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Honduras: Nutrition Profile

Malnutrition in childhood and pregnancy 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 Honduras, which now carries a double burden: overweight is widespread, mostly affecting women between 30–62 percent in the provinces. Stunting among children under five years of age (having low height-for-age) continues to be high in some areas of the country (19 percent nationally, and up to 38 percent in some regions). However, in 2019 the year of the most recent Demographic and Health Survey (DHS) available information, there was no wasting (low weight-for-height) at the national level (INE and SS 2021).

Background

Honduras is a lower-middle income country of more than 9 million, and it is one of the poorest countries in Latin America, with 17 percent of the population living on less than U.S.\$1.90 a day. Dependent on agricultural and manufacturing exports, Honduras was hit hard by the 2008–2009 global economic downturn and a serious political crisis that led to a temporary halt of international cash flow. The country recovered with multiple years of gross domestic product (GDP) growth from 2015–2019, mainly boosted by public investments, exports, and higher remittances, though GDP decreased in 2020, likely due in part to the COVID-19 pandemic (World Bank 2020). Despite a decrease in annual population growth from 2.9 percent in 1990 to 1.7 percent in 2018, there is still inequitable access to land and insufficient food production. Significant challenges to human development include natural disasters, such as hurricanes, floods, droughts, and environmental degradation, which ruin crops and prevent access to food and other basic necessities (WFP 2020). Plagued by high unemployment and exposure to natural disasters, the southeastern and southwestern regions are among the poorest and most food insecure. Food and nutritional insecurity among most vulnerable populations have worsened because of the ongoing droughts in the southern and western regions of the country, known as the Dry Corridor (WFP 2020).

Currently, Honduras ranks 107th out of 162 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2019). Challenges to development in Honduras include a high level of insecurity, migration, drug trafficking, and corruption (WFP 2020). Honduras also has one of the highest homicide rates in the world (World Bank 2020).

Nutrition and Food Security Situation

The prevalence of thinness (body mass index less than 18.5 kg/m²) among adolescent girls decreased from 12 percent in 2012 to 10 percent in 2019. This is important because childbearing begins early in Honduras. In 2019, by age 19, 19 percent of adolescent girls had begun childbearing. This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby who is more likely to become malnourished and be at increased risk of illness and death than those born to older mothers. At the same time, more than 60 percent of women of reproductive age were overweight or obese, which increases their risk for diet-related non-communicable diseases (INE and SS 2021).

There were large disparities in children stunting based on maternal education and wealth levels—only 11 percent of children whose mothers have a secondary education were stunted, while the rate rises to 30 percent of children whose mothers had no formal education. Similarly, 6 percent of children in the highest wealth quintile were stunted, whereas 33 percent of children in the lowest wealth quintile were stunted. The prevalence of the early initiation of breastfeeding decreased from 64 percent in 2012 to 51 percent in 2019, while children who received a pre-lacteal feed also decreased from 44 percent in 2012 to 36 percent in 2019. In 2019, only 30 percent of children 0–6 months of age were exclusively breastfed, which remained about the same since 2012 (31 percent) (INE and SS 2021).

The prevalence of underweight children in 2019 was 7 percent, remaining consistent from 2012. The prevalence is higher among children between 48–59 months of age (8 percent) and among those living in rural areas (9 percent). The prevalence of underweight in children declines as the mother's education level increases (12 percent among children of mothers without education, but just 2 percent among mothers with higher education). Twelve percent of children in the lowest wealth quintile were underweight, but there were no underweight (2 percent) in the highest wealth quintile (INE and SS 2021; SS, INE, and ICF International 2013).

A small nutrition survey carried out recently in poor communities of the southwestern province of Intibuca by the Institute of Nutrition for Central America and Panama (INCAP), Pan American Health Organization (PAHO), and USAID (2019), showed that there were no iodine, vitamin A, and folate deficiencies, mostly due to the compliance of fortified food programs (salt, sugar, and wheat flour), as well as vitamin D deficiency because of the sunny nature of the country. Vitamin B12 and iron deficiencies, and anemia were mild to moderate, but zinc deficiency can be serious. Other nutrients of concern for the very poor communities were vitamin B2, B6, niacin, folate, and vitamin C, as determined by nutrient density of the diet using data of 2004. It is caused from the low consumptions of animal source foods and fresh fruits and vegetables (Menchu, Mendez, and Dary 2013).

An estimated 1.5 million Hondurans are food insecure, in particular those living in the southern and western regions. These areas suffer from environmental degradation yet are home to a high concentration of smallholder farmers (WFP 2020).

The causes of malnutrition and food insecurity in Honduras are multifaceted and include poor infant and young child feeding practices, including a low prevalence of exclusive breastfeeding, which contributes to a high prevalence of illnesses and poor nutrition among children under 2 years. Poor hygiene practices and inadequate sanitation services exacerbate disease; also recurrent natural disasters and weather extremes, including prolonged drought and hurricanes; a susceptibility to the effects of climate change; and poverty (WFP 2020; SS, INE, and ICF International 2013).

Honduras Nutrition Data (DHS 2012 and 2019)		
Population 2018 (UNICEF 2019)	9.6 million	
Population under 5 years of age (0–59 months) 2018 (UNICEF 2019)	1.0 million	
	DHS 2012	DHS 2019
Prevalence of stunting among children under 5 years (0–59 months)	23%	19%
Prevalence of underweight among children under 5 years (0–59 months)	7%	7%
Prevalence of wasting among children under 5 years (0–59 months)*	1%	2%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	9%	12%
Prevalence of anemia among children 6–59 months	29%	36%
Prevalence of anemia among women of reproductive age (15–49 years)	15%	22%
Prevalence of thinness among women of reproductive age (15–49 years)	5%	4%
Prevalence of thinness among adolescent girls (15–19 years) (body mass index less than 18.5 kg/m ²)	12%	10.3%
Prevalence of children 0–5 months exclusively breastfed	31%	30%
Prevalence of children 4–5 months exclusively breastfed	19%	NA
Prevalence of early initiation of breastfeeding (i.e., put to the breast within 1 hour of birth)	64%	51%
Prevalence of children who receive a pre-lacteal feed	44%	36%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	59%	56%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	NA	NA
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	51%	62%
Coverage of iron for pregnant women (for at least 90 days)	37%	NA
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)**	73%	NA
Percentage of children 6–59 months living in households with iodized salt	NA	NA

NA: Not Available

* Less than 2.4% wasting is considered normal for a population.

** The country has added vitamin A to sugar since the first half of the 1990s and the program appears to be operating well.

Micronutrient Data from 7 communities of Intibuca (INCAP/PAHO/USAID 2019)	
Prevalence of anemia among children 6–59 months	23.6%
Prevalence of anemia among women of reproductive age (15–49 years)	11.8%
Prevalence of vitamin A deficiency among children 6–59 months; below 10% is fine	1.0%
Prevalence of vitamin A deficiency among women of reproductive age (15–49 years)	0.0%
Prevalence of vitamin D deficiency among children 6–59 months	0.0%
Prevalence of vitamin D deficiency among women of reproductive age (15–49 years)	0.0%
Prevalence of folate deficiency among children 6–59 months	0.3%
Prevalence of folate deficiency among women of reproductive age (15–49 years)	7.8%
Prevalence of iron deficiency among children 6–59 months	15.3%
Prevalence of iron deficiency among women of reproductive age (15–49 years)	28.9%
Prevalence of zinc deficiency among children 6–59 months	74.7%
Prevalence of zinc deficiency among women of reproductive age (15–49 years)	58.2%
Prevalence of vitamin B-12 deficiency among children 6–59 months	5.1%
Prevalence of vitamin B-12 deficiency among women of reproductive age (15–49 years)	12.0%
Median concentration of iodine in urine from women of reproductive age (15–49 years); above 100 µg/L is evidence that iodine intake in the population is fine	106 µg/L

National Nutrition Policies/Legislation, Strategies, and Initiatives

Honduras’ commitment to improving nutrition is outlined in the following documents, which are aligned with the Government’s Country Vision 2010–2038 and National Plan (2010–2022):

- National Health Plan (2014–2018)
- State Policy: Strategic Plan for the Agri-Food Sector and the Rural Environment of Honduras (2004–2021)
- National Strategy for Food and Nutrition Security (2010–2022)

Under the overarching framework of the Country Vision 2010–2038, the National Health Plan identifies three areas of urgent and necessary change: (1) accelerated increase in access to quality health services; (2) increased well-being and health of the population by reducing maternal and child mortality; and (3) modification of the structure, functioning, and response of the current health system. The government also established a national committee on food security and nutrition to serve as a mechanism to coordinate strategic priorities across relevant ministries. In 2010, the country passed the *Milk Glass for the Strengthening of School Lunch Law*, which provides 200 ml of milk to school children 200 days per year. In 2011, the country passed a food and nutritional security law and a law on food fortification, giving the Ministry of Health the ability to declare the fortification of foods mandatory for the public good, the power to enforce that decision, and the flexibility to revise fortification levels without an act of Congress (WHO 2017).

In 2010, Honduras created the Presidential Program of Health, Education, and Nutrition “BONO 10,000,” to break the intergenerational cycle of extreme poverty by creating opportunities and developing skills and competences in education, health, and nutrition for families (WHO 2017).

The Dry Corridor Alliance agreement, which calls for lifting 50,000 families out of poverty, reducing stunting by 20 percent, and building or repairing 280 kilometer (174 miles) of new roads, is the guiding document for all donors to coordinate their activities. The U.S. Government is an integral member of this alliance.

USAID Programs: Accelerating Progress in Nutrition

As of December 2021, the following USAID programs, with a focus on nutrition, were active in Honduras. The U.S. Government selected Honduras as one of 12 Feed the Future target countries for focused investment under the new U.S. Government Global Food Security Strategy.

Selected Projects and Programs Incorporating Nutrition in Honduras		
Name	Dates	Description
Alliance for the Dry Corridor	2014–2021	The Alliance for the Dry Corridor Activity goal is to move rural Honduran households in the Dry Corridor out of extreme poverty and reduce undernutrition by increasing their incomes. The activity has three major components: (1) access to production, (2) access to health and nutrition, and (3) micro watersheds management and conservation. Key stakeholders include rural households, irrigation boards, potable water boards, forest conservation boards, local leaders, and commercial and financial allies.
Feed the Future Innovation Labs	Ongoing	The Feed the Future Innovation Lab for Climate-Resilient Beans integrates new scientific technologies with traditional breeding approaches to develop heat- and drought-tolerant, high-yielding, farmer-accepted bean varieties. The Feed the Future Innovation Lab for Grain Legumes is developing improved grain legume varieties that are resistant to climatic stresses and disease and insect threats, enhancing soil and pest management practices, and boosting the nutritional and health status of women and young children by supporting improved access to grain legumes. The Feed the Future Innovation Lab for Horticulture is improving smallholder farmers’ abilities to grow, sell, and consume nutritious, high-value fruit and vegetable crops by targeting innovative technologies, including postharvest handling, increasing research capacity, improving access to information and markets, and ensuring gender equality (USAID 2017b).
Feed the Future USAID Advancing Nutrition	2021–2025	USAID Advancing Nutrition is a 5-year \$7.5 million activity will use a systems-led approach to help reduce the prevalence of underweight and prevalence of anemia, as well as an increased minimum acceptable diet, minimum dietary diversity, and consumption of animal source foods among children under 5 years of age. The activity will build the capacity of the Decentralized Health Care Providers in Honduras, as well as investigate the potential opportunities for Large Scale Food Fortification (LSFF) through analysis of the food system, recommendations for LSFF, and engagement with local partners to achieve nutrition outcomes.

References

- Fintrac, Inc. 2015. *Annual Report #1: Mercado*. Washington, DC: Fintrac, Inc. Available at: http://pdf.usaid.gov/pdf_docs/PA00KZ88.pdf
- Institute of Nutrition for Central America and Panama (INCAP), Pan American Health Organization (PAHO), and U.S. Agency for International Development (USAID). 2019. *Informe de Resultados Fase B: Prueba de prototipo de vigilancia nutricional a través de un estudio comunitario en Intibucá, Honduras*. Tegucigalpa, Honduras: INCAP. <https://obsan.unah.edu.hn/assets/Uploads/Informe-Fase-B-Proyecto-SIVIN-Honduras-Final-Digital.pdf>
- Instituto Nacional de Estadísticas (INE) and la Secretaría de Salud (SS) de Honduras. 2021. *Encuesta Nacional de Demografía y Salud/Encuesta de Indicadores Múltiples por Conglomerados 2019*. Tegucigalpa, Honduras: INE and SS.
- Menchu. M. T., H. Mendez, and O. Dary. 2013. *Estudio complementario al análisis secundario de los datos de la encuesta nacional de condiciones de vida de Honduras (ENCOVI 2004)*. Guatemala: Institute of Nutrition for Central America and Panama INCAP). <http://www.incap.int/index.php/es/publicaciones-incap/118-honduras-informe-del-estudio-analisis-secundario-de-la-encovi-2004/file>
- Sachs, J., G. Schmidt-Traub, C. Kroll, G. Lafortune, and G. Fuller. 2019. *Sustainable Development Report 2019*. New York: Bertelsmann Stiftung and Sustainable Development Solutions Network (SDSN).
- Secretaría de Salud [Honduras] (SS), Instituto Nacional de Estadística (INE), and ICF International. 2013. *Encuesta Nacional de Salud y Demografía 2011–2012*. Tegucigalpa, Honduras: SS, INE, and ICF International.
- Secretaría de Salud [Honduras] (SS), Instituto Nacional de Estadística (INE), and Macro International. 2006. *Encuesta Nacional de Salud y Demografía 2005–2006*. Tegucigalpa, Honduras: SS, INE, and Macro International.
- United Nations Children’s Fund (UNICEF). 2019. *The State of the World’s Children 2019*. New York: UNICEF. Available at: <https://www.unicef.org/sowc/>
- U.S. Agency for International Development (USAID). 2017a. *Central America: Fact Sheet*. Washington, DC: USAID. Available at: https://www.usaid.gov/sites/default/files/documents/1862/Fact_Sheet-Promoting_Food_Security_and_Trade_in_Central_America.pdf
- U.S. Agency for International Development (USAID). 2017b. *Snapshot: Feed the Future Innovation Labs*. Washington, DC: USAID. Available at: https://feedthefuture.gov/sites/default/files/resource/files/FTF_Innovation_Lab_Fact_Sheet_March_2017.pdf
- World Bank. 2020. *Honduras Country Profile*. Washington, DC: World Bank. Available at: <https://data.worldbank.org/country/honduras>
- World Food Programme (WFP). 2020. *Honduras*. New York: WFP. Available at: <http://www.wfp.org/countries/honduras/overview>
- World Health Organization (WHO). 2017. *Global Database on the Implementation of Nutrition Action (GINA): Policies in Honduras*. Geneva: WHO. Available at: <https://extranet.who.int/nutrition/gina/en/policies/1452>