Haiti: Nutrition Profile

**Background**

Haiti continues to recover from the massive earthquake in 2010, which intensified existing challenges and created massive reconstruction needs in one of the world’s poorest nations. Over half the population live on less than $1 per day, and about 80 percent live on less than $2 per day. The economy is recovering, with growth accelerating from 2.8 percent in 2012 to 4.3 percent in 2013, and is propelled by increased agriculture production and improvements in the construction and industrial sectors, especially textile and garments. Sixty percent of the population depend on agriculture for their livelihood, and agriculture accounts for 25 percent of GDP, down from 40 percent in 1990. The agriculture sector is challenged by decades of underinvestment in infrastructure, poor natural resource management, limited governance, and the toll of natural disasters and environmental degradation. In recent years, additional storms and droughts have resulted in significant crop losses and contributed to increasing food prices. Haiti has made progress toward meeting the Millennium Development Goals (MDGs) for education, gender equality and the fight against HIV/AIDS, but continues to struggle on child mortality, maternal health and the environment, and will not achieve the MDG related to extreme hunger and poverty.

**Nutrition Situation**

Food insecurity is persistent: nearly a third of the population are food insecure, and of these, 600,000 need external food assistance to survive. After the earthquake, the average number of meals per person decreased from 2.48 per day to 1.58 per day. Poverty and food insecurity have placed the highest burden on young children and women in terms of undernutrition and micronutrient deficiencies. Nutrition outcomes are affected by health care system constraints, especially the shortages of health workers and the low retention rates and skill levels. Though there have been reductions in stunting, underweight and wasting in children under 5, one in five children remain stunted, and more than half of all children and almost half of all women of reproductive age are anemic. During pregnancy, only 30 percent of women are meeting the recommended intake for iron; lack of iron intake contributes to anemia and complications for mother and baby. Regional variations in chronic undernutrition are evident, with the highest rates in the Southeast (29 percent) and Center (28 percent) departments and lowest rates in the West (17 percent), Nippes (17 percent) and Metropolitan Area (15 percent) departments. Stunting is inversely related to maternal education level, with 34 percent of children whose mothers have no formal education stunted compared to 12 percent of children whose mothers have secondary or higher education.
### Haiti Nutrition Data

<table>
<thead>
<tr>
<th>Metric</th>
<th>2006</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>10.1</td>
<td>Million</td>
</tr>
<tr>
<td>Population under 5 years of age (0-59 months)</td>
<td>1.2</td>
<td>Million</td>
</tr>
<tr>
<td>Prevalence of stunting among children under 5 (0-59 months)</td>
<td>29%</td>
<td>22%</td>
</tr>
<tr>
<td>Prevalence of underweight among children under 5 (0-59 months)</td>
<td>18%</td>
<td>11%</td>
</tr>
<tr>
<td>Prevalence of wasting among children under 5 (0-59 months)</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Prevalence of anemia among children aged 6-59 months</td>
<td>61%</td>
<td>65%</td>
</tr>
<tr>
<td>Prevalence of anemia among women of reproductive age (15-49 years)</td>
<td>46%</td>
<td>49%</td>
</tr>
<tr>
<td>Prevalence of thinness among women of reproductive age (15-49 years)</td>
<td>16%</td>
<td>13%</td>
</tr>
<tr>
<td>Prevalence of children aged 0-5 months exclusively breastfed</td>
<td>41%</td>
<td>40%</td>
</tr>
<tr>
<td>Prevalence of breastfed children aged 6-23 months receiving a minimum acceptable diet</td>
<td>10%</td>
<td>14%</td>
</tr>
</tbody>
</table>

### National Nutrition Policies

To improve nutrition and food security, the Government of Haiti launched ABA Grangou, a national strategic framework to halve the proportion of people suffering from hunger by the end of 2016 and to eradicate hunger and malnutrition by 2025. A national-level Commission for the Fight Against Hunger and Malnutrition (COLFAM) provides strategic direction to the nine ministries, the seven autonomous agencies, the Haitian Red Cross (HRC) and the 21 government programs working on ABA Grangou. The three strategic focus areas include social safety net programs to improve access to food for the most vulnerable; agricultural investment programs to increase domestic food production; and programs that deliver essential services to the most vulnerable families, including health and nutrition, improved water and sanitation infrastructure, and crop storage. In 2012, the Ministry of Health and Population formulated a Nutrition Strategic Plan (2013-2018) focused on prevention and treatment of malnutrition, nutrition protection in emergencies, improving information systems for nutrition, inter- and intra-ministerial and inter-sectoral coordination for nutrition, and applied research and training in nutrition.8

In June 2012, Haiti joined Scaling Up Nutrition (SUN), a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses and researchers in a collective effort to improve nutrition. There is no specific donor convener identified for Haiti.

### USAID Programs: Accelerating Progress in Nutrition

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Year Awarded</th>
<th>End Date</th>
<th>Objective(s)</th>
<th>Funding Stream(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING)</td>
<td>2012</td>
<td>2016</td>
<td>Implement NACS and MIYCN.</td>
<td>PEPFAR</td>
</tr>
<tr>
<td>Nutrition Security Program (NSP)</td>
<td>2013</td>
<td>2016</td>
<td>Reduce malnutrition in the three development corridors.</td>
<td>Mission Funds</td>
</tr>
</tbody>
</table>

### Feed the Future Progress

Feed the Future, the U.S. Government’s global hunger and food security initiative, has a multiyear strategy that emphasizes rural agriculture-led growth and income generation, taking account of Haiti’s challenging topography and microclimates. Feed the Future focuses on three development corridors, based on their potential for agricultural productivity and growth, number of beneficiaries, market proximity, rural credit availability, U.S. government and USAID
past experiences, and government priority. Two corridors extend from Port-au-Prince to St. Marc, and the third corridor covers most of the North and Northeast regions. The major Feed the Future agriculture projects, Feed the Future Partnership North and Feed the Future Partnership West (previously known as WINNER), focus on the development of rural agriculture but do not have any explicit nutrition linkages. The two nutrition-focused projects are the Nutrition Security Program (NSP) and the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project.

### USAID/Haiti Feed the Future Nutrition Targets for 2015

- Help an estimated 567,000 vulnerable Haitian women, children and family members — mostly smallholder farmers—escape hunger and poverty.
- Reach more than 176,000 children with services to improve their nutrition and prevent stunting and child mortality.
- Achieve improved income and nutritional status for significant numbers of additional rural populations through strategic policy engagement and institutional investments.

**Feed the Future Partnership North** focuses on agricultural productivity, infrastructure, markets, and watershed stability for maize, rice, plantains, beans and cocoa. The project covers 7,000 northern farms and 40,000 rural households. It broadly addresses agricultural production challenges through targeted inputs and value chain market linkages, and promotes export of cocoa in particular. It also includes a sanitation and potable water component, as well as nutritional cross training of agricultural extension agents who target pregnant women and children under 2. **Feed the Future Partnership West**, the flagship Feed the Future project, also addresses rural agriculture, with a focus on maize, rice, plantains, beans and cocoa. The project uses rural sustainable development centers (CRDD) and Master Farmers (30 percent are women) to promote agricultural research and training, including nutrition education training. In FY2012 the project graduated 858 Master Farmers and helped 13,668 other farmers adopt new and improved practices. About 10,000 farmers received technical assistance to plant beans, corn, rice and plantains on 4,109 hectares; more than 5,800 hectares were irrigated. Nine major research centers were upgraded in the Cul-de-Sac corridor, increasing their capacity to support applied research and provide extension and other services in the agricultural sector.

**NSP** was awarded in FY2013 and aims to improve the nutritional status of children and pregnant and lactating women in Feed the Future’s three geographic focus corridors through a 5 percent reduction of the prevalence of underweight among children under 5 years of age. The project relies on a holistic community health, nutrition and livelihoods approach that works through local NGOs to develop health and nutrition care groups and engages and integrates assistance activities within the existing government health and nutrition systems. By the program’s end, expected results include improved nutrition behaviors through essential nutrition actions, improved access to and consumption of a diverse and quality diet, and increased livelihood opportunities for vulnerable households.
**Active Global Nutrition Mechanisms**

The **Food and Nutrition Technical Assistance (FANTA) III** project helped the government meet its nutrition-related goals outlined in the Nutrition Strategic Plan. FANTA III activities included promoting integration of nutrition assessment, counseling and support (NACS) into HIV programs; using an advocacy tool called PROFILES to analyze costs and consequences of nutrition deficiencies and interventions; developing a social and behavior change communication strategy (SBCC) to promote improved nutrition practices among vulnerable adults and adolescents; and strengthening food security and nutrition surveillance systems to improve responses to emergencies. The FANTA III project closed in December 2013.

The **SPRING** project has a broad national reach and is not limited to the Feed the Future focus corridors. The overarching goal is to support facility-based NACS, especially for pregnant and lactating women and children under 5, and to strengthen referrals made between community groups and health facilities. SPRING also works to harmonize national and donor SBCC tools and related training in facilities on nutrition topics that fall under Essential Nutrition Actions. In FY2012, SPRING organized a national stakeholder’s meeting on NACS, conducted a NACS services assessment in health facilities, and developed a facility-based on-the-job training package on Infant and Young Child Feeding.10

**Other USAID Nutrition-Related Development Assistance**

USAID/Haiti participates in the Government’s Nutrition Cluster alongside the World Food Programme (WFP), UNICEF, Inter-American Development Bank, World Bank and World Health Organization, and is party to a trilateral agricultural development agreement between the U.S., Haiti and Brazil. USAID also played a key role in the Technical Working Group on Nutrition, working closely with the government and donors to avoid duplication of programming and funding. USAID is also strengthening the government’s nutritional surveillance capacity in four departments (West, North, Artibonite, and Southeast) through the Measure Evaluation Project on Nutritional Surveillance.

As part of HIV care and support services, **PEPFAR** provides nutritional support for infants and young children infected or affected by HIV, and NACS for both adult and pediatric patients. In FY2012, PEPFAR supported the improvement of infant and young child nutrition components of pediatric care, developed toolkits and training for health care providers, and established linkages between institutions providing Community Management of Acute Malnutrition for access to Ready to Use Therapeutic Feeding. Close to 4,000 severely malnourished patients received nutritional support, and about 7,000 clients received food/nutrition services.11 In FY2013, the **Services de Santé de Qualité pour Haiti**, implemented by URC in the North and by Pathfinder in the Central and South, were initiated and will be working to enhance the coverage and equity of quality, integrated services to improve health outcomes in central and southern Haiti.

**Food for Peace Title II** partners with ACDI/VOCA, **Action Contre le Faim (ACF)**, CRS, CARE, World Vision, and WFP to implement assistance activities including food vouchers, cash for work, food for work, prevention of malnutrition and health promotion, and disaster readiness. In FY2012, the project benefited at least 18,242 households in four of the most
food-insecure regions. Almost 20,000 schoolgirls received direct nutrition support, and 33,976 pregnant and lactating women received a monthly food ration and other health services. The project has contributed to downward trends in the number of malnourished children in intervention areas.

Haiti joined the Committing to Child Survival: A Promise Renewed campaign 2012, and 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.

References
3. Haiti’s Children and the MDGs, September 2010. UNICEF Haiti.
10. SPRING Haiti: http://www.spring-nutrition.org/about-us/field-offices/haiti
11. PEPFAR Haiti Operational Plan 2012.