



COUNTRY BRIEF: HAITI

## Preventing malnutrition of mothers and children within the context of HIV and emergencies

### Introduction to IYCN in Haiti

From 2007 to 2011, the US Agency for International Development's (USAID) Infant & Young Child Nutrition (IYCN) Project strengthened counseling and support services in Haiti to improve the way mothers and other caregivers feed infants and young children. The project placed special emphasis on improving the quality of services for prevention of mother-to-child transmission (PMTCT) of HIV, and supporting the Ministry of Public Health and Population (MSPP) to reach national consensus on guidelines for breastfeeding and complementary feeding practices that would ensure the HIV-free survival of more infants. IYCN collaborated with the Haitian government and national and international partners to develop and disseminate new tools and job aids to strengthen health workers' knowledge and counseling skills, and to improve the monitoring and supervision of counseling and support services. The project actively participated in the series of emergency responses after the hurricanes of 2008, the earthquake of 2010, and the ongoing cholera outbreak of 2011, particularly by developing posters and radio spots and by providing expert training to responders on supporting optimal infant and young child feeding in emergency contexts.

### Context for nutrition programming

Childhood malnutrition is more common in Haiti than in most other Latin American countries. Twenty-nine percent of

children less than five years of age are stunted, and 18 percent are underweight. Although more than 96 percent of women initiate early breastfeeding after delivery, only about 41 percent of infants are exclusively breastfed for the first three months of life.<sup>1</sup> Instead, mothers offer their newborns an array of liquids and solid foods, including salted crackers and water. As babies grow older, most are not fed sufficient quantities nor do they consume a diverse diet. In 2010, only 16 percent of children 6 to 23 months of age were fed a minimum acceptable diet, which the World Health Organization (WHO) defines as breastfeeding mixed with animal-source foods and vitamin A-rich fruits and vegetables daily.<sup>2</sup>

These poor feeding practices, particularly during the first six months of life, place babies born to HIV-positive mothers at risk of becoming infected. Haiti's first PMTCT programs, which help mothers prevent infection in their newborns, began in 2005. Since these programs began, counseling on optimal infant and young child feeding has not been effectively integrated into them, and many mothers still do not use PMTCT services. With only 25 percent of deliveries occurring in health facilities, it is often difficult to reach mothers with support during the postpartum period. IYCN's activities in Haiti aimed to strengthen PMTCT and other nutrition counseling and support programs for HIV-negative women from community to facility level by providing a complete and integrated package of services with strong focus on nutrition counseling, particularly for breastfeeding options and optimal complementary feeding.

<sup>1</sup> Measure DHS. Haiti Demographic and Health Survey 2005–2006. Calverton: Macro International, Inc.; 2006.

<sup>2</sup> Haiti Demographic and Health Survey 2010, Nutrition Update.

## Project activities and accomplishments

IYCN provided technical assistance to the Department of Nutrition within the MSPP and supported other local and international organizations working in nutrition. Core partners included L'Institut Haïtien de Santé Communautaire (INHSAC), Management Sciences for Health (MSH), the Center for Breastfeeding Promotion, and other nongovernmental organizations implementing programs with funding from the US President's Emergency Plan for AIDS Relief. The project also provided technical assistance to Haitian public and private institutions, such as Isaie Jeanty Hospital, Claire Heureuse Hospital, Grace Children's Hospital, and the Foundation for the Development of the Haitian Family.

### *Enhanced national standards for improved nutrition*

The absence of national recommendations on how HIV-positive mothers should feed their infants and young children compromised the effectiveness of Haiti's PMTCT programs during their first three years of implementation. Health workers did not have guidance on how to counsel mothers, resulting in conflicting messages being given to mothers in different regions of the country.

In 2008, IYCN, MSPP, WHO, and the United Nations Children's Fund (UNICEF) convened a three-day workshop with more than 100 organizations to achieve national consensus on adopting WHO's 2006 recommendations on infant feeding in the context of HIV/AIDS. Through a follow-up workshop, IYCN helped develop standards of care for health workers, reflecting the new recommendations—called the *National Norms for Safe Feeding of HIV-Exposed Infants and Young Children*. To ensure the new standards were widely disseminated, the project helped local partners apply for funding through the Joint United Nations Programme on HIV/AIDS (UNAIDS) to distribute them in 2009. In addition,



the project disseminated the norms to more than 1,500 health practitioners during MSPP and IYCN training workshops in all ten of Haiti's administrative departments.

### *Developed tools and trained health providers to support improved nutrition*

Based on the updated standards, IYCN developed social and behavior change communication tools and training materials for promoting optimal feeding practices and trained health care providers to improve their performance. The project supported MSPP and partners in creating key messages and developing and pre-testing a set of Creole-language counseling cards and take-home brochures on complementary feeding to assist both facility- and community-based health workers in supporting caregivers, grandmothers, fathers, and other community members on improved child nutrition. The materials address common barriers to good nutrition identified through the project's formative research. To offer further support for providers in health facilities and communities, IYCN supported MSH to develop a five-day infant and young child feeding training curriculum and an interactive game that community-based workers can use to educate caregivers and communities about improved nutrition.

IYCN used the new materials to support training of more than 600 health providers, including 55 master trainers from US government implementing partner organizations, and community health workers in an effort to improve the nutritional status of children.

### *Improved health workers' ability to offer appropriate nutrition counseling around early infant diagnosis of HIV*

Appropriate counseling and support is especially important for HIV-positive mothers when they receive the first HIV test results for their babies, often occurring as early as six weeks

of age. The project found that many health workers were encouraging mothers to stop breastfeeding upon learning that their babies were HIV-negative—harmful advice that can increase the risk of child illness and death from infectious diseases. To address the problem, IYCN created a unique training module, *Infant Feeding Counseling in the Context of Early Infant Diagnosis*, and used it to facilitate workshops for more than 500 trainers and health workers from July 2009 to November 2011. According to focus groups conducted at two health facilities before and after the training, health workers offered more appropriate advice once trained. Most significantly, those who had incorrectly counseled HIV-positive mothers to stop breastfeeding now promote the benefits of exclusive breastfeeding whether babies tested negative or positive for HIV.

“Since the training, we now do a better job counseling the mothers. We now believe in the benefits of exclusive breastfeeding whether babies test negative or positive.”

—Health worker, Bernard Mevs Hospital

### Strengthened supportive supervision of health workers

To offer ongoing support and to monitor the performance of health workers after training, the project piloted an approach for strengthening the supervision system at four health facilities in Port-au-Prince. This supervision system included monitoring how health workers incorporated the *National Norms for Safe Feeding of HIV-Exposed Infants and Young Children* into counseling surrounding early infant



Nicole Racine

diagnosis of HIV-exposed infants and providing guidance to health workers on making improvements in the quality of care provided. After conducting supervision visits for 11 health workers, the project disseminated results and recommendations, shared supervision tools, and led a discussion on sustaining and scaling up the supervision system during a meeting with 13 institutions in October 2011. The supervision system can be adapted for use by a wide range of organizations.

### Responded to community nutrition needs during emergencies

The January 2010 earthquake in Haiti destroyed the country’s infrastructure and left many nongovernmental organizations struggling to provide services. IYCN joined the Nutrition Cluster Group, a group of organizations under the leadership of the nutrition directorate of MSPP and UNICEF, which led the post-earthquake response to nutrition services. With some of these partners, including the Center for Breastfeeding Promotion, the project trained 200 master trainers and 300 health workers in infant and young child feeding, enabling displaced mothers to receive infant feeding counseling and support in baby tents within temporary settlements situated throughout earthquake-affected communities. The project also provided input into the infant and young child feeding in emergencies curriculum, used to train government staff and partner organizations operating in baby tents. IYCN’s efforts in response to the earthquake were featured as a case study in the US government’s *Feed the Future Guide*, published in 2010.

During its last year in Haiti, IYCN participated in an emergency response to a cholera outbreak by integrating cholera prevention modules into all trainings and contributing to a radio program about how optimal infant feeding practices, such as exclusive breastfeeding and hand-washing, help prevent cholera.

### Lessons learned

*Convince health facilities of the value of improved nutrition counseling skills.* Some staff at health facilities offering early infant diagnosis services to HIV-infected mothers and their infants did not believe that improving health workers’ nutrition counseling skills would add value to their work or to the lives of their clients. For this reason, many were reluctant to commit their staff time to participating in IYCN trainings. The USAID mission in Haiti encouraged these facilities to participate, and IYCN’s country coordinator worked diligently with facility managers to educate them and to set training schedules that worked for the facility.

## Supporting displaced mothers and their babies

“The baby tent is a place for mothers to come when life is simply too much to handle. They meet other mothers who have lost important parts of their lives with the earthquake. They sit and talk, they share, and they encourage each other,” said Solange Pierre, a counselor and baby tent coordinator for Project Concern International at the Place Boyer Refugee Camp in Pétion-Ville, Haiti.

As a practicing nurse, Solange began working in the refugee camp to make a difference in the lives of displaced mothers and children. While there, she participated in an IYCN training workshop for emergency workers to improve their nutrition knowledge and counseling skills.

One practice she learned about during the IYCN training, was encouraging mothers to relactate (the practice of starting to breastfeed again after stopping). She had seen many mothers who stopped breastfeeding after the earthquake in response to a widespread cultural belief that breastmilk goes bad after a mother suffers an emotional shock.

“There are several things I had not understood well that I now understand [after the IYCN training], she said. “Relactation is one of them. I did not know it could be done, and since the baby tent has started we have had four mothers who are now breastfeeding again.”



*Maintain flexibility during emergencies.* The January 2010 earthquake destroyed Haiti’s infrastructure and left many partners struggling to provide services. IYCN’s small, dedicated team was able to act quickly by joining with partners to understand and respond to immediate and long-term needs and adapt plans accordingly. Although there were some delays during the first half of 2010, the project was able to continue with all scheduled activities.

*Work with public- and private-sector partners.* Since staff for the MSPP had numerous competing interests, it was often difficult to schedule and complete activities with planned timelines. To overcome this challenge, the project worked with various public and private organizations to expand the level and range of nutrition-related technical assistance it provided.

## Looking ahead

The MSPP will continue to disseminate and encourage the use of the updated standards and complementary tools and job aids developed by IYCN. Continued trainings should be

based on these guidelines and tools to ensure that Haiti’s health system has the capacity to curb malnutrition and the transmission of HIV from mothers to their children in the future. A supervision system is now in place that allows health workers to be monitored and supported, and in-country partners have started basing their nutrition programs on WHO’s most recent recommendations for infant and young child feeding.

### Available resources

- Infant and Young Child Feeding Counseling Cards (2010) [Creole]
- Stakeholders’ Workshop Report on HIV and Infant Feeding (2009) [French]
- National Norms for Safe Feeding of HIV-Exposed Infants and Young Children (2009) [French]

Visit [www.iycn.org/Haiti](http://www.iycn.org/Haiti)

## ABOUT THE INFANT & YOUNG CHILD NUTRITION PROJECT

The Infant & Young Child Nutrition Project is funded by the United States Agency for International Development. The project is led by PATH and includes three partners: CARE, The Manoff Group, and University Research Co., LLC. For more information, please contact [info@iycn.org](mailto:info@iycn.org) or visit [www.iycn.org](http://www.iycn.org).