

## TC ABSTRACT

### I. BASIC INFORMATION

▪ Country:	Guatemala
▪ TC Name:	Facing the challenge of undernutrition and obesity in Guatemala
▪ TC Number:	GU-T1242
▪ Team Leader/Members:	Ana Pérez Expósito (SPH/CGU), Team Leader; Carolina González (SCL/SPH); Sebastian Martinez (SPD/SDV) Miguel Aldaz (ORP/PTR); Angela Funez (EXR/CMG); and Martha Guerra (SCL/SPH)
▪ Indicate if: Operational Support, Client Support, or Research & Dissemination.	Client support
▪ Reference to Request: (IDB docs #)	
▪ Date of TC Abstract:	May 14, 2015
▪ Beneficiary:	Guatemala
▪ Executing Agency and contact name	FUNDAZUCAR
▪ Funding Requested to Japanese Fund:	\$823,500
▪ Local counterpart funding, if any:	\$216,000
▪ Disbursement period:	4 years
▪ Required start date:	August 2015
▪ Types of consultants:	Consulting firms and individual consultants
▪ Prepared by Unit:	SPH/SCL
▪ Unit of Disbursement Responsibility:	SPH/SCL
▪ Included in Country Strategy (y/n);	No
▪ TC included in CPD (y/n):	No
▪ GCI-9 Sector Priority:	Social Policy for Equity and Productivity

### II. OBJECTIVE AND JUSTIFICATION

- 2.1 The objective of this TC is to implement and evaluate an innovative strategy to prevent undernutrition and the risk of obesity in children less than 2 years old who live in remote rural areas of Guatemala. This TC will leverage additional resources from the IDB's regional RG-X1192 and RG-X1200 projects.<sup>1</sup>
- 2.2 **The challenge of undernutrition and obesity.** Despite recent advances, the prevalence of chronic malnutrition continues to be very high in children under five years old who live in the poorest or indigenous areas of Latin America. While the region continues to face great challenges in developing new interventions to reduce chronic malnutrition, the prevalence of obesity has increased, mainly among the poorest sectors. Both malnutrition and obesity have common causes, however, the implementation of comprehensive strategies to tackle these two problems in the first years of life is very limited.<sup>2</sup>

<sup>1</sup> RG-X1192 and RG-X1200 combine \$5 million grant to implement an innovative strategy to prevent undernutrition and the risk of obesity in children less than 2 years old in Colombia, Guatemala, Peru and Mexico. Both were approved by the Bank in September, 2014.

<sup>2</sup> Rivera et al. Childhood and adolescent overweight and obesity in Latin America: a systematic review. Lancet Diabetes Endocrinol 2013. Published Online December 13, 2013. [http://dx.doi.org/10.1016/S2213-8587\(13\)70173-6](http://dx.doi.org/10.1016/S2213-8587(13)70173-6).

- 2.3 A country with high malnutrition and obesity levels will have impaired productivity and high health care costs, which will significantly affect its future development. Guatemala has the highest undernutrition rate of the Latin American region; 48% of children less than five years old have chronic malnutrition and at the same time, 50% of women are overweight and obese.<sup>3</sup> Malnutrition and obesity tends to impact the most among poor, rural, and indigenous communities.
- 2.4 **An innovative strategy.** This project will not only focus in undernutrition but also in the prevention of obesity, this integrated approach is the first of its kind in Latin America. Additionally, the project will leverage several highly innovative elements from RG-X1192 and RG-X1200 to maximize its impact among the beneficiaries: (i) implementation of a behavioral change strategy developed by combining tools from ethnography, behavioral sciences, and marketing taking into consideration the prevalence of indigenous communities among the beneficiaries; (ii) the use for the first time of SQ-LNS; and (iii) public-private partnership involving PepsiCo Foundation, Inc., the ministry of health, the local NGO acting as executing agency, and the Bank.
- 2.5 **Target Beneficiary.** The project will be implemented in the Department of Baja Verapaz, one of the most poverty stricken and isolated departments where the prevalence of chronic malnutrition is 60% (12 percentage points higher than the national average) and interventions to target this severe public health problem have regrettably limited coverage. Approximately 54% of the Guatemalan population is estimated to live below the poverty line, however poverty rates in Baja Verapaz are, once again, worse at 76%. Moreover, 36% of the population has an income level below the amount needed to purchase a basic basket of food.<sup>4</sup> In this Department, 56% of the population is indigenous and 25% of the population is illiterate.<sup>5</sup> Table 1 presents the communities preliminary selected for project implementation. The targeted areas include municipalities prioritized by the Guatemalan Government in its national strategy to combat malnutrition (Zero Hunger Plan). The program will benefit a total of 1,000 children and 1,000 women living in poverty.
- 2.6 This operation fits within the priorities of the Bank's lending program established in the Report on the Bank's Ninth General Capital Increase (AB-2764). By targeting the interventions in areas with a high prevalence of poverty and malnutrition, the project will contribute to the priority of reducing poverty and increasing equity. The operation is consistent with the Health and Nutrition Sector Framework Document (GN-2735-3) and

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<sup>3</sup> Martorell R. 2012. Intervenciones y opciones de política para combatir la desnutrición en Guatemala. Banco Interamericano de Desarrollo.

<sup>4</sup> Instituto Nacional de Estadística. Datos de pobreza y pobreza extrema. Guatemala, 2011.

<sup>5</sup> Instituto Nacional de Estadística. Caracterización Departamental Baja Verapaz 2012. Guatemala, 2013.

supports the Bank's strategy with Guatemala (GN-2661-4), specifically in the reduction of malnutrition in children under 5 years old in rural areas, and as such has been agreed upon the Ministry of Health of Guatemala which is looking into this TC as a key learning opportunity.

### III. DESCRIPTION OF ACTIVITIES AND OUTPUTS

- 3.1 The technical cooperation will be composed by three components
- 3.2 **Component 1. Nutritional community counseling and social communication.** This component will support training and provision of nutrition counseling at individual and community level among beneficiaries. Specifically, the following activities: (i) field workers training and material; (iii) provision of individual counseling; and (iv) community mobilization meetings and events with local authorities and civil society.
- 3.3 **Component 2. Monitoring and Evaluation.** This component will fund the evaluation to generate rigorous evidence on the impact of nutritional interventions, necessary to modify current programs and develop new strategies to tackle undernutrition and obesity. Therefore, this component will implement the following activities: (i) monitoring systems and tools; (ii) data collection; and (iii) consultants to verify the quality of data collection.
- 3.4 **Component 3. Knowledge sharing, learning and communication.** This component will develop activities related to knowledge capture and sharing, project visibility, and results and learning dissemination. Specifically, (i) the development of the project website and social media campaign; (ii) videos; (iii) launching and visibility events; and (iv) publications. In this way, the project will pursue to maximize its impact by engaging and informing authorities, stakeholders and key opinion leaders on its merits and lessons.
- 3.5 The project will also support operating expenses and administrative costs required for project implementation, such as transportation, staff hiring, and communications. Costs related to administrative staff will be provided by the executing agency as counterpart (22.9% of total project cost).
- 3.6 **Key results.** The main impact indicators to evaluate project success are: (i) prevalence of chronic malnutrition in children from 0 to 24 months; (ii) prevalence of anemia in children from 6 to 24 months; (iii) prevalence of overweight and obesity in children from 0 to 24 months; (iv) weight and height gain from 0 to 24 months; and (v) prevalence of exclusive breastfeeding; and (vi) percentage of households with appropriate feeding practices. The ex post cost-effectiveness of the intervention will also be analyzed.

**IV. BUDGET**  
**INDICATIVE BUDGET**

Type of expense/Activity	JPO	Local Counterpart (26.2%)	TOTAL
<b>Component 1. Nutritional counseling at individual and community level</b>			\$528,000
Nutrition experts to provide training for nutritional counseling	\$80,000		\$80,000
Community nutritional counseling	\$407,200		\$407,200
Design and implementation of social communication strategy	\$40,800		\$40,800
<b>Component 2. Monitoring and evaluation</b>			\$165,000
Monitoring systems and tools	\$33,000		\$33,000
Data Collection and Quality control (1,000 households)	\$132,000		\$132,000
<b>Component 3. Knowledge sharing, learning and communication</b>			\$165,000
Communication products (website, videos, briefs)	\$46,750		\$46,750
Launching event	\$11,000		\$11,000
Publications	\$4,800		\$4,800
<b>Other costs</b>			\$284,000
Operating expenses and administrative costs required for project implementation, such as transportation, staff hiring, and communications	\$68,000		\$68,000
Executing Unit salaries		\$216,000	
<b>TOTAL</b>	<b>\$823,550</b>	<b>\$216,000</b>	<b>\$1,039,550</b>

**V. EXECUTING AGENCY AND EXECUTION STRUCTURE**

- 5.1 This project will be executed by FUNDAZUCAR, an NGO with experience implementing nutrition interventions with innovative approach and an adequate financial structure to execute programs funded by the Bank. FUNDAZUCAR works directly with the communities on its mission to promote sustainable human development through programs focused in health, education and municipal strengthening. As such, FUNDAZUCAR counts with the credibility, experience and know-how to work on isolated and difficult areas such as Baja Verapaz.
- 5.2 The proposed project is not an isolated nutrition program, its strategy will be incorporated into the country's regular health services. Thus, the Ministry of Health of Guatemala will be involved in the project in a supervisory and collaborative capacity, specifically by ensuring health services delivery at the local and community level and by incorporating the proposed strategy. This will also facilitate institutional learning and incorporation of learning experiences and best practices into the regular provision of health services. Since the project will be working directly with the Ministry of Health in rural and isolated areas, there is an opportunity to collaborate with the Japanese Aid Agency in the construction of health centers and other activities.

## **VI. PROJECT RISKS AND ISSUES**

- 6.1 One potential risk for the successful implementation of this project is the possibility of limited collaboration between the project's executing agency and the health services responsible for delivering regular services and incorporating the proposed strategy. To mitigate this risk, FUNDAZUCAR is well advanced in the process of establishing an agreement with the Ministry of Health. This has been set as a condition precedent for disbursement and is being closely supervised by the team leader of this TC who is located at the IDB Country Office of Guatemala.

## **VII. ENVIRONMENTAL AND SOCIAL CLASSIFICATION**

- 7.1 No negative environmental impacts are associated with the project and, because of its characteristics, it is expected to have positive social effects.