Haiti: 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 policy makers in Haiti where 22 percent, or 264,000 children under 5 years, suffer from chronic malnutrition (stunting or low height-for-age) and 66 percent, or 792,000 children under 5 years, suffer from anemia (Institut Haïtien de l'Enfance [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 10.8 million (UNICEF 2017), which is expected to increase to about 12.4 million by 2030 (Population Reference Bureau 2017). The country's population is the youngest in the Caribbean, with 33 percent under 15 and only 4 percent over 65 (Population Reference Bureau 2017). It is also the most densely populated of the Caribbean countries (FEWS NET 2014). Sixty percent of the population resides in urban areas, and this is expected to increase by an average of 3.7 percent per year (Population Reference Bureau 2017; FEWS NET 2014).

Haiti is the poorest country in the Americas and one of the poorest in the world. Twenty-five percent of the population lives on less than US$1.90 per day and 59 percent, approximately 6 million people, lives below the national poverty line of US$2.41 per day. Economic growth has slowed to 1 percent and the fiscal deficit is expected to persist (World Bank 2017a and 2017b). Haiti continues to rebuild its infrastructure after the massive earthquake in 2010. In additional 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 32 percent of the country's GDP (World Bank 2017b).

Haiti's economy is dominated by the service industry, which accounts for approximately 55 percent of GDP, followed by agriculture at 23 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, production 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, and remittances (FEWS NET 2014).

Currently, Haiti ranks 152nd out of 157 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2017). According to the most recent Demographic and Health Survey (EMMUS-VI 2016–2017), approximately 1 of every 10 children will die before reaching 5 years (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 does not have access to an improved water source, 56 percent does not treat its water, 20 percent does not have access to improved sanitation facilities, and 25 percent practices open defecation. These issues are even more problematic in rural areas where 40

percent of the population does not have access to an improved water source and 36 percent practices open defecation (IHE and ICF 2017). Poor child feeding practices, coupled with poor sanitation, can lead to increased levels of stunting. Although 40 percent of children 0–5 months are exclusively breastfed, this decreases to 15 percent among children 4–5 months. Thirty-six percent of children 6 months and younger have started receiving complementary foods, putting them at risk of consuming contaminated foods that can carry disease (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 5 years are stunted.

Differences in stunting levels may 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 departments, between 20 and 22 percent. However, one department, Centre, has the highest prevalence at 30 percent, and Nippes has the lowest prevalence of 17 percent (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. 2012). Early motherhood has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished (Cayemittes et al. 2012). These malnourished younger mothers tend to have babies with lower birth weights, have malnourished babies, and have babies with an increased risk of 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).

Haiti Nutrition Data (DHS 2012 and 2016–2017)		
Population 2016 (UNICEF 2017)	10.8 million	
Population under 5 years (0–59 months) 2016 (UNICEF 2017)	1.2 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%	NA
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%	NA
Prevalence of thinness among adolescent girls (15–19 years)	23%	NA
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%	NA
Prevalence of children who receive a pre-lacteal feed	19%	NA
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	15%	NA
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%	NA

Coverage of iron for pregnant women (for at least 90 days)	30%	NA
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)	44%	NA
Percentage of children 6–59 months living in households with iodized salt	17%	NA

NA: Not Available

**The EMMUS-VI 2016–2017 Key Indicators Report includes a limited set of indicators. The full DHS report had not been released as of the publication date of this brief.*

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 World Food Programme and other donors, including the U.S. Government.

USAID Programs: Accelerating Progress in Nutrition

As of January 2018, the following USAID programs with a focus on nutrition were active in Haiti.

Selected Projects and Programs Incorporating 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).
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).
Feed the Future West *Chanje Lavi Plantè*	2015–2018	The *Chanje Lavi Plantè* project seeks to train farmers in innovative agricultural techniques, financial best practices, nutrition, accessing market information, and improving the use of inputs and techniques. It also encourages engagement in soil and water conservation and promotes access to financial institutions (Chemonics nd).

Other USAID Nutrition-Related Development Assistance

USAID supports the national school feeding program by providing nutritious snacks and hot lunches in several communes in the Central Plateau and Grand'Anse. The program also empowers local female food vendors to expand their activities while promoting non-charcoal, non-health damaging energy sources for cooking and food preparation. USAID also collaborates with the Government of Haiti on the implementation of Kore Lavi, a voucher-based social safety net program that increases access to locally produced, nutritious foods by vulnerable households (USAID/Haiti 2017).

Historically, as part of HIV care and support services, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in Haiti provided nutritional support for infants and young children infected or affected by HIV, and Nutrition, Assessment, Counseling, and Support (NACS) for both adult and pediatric patients. However, due to limited resources, this support has been scaled back to targeted nutritional support (hot and/or cold meals) for patients newly enrolled on antiretroviral therapy for the first 6 to 9 months. Nutrition support, including ready-to-use-therapeutic and supplementary foods, are provided to pediatric clients. PEPFAR also provides food support to families of people living with HIV and severely malnourished children as part of the response to natural disasters (PEPFAR/Haiti 2017).

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