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SUBJECT: TRIP REPORT  
RE: Cooperative Agreement #HRN-A-00-97-0007-00

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Enclosed please find the trip report described below:

- Report title: Assessment Trip Report: Jordan
- Dates of trip: June 9 - June 18, 1997
- Travelers: Roy Miller, LINKAGES Monitoring and Evaluation Coordinator  
Mihira Karra, Technical Advisor in the USAID Office of Population
- Country: Jordan

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Enclosure

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# **ASSESSMENT TRIP REPORT**

## **JORDAN**

**June 9 - June 18, 1997.**

**Roy Miller, *LINKAGES* Monitoring and Evaluation Coordinator  
Mihira Karra, Technical Advisor in the USAID Office of Population**

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## LIST OF ACRONYMS

CCTSS	Center for Consultation, Technical Services & Studies
CPP	Comprehensive Postpartum Project
IEC	Information, Education and Communication
IPPF	International Planned Parenthood Federation
IRH	(Georgetown University's) Institute for Reproductive Health
JAFPP	Jordan Association of Family Planning and Protection
LAM	Lactational Amenorrhea Method
MCH	Maternal and Child Health
MIS	Management Information Systems
MOH	Ministry of Health
NGO(s)	Non-governmental organization(s)
PCS	Population Communication Services
RMS	Royal Medical Service
USAID	United States Agency for International Development

## ASSESSMENT TRIP REPORT: JORDAN

### BACKGROUND AND OBJECTIVES

At the request of USAID/Jordan, a joint evaluation mission by the *LINKAGES* project and the Office of Population of USAID/Washington was carried out from June 9 through June 18, 1997. The evaluation team was comprised of two people: Roy Miller, the Evaluation Coordinator for *LINKAGES*, and Mihira Karra, Technical Advisor in the USAID Office of Population. The agreed upon Scope of Work of the evaluation team was to:

1. Review the work done to date in Jordan to introduce the Lactational Amenorrhea Method (LAM) into the family planning/health system; and,
2. Based on the review, develop a strategy/action plan for continuing work under the *LINKAGES* project.

The Institute for Reproductive Health (IRH) of Georgetown University was called upon by USAID/Jordan to launch a 16 month activity to introduce and institutionalize LAM as a method of choice for Jordanian couples within the existing health and family planning system. The project was initially envisioned to unfold in two stages.

The objectives of the first phase (October 1995-September 1996) were to:

1. increase awareness of LAM among family planning policy makers and decision makers as well as health care providers;
2. train a core of health care providers in the provision of LAM;
3. incorporate LAM as a family planning method into ongoing service delivery programs in several demonstration sites;
4. build institutional capacity within a Jordanian counterpart organization for LAM and breastfeeding support for technical assistance; and,
5. design and initiate an ongoing evaluation system.

The objectives of the second phase were to:

1. expand the provision of LAM through a larger number of Primary Health Care centers and hospitals;
2. incorporate LAM into the national Management Information System(s) (MIS) for family planning methods;

3. examine the effect of LAM introduction on acceptance of other methods;
4. examine the effect of LAM on breastfeeding practices;
5. evaluate the impact of the interventions; and,
6. analyze data to aid in the understanding of the family planning, LAM, and breastfeeding interface.

The strategy for meeting these objectives was to identify and work through a local counterpart organization to implement the planned activities (awareness building, training, policy formation and introduction, etc.) and to integrate those activities into the ongoing health system. An important element of this integration was direct collaboration with other USAID projects supporting family planning in Jordan as well as the Jordan health sector.

The counterpart organization enlisted to work with Georgetown was the Center for Consultation, Technical Services & Studies (CCTSS) of the University of Jordan. Dr. Issa Al-Masarweh, a member of the faculty and of CCTSS, took the helm for the University of Jordan and a full-time coordinator for the activities, Rania Kawar, was recruited to oversee the day-to-day operation of the project.

## **REVIEW OF LAM ACTIVITIES IN JORDAN**

### **Evaluation Methodology**

The term “evaluation” is, perhaps, too strong to describe the nature of this mission. In brief, the duration of the University of Jordan/Georgetown project was too short to justify any efforts to assess the impact of LAM on birth spacing or fertility or even the degree to which LAM has been institutionalized in Jordan. Instead, the evaluation consisted of a brief look at the operation of a number of the Maternal Child Health (MCH) centers, including two demonstration centers and two centers which had initiated LAM counseling after receiving training from the master trainers who participated in the “Training of Trainers” workshop conducted by the University of Jordan/Georgetown team. These observations of field activities were supplemented by interviews with key individuals from the Ministry of Health; from the Royal Medical Services (RMS); from the Jordan Association of Family Planning and Protection (JAFPP), an affiliate of the International Planned Parenthood Federation (IPPF); and other USAID family planning projects. Appendix I is a complete list of interviews conducted during this evaluation mission.

No systematic effort to collect empirical data for the express purposes of this evaluation was undertaken and, in fact, the introduction of LAM in many of the centers has been so recent that it proved difficult to use data collected at the centers to formulate answers to key questions such as the average duration of use of LAM by acceptors or the contribution of LAM as a transitional method

to the adoption of other birth spacing methods.

### **The Jordan Delivery System**

Family planning services in Jordan are delivered through four major channels: the Government run health services, the health services run by the RMS (these are facilities run by the military which also serve civilians), a number of non-governmental organizations (NGOs) (the largest of which is the JAFPP), and the private (for profit) health sector. In the Government and RMS, family planning services are a part of the routine Maternal Child Health program -- services are not delivered at facilities dedicated solely to family planning. Even the JAFPP has recently introduced antenatal care for family planning clients at their clinics.

Compared to other developing countries, health facilities are relatively well staffed. Even the health centers run by the Ministry of Health are staffed with a minimum of six people with some of the larger clinics having upwards of thirty. Physicians, laboratory technicians, nurses, midwives and, in some clinics, nutritionists are on staff. Thus, there is the opportunity for specialization within the clinics and, typically, counseling for family planning, including LAM, is provided by nurses or midwives especially trained to offer these services. In the clinics visited by this evaluation team, within clinic referral from antenatal care departments, post-natal care departments and the family planning counselors was generally good; however, some women referred to the family planning counselor choose to bypass that phase of the service.

Within the Ministry of Health (MOH) health care delivery system, the Governorates have a fair amount of discretion as to activities promoted within their jurisdiction as long as those activities are within the policy framework established by the Ministry of Health. Thus, it was relatively straightforward for the University of Jordan/Georgetown team to introduce LAM in demonstration sites in three Governorates on a pilot basis.

Two characteristics of the MOH service delivery system are worthy of note. First, there is no routine program of providing in-service training. The introduction of a new family planning method such as LAM happens only when a "project" puts forth the resources for the necessary training. Second, the responsibility for the design and/or implementation of cross-cutting systems such as a Management Information System is not clearly assigned to a single division within the Ministry of Health. Actually, the Primary Health Care Directorate is responsible for MIS in the MOH; however, as implementation is the responsibility of the individual directorates, there is ample opportunity for various programs to "do their own thing." Thus, there are a number of "experiments" with MIS underway supported by projects with somewhat specialized goals.

### **Important Findings**

As noted above, the activities launched by the University of Jordan/Georgetown team were initiated as a pilot project to test the feasibility of introducing LAM into the MCH service delivery system of Jordan. The effort to date demonstrates the following.

- MCH clinics are capable of introducing LAM successfully when the staff is properly trained. Despite heavy work loads, the midwives and nurses are giving proper counseling on LAM.
- The managers of the MCH clinics have, on their own, determined that LAM counseling should be part of antenatal counseling and, accordingly, have acted to initiate LAM counseling prior to delivery.
- Master trainers are both capable and willing to train personnel in their Governorates to offer LAM.
- Established colleges and training institutes are introducing LAM into the curricula with the training and the materials provided by the University of Jordan/Georgetown team.
- LAM is accepted in the community and, to-date, most eligible LAM acceptors have made the transition to another method. We heard of no instance where a LAM user became pregnant.
- Other USAID supported Cooperating Agencies, the National Planning Commission and other NGOs have begun to incorporate LAM into their activities.

### **Additional Steps Required to Institutionalize LAM**

The successes of the pilot project undertaken by the University of Jordan/Georgetown team can be expanded and made sustainable with the addition of a relatively small amount of resources. These might be used for: a) supporting the basic training to public clinics throughout a larger geographical area; b) stimulating greater involvement by the NGO sector, the military hospitals and the private sector health providers; c) producing additional materials for the additional offerers of LAM; and d) developing and offering additional training in lactation management.

In addition, there is potential for the use of mass media messages and/or other social marketing techniques in support of breastfeeding, including its proper use as a spacing method. The delivery of appropriate messages through channels which supplement the work of the health care providers would help introduce a larger audience to the health benefits of breastfeeding and the role of breastfeeding, when practiced optimally, as a transitional birth spacing method.

Additional research might enhance the knowledge required to develop measures to counteract obstacles to breastfeeding. Also, research to demonstrate the efficacy of the method in field conditions both as a magnet to draw families into the use of other modern methods and as a birth spacing mechanism in its own right might help overcome some of the ingrained resistance to use of the method among some service providers.

### **A PLAN FOR *LINKAGES***

The mandate of *LINKAGES* established by USAID is different from that of the predecessor project run by the IRH at Georgetown University. Recognizing the newness of LAM as a recognized transitional method of family planning, USAID conceived of the Georgetown project as a global

research project to prove the efficacy of LAM and to establish the feasibility of introducing LAM into a variety of family planning service delivery systems. It was a research project, combining global research with operations research. *LINKAGES* is attempting to build on the efforts of Georgetown in taking their findings and “going to scale.” In some cases, additional operations research may be needed to determine how to go to scale; in others, the table may be set to institutionalize LAM immediately.

**The opinion of this evaluation team is that Jordan is ready to go to scale. In fact, not only is it ready to go to scale, as described in the Findings section of this report, the process is already well underway.** In a number of Governorates, the “model” centers established through the Family Health Services/Quality Assurance project are fully functional and are executing their mandate to train the personnel working at the MCH centers throughout their Governorates in a wide variety of techniques to improve service delivery— including the introduction of LAM. The limited observations of this team suggest that the initial training of trainers done by the University of Jordan/Georgetown team was good and the capacity of the staff at the “model” centers for passing on the necessary skills to other centers is equally good. All that is needed to allow the process to continue at a satisfactory rate are the financial resources necessary to enable the model centers to conduct the necessary training of personnel throughout their Governorates and the human resources needed to coordinate not only the training but also proper follow-up and monitoring of the institutionalization of this new method.

**Thus, it is suggested that a portion of the funds channeled through LINKAGES be dedicated to the facilitation of training and follow-up for LAM by the “model” center staff.**

Nonetheless, as recognized in the original document governing the University of Jordan/ Georgetown project, for LAM to have an impact on breastfeeding practice in Jordan, more is needed than the training of health staff. A proper policy environment needs to be established, the MIS in health facilities should be modified to capture information on LAM’s role as a transition method, and the obstacles to exclusive (or, at least) full breastfeeding should be better understood to enable appropriate action to remove those obstacles. Also, the possibility of using mass media as a means of reinforcing messages about breastfeeding needs to be explored. And, finally, in Jordan, a substantial part of the population avails itself of private sector health services. These, too, should be encouraged to promote the use of LAM.

**It is suggested that the LINKAGES follow-on to the University of Jordan/Georgetown project devote resources to each of the above: policy promotion, MIS modification, inclusion of the private sector and research into the obstacles to optimal breastfeeding.**

There are a number of questions of interest regarding LAM worldwide upon which the experience in Jordan may shed great light. Depending on decisions regarding modification of the MIS in Jordan to incorporate LAM, the data needed to inform these questions may be generated routinely or, if not in the MIS, be retrievable from individual health records stored at the health centers. The generation of answers to some of these questions was, in fact, part of the original Scope of Work for

Georgetown University, which included a mandate to: a) examine the effect of LAM introduction on acceptance of other methods; b) examine the effect of LAM on breastfeeding practices; and c) evaluate the impact of the interventions. Appendix II discusses each of these questions in greater depth.

The data collection and analysis required to answer these questions might be subsumed under the mandate for the monitoring and evaluation of all USAID projects or under the class of activities grouped under operations research. **Either way, the *LINKAGES* project should define the data requirements to derive answers to these questions and assure that the procedures are in place to collect and analyze the data so collected.**

### **A Suitable Mechanism**

The objective of the follow-on LAM activity in Jordan is to complete the process of institutionalizing the offering of LAM as a birth spacing method in Jordan by public, military and private health care providers. To do this, the activity should be conceived not as a pilot or a research project but as a service delivery project. It is the view of this evaluation team that a service delivery project is best located within a service oriented institution rather than a University as was the first phase which linked Georgetown University with the University of Jordan. Also, this team believes that *LINKAGES'* interests as well as the interests of USAID/Amman would best be served by having a *LINKAGES* representative (preferably a Jordanian National) based in Jordan. Not only is it important to have an individual on-site to maintain the momentum toward institutionalizing LAM generated under the University of Jordan/Georgetown project, it is essential to have a project representative to manage the financial resources on behalf of both *LINKAGES* and USAID and, in short, to get things done.

The USAID supported service delivery projects (such as the Comprehensive Postpartum Project (CPP) and the Family Health Services/Quality Assurance project) funded through the bilateral program of USAID/Amman are attached to the Directorate of Planning & Projects Management in the Primary Health Care division of the Ministry of Health. A number of activities funded through field support funds are implemented by placing a technical expert within the appropriate directorate of the MOH to work with a designated counterpart in executing those activities. For example, the Family Planning Logistics and Management project has placed a logistics specialist in the MCH Directorate while the Population Communication Services (PCS) project has placed a resident advisor within the National Planning Commission.

Either model could work for the *LINKAGES* activity. However, in keeping with the precedent established by USAID/Amman for dealing with field support funds, it is suggested here that a *LINKAGES* representative be placed within the relevant technical directorate of the Ministry of Health, the MCH Directorate.

## **A Proposal for Proceeding**

Before initiating the next phase of the Jordan LAM and Breastfeeding Project, two steps should be taken:

1. Agreement between USAID, the Government of Jordan and *LINKAGES* on a Set of Activities for *LINKAGES* should be drawn up and accepted by all parties; and
2. An individual should be recruited to represent *LINKAGES* in Jordan in carrying out the Set of Activities.

A suggested Set of Activities for *LINKAGES* and a job description for the *LINKAGES* representative follow.

### ***Draft Set of Activities***

1. Develop a Strategy for Upgrading Lactation Management Skills Within the MOH, RMS and NGO Provider Community: Based on the results of observations of lactation counseling in a sample of clinics, *LINKAGES* will develop a strategy for upgrading lactation management skills, including the design of an in-service training module (if needed), the training of the masters trainers, and a plan for carrying out the required refresher training.
2. Establish a Training Schedule for MOH Staff Within Each Governorate: Under the University of Jordan/Georgetown project, master trainers have been trained in each Governorate. *LINKAGES* will establish a schedule of training in each of those Governorates and arrange for the financing of the training. A procedure will be developed to assure the quality of the training; for example, a spot check on a sampling of health clinics to observe the LAM counseling.
3. Develop a Plan for Assisting the RMS to Introduce LAM Throughout its Facilities: Working with representatives of the RMS, *LINKAGES* will develop a plan to supply needed training and/or materials to the RMS. If funding for in-service training is required, *LINKAGES* will provide it.
4. Ascertain the Feasibility of Introducing LAM into Private, Commercial Health Facilities: Private hospitals and physicians may be receptive to LAM; however, a mechanism for reaching them, en masse, needs to be developed and tried.
5. Reproduce Materials For Use in the Wider Dissemination of LAM: The University of Jordan/Georgetown project has translated and produced a series of materials for use in introducing LAM. At least one additional item — a take-home card for acceptors of LAM — should be designed, tested and produced in adequate quantity. *LINKAGES* should see to that design and assure reproduction and distribution of all materials.

6. MIS Modification: LAM provides a special challenge regarding its tracking within an MIS system. From a monitoring and evaluation standpoint, it is most useful to track the behavior of LAM users at the moment of transition from LAM. That is, it would be optimal to report each month how many LAM acceptors have: a) made the transition to another modern method; b) made the transition to a natural family planning method; c) become pregnant; or d) been on the roles as a LAM user for six months but not followed up for counseling about other methods. *LINKAGES* will explore ways to capture this type of information through an MIS or, if that proves infeasible, develop a procedure to retrieve this type of information periodically from a sample of clinics.

7. Explore the Feasibility of Using Mass-Media To Promote Breastfeeding and/or LAM: Although most women deliver in hospitals and will, therefore, receive counseling through the CPP project and although many women receive counseling post-partum when they bring their children to clinics for vaccination, it is still important to reinforce messages delivered at those (and other times) through mass-media. *LINKAGES* will develop a plan for promoting optimal breastfeeding and LAM as part of the Information, Education and Communication (IEC) strategy now under development by the National Population Council or as an independent but supportive effort.

8. Policy Clarification: There are still conflicting messages in Jordan regarding fundamental issues in proper infant feeding such as the proper moment to introduce complementary foods. *LINKAGES* will attempt to see that consistent messages are incorporated into all relevant policies and that those policies are promoted effectively.

9. Design an Operations Research/Monitoring and Evaluation Strategy: *LINKAGES* will design the data collection tools to facilitate the quantification of the impact of LAM on the acceptance of other methods of birth spacing and, if possible, on the aggregate birth interval itself. (As noted in the text, these tools may be incorporated into the MIS in Jordan but, if not, the tools should be designed and instituted as research through the project.)

### ***Job Description for the LINKAGES Representative***

The *LINKAGES* representative to Jordan will serve as the focal point for all *LINKAGES* activities in the country. These include:

- Manage and report on the allocation of funds among tasks within the project.
- Help organize and coordinate the necessary training activities within the various components of the Jordan Health Care Delivery System.
- Develop relationships with the RMS and the private sector while being posted to the MOH
- Arrange for (possibly through sub-contracts, personal service agreements, delivery

orders, etc.) the necessary work in the areas of mass-media promotion, MIS development and/or operations research.

- Serve as the liaison between Jordan and *LINKAGES*/Washington to assure that the best technical inputs available are provided in a timely and efficient manner to Jordan.

The *LINKAGES* representative should have technical knowledge of LAM, experience in working with service providers (or, even better, personal experience providing service), good management skills, and an understanding of USAID procedures in managing projects. (*LINKAGES* will provide training in the procedures required by the Academy for Educational Development.) The individual must be able to work in English as well as Arabic.

## **CONCLUSION**

At the conclusion of this effort, LAM should be offered routinely as a method of choice for birth spacing throughout Jordan. The degree to which LAM fills a niche in the birth spacing strategy of Jordan should be quantifiable through either the MIS or through special operation research studies. And, finally, the pre-service and in-service training necessary to assure the continued inclusion of LAM in the method mix of Jordan should be fully integrated into the appropriate Jordanian institutions.

## **APPENDICES**

Appendix I. Meetings Held by the Evaluation Team

Appendix II. Notes on LAM Research Questions

## APPENDIX I

### MEETINGS HELD BY THE EVALUATION TEAM

Monday, June 9

- 9:00 A.M. Dr. Mohammed Zubi, Directorate of Training and Education
- 11:00 A.M. Nina Jada' Sweiss, Population Programmes, Noor Al Hussein Foundation  
Buthaina Al Khatib, Population Programmes, Noor Al Hussein Foundation
- 2:00 P.M. Dr. Salwa Bitar Qteit, Project Management Specialist, Office of Population and Family Health, USAID/Amman

Tuesday, June 10 [Holiday]

Wednesday, June 11

- 9:30 A.M. Professor Samih Qaqish, Director, Center for Consultation, Technical Services & Studies, University of Jordan  
Dr. Issa Al-Massarweh, Policy Advisor, Center for Consultation, Technical Services & Studies, University of Jordan
- 11:30 A.M. Dr. Raghda ShuKri, Dean, Faculty of Nursing, University of Jordan  
Dr. Inaam A. Khalaf, Vice Dean and Assistant Professor, Faculty of Nursing, University of Jordan
- 1:00 P.M. Ms. Rania Kawar, Coordinator, Georgetown University Project, Center for Consultation, Technical Services & Studies, University of Jordan

Thursday, June 12

- 8:00 A.M. Visit to Salt Model Care Center in Balqa with  
  
Dr. Sana' M. Naffa', Deputy Project Director, F.H.S./Quality Assurance Project/M.O.H.-USAID Project (URC/CHS)  
Dr. Jamal Al-Dabbas, Manager, Salt Model Care Center and Coordinator of Q.A. of the Balqa Health Directorate
- 12:00 Noon Visit to Al Rawdah Health Center  
  
Dr. Ottman Abu Farwah, Director  
Ina'm Abdel Mutaleb, Assistant Nurse

Saturday, June 14

8:00 A.M. Visit with the people changing Curricula (at Dr. Mohammed Zudi's office)

11:00 A.M. Visit to Karak MCH Center and Karak Hospital

Dr. Nassar Amarin

Sunday, June 15

8:00 A.M. Dr. Zuhair Teef (sp.?), Director General, Primary Health Care Directorate

9:00 A.M. Dr. Samir Faouri, Chairman Pediatric Department, Al-Bashir Hospital (and BFHI Coordinator for Jordan)

11:30 A.M. Dr. Ayman A. Abulaban, Programme Officer, UNICEF  
Muna M. Idris, Senior Programme Assistant, UNICEF

1:00 P.M. Dr. Alfred Yassa, Resident Advisor, Center for Communications Programs, Population Communication Services, The Johns Hopkins University (at the National Population Commission)  
Lina Khader Bakmerza Qardan, Communication and Information Manager, Jordan National Population Commission

Monday, June 16

8:00 A.M. Visit to Wadi Srouf MCH Center  
Dr. Maha Amro, Project Supervisor  
Dr. Ahmad Amar

11:30 A.M. Dr. Mohammed Batayneh, Project Director, CPP Project  
Dr. Demet Güral, Chief of Party, Pathfinder, CPP Project

1:00 P.M. Dr. Muatassim Al-Awamleh, Director, Directorate of Planning, M.O.H.

Tuesday, June 17

9:00 A.M. Colonel Zeinab Masri, Director, School of Nurse Midwifery, Royal Medical Services  
Rehab Jawdat, Midwife  
Nizam Majali, Midwife

10:30 A.M. Dr. Akef Al-Azab, Director, MCH Directorate, M.O.H.

2:00 P.M. Dr. Salwa Bitar Qteit, Project Management Specialist, Office of Population and Family Health, USAID/Amman

Wednesday, June 18

9:00 A.M. Jordan Association for Family Planning and Protection

Dr. Zeinab Abu Sháer

Dr. Leila Jaafari (Although currently working with the JAFPP, Dr. Jaafari will soon return to her post as Director, Maternal Health Department (Training))

2:00 P.M. Dr. Ra'eda Al Qutob, Director, The Family Health Group



## APPENDIX II

### NOTES ON RESEARCH QUESTIONS

A series of questions included in the original Scope of Work for Georgetown University are best approached through special research studies. The University of Jordan/Georgetown team did well to generate partial answers to these questions from available data and through a brief case-control study; however, more complete answers to these questions require that additional research be undertaken. This appendix looks, in greater detail, at the research issues associated with each question.

A) What is the effect of LAM introduction on acceptance of other methods?

The duration of the University of Jordan/Georgetown project was insufficient to allow for the generation of definitive answers to this question. The University of Jordan/Georgetown team was able to show that LAM acceptors in Jordan to date did, for the most part, make the transition to others methods. However, to answer this question definitively, LAM acceptors would have to be classified into those who would have been willing to accept another method had LAM not been offered and those who were averse to using other methods. Ideally, for research purposes, such a classification would be made when prospective mothers are first counseled about birth spacing methods. The transition behavior of this latter group would then hold the answer to LAM's influence on the willingness of women to accept other methods. As the efforts of the University of Jordan/Georgetown team were directed toward demonstrating the feasibility of offering LAM in the everyday field setting, no effort was made at such a classification. It may well be that all LAM acceptors might have gone directly to another method had LAM not been offered.

A special operations research study would be needed to facilitate such a classification of LAM users. Women in the second category, those averse to other methods at the outset, would have to be followed up six months after delivery to determine whether a significant number had changed their opinion of using other, modern methods.

B) What is the effect of LAM on breastfeeding practices?

The University of Jordan/Georgetown team did undertake a small case-control study which demonstrated that LAM acceptors were more likely to practice optimal breastfeeding than women who chose other methods. This result, however, is virtually assured in advance. By definition, LAM acceptors are committed to exclusive or full breastfeeding with frequent round-the-clock feedings. Women who choose methods other than LAM (or none at all) may well be doing so because they are unwilling to commit to the rigorous schedule of breastfeeding required by LAM.

A more interesting question than that answerable by a case-control study pairing LAM users with non-LAM users is, "does the counseling on LAM induce all women — whether using LAM or not — to employ better breastfeeding practices?" To answer this question, a pre and post introduction

of LAM assessment of breastfeeding practices would have to be made. More over, to distinguish the effects of LAM counseling from the other breastfeeding promotion activities underway in Jordan, a study design using control groups where the only difference between groups is that LAM is offered to one would increase the power of the research.

C) What is the impact of the interventions?

The introduction of LAM might have many impacts. Thus, a prerequisite for answering this question is a clear specification of the impact (or impacts) of interest. From a family planning perspective, one might hypothesize that the introduction of LAM would have an impact on birth spacing and, ultimately, on fertility. Or, one might hypothesize that the broadening of choice of birth spacing method afforded by LAM improves client satisfaction. From a child survival perspective, one might hypothesize that LAM would have a positive impact on infant and child mortality because of the health benefits of optimal breastfeeding as well as the birth spacing effects of using the method. Finally, one might hypothesize that the training of service providers in counseling techniques associated with LAM would enhance the quality of all services where counseling plays a part. Clearly, different study designs are required to measure each type of impact.