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## Haiti: Nutrition Profile

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Malnutrition has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policymakers in Haiti where 22 percent of children under five years of age are stunted (have low height-for-age) and 66 percent of children aged 6–59 months suffer from anemia (IHE and ICF 2017). The persistent risk of food insecurity, natural disasters, and poor infrastructure—particularly for water and sanitation—continue to make Haiti’s population vulnerable to malnutrition.

### Background

Haiti currently has a population of 11.1 million (UNICEF 2019), which is expected to increase to about 13.3 million by mid-2035 (PRB 2019). The country’s population is the youngest in the Caribbean, with 34 percent under 15 years of age and only 5 percent over 65 years of age (PRB 2019). It is also the most densely populated of the Caribbean countries (FEWS NET 2014). Fifty-five percent of the population reside in urban areas, and this is expected to increase by an average of 3.7 percent per year (PRB 2019; FEWS NET 2014).

Haiti is the poorest country in the Americas and one of the poorest in the world. The latest official poverty estimated (2012) suggested that over 6 million Haitians lived below the poverty line of US\$2.41 per day, and more than 2.5 million fell below the extreme poverty line of US\$1.12 per day. Gross domestic product (GDP) is estimated to have contracted by 0.9 percent in 2019, and the country has experienced rapid currency depreciation and rampant inflation (World Bank 2020). Haiti continues to rebuild its infrastructure and buildings after its massive earthquake in 2010, which also caused a tremendous loss to the country’s limited human capital. In addition to the damage caused by the earthquake, Haiti was battered by hurricanes in 2016 and 2017, and prior to that, experienced a prolonged drought due to El Niño. These natural disasters have had severe impacts on the country’s economy—the damage from Hurricane Matthew in 2016 alone was equivalent to a 32 percent loss in the country’s GDP (World Bank 2020).

Haiti’s economy is dominated by the service industry, which accounts for approximately 64 percent of total employment figures, followed by agriculture at 29 percent. The majority of agricultural products are grown on smallholder farms that average 1.8 hectares. Although agriculture is an important part of the economy, productivity is low, and so agriculture does not constitute the main source of income for the majority of households. Many households rely on multiple sources of income, ranging from day labor and charcoal production to industrial labor, such as textiles, as well as remittances. The value of remittances represents double the amount derived from exports and is equivalent to about one-fifth of the country’s GDP (FEWS NET 2014).

Currently, Haiti ranks 156th out of 162 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2019). According to the most recent Demographic and Health Survey (EMMUS-VI 2016–2017), approximately 1 of every 10 children will die before reaching five years of age (IHE and ICF 2017).

## **Nutrition and Food Security Situation**

Food insecurity caused by recurrent natural disasters and climate-related factors remains a problem in Haiti. In 2017, at the peak of the lean season and the 2017 spring harvest, 3.6 million people were food insecure and 1.5 million were severely food insecure (FAO and WFP 2017).

The causes of malnutrition and food insecurity in Haiti are multifaceted and, in addition to natural disasters and climate-related factors, include poor infant and young child feeding practices, lack of access to clean water and sanitation, high unemployment, and poverty. Twenty-six percent of the population do not have access to an improved water source, 56 percent do not treat their water, 20 percent do not have access to improved sanitation facilities, and 25 percent practice open defecation. These issues are even more problematic in rural areas where 40 percent of the population do not have access to an improved water source and 36 percent practice open defecation (IHE and ICF 2017). Poor child feeding practices, coupled with poor sanitation, lead to increased levels of stunting. Although 40 percent of children zero–five months are exclusively breastfed, this decreases to 15 percent among children four–five months. More than three-quarters of children are still breastfed at one year of age. A little more than half of children younger than 6 months of age have started receiving complementary foods, putting them at risk of consuming contaminated foods that can carry infection (IHE and ICF 2017). Haiti has been suffering from a cholera epidemic since 2010 and, although cases have declined dramatically since the outbreak, risk remains. As of December 2017, there were an estimated 200 to 300 cases per week (PAHO/WHO 2017). Due to these and other factors, 22 percent of children under five years are stunted.

Differences in stunting levels relate to maternal education and wealth levels—15 percent of children whose mothers have secondary education are stunted, while the prevalence rises to 32 percent for children whose mothers have no formal education. Similarly, 9 percent of children in the highest wealth quintile are stunted, while 34 percent of children in the lowest wealth quintile are stunted. Stunting prevalence is greatest between the ages of 18–35 months, at approximately 30 percent. Stunting levels are highest in rural areas, 24 percent, compared to 18 percent in urban areas. Stunting levels are similar across geographic departments, averaging around 20 and 22 percent. However, one department, Centre, has the highest prevalence at 30 percent, and Nippes has the lowest prevalence at 17 percent (IHE and ICF 2017). The prevalence of wasting doubled from 5 percent in 2000 to 10 percent in 2005–2006, then went back down to 5 percent in 2012. It further decreased to 4 percent in 2016–2017. As the prevalence of wasting is influenced by seasonal variations, it is difficult to interpret the variations of this index over time (IHE and ICF 2017).

Childbearing begins early in Haiti. By age 19, 21 percent of adolescent girls had begun childbearing in 2016–2017, which is a decrease from 31 percent in 2012 (IHE and ICF 2017; Cayemittes et al. 2013). Early motherhood has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished (Cayemittes et al. 2013). These malnourished younger mothers tend to have infants with lower birth weights, and their infants have an increased risk of malnutrition, illness, and death. The risk of stunting is 63 percent higher among first-born children of girls under 18 years in Latin America and the Caribbean, and as such, early motherhood is a key driver of malnutrition (Fink et al. 2014). The prevalence of underweight children under five years of age has decreased from 18 percent in 2005–2006 to 11 percent in 2012 and 10 percent in 2016–2017, though these rates are higher in boys than girls (11 percent and 8 percent, respectively) (IHE and ICF 2017).

Haiti Nutrition Data (DHS 2012 and 2016–2017)		
Population 2018 (UNICEF 2019)	11.1 million	
Population under 5 years (0–59 months) 2018 (UNICEF 2019)	1.3 million	
	2012	2016–2017
Prevalence of stunting among children under 5 years (0–59 months)	22%	22%
Prevalence of underweight among children under 5 years (0–59 months)	11%	10%
Prevalence of wasting among children under 5 years (0–59 months)	5%	4%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	19%	17%
Prevalence of anemia among children 6–59 months	65%	66%
Prevalence of anemia among women of reproductive age (15–49 years)	49%	49%
Prevalence of thinness among women of reproductive age (15–49 years)	13%	11%
Prevalence of thinness among adolescent girls (15–19 years)	23%	19%
Prevalence of children 0–5 months exclusively breastfed	40%	40%
Prevalence of children 4–5 months exclusively breastfed	24%	15%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)	47%	47%
Prevalence of children who receive a pre-lacteal feed	19%	NA
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	15%	23%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	4%	3%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	25%	11%
Coverage of iron for pregnant women (for at least 90 days)	30%	43%
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)	44%	30%
Percentage of children 6–59 months living in households with iodized salt	17%	7%

*\*The EMMUS-VI 2016–2017 Key Indicators Report includes a limited set of indicators.*

## Global and Regional Commitment to Nutrition and Agriculture

Haiti has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2012	Ending Preventable Child and Maternal Deaths: A Promise Renewed	Haiti pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (A Promise Renewed 2017).
2012	Scaling Up Nutrition (SUN) Movement	SUN is a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. Haiti joined the SUN Movement in 2012; however, the National Commission for Hunger and Malnutrition was abolished in 2014 and continued political instability and climate hazards have reduced the prioritization of nutrition on the political agenda (SUN 2017).

## National Nutrition Policies/Legislation, Strategies, and Initiatives

Haiti's commitment to improving nutrition is outlined in the following documents, which are aligned with the government's Strategic Development Plan (2012) (*Plan Stratégique de Développement d'Haïti* [PSDH]):

- National Guiding Health Plan (2012–2022)
- Nutrition Strategic Plan (2013–2018)
- National Nutrition Policy (2012)
- Agricultural Development Policy (2010–2025)
- Law on Food Fortification (February 2, 2017)

The Government of Haiti is working on a new National Food and Nutrition Sovereignty and Security Policy being drafted by the Economic and Social Development Council, an independent body linked to the Office of the Prime Minister (SUN 2017). Haiti also has a National School Meals Program (*National de Cantines Scolaires*), which has operated since 2010 with support from the World Food Programme and other donors, including the U.S. Government.

## USAID Programs: Accelerating Progress in Nutrition

As of April 2020, the following USAID programs with a focus on nutrition were active in Haiti.

Selected Projects and Programs Addressing Nutrition in Haiti		
Name	Dates	Description
Aksyon Kominote nan Sante pou Ogmante Nitrisyon (AKSYON)	2016–2021	AKSYON provides capacity building for community health workers who, with support from registered nurses, conduct community screening campaigns to identify cases of severe and moderate acute malnutrition. These activities are reinforced through knowledge and skill building around nutrition, hygiene, sanitation, and food security strategies (USAID/Haiti 2017).
Health Service Delivery (Project Santé)	2017–2021	Project Santé strengthens the capacity of the Ministry of Health to increase access to a package of integrated primary health care services in Haiti’s 10 geographic departments (164 facilities), including infant and young child feeding; nutrition; family planning; and water, sanitation, and hygiene (WASH).
Haiti WASH Project	2017–2022	The WASH Project improves services in communities susceptible to cholera and diarrheal disease, expanding access to safe drinking water and sanitation services by mobilizing sustainable financing for WASH services, modernizing Haiti’s water authority information systems, supporting the establishment of a water testing lab at the state university and developing curricula for WASH engineers, providing technical assistance for small-to-medium enterprises and WASH value chain actors, and maintaining policy and institutional strengthening.
Ranfose Abitid Nitrisyon pou Fè Ogmante Sante (RANFOSE)	2017–2021	RANFOSE aims to address micronutrient deficiencies by fortifying food in Haiti. This includes increasing the availability of high-quality, staple foods by expanding the local production and importation of fortified foods, and providing clear and consistent messaging for consumers on the value and safety of these foods (USAID/Haiti 2017).

## Other USAID Nutrition-Related Development Assistance

USAID Food for Peace (now Bureau for Humanitarian Assistance) has a long history in Haiti, supporting both emergency and development programming, especially in areas of the country prone to shocks. From 2013 to 2019, USAID Food for Peace supported the Kore Lavi project, in collaboration with the Government of Haiti to implement a voucher-based social safety net program that aimed to increase access for vulnerable households to locally produced, nutritious foods. USAID BHA provided approximately \$34 million in FY 2020 funding to the UN World Food Programme (WFP) and three nongovernmental organizations to reach vulnerable populations across Haiti with emergency food assistance (USAID 2021).

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