

The Republic of Haiti is in the Greater Antilles archipelago of the Caribbean Sea. Its geographic position exposes the country to natural disasters such as cyclones, hurricanes, tropical storms, torrential rains, floods, and earthquakes.

These climatic events have contributed to food insecurity. Between 2013 and 2020, the number of chronically food insecure people rose from 600,000 to 3 million.

These natural disasters and emergencies have also weakened the situation related to Water, Sanitation and Hygiene (WASH). According to ONEPA/Système d'Information sur l'Eau Potable et l'Assainissement (SIEPA), only 55% of the population has access to improved and functioning water points and 47% of health care facilities had basic access to water services.

Haiti's geographical vulnerability has also affected the health care system, which is precarious. This includes low vaccination coverage, limited availability and accessibility to family planning methods and the use of contraceptives, limited support to infant and young child feeding practices and support to maternal nutrition.

Furthermore, Haiti's structural vulnerability makes many households sensitive to shocks and the purchasing power of the poorest households is impacted by many variables. These include inflation, socio-political crises, devaluation of the gourde and reduction in remittances of the diaspora. Existing social protection systems are not sufficient to address these challenges and prevent increases in poverty and inequalities

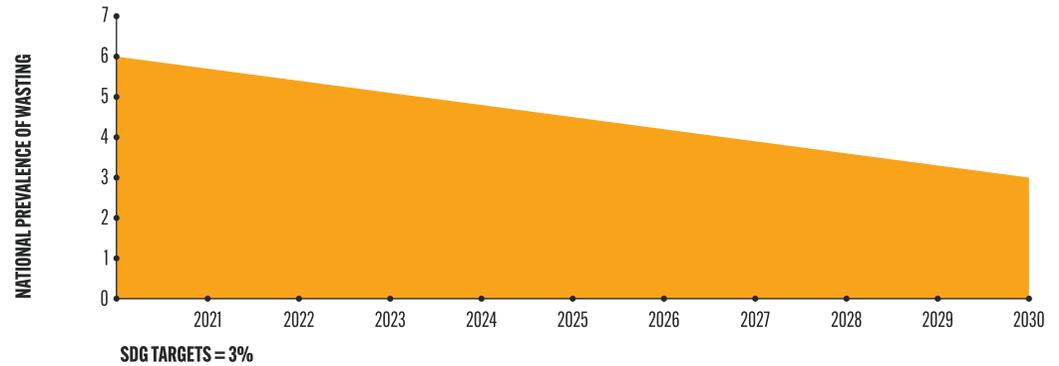
All these factors have negatively affected nutrition and have contributed to the high rates of wasting in children under 5, which is a major public health problem in Haiti. Currently, the national prevalence of wasting is 6%.

To respond to the worrying situation regarding wasting, the Ministry of Public Health and Population (MSPP), through the Food and Nutrition Programme Coordination Unit, implements Infant and Young Child Feeding interventions at the institutional and community levels and conducts the management of acute malnutrition. Innovative strategies that have been adopted include simplified approaches: a community screening that empowers caregivers to screen their own children for wasting, the use of single product for treatment, and simplified dosage. Altogether, treatment needs to be coupled with health, social protection, food and WASH interventions in the short, medium, and long term, to reduce the impact of malnutrition on children's well-being and the development of the country.

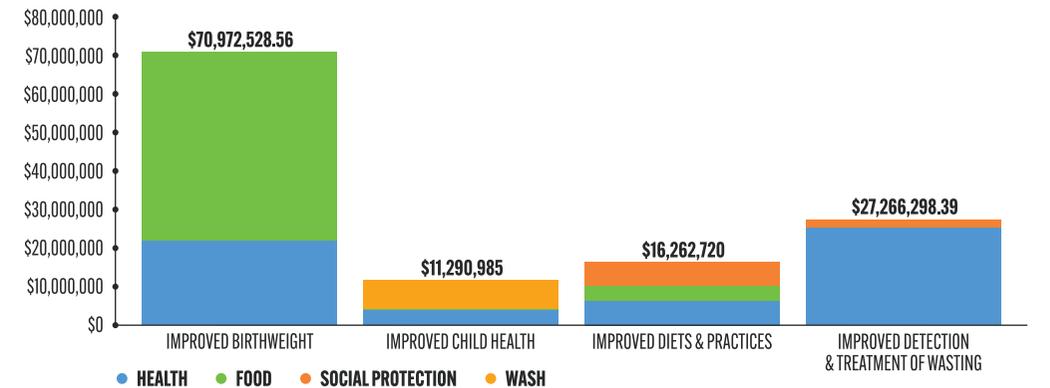
GEOGRAPHICAL PRIORITY AREAS



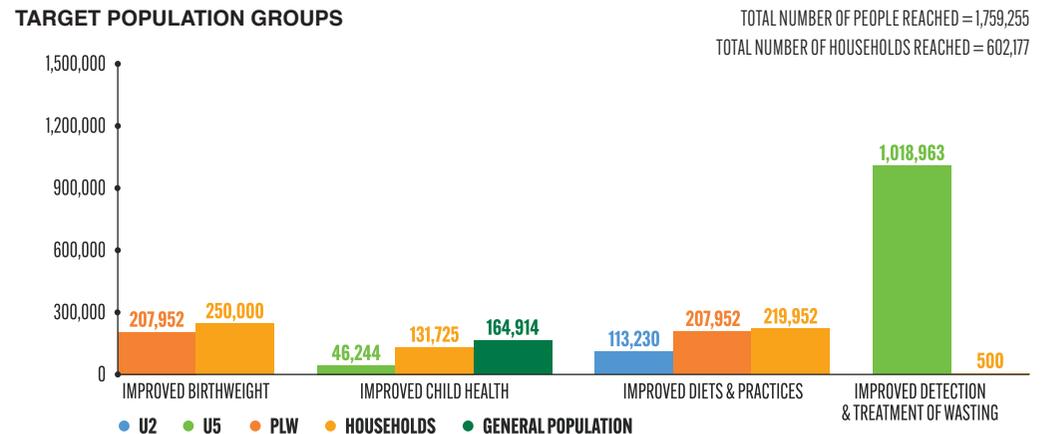
REACHING THE SDG TARGET BY 2030



ANNUAL COST (USD)



TARGET POPULATION GROUPS



- REDUCE LOW BIRTHWEIGHT BY 30%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING BY 50%
- INCREASE THE COVERAGE OF TREATMENT SERVICES BY 50% FOR CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 60% OF THE POPULATION

OUTCOME 1
REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Screening for malnutrition in pregnant and lactating women and adolescents Treatment of malnutrition in pregnant and lactating women and adolescents Iron Folic Acid or multivitamin supplementation for pregnant and lactating women and adolescents Vitamin A supplementation for post partum lactating women and adolescents Prenatal and postnatal care as well as institutional delivery
	Early initiation of exclusive breastfeeding Supplementation of fortified foods (AK1000, Nouriplus) for pregnant women at risk of malnutrition Supplementation of fortified foods (LNS-SQ) for pregnant women at risk of malnutrition Generate demand for immunization services, the appropriate use of these services, citizen engagement and participation through the mobilization of civil society organizations Increase the number of infants born to mothers of known HIV status
FOOD	National program of vouchers for local food products for the ultra-poor: Programme National Bons Produits Alimentaires Locaux (PN-BPAL) Increase agricultural production and productivity (plants, animals and fisheries) in order to improve the incomes of farmers Promote the preservation, processing and marketing of nutritious foods to diversify the diet throughout the year Promote the consumption of fortified foods Support the production of biofortified foods (sorghum, red peas, corn, cassava, sweet potato, etc) through strengthening the capacities of producers Promote proper / adequate preventive nutrition for children 6-23 months and pregnant and lactating women

OUTCOME 3
IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Promote, protect and support exclusive breastfeeding for the first six months of life and the continuation of breastfeeding for 23 months with introduction of complementary foods from the 6th month Supplement children from 6 to 23 months with fortified foods (AK1000, Nouriplus) Supplement children 6 to 23 months with fortified foods (LNS-SQ)
FOOD	Improve the availability of basic food products through the development of public health agriculture based on the promotion of crops with high nutritional value (i.e. yellow-fleshed sweet potato, moringa, etc.) and small livestock Alert institutions and the population in time to climatic or food price shocks, allowing rapid and effective food and nutrition emergency responses through predefined and well-established operating mechanisms.
SOCIAL PROTECTION	Scale up existing promotion and social protection activities based on home visits to families with children under 5, adolescents and pregnant women identified as malnourished via cash or in kind transfers.

OUTCOME 2
IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Operational research at the level of the 4 departments on the monitoring of the growth and development of the child; screening, deworming, vaccination, diarrhea management and micronutrient supplementation in children under 5 Conditional cash transfers (such as a commitment for regular growth monitoring, complete vaccination, Vitamin A) to vulnerable families with children under 5 years old and those with children under 5 years old detected malnourished or recovered from malnutrition to avoid relapses and facilitate access to primary health care services
	FOOD
WASH	Carry out the Community Approach for Total Sanitation (CATS) and create the Sanitation Action and Monitoring Committee, monitoring visits, promotion of the construction and use of individual latrines Promote the construction of family hand washing systems and raise awareness of basic hygiene concepts Carry out the construction and / or rehabilitation of Adduction Systems and / or Drinking Water points in communities and schools and health centers Set up and/or revitalize water point management committees

OUTCOME 4
IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Institutional and community screening (ASCP, Mothers leaders) Achieve the management of severe acute malnutrition Achieve the management of moderate acute malnutrition Operationalize health information system (SISNU) at community level Make therapeutic foods available by improving the supply system
	FOOD
SOCIAL PROTECTION	Enlist vulnerable populations not covered in emergency situations or who have fallen into poverty or extreme poverty due to the shock in existing cash transfer programs.