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
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 (±), wheat flour (+)
SIVESNU
Phases of Development

• Phase 3: Institutionalization – Current
  – Design: MCH/Chronic Diseases content and larger sample size
  – Food and Nutrition Security Secretariat (FNSS) and MOH
    o Initiation of central-level FNSS/MOH involvement in operation (data collection, supervision and analysis)
    o 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?

<table>
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<tr>
<th>Potential decision</th>
<th>Mapping actors, networks and coalitions</th>
<th>Policy change mechanisms</th>
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| Stunting/growth retardation – why is it so prevalent? Are strategies working? | * Public-private partnerships based on What Works to scale  
* Integration of other public sector institutions: Finance, Economy, Social Development  
* Expanded MOH  
* Strengthened FNSS | * 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 | * Food Fortification National Commission  
* MOH  
* Consumer Protection Bureau and League | * 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.