

GUATEMALA

Nutrition Thematic Report

January – December 2016



Prepared by:

UNICEF Guatemala

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Abbreviations and ACRONYMS

CO	Country Office
C4D	Communication for Development
ECD	Early Child Development
MoH	Ministry of Health
NGOs	Non Governmental Organizations
SESAN	Food and Nutrition Security Secretariat
SUN	Scaling Up Nutrition
ToR	Terms of Reference

Executive Summary

The new Government took office in January 2016 with much anticipation by tens of thousands of Guatemalans who participated in the historic, peaceful social movement in 2015, which led the resignation and prosecution of public figures including the former President and Vice President. The new administration inherited significant challenges – severe fiscal deficit and extremely weakened State institutions which were widely discredited among the public. The new administration continued focus on chronic malnutrition. Despite significant national efforts on these priority area, State institutions continued to face instability, hindering progress. Many line ministries and institutions, including the Ministry of Health (MoH), suffered many changes in senior authorities during the year. As in previous years, MoH suffered acute instability, with the Minister, Vice Minister and key Directors replaced after only 7 months in office. The multidimensional child poverty study, conducted jointly with Central American Institute for Fiscal Studies (ICEFI), demonstrated the worsening trends since 2006, with 78% of Guatemalan children living in conditions of monetary poverty and/or deprivation of rights (multidimensional). The situation is even worse among indigenous children of whom 89.4% live poverty. Climate change continues to affect Guatemala, with children bearing the greatest burden. The effects of drought expanded beyond the 6 provinces of the “dry corridor,” and 5 more are now considered as the part of the “extended dry corridor.” In some municipalities, acute malnutrition exceeded 5%. UNICEF co-led UN SDG task force to support the National Planning and Programming Secretary (SEGEPLAN) in developing a roadmap to implement the SDGs and an SDG implementation strategy. The National Prioritization of SDG goals and indicators was finalized and consultations held at national and regional level. Despite continued negotiation and advocacy with Ministries to institutionalize ongoing projects, policies and plans supported by UNICEF, many are not yet fully institutionalized. For example, important setbacks in health services included the elimination of key personnel within the newly presented strategy for local health services, including community health educators critical to implementing the “1000 days” interventions. For the first time in many years, Guatemala also suffered a generalized stockout of Sprinkles, which had previously been fully institutionalized. UNICEF will continue supporting the SUN Movement and introducing innovative interventions such as community ECD centers and will continue to support and promote the 1,000 days interventions to prevent chronic and acute malnutrition as well as overweight and obesity.

Strategic Context of 2016

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

The trends of the multidimensional child poverty worsened with 78% of Guatemalan children living in conditions of monetary poverty and/or deprivation of rights (multidimensional). The situation is even worse among indigenous children of whom 89.4% live poverty. Climate change continues to affect Guatemala, with children bearing the greatest burden. The effects of drought expanded beyond the 6 Municipalities of the “dry corridor,” and 5 more are now considered as the part of the “extended dry corridor.” In 2016, the MoH reported 13,418 children with acute malnutrition; 4,283 children were treated with therapeutic formulas with UNICEF support. In some of these Municipalities, acute malnutrition exceeded 5%. The prevalence of chronic malnutrition in children under 5 is 46.5%, still showing gaps 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%). Only 54% of children under 6 months receive exclusive breastfeeding and anaemia is a huge problem for children under 1 year (71%).

ii) **What changes have been observed within the past year (2015 vs 2016).**

The new Government took office in January 2016. The new administration inherited significant challenges – severe fiscal deficit and extremely weakened State institutions which were widely discredited among the public. As in previous years, MoH suffered acute instability, with the Minister, Vice Minister and key Directors replaced after only 7 months in office. The new government continues prioritizing chronic malnutrition, but did not continued the Zero Hunger Plan, and has presented a new National Strategy for Chronic Malnutrition Prevention. The operationalization of this Strategy remains at the planning stage; it has not been fully implemented. The new strategy established 6 sectorial work groups, and UNICEF participates in two of these: a) Behaviour Change, and b) Water, Sanitation and Hygiene (WASH). As a result, UNICEF’s C4D model has been included in the National Strategy as the community approach for behaviour change. The Ministry of Health has also presented a new health model; although it is a comprehensive model that since it focus on the Universal access to health, it doesn’t prioritize the 1,000 days interventions, nor considers the community health workers in its structure. This makes it difficult to promote the prevention of chronic malnutrition in pregnancy and children under 2.

iii) **A year after the launch of the SDGs, what are the key challenges and changes that are happening in the county narrative, partnerships, resources.**

Due to the instability of State institutions, there is knowledge of the SDGs but they are not as relevant as they should be within the Governmental plans, hindering progress towards them. Many line ministries and institutions, including the Ministry of Health, Ministry of Social Development, Social Welfare Secretariat of the Presidency, and the Solicitor General's Office, all suffered many changes in senior authorities during the year. UNICEF co-led UN SDG task force to support the National Planning and Programming Secretary in developing a roadmap to implement the SDGs and an SDG implementation strategy. The technical assistance to include chronic malnutrition as a main indicator for SDG 2 was crucial, since initially only acute malnutrition was considered. The National Prioritization of SDG goals and indicators was finalized and consultations held at national and regional level.

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

UNICEF has been the key actor in promoting and advocating for the child rights, particularly those exposed to the multiple deprivation, such as indigenous children, adolescents in rural areas, and children in need of special protection. UNICEF is regarded as a single most influential authority and opinion leader in terms of children's rights. This allows us to hold frequent dialogue with highest authorities of the country and the line Ministries, when it comes to the policy development, legal reform, and national programmes to promote the rights of children. At the same time, UNICEF maintains the close collaboration at community level, with strong networks with national, local NGOs, which promote community based actions. In this sense, UNICEF is uniquely positioned to engage in political dialogue with the highest authorities, based on our own experiences in the field, legitimizing our position to represent the people in the most vulnerable condition. UNICEF has been a key player in generating sector analysis on children, notably in the area of public budget, nutrition, protection, and education, which were used for evidence based advocacy. In recent years, a number of critical issues related to children, such as chronic malnutrition were placed in the mainstream of national policy as a result of UNICEF's work on producing effective evidence, combined with advocacy at multiple levels. Additionally, UNICEF in Guatemala was one of the first organisations in the world to implement a bottleneck analysis (MoRES: Monitoring of Results for Equity System), which led us to tackle long-standing issues with innovation. An example is the nutrition C4D approach used to improve the knowledge on the complementary feeding at the community level as a result of the bottleneck analysis. The C4D approach was implemented initially at 12 municipalities in 2010, and the successful intervention led to the buy-in from

the government. The UNICEF C4D strategy was converted into one of the key element of National Zero Hunger Plan in 2012 and is now being included within the National Strategy for Chronic Malnutrition Prevention. Also, UNICEF maintains strong leveraging power with all partner organisations, building effective alliances with multiple sectors, including civil society, religious groups, private sector, and universities. UNICEF has an authoritative voice on issues related to children among international bilateral cooperation and UN system in the country. For example, in the area of Nutrition, alliances have been consolidated around the Nutrition C4D strategy, including Ministries, the private sector, academia, international agencies and more recently a new partnership with the religious sector. Both Evangelic and Catholic churches are interested in developing partnerships to support this innovative methodology. UNICEF coleads the UN agencies within the SUN Movement.

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

According to the new health model, important setbacks in health services included the elimination of key personnel within the newly presented strategy for local health services, including community health educators critical to implementing the “1000 days” interventions. For the first time in many years, Guatemala also suffered a generalized stockout of Sprinkles, which had previously been fully institutionalized. So, health and nutrition care for children under two and pregnant women are at risk. Nevertheless, the Healthy Start for Life programme 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 also UNICEF continues to promote community work and empowerment of community leaders.

On the other hand, Guatemala is extremely vulnerable to climate change. The drought and prolonged heatwave in the dry corridor has become the annual occurrence, with its impact reaching far beyond the "traditional" dry corridor of six provinces. Five additional provinces are now considered as part of "extended" dry corridor, whose effect is reflected to the number of households under food insecurity and the acute malnutrition cases, which exceeds 5% in some municipalities. In this context, UNICEF continues to provide lifesaving response as a lead agency of the Nutrition and Water, Sanitation and Hygiene (WASH) cluster, but also is making a great effort to build resilience. As the leader of the nutrition cluster, UNICEF supports annual updates on emergency preparedness and response plans in coordination with a wide range of governmental and non-governmental partners and United Nations agencies, although financial support is not always specifically obtained.

While UNICEF considers it critical to strengthen the government institutions at central level and engage in the policy dialogue to achieve major impact on children, it is also important to strengthen the basic services provided at decentralized level – at municipality and community level - since they are the closest to our target population, which can generate the immediate results to improve the situation of children. So, another specific challenge UNICEF has is to build the capacity of health services at the community level to provide quality, culturally relevant services, with particular attention to antenatal care, adequate micronutrient supplementation, and skilled services at birth, culturally adapted and to help to strengthen the capacity of midwives , other community health workers, and community leaders to act as the agents of change in their communities. To officially include the Communication for development (C4D) Strategy within the National Strategy for Chronic malnutrition prevention is also a challenge. Progress has been made but not as fully expected.

To improve the information on the improvement of knowledge and practices of the 1,000 days interventions through a community system remains to be also a main challenge.

Results in the Outcome Area

By the end of 2019, women, girls and boys, particularly those in rural indigenous areas, access 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.

The focus of the Outcome Area “A Healthy Start for Life” is on reducing chronic malnutrition and improving access to quality prenatal, delivery and perinatal cares. It includes a comprehensive health, nutrition and WASH package especially for women and children to guarantee their healthy growth and development, particularly during a child’s first 1,000 days. Indigenous children, girls and women are the main focus since they are the most vulnerable, although interventions such as the C4D strategy are directed also to men, to promote their involvement in their children’s care.

To achieve the outcome, UNICEF continues supporting efforts to reduce chronic malnutrition by supporting the National Strategy to prevent chronic malnutrition, through the promotion of multi and inter-sectoral work at different levels to scale up and focus on the 1,000 days interventions. The new strategy established 6 sectorial work groups, and UNICEF participates in two of these: a) Behaviour Change, and b) Water, Sanitation and Hygiene (WASH). As a result, most of UNICEF’s C4D model has been included in the National Strategy. It has been possible to begin the training of all institutional personnel in the Department of

Huehuetenango and Jalapa, beginning with a total of at least 40 Municipalities and more than 200 people. Additionally, 25 municipalities are implementing the C4D WASH strategy, empowering nearly 400 local actors who are actively working with the video as a tool to work with the communities and local authorities to jointly improve the water and sanitation of communities.

The health sector crisis continued throughout 2016. The original Health Minister, Vice Ministers and key Directors were substituted in July, after merely 7 months in position. Current Minister and the new team is restructuring the Ministry with a new health model and this has affected the implementation of the 1,000 days interventions, since the new model doesn't prioritize pregnant women nor children under 2. But UNICEF continues to build the capacity of health services at the community level to provide quality, culturally relevant services, with particular attention to antenatal care, and health and nutrition care for children under 2. Equally, UNICEF strengthens the capacity of midwives and community health workers to act as the agents of change in their communities, by providing them with knowledge and skills for their empowerment as actors of their own life. Thus, the C4D Nutrition Strategy is a key strategy to generate behaviour change among populations exposed to extremely vulnerable situations. Based on the findings from bottleneck analyses, performed in 2012, the Strategy has been strengthened and improved to target caregivers and community leaders to intensify the 1,000 days actions at community level including prenatal care, exclusive breastfeeding, adequate complementary feeding, hygiene practices and early child stimulation of young children.

The exclusive breastfeeding was promoted using multiple platforms: in 2016, 4 hospitals and 8 health centers were evaluated and will be certified in 2017. UNICEF also engaged the private sector to promote breastfeeding, and one company has received certification as a Baby Friendly Company. In addition, 8 government institutions, including Ministry of Interior and the National Civil Police, are working to adopt the model and create baby friendly spaces within their workplaces. Out of 1,254 midwives who received training since 2015, 350 midwives were evaluated in 2016 and will be certified as Breastfeeding Promoters in the first semester of 2017.

Community-based Early Child Development (ECD) spaces, which began in 2015 as a response to the communities' need to strengthen their knowledge of early stimulation, were expanded with 5 more spaces in Huehuetenango within health facilities, evidencing the interest of the health sector in the issue; 35 new local community ECD facilitators, were trained to manage these spaces.

An evaluation of the effectiveness of the C4D strategy concluded that the project was proceeding satisfactorily, with three key products: a) information and basic knowledge on good practices of feeding, nutrition and health care of mothers and infants are delivered; b) the communication capacities of the local committees of the priority municipalities are

strengthened; and c) the capacity to reflect on the causes and effects of chronic malnutrition is developed.

Frequent drought and prolonged heatwaves in the dry corridor have direct links to climate change. UNICEF worked to support the population living in the dry corridor, particularly acutely malnourished children. Provision of supplies for acute malnutrition treatment and the immediate training of community leaders helped maintain a low prevalence of acute malnutrition in most of the area, and in some communities where acute malnutrition cases increased, the mortality rate remained zero.

UNICEF co-leads the UN Network for Scaling Up Nutrition (SUN) in Guatemala and supports the SUN Movement focal point (Secretary of food and nutritional security (SESAN)) to strengthen the platform. Different sectors participate in the platform (Government, NGOs, UN Agencies, Private Sector, Civil Society, Academia, and donors) and UNICEF coordinate with all of them to promote a common objective to work on chronic malnutrition prevention. A terms of reference (ToR) for the platform and a work plan were developed in 2016 and will be implemented in 2017 by the various sectors. One of the main bottlenecks identified by the SUN Movement Platform has been that the Nutrition Interventions are considered as Governmental Plans and not as State plans, so every 4 years there is a new Governmental Plan. Thus, the SUN platform with UNICEF support will strongly work on making a State plan to continue even with change of government.

Flexible Funds have been key for the implementation of actions to achieve the Outcome of a Healthy Start for Life. They have been fundamental in some cases to begin the interventions the CO have to demonstrate their added value before we find a specific donor. This has been very useful to scale up the main interventions that are considered within this Outcome. Flexible funds have also allowed to perform monitoring and evaluations of the interventions and this has given us information on the performance of the different actions included in the outcome. This information has been very useful for advocacy at the different levels to continue promoting and expanding the nutrition interventions we promote to prevent chronic malnutrition in a comprehensive and sometimes innovative way. They have also been a main contributor to support the participation of the CO in such important spaces such as the SUN movement and the National Strategy.

Results Assessment Framework

Following the indicators of the outcome area, showing the results achieved by 2016 compared to the baseline and targets:

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%

Future Work Plan

Priority Actions in 2017 and 2018 will continue to be focused on chronic malnutrition prevention, although the CO will continue to act to prevent death from acute malnutrition and will begin to work on overweight and obesity since it is becoming also an issue in the country and coexists with chronic malnutrition. According to the last National Maternal and Child survey, 7% of children under 2 are overweight being considerably higher than acute malnutrition (0.7%) and 32% of women are overweight and 20% are obese.

The CO will also strengthen the interventions to promote Early Child Development since there is recent scientific evidence of the value that adequate ECD interventions have in the life of children and especially in a country such as Guatemala, where nearly 50% of children under 5 are chronically malnourished, these interventions are even more important due to the neuronal and cognitive damage.

Other interventions such as breastfeeding promotion, and all the 1,000 interventions will continue since they are the basis to ensure adequate growth and development and are the minimum nutrition care that a human being must receive in their Start of Life. The C4D Nutrition Strategy will also continue to advocate for its complete inclusion within the National Strategy for Chronic Malnutrition Prevention.

Great support and advocacy will be made in the SUN Movement Platform to ensure continuity of the Country Nutrition Intervention independent of change of Government.

Expression of Thanks

The support that has been obtained through the thematic funds to support the Outcome of a Healthy Start for Life is highly valued since it has allowed to strengthen strategies and to expand them where needed. It also allows to respond quickly to unforeseen needs within the strategies and to monitor and evaluate our interventions. It also allows to provide technical assistance efficiently, facilitating the implementation of actions. It has undoubtedly allowed the progress of the Outcome goals. The CO is very grateful for receiving this support for the benefit of Guatemalan children.

TABLES

Table 1: Planned budget by Outcome Area

Planned Budget by Outcome Area

Outcome Area : 04 Healthy Start for Life - Nutrition

Guatemala

Planned and Funded for the country Programme 2016 (in US Dollar)

Intermediate Results	Funding Type (1)	Planned Budget (2)
04-01 Infant and Young child feeding	RR OR	21,200 525,000
04-04 Community-based management of acute malnutrition	RR OR	7,000 100,000
04-06 Nutrition General	RR OR	13,250 334,117
Total Budget		1,000,567

(1) RR: Regular Resources, OR: Other Resources - Regular

(2) Planned budget for ORR does not include estimated recovery cost.

(3) ORR funded amount exclude cost recovery (only programable amounts).

Table 2: Country-level thematic contributions to outcome area received in 2016

Outcome Area : 04 Healthy Start for Life - Nutrition
Thematic Contributions Received for Outcome Area 104 by UNICEF
Guatemala in 2016

Donors	Grant Number	Contribution Amount	Programmable Amount
United States Fund Contribution	SC/14/9904	61,106.73	58,329.16
Total		61,106.73	58,329.16

Table 3: Expenditures in the Outcome Area

Outcome Area : 04 Healthy Start for Life - Nutrition
Guatemala
2016 Expenditures by Key-Results Areas (in US Dollars)

Organizational Targets	Expenditure Amount *			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
04-01 Infant and Young child feeding	249,834	84,078	116,730	450,642
04-06 Nutrition General	72,169	1,106,079	20,016	1,198,264
Total	322,003	1,190,157	136,746	1,648,906

* in US Dollars

Table 4: Thematic expenses by programme area

Fund Category	All Programme Accounts
Year	2016
Business Area	Guatemala – 1680
Prorated Outcome Area	04 Healthy Start for Life-Nutrition
Donor Class Level2	Thematic

Row Lables	Expense
Othr Resources – Regular	99,759
04-01 Infant and Young child feeding	4,074
04-06 Nutrition # General	95,685
Grand total	99,759

Table 5: Expenses by specific intervention codes

Fund Category	All Programme Accounts
Year	2016
Business Area Hierarchy	Guatemala - 1680
Prorated Outcome Area	04 Healthy Start for Life - Nutrition

Specific Intervention Codes	Expense
04-01-04 Growth monitoring and promotion	321,580
04-06-01 Nutrition # General	338,579
04-06-04 Nutrition surveys, assessments and surveillance	258
04-06-05 Routine nutrition information systems and reporting	23,215
08-04-01 Parenting programmes / parenting education and support	112,866
08-04-03 Early Childhood Development # General	84,045
Grand Total	880,542

Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name:

Email:

SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”

1.To
what
extent
did

the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!



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"Every Day is a Unique Experience"

Totonicapán, Guatemala, November 2016

María del Pilar Escudero, Communication Assistant UNICEF Guatemala

Timely Stimulation: Promoting the Integral Development of Children

In October 2014, Ms. Elida García began taking her daughter Sara, 4 years old, to EDIF's Play & Learn in Chuisuc. Elida was invited by Candy Chavaloc, educator at the Health Convergence Center. She was interested in learning and participating in the training sessions. Elida and her daughter Sara walk half an hour from their village to EDIF.

Elida says that her daughter, Sara Tiu, was very shy. Sara did not participate in the activities during the first session, and she only wanted to be in her mom's arms. In the second session, she sang with the other children and participated in some fun activities, but still needed a lot of help from her mom because she was afraid. Elida says that because of the cheerful, enthusiastic and motivating way in which people work at EDIF, her daughter learned each activity and game and began playing with other children, which has greatly enhanced her self-esteem and self-confidence.

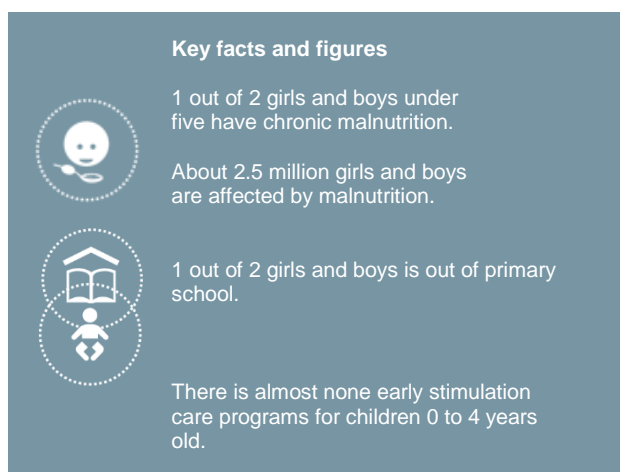
She thinks that the care provided in EDIF is high quality and the materials with which children can play and learn are very striking. She likes the space "*decorated specially for children*". Elida says that everything that is provided is free, so the only thing that mothers should invest in is time.



Elida García and her daughter Sara sharing and learning in Espacio de Desarrollo Infantil en Familia. Picture: O García. Nov 2016.

In her opinion, the Play & Learn classes have helped her daughter Sara to improve her fitness, her talking skills and she has learned to express her feelings. Her daughter is eager to learn, very intelligent and with a lot of security to engage in a conversation with adults. At home, Sara helps with chores such as cleaning, sorting her toys and caring for her little sister, Isabel, who is one year old.

Elida says that her husband, Héctor Tiu, has noticed the changes in his daughter's behavior and *"lets"* them participate in the Play & Learn sessions. And, because of the progress she has observed in her eldest daughter, Sara, Elida decided to take Elizabeth, her younger daughter as well. Elizabeth began attending the program when she was three months old. She and her husband have been surprised with their daughter's physical development, speech improvement and confidence. Isabel is a smiling, sociable baby who greets everyone and is *"very smart"*.



Sara has been attending Play & Learn for more than a year. She is very active and confident in participating in all games and activities in EDIF. At home, she *shows how clever she is and learns something new every day*. Elida says that one of the most important changes in her family is that they improved their health, because they learned to eat

a nutritious diet. They no longer consume junk food or sodas, and Sara now prefers to eat fruits and vegetables.

Thanks to EDIF, she now knows mothers from the place where she lives, and by spending time together in the training sessions, they now share experiences and *are part of a cheerful group where they support and advise each other*.

Elida thinks that some mothers still do not participate in the program because they believe that it is *a waste of time and they do not have time for this*. Mothers want short-term results, but my experience is that each timely stimulation session has a big impact on my daughter. *"Every day is a unique experience"*, she said.

Elida Garcia is grateful to EDIF for teaching her new tools. She has implemented many of the recommendations to improve their family life; she learned new ways to treat her daughters and educate them, and has also learned to provide quality time with love and smiles.

UNICEF promotes Espacios de Desarrollo Infantil en Familia at the community level as a strategy to support the development of children, and to improve the knowledge and practices of parents in caring for their children. UNICEF promotes timely stimulation to improve parenting practices and foster parent-child attachment, affection and sensitivity, as it has an impact on preventing chronic child malnutrition.

This program seeks the sustainability of EDIF by training local human resources and through the involvement of community authorities.

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Guatemala

Life Story



© UNICEF/GUA2009C/Ida Versiani

"I feel very proud to be a mom"

San Pedro Necta, Huehuetenango, Guatemala, October 2016
María del Pilar Escudero, Communication Asistant UNICEF Guatemala

EXCLUSIVE BREASTFEEDING

Elsa Angelica Nolasco Ramirez is from San Pedro Necta, she is the youngest of eight and lives in Huehuetenango. At the age of 19 she had her first child and at the time she did not know about the importance of breastfeeding.

During her adolescence she went through moments of insecurity and low self-esteem and thought her milk would not be enough to feed her first child, however, after numerous visits to the health center she realized the importance of what the staff at the Hospital advised her on nutrition and health related subjects. She recalls that during her pregnancy she received counseling about the risks of giving formula and “atoles” (Guatemalan hot drink) to her child, and that her breast milk is what her child would need to grow healthy.



© UNICEF/Guatemala2016/AdrianaS

Elsa Nolasco sitting on the waiting room of the Hospital San Pedro Necta, Huehuetenango.



56% of children under 6 months receive exclusive breastfeeding.

Today, Elsa is 22 years old and had her second daughter who is now 3 months old. The baby was born by normal delivery at the Hospital of San Pedro Necta and she remembers receiving her daughter at birth with whom she shared the first minutes of life having skin to skin contact, her daughter has received exclusive breast milk since birth and has remained healthy during the first months of her life.

Elsa lives with her husband and her in-laws, and it is the first time that her daughter had to be taken to

the Hospital due to frequent coughing and difficulty sleeping at night but has never ever fallen ill before. *"I feel very proud to be a mom and to have my two children because they are precious gifts that God gave me. Now that I know about the benefits of breastfeeding I want to continue to support my children to give them the best, and I hope to always take good care of them".*

UNICEF Guatemala supports training of Health Personnel and local promoters and community leaders to give counseling to mothers in different settings: in hospitals, health centers and community. Breastfeeding promotion, support and protection is key to the 1,000 days.

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