

From Multidimensional Poverty to Better Child Nutrition:

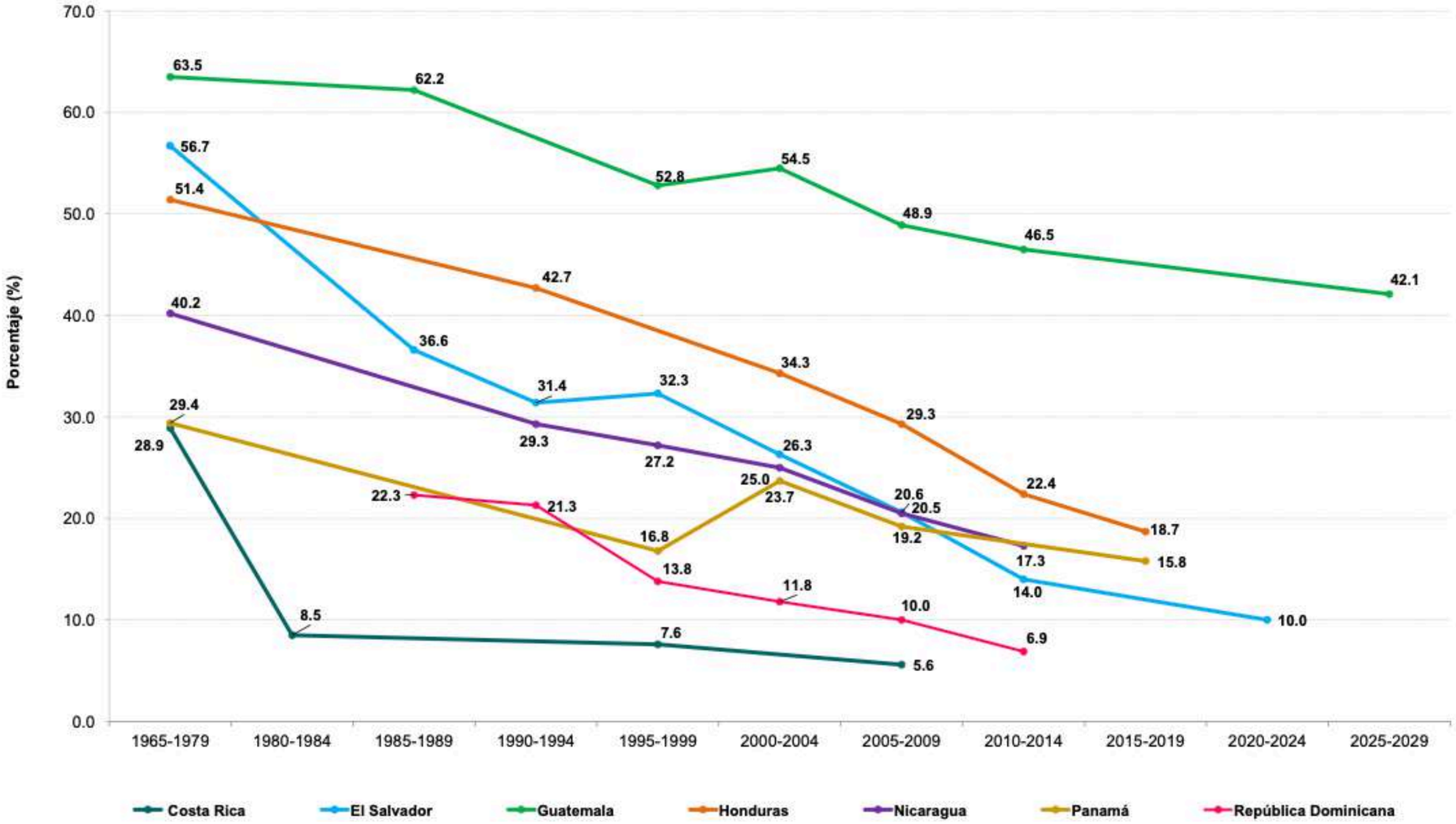
Guatemala's Mano a Mano Strategy



Guatemala's Challenge:

Poverty and Child Malnutrition

Chronic malnutrition in children under 5 in Central America and the Dominican Republic – national data



At the current rate of reduction (21 points in 60 years), starting from 2025 and assuming El Salvador and Honduras remain unchanged, **Guatemala:**

- **Will catch up with El Salvador in 91 years.**
- **Will catch up with Honduras in 67 years.**

Source:(1) Palmieri M, et al. (2015). La evolución de la nutrición en Centroamérica y República Dominicana: temas de la agenda pendiente y problemas emergentes. Guatemala: INCAP ME/166. (2) Instituto Nacional de Salud, Encuesta Nacional de Salud (ENS), El Salvador 2020-2021. Instituto Nacional de Salud, 2021. (3) Instituto Nacional de Estadísticas y la Secretaria de Salud de Honduras. (2021). Encuesta Nacional de Demografía y Salud / Encuesta de Indicadores Múltiples por Conglomerados. Honduras 2019. Tegucigalpa. (4) Instituto Nacional de Estadística (2025). Encuesta Nacional de Desarrollo en Salud (ENDESA), Guatemala, 2025.

IPM GT
Índice de Pobreza Multidimensional

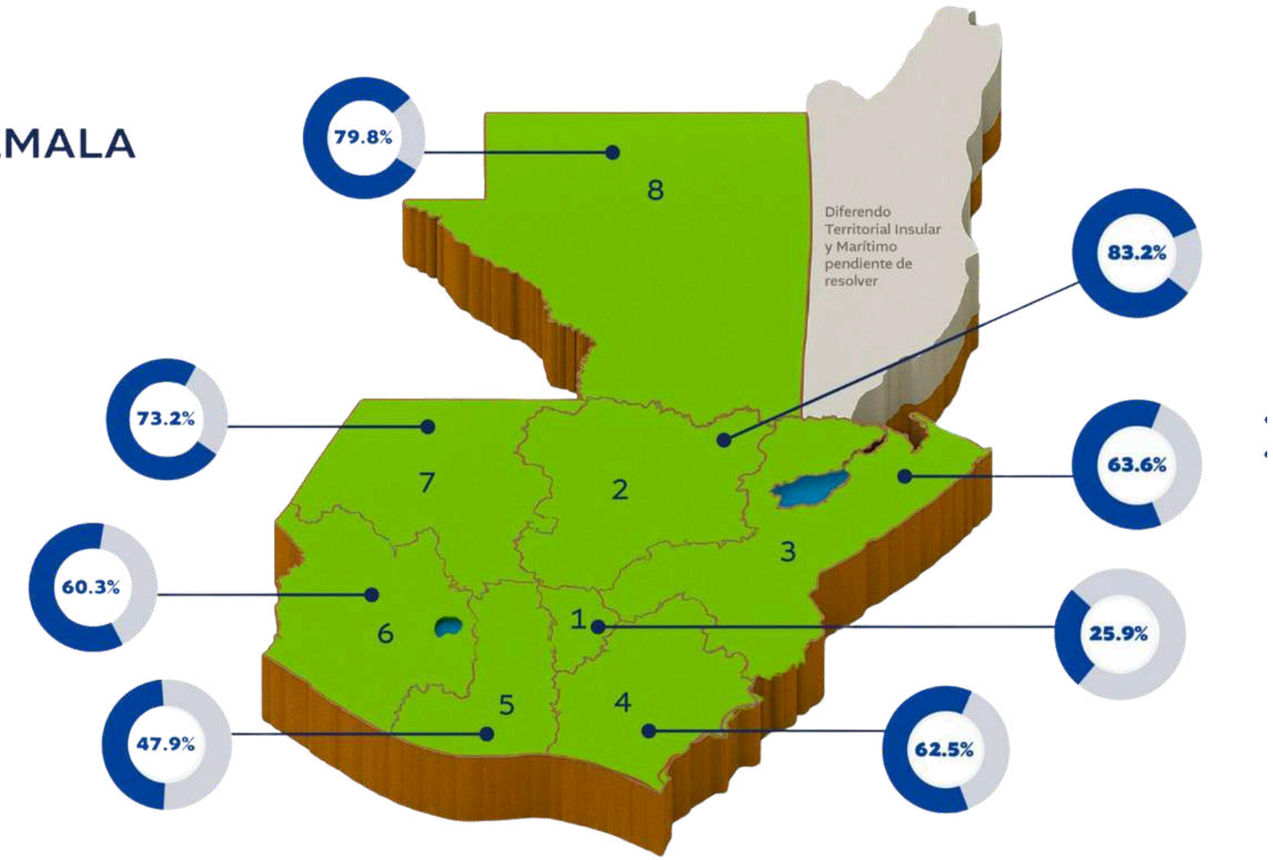
Understanding poverty as multidimensional made it clear that **our response had to be integrated.**

REGIONES DE GUATEMALA

Valor de Incidencia Nacional

57.7%

1.	Metropolitana	25.9%
2	Norte	83.2%
3	Nororiente	63.6%
4.	Suroriente	62.5%
5.	Central	47.9%
6.	Suroccidental	60.3%
7	Noroccidental	73.2%
8.	Petén	79.8%



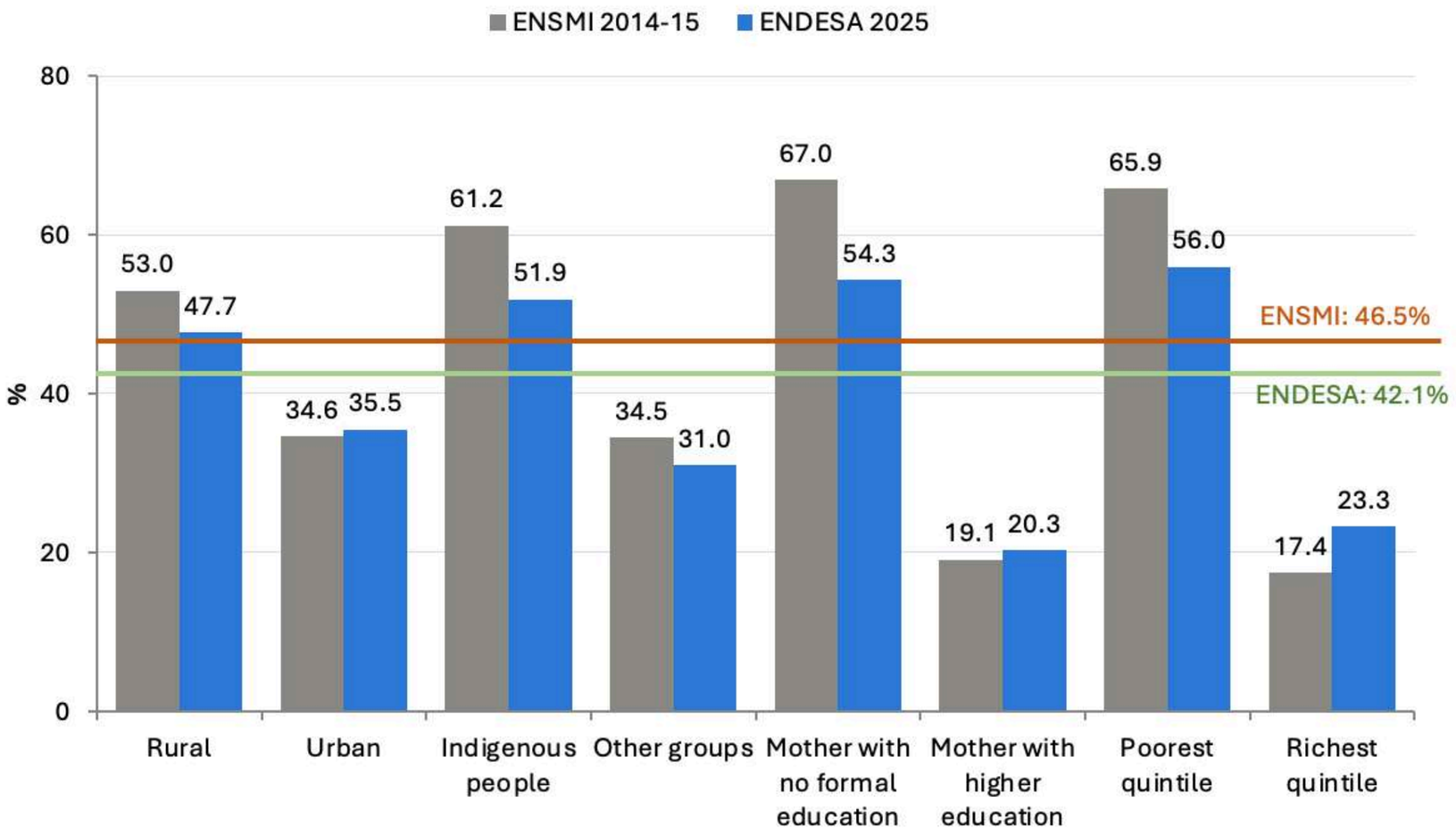
75%

of multidimensional poverty is concentrated in territories with a **predominantly Indigenous population**



1. Why Child Malnutrition requires a multidimensional response?

Stunting in children under five years of age, by place of residence, ethnic group, mother's level of education, and wealth quintile



Gap (in percentage points), 2014-15 → 2025

Residence (rural – urban)
18.4 → 12.2

Ethnic group
26.7 → 20.9

Mother's level of education
47.9 → 34.0

Wealth quintile (Q1 – Q5)
48.5 → 32.7

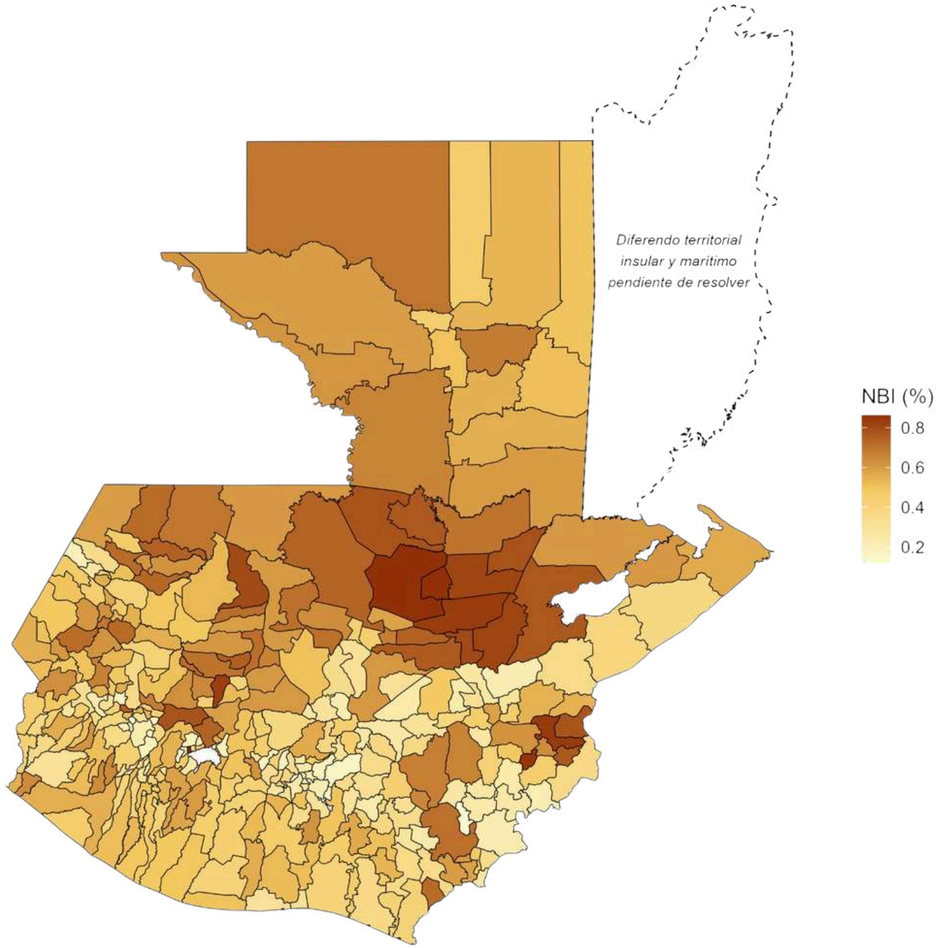
Source: ENSMI 2014-15; ENDESA 2025.
Etnicity 2014-15: Indigenous and non-Indigenous; 2025: Indigenous and Afro-descendant peoples versus others.
Wealth indices are relative to each individual survey.

2. Introducing Mano a Mano and the role of the Social Registry of Households



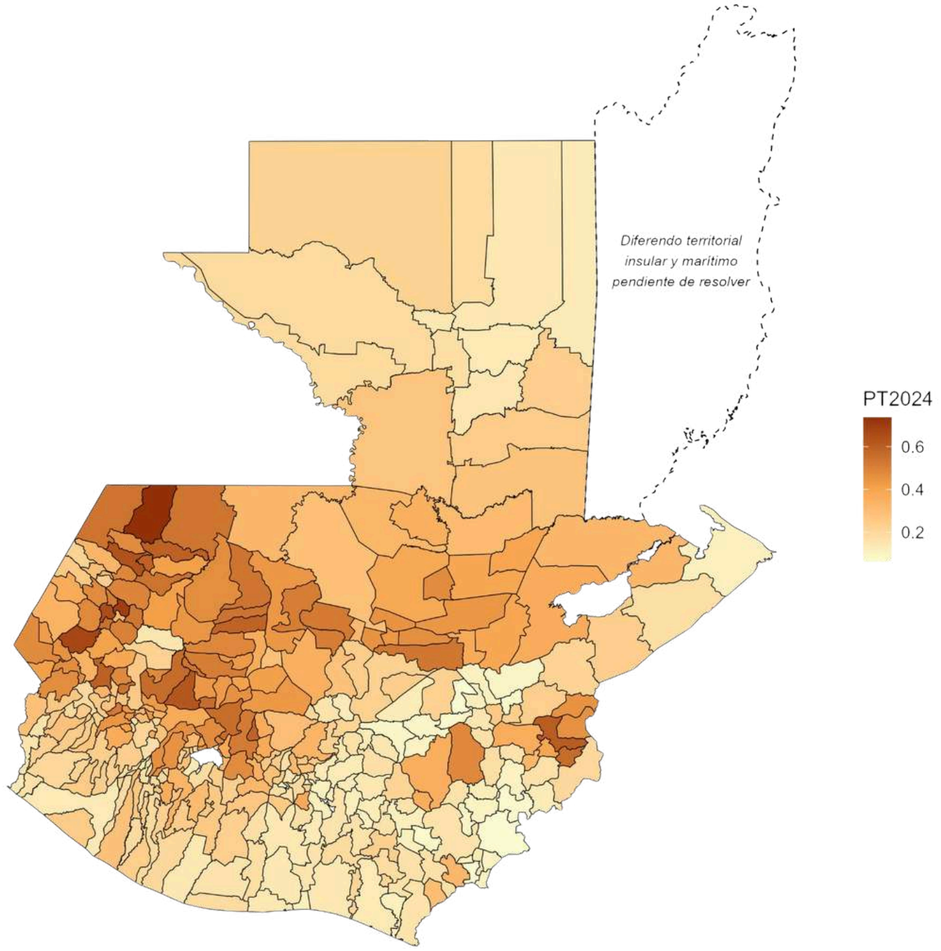
Where to? Our geographic prioritization

NBI (Unmet Basic Needs)



% of households in general poverty, SEGEPLAN.

(Schoolchildren Height Census)

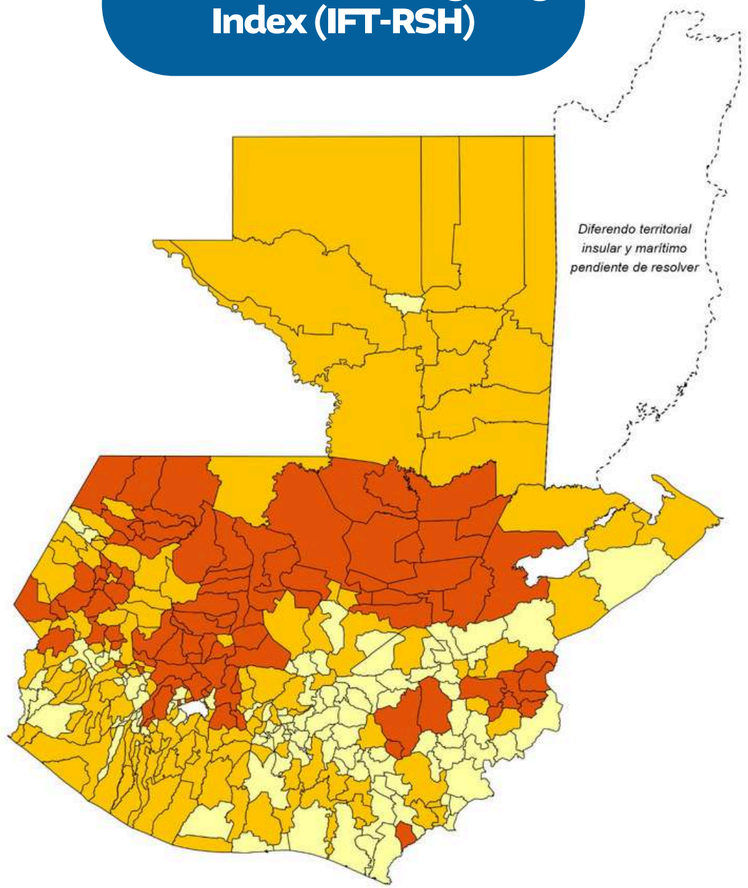


Stunting prevalence

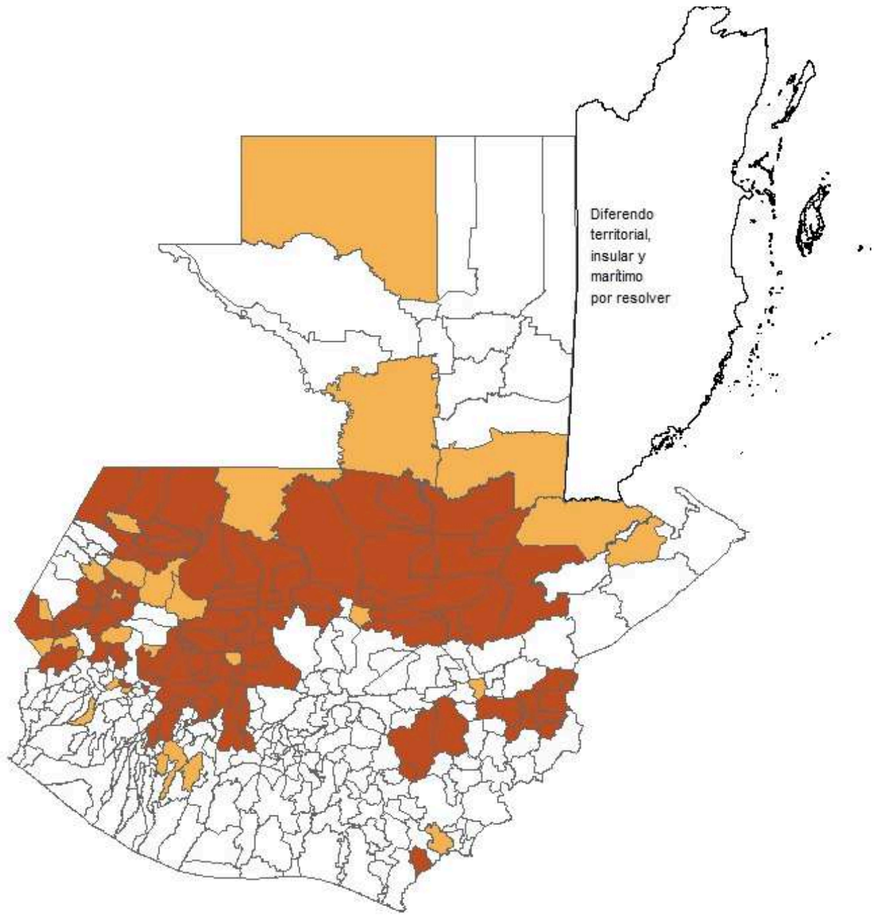
IFT-RSH: An index that enables

technical prioritization of municipalities to guide decision and policy making

RSH Territorial Targeting Index (IFT-RSH)







17 departments and 114 municipalities

It is an intersectorial strategy that seeks to meet the basic human needs of the most vulnerable, contributing to their well-being and progressively improving their quality of life.

Nine areas of work have been defined under a human rights-based approach



Housing | **Social Protection** | **Education** | **Health** | **Agriculture** | **Economic activation** | **Basic services** | **Territorial governance** | **Social and Behavior Change Communication**

From data to action: institutionalizing a modern household profiling tool

What is the RSH?

Institutionalized in 2024, the Registro Social de Hogares (RSH) is a tool that provides **socioeconomic information on households** to support the **targeting, prioritization and coordination** of social programs.

With the adoption of the RSH, Guatemala's social policy closed a gap of almost 20 years





Ministerio de Desarrollo Social

RSH Registro Social de Hogares

VICE MINISTERIO DE POLÍTICA, PLANIFICACIÓN Y EVALUACIÓN

DIRECCIÓN DE SISTEMAS DE INFORMACIÓN

PERFIL DE HOGAR

Jefe de hogar: **Venancio Perez Garcia**

Miembros: **5 Miembros en el hogar**

Categoría del hogar: **Nuclear**

Código de hogar: **01 12 29 003 0725**

GEOLOCALIZACIÓN

Departamento: **Huehuetenango**

Municipio: **San Gaspar Ixchil Mapa**

Lugar poblado **Chacpance / Rural**

NBI Necesidades Basicas Insatisfechas
POBREZA EXTREMA
2/6 Necesidades Insatisfechas

IPM Índice de Pobreza Multidimensional
POBREZA MULTIDIMENSIONALMENTE
9/17 Privaciones

PMT Proxy Mean Test
POBREZA
8.37

01	02	01	00	02	00
Primera Infancia 0 – 6 años	Niñez 7 – 12 años	Adolescente 13 – 17 años	Joven 18 – 29 años	Adulto 30– 59 años	Adulto Mayor 60 + años

Pueblo De Pertenencia	Comunidad Lingüística
MAYA	MAM

Discapacidad	Embarazo	Ventana de los 1,000 días	Mujer en edad fértil	Embarazo en adolecente	Trabajo Infantil
01	00	01	00	00	00

INSEGURIDAD ALIMENTARIA MODERADA

Indicador ELCSA

NECESIDADES BÁSICAS INSATISFECHAS -NBI-

	Insatisfecho
Asistencia escolar	NO
Precariedad ocupacional	NO
Calidad de la vivienda	SI
Hacinamiento	SI
Origen y abastecimiento de agua	NO
Acceso a servicio sanitario	NO

ÍNDICE DE POBREZA MULTIDIMENSIONAL -IPM-

		Privado
SALUD Y SEGURIDAD ALIMENTARIA Y NUTRICIONAL	Acceso a servicios de salud	NO
	Embarazo en adolecentes	NO
	Seguridad alimentaria y nutricional	NO
	Cuidado prenatal	NO
EDUCACIÓN	Asistencia escolar	NO
	Años de escolaridad	SI
	Rezago educativo	NO
	Cuidado infantil	NO
EMPLEO DIGNO	Empleo informal	SI
	Trabajo infantil	NO
VIVIENDA	Materiales de la vivienda	SI
	Hacinamiento	SI
	Combustible para cocinar	SI
SERVICIOS BÁSICOS	Acceso al agua	SI
	Energía eléctrica	SI
	Recolección de basura	SI
	Saneamiento	SI

DATOS DE REGISTRO: Levantado por CESAR GOMEZ | CUI: XXXX 07280 XXXX | Fecha: 26/10/2021 | Hora: 10:37:22 | Traductor: N

Mano a Mano's compass

mano a mano

3. One household, multiple interventions



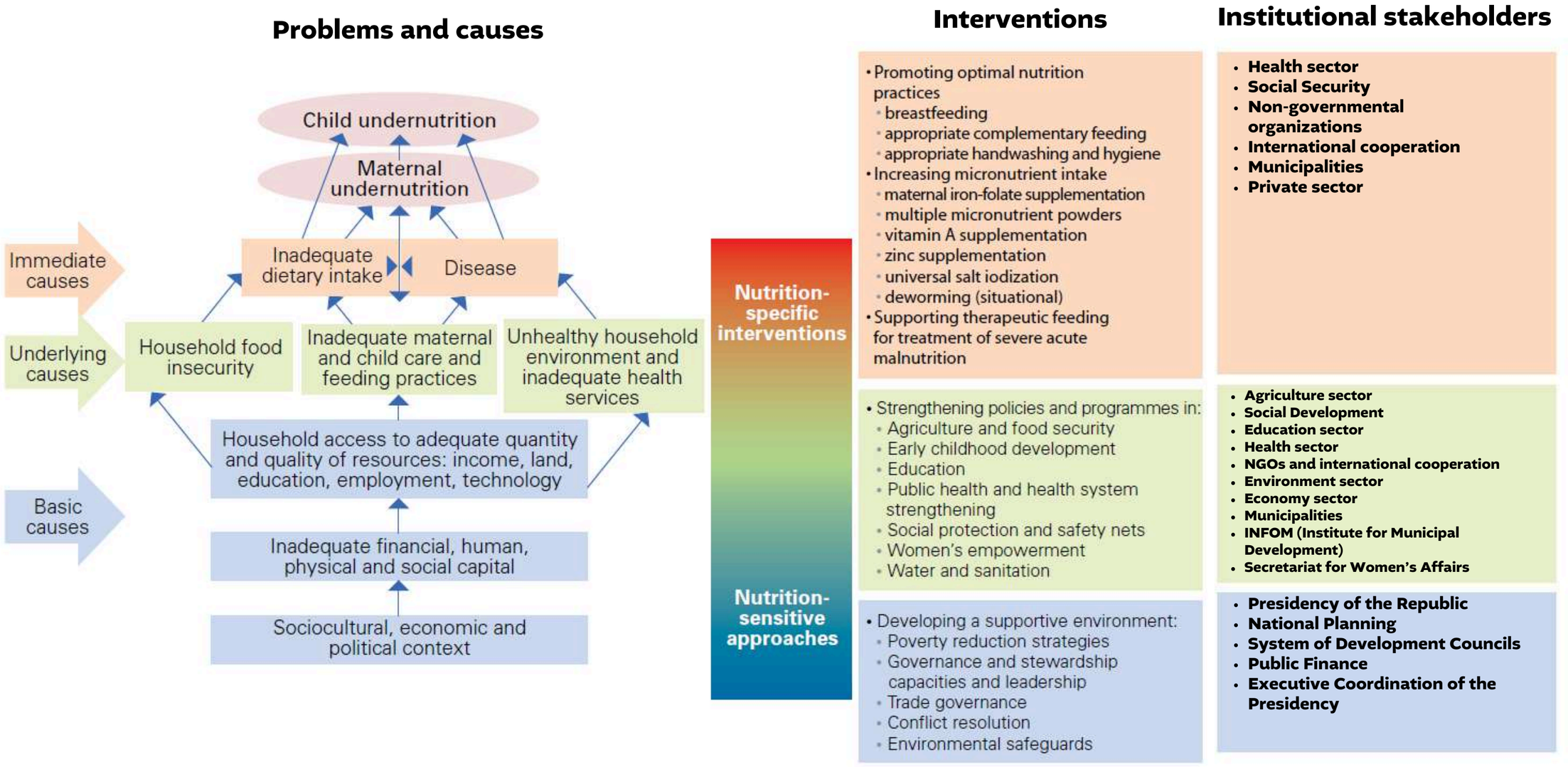
COMUNIDAD MANO A MANO





4. Connecting Mano a Mano to Child Nutrition

Food and nutrition security: challenges, specific and nutrition-sensitive interventions, and institutional stakeholders



Source: Developed by the authors; conceptual model adapted from: Levinson, F, Balarajan Y. y Marini A. (2013). Addressing malnutrition multisectorally. World Bank and United Nations, MDG Achievement Fund. World Bank, 2013.

How Mano a Mano acts on child malnutrition

Healthier homes and incomes

Fewer infections, more resources for food and care

+121,000
dirt floors replaced with concrete
fewer parasites, diarrhea and anemia

+109,000
improved cookstoves
less smoke, fewer respiratory infections

+180,000
water filters
safer drinking water, less diarrhea

+208,000
Bono Social (CCTs)
more health visits and schooling

Care for children under 5

Prevention, micronutrients and early detection

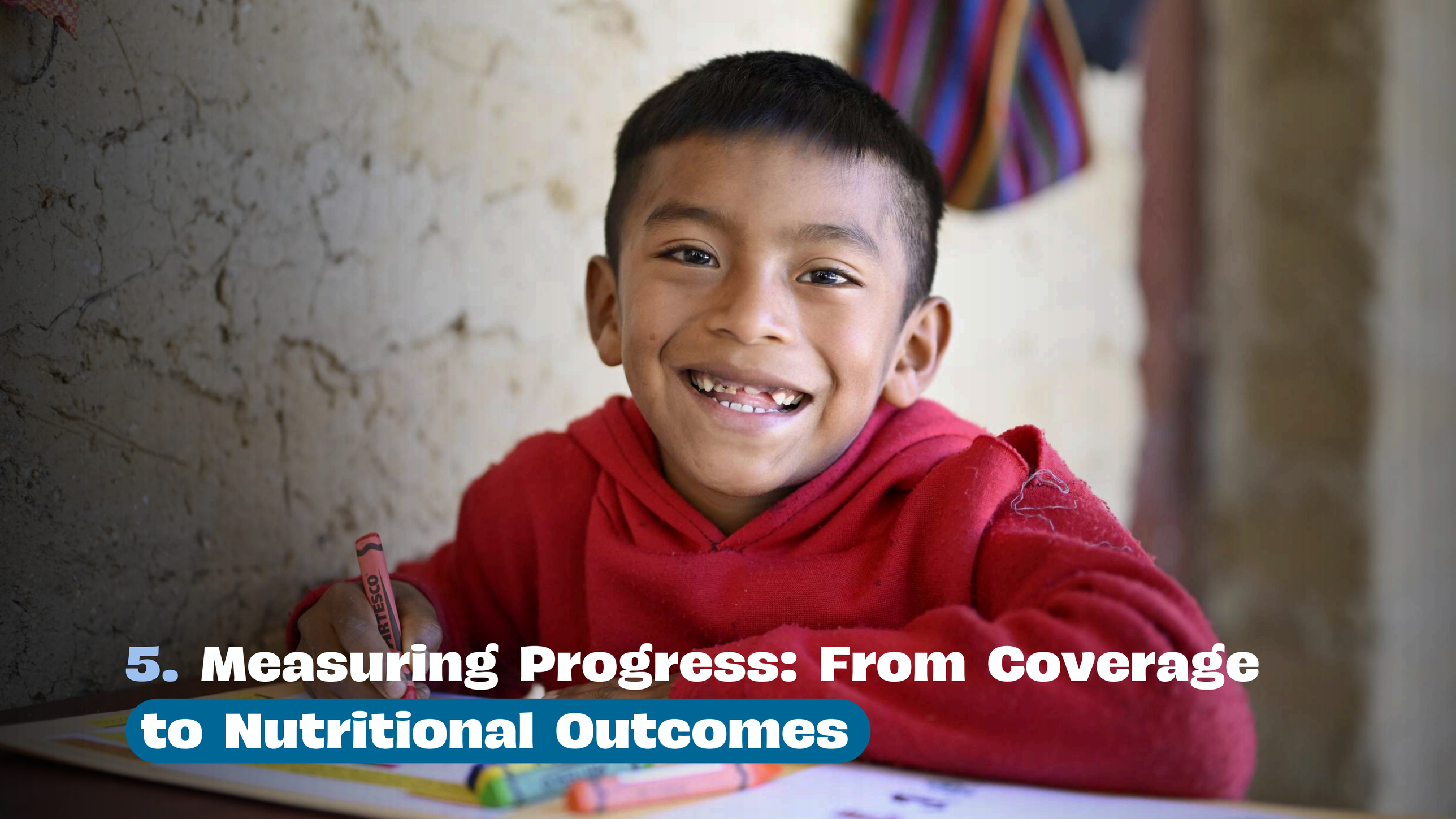
+93,000
vaccinated · ages 1–5
protection from preventable disease

+300,000
dewormed · ages 1–5
better nutrient absorption

+350,000
supplemented · ages 1–5
micronutrients against anemia

+230,000
in growth monitoring · under 5
early detection of growth faltering

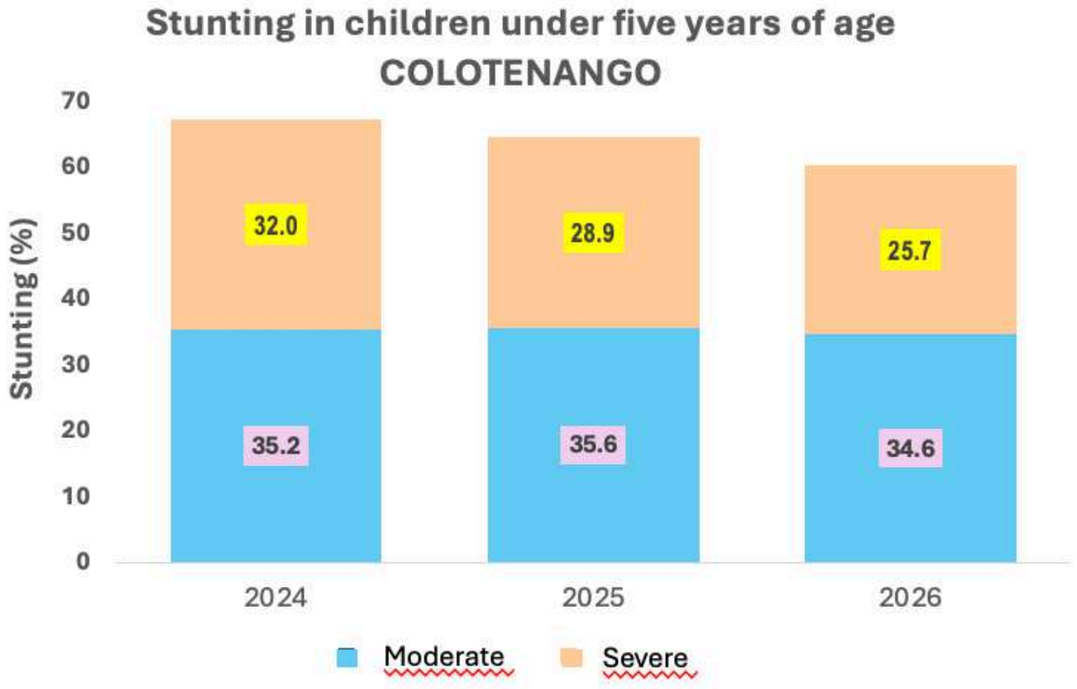
Acting on the determinants of child malnutrition: infections, household poverty and access to health care

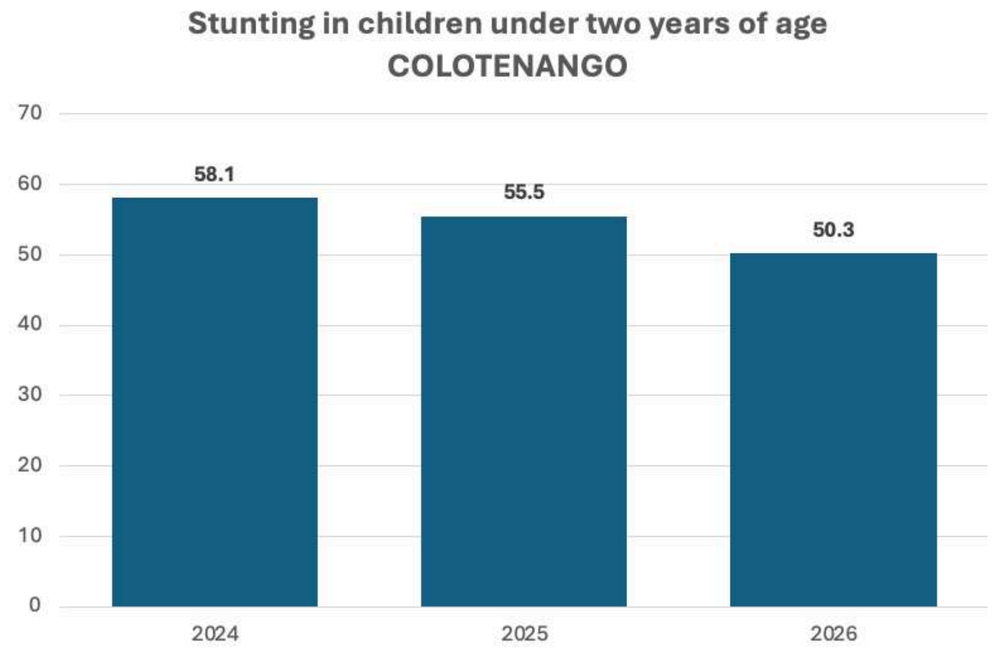


5. Measuring Progress: From Coverage to Nutritional Outcomes

Nutritional status data – an example of municipal changes in 2024 - 2026

Stunting data in children under 2 and under 5 years of age in municipality of Colotenango, Huehuetenango





COLOTENANGO	<5				<2	diff
	Moderate	Severe	Total		Total	
2024	35.2	32.0	67.2		58.1	9.1
2025	35.6	28.9	64.5		55.5	9.0
2026	34.6	25.7	60.3		50.3	10.0

Source: Own elaboration with data of Kawok platform, Tulasalud, 2026.

Start date of Mano a Mano in the municipality – May 2024

Nutritional evidence and monitoring gaps

What the evidence shows

Chronic malnutrition in children under 5 falls faster than the national average (0.45 pp/year) in Mano a Mano municipalities

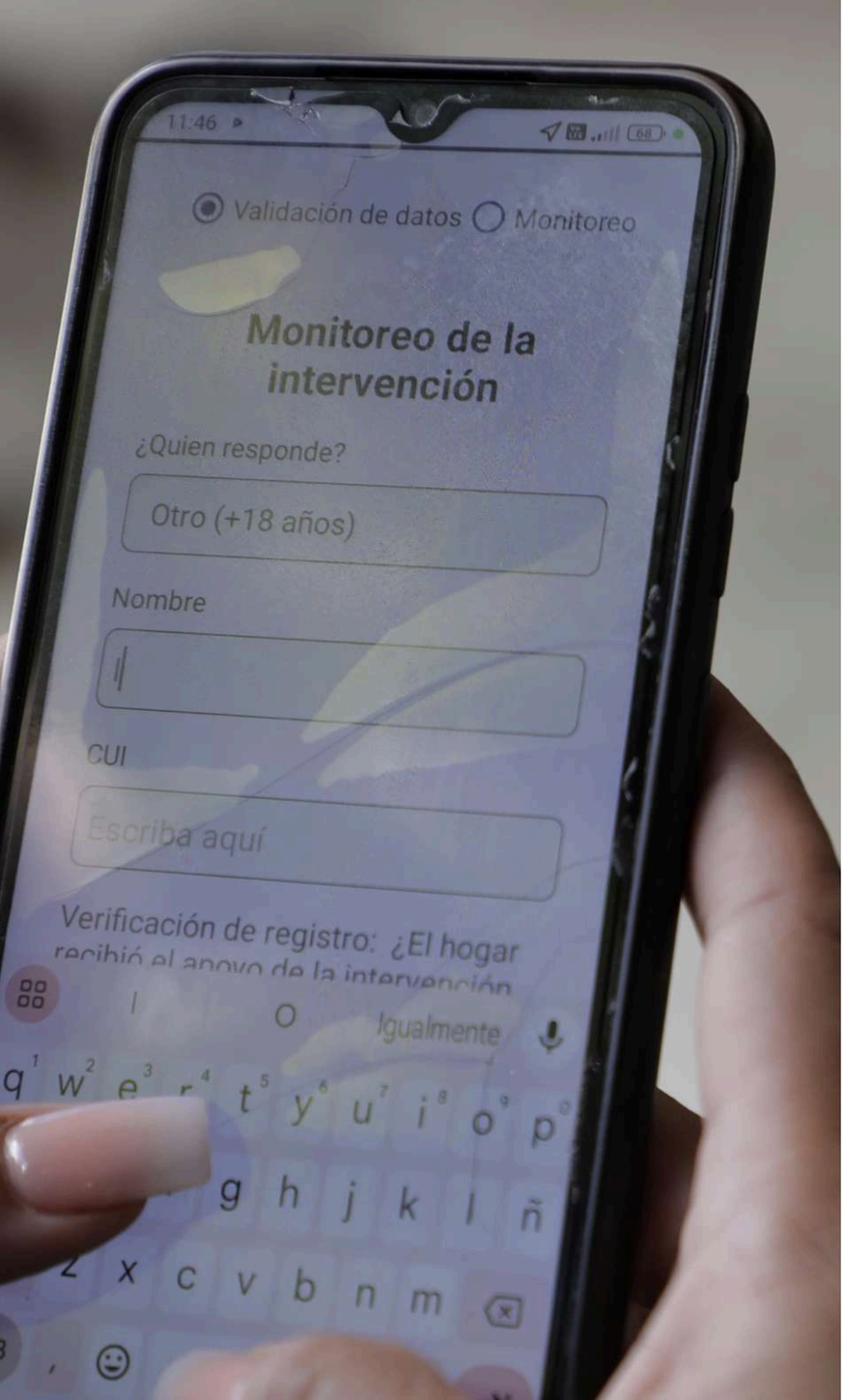
System records

- ✓ Water filters
- ✓ Improved cookstoves
- ✓ Healthy floors
- ✓ Latrines
- ✓ Cash transfers
- ✓ Growth monitoring

Still to verify

Was it actually delivered?
Is it installed?
Is it used correctly?
Did it reach the right household?





CLOSING THE GAP

From field monitoring to evaluation

1

Field monitoring with a mobile app

Monitors visit households with SNIS data, synced with the Mano a Mano Portal, to accompany families and confirm that interventions arrived, are installed and are in use.

2

What two years in the field taught us

Statistically representative sampling takes us where gaps are largest, and the app works through community leaders and Mesas Técnicas Municipales.

3

Evaluation opportunities

Linking RSH, SNIS and field data at household level opens the way to measure nutritional outcomes and to evaluate the impact of the full package of interventions.

6. Lessons from Guatemala's experience

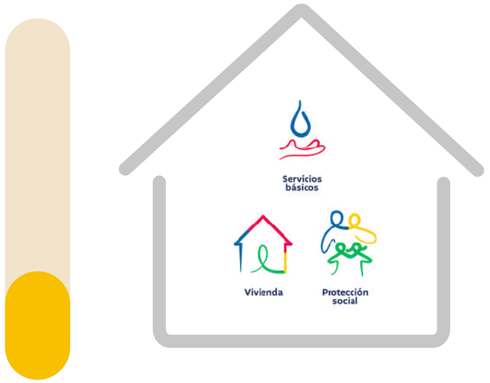


MICROSIMULATION: MORE IMPACT TOGETHER

Baseline: in the 25 prioritized municipalities studied, multidimensional poverty incidence is 83.8% (national average: 57.7%). The simulation estimates how far 7 Mano a Mano interventions would bring it down.

1 · Each intervention alone (pp)

Improved cookstoves	**−2.1**
Water filters	**−1.1**
Concrete floors	**−0.5**
Latrine kits	**−0.1**
Health, education and older-adult cash transfers	**−0.05**



2 · Together, at 2025 targets

83.8% → 78.7%

≈ −5 pp

7 interventions delivered together in 25 municipalities



3 · Together, at full coverage

83.8% → 67.2%

−16.6 pp

100% of eligible households reached with the same 7 interventions

Delivered together, the 7 interventions reduce multidimensional poverty more than the sum of each one alone (≈ −5 pp vs −3.85 pp). **Reaching every eligible household more than triples the effect (−16.6 pp).**



Replication potential

- **Replicable tool:** the Social Registry of Households (RSH), institutionalized within the Ministry of Social Development, is an evidence-based targeting mechanism applicable to other programs and contexts.

- **Territorial prioritization methodology:** municipalities are identified through a weighted index (Unmet Basic Needs and stunting) and cluster analysis.

- **Transferable inputs:** the shared governance model across 11 State institutions and the framework for tracking presidential targets.



6. The road to 2030:
Accelerating Progress on SDGs 1 and 2

Sustaining and scaling the RSH and Mano a Mano to 2030

From a four-year rollout to a standing State capacity for SDGs 1 and 2

2024
7 municipalities
RSH institutionalized

2025
36 municipalities

2026
80 municipalities
1 million households in the RSH

2027
114 municipalities
all prioritized territories

2030
National coverage (340 municipalities in 22 departments)

Keep the RSH anchored in MIDES as shared and strategic State infrastructure

Next steps:

- Reach national coverage.
- Update household data on a regular cycle.
- Use one registry to target programs across institutions.

Scale what works: Mano a Mano

Next steps:

- Reach all 114 prioritized municipalities by 2027.
- Close coverage gaps: reaching every eligible household could cut. multidimensional poverty by 16.6 pp
- Extend to new territories, guided by data.

Learn and hand over

Next steps:

- Evaluate impact and track poverty and nutrition outcomes to guide scale-up.
- Link social protection to economic inclusion.
- Strengthen teams, processes and systems to sustain delivery.

By 2030: a replicable public policy model built on one registry and one coordinated delivery system, sustained across administrations.



Interconnected challenges, one integrated response

Mano a Mano – Guatemala’s intersectoral strategy against poverty and malnutrition.