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# Examining the Role of Health Facilities in Supporting Early Breastfeeding in Haiti and Malawi (WP 161)

*An Analysis Brief from The DHS Program*

## Why study the role of health facilities in supporting early breastfeeding?

Optimal breastfeeding supports child growth, health, and development and can prevent over 800,000 deaths of children under five each year. Health facilities provide essential pregnancy and maternal and newborn care services and support for early breastfeeding—health systems interventions are the some of the most effective in promoting early initiation of breastfeeding. Linkage of population-based data and facility-based data allow for further analysis of the health-service environment’s impact on breastfeeding.

## Which data were included in the study?

The study used data from the Demographic and Health Surveys (DHS) and Service Provision Assessment (SPA) surveys in Haiti and Malawi—the 2016-17 Haiti DHS and 2015-16 Malawi DHS, and the 2013 Haiti SPA and 2013-14 Malawi SPA.

## What methods were used to conduct this analysis?

This study links DHS and SPA data from Haiti and Malawi. The DHS provided data on women’s early initiation of breastfeeding while the SPA provided data on the health service environment (HSE) for breastfeeding. Three indicators of the HSE were created: the proportion of health facilities reporting routine counseling on breastfeeding in ANC services; the proportion of health workers providing ANC services had recently received training in breastfeeding or Infant and Young Child Feeding (IYCF); and the proportion of ANC clients who were observed and who reported receiving counseling on breastfeeding during ANC. Clusters of women were categorized as having low, medium, or high availability of each of these indicators based on nearby facilities. Multilevel multivariable logistic regression was conducted by urban and rural residence to assess the impact of HSE on women’s breastfeeding practices.



2014 Donna Murray, Courtesy of Photoshare

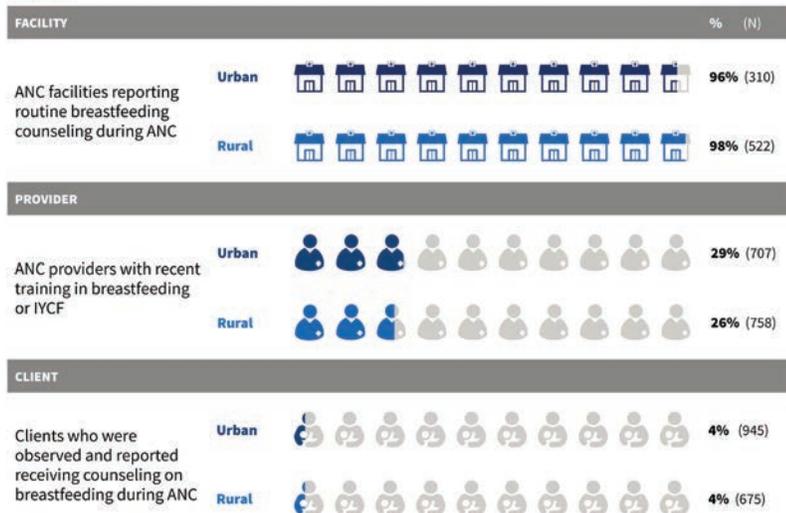
## What are the key results?

- While almost all health facilities in Haiti and Malawi reported routine breastfeeding counseling during ANC, less than 3 in 10 (Haiti) and 4 in 10 (Malawi) ANC providers had recently received training in breastfeeding or IYCF and only 4% to 10% of clients received counseling on breastfeeding during ANC.
- In Haiti, clients were significantly more likely to receive breastfeeding counseling if their provider had recently been trained in IYCF or any breastfeeding/IYCF topic.
- In urban areas of both Haiti and Malawi, having more providers recently trained on breastfeeding was associated with an increased likelihood of early initiation of breastfeeding.
- In urban Malawi, women living in clusters with higher levels of breastfeeding counseling during ANC were more likely to initiate breastfeeding early than those in clusters with less counseling.

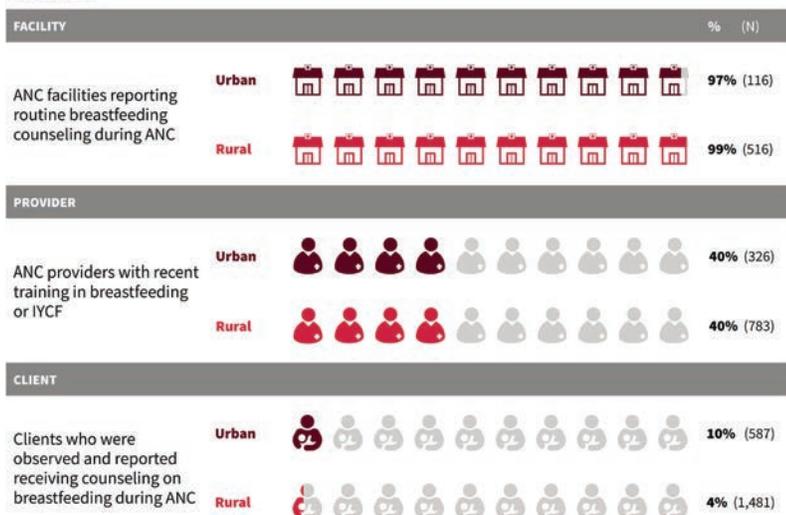
## Conclusions and Recommendations

There is a substantial gap between facility report of breastfeeding counseling, provider training in this area, and clients' actual receipt of this counseling. The results of this analysis suggest that provider training, which translates into greater counseling, can promote breastfeeding outcomes.

### Haiti

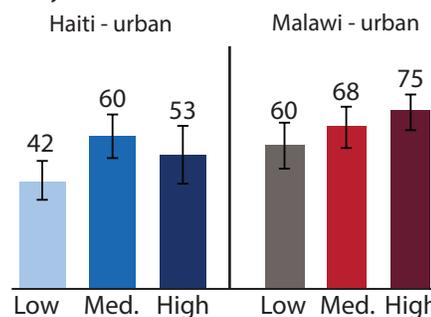


### Malawi



### Breastfeeding in the First Hour by Community-level Provider Training\*

Percentage of women with a birth in the 2 years before the survey who breastfed in the first hour after birth



\*training in any IYCF or breastfeeding topic

This brief summarizes The DHS Program's Working Paper 161 by Lindsay Mallick (Avenir Health), Rukundo K. Benedict (ICF), and Wenjuan Wang (ICF) with funding from The United States Agency for International Development through The DHS Program. For the full report or more information about The DHS Program, please visit [www.dhsprogram.com](http://www.dhsprogram.com). The full report is available at: <https://dhsprogram.com/publications/publication-wp161-working-papers.cfm>