UNICEF wishes to improve IYCF programming and
Haiti’s MoH has made IYCF a high priority but evaluations
Haiti has struggled to ensure access to safe water, further
A major cause of childhood malnutrition is inappropriate
Haiti struggles to address childhood malnutrition. 11% of
Project Background:
To identify both the challenges and enablers to optimal IYCF practices
To understand mothers’ beliefs and attitudes regarding early initiation
To understand the prevalence and patterns of early initiation of
Objectives:
To understand the prevalence and patterns of early initiation of
To understand mothers’ beliefs and attitudes regarding early initiation of
To identify both the challenges and enablers to optimal IYCF practices faced by mothers
Methodology:
Mixed-methods triangulation research design
Closed question survey of 310 mothers with children < 2 yrs. in 4
departments: Ouest, Artibonite, Sud-Est, and Nippes
Probability Proportional to Size (PPS) one-stage cluster sampling using
Sections d’Enumeration as sampling unit
Expanded Program on Immunization (EPI) method of household selection
12 Focus Group Discussions (FGD) with mothers of children < 2 yrs.
FGD participants recruited from survey participants using a convenience sample

Ideal and Current IYCF Practices:

<table>
<thead>
<tr>
<th>Ideal Practice</th>
<th>Indicator</th>
<th>Current Practice</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>All infants less than 6 months exclusively breastfed</td>
<td>% of children 0-6 months who consumed breast milk but no water, other liquids, or foods the previous day</td>
<td>57%</td>
<td>91</td>
</tr>
<tr>
<td>All infants fed semi-solid complementary foods at the age of 6 months</td>
<td>% of children 9-24 months who began complementary feeding with solid foods or semi-solid food between 6-9 months</td>
<td>49.7%</td>
<td>183</td>
</tr>
<tr>
<td>All children 6-24 months achieve minimum dietary diversity</td>
<td>% of children 6-24 months of age who receive foods from 4 or more food groups</td>
<td>21.2%</td>
<td>231</td>
</tr>
<tr>
<td>All children breastfed through the age of 2 years old or older</td>
<td>% of children 20-24 months breastfed the previous day</td>
<td>11.9%</td>
<td>46</td>
</tr>
</tbody>
</table>

Recommendations:
Adapt current communication and behavior change strategies to address mothers’ concerns about pregnancy, illness, and diet while breastfeeding
Expand behavior change communication efforts to settings within the community and outside the health facility setting in order to reach women that may not have regular access to care facilities
Redouble efforts to support women with little or no contact with the health sector. Engagement with traditional practitioners and midwives to improve breastfeeding support of women who give birth at home would reach women with less frequent contact with the formal health sector
Work with all health facility staff to encourage timely initiation of breastfeeding to bridge the gap between one hour and 24 hour initiation
Encourage and support Mothers’ Clubs and include innovative activities such as participatory recipe trials which may encourage introduction of more diverse, locally available, complementary foods
Allow for more time for communication and counseling at routine health visits such as Rally Posts, vaccination and growth monitoring visits so that women are not only receiving information about IYCF during prenatal and postnatal visits

Next Steps:
Disseminate final report to UNICEF among stake-holders in Haiti
Perform in-depth qualitative and quantitative data analysis
Produce manuscript of study findings

Preliminary Findings:
Knowledge of IYCF recommendations is high, with the exception of continued breastfeeding duration
Women most often receive IYCF counseling from doctors, nurses, and close family and community members
Women rarely reported receiving IYCF counseling or information from midwives or traditional practitioners, despite the fact that 38% of survey respondents most recently gave birth at home
Women who gave birth at home were five times less likely to have received practical breastfeeding support when compared to women who gave birth in a health facility
Specific beliefs related to pregnancy, illness and psychosocial state of the mother appear to be barriers to optimal exclusive breastfeeding and continued breastfeeding
Barriers related to mothers perceived self-efficacy and dietary requirements were common