



A nutrition surveillance case study from Guatemala

Epidemiological surveillance system in health and nutrition (SIVESNU) in Guatemala

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Content

Challenge: development of the system

Opportunity: how can policymaking in health and nutrition move forward in Guatemala?

Conclusions

Context and situation analysis considerations

- Macroeconomic situation
 - lack of fiscal resources to finance government activities
 - family remittances
 - financial risks
- Political risks
 - corruption
 - weak governance and fragile public institutions
 - meeting demands in a multi-ethnic society
- Socioeconomic and epidemiological trends
 - poverty, inequality, double burden

Challenge: design a system to satisfy data needs

- Continuous annual surveys as a surveillance system
- Cross-sectional household survey
- Collected over a period of 9-10 months every year
- Nationally representative estimates
- Flexible modular design

Epidemiological surveillance system in health and nutrition (SIVESNU)

Phases of Development

- Phase 1: Preparation and negotiations
 - Exploratory meetings with Ministry of Health (MOH), Food and Nutrition Security Secretariat
 - Stakeholder involvement
 - Interagency Technical Advisory Group

SIVESNU

Phases of Development

- Phase 2: July 2011 – December 2011
- Development and testing prototype: CDC, INCAP, USAID/HCI
 - Design and methods
 - Data collection
 - Data management
 - Report
- Winter/early spring 2012
 - Dissemination to new government

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Development and testing Prototype

- Key results
 - ✓ Prototype in highlands: major findings
 - Stunting higher than national level = adequate targeting
 - Micronutrient deficiencies declining in women and children
 - Exclusive breastfeeding higher than national level
 - Mild deficiency of iodine levels in pregnant women
 - Fortification levels: sugar (+), salt (\pm), wheat flour (+)

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Phases of Development

- Phase 3: Institutionalization – Current
 - Design: MCH/Chronic Diseases content and larger sample size
 - Food and Nutrition Security Secretariat (FNSS) and MOH
 - Institutionalization in 2013-2016 as ongoing process: national-level data for comparison with 2008/2009 and 2014/2015 DHS and National Micronutrient Survey data
 - Initiation of central-level FNSS/MOH involvement in operation (data collection, supervision and analysis)
 - Budgeting and planning processes with FNSS, including MOU, and the National Planning Bureau

Strengths of SIVESNU

- Integration of process and impact indicators
- Timely monitoring trends
- High quality data
- Lower cost
- Government institutionalization and capacity development
- Diverse stakeholder involvement and financial support
- Designed for sustainability

Opportunity: how to advance policymaking?

Potential decision	Mapping actors, networks and coalitions	Policy change mechanisms
Stunting/ growth retardation – why is it so prevalent? Are strategies working?	<ul style="list-style-type: none"> * Public-private partnerships based on What Works to scale * Integration of other public sector institutions: Finance, Economy, Social Development * Expanded MOH * Strengthened FNSS 	<ul style="list-style-type: none"> * Attention to context: integration relevant policies in most vulnerable areas (eg Rural Development, 1,000 Days Window of Opportunity Strategy) * Expansion of Management and Budgeting by Results: accountability demanded by Ministry of Finance to Planning, Health, Education, Agriculture, Food and Nutrition Security Secretariat
IDD – monitor iodine deficiency and quality of salt fortification	<ul style="list-style-type: none"> * Food Fortification National Commission * MOH * Consumer Protection Bureau and League 	<ul style="list-style-type: none"> * Knowledge translation (past evidence) to private sector: consequences of iodine deficiency * Capacity: management and budget for monitoring/quality control by MOH and Ministry of Economy: integration of activities in field * Increased authority of regulatory bodies

Conclusions

- Feasibility of the system demonstrated and established.
- Process requires commitment, know-how, time and initial resources to generate and communicate results.
- System can contribute to policy making in health and nutrition with reliable evidence.
- Need for systems to build policymaker capacity to use data.
- Accountability and incentives for outcomes.