

INFORMATION FOR ACTION

CHILD MALNUTRITION IN LA GUAJIRA

TERRITORIAL SITUATION: CHILD NUTRITIONAL CRISIS IN LA GUAJIRA

“ La Guajira has maintained mortality rates due to malnutrition up to **eight times higher than the national average**”.

Since 2017, La Guajira has maintained mortality rates due to malnutrition up to eight times higher than the national average¹. The main cause is the limited access to quality food and sufficient quantities for a proper diet, which results in the department having a **59.7% rate of moderate to severe food insecurity, which represents more than double of the national average**.

Therefore, the National Institute of Health identified **2,872 cases of severe acute malnutrition** in children under 5 years old and 71 deaths due to this cause (one-third of the national deaths) by the year 2023². Between January and April 2024, La Guajira accumulated more than 882 cases of malnutrition, an increase of 36% compared to the same accumulated period (week 18) of the previous year, going from a prevalence per 100 children under 5 years of age from 1.86 to 2.22 in 2024³.

To this already chronic situation in La Guajira, factors such as political instability, gaps in access to water, extreme drought given that it is a desert territory with little rainfall per year and mostly rural, as well as the susceptibility to the effects of climate change exacerbate the vulnerabilities experienced in the department. As a result, the issue has gained greater prominence on the national agenda. Since 2018, with CONPES 3944⁴, and in **2023 with the declaration of a State of Emergency for the department to respond to the economic and social crisis**.



¹ Main results of Vital Statistics births and deaths for the first quarter of 2023. National Administrative Department of Statistics, June 23, 2023. Available at: <https://www.dane.gov.co/files/operaciones/EEVV/cp-EEVV-ITrim2023.pdf>

² OCHA. La Guajira departmental briefing, July to December 2023.

³ National Institute of Health. [Weekly epidemiological bulletin. Week 18 of 2024.](#)

⁴ CONPES (Consejo Nacional de Política Económica y Social) is a public policy document that is prepared with the purpose of solving cross-cutting problems in whose solution several sectors participate and whose formulation is coordinated by the Consejo Nacional de Política Económica y Social as the national planning authority.

Since September 2023 Action Against Hunger, with the support of USAID's Bureau for Humanitarian Assistance (BHA) and Global Affairs Canada (GAC), has implemented emergency actions. By **identifying households with children under 5 years of age at risk of malnutrition, we provide nutritional and medical treatment to save lives, prevent the increase of hunger, and restore the welfare of families and communities** in 4 municipalities considered the most critical: Manaure, Uribia, Maicao and Riohacha.

RESPONSE ACTIONS: ADDRESSING MALNUTRITION FROM A TERRITORIAL PERSPECTIVE

Since August 2023,

5.286 

children under 5 years of age

belonging to

4.262 

households in the municipalities of **Manaure, Riohacha, Uribia, and Maicao** underwent a nutritional evaluation, most of them **Colombian** (93.05% according to the nationality of the caregiver), and to a lesser extent **Venezuelan** (6.88%).

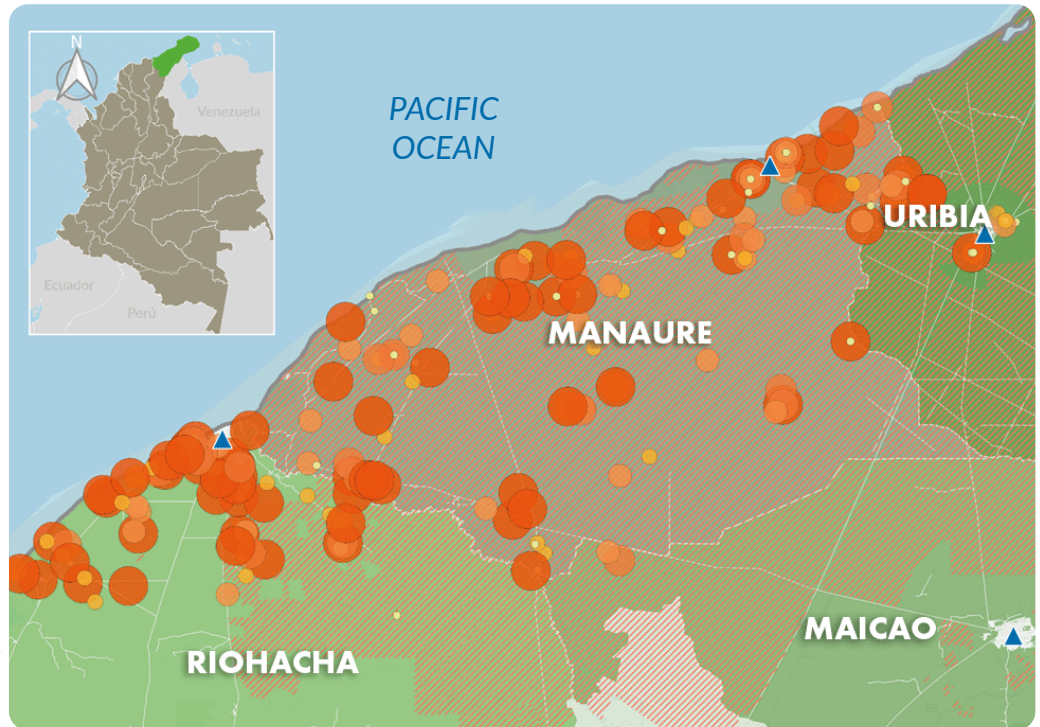
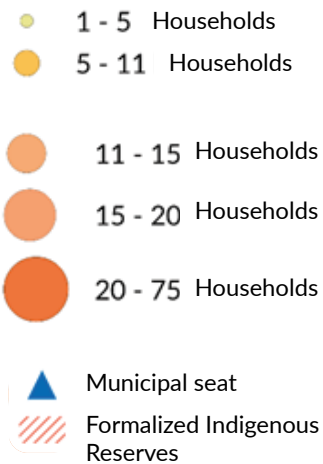
Action Against Hunger has reached a total of 307 communities or Rancherías through an active search exercise. This exercise includes screening, follow-up, and the administration of medical and nutritional treatments either at home or in community spaces. The goal is to mitigate gaps in physical and economic access to health services. The vast majority of these communities (87%) are located in rural or dispersed areas, and access from the main roads can take 15 to 40 minutes by four-wheel drive vehicle.



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Households by communities reached through nutritional screenings:



La Guajira is
a territory where

93,31%

of the households belong
to the **Wayúu indigenous people.**

Adopting an intercultural perspective that integrates social, cultural, and environmental elements of the communities has been essential to address nutritional issues. This is why the **actions include consultation with ethnic authorities and mediation with families, conducted by mobile teams of health professionals belonging to the Wayúu people.** These professionals provide care in Wayuunaiki, the language of the indigenous people, and establish a dialogue with the children's caregivers to improve communication, address concerns, and tailor messages to the community context. This approach helps to ensure better adherence and trust in treatment and prevention actions.

**SITUATION ANALYSIS:
STATUS AND CAUSES
OF MALNUTRITION**

Based on the nutritional screenings, it was identified that

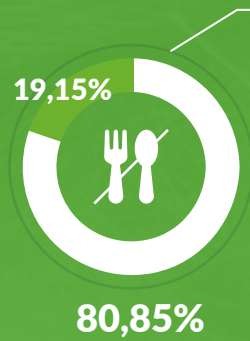
18.02%

of the total number of children were at risk of malnutrition (12.02%) or in a situation of acute malnutrition (6%), which is equivalent to 982 children in a situation of nutritional vulnerability. **Manaure is the municipality with the highest prevalence of acute malnutrition⁵.**

Vulnerabilities in access to water for consumption and/or production, the absence of livelihoods and crops for self-consumption, and barriers in access to medical services that are concentrated in the capital or municipal capitals are the main structural and underlying causes of the high rates of malnutrition in the region.

⁵ This definition of malnutrition risk or malnutrition condition groups the three categories analyzed from lowest to highest severity: (i) Risk of acute malnutrition, (ii) Moderate acute malnutrition (Risk of severe acute malnutrition), (iii) Severe acute malnutrition.

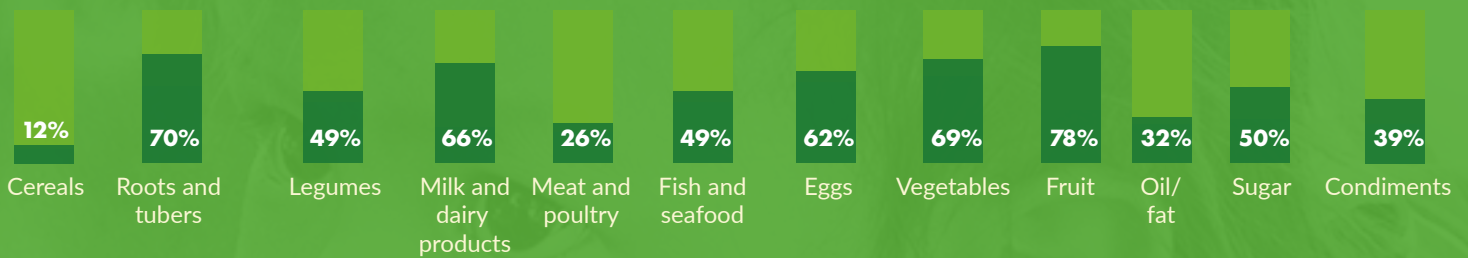
Action against Hunger's response integrates treatment against malnutrition, nutritional prioritization recommendations for children, and the strengthening of community strategies such as assistance to Community Care Units, to ensure a minimum of 2 meals a day.



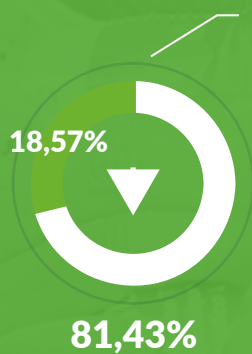
Based on the diagnoses carried out, 80,85% of households encountered difficulties in accessing food.

This is crucial considering that in the region the average number of members per household is 6 people, of which at least two are under 5 years of age (more than double the national average), which increases the burden of care in households.

GAPS IN ACCESS TO FOOD GROUPS



Low access to food has led households to adopt reduced consumption strategies:



81.43% relied on less preferred or cheaper foods than usual. In comparison, 69.81% had to reduce the number of meals per day (the average being 2 per day) and 69.63% had to reduce the number of meals per day (the average being 2 per day) and 69.63% had to reduce the number of meals per day (the average being 2 per day).

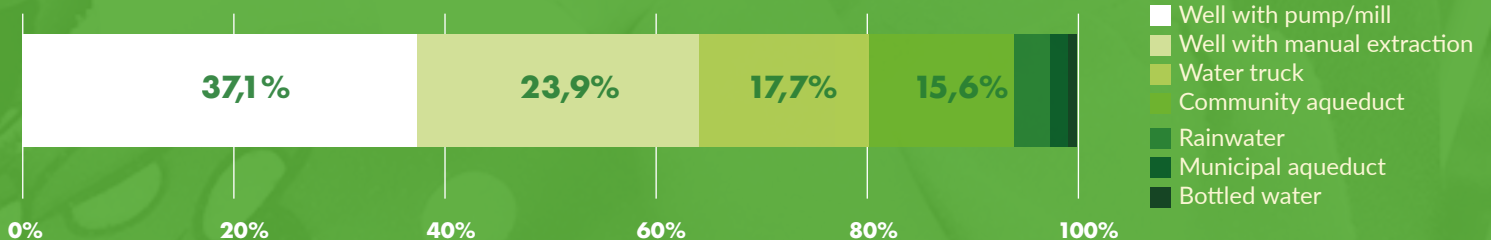
Additionally, there is a low dietary diversity, where only



of households had consumed all of 11 food groups in the last week compared to 26.43% whose diet depended exclusively on 3 food groups, and finally, only 3 out of 10 households had access to fruits and vegetables.

Our team has integrated the consumption of local and seasonal products, such as auyama, iguaraya, and bananas, to increase the consumption of these food groups and include cultural elements such as the consumption of goat or sheep entrails after ceremonies like vigils, wakes, or marriages. This approach aims to mitigate anemia in children.

WATER SOURCES USED BY POPULATION IN LA GUAJIRA



Finally, low access to safe water is associated with the prevalence of diarrheal episodes, which hinders children's ability to obtain sufficient nutrients. 61,03% percent of households rely on hand-dug wells as their primary source of water (mostly jagueyes), In comparison, a much smaller proportion use water from

tanker trucks or community aqueducts. A large majority (93,04%) do not treat their drinking water, even when it varies in appearance and salinity.

RESULT OF THE ACTIONS: THE PROCESS OF NUTRITIONAL RECOVERY

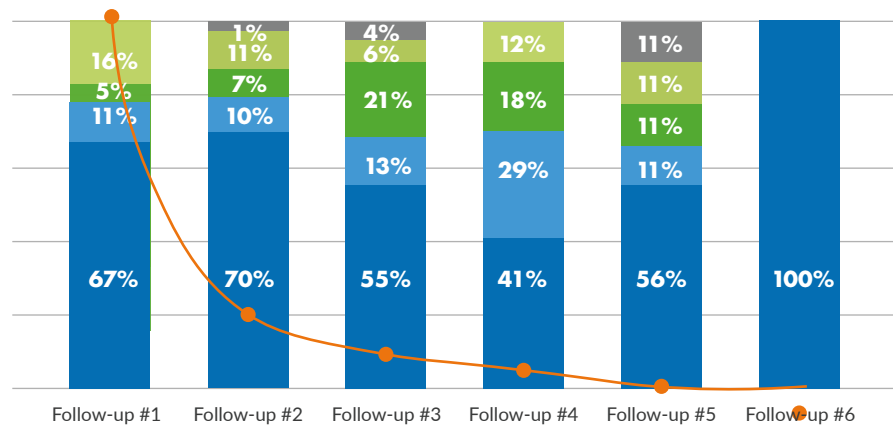
Nutritional recovery is a staged process that seeks to gradually reduce the level of risk of severe malnutrition. It is carried out by the household based on the indications and the provision of treatment that we provide after the results of the initial screening or assessment. 94.76% of the children with moderate or severe malnutrition received nutritional supplementation including medicines such as Plumpy Nut, folic acid, and other micronutrients. Additionally, 17.55% of the children at risk of malnutrition also received supplementation to minimize the risk and facilitate the recovery of their adequate weight.

However, to monitor and follow up on the children's condition, between November 2023 and May 2024, 610 visits (between 10 and 15 days after the screening) were made to the homes of 389 children, equivalent to 44.76% of the children identified as being at risk of child malnutrition or acutely malnourished.



EVOLUTION OF CHILDREN AT RISK OR MALNUTRITION THROUGH FOLLOW-UPS

- The child shows positive evolution
- Child shows stationary condition
- Child has regressed
- Child fully recovered
- Child dropped of treatment
- Children who remain in follow-up



Difficulties in geographic access pose challenges for conducting follow-ups. Approximately 1 out of every 5 follow-ups is not carried out due to the high mobility of families between ranches or due to family ties, wakes, or unions; stationary migrations, and daily mobility due to goat herding activities. Other obstacles include information gaps about the location of households such as imprecise indications, absence of contact numbers, poor connectivity, access barriers such as the state of roads, rainy seasons, and self-protection measures implemented by households as vegetation barriers against strangers. Finally, there is still distrust towards nutritional services due to fear of reporting the child's condition to public institutions.

However, the results achieved by Action against Hunger Colombia are significant: from the first follow-up, 8 out of 10 children show an improvement in their nutritional status due to weight gain, and 70% are discharged at the second follow-up because they are at low risk. At that point, the last delivery of supplementation is made and recommendations are given to help maintain a healthy diet and achieve an adequate weight. **After three months, more than 360 children were no longer at risk of severe malnutrition.**

CONCLUDING REMARKS

“The families do not have the resources to be sure that the child does not have a relapse into malnutrition. But we provide information to the mother and treatment to the child, knowing that she will try to feed the child better with the resources that she has at her disposal”.

Action against Hunger doctor

1. Complementarity to overcome the risk of malnutrition in La Guajira:

Although within the framework of the interventions, Action against Hunger creates articulations with other water and sanitation projects, with public institutions of the health system for the referral of cases, insurance, and follow-up of the processes, and with other organizations for an intersectoral response, it is necessary to ensure continuity and complementarity in the actions to promote minimum welfare such as access to health services, food security for households, and safe water.

2. Intercultural and contextual care as axes in the attention:

Taking into account aspects such as the distribution of care and household composition, the implications of displacement to the municipal capitals to access medical services in community economies such as herding, the Wayúu community's food consumption, the belief system, and cultural care practices (for example The relationship between the health status of children and malicious intentions or transmission of harms), as well as their perceptions of the western health system, is essential to respond with a direct impact on households.

“We teach the communities so that they can recognize symptoms in children, and so that they can make the call through the leaders to assist the children”.

Action against Hunger nurse

3. Strengthen and install capacities for the mitigation of child malnutrition:

Territorial work allows the strengthening of capacities in households to identify symptoms of malnutrition (such as a change in hair color). These signs indicate medical emergencies (diarrhea or prolonged vomiting) and preventive practices (ensuring minimum protein intake through key messages such as "an egg a day" for the prevention of anemia). An example of this is the work of the teachers of the Community Care Units, who inform and identify other children in the community who may be at risk of malnutrition and accompany households in the treatment.

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For more information about Action Against Hunger's response to child malnutrition in La Guajira, visit our data dashboard by scanning the QR code.

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