Nutrition Security in Haiti:
Pre- and Post Earthquake Conditions and the Way Forward¹

by Lucy Bassett

Introduction

Children in Haiti are born into some of the harshest conditions on the planet, and are left at a disadvantage in terms of growth, development, and potential to thrive. Malnutrition rates in Haiti are among the worst in the LAC region. Nearly one-third of all children under-five suffer from stunted growth and three-quarters of children 6-24 months are anemic.² Malnutrition takes a serious and irreversible toll, making children more susceptible to disease and death and compromising their cognitive and physical development, which results in low human capital and diminished lifetime earnings.³ Yet, scaling up ten key nutrition interventions in Haiti is estimated to cost only $46.5 million per year, which is less than 1% of Haiti's total GDP.⁴

The situation in Haiti was dire before the January 12th earthquake and now conditions are much worse. Lack of access to food, shelter, clean water, and medical services has put many more children at risk of malnutrition. There is now a critical need not only to rebuild what was lost, but also to resolve pre-existing problems and to transform the country’s capacity to enhance the human capital of its children. Providing the foundation to help Haiti “build back better” includes services to improve nutrition among the most vulnerable citizens.

This note presents pre- and post-earthquake nutrition conditions and responses in Haiti and ideas for the way forward. Two key points of focus are (1) the concept of nutrition security, which is more comprehensive than nutritional status alone, including food consumption, environment, health, and caring practices and (2) the importance of the narrow “window of opportunity”—from conception to two years of age—during which malnutrition can and should be prevented.

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¹ This note is a summary of a longer paper, “Promoting Nutrition Security in Haiti: An Assessment of Pre- and Post-Earthquake Conditions and Recommendations for the Way Forward” and a product of the World Bank’s Haiti Nutrition and Safety Nets Programmatic Knowledge and Advisory Services.
Pre-Earthquake Conditions

Before the earthquake, threats to nutrition security in Haiti were already widespread.
- Insufficient food consumption: Nearly 60% of the population was undernourished, with a dietary energy intake below that needed for maintaining a healthy and active life. Dietary diversity was poor, with most families consuming predominantly starches and oils, but little protein, fruits or vegetables.
- Poor healthcare: Only half of the population had access to healthcare services.
- Dreadful environmental conditions: 40% of the population did not have access to an improved water source and 80% had no access to sanitation facilities.
- Inadequate caring practices for young children: Only 40% of children 0-6 months were exclusively breastfed and only 32% of children 6-24 months benefited from appropriate complementary feeding practices (dietary diversity, frequency, breastmilk/milk consumption). These behaviors imperil children's nutritional status during the “window of opportunity.”

Poor diet, limited access to healthcare, an unsanitary environment, and improper caring practices for young children contribute to alarming rates of malnutrition in Haiti:
- 30% of children under 5 suffered from chronic malnutrition (shortness).
- 10% of children under 5 suffered from acute malnutrition (thinness).

Chronic vs. Acute Malnutrition

Chronic malnutrition (stunting):
- Long-term measure of malnutrition
- Leads to higher risk of morbidity and mortality and lower earnings
- Often a nearly invisible problem

Acute malnutrition (wasting):
- Short-term measure of malnutrition and health problems
- Implies increased risk of mortality
- More visible than chronic malnutrition

Also, harmful deficiencies in key micronutrients cause a range of cognitive and physical problems, including mental retardation, blindness, and reduced physical productivity:
- 73% of children 6-24 months and 60% of pregnant women were anemic.
- 59% of school-aged children were iodine deficient. An estimated 29,000 children are born mentally impaired due to iodine deficiency annually.
- 32% of preschool aged children were deficient in vitamin A. An estimated 3,200 deaths are precipitated by this deficiency annually.

Pre-Earthquake Response

Several key features characterized the response to nutrition security before 2010:
- There was no structure in place to address nutrition security comprehensively. The approach was patchwork, with small, mostly donor- and NGO-run programs operating in distinct areas.
- The health system had serious coverage gaps and was not oriented, nor endowed with the human and material resources, to address nutrition issues.
- Programmatic coordination was an enormous challenge. There was little communication across implementers or with government.
- Program focus was not sufficiently aligned with Haiti’s priority nutrition security problems or with international best practices. The majority of nutrition programs in Haiti focused on the treatment of acute malnutrition because the problem is more visible. There was little focus on the prevention of chronic malnutrition and micronutrient deficiencies, even though prevention has been proven to be more cost-effective, both internationally and in Haiti.
- Investment was not sufficient to meet country needs.

There was, therefore, an urgent need to collectively change the focus of programming to address nutrition security more effectively in Haiti. The following major changes were and are still needed:
- Focus on prevention—and treatment, when needed—of all types of malnutrition, but particularly chronic malnutrition and key micronutrient deficiencies;
- Focus on the “window of opportunity” for intervention (conception to 24 months);
- Base interventions on international best practices (e.g. proven approaches to reducing micronutrient deficiencies);
- Enhance coordination across partners and within government;
- Build capacity and leadership in government to set, promote and implement nutrition security programs and policies.

Post-Earthquake Conditions

The impact of the earthquake on nutrition security, although still not yet well documented, will undoubtedly be dramatic. Food security before 2010:
insecurity has increased, the health system was badly weakened, and precarious health and sanitary conditions put children at higher risk for malnutrition. Extensive migration to rural areas, resulting in a near doubling of household size, will put additional pressure on basic services, as well as food availability.\(^{14}\)

Of the 3 million earthquake-affected people, many were at high nutritional risk:
- Roughly 63,000 pregnant women, 7,000 of whom gave birth within one month of the disaster
- Up to 2 million children

The threats to nutrition security—poor food availability, health care, environment, and caring practices—remain the same after the earthquake; however, conditions are now much worse, putting more women and children at risk of disease, death, and irreversible developmental damage due to malnutrition. Chronic malnutrition is still the major underlying problem and will likely worsen under ongoing perilous conditions. But now, acute malnutrition and micronutrient deficiencies will also intensify due to poor environmental and hygienic conditions, lack of health services, and food insecurity. Nutrition security conditions for adolescent girls as well as pregnant and lactating women will likely also worsen, causing increased transmission of malnutrition to the next generation.

**What’s different post-earthquake?**
- Worse sanitary/hygienic conditions
- Less accessibility of nutritious food (due to lack of income and poor road conditions)
- Health services weaker and less accessible
- Food insecurity increasing
- Acute malnutrition increasing
- Micronutrient deficiencies intensifying
- Chronic malnutrition likely to worsen and remains the major underlying nutrition problem
- Even less government capacity to address the crisis
- Even more actors working on nutrition security in Haiti

**Post-Earthquake Response**

The immediate emergency response included food aid, supplementary feeding for children 6-23 months, support for infant and young child feeding (e.g. baby tents, breastfeeding promotion), vaccination, and treatment of acute malnutrition. This is an excellent starting point and it will be critical to maintain this response as horrific conditions persist. There is also a critical need and opportunity to take advantage of the current interest and investment in Haiti to resolve both pre-existing and emerging nutrition security problems with the goal of enhancing the human capital of Haiti’s children.

**To achieve this vision, Haiti must act to:**
- **Reduce chronic malnutrition** through improved exclusive breastfeeding and complementary feeding practices;
- **Reduce anemia** among pregnant and lactating women and children through supplements containing iron and deworming;
- **Reduce iodine deficiency** through supplementation and salt iodization;
- **Reduce vitamin A deficiency** through supplementation;
- **Reduce chronic food insecurity** through improved agriculture, investment in agribusinesses, and multisectoral collaboration;
- **Improve the health system** by ensuring proper attention to nutrition for pregnant and lactating women and children under-two.

**The first steps to accomplish this include:**
- **Improve health and nutrition practices among mothers and caregivers** via community education and household-level outreach;
- **Provide micronutrient supplements** (iron, iodine, and vitamin A) to pregnant and lactating women and children under-two;
- **Invest in agriculture and agribusiness** to increase access to nutrient-rich foods and promote the production of fortified complementary food for children 6-24 months;
- **Invest in basic health services** to expand access and quality and include a basic nutrition package for the most vulnerable;
- **Support government capacity and leadership** to set, promote and implement nutrition security programs and policies.

**World Bank Activities in Haiti and the Way Forward**

Before the earthquake, the World Bank had been working in partnership with the Government of Haiti, partner agencies, and NGOs since 2008 to maximize investment in and collaboration for nutrition security in Haiti. The Bank first engaged in diagnostic work, which provided a strong base of information about vulnerability and nutrition security in Haiti. The Bank then supported a process to build consensus among government and partners on a national policy to promote nutrition security, focusing on prevention and the “window of opportunity” for intervention. While ongoing nutrition activities were interrupted by the earthquake, the Bank

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participated actively in disaster relief actions immediately and resumed other nutrition activities in April, following the completion of the Post Disaster Needs Assessment (PDNA).

The PDNA and National Action Plan for Recovery and Redevelopment of Haiti, conducted in February 2010, provide a vision and set of actions to rebuild the country over the next 18 months. The PDNA document includes the common vision of protecting nutrition security as well as the commitment to scale up nutrition security activities at the national level. In order to protect and promote long-term nutrition security in Haiti, several elements are important:

- Updating information and understanding the post-earthquake nutrition security situation, including migration patterns, region-specific needs, and service availability;
- Improving information systems to track nutrition trends, programming, and beneficiary needs;
- Forging consensus among the wide range of actors working in Haiti, on priority actions for the medium to long run, responsibilities of each actor, and coordination mechanisms;
- Estimating costs to reach the common vision and establish a joint commitment to nutrition security.

To effectively address nutrition security based on the PDNA recommendations, the World Bank, in partnership with UN agencies and NGOs, is supporting the Government of Haiti in establishing a network of household development agents (HDAs), to deliver a package of basic nutrition services in their communities. HDAs will be trained and paid to provide counseling to improve maternal and child nutrition and health practices, distribute micronutrient supplements, and refer beneficiaries to basic services. The HDA initiative will improve coordination among government, NGOs and donors by engaging these stakeholders in the program design and by using standardized protocols and information systems at community and departmental levels.

Two new World Bank projects, approved in May 2010, will also contribute to improved nutrition security: the Education For All project will provide food and deworming medicine to young children through schools and the Community-Driven Development (CDD) project (PRODEP) will increase access to clean water and improve agricultural production.

To facilitate longer-term investment, the World Bank has made preliminary estimates of the cost of providing full coverage of a basic package of proven maternal and child nutrition interventions using the methodology described in Scaling Up Nutrition: What will it cost? The estimate, $46.5 million per year, not including money already spent, is a reasonable order of magnitude of what would be required, but there is a need to review the estimate on the basis of more specific plans considering both investment and recurrent costs. The Bank will conduct supplementary studies to identify the costs of additional investments, especially related to the agricultural and health sectors, tracking systems, and coordination mechanisms.

Next steps focus on continuing to forge a common vision, commitment, and coordination mechanisms among the key actors in Haiti to ensure that all nutrition security activities are implemented effectively, and to enhance the human capital of Haiti’s children and build a healthier, stronger, and more productive next generation.


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