

***FOOD FOR THE HUNGRY INTERNATIONAL***

**P.L. 480 TITLE II INSTITUTIONAL SUPPORT  
ASSISTANCE PROGRAM**

***“IMPROVING FOOD SECURITY PROGRAMMING AND  
RESOURCE MANAGEMENT”***

**HAITI FOOD SECURITY NEEDS ASSESSMENT**

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# Haiti Food Security Needs Assessment

## ***Introduction***

Food for the Hungry International (FHI) is an international NGO of Christian motivation with programs in approximately 25 countries around the world. FHI currently implements USAID Title II-funded food security programs in four countries—Bolivia, Ethiopia, Kenya and Mozambique. FHI's goals and strategy for using Title II food resources to address food security needs are to combine direct distribution with the use of monetization proceeds in one or more of the following four program areas—agricultural production and marketing, maternal-child health and nutrition, water and sanitation, and educational development.

In September 1998, FHI began a five-year Institutional Support Agreement (ISA) with USAID that seeks to build the capacity of FHI Title II headquarters and field staff in order to increase the impact of our food security activities. As part of FHI's ISA objectives, an ISA-funded Haiti food security needs assessment was conducted in September and October 1998. The purpose of the assessment was to determine the rationale for and feasibility of initiating FHI Title II food security activities in Haiti. The first part of the assessment involved pre-trip interviews with USAID/FFP Haiti Program Officer Tim Lavelle and headquarters staff at CRS and ADRA. The second part entailed an assessment trip to Haiti for five days in mid October 1998 by the team of Dave Evans and Ted Okada. Tom Davis also assisted team by gathering data and providing an analysis of key food security indicators. The team visited several regions of the country including Port au Prince, and the Departments of Ouest, Artibonite and Nord. Interviews were conducted with Mike Harvey (USAID), Dr. Hubert and Junie Morquette (World Relief), Peter Delhove (ADRA), Tom Friedeburg (CARE), Chris Hennemeyer, Kari Egge, Mourad Aidi, and Agathe (CRS), Guy Theodore (Christian Mission to Pignon), Pastors Michel Antoine, Jocelyn and Bousouet (from Evangelical churches in Cape Haitian region), Jim Gibson (PLAN Int.), and Mr. Du Pont (Ministry of Agriculture).

## ***Food Security Indicators***

The country of Haiti is the poorest in the Western Hemisphere as measured by a number of key indicators. It ranks 34<sup>th</sup> in the world in under-five mortality (132 vs. 41 for Latin America/Caribbean [LAC]). Its annual per-capita GNP of \$310 is only 60% of the average for Sub-Saharan Africa (SSA) and less than 10% of the average for LAC. In addition, 28% of children are moderately or severely underweight and 32% are stunted.<sup>1</sup> Indeed, Haiti compares with and is in many cases worse than many SSA countries in the majority of key quality of life indicators. Table 1 below compares Haiti with a number of other countries, and for the indicators chosen, Haiti is clearly the neediest among them.

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<sup>1</sup> All data are from [State of the World's Children](#), UNICEF, 1999.

**Table 1: Indicators of Food Insecurity and Poverty**

Indicator	Boli- via	Burk. Faso	Haiti	Hond- uras	Kenya	Mozam- bique	Peru	Uganda	LAC Reg.	Sub- Sahara
Under Five Mortality (per 1,000)	102	158	135	35	90	214	58	141	43	170
RANK (1 is Worst; 8 is Best)	5	2	4	8	6	1	7	3		
Maternal Mortality Rate (per 100,000)	650	930	1,000	220	650	1500	280	1200	190	980
RANK	5	4	3	7	5	1	6	2		
Under Five Stunted, Moderate & Severe	29%	29%	32%	40%	34%	55%	26%	38%	18%	42%
RANK	6	6	5	2	4	1	7	3		
Under Five Underweight, Mod./Severe	8%	30%	28%	18%	23%	27%	8%	26%	10%	30%
RANK	7	1	2	6	5	3	7	4		
Under Five Wasted, Mod/Severe	1%	13%	8%	2%	8%	5%	1%	5%	3%	8%
RANK	5	1	2	4	2	3	5	3		
Exclusively breastfed, 0-3m	53%	12%	3%	11%	17%	0% <sup>2</sup>	63%	70%	38%	32%
RANK	6	4	2	3	5	1	7	8		
% of infants with low birthweight	12%	21%	15%	9%	16%	20%	11%	- <sup>3</sup>	10%	16%
RANK	5	1	4	7	3	2	6	3		
Per Capita Purchasing Power Parity (PPP) <sup>4</sup>	2066	734	1069	1792	1176	898	2620	654	-	-
RANK	7	2	4	6	5	3	8	1		
Per-Capita calories (not ranked)	84%	-	89%	98%	89%	77%	87%	93%	-	-
Households w/access to potable H2O	63%	42%	37%	87%	53%	63%	67%	46%	77%	49%
RANK	5	2	1	7	4	5	6	3		
Households with access to adequate sanitation	58%	37%	25%	87%	77%	54%	72%	57%	71%	44%
RANK	5	2	1	8	7	3	6	4		
ORT usage rate	41%	100%	31%	32%	76%	83%	55%	49%	58%	81%
RANK	3	8	1	2	6	7	5	4		
DTP3 vaccine coverage, children 12-23m	76%	48%	34%	93%	46%	60%	72%	68%	79%	52%
RANK	7	3	1	8	2	4	6	5		
<b>Total Score (Lower = more needy)</b>	<b>66</b>	<b>36</b>	<b>30</b>	<b>68</b>	<b>54</b>	<b>34</b>	<b>76</b>	<b>43</b>		
<b>No. of Indicators for Rank 1</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>1</b>		
<b>No. of Indicators for Rank 2</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>		
<b>No. of Indicators for Rank 1 &amp; 2</b>	<b>0</b>	<b>7</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>2</b>		

Colors indicate relative performance of each country in food utilization indicators. (Red = Worst; Yellow = Average; Green = Best)

<sup>2</sup> Based on FHI's KPC survey in two provinces. No national data available from UNICEF.

<sup>3</sup> Used Sub-Saharan region average for ranking.

<sup>4</sup> A comparison of national currencies based on *purchasing power parity* (PPP): in effect, how much of a common "market basket" of goods and services each currency can purchase locally, including goods and services that are not traded internationally

As disconcerting as they are, these statistics do not describe the full plight of this nation. In USAID's Congressional Presentation of 1997, Haiti was described in these terms:

*Urgent reforms in macroeconomic, fiscal, health, population, and education and environmental policy along with meaningful civil service reform are needed to improve agricultural production, to encourage investment, and to improve social services.... Statistics, however, understate the challenges. While many poor countries have the ability to draw upon various natural and institutional resources, Haiti suffers from generations of resource mismanagement. With one of the densest populations in the region, the daily struggle for survival has resulted in irreparable damage to the Haitian ecosystem. For example, only 3% of the forest cover at the turn of the century remains, and 25 of 30 major watersheds are degraded.*

### **Food Availability Needs**

Regarding national food production, which is an obviously critical component of overall food security, Haiti suffers from several systemic problems. In a recent analysis of food supply and demand in Haiti (Bellmon Determination, 1998), the following serious constraints to increased levels of low agricultural production were mentioned:

- *The amount of arable land is limited and already fully exploited. The steep mountainous terrain characterizing most of the country is unfavorable for crop production. 71% of the total land area is under cultivation;;*
- *Rainfall levels are low...and inadequate without irrigation for all but drought-resistant crops;*
- *Agricultural services are grossly inadequate...; and*
- *Extremely poor road quality remains a major inhibition to marketing potential crop surpluses.*

These agricultural production constraints are exacerbated by the extremely high population density. The result is very small plots of farmland available to Haitian households which in turn leads to declining yields and low production. Indeed, 1994-98 average annual yields for maize, rice and sorghum were well below the average for Caribbean nations as a whole. Maize yields in Haiti were .80 MT/HA, while the Caribbean registered yields of .94 MT/HA. For rice, Haiti's yields were 2.15 MT/HA while the Caribbean was 3.15 MT/HA. Finally, sorghum yields for Haiti and the Caribbean were .75 and .85 respectively.<sup>5</sup> Although these yields do not appear grossly dissimilar, one needs to remember that if Haiti were removed from the Caribbean index, the yields for the Caribbean minus Haiti would be much higher than the figures above. With low yields and very small farm plots, Haitian households appear to have difficulty in meeting their food needs via their own production.

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<sup>5</sup> FAO Statistical Database, 1999 at <http://apps.fao.org/>

This low production and the serious constraints in increasing food supply are made all the more serious by a growing demand for food that results in an ever-increasing gap between the two. According to a recent estimate<sup>6</sup>, Haiti's 1998 demand for food was on the order of 1.7 million metric tons (MT). National production totaled 950,000 MT, commercial imports totaled 400,000 MT and food aid added another 150,000 MT for a total supply of 1.5 million MT. Thus, even with tremendous amounts of food aid, the country had a food deficit in 1998 on the order of 200,000 MT. That is a significant amount in a country where a third of the children are chronically malnourished.

The above paints a good picture of the national situation of food availability. In our visit to Haiti, we were also hoping to gather regional level data on agricultural production. Unfortunately, we were told that no such data exists. In a visit to the Ministry of Agriculture, we found out that agricultural data collection leaves a lot to be desired and as a result, there is a paucity of regional information. To remedy that, in 1994, USAID and the Title II Cooperating Sponsors established the Interim Food Security Information System (IFSIS) to "collect, analyze and monitor food security indicators." It is hoped that this initiative will begin to address this critical area of agricultural data collection.

### ***Food Utilization***

With regards to national level health and nutrition indicators, Haiti compares to many SSA countries. For example, the under five mortality rate in Haiti is similar to that of Uganda and worse than that of Kenya. The rate of stunted children under five in Haiti is lower than that of Burkina Faso. The percentage of infants who are exclusively breastfed through 3 months of age is a scant 3% in Haiti, while it reaches 12% in Burkina Faso and 70% in Uganda.

On a regional level, the central section of the country stands out as being the neediest in regards to food utilization. In a 1995 nutrition survey<sup>7</sup>, the Central and Artibonite departments ranked the worst in malnutrition and diarrhea rates respectively. 29.3% of children under five in the Central Department were moderately or severely underweight (<-2 WAZ) while 38.1 % were moderately or severely stunted (<-2 HAZ). 48% of children under five in the Artibonite Department had had an episode of diarrhea in the previous 2 weeks, while the Central Department was third worst at 41%. Both of the departments are characterized by low availability of arable land, relatively low rainfall, and large amount of land that is mountainous.

### ***Worldview***

In an interview with Jim Gibson, former Country Director of FHI/Bolivia and current Country Director of PLAN Haiti, he stated that "Voodoo is not just a

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<sup>6</sup> Bellmon Determination, 1998

<sup>7</sup> Haiti 1995 Nutrition Surveys by Department, Ministry of Public Health and Population

religion, but a way of life in Haiti". Others that were interviewed echoed these same sentiments. Voodoo appears to encourage many destructive practices in the country, but possibly the worst of its manifestations is a fatalism that seems to completely permeate Haitian culture. This has a direct effect upon the economic environment of the country. Positive societal change as a result of individual and corporate effort becomes very difficult under Voodoo-inspired fatalism.

### ***Some Current Responses to the Need***

The assessment team was only in Haiti for a short time, thus we do not pretend to know all of the responses to food security needs that are present in the country. We can only comment on the responses of the organizations with which we conversed. The presentation below is a summary of those discussions.

#### *Title II Programs of CARE, ADRA, and CRS:*

There are three large NGOs implementing USAID Title II programs in Haiti-- CARE, ADRA, and CRS. There is complete geographical coverage of the nation with CARE working in the northwest, ADRA in the center and northeast, and CRS in the south. The three major areas of intervention of these Title II Cooperating Sponsors (CS) are school feeding, maternal-child health, and infrastructure development using Food for Work (FFW). According to Mike Harvey, USAID Food for Peace Officer, and the representatives of the current CSs, there is no room to grow Title II programming in the country, especially not via the addition of another cooperating sponsor. Tim Lavelle, FFP CDO for Haiti in USAID/W echoed this sentiment when he said that he would not be optimistic about the chances for an FHI DAP approval for Haiti. The lack of need could be debated given the high level of food insecurity in the country (especially in ADRA's region of operations in the center) and the fact that none of the CSs are focusing on agricultural development with their Title II resources. However, we agree that increased levels of food aid and/or monetization resources are probably not going to improve Haiti's situation, especially in the absence of a concerted effort to change the predominant worldview of Haitian households participating in the programs. There appears to be room for work in the area of food utilization in the Central and Artibonite departments, but ADRA appears to be stepping up its activities to meet those needs.

#### *Christian Mission to Pignon:*

Dr. Guy Theodore, the director of the Christian Mission to Pignon (CMP), is very well known throughout Haiti. His health program is located in the northern region of the country, but very close to the Central Department. CMP includes a 60-bed hospital, four regional clinics, and works with a target population of 160,000 people. Dr. Theodore claims fantastic results in his target area. His studies show that the rate of exclusive breast feeding before six months of age is the

best in the nation; a 64% complete immunization rate of children under five is twice the national average; maternal mortality is 200, which is well below the national average of 1,000; and diarrhea rates are much lower than the national average. A recent survey conducted by external consultants corroborated his child mortality data by finding that child mortality rates (<5) in the region of Pignon were an astonishing 33 per 1000 live births (national rates are 132 per 1000). Clearly, it appears that Dr. Theodore is doing something right. When asked about the church's role in development, Guy said that he believes that the church must play a central role in the development of a community or region. CMP appears to be doing an excellent job meeting needs in the Pignon region of northern Haiti. Indeed, ADRA recently entered into a partnership with the Christian Mission to provide food and health technical assistance to CMP. Given these activities of CMP and ADRA, it would be difficult to find ways to complement and not duplicate their work in this region of the country.

#### *World Relief:*

The team was very impressed by Dr. Hubert Morquette and his wife Junie. He is the director of World Relief in Haiti and as such has been implementing a Child Survival project since 1986. Dr. Morquette described the evolution of his project from one of being hospital-based in the beginning to one of being community-based, to finally being church-based. He stated that a major technical component of the USAID grant focuses on Behavior Change Communication. Hubert and Junie have started to work with eight churches in a slum area of Port au Prince. They teach primary health care there and also enlist the help of church members in caring for patients at the King's Hospital, a low-cost health outreach to the poor. Interestingly, Dr. Morquette works with church leaders as opposed to community leaders in that he sees the latter as highly politically motivated and rapidly changing.

#### ***Conclusions and Recommendations for FHI***

Food security needs in Haiti are myriad and growing. The Central and Artibonite Departments are among those that appear to be the most food insecure as per the available data. Although FHI could provide rationale for the need for an expansion of Title II programming in those regions, we would most likely be opposed in our efforts by Mike Harvey and the three current Cooperating Sponsors. In addition, we would need a significant amount of private resources to start up and maintain a Title II program. Those resources are simply not available. Finally, we are not convinced that we would have any significant impact by entering the Title II arena in Haiti. Worldview change is clearly a key foundational need for Haiti at this point and that may be best targeted via strategies other than food aid. Given these conclusions, FHI will not be submitting a Development Activity Proposal to FFP for Haiti.