HAITI

PAHO/WHO Technical Cooperation

in the aftermath of the earthquake 2010-2011





Nutrition

Poor nutrition in Haiti contributes to increased maternal and child mortality and diminished physical and mental development of children. Health and development assistance as a result of the devastating 2010 earthquake presents new and unique opportunities to improve nutrition, particularly, though not only in the health sector. To maximize these opportunities, integration of three broad nutrition actions-- promotion of optimal breastfeeding and complementary feeding, micronutrient supplementation and treatment of acute malnutrition-- into health strategies, service delivery protocols and actions, is required.

Nutrition activities were beginning to be strengthened prior to the earthquake through a number of different actions and initiatives. After the hurricanes of 2008, an outbreak of severe acute malnutrition occurred, renewing interest in improving nutrition in young children. The World Bank, the Interamerican Development Bank (IADB); national counterparts, UN Agencies and NGOs included nutrition among their priorities and a process to strengthen the Coordination Unit of the National Program for Food and Nutrition within the Ministry of Health and Population (MSPP - UCPNANu as per its acronym in French) was established.

In December 2008, the World Bank led an initiative to create the Nutrition Consultative Group ("Groupe Consultatif de Nutrition") to coordinate actions to support nutrition activities in Haiti. The group is comprised of the World Bank, UNICEF, World Food Program (WFP), PAHO/WHO, USAID, IADB and the UCPNANu. To better support the MSPP in this Group, PAHO/WHO reinforced its technical cooperation in nutrition by contracting a full time nutritionist in Haiti who was also supported by the focal point for infant and young child nutrition at the regional level. In addition, a Nutrition Technical Group exists in Haiti that is comprised more broadly of all nutrition stakeholders; UN Agencies, NGOs working in nutrition, the MSPP, etc. This group included 16 NGOs working in nutrition in 8 of Haiti's 10 Departments.

Within both the Nutrition Technical Committee and the Nutrition Consultative Group there was a firm commitment to support national authorities in improving knowledge and exchanging information on nutrition, strengthening programs to prevent and treat malnutrition and reinforcing institutional capacity to address nutrition problems. The priority target group for nutrition actions was pregnant and breastfeeding women and children under 2 years of age. A number of national protocols were elaborated, including a national protocol for treatment of acute malnutrition, guidelines for infant and young child feeding, and nutritional guidelines for persons living with HIV/AIDS.

Key nutrition challenges

The key nutrition problems in Haiti are growth failure among young children and micronutrient deficiencies, particularly among women of reproductive age and young children. According to the new WHO Child Growth Standards, nearly one in three Haitian children (30%) fail to achieve their potential in height and 10% have moderate acute malnutrition of which 3.3% represent severe cases, a life threatening condition (Demographic and Health Survey (DHS), 2005).

A more recent national survey carried out between December 2008 and March 2009 shows that acute malnutrition is 5% or lower in all Departments except in Grand Anse and the North West, where a prevalence of 5.7% and 6.2% exists, respectively. Acute severe malnutrition is less than 2% except in the Central Department (2.2%) and in the North West (2.2%).

In relation to micronutrient deficiencies, the 2005 DHS shows that

- Anemia, which can result in life-long diminished mental development, affects 61% of children between 6-59 months, reaching up to a 70% in babies 6 to 9 months;
- Among women in reproductive age (15-49 years), prevalence of anemia is 46% although there are variations in the different Departments, with a prevalence of 51% in urban areas and 41% in rural ones. Prevention of anemia can reduce by 20% mater nal deaths from postpartum hemorrhage.
- Only 29% of children between 6 and 59 months received one dose of Vitamin A during the six months before the survey. Vitamin A deficiency is linked to child mortality.

A more recent survey carried out in 2006 indicated a prevalence of Vitamin A deficiency of 32% among children 6 to 59 months and severe Vitamin A deficiency among 1.5%.

Breastfeeding practices are also far from optimal. Although virtually all women can initiate breastfeeding within the first hour after birth, only 44% actually do so according to the 2005 DHS. The prevalence of infants under six months of age exclusively breastfeeding is only 41%, even through the recommendation is that all infants in this age group should be exclusively breastfed.

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Activities carried out :

Within 10 days after the earthquake, the Nutrition Technical Group, comprised of the MSPP and more than 25 NGOs, donors and UN Agencies, regrouped and was renamed the Nutrition Cluster. Led by the MSPP and supported by PAHO/WHO, it meets weekly to coordinate nutrition activities. All the previous work done in 2009 served as a useful base and source of information to organize activities and training.

Different strategies were implemented to respond to the new challenges in nutrition posed by the earthquake, particularly the support of breastfeeding, identification and treatment of severe and moderate acute malnutrition in young children and blanket supplementary feeding of pregnant and breastfeeding women and young children 6 to 59 months of age. The activities carried out within the work plan prepared by the Nutrition Technical Group and the Consultative Group were therefore revised to reflect these new priorities.

To promote breastfeeding Baby Tents were established where counseling is provided. Ready-to-use infant formula for infants who are not breastfeeding (orphans, etc.) is available. Immediately after the earthquake, PAHO/WHO took the lead in developing a Joint Agreement among the MSPP and sister UN Agencies on Infant and Young Child Feeding in Haiti and Infant Feeding in the Context of HIV in Haiti.

The Blanket Supplemental Feeding Program provided an energy-rich biscuit to children between 6 and 59 months, pregnant and breastfeeding mothers to prevent malnutrition.

PAHO/WHO is supporting the MSPP to treat children hospitalized with severe acute malnutrition. This involves capacity development in the national protocol, providing essential drugs and supplies, and continued monitoring to ensure that appropriate systems and supplies are in place. A training plan in nutrition for MSPP staff included the following actions. 1) Training of trainers in treatment of acute malnutrition in community settings: a total of 26 health workers have been trained, 18 MSPP staff in the different Departments, 5 MSPP staff at central level and 1 PAHO/WHO nurse. 2) Training of trainers in treatment of acute malnutrition in hospitals: a total of 27 health workers trained, 19 MSPP staff in the different Departments, 5 MSPP staff at central level and 1 PAHO/WHO nurse. 3) Training in treatment of acute malnutrition in community settings and hospitals: a total of 43 health workers trained, 40 members of NGOs which are counterparts of the MSPP, 2 MSPP staff at central level and 1 PAHO/WHO nurse. 4) Training on breastfeeding and use of ready-to-use infant formulas.

Lastly, a new nutrition survey in affected areas is being implemented by UNICEF and the MSPP, with the participation of CDC, NGOs working on those areas and the collaboration of WFP and PAHO/WHO.

Next steps:

To maximize health-sector-based opportunities to improve maternal and child survival and health, integration of three broad nutrition actions into health strategies, service delivery protocols and information systems is needed. These are:

- promotion of optimal breastfeeding and complementary feeding practices focusing on pregnant women and children from birth to two years of age;
- supplementation of pregnant and breastfeeding women and young children with key micronutrients; and,
- identification and treatment of moderate and severe acute malnutrition.

Key activities in support of these three broad nutrition actions include technical cooperation to the MSPP to:

1. Implement the WHO Child Growth Standards and a new child health/growth card.
2. Design and implement of a breastfeeding and complementary feeding promotion strategy.
3. Continue capacity development in the National Protocol for the Treatment of Acute Malnutrition.
4. Update IMCI and other health-service protocols (reproductive health, maternity care, neonatal care, etc.) to include key nutrition interventions.
5. Finalize and implement the National Nutrition Policy.