal Committees – COMUSAN – and serves as a link between community based work (with local institution actors, community leaders, etc.) and National level highest authorities. UNICEF engages in political dialogue with the highest authorities, and also dialogue with local and community actors. For example, chronic malnutrition was placed in the mainstream of national policy as a result of UNICEF's work on producing effective evidence, combined with advocacy at multiple levels. The identification of the major bottlenecks for reducing chronic malnutrition performed by UNICEF Guatemala CO in 2012¹ was a pioneer effort which demonstrated that chronic malnutrition must be addressed through multiple strategies, including nonconventional forms of education, with emphasis on local participation, promoting dialogue and reflection and creating awareness about the problems that affect the communities. As a result, a Communication for Development approach was developed and has been one of the key elements of the National Zero Hunger Plan in 2012 and is now being included within the National Strategy for Chronic Malnutrition Prevention (2016-2019).

In 2018 UNICEF began promoting a comprehensive approach to linking early childhood development and chronic malnutrition. In doing so, UNICEF began to build effective alliances with different sectors.

¹ "Cuellos de Botella" / barreras relacionadas a la reducción de la desnutrición crónica. Informe final de la Línea de Base realizada en los primeros ocho municipios priorizados por el Plan Hambre Cero. Guatemala, octubre de 2012.

v) **What are our specific challenges?**

UNICEF's Healthy Start for Life programme component supports the national strategy to prevent chronic malnutrition and government efforts to coordinate a multi-sectoral approach to scaling up and sustaining interventions focused on the child's first 1,000 days, and more recently to create an intersectoral work stream to address Early Childhood in a comprehensive manner. The main challenge is to ensure that families and communities participate in the chronic malnutrition prevention programs and in the early childhood interventions. To develop the comprehensive model of chronic malnutrition prevention and early childhood development is probably one of the greatest challenges. Strengthening of an ECD Alliance with multiple actors is essential to promote the comprehensive concept.

To continue work at local level with communities may be considered a slow process, but it is undoubtedly the only way to strengthen community capacity building and achieve sustainability in the medium and long term. Creating awareness among the COMUSAN actors is essential to local governance, to sustain their interest in ECD programmes and link them to the 1,000 days interventions. Community empowerment and awareness will probably build citizenship and demands; this is also a challenge, but it is necessary to achieve children's rights.

Maintaining intersectoral work at municipal level is also a challenge, especially since 2019 is an election year. Changes in central level and local level authorities will may result in challenges to maintain processes on track.

The response to droughts and timely identification of acute malnutrition, as well as improvement of the surveillance system have not been resolved yet. UNICEF continues to lead the Nutrition Cluster to support affected municipalities and communities to provide life-saving responses and build resilience through strengthening of community leaders as "Agents of Change" who can ensure timely identification of children with acute malnutrition as well as danger signs to prevent death.

To improve the information on nutrition with a standardized system able to register the benefits that each child receives to improve its health and nutrition and show changes, is another challenge. Meanwhile, a community monitoring system was developed related to the 1,000 Days interventions, and hygiene and sanitation. Data from communities is being analyzed and the challenge is to join both topics and to transfer the methodology and lessons learned to a governmental institution. This will be a major challenge since there is no institution which registers behaviour change.

Results in the Outcome Area

By the end of 2019, women, girls and boys, particularly those in rural indigenous areas, access a comprehensive package for health, nutrition and WASH, to guarantee the healthy growth and development, in particular during the child's first 1,000 days (from conception to 2 years of age), and to prevent and reduce chronic malnutrition and morbidity/ mortality.

"A Healthy Start in Life" focuses on reducing chronic malnutrition and improving access to quality health services.

Strengthening of Municipal Food and Nutrition Committees continued and the C4D strategy also continued as a main process to improve parenting skills in relation to Infant and Young Child Feeding. The UNICEF breastfeeding strategy was consolidated to support, promote and protect exclusive breastfeeding in the first six months and continued breastfeeding to at least two years. Twelve additional health centres were certified as Baby Friendly (5 hospitals and 7 health centres) and two private business were recognized as Baby Friendly spaces. Capacity building with the "20 hours breastfeeding course" was achieved, with training of 4,284 personnel from the Ministry of Health and seven universities with whom a letter of understanding was signed to continue training for nutrition and nurse students. A specialized breastfeeding course for medical doctors (89), unique to date, was also implemented (duration of 10 months).

The Communication for Development Strategy remains the key to promoting the involvement and empowerment of local actors in the prevention of chronic malnutrition. The Strategy is included in the National Strategy for the Prevention of Chronic Malnutrition and is implemented by the Food and Nutrition Municipal committees and is now included as part of the Ministry of Health Educational Strategy. The strategy also includes the use of video to film water and sanitation community problems by community leaders and these videos are discussed in community assemblies to identify solutions to their own problems. In 2018, 36 videos of water and sanitation were produced. These covered 19 community WASH projects. Local networks were also built with local 25 radio stations, and 87 radio kits in prioritized

municipalities were produced relating to 1,000 days interventions, including water and sanitation, reaching populations in their language.

Given the lack of behavioural change records for the prevention of chronic malnutrition, the implementation of the Community Monitoring System related to the actions of the 1,000 days and water and sanitation, was implemented with the participation of 115 communities. Information is being analysed and will soon be presented and the methodology transferred to governmental institutions. This information is the basis of the municipal and community plans for the prevention of chronic malnutrition.

Child development and timely stimulation was positioned at the national level and in prioritized departments (through the Early Childhood Alliance) as a key to the comprehensive approach to early childhood. Twenty-One Municipal Commissions of Food and Nutritional Security - COMUSAN - were strengthened through a Diploma and participatory diagnostics.

Twenty-Five Community Spaces for Early Child Development provide learning for mothers, fathers and communities in three Departments and report their actions in COMUSAN; their integration as part of the chronic malnutrition prevention national strategy is still pending. Nevertheless, these ECD community spaces are part of the basis for the model of comprehensive care to early childhood that the Country Office is preparing.

Adolescents participated in the promotion of good feeding practices through a model of peers who approached more than 7,000 adolescents outside the school system, reaching more than 3,000 adolescent women in 25 municipalities with iron and folic acid supplementation. Participatory methodologies and empowerment techniques were used.

The Emergency of the Fuego Volcano activated the Nutrition Cluster, led by UNICEF. The "Nutrition Brigades Strategy" was developed to care for the affected population in 32 shelters and 18 communities, saving the lives of 45 children under 5 affected by acute malnutrition. The situation of prolonged drought was assessed evidencing an increase in the incidence of acute malnutrition in children under 5 years of age (up to 3.4% in children aged 12-23 months).

Likewise, the Integral Nutritional Resilience Group in Emergencies - GRIN-LAC- Central America chapter, Mexico, Dominican Republic and Cuba continued to be coordinated.

The determinants related to malnutrition are also affecting the population with overweight and obesity (7% of children under 2 are overweight). UNICEF is supporting the development of the National Strategic Plan for the Prevention of Overweight and Obesity and is supporting the Health and Nutrition Surveillance System -SIVESNU - which measures indicators annually to support decision making.

Results Assessment Framework

Following the indicators of the outcome area, showing the results achieved by 2018 compared to the baseline and targets²:

Indicator	Baseline		Target		Status
	Year	Value	Year	Value	
% of exclusive breastfeeding among children aged 0 to 5 months	2009	49.6%	2019	64.6%	54.2%
% of the health budget allocated specifically to interventions to reduce malnutrition	2014	10.8%	2019	18%	18.77%
% of children under five with moderate and severe growth retardation at National level	2009	49.8%	2019	44.8%	46.5%
% of children under five with moderate and severe growth retardation at Priority Municipalities	2012	59.9%	2019	49.9%	60.6%
% of women attended at least four times during pregnancy by any health care provider	2015	86%	2019	96%	86%

² No National Maternal and Child Health Survey had occurred in this year.

TABLES

Thematic Sector 4: Nutrition Guatemala

Planned and Funded for the Country Programme 2018 (in US Dollar)

Intermediate Results	Funding Type ¹	Planned Budget ²
04-01 1000 Days: improved Sector Mgt	RR	22,600.00
	ORR	412,921.67
04-02 Mother/child friendly health service	RR	219,260.00
	ORR	691,133.77
04-03 Community based capacity building	RR	45,140.00
	ORR	755,944.56
Total Budget		2,147,000.00

¹ RR: Regular Resources, ORR: Other Resources - Regular (*add ORE: Other Resources - Emergency, if applicable*)

² Planned budget for ORR (*and ORE, if applicable*) does not include estimated recovery cost (only programmable amounts).

*Note: this report was pulled in October 2015 and the totals in this table does not match reports pulled later.

Table 2: Country-level Thematic contributions to thematic pool received in 2018

Thematic Pool 4: Nutrition

Thematic Contributions Received for Thematic Pool 4 by UNICEF Guatemala in 2018

(in US Dollars)

Donors	Grant Number*	Contribution Amount**	Programmable Amount**
United States Fund for UNICEF	SC1899040063	0.00	0.00
Total		0.00	0.00

*N.B. According to IATI, grant numbers must be listed in reports. For a complete list of the grant numbers for the Thematic contributions received, look at the accompanying excel document *2018 Non_Humanitarian Thematic Reports due by Business Area and grant number* available online, and verify using ZGMVREPTRACKOVERDUE report in VISION, as explained on page 7.

** Budget year 2017, contribution amount \$337,028.15, programmable amount \$324,065.53

Table 3: Expenditures in the Thematic Sector

For thematic sectors belonging to a Goal Area with multiple thematic pools (Goal Area 1 and Goal Area 4) you should only include the results areas in the thematic sector covered by the report.

Thematic Sector 4: Nutrition (04 implementation on 2018 \$0.00) (21 Survive and Thrive)

Guatemala

2018 Expenditures by Key-Results Areas (in US Dollars)

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-01 Maternal and newborn health	-	246,308	50,591	296,899
21-03 Child Health	14,646	94,643	60,632	169,921
21-04 Prevention of stunting and other forms of malnutrition		460,363	203,915	664,278
21-05 Treatment of severe acute malnutrition	93,574	197,238	2,017	292,829
21-07 HIV prevention		83,318	50,322	133,640
21-08 Early childhood development	27,375	382,090	9,680	419,145
21-09 Adolescent health and nutrition		6,860	46,391	53,251
Total	135,595	1,470,820	423,548	2,029,963

Table 4: Thematic expenses by Results Area

For thematic sectors belonging to a Goal Area with multiple thematic pools (Goal Area 1 and Goal Area 4) you should only include the results areas in the thematic sector covered by the report.

The table below shows a breakdown of expenditures of Thematic contributions by results area.

Fund Category	All Programme Accounts
Year	2018
Business Area	Guatemala - 1680
Prorated Goal Area	21 Survive and Thrive
Donor Class Level2	Thematic

Row Labels	Expense
Other Resources - Emergency	2,667.12
21-05 Treatment of severe acute malnutrition	2,667.12
Other Resources - Regular	358,866.19
21-01 Maternal and newborn health	45,792.18
21-04 Prevention of stunting and other forms of malnutrition	67,667.35
21-05 Treatment of severe acute malnutrition	75,521.94
21-07 HIV prevention	57,866.94
21-08 Early childhood development	105,180.19
21-09 Adolescent health and nutrition	6,837.59
Grand Total	361,533.31

Support by Grant

Fund Category	All Programme Accounts
Year	2018
Business Area	Guatemala - 1680
Prorated Goal Area	21 Survive and Thrive
Donor Class Level2	Thematic

Row Labels	Expense
SC149901	12,477
Other Resources - Regular	12,477
21-01 Maternal and newborn health	5,665
21-04 Prevention of stunting and other forms of malnutrition	307
21-07 HIV prevention	6,505
SC149902	58,200
Other Resources - Regular	58,200
21-07 HIV prevention	51,362
21-09 Adolescent health and nutrition	6,838
SC149903	50,998
Other Resources - Regular	50,998
21-08 Early childhood development	50,998
SC149904	237,192
Other Resources - Regular	237,192
21-01 Maternal and newborn health	40,127
21-04 Prevention of stunting and other forms of malnutrition	67,360
21-05 Treatment of severe acute malnutrition	75,522
21-08 Early childhood development	54,183
SM189910	2,667
Other Resources - Emergency	2,667
21-05 Treatment of severe acute malnutrition	2,667
Grand Total	361,533

Table 5: Expenses by Specific Intervention Codes

For thematic sectors belonging to a Goal Area with multiple thematic pools (Goal Area 1 and Goal Area 4) you should only include the Specific Intervention Codes in the thematic sector covered by the report.

Business Area: Guatemala - 1680

Prorated Goal Area 21 Survive and Thrive
in US\$

Organizational Targets (Specific Intervention Codes)	Expense
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	271,546
21-03-16 HSS - Management Information Systems	139,850
21-03-99 Technical assistance - Child health	20,734
21-04-02 Diet diversity in early childhood (children under 5), includes complementary feeding and MNPs	-12
21-04-07 National multisectoral strategies and plans to prevent stunting (excludes intervention-specific strategies)	562,833
21-04-08 Data, research, evaluation, evidence generation, synthesis, and use for prevention of stunting and other forms of malnutrition	69,241
21-05-03 Nutrition humanitarian cluster/humanitarian sector coordination	285,554
21-07-05 HIV and sexuality education for adolescents	97,260
21-07-08 Maternal HIV testing and counselling (PITC)	32,734
21-08-02 Community based child care	377,094
21-08-05 ECD Policy and system strengthening	6,859
21-09-06 Adolescent pregnancy prevention	49,923
26-02-05 Administrative data, registers and non-MICS household surveys and censuses	27,036
26-03-04 Community engagement, participation and accountability	85,052
26-03-05 Innovation, multi-media content production and dissemination	1,305
26-03-06 Research, monitoring and evaluation and knowledge management for C4D	122
26-06-10 CRC, CEDAW or CRPD - follow up on concluding observations	2,179
28-07-04 Management and Operations support at CO	
30-03-03 Private sector partnerships	654
Grand Total	2,029,964

Table 6: Planned budget for 2019

Thematic Pool Area 4: Nutrition (04 implementation on 2018 \$0.00) (Goal Area 21 Survive and Thrive)

Guatemala

Planned Budget and Available Resources for 2019

Intermediate Result	Funding Type	Planned Budget ¹	Funded Budget ¹	Shortfall ²
04-01 1000 Days: improved Sector Mgt	RR	21,030	101,370	-80,340
	ORR	446,203	110,353	335,850
04-02 Mother/child friendly health service	RR	224,854	146,906	77,948
	ORR	740,310	263,360	476,950
04-03 Community based capacity building	RR	42,116	588	41,528
	ORR	813,487	1,008,284	-194,797
Sub-total Regular Resources		288,000	248,864	39,136
Sub-total Other Resources - Regular		2,000,000	1,381,997	618,003
Total for 2019		2,288,000	1,630,861	657,139

¹ Planned and Funded budget for ORR excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration.

² Other Resources shortfall represents ORR funding required for the achievements of results in 2019.

Future Work Plan

Priority Actions in 2019 will continue to be focused on chronic malnutrition prevention, divided in two components: prevention of stunting and improving maternal nutrition during pregnancy. The Office will also continue to support prevention and treatment of acute malnutrition to prevent deaths in children under 5. Given that the issues of overweight and obesity coexist with chronic malnutrition, UNICEF will continue to support the MoH to address these malnutrition problems.

The CO will continue to develop de ECD comprehensive model intervention in prioritized municipalities to have a demonstrative intervention jointly with chronic malnutrition prevention interventions.

The main activities during 2019 to prevent stunting will be a bottle neck analysis and development of a theory of change to better understand the slow stunting reduction in the country. Also, a strategy to improve infant and young child feeding will be developed following an anthropological survey. The strategy will include the promotion of eggs for infant and young child feeding, and efforts will be made to achieve a review or dietary guidelines for children under 2 by the MoH.

For improvement of maternal nutrition during pregnancy, a strategy to improve maternal nutrition during pregnancy will be developed, and the strategy focused on adolescents implemented by UNICEF CO in 2016 will be reviewed and improved. Interventions such as breastfeeding promotion, and the promotion of the 1,000 days interventions will continue since they are the basis to ensure adequate growth and development and constitute the minimum nutrition care that a human being must receive in their first days of life. The C4D Nutrition Strategy and the community monitoring system will also continue to be important strategies within the nutrition component.

Expression of Thanks

The support received through thematic funds to support the Outcome of a Healthy Start for Life is highly valued since it has allowed UNICEF to strengthen strategies and to expand them where needed. It also allowed timely response to unforeseen needs within the strategies and to monitor interventions. It allowed the provision of technical assistance efficiently, facilitating the implementation of actions with high quality. It has undoubtedly allowed progress toward outcome goals. The CO is very grateful for receiving this support for the benefit of Guatemalan children.

Report Feedback Form Link

<https://forms.office.com/Pages/ResponsePage.aspx?id=IQFBd-EUuE-QS6sYkgI2Z1EJsLcYAJBHh2bCnwnlhtZUOEY3NTBQVUIFMU9TTzVCQ1A4MDNNTERHSy4u>

UNICEF Guatemala – Real stories about real lives

unicef 
for every child

Guatemala

Real-life stories



Photograph by Sur Profundo Comunicaciones.
Irma and her baby at Pedro Betancourt Hospital in Antigua Guatemala.

Breastfeeding

More than food, life.

Antigua Guatemala, Sacatepéquez, Guatemala, May 2017

By Francisco Javier Figueroa

there is plenty of evidence of the benefits of breastfeeding for the mother and baby at the physical and emotional level, and that it is a fundamental practice for preventing chronic malnutrition, in Guatemala on average only one-half of girls and boys under the age of six months are exclusively breastfed, which is vital to ensure their health and help reduce malnutrition in the country.

Irma Oviedo, aged 20, is from San Felipe de Jesús. She has five sisters and recalls that their mother breastfed all of them and recommended that they do the same with their future babies. She also says that her mother received training and some of the valuable information she passed on to them is that when a baby is breastfed he is less susceptible to disease and emotionally more stable.

In Guatemala, until now, of the 39 public hospitals in the country, 10 have been recognized as Breastfeeding-Friendly Health Services. This is based on global parameters and includes 10 steps for successful breastfeeding (see the box).

The idea is to expand this recognition to all the public hospitals in Guatemala and gradually incorporate government institutions and private companies that adopt this model, to be replicated at the national level.

One of such hospitals is Pedro de Betancourt Hospital in Antigua, which has been recognized as a Friend of Breastfeeding. Thanks to its best practices with regard to breastfeeding, in eight years the hospital has reduced infant mortality from 2 to 0.17 percent among its patients.

Another hospital initiative is the human milk bank. The purpose is to provide breast milk for premature infants with low birth weight, since they have to remain longer time at the hospital than their mothers. Therefore, these babies are fed with breast milk stored in the bank.

According to Dr. Miguel Ángel Soto, chief of the pediatrics section of this hospital, breastfeeding is not only the best food a newborn can get, but should be the only food until the age of six months, since breast milk has properties and biological values such as antibodies, immune secretions that protect the intestine, unique

nutrients and proteins that cannot be replaced by industrial foods, even the best ones.

Thanks to the program implemented at Pedro de Betancourt Hospital, 80 percent of mothers continue breastfeeding their children during the first year of life.

Irma also notes that she learned that breastfeeding prevents ovarian cancer in the mother. Her baby was born in May 2017. He is her first child. Her milk came down on the fourth day. She adds, "My baby's weight is good, he is well fed, he has never been sick, he has no digestive problems." Her son was born at Pedro de Betancourt Hospital. For the first three days her baby received milk from the breast milk bank, which is why she greatly values this alternative. Now she contributes to the bank to help other mothers and save young lives, which makes her very happy.

There are cultural patterns linked to modernity and globalization, added to marketing campaigns by multinationals that produce industrial formula, which for some time lessened the perceived value of breastfeeding.

From another perspective, comparisons of the milk of a well-fed mother with that of one who is malnourished show that in qualitative terms there is no difference. Differences only exist at the quantitative level, which is why Dr. Soto says that nature is incredible and that human beings are made to feed their own species.

UNICEF and its partners promote breastfeeding to ensure the development of girls and boys and as an effective practice for reducing the chronic malnutrition that affects one-half of children under five.

UNICEF promotes breastfeeding-friendly spaces at companies, the public sector and the community. It also encourages midwives who promote breastfeeding.

*Whenever we ensure good nutrition for a girl or boy, **there is hope.***

10 STEPS FOR SUCCESSFUL BREASTFEEDING (FRIENDS OF BREASTFEEDING HEALTH SERVICES)

1. Have a written policy in place regarding breastfeeding that is systematically shared with the entire healthcare staff.
2. Train all the healthcare staff so they are able to implement this policy.
3. Inform all pregnant women regarding the benefits of breastfeeding and the way to practice it.
4. Help mothers start breastfeeding during the half hour following childbirth.
5. Show mothers how to breastfeed the child and how to keep on breastfeeding even if they have to be separated from their children.
6. Not give newborns anything but breast milk, without other foods or drinks, unless indicated by a physician.
7. Facilitate rooming-in of mothers and babies 24 hours a day.
8. Promote on-demand breastfeeding.
9. Not give breastfed children pacifiers.
10. Promote the establishment of breastfeeding support groups and ensure that mothers contact them when they are discharged from the hospital.

TEN STEPS FOR A COMPANY OR INSTITUTION TO BE RECOGNIZED AS A “FRIEND OF BREASTFEEDING”

STEP 1: Make up a team that provides leadership and follow-up to implementation of the initiative within the establishment.

STEP 2: Implement a mother-friendly space to facilitate expression of breast milk and give constant support to working mothers.

STEP 3: Have a written breastfeeding policy in place at the establishment to be shared with the entire staff.

STEP 4: Train the staff and have materials to inform pregnant workers regarding the benefits and management of breastfeeding.

STEP 5: Show mothers how to express breast milk and how to keep on breastfeeding in case they are separated from their babies.

STEP 6: Give mothers the required maternity leave during the pre- and postnatal period established by law.

STEP 7: Allow mothers to take the breaks established by law for breastfeeding.

STEP 8: Give working mothers time to express breast milk according to their work schedule.

STEP 9: Share, facilitate and reinforce knowledge regarding timely stimulation for mothers to strengthen their ties of affection with the baby when they return home.

STEP 10: Do not accept from suppliers or offer their workers and their families breast milk substitutes or feeding bottles.



Photograph by Sur Profundo Comunicaciones.
Irma, happy to breastfeed her child.

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Photograph by Sur Profundo Comunicaciones.
Children at a Stimulation Center in Paquí, Totonicapán. Lively faces.

Timely Stimulation Centers

An Active Mind for a Fuller Life

Totonicapán, Guatemala, May 2017

By: Francisco Javier Figueroa

Paquí is a community in Totonicapán, Guatemala. The Timely Stimulation Center located there helps increase girls' and boys' intellectual, emotional and physical development through play and socio-educational methods and practices. It also teaches parents new ways to stimulate and interact with their children that they can replicate at home.



Photograph by Sur Profundo Comunicaciones.
Activities where everybody participates: children, monitors and parents.

Early childhood development, from pregnancy until eight years of age, is crucial for every girl and boy to reach her or his full potential.

In Guatemala, one out of every two children under five suffers from chronic malnutrition, which affects their cognitive development. There are practically no early stimulation programs and preschool coverage is less than 50 percent.

Leslie Tzul is a 20 year old young woman from the community of Paquí with two children aged three and a half and seventeen months. But her children, like others in the area, are getting an opportunity their parents did not have when they were small at Timely Stimulation Centers. Leslie notes that these centers are important, since they help their children develop intellectually, socially and emotionally.

She adds, "We learn along with the children, because sometimes at home we have no time for them; we let them play by themselves and don't know what they are doing. At the Centers we have an hour to play, for them to draw and paint, a special

hour for our children; here they come to have fun and we share in the fun with them."

Leslie says that she started attending the Center when her first child was two and she was pregnant with the second one. Regarding the benefits the Center has offered them, Leslie says that her oldest son was very shy; he had a hard time interacting with other children and people in general and did not participate a lot. Now, thanks to the therapy provided at the Center, he is much more sociable and takes part in games with other children. With regard to her younger son, she says that at the Center they taught her how to stimulate him, to talk to him since he was in the womb and when he was born, she was taught how to massage him to relax him and do exercises to teach him to crawl and then to walk, which he learned quickly. Leslie replicates these lessons and practices at home and feels that they are a big step forward, since when she was a child those centers did not exist.

Leslie is happy to see the progress achieved by her children. When she watches them play and learn new skills each day, she thinks about what she did not have when she was a child and at the same time she is

thankful for the development they will have and that this will help them overcome challenges in the future.

Natalie, 10 years old, accompanies her mother and 4-year-old brother to the Center. She says, "I think the Center is very nice, because my brother plays and exercises, and they teach him letters. He doesn't like to go to school but he enjoys coming here. It makes him very happy."

Natalie says that she did not get a chance to come to this center when she was little, but would have liked to do so,

because she sees how her brother is learning and having fun.

UNICEF and its partners promote early childhood policies and programs and implement innovative models that are scaled up. Among these new modalities, UNICEF promotes Timely Stimulation Centers at the community level to support children's development and improve parents' knowledge and practices for raising their children.

Whenever a girl or boy develops his or her full potential, there is hope.



Photograph by Sur Profundo Comunicaciones.
The whole family benefits.

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