

**Featured Grantee Summary: [Second Mile Haiti](#)**

- Breaking the Cycle of Undernutrition in Haiti
- The mission of Second Mile Haiti to fight childhood malnutrition and improve outcomes for impoverished children in Haiti through a holistic, caregiver-centered approach that meets immediate needs for food and health care through live-in malnutrition and maternity centers and invests in families through education, training, and income-generating business activities.
- Haiti has the highest rate of maternal, infant, and child mortality in the Western Hemisphere. Tragically, one in twelve children (8 percent) will not reach age 5.
- UNICEF estimates that severe acute child malnutrition in Haiti will double in the next year as violence, lack of access to services, and the COVID pandemic impact the country. Nearly 90,000 Haitian children under age 5 are predicted to suffer from severe acute malnutrition, and 217,000 under age 5 will experience acute malnutrition in the next year.
- Second Mile Haiti (SMH) believes that when women hold the bread, everyone eats. Breaking the Cycle of Undernutrition in Haiti is SMH's holistic approach to fight childhood malnutrition and improve outcomes for impoverished families. It starts with a caregiver-centered approach to meet the immediate needs of children with acute malnutrition, then it invests in women through education, support, skill-building, and income-generating business. Finally, it addresses prevention and pathways to self-sufficiency for women, their families, and the broader communities. This all-encompassing program elevates and empowers these communities and ultimately helps break the cycle of poverty.
- Second Mile Haiti uses a 3-step approach to address Haiti's child malnutrition and mortality crisis: malnutrition rehabilitation, maternal and newborn health, and community education.
- \$40,000 – Impact: 6,400 direct beneficiaries; 11,026 indirect beneficiaries



## PROJECT FACT SHEET

Featured Project April 2022

[Second Mile Haiti](#)

Breaking the Cycle of Undernutrition in Haiti



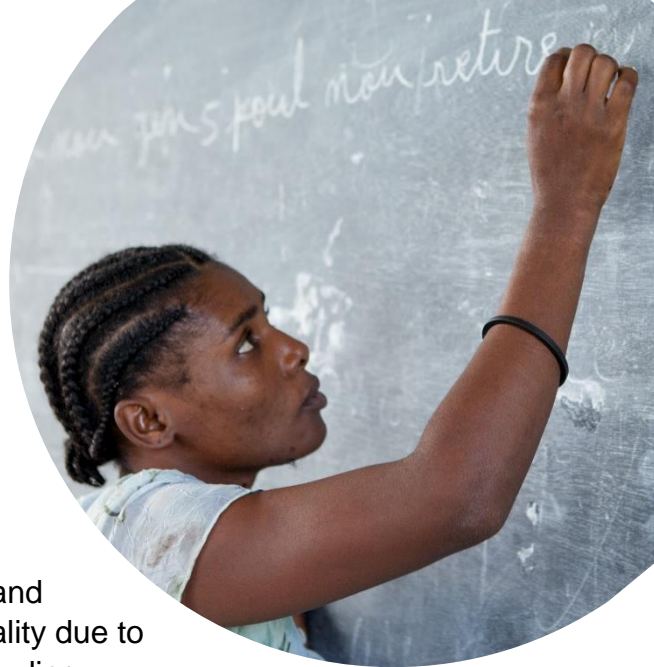
### Mission of Second Mile Haiti

The mission of Second Mile Haiti to fight childhood malnutrition and improve outcomes for impoverished children in Haiti through a holistic, caregiver-centered approach that meets immediate needs for food and health care through live-in malnutrition and maternity centers and invests in families through education, training, and income-generating business activities.

### Life Challenges of the Women Served

Haiti is one of the poorest countries in the world, and it has the highest rate of maternal, infant, and child mortality in the Western Hemisphere. Tragically, one in twelve children (8 percent) will not reach

age 5 (compared to 6.5/1,000 or less than 1 percent in the US). For mothers in the US, 26/100,000 die of maternal causes. This figure in Haiti is 520/100,000. UNICEF estimates that severe acute child malnutrition in Haiti will double in the next year as violence, lack of access to services, and the COVID pandemic impact the country. Nearly 90,000 Haitian children under age 5 are predicted to suffer from severe acute malnutrition, and 217,000 under age 5 will experience acute malnutrition in the next year. Families lack the formal schooling, training, and resources to pull themselves out of poverty.



Root causes of high rates of maternal, infant, and child death and severe acute child malnutrition include poverty; maternal mortality due to poor health and lack of healthcare; neonatal complications including prematurity, low birth weight, malnutrition, and diseases caused by poor sanitation; untreated pneumonia and diarrheal diseases in young children; and other infectious diseases.

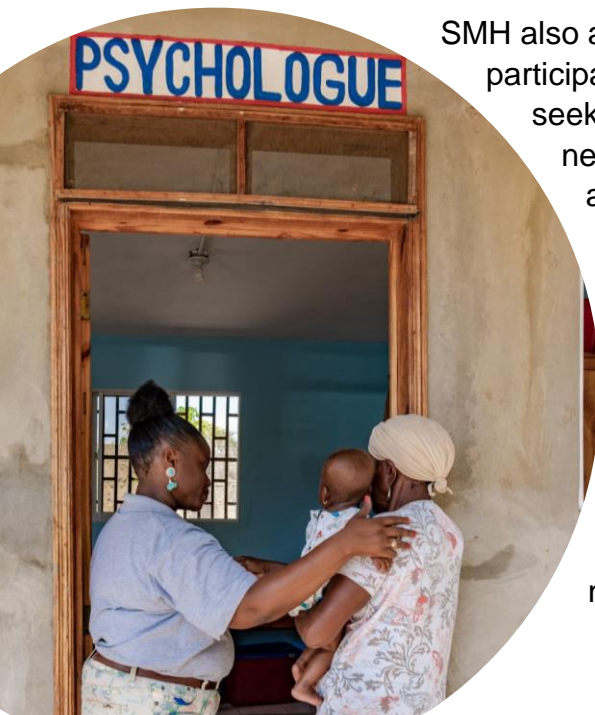
The response to these conditions is an alarming rate of desperate parents giving up their children to orphanages in the hope that they will have a better chance of survival. As of 2010, the Haitian government estimated that 1 in 10 children were living in an orphanage – even though 80 percent of them had living family members.

## The Project

Second Mile Haiti (SMH) believes that when women hold the bread, everyone eats. Breaking the Cycle of Undernutrition in Haiti is SMH's holistic approach to fight childhood malnutrition and improve outcomes for impoverished families. It starts with a caregiver-centered approach to meet the immediate needs of children with acute malnutrition, then it invests in women through education, support, skill-building, and income-generating business. Finally, it addresses prevention and pathways to self-sufficiency for women, their families, and the broader communities. This all-encompassing program elevates and empowers these communities and ultimately helps break the cycle of poverty.

SMH also addresses the psychological and emotional barriers facing the participants. SMH knows that it is incredibly important that individuals seeking services are treated with dignity and respect to overcome negative self-perceptions, feelings of shame or failure, and limited agency experienced by families facing poverty, poor health, malnutrition, and inability to generate income. Clients are given emotional support, care, and education to create future opportunities for themselves and their families. They have the support of staff, nurses, and therapists for holistic physical and mental health care.

This project replicates SMH's successful model to serve a new community in San Raphael, Haiti, and will include a birth center, education building, inpatient malnutrition facility, goat house, plant nursery, food forest, and production center. Second Mile Haiti uses



a **3-step approach** to address Haiti's child malnutrition and mortality crisis. The first step creates an immediate solution to the problem. The second and third steps create lasting impact on rural Haitian communities.

**Step One: Malnutrition Rehabilitation** – SMH will provide immediate nutritional and medical support using a holistic rehabilitation approach to acutely malnourished children and their caregivers in a semi-residential facility. This residential recovery program is staffed by nurses, psychologists, educators, and therapists who incorporate medical and mental health care with business, literacy, health, and gardening interventions that help families stay healthy and provide a comprehensive approach to treating and preventing childhood malnutrition. While children are recovering in the malnutrition facility, caregivers enter the education and business start-up program.



Through 100+ hours of health and business education, caregivers gain an understanding of malnutrition, knowledge and skills to prevent future malnutrition and other health issues and receive a business start-up kit to provide the means for income and self-sufficiency. Graduates of the program also receive home gardening support and vegetable starts, promoting the availability of nutritious and plentiful food to eat and sell. SMH implements a community gardening approach whereby SMH provide education and gardening supplies to women whose children are in the malnutrition facility and then asks these women to invite their neighbors to start gardens with their support, spreading knowledge and increasing community availability of healthy food. By providing access to education and increasing food security, SMH helps break the cycle of undernutrition and keep families together.

Their support for families doesn't end when they leave the treatment center. SMH continues to invest in the health and wellbeing of graduate families long after recovery from malnutrition. For instance, SMH will provide scholarships to formerly malnourished children who received treatment at their center to attend school. SMH supports families in the vulnerable period following recovery through



follow-up visits at home and at the center, with continued access to SMH nurses and psychologists. SMH has a very low rate of re-admittance of children to the malnutrition center (0.4 percent in 2020).

New caregivers entering SMH's Malnutrition Center are given a test of their knowledge about health, nutrition, and sanitation. They are given the same test on the last day of the program to determine growth in knowledge and skills. SMH follows up with families via regular visits after they leave the center. Each family completes four or more visits in the first year following recovery and an average of one to two visits per year every subsequent year. SMH monitors key health indicators and screens for malnutrition relapse during these visits.

**Step Two: Maternal and Newborn Health** – SMH will provide comprehensive prenatal care designed to diagnose and treat life-threatening complications of pregnancy while paving the way for a safe delivery. SMH provides weekly prenatal education (two hours per session) with eight unique classes led by SMH midwives. Topics include pregnancy, prenatal care, danger signs, anemia and hypertension, breastfeeding, newborn care, family planning, and the labor experience.

SMH provides continuous presence midwifery during the childbirth experience at their facility, with a safe and comfortable place to give birth and rest afterward. In case of emergencies, SMH provides transportation to the nearest hospital. SMH also provides post-partum care, iron and vitamin supplementation as needed, and essential medications for conditions like hypertension and infection. Infants are monitored, and SMH schedules vaccines, discusses family planning methods, supports mothers with breastfeeding, and provides education about newborn care and danger signs.

**Step Three: Community Education** – This phase helps prevent malnutrition and increases self-sufficiency through family-centered, holistic, community-based education. A 60-hour community education course for age 16 and older covers topics ranging from nutrition and health to pregnancy spacing and gender-based violence. Men and women are included in this program in equal numbers so that responsibilities can be shared across gender divisions. This phase is often referred to as the “goat program” because upon successful completion and passing the final exam, participants receive an income-generating goat.

SMH educates both men and women so that responsibilities can be shared across gender lines on community-based topics including health, pregnancy spacing, gender-based violence, and income-generating businesses. Family planning education is an important part of the SMH curriculum. Condoms are freely distributed to men and women participants who seek to prevent pregnancy and/or infection. Other methods of family planning are available at the Maternity Center. SMH administers diphtheria/tetanus vaccines to pregnant women and is a service provider in Haiti's childhood vaccination program.

SMH also focuses on environmental sustainability. All community education programs include environmental sustainability and impact,



including reforestation (each participant receives three saplings to plant), reduction of carbon footprint through gardening and composting, and waste management (reducing and reusing plastics and canal maintenance to prevent flooding). SMH's centers include gardens, composting, beekeeping and more.

6,400 DIRECT BENEFICIARIES AND 11,026 INDIRECT BENEFICIARIES

## UN Sustainable Development Goals



### Questions for Discussion

1. Why does the problem of malnutrition demand a multi-dimensional approach?
2. “When women hold the bread, everyone eats.” What does this mean to you?
3. How do you think this project promotes gender equality?

### The Project Budget

Together Women Rise's grant of \$40,000 will help fund the following:

Item	Description	Cost
Personnel	Staff salaries and wages	\$20,250
Equipment	Equipment and tools needed for prenatal care and birth services, including electric sterilizer, ultrasound probe, Hemoglobin point-of-care testing machine, blood pressure monitors, stethoscopes, speculums, adult scale, infant scales, pediatric scales	\$1,250
Supplies	Small business kits to the caregivers of formerly malnourished children, education curriculum, garden/farm (seeds, goats, etc.), health/hygiene (cleaning supplies and soap), nutrition (formula, milk, food), medical (medicines, emergency hospital fees, etc.)	\$18,000
Telecommunications	Portion of phone communication costs to provide follow-up care to pregnant and postpartum mothers and caregivers of recovering children with malnutrition, including counseling and arrangements for emergency care	\$500
<b>TOTAL</b>		<b>\$40,000</b>

## Why We Love This Project

We love Second Mile Haiti's vision to solve the systemic problems of acute malnutrition in children in their communities. The live-in recovery center allows mothers to care for their malnourished children, with the support of health educators and nurses. Caregivers then learn both about health and nutrition and business skills to develop a microenterprise. These two interventions ensure the long-term health and economic well-being of the family. Most importantly, it breaks the cycle of parents who live in extreme poverty giving up their children to orphanages because they cannot afford to feed them.

## Evidence of Success

SMH programs result in malnutrition prevention, improved health and decreased mortality rates for children, improved literacy and school attendance, increased breastfeeding and family planning, decreased domestic violence, increased financial savings, diversified income streams, and food security. SMH is recognized by the government of Haiti as an approved health center with a license to operate Malnutrition Rehabilitation and Maternity services and an as official provider of childhood vaccines and family planning. All nurses and midwives are licensed practitioners.



Since opening the first Malnutrition Treatment center in 2013, SMH has housed 1,615 children/caregivers for malnutrition rehabilitation, conducted 6,122 follow-up visits with children/caregivers, helped 482 caregivers start small businesses, and helped 539 caregivers start home gardens.

Since 2016, 478 individuals have participated in community education programs and received goats after passing the final exam (239 men and 239 women). In 2018, SMH opened their first Maternity Center for prenatal care and has since provided 5,586 prenatal and 1,439 postnatal visits. In 2019, SMH opened their first Birthing Unit, and since then, 373 babies have been born at the Maternity Center and 64 women have been safely transferred elsewhere for higher levels of care. Since 2018, SMH has provided 1,572 family planning visits. SMH's second facility began offering services in May 2021. When it is fully operational in 2022, these numbers will increase significantly.

## Voices

"When we arrived Besly's hair was turning orange and falling out. His body was frail and I could see all his bones. His skin was dry and cracking. Now his skin and his hair has changed. He's gaining weight and he eats well now. He didn't want to play. He couldn't. Now he wants to play so much it can be annoying! He had diarrhea before and would vomit often. He wasn't developing. All of that has passed. He is active now. So very active!"

– Besly was 9 years old and weighed just 24 pounds when he and his mother were referred to SMH. Besly and his mom spent 9 weeks at the Malnutrition Treatment Center. Lizette was given a business package at the end of Besly's recovery, and Besly received school tuition support from Second Mile Haiti.



"I had no idea that this garden was going to help me the way it has. Right after you helped me start my vegetable garden, I added corn to my okra patch. I ate spinach from the garden and shared spinach with some of my neighbors... Selling okra has allowed me to provide for my kids even when their dad isn't able to bring any money home. I am going to keep working so that I will always have a garden."

– Jasmine (20) was pregnant when she spent time at the Malnutrition Treatment Center with her 1-year-old son in 2020.

"My satisfaction with Second Mile Haiti's Maternity Center is a 10 out of 10! I feel welcome here and the staff treats me with respect and compassion. I am a former client. I was so appreciative of the care I received when I was pregnant with my first baby, I am back now that I am pregnant with my second. I am back because I knew I would find good service here."

– Prenatal Client, Second Mile Haiti Cap Haitien Maternity Center

"I am so happy to have this type of garden at my home. In my area, people primarily plant sugarcane and it is difficult to find fresh vegetables. I have already consumed a ton of spinach from my garden. Last week I needed money to buy soap. I was able to sell some spinach to get the money I needed.

Before starting this garden, I had to rely on my husband and wait for him to come home if I needed to do some washing. I now have money of my own. I

have been so happy to have this garden at my home. I have even been able to share produce with my neighbors. Now I am watching my green onions and peppers carefully. When they are ready, I will eat some and sell some. I want to thank you for thinking of me. I hope many more people are able to receive a garden like this one because it can really help them so much. Thank you!"

– Claudette, Garden Program Participant, Neighbor Beneficiary from Limonade

"When I arrived at the center, my child was swollen. She didn't want to eat. She couldn't even sit up. Now she plays. She eats. She sits. She sleeps. She isn't swollen anymore. The Center helped me so much. My child was swollen because of the





malnutrition. The staff cared for her. She needed to be in the hospital and they paid for her care. I had milk for my daughter so that she wasn't hungry. They gave me education. I now know how to prevent malnutrition. I learned the importance of vaccinations. I learned so much that I didn't know. I want to thank the psychologists, the directors, the nurses, and the entire staff. Thank you for your help."

– Christina, Malnutrition Treatment Center beneficiary

## About the Featured Grantee

In 2010, Jenn Schenk and Amy Syres (then ages 23 and 24) were living full-time in northern Haiti and volunteering at an infant care center and orphanage. The center took in children who were abandoned, as well as undernourished and sick infants whose caregivers were out of options. Jenn and Amy met these family members when they came to the care center with their severely malnourished infants. Due to their dire poverty, the orphanage was their last hope to get the food, medicine, and care their children so desperately needed. These families did not want to give up their children; they did so out of necessity.

After these children were rehabilitated, they were either adopted by families outside of Haiti or returned to their Haitian homes. These reunifications were seldom successful, as the initial cause of the child's decline in health – lack of resources and education of their caretaker – had not been addressed. Months later, many of these families were knocking on the center's door once again.



Jenn and Amy had a vision to empower caregivers to care for their children and keep families together while promoting autonomy, dignity, and self-sufficiency. Their vision was to build a live-in recovery center where malnourished children could be cared for by their parents, with the support of health educators and nurses. This would give caregivers the opportunity to gain an understanding of health and nutrition, while promoting confidence in their ability to care for their children. Parents would



take classes in business and graduate with the means to launch their own micro-enterprise. Not only would caregivers leave with a healthy child, but they would also be empowered with knowledge, confidence, and opportunity to ensure that they both continued to thrive.

Second Mile Haiti started in 2011 and began work in January 2012. The first Malnutrition Treatment Center opened in May 2013 to address immediate needs of severely malnourished children in Cap Haitien. Community education began in 2015 with a grant from the United Nations, and the first Maternity Center opened for prenatal care in March 2018 and for births in February 2019. Knowing the need for services in other areas, SMH broke ground on the new center in San Raphael in October 2020. Its doors opened for a soft launch in May 2021 and the center will be fully operational for all programs in 2022. The San Raphael Family Center will include a birth center, education building, inpatient malnutrition facility, goat house, plant nursery, food forest, and production center where home-grown goods are transformed into sellable products that create jobs and stable income.

Second Mile Haiti is a community-based organization. All work occurs on the ground in Haiti. Every employee lives in Haiti and 96 percent were born there. This not only incorporates a community-based perspective, but also supports economic development in those communities through the stable income of the staff. Additionally, the individuals SMH serves receive care and support from people who speak their language, have the same cultural sensitivities, and share similar life experiences. Thirty-one percent of staff members were born and raised in the communities SMH serve. Their knowledge and experiences are instrumental in shaping and informing SMH's work. SMH regularly conducts community meetings, focus groups, and client satisfaction surveys to elevate and learn from the voices of local community members.

## Where They Work: Haiti



Haiti occupies the western third of the island of Hispaniola, which it shares with the Dominican Republic. The country is slightly smaller than the state of Maryland and has a population of 11.2 million. Haiti's capital and largest city is Port au Prince. The population of Haiti is almost evenly

divided between urban and rural. The official languages are French and Creole. Sixty-two percent of Haitians are literate.

Haiti is a rugged, mountainous country. The climate is tropical with the eastern portion being semi-arid. Unfortunately, it lies in the middle of a hurricane-prone region and is subject to severe storms from June to October. In 2016, Hurricane Matthew decimated Haiti with 140 mph winds and created a humanitarian emergency. Earthquake and drought are other calamitous events.

Haiti is the poorest country in the Western Hemisphere, with 40 percent unemployed and 60 percent of the population living below the poverty line. Two-thirds of the workforce do not have formal jobs. This level of poverty is the result of numerous factors, including natural disasters, political uncertainty, and decreased foreign aid. Over 4 million Haitians experience severe food insecurity due to reduced agricultural production and political turmoil. Almost one in ten children under five are underweight.

Second Mile operates in Northern Haiti in Cap-Haitien and San Raphael.

## A closer look at using a systems approach to solve deep-rooted societal problems

When used to tackle deep societal problems, a systems approach provides a holistic view of the hardships faced – in other words, what caused the problem, what factors compound it, and what is needed to solve the problem so that the cycle can be stopped. Identifying the root cause is the key. That is why SMH does not simply provide food to malnourished children. Instead, the organization offers an all-encompassing, systems approach to address poverty, which is the root cause of the problem. Without that, these children would endure malnutrition time and time again. Instead, parents gain the tools to rise out of abject poverty and provide for their families.

Many organizations have identified strategies to alleviate poverty in low income countries, but a recent study indicates that eradicating poverty requires a multi-dimensional approach – that is, a systems approach. Important components include the availability of micro-finance through quality organizations, giving the poor the skills and opportunities to earn an income, offering safety nets, and ensuring good governance in support organizations. Research shows that to truly alleviate poverty, these complementary measures need to occur simultaneously.

Another study used a systems approach to examine the links between the United Nation's 17 Sustainable Development Goals (SDG). The study reveals the larger system into which each of the individual goals is a component. Examined together, some key leverage points were identified that have a direct impact on achieving all the SDGs. These critical points include gender equality, effective management of water and sanitation, alternative solutions for managing resources, sustainable livelihood standards, and global partnerships. Regardless of the SDG being addressed, projects may fail if these overarching components are not addressed.

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