

**MIDTERM EVALUATION OF THE  
GEORGETOWN UNIVERSITY INSTITUTE  
FOR REPRODUCTIVE HEALTH INITIATIVES  
IN NATURAL FAMILY PLANNING AND  
BREASTFEEDING PROJECT  
(936-306)**

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by

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## PROJECT IDENTIFICATION DATA

1. **Project Title:** Initiatives in Natural Family Planning and Breastfeeding Project
2. **Project Number:** 936-306  
Agreement Number: DPE-3061-A-00-1029-00
3. **Project Dates:**  
Agreement Signed: September 5, 1991  
End Date: June 30, 1996  
Extension being negotiated: June 30, 1997
4. **Project Funding:**  
Total: \$17,500,000 Cooperative Agreement  
Project ceiling: \$20,000,000 plus \$5,000,000 for buy-ins/add-ons  
Obligations to date: \$11,279,811 through FY94
5. **Implementing Agency:** Georgetown University  
Institute for Reproductive Health
6. **Mode of Implementation:** Cooperative Agreement
7. **Responsible USAID Officials:**  
Project Manager: Jeff Spieler, Acting Chief, Research Division  
Office of Population  
  
CTO: Vicki Ellis, Program Operations Specialist  
Office of Population  
  
Technical Advisor: Mihira Karra  
Office of Population
8. **Previous Evaluation:** January 1990 (930-3040) previous project



## **ACKNOWLEDGEMENTS**

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## ABBREVIATIONS

AMREF	African Medical and Research Foundation (Kenya)
ANE	Bureau for Asia and the Near East (USAID)
APHA	American Public Health Association
APROFE	Asociacion Pro-Bienstar de la Familia Ecuatoriana (Ecuador)
ATLF	Asociacion de Trabajo Laico Familiar (Peru)
AU	autonomous user
AVSC	Association for Voluntary Surgical Contraception
BF	breastfeeding
BF/MCH	Breastfeeding/Maternal Child Health
CA	Cooperating Agency
CBD	community-based distribution
CEDPA	Centre for Development and Population Activities
CEMOPLAF	Centro Medico de Orientacion y Planificacion Familiar (Ecuador)
CTO	Cognizant Technical Officer
CYP	couple years of protection
DHS	Demographic and Health Surveys (project)
DOH	Department of Health
ENI	Europe
FA/NFP	Fertility Awareness/Natural Family Planning
FIGO	International Federation of Gynecology and Obstetrics
FTE	full time equivalent
FY	fiscal year
GU	Georgetown University
HIV	human immunodeficiency virus
HPN	health, population, and nutrition
ICPD	International Conference of Population and Development
IEC	information, education and communication
IFFLP	International Federation for Family Life Promotion
INPPARES	Instituto Peruano de Paternidad Responsable
IPPF	International Planned Parenthood Federation
IRD	Institute of Resource Development
IRH	Institute for Reproductive Health
IUD	intrauterine device
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
KAP	knowledge, attitude, and practice
LAC	Latin America and the Caribbean
LAM	lactational amenorrhea method
LARFPC	Los Angeles Regional Family Planning Council
LDC	less developed country
MAQ	maximizing access and quality
MEXFAM	Fundacion Mexicana para Planificacion Familiar
MCH	maternal and child health
MIS	management information system
MOH	Ministry of Health
MOU	memorandum of understanding

NASA	National Aeronautics and Space Administration
NCCDOH	Nairobi City Commission Department of Health
NCIH	National Council for International Health
NGO	non-government organization
NFP	natural family planning
NIH	National Institutes of Health
OPTIONS	Options for Population Policy (project)
PAHO	Pan American Health Organization
PCS	Johns Hopkins University Population Communications Services
PFNFP	Philippine Federation for Natural Family Planning
PHC	primary health care
PHN	Population, Health and Nutrition, USAID
PI	Principal Investigator
PRIME	Program for International Training in Health technical assistance program (INTRAH)
PVO	private voluntary organization
REDSO/E	Regional Economic Development Services Office/Europe
SAC	Society for Advancements in Contraception
SEATS	Family Planning Services Expansion and Technical Support (project)
SOMARC	Social Marketing for Change (project)
STD	sexually transmitted disease
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WHR	Western Hemisphere Region
WIN	Women and Infants Nutrition project

## EXECUTIVE SUMMARY

The United States Agency for International Development (USAID) Office of Population's primary support for natural family planning (NFP) and breastfeeding as a method of fertility control is implemented under a cooperative agreement with the Institute for Reproductive Health (IRH) at Georgetown University (GU). This reflects USAID's commitment to ensuring quality, choice and access to a full range of methods, and the importance of offering natural methods for women who culturally, religiously or for other reasons would find no other method acceptable. It also demonstrates political and cultural sensitivity in U.S. assistance and development programs. The IRH is organized under the Department of Obstetrics and Gynecology of Georgetown University and carries out the project through two divisions, Breastfeeding/Maternal Child Health (BF/MCH) and Fertility Awareness/Natural Family Planning (FA/NFP).

The project has a major sub-agreement with the International Federation for Family Life Promotion (IFFLP) which provides technical assistance and support to some of its member organizations that are offering NFP training and service programs at the local level. The objective of this activity is to enhance the freedom of individuals in LDCs to choose voluntarily the number and spacing of their children by increasing fertility awareness and improving knowledge, availability, acceptability and effectiveness of natural family planning methods and breastfeeding for child spacing in LDCs.

An impressive amount of work had been accomplished by the Institute for Reproductive Health since the inception of the current cooperative agreement. IRH's budget and staff are small, yet it is charged with and has carried out the responsibilities of an umbrella project. Both the BF/MCH and FA/NFP divisions have been successful in conducting research, effecting policy change, introducing program changes and expansion, providing training, and developing and disseminating informational materials. The IRH staff is enthusiastic, professional, and competent.

### **The BF/MCH Division**

BF/MCH, through its research and training programs, has been successful in effecting policy and program change at a number of levels. Since breastfeeding as a method of child spacing was added to the prior cooperative agreement in 1988 and the LAM method model was described, the Division has developed materials for policymakers, including the award winning video and booklet "Breastfeeding and Family Planning: Mutual Goals, Vital Decisions." It has worked on many levels to promote the adoption of BF/LAM as a method of family planning. Its efforts have led to rapid acceptance of BF/LAM/FP in several countries. BF/MCH has actively participated in international policy forums such as the International Conference of Population and Development (ICPD). It also has supported national level policy work in many countries including Kenya, the Philippines and Zambia.

If a specialized technical area such as BF/LAM/FP is a priority for the Office of Population, a focused effort is needed to assure that the area receives the attention it deserves and a strategy to speed the integration of BF/LAM/FP into all family planning programs. A plan to this end could be developed, for example, through a BF/LAM/FP work group similar to that of the original NORPLANT Working Group.

The focus of BF/LAM/FP operations research and pilot studies is to facilitate the inclusion of LAM into family planning service delivery programs and to introduce complementary family planning methods during breastfeeding. Data collected through interviews indicated USAID Mission staff and cooperating agencies have mixed levels of information about BF/LAM and its efficacy for birth spacing. The BF/MCH Technical Advisory Group acknowledged in September 1993 that there is enough evidence to confirm the efficacy of BF/LAM/FP but that there needs to be "a greater weight of evidence to convince skeptics in the fields of demography and family planning." Research that fully documents that BF/LAM leads to new users of other contraceptive methods is critical to acceptance and implementation of the method, as is additional research testing the inputs required for integrating BF/LAM/FP into a variety of service delivery systems such as CBD, PHC, maternal and child health clinics and multi-method family planning clinics.

The studies in Ecuador and Chile provide important service delivery information on BF/LAM/FP; however, they are small in size and narrow in geographic scope. The multi-center studies will document new acceptance of other family planning methods, but the studies do not include control groups to compare with other methods. Additional operational research on BF/LAM/FP's programmatic impact needs to be completed with larger sample sizes, more diverse cultural settings, and control groups.

Stand-alone BF/LAM/FP activities have only limited acceptance by USAID Missions. The natural synergy that evolves from combining BF/LAM/FP with MCH, primary health care, family planning and nutrition programs clearly shows its contribution to public health. LAM/FP is ideally positioned, through BF/MCH's research and field work, to "scale up and out" quickly when combined with service delivery and training programs such as SEATS, PRIME, BASICS, MOTHERCARE, WIN, WELLSTART, PATHFINDER, IPPF/WHR, CEDPA and CARE. Knowledge of BF/LAM/FP is essential to the postpartum contraceptive management of the breastfeeding woman. Breastfeeding women have unique contraceptive needs which LAM can help address, and all USAID-funded family planning service delivery and training programs should include appropriate postpartum contraceptive management of the breastfeeding client as a standard of quality care.

## **The FA/NFP Division**

The major areas of activities of the FA/NFP Division are biomedical research, service delivery, policy, IEC, training, operations research and evaluation. The FA/NFP Division's biomedical research has investigated numerous areas including studies aimed at making NFP more user friendly and determining the safety of the method. The Division has developed IEC materials, a multi-use slide presentation and prepared many project reports. Professional presentations and papers include reports on biomedical and operations research and a management information system (MIS). These activities have established a scientific base and a professionalism that was previously lacking in the field.

FA/NFP is working to develop a simplified calendar method, supporting research on ovulation prediction which could lead to an inexpensive home test kit, and conducting research to establish the safety of NFP. Research should be continued to determine the feasibility of reducing the number of days of abstinence required by the calendar method, while the ovulation prediction and the NFP safety study should be completed and phased out at the end of the current cooperative agreement

Since it was originally funded nine years ago, total NFP funding has decreased both because IRH funds are now divided between NFP and BF/LAM and because funding to other organizations has decreased. In addition, CAs and in-country programs appear to be marginalizing NFP services. The idea of having a 'lead' agency on an issue should serve as a way to strengthen and spread an initiative. However, for a strengthening to occur, the cooperative agreement should be designed to facilitate increased service through TA and, at the same time, other cooperating agencies should be encouraged to increase their NFP activities. The impact the FA/NFP Division could have on increasing the availability of this method has been hampered by a limited TA budget. Funding for TA would have to increase to support expanded activities.

Through its work in NFP the FA/NFP Division has learned many valuable lessons which has led to the development of a Fertility Awareness Initiative. The FA approach gives individuals a long-needed 'owner's manual' to their fertility throughout the life cycle. It differs from other sexual education curriculums in that it emphasizes the individual's self awareness of their own fertility. Personalizing this information should reinforce the information presented in the curriculum.

The majority of CAs and international FP agency representatives interviewed expressed interest in and support for the Division's Fertility Awareness initiative. The general consensus was that FA information: was an individual's basic right; helped counselors provide better information about all methods; would be useful to adolescents; and could help to increase male involvement. Expanded support for this program area should be considered. Additionally, in collaboration with Oxford University, a study is being conducted on the impact of fertility awareness information on condom use.

The FA/NFP Division, in conjunction with IFFLP, has focused on MIS development, implementation, testing and refinement. In programs where the MIS is being implemented it has provided management information which is being used by the IFFLP affiliates; it helps in institutional strengthening and in improving the quality of NFP teaching. The MIS has the promise of being able to provide comparable information about NFP programs within both countries and worldwide.

Given the skepticism and misunderstanding that NFP faces, the cooperative agreement stated that communication with policymakers is essential. The FA/NFP division has updated and continued distribution of the "NFP: A Good Option" booklet. A slide set entitled "NFP: Expanding Options" has been developed with input from diverse groups.

Interviews with CAs and international family planning organizations identified some obstacles to the incorporation of NFP into their programs. These included lack of information on 'how tos', on cost-effectiveness and on the feasibility of such incorporation given current staffing and responsibilities. Efforts to show international FP agencies various models of how NFP can be incorporated into a multi-method setting are necessary to increase integration of NFP into these programs.

## **USAID Relations**

The IRH has enjoyed the support of top-level USAID officials and their guidance has been of great value. However, due to staff changes there has not been strong enough advocacy at the agency level to promote BF/LAM's and FA/NFP's programs. Additionally, the Missions need accurate information on LAM and NFP in order to make appropriate management decisions on when and how to include these options in the country program mix. A strategy developed and implemented

by USAID staff is needed to assure appropriate inclusion of FA/NFP and BF/LAM/FP at the Mission and CA level.

As BF/LAM's and FA/NFP's programs have matured, the demand for USAID Mission field support has increased. Based on the new USAID budgeting system of reduced core and increased field support funds, small projects such as the IRH may be in jeopardy. Ten Missions have requested field support funds for BF/LAM activities, but the amount is too small to support the full program. The project must have a base staff in order to maintain the cooperative agreement's required functions. Without adequate funding, the project core programs cannot be maintained, which will result in an inadequate response to requests for TA.

### **Future Options**

The IRH is successfully accomplishing the objectives outlined in the cooperative agreement. There is still work to be done which should be supported with continued funding focused on BF/LAM and FA/NFP. However, BF/LAM and FA/NFP are not similar enough technically, in program goals or impact, to benefit from being organizationally linked together. Separate BF/MCH and FA/NFP contracts should be developed.

The IRH has addressed issues of NFP in a thoughtful way which has added scientific information and a professionalism which was previously lacking in this field. Georgetown University, a prestigious Catholic University with an internationally recognized medical school, has provided credibility to the study of NFP. The FA/NFP Division has been successful in establishing a positive relationship with NFP groups. Additionally, the Division has the credibility to work with CAs offering multi-method programs and enhanced the quality of NFP services among these programs worldwide. A non-competitive renewal of the cooperative agreement is recommended for the FA/NFP program.

BF/MCH has developed predominate capability in the area of child spacing through breastfeeding and has skillfully developed and brought BF/LAM/FP to the attention of program and policy managers. The work to conceptualize, develop program implications and gain acceptance has been completed very quickly; in a period of less than five years. LAM is now established as a method of family planning, and is enjoying more support within the family planning community. Acceptance of LAM/FP among the breastfeeding community is wider than in the family planning community and is also increasing. BF/MCH is implementing their strategy to introduce BF/LAM/FP at the policy and program level. The BF/MCH Division has the professional talent and vision to implement this plan and a broader breastfeeding program. In addition, the Division is designated as a WHO collaborating center for breastfeeding and the BF/MCH Division has the capability and expertise to manage an integrated Breastfeeding project. LAM/FP and the BF activities of the Division are recognized for their excellent scientific material and program. The evaluators believe there is a critical mass of interest in BF/LAM/FP and acceptance and the method can expand rapidly in the next five years.

Maintaining a separate BF/LAM/FP project perpetuates an artificial separation between LAM/FP and breastfeeding for child health, improved nutritional status and women's health. BF/LAM/FP should become aligned with the other PHN Center breastfeeding projects but should have a distinct focus to assure adequate integration into all appropriate programs.

LAM is a distinct family planning method and the introduction to a complementary method of family planning is required. Early involvement of family planning staff is vital to reinforce LAM's role in facilitating the adoption of a complementary method. Initiation of BF/LAM does not require a clinic base. It does depend on clinic and professional support for the concept of breastfeeding and also societal influence that values breastfeeding. Social marketing may be an effective way of increasing acceptance of breastfeeding and the use of this method.

Traditionally the management of contraception for the postpartum woman looked at a strategy of selecting the best contraceptive method for the woman. In the case of the breastfeeding mother the provider needs to understand the lactational physiology and base contraceptive management on this. Knowledge of LAM is essential to the postpartum contraceptive management of the breastfeeding woman. Therefore, all USAID funded family planning service delivery and training programs should include appropriate postpartum contraceptive management of the breastfeeding client as a standard of quality care.

Concurrent with the funding of the IRH project, NFP funding in other USAID projects was reduced. Program support for NFP-only groups was offered, at USAID's direction, through IFFLP. The IFFLP has been the programmatic arm for the NFP activities and receives approximately 1/3 of the FA/NFP budget and approximately 1/6 of the BF/MCH budget. Therefore, potential FA/NFP technical assistance activities in support of multi-method service delivery programs have been minimized. The team is concerned that this has marginalized NFP and that "multi-method" CAs have not addressed NFP services adequately.

Discussions with family planning program managers indicate that NFP and referrals to NFP services continue to remain unavailable in most USAID-funded family planning service delivery programs. This has resulted in continued unavailability of NFP. Programmatic integration of NFP into multi-method settings should be increased. Concurrently, NFP-only groups need continued support.

Another main obstacle, cited by many of the CA representatives interviewed, to integrating NFP into multi-method service delivery is the extensive information and counseling time required by the method. Operation research should be conducted to address these issues.

Many couples use FA methods in combination with barrier methods, coitus interruptus and other forms of sexual intimacy. Yet not much is known about the efficacy of this combined approach nor have guidelines been developed on use of the combined approach. This avenue of research should be explored.

Current biomedical research activities of the FA/NFP Division are coming to closure but the favorable impact of these activities on the acceptance of NFP by the scientific community suggests that other areas of biomedical research should be included in a follow -on project. In addition, there will need to be a staff presence in the biomedical research area to maintain the hard-won credibility that has led to the establishment of an industry partnership. Future partnerships will depend on this on-going presence.

In summary, the team recommends continued support for these programs and, where applicable, consideration should be given for increased funding.



## LIST OF RECOMMENDATIONS

1. The Institute for Reproductive Health should continue to make efforts to improve coordination and communication between the FA/NFP and BF/MCH Divisions to take full advantage of their proximity for the duration of this cooperative agreement. (p. 7)
2. The Institute should develop prototype NFP and LAM materials for the field, maintain a rapid response system to address requests for feedback on materials in development, and continue to work on publication revisions which expand accurate information about LAM and NFP. (p. 8)
3. IRH staff should expand informal meetings at USAID and work to assure that key USAID staff are knowledgeable about the project. (p. 8)
4. USAID's CTOs should advocate for the Institute within the USAID structure. (p. 8)
5. The Office of Population should address the problem of CAs and in-country programs marginalizing NFP services. A working group including staff from USAID, FA/NFP, and representative CAs should be convened to identify barriers and recommend a course of future action. (p. 9)
6. The Office of Population should develop a strategy to speed the integration of LAM. This could be done through forming a LAM work group similar to that of the original NORPLANT working group, to develop a plan. (p. 9)
7. USAID should include specific language in contract agreements that requires family planning service projects to include LAM. (p. 9)
8. A strategy should be developed to assure wide communication of the programmatic implications of the multi-center LAM study. (p. 19)
9. Funding for clinical research such as comprehensive bone density and lactation studies and colostrum in-vitro studies should be sought from other entities; support for small start up projects should be considered. (p. 19)
10. More service delivery research is needed to fully document that BF/LAM leads to new users of other contraception. (p. 20)
11. USAID needs to support operations research to test the inputs required for integrating BF/LAM into a variety of service delivery systems such as CBD, PHC, maternal and child health clinics and multi-method family planning clinics. (p. 20)
12. A cost/benefit analysis is needed to document the costs of integrating BF/LAM in a multi-method clinic compared to other clinic based contraceptive methods. (p. 21)

13. The BF/MCH Division should continue its policy change and development work. Additionally, it should identify advocates in countries where policies have been adopted, and establish partnerships to influence policy development in other countries. (p. 24)
14. LAM/FP should be included in USAID policy programs. (p. 24)
15. BF/LAM/FP should become an integral part of USAID service delivery and training projects such as SEATS, PRIME, BASICS, MOTHERCARE, WIN, WELLSTART, PATHFINDER, IPPF/WHR, CEDPA and CARE. (p. 25)
16. All USAID funded family planning service delivery and training programs should include appropriate postpartum contraceptive management of the breastfeeding client as a standard of quality care. (p. 26)
17. The BF/MCH Division should continue with the periodic two week training course at Georgetown; additional training should focus on efforts to include or strengthen BF/LAM/FP training in developing countries or regional training programs. (p. 27)
18. Information about LAM and optimal breastfeeding practices should be shared with family physicians and pediatricians through preservice training, continuing education programs, conferences and publications. (p. 27)
19. BF/MCH should continue to work with their service delivery partners to develop LAM teaching tools for the individual user. (p. 28)
20. The BF/MCH Division should develop an information and communication strategy to prioritize development and dissemination of research and educational materials. (p. 28)
21. Research should be continued to determine the feasibility of reducing the number of days of abstinence required by the calendar method of NFP. (p. 32)
22. During this cooperative agreement and any extension, the FA/NFP Division should continue to fund research on ovulation prediction at Duke University which will make the Institute an attractive partner to industry for the development of a simple home test kit. (p. 33)
23. The FA/NFP Division should continue to support the NFP safety study so that statistically significant results can be obtained and the safety concerns about NFP can be ruled out. (p. 33)
24. The FA/NFP Division should continue its work with IRD/Macro Inc. on revision of DHS questions on periodic abstinence and reviewing DHS data sets for relevant information. (p. 34)
25. FA/NFP's participation in the planned WHO multi-center focus group studies on periodic abstinence should offer in-depth information on this group that is not currently available and should be supported. (p. 34)

26. USAID should make it clear to CAs that they are responsible for paying for NFP materials they will be using in their programs. (p. 34)
27. USAID should increase funding of the FA/NFP Division to enable them to expand its TA role with international family planning organizations, USAID CAs, and in-country multi-method family planning organizations, both public and private. (p. 35)
28. The incorporation of NFP into public-and-private sector FP programs will require a commitment by USAID and its Cooperating Agencies. The FA/NFP Division could play a key role in facilitating this process during the remainder of this cooperative agreement, its extension and in a future agreement. (p. 37)
29. The FA/NFP Division should share lessons learned in private-public partnerships about: 1) efficient NFP teaching strategies and 2) models of how NFP has been integrated into multi-method settings. (p. 38)
30. In its current sub-projects the FA/NFP Division should encourage referral strategies and share lessons learned about successful referral strategies. (p. 38)
31. The FA/NFP Division should seek to increase their FA initiatives and to increase collaboration regarding FA with international and national public- and private-sector FP agencies. (p. 39)
32. The FA/NFP should utilize the materials and expertise available from other human sexuality programs as it develops FA sub-projects. It should also share information on FA with agencies involved in the development and provision of sexuality education. (p. 40)
33. The MIS work should remain a focus of the FA/NFP Division and IFFLP collaboration. (p. 40)
34. The FA/NFP Division and IFFLP should work with the Philippines to develop an expanded program and develop less restrictive criteria for NFP teachers, including eliminating the requirement that all NFP teachers be current autonomous users. (p. 40)
35. The FA/NFP Division policy efforts should focus on showing international FP agencies various models of incorporation of NFP into a multi-method setting. (p. 42)
36. Conduct a needs assessment to determine the most important information needed by policymakers and service delivery organizations about NFP and identify effective strategies to communicate the information. (p. 42)
37. The FA/NFP Division should continue its work in in-service education. It should also work to promote the incorporation of FA and NFP into family planning curricula at universities by working with other CAs and through careful selection of in-service training candidates that can have impact on pre-service training curricula. (p. 43)
38. NFP counseling, training and instructional materials should include information about STD/HIV prevention (condoms, monogamy, abstinence, safer sex). Potential NFP clients

should be informed that this method does not protect them against STDs/HIV and instructed in the use of appropriate precautions. (p. 43)

39. Ongoing management training will be needed for the managers of NFP-only programs to strengthen the programs. (p. 44)
40. The MIS system is a valuable management and program tool and continued and expanded training should be supported. (p. 44)
41. USAID needs to develop a strategy to assure appropriate inclusion of BF/LAM/FP and FA/NFP at the Mission and CA level. (p. 45)
42. Substantial core funding will be needed to maintain the technical assistance, training, research and information components of the IRH project. (p. 45)
43. The project CTO should assist IRH in managing this budget transition, keep them informed of relevant financial issues and help IRH develop strategies to maintain cost-effective regional program strategies. (p. 45)
44. USAID and IRH should determine the best schedule for reporting progress. (p. 46)
45. USAID should continue to support Fertility Awareness/Natural Family Planning and BF/LAM programs. Follow-on projects should separate BF/MCH and FA/NFP contractually. (p. 47)
46. Georgetown University provides a uniquely capable venue for a NFP project, therefore, a non-competitive renewal of its contract is recommended. (p. 47)
47. The BF/MCH Division through its staff, its designation as a WHO collaborating center, its collaborative arrangements with other University Departments and other organizations has the capability and expertise to manage an integrated Breastfeeding project. (p. 48)
48. Integrate LAM more fully in the context of broader USAID breastfeeding initiatives. (p. 48)
49. LAM should be implemented with other PHN Center breastfeeding projects but have a distinct programmatic effort and role. (p. 49)
50. Develop a social marketing approach for LAM. (p. 49)
51. All USAID funded family planning service delivery and training programs should include appropriate postpartum contraceptive management of the breastfeeding client as a standard of quality care. (p. 49)
52. USAID should continue funding activities which increase the availability of NFP information and counseling at sites where other family planning methods are available. For NFP to become more fully integrated into public and private sector service delivery institutions USAID will need to increase its advocacy role for NFP. NFP still needs the support of a single entity which promotes NFP, one which emphasizes communication strategies and

programmatic integration of NFP into multi-method settings through appropriate consultation and technical assistance. (p. 50)

53. Subsequent NFP technical assistance funding should be split between NFP only groups and multi-method family planning service delivery programs and funding for direct assistance for both groups should be considered. (p. 50)
54. Given the scope and difficulty of the communication task, the FA/NFP should consider either hiring or contracting with a person or agency with extensive FP communications experience to develop a sophisticated communication strategy. (p. 50)
55. Research should be conducted on the efficacy and acceptability of Fertility Awareness Methods which include use of other methods of contraception besides abstinence. (p. 51)
56. Future biomedical research activities should address issues which have direct application to improving the acceptability and availability of NFP in developing countries. The PI, FA/NFP Division leadership, and USAID should collaborate during the next year to establish a future biomedical research agenda, assess the most appropriate way to disseminate information from the work to be completed under the current agreement, and agree upon an acceptable and realistic way to support both the future agenda and the dissemination activities. (p. 51)
57. Operation research activities should be conducted to determine the most effective ways to:  
1) teach NFP and 2) integrate NFP into multi-method clinics. (p. 51)

# **1. INTRODUCTION**

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## **1.1 Background**

The United States Agency for International Development (USAID) Office of Population's primary support for Natural Family Planning (NFP) and Breastfeeding as a method of fertility control is implemented under a cooperative agreement with the Institute for Reproductive Health (IRH) at Georgetown University (GU). The Institute is organized under the Department of Obstetrics and Gynecology of Georgetown University and carries out the project through two divisions, Breastfeeding/Maternal Child Health (BF/MCH) and Fertility Awareness/Natural Family Planning (FA/NFP). The project has a major sub-agreement with the International Federation for Family Life Promotion (IFFLP) which, in turn, offers technical assistance and support to some of its member organizations that are offering NFP training and service programs at the local level. This cooperative agreement was signed on September 5, 1991 with an estimated amount of \$17,500,000 and is a follow on to a five year cooperative agreement that began on September 12, 1985 with a funding level of \$15,000,000.

## **1.2 Goal and Purpose of the Project**

The objective of this activity, as stated in the cooperative agreement, is to enhance the freedom of individuals in LDCs to choose voluntarily the number and spacing of their children by increasing fertility awareness and improving knowledge, availability, acceptability and effectiveness of natural family planning methods and breastfeeding for child spacing in LDCs. The Institute for Reproductive Health's agreement continues its broad-based program of research, training, information education and communication (IE&C), technical assistance, service delivery, and other aspects of natural family planning which relies on periodic abstinence and breastfeeding for birth spacing primarily in LDCs.



## **2. THE EVALUATION**

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### **2.1 Purpose of the Evaluation**

The evaluators were asked to determine if the project is achieving its purpose and objectives and to assess the impact the project has had in the field, and to make recommendations concerning the need for follow-on activity and to shape and direct the follow-on activity if recommended.

The major issues to be addressed included:

- The extent to which the project is achieving the objectives according to design
- The global and country impact of IRH activities
- Whether NFP and BF should be part of the same project or of separate projects
- Future configuration of follow-on activities - NFP, BF, fertility awareness
- Validity and quality of the original design

See Appendix A for the scope of work for this evaluation.

### **2.2 Evaluation Methodology**

The evaluation was conducted by a three-person team consisting of technical experts, one of whom is serving as team leader. The team members were selected for their expertise in family planning service, NFP, breastfeeding and the Lactational Amenorrhea Method (LAM). The evaluation took place over a three week period (February 6 to 28, 1995). Data for the evaluation was collected through interviews and communications with USAID staff in Washington and in the field, IRH staff and subcontractors, and other USAID CAs and through field visits to projects in Ecuador and the Philippines. (See Appendix B for list of persons contacted). IRH and USAID staff provided the evaluators with relevant program documents. (See bibliography in Appendix C).



### **3. ORGANIZATION OF THE GEORGETOWN UNIVERSITY INSTITUTE FOR REPRODUCTIVE HEALTH**

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#### **3.1 Overview**

An impressive amount of work had been accomplished by the IRH since the inception of the current cooperative agreement. IRH's budget and staff are small yet it is charged with and has carried out the responsibilities of an umbrella project. Both the BF/MCH and FA/NFP divisions have been successful in conducting research, effecting policy change, introducing program changes and expansion, and providing training and developing information, education, and communication (IEC) materials. The IRH staff is enthusiastic, professional, and competent. The following recommendations should be considered in that light and be used to fine tune activities for the remaining year of this project and the possible one year extension and thereafter as guidance for further USAID projects in the areas of fertility awareness, natural family planning, optimal breastfeeding for fertility impact, and research on maternal health consequences of these reproductive health interventions.

#### **3.2 Structure**

The IRH's principle investigator is John T. Queenan, M.D., chairman of the Department of Obstetrics and Gynecology. The Institute has established two divisions: Breastfeeding/Maternal Child Health (BF/MCH) and Fertility Awareness/Natural Family Planning (FA/NFP) which work independently with a minimum of formal and informal collaboration. The budget for the project is divided between the two divisions.

##### *3.2.1 The BF/MCH Division*

The BF/MCH Division is responsible for carrying out the mandate in the Cooperative Agreement in three major areas:

- Lactational Amenorrhea Method (LAM) and its incorporation into family planning and child survival programs
- Fertility aspects and promotion of breastfeeding
- Breastfeeding and NFP interface

According to the cooperative agreement, "work should include research and pilot studies; information and education for health and family planning professionals, policymakers and the public; and technical assistance to a wide range of organizations from family planning programs in LDCs to USAID CAs and multilateral donors."

The division has made substantial progress in each of these areas. In the research and pilot study area BF/MCH has addressed 10 major areas of interest with a combination of 44 clinical trials, pilot studies, literature reviews and data analyses. The results of many of these areas of study are already in peer-reviewed literature. (See Appendix D for a list of research activities.)

The training and IEC areas of the program are equally substantial. For example, training programs have been presented in every USAID region, offering a variety of topics from LAM training to reproductive health and NFP Interface. These programs were presented using a variety of teaching modalities: group training at conferences and technical presentations to physicians, public health leaders, other health care professionals, and community NFP volunteers. The division's technical assistance activities have resulted in working relationships that range from formal presentations, to memoranda of understanding, to co-funding of project implementation. (See Appendix E)

BF/MCH has been successful in effecting policy change at a number of levels. Since breastfeeding as a method of child spacing was added to the prior cooperative agreement in 1988 and the LAM method model was described, the division has developed materials for policymakers. The video "Breastfeeding and Family Planning: Mutual Goals, Vital Decisions" was named "Best in Class" at the National Council for International Health (NCIH) annual meeting video competition; in 1991 the video "Breastfeeding: Protecting a Natural Resource" received Honorable Mention in the Gold Screen Competition and in 1992 the booklet of the same title received recognition in the Flashes of Brilliance Competition. This work to promote the adoption of BF/LAM as a method of family planning has led to rapid acceptance of the method in several countries.

### *3.2.2 The FA/NFP Division*

The FA/NFP Division is responsible for the following objectives outlined in the cooperative agreement:

- Enhancing clients' fertility awareness and their knowledge, acceptance and effective use of NFP
- Improving NFP by developing better and simpler methods or modifying existing methods
- Improving, expanding and evaluating programs to increase availability, accountability, and quality of NFP services and fertility awareness information
- Increasing support for NFP and fertility awareness by policymakers, health and family planning professionals, and the public/family planning clients
- Providing technical assistance to international organizations, USAID and its CAs, LDC governments and programs in the public and private sectors

The division has pursued these objectives with research and analysis, IEC material development for targeted groups, TA, OR, and evaluation.

The biomedical research is aimed at making NFP more user-friendly by decreasing the number of days of abstinence during menstrual cycles, through determining easier or better techniques of identifying/tracking ovulation. Additionally, FA/NFP has funded an NFP safety study. FA/NFP is collaborating on a WHO focus group study on periodic abstinence, studying couples' understanding of abstinence and its use as a child-spacing method. (See Appendix F)

IEC materials include written materials, displays, a multi-use slide presentation and materials for professionals on fertility awareness and NFP. The extensive number of publications and the large number of presentations have brought a level of professionalism to the field, which was previously absent. (See Appendix G for publications and Appendix H for presentations.)

The FA/NFP Division has had many successes. They include:

- The implementation of numerous collaborative projects, such as a project to expand NFP service in the public sector clinics in Kenya, a sexual and reproductive health education program for teens with the Catholic University of Chile, and a public-private partnership program with NFP groups and government officials from 13 countries.
- The MIS system developed by FA/NFP has made a positive impact on the NFP service program. Development of the system has offered the opportunity to clarify definitions and program objectives: IFFLP members using the system credit the program with improving their management of their program and providing the data necessary to obtain funding. In addition, the system has improved NFP teaching methods.
- Support, through the IFFLP, for the development of a country-wide NFP community volunteer teacher system in the Philippines. This system is now operational in half of the provinces and plans call for expansion to the rest of the country in the near future.

The focus and activities of the IRH's two divisions differ technically and programmatically, and the activities are not similar enough to warrant close collaboration; however, they are contractually, physically and financially linked.

Since the Institute has one cooperative agreement, Missions, CAs etc. expect that there should be one division to deal with. Because of the divergence of the program, requests and responses must go to and/or come from one division or the other. This causes confusion and frustration on the part of Missions and CAs, who would prefer to make one call and have answers or help from both divisions. While the system is not unlike that of larger CAs where there are numerous divisions working quite independently, this divergence has put the Institute at some disadvantage. Dealing with two divisions creates additional management obligations for the Mission staff. Additionally, the Institute is a "boutique" CA and the Missions would prefer to work with one larger CA to cover family planning programming.

Recently the divisions have prepared coordinated proposals for some Missions that includes programmatic areas from both divisions. In other cases, they have collaborated with larger CAs to provide programming at the country level. They have also co-authored numerous general submissions. These kind of collaborative efforts should be pursued whenever feasible.

**RECOMMENDATION 1:      The Institute for Reproductive Health should continue to make efforts to improve coordination and communication between the FA/NFP and BF/MCH Divisions to take full advantage of their proximity for the duration of this cooperative agreement.**

### 3.3 Programming

The Institute has established its expertise in FA/NFP and BF/NFP/LAM and should expand its role in TA during the time left with this Cooperative Agreement. The technical information needed to correctly present and teach BF/LAM and NFP is not readily accessible in many programs. In order to speed acceptance and implementation of the methods, good generic materials are needed at all levels --- professional, paraprofessional, low education health workers and clients. These generic materials can be used in the field as a basis for the development of local materials.

For example, generic materials on NFP would assist other CAs in incorporating NFP into their programs. The cooperative agreement mentioned the development of generic brochures, posters and educational materials as a possible FA/NFP activity. The division should review the possible effectiveness that generic materials could have.

The Institute staff continues to review materials developed by other groups on request. The on-going review of LAM and NFP materials that are developed by other organizations is also necessary until there is a larger pool of accurate information and materials available. Care should be taken to balance the desire for perfection on the part of the Institute staff with the requesting organization's needs and interests.

In a recent sub-project the BF/MCH Division worked with the African Medical and Research Foundation (AMREF) in Kenya to revise their publication Helping Mothers to Breastfeed to include a chapter on LAM. This is an excellent example of the type of strategic intervention that the Institute has developed and has program impact world wide.

**RECOMMENDATION 2:      The Institute should develop prototype NFP and LAM materials for the field, maintain a rapid response system to address requests for feedback on materials in development, and continue to work on publication revisions which expand accurate information about LAM and NFP.**

The Institute's work is not as well known and supported by USAID staff. LAM is a new method and there is a lack of knowledge regarding the method and its usefulness. In addition, many people are prejudiced against NFP, and view it as ineffective and not a viable method. As a result, many USAID staff do not look to the Institute and its staff for input, working group appointments etc. This lack of visibility and knowledge of the program works to the detriment of the project.

**RECOMMENDATION 3:      IRH staff should expand informal meetings at USAID and work to assure that key USAID staff are knowledgeable about the project.**

**RECOMMENDATION 4:      USAID's CTOs should advocate for the Institute within the USAID structure.**

Since original funding began nine years ago, awards to NFP have decreased both because IRH funds are now divided between NFP and BF/LAM and because funding to other organizations has decreased. In addition, CAs and in-country programs appear to be marginalizing NFP services. The idea of having a 'lead' agency on an issue should serve as a way to strengthen and spread an initiative. However, for strengthening to occur, the cooperative agreement should be designed to facilitate increased service through TA and, at the same time, other cooperating agencies should be encouraged to increase their NFP activities.

**RECOMMENDATION 5:      The Office of Population should address the problem of CAs and in-country programs marginalizing NFP services. A working group including staff from USAID, FA/NFP, and representative CAs should be convened to identify barriers and recommend a course of future action.**

If a specialized technical area such as BF/LAM/FP is a priority for the Office of Population, a focused effort is needed to assure that LAM receives the attention it deserves. LAM is not a popular topic with most family planning program managers. It is marginalized by its size, its perceived association with NFP, because it is a new concept which has mixed acceptance, and people are confused by the name. For LAM to be more widely accepted, a comprehensive strategy to integrate LAM into established programs should be developed to "pass the baton" from the research level to the training and service-delivery level.

**RECOMMENDATION 6:      The Office of Population should develop a strategy to speed the integration of LAM. This could be done through forming a LAM work group similar to that of the original NORPLANT working group, to develop a plan.**

**RECOMMENDATION 7:      USAID should include specific language in contract agreements that requires family planning service projects to include LAM.**

### **3.4      Personnel and Management**

The staff of the Institute are well qualified, professional, competent, and energetic. Both division directors have faculty status, and attend and report at departmental meetings. Being housed at Georgetown University has made it possible to collaborate with other departments of the University. These collaborative efforts have strengthened the program. For example, the Office of Federal Relations at GU, through a project it has in Ecuador, was informed that UNFPA/Ecuador was interested in funding a project in Fertility Awareness Education. The Office arranged initial contacts with UNFPA and the Pontifical Catholic University of Ecuador, which has led to the development of the project proposal. Additionally, the University Satellite Oversight Committee at GU is working

with NASA to utilize its Advanced Communications Technology Satellite network for educational purposes. The Institute has proposed using the network for the training in Ecuador.

BF/MCH has collaborated with the Department of Pediatrics in the breastmilk storage study, with the GU Demography Division, and with the Health Policy and Food and Nutrition Center where BF/MCH staff serve as collaborating faculty. The staff has ongoing cooperative training programs with the School of Nursing and Nurse-midwifery and the Department of Nursing through the National Capital Lactation Center. They act as clinical reference for GU physicians on breastfeeding issues related to reproductive health.

As outlined in the program description of the cooperative agreement, the FA/NFP Division has a large subagreement with the International Federation for Family Life Promotion (IFFLP). IFFLP, with over 100 member organizations, provides support and TA to its affiliates which are "NFP-only" programs. The project provides funding for some of IFFLP's core staff positions and supports conferences, meeting and group training programs. IFFLP also works with its affiliates on the MIS and training for BF/LAM/NFP interface. The organizational structure of IFFLP is shown in Appendix I.

In order to comply with the requirements of the University Office of Sponsored Programs and respond to the need to move contracting quickly, the Institute has established a system which allows an accounting firm to pay approved vouchers. This has reduced overhead costs and increased the project's responsiveness.

### **3.5 Funding**

The cooperative agreement commitment is \$17,500,000 over the five year agreement period. These funds are divided equally between the two divisions. Through FY94, \$11,279,811 has been obligated. An extension of the Cooperative Agreement, with additional funding, to June 30,1997 is now being negotiated.

The IRH expenses to by funding year are displayed in Table 1.

**TABLE 1**

<b>IRH EXPENSES</b>						
<b>US\$</b>						
Line Item	FY91	FY92	FY93	FY94	FY95*	TOTAL
Personnel	210,431	787,361	932,630	1,051,847	1,100,000	4,082,269
Supplies and Equipment	5,000	112,415	129,632	77,013	50,000	374,060
Subagreements	350,000	907,419	949,718	1,205,708	1,302,480	4,715,326
Other Direct Costs	40,000	238,210	284,388	344,027	274,450	1,181,075
Indirect Costs	89,500	227,336	234,106	103,070	273,070	927,081
<b>TOTAL</b>	<b>694,931</b>	<b>2,272,741</b>	<b>2,530,474</b>	<b>2,781,665</b>	<b>3,000,000</b>	<b>11,279,811</b>

\*estimated expenditures

Both divisions have sought outside funding to augment the program. The additional funding for BF/MCH is shown in Table 2 and additional funding for FA/NFP is shown in Table 3.

**TABLE 2**





**TABLE 3**

<b>NFP/FA DIVISION OUTSIDE FUNDING SOURCES</b>		
<b>US\$</b>		
<b>Source</b>	<b>Budget</b>	<b>Period</b>
WHO	10,000	FY 93
Selfcare	14,000	FY 95
Haiti Buy-in	120,000	FY 94
Ukraine Buy-in	100,000	Pending
UNFPA Ecuador	270,499	Pending
UNIPATH	250,000	Pending (probable start date: mid-1995)
<b>TOTAL</b>	<b>764,499</b>	



## **4. BREASTFEEDING/MATERNAL CHILD HEALTH DIVISION**

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### **4.1 Overview**

The BF/MCH Division has addressed all of the tasks described in the cooperative agreement and has made a significant impact on the BF and FP fields as a result as described on pages 23, 24. The largest expenditure of funds are in research, demonstration and policy areas with IE&C expenditures receiving the next largest percentage of the budget allocation. Figure 1 reflects the BF/MCH spending pattern.

### **4.2 Research**

As stated in the cooperative agreement, the focus of LAM operations research and pilot studies is to facilitate the inclusion of LAM into family planning service programs and to introduce complementary family planning methods during breastfeeding.

The IRH has initiated three major areas of research:

- Refinement of LAM as an FP method
- Integration of LAM into family planning services
- Clinical studies to support optimal breastfeeding

#### *4.2.1 Refinement and Testing of LAM*

A key effort in refining LAM is the WHO Multicenter Study of Lactation Amenorrhea begun in 1993. The goals of this ten-country study are:

- To confirm the efficacy of LAM and assess the acceptability in a variety of defined populations.
- To assess the correct use of LAM including the acceptance of complementary family planning and documenting the outcomes for clients who do not adhere to the recommended LAM guidelines.
- To improve the clinical guidance for use of LAM and infant feeding practices.

The BF/MCH Division is responsible for the overall design and direction of the ten/eleven site study and carries out all of the data analysis. The division directly funds studies at six of the sites: Germany-Italy, Mexico, Sweden, United Kingdom, the Philippines, and the United States. The staff play an active role in monitoring and advising those sites funded through the division as well as those funded through WHO and South to South. The PI for the Philippine part of the study is pleased with the organization of the study. She receives rapid feedback, data analysis is shared quickly and she is able to utilize the information to improve the Philippine programs in a timely fashion.

FIGURE 1

The multi-center LAM studies are progressing and preliminary data will be available soon. The data will provide a critical mass of practical information on LAM service delivery and method effectiveness which will be useful for family planning, MCH, and nutrition program managers.

Data collected through interviews indicated USAID Mission staff and cooperating agencies have mixed levels of information about LAM and its efficacy for birth spacing. Those who are aware of the BF/MCH Division's research and are promoters of breastfeeding tend to be positive about including LAM as a choice in their program. However, there are many reservations about the use of LAM particularly related to women and work, ability to achieve exclusive breastfeeding, the time it takes to teach, double coverage, and the short period of efficacy.

The BF/MCH Technical Advisory Group acknowledged in September 1993 that there is enough evidence to confirm the efficacy of LAM but that there needs to be "a greater weight of evidence to convince skeptics in the fields of demography and family planning."

**RECOMMENDATION 8:      A strategy should be developed to assure wide communication of the programmatic implications of the multi-center LAM study.**

Other research areas of interest to the breastfeeding community include bone density and lactation studies, and colostrum in-vitro studies. While these are interesting areas to pursue, comprehensive studies are costly and would not alter the need to implement LAM into current programming. The BF/MCH staff believes that more comprehensive research of this type is generally too costly for USAID funding and the evaluators concur. Funding for these types of research are more appropriately handled through other funding sources such as NIH. The current project activities would not preclude the division from engaging in this type of research if funding can be obtained. Funding small initial projects to (\$1-3,000) that supports research necessary to apply for NIH funding or other funding has been useful and will continue to be useful in the future.

**RECOMMENDATION 9:      Funding for clinical research such as comprehensive bone density and lactation studies and colostrum in-vitro studies should be sought from other entities; support for small start up projects should be considered.**

#### *4.2.2 Operations Research*

The second major area is operations research completed in Ecuador and Chile to enhance integration of LAM into family planning programs. These studies document the process and inputs needed to introduce LAM as a family planning option. The studies show that when used correctly, LAM is an effective contraception that serves as a conduit to modern family planning methods. This factor is a key link for acceptance of LAM by family planning program managers. The Ecuador experience indicates that when LAM's effectiveness is understood, policies affecting the delivery of other methods can be changed.

## CASE STUDY: ECUADOR

In Ecuador the BF/MCH division has conducted a successful operations research project with CEMOPLAF, a large NGO that provides integrated MCH services with an emphasis on family planning. The purpose of the study was to learn more about how to incorporate BF/LAM into a multi-method family planning clinic. Before the study CEMOPLAF found that many staff were negative about breastfeeding. The study has corrected misinformation about breastfeeding and improved the staff's ability to counsel breastfeeding mothers.

Educating the medical staff about the physiology of BF/LAM has helped to reduce an important medical barrier to IUD insertion. The prevailing practice was that women would not receive an IUD until they began postpartum menses. Knowing that women following the LAM criteria have little chance of becoming pregnant, CEMOPLAF changed its medical guidelines to permit IUD insertion on postpartum women who are breastfeeding prior to the first menses. The study results have been co-authored and published in the May/June 1994 issue of Studies in Family Planning.

Interviews with clinic staff and breastfeeding promoters also showed that pediatricians were a major obstacle to longer use of LAM. Many pediatricians recommended introducing solid foods as early as two months, thus interfering with the use of LAM.

Based on the experience of the first study, a pilot study is planned to learn how to incorporate BF/LAM into Community Based Distribution Programs. Only a small percentage (5%) of CEMOPLAF's clients are pregnant or breastfeeding and only 1 in 10 women in Ecuador receive prenatal care. This study has the potential of showing the connection between LAM and attracting new acceptors to family planning as well as timely selection of complementary methods by LAM users.

The studies in Ecuador and Chile also provide important service delivery information on BF/LAM/FP; however, they are small in size and narrow in geographic scope. The multi-center studies will document new acceptance of other family planning methods, but the studies do not include control groups to compare with other methods. Additional operational research on LAM's programmatic impact needs to be completed with larger sample sizes, more diverse cultural settings, and control groups.

**RECOMMENDATION 10:** More service delivery research is needed to fully document that BF/LAM leads to new users of other contraception.

**RECOMMENDATION 11:** USAID needs to support operations research to test the inputs required for integrating BF/LAM into a variety of service delivery systems such as CBD, PHC, maternal and child health clinics and multi-method family planning clinics.

Providers express concern that the cost of integrating BF/LAM education into service delivery programs is too high for the CYP obtained. Cost analysis of breastfeeding service and education have been completed by the LAC Health and Nutrition Sustainability Project. The project should consider this methodology for assessing the costs and benefits of integrating LAM into a service program.

**RECOMMENDATION 12: A cost/benefit analysis is needed to document the costs of integrating BF/LAM in a multi-method clinic compared to other clinic based contraceptive methods.**

### **4.3 Policy Change and Development**

BF/MCH has utilized training, technical assistance, and research, to support BF/LAM/FP policy and advocacy. As a case in point, after attending an IRH meeting, MOH staff from the Philippines crafted a national policy on the Lactational Amenorrhea Method as a Family Planning Method. This policy, implemented in February 1994, establishes guidelines for LAM/family service delivery interface, training, advocacy, supervision, IEC, and collaboration. Chile now includes breastfeeding and LAM in its National Health Plan. Egypt, Uganda, Zambia and Sweden's Ministries have also adopted LAM as a method of family planning.

LAM has been adopted as a method of family planning in four countries at the Department of Health (DOH) level. Figure 2 indicates the countries that currently have LAM programs.

The adoption of LAM as a DOH policy and the follow-on implementation offer important information for officials from other countries considering similar actions. BF/MCH should take advantage of this expertise by supporting the participation of key leaders in forums where there is the possibility of influencing representatives from other countries to work toward the adoption of similar programs.

The division has addressed policy issues at international conferences that are addressing maternal and child health issues, and has worked with UNICEF to promote breastfeeding and baby-friendly hospitals. Its staff are currently leading the work of a large group of interested organizations to develop a consensus position for the Beijing women's conference this summer. BF/MCH has also been designated as a WHO collaborating center for breastfeeding.

#### **CASE STUDY: THE PHILIPPINES**

The Dr. Jose Fabella Hospital has become a "Baby-Friendly Hospital and the new President of the Philippines announced a goal of 100 Baby-Friendly Hospitals during the first 100 days of his administration using the Fabella Hospital as a model. The Director of Dr. Jose Fabella Hospital stated that Miriam Labbok, M.D., MPH, Director of the BF/MCH Division, was a key person in helping Fabella conceptualize their "Safe Motherhood Package" that led to the policy changes. See Figure 3 for this conceptual model.

**FIGURE 2**

**FIGURE 3**

**RECOMMENDATION 13:** The BF/MCH Division should continue its policy change and development work. Additionally, it should identify advocates in countries where policies have been adopted, and establish partnerships to influence policy development in other countries.

The Office of Population funds family planning policy work through the OPTIONS Project and DHS.

**RECOMMENDATION 14:** LAM/FP should be included in USAID policy programs.

#### **4.4 Program Change and Development**

##### *4.4.1 Impact of BF/MCH Activities*

The demographic impact of prolonged, exclusive breastfeeding is well known. Through field research and development of education materials, the Institute has conceptualized and formalized BF/LAM as a method for birth spacing. This has heightened the awareness and sensitivity of program managers and policymakers to the importance of breastfeeding and LAM.

However, to be of significant public health importance, LAM activities must be extended and integrated into family planning, maternal health, child health, and primary health care and service delivery programs and broader breastfeeding initiatives. There is an impression that LAM is held quite exclusively at Georgetown. A mystique is perpetuated that only certain people can teach and use LAM. The BF/MCH Division is sensitive to these issues and is addressing them by working through organizations such as SEATS, the American College of Nurse Midwives, Wellstart, CEMOPLAF, and IFFLP. These efforts are demonstrating the multiplier effect of collaborating with service delivery and training programs.

BF/MCH has developed a "12-step approach" to providing technical assistance to cooperating agencies. This process provides structure to communications and collaboration between BF/MCH and other cooperating agencies. The steps include initial dialogue to determine mutual goals, needs, and each organization's responsibilities. Memoranda of understanding (MOUs) with SEATS, CEDPA, Save the Children, and PAHO have formalized the working relationship between BF/MCH and the CAs. Two MOUs are pending with JHPIEGO and The Futures Group (for the SOMARC and OPTIONS projects). The American College of Nurse Midwives and Wellstart International have formal subagreements with the division (see Appendix E).

Pairing the BF/LAM/FP activities with a larger project such as SEATS both enhances the work of SEATS and increases the exposure and use of LAM. The MOU between the BF/MCH and SEATS assures that BF/LAM/FP is:

- Integrated into the training curriculum and method mix for the Republic of Malawi and the training of trainers and clinical service course for the Centre for African Family Studies.

- Included in the service providers curriculum for Uganda Private Midwives, Association.
- Integrated into community-based distribution workers' and clinical staff training in two districts in Burkina Faso.

Many people who are not aware of the above programs see LAM as too small, too "stove piped," too inaccessible to Missions. LAM often appears impractical to teach, and that it has to be presented above and beyond other activities in a program. Field staff generally do not think of including LAM as part of family planning, nutrition or child survival programs.

A certain number of USAID PHN staff now accept LAM as an FP method and recognize its contribution to breastfeeding and family planning programs. However, they do not support the imposition of the additional management burden of a separate, small breastfeeding project solely devoted to LAM. There is a general consensus that LAM should be "mainstreamed".

The BF/MCH Division needs to be flexible in interfacing with other projects and fitting into Mission country programs. A Mission may want to include LAM as a method without adding a national breastfeeding assessment, a national breastfeeding policy and training program, or a national LAM policy. If LAM can be operationalized to better meet country needs and resources, it could be more successful.

BF/LAM/FP as a teaching tool and mechanism to promote breastfeeding adds specificity to the client education/counseling setting. LAM enhances not only family planning, but maternal and child health, nutrition and breastfeeding program education and outcomes.

LAM should be promoted outside the family planning community. Women may not get to a family planning clinic until four to five months postpartum, if then. Expanding BF/MCH work with midwives and others who are close to women at the time of delivery can increase acceptance of LAM.

Stand-alone LAM activities have only limited acceptance by USAID Missions. The natural synergy that evolves from combining LAM with MCH, primary health care, family planning and nutrition programs clearly shows its contribution to public health. LAM is ideally positioned, through BF/MCH's research and field work, to "scale up and out" quickly when combined with service delivery programs.

**RECOMMENDATION 15: BF/LAM/FP should become an integral part of USAID service delivery and training projects such as SEATS, PRIME, BASICS, MOTHERCARE, WIN, WELLSTART, PATHFINDER, IPPF/WHR, CEDPA and CARE.**

Knowledge of LAM is essential to the postpartum contraceptive management of the breastfeeding woman. There are unique contraceptive needs of breastfeeding women and LAM can help address those needs.

**RECOMMENDATION 16: All USAID funded family planning service delivery and training programs should include appropriate postpartum contraceptive management of the breastfeeding client as a standard of quality care.**

## **4.5 Training**

### *4.5.1 Programs*

The BF/MCH Division has designed and implemented training programs on BF/LAM/FP for a range of health care providers from PVOs and Ministries of Health to universities and USAID cooperating agencies. Training is an excellent way to maximize BF/MCH resources and multiply the impact of research and field work. (Appendix J)

Over 5,000 people have attended BF/MCH LAM training programs through the period July 1991-December, 1994. The majority of those attending provide direct health care or work in positions where they can influence policy and training about LAM. The first Washington based International Training in Breastfeeding, LAM, and Postpartum Family Planning course was held in conjunction with SEATS in 1993. Nine trainees from SEATS projects in Asia, Africa, and Haiti attended. The second course will be held in April, 1995, with 20 participants expected. Their participation will be funded by a variety of missions and other CAs.

#### **CASE STUDY: THE PHILIPPINES**

Site visits to the Washington DC offices of the BF/MCH Division had an impact on the quick acceptance of LAM in the Philippines. Two physicians from the Philippine Department of Health (the acting Under-Secretary for Office of Public Health Service and the Officer in Charge, Family Planning Services) visited the Institute to attend an NFP Division meeting in December of 1993. While at the Institute, discussions with the BF/MCH Division took place, followed by the invitation to the BF/MCH Division to hold BF/MCH policy and training meetings in the Philippines in early 1994. These meetings were coordinated by the Philippine IFFLP affiliate under BF/MCH funding. These meetings resulted in a draft national policy, and DOH policy, but no concrete action plan. Subsequent to further contact with one of the physicians, who is now the Assistant Secretary of Health, at an NFP meeting in Lubin, the DOH has developed LAM training materials. LAM is now included in the initial training of new DOH family planning workers. LAM update training for current employees has occurred quickly because a training program for Depo-Provera was already planned and LAM was added to the curriculum.

While a Washington DC-based course is useful to bring key people together for intensive training, in-country training has a greater reach. For example, BF/MCH trained 125 DOH staff in the Philippines, 250 family planning nurses and doctors in Guatemala, 400 health providers in Indonesia, and 50 NFP and breastfeeding experts in Australia.

BF/MCH should encourage donors to support training sites in countries like the Philippines, Ecuador and Chile, and work with CAs to expand their training programs to include LAM. Another possibility is to consider a fellowship program for two to three people a year. The Fellows could work with BF/MCH staff to develop a training program in their own countries or receive technical assistance in operations research design tailored to their program needs.

**RECOMMENDATION 17: The BF/MCH Division should continue with the periodic two week training course at Georgetown; additional training should focus on efforts to include or strengthen BF/LAM/FP training in developing countries or regional training programs.**

Physicians specializing in family practice and pediatrics must be informed about LAM and its importance to the mother and infant. They must clearly understand the method and its requirements to support the LAM user. Field visits indicate that physicians recommend early supplementation for infants, thereby forcing discontinuation of LAM.

**RECOMMENDATION 18: Information about LAM and optimal breastfeeding practices should be shared with family physicians and pediatricians through preservice training, continuing education programs, conferences and publications.**

The division has developed a training program for LAM/NFP Interface. The training offers complete guidance for the introduction of NFP during breastfeeding. The training programs are coordinated by IFFLP and the FA/NFP Division.

## **4.6 Information, Education, and Communication**

### *4.6.1 Publications*

Publication of research articles, policy guides/briefs, videos, fact sheets and teaching guides have been a strength of the BF/MCH Division. Collaboration with other CAs and donor agencies helped leverage funds and broaden distribution of materials. Scientific and program information on LAM is available largely due to the work of the BF/MCH Division. A full list of publications and updates are included in Appendix G.

Those interviewed felt that BF/MCH staff are aware of their audience and tailor the message to fit. They have modified publications based on feedback from outside groups, and large enough press runs are available so materials can be widely disseminated. The BF/MCH Division has built on work that existed such as the AMREF publication, Helping Mothers to Breastfeed. A chapter on LAM was added to the book and the division financially supported the latest edition.

Work of the BF/MCH Division has been multiplied through a strong collaborative relationship with the Pan American Health Organization (PAHO). PAHO translates into Spanish, prints, and distributes to the LAC region several of the LAM publications. For example, PAHO funded the printing of 7,000 copies of the division's breastfeeding curriculum for nursing schools and 1,000 copies of the video Breastfeeding: Protecting a Natural Resource, and has supported the Spanish translation of current videos and proceedings, such as that of the meeting on "Breastfeeding as a Women's Issue."

#### 4.6.2 Communications

The BF/MCH Division carried out key informational interviews and round tables, and, based on the findings, commissioned a social marketing study of the acceptance of LAM among family planning and other public health organizations through Manoff International. This was an excellent strategy and is helping the division prioritize its communication needs. This study found that although many people know the definition of LAM, they do not really understand it and there is skepticism about whether women can follow LAM guidelines. BF/MCH would like to implement one recommendation from the study which is to develop a "Questions and Answers" booklet on LAM. Based on interviews with cooperating agencies, there is a tremendous need for an education tool for the mother/LAM user which can be used in CBD, MCH and family planning clinic settings. Excellent information is currently available for policymakers on LAM.

**RECOMMENDATION 19: BF/MCH should continue to work with their service delivery partners to develop LAM teaching tools for the individual user.**

With an ever increasing demand for access to information and fewer funds available, priorities need to be set for maintaining, expanding and/or limiting information/materials development and dissemination. Lessons learned from past work with collaborators and the current demand for information should be reviewed. USAID staff and CAs expressed the need for ways to communicate LAM program guidelines for integrating breastfeeding into family planning programs, client educational materials, and LAM program impact on new acceptors to modern family planning methods. IRH should develop an information strategy taking into account the role of information in communicating the LAM message, materials already completed, need for any new materials, and the audience. BF/MCH should continue their work with new technologies to maximize distribution and communication about LAM through Internet, PHN Link, and PVO electronic networks.

In many cases, there seems to be a clear disconnect between the work that BF/MCH has done and what USAID staff, CAs, and other donor agencies know about LAM and the division. Many are aware of the link between breastfeeding and child spacing, but are not aware of LAM. A strong plan for communicating the innovations of the project needs to be developed.

**RECOMMENDATION 20: The BF/MCH Division should develop an information and communication strategy to prioritize development and dissemination of research and educational materials.**

## **5. FERTILITY AWARENESS AND NATURAL FAMILY PLANNING DIVISION**

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### **5.1 Overview**

The major areas of activities of the FA/NFP division are:

- biomedical and operations research
- service delivery
- policy
- IEC
- training
- evaluation

The cooperative agreement's program discussion outlines work with the IFFLP. From project inception through the end of FY 1994, the IFFLP has received \$1,523,669 representing 33% of the FA/NFP budget and approximately 1/6th of the BF/MCH budget. In order to accomplish the broad range of activities outlined in the cooperative agreement on a limited budget, the division director determined it would be more effective to work with a small staff and use consultants to supervise and manage sub-contractors. The FA/NFP has a staff of six, plus three employees who are "shared" with BF/MCH. The FA/NFP and BF/MCH divisions also fund 2.4 FTE staff positions at IFFLP headquarters. Figures 4 and 5 below show, respectively, the percentage of budget allocation and staff time devoted to each area of activity.

### **5.2 Research**

The USAID cooperative agreement stated that the FA/NFP division would conduct research in order to 1) improve NFP by developing better and simpler methods or modifying existing methods; and 2) improve, expand and evaluate programs to increase the availability, acceptability, and quality of NFP and FA services. The cooperative agreement included an "illustrative" list of potential research activities in two areas: 1) biomedical and 2) analysis of existing data sets and prospectively collected data. Biomedical research receives 22.9% of the division's budget and operations research/evaluation receives 25.6%. Research activities are listed in Appendix H.

FIGURE 4

FIGURE 5

### 5.2.1 *Improved and Simplified NFP Methods*

Simplified Calendar Method. The FA/NFP division has worked to develop a simplified calendar method, this effort has been directed by the division's senior research associate who has expertise in family planning clinical trials. A simplified calendar method has a great potential to increase the acceptability of NFP; it requires less work for the user than any of the other NFP methods. The FA/NFP Division in conjunction with Trinity College in Dublin is conducting a pilot study on a simplified calendar method. Couples found that while the method is easy to use it still requires too many days of abstinence. Additionally, research being conducted at the University of Padua in Italy the probability of conception on different days of the menstrual cycle could potentially reduce the number of days of abstinence required.

**RECOMMENDATION 21: Research should be continued to determine the feasibility of reducing the number of days of abstinence required by the calendar method of NFP.**

Ovulation Prediction. FA/NFP is supporting research by the Weizmann Institute in Israel and by Duke University in North Carolina, both of which could lead to the development of a simple, inexpensive home test kit for ovulation prediction. This research is overseen by FA/NFP's biomedical director who is also the head of the Division of Reproductive Endocrinology and Infertility of Georgetown University's School of Medicine and who volunteers his time to this project. The Weizmann Institute research has been funded since 1/9/89. A total of \$392,128 has been expended to date, of which \$200,716 has been funded during this cooperative agreement.

Duke University is currently conducting research on the detection of changes in cervical mucus which indicate the onset of fertility. Since 9/1/94 the division has provided \$78,249 for this work. (Earlier work was conducted at UC/Davis during budget period 9/92-6/94 with an expenditure of \$75,456.) The Duke University researcher was invited to present his results at the Pontifical Academy of Sciences in Rome in 1994. He also presented results at the annual meeting of the Society for Gynecologic Investigations. FA/NFP's biomedical chief thinks this research could lead to industry funding in the next two years.

Determining the onset and end of fertility in each cycle is important technical information that has relevance not only to NFP but could lead to new methods of FP and already has contributed to scientific understanding of small molecules. The FA/NFP Division's ongoing biomedical research in ovulation prediction is coming to fruition and should reach the stage in the next two years where industry partners can step in and assume all costs for development. Additionally, the research on new assay technologies to measure small molecules has implications beyond NFP and could be used to improve antibody detection. The Biomedical Chief believes that two more years of funding are needed to bring this research to the point that it could be commercially funded. The Weizmann Institute researcher and the Biomedical Chief have already made initial contacts with several commercial laboratories.

**RECOMMENDATION 22:** During this cooperative agreement and its extension, the FA/NFP Division should continue to fund research on ovulation prediction at Duke University which will make the Institute an attractive partner to industry for the development of a simple home test kit.

### *5.2.2 NFP Safety*

The FA/NFP Division has been conducting research to establish the safety of NFP. A study on the surveillance of NFP and pregnancy outcomes began in December, 1986 during the previous cooperative agreement and continues in the present cooperative agreement through FY 1994. The study has received a total of \$670,203; \$513,933 was awarded from December 1, 1986 through September 30, 1991 and \$156,270 during the present agreement. Funding for the study is continuing with a \$40,241 contract covering the period July 1, 1994 through December 31, 1995. A complementary Latin American collaborative study of congenital malformations is also being carried out. To date neither study has found any adverse effects, including congenital malformations, associated with unplanned pregnancies, in women using NFP. The investigators have requested further funding to continue the surveillance of NFP and pregnancy outcomes study for an additional year to enable the inclusion of sufficient numbers into the study to allow for statistically significant findings.

**RECOMMENDATION 23:** The FA/NFP Division should continue to support the NFP safety study so that statistically significant results can be obtained and the safety concerns about NFP can be ruled out.

### *5.2.3 User Efficacy*

The FA/NFP division has recognized that concerns about the actual use efficacy persists and are a major barrier to expansion of NFP services. Though well designed studies have shown that the user efficacy of NFP is comparable to that of other user dependent methods, many members of the scientific, medical and family planning communities as well as the general public remain skeptical about its efficacy. The division is planning an efficacy review paper to aid them in addressing this issue.

### *5.2.4 Periodic Abstinence*

Worldwide, many couples practice periodic abstinence; this group represents a large group of potential NFP users. The division recognizes that more information is needed about this group and has been supporting research on the use of periodic abstinence. The FA/NFP has been working with the Institute for Resource Development (IRD)/Macro Inc. on revision and addition of new questions on periodic abstinence for the DHS III. To date, at least one question has been added. The division also analyzes DHS survey data related to periodic abstinence.

**RECOMMENDATION 24:** The FA/NFP Division should continue its work with IRD on revision of DHS questions on periodic abstinence and reviewing DHS data sets for relevant information.

To learn more about periodic abstainers, the division is working with the World Health Organization (WHO) to conduct an international qualitative study using focus group discussions in five countries. An investigators meeting was recently held in Geneva and the work in the field will be starting shortly. This study could be of great value in determining what messages are needed for effective use of periodic abstinence.

**RECOMMENDATION 25:** FA/NFP's participation in the planned WHO multi-center focus group studies on periodic abstainers should offer in-depth information on this group that is not currently available and should be supported.

### 5.3 Technical Assistance

In its efforts to improve, expand and evaluate programs, FA/NFP has taken an active role in providing TA despite its limited full-time staff and budget. TA is provided to several different groups: USAID and its missions, other international donors and organizations, CAs, private and public in-country family planning agencies, in-country natural family planning agencies, and the commercial sector. As the result of a large sub-agreement with the IFFLP much of the division's TA is focused on IFFLP affiliates.

In the area of materials development, FA/NFP has worked with CAs such as INTRAH and JHPIEGO to incorporate NFP information into their training materials. Based on their six years of work as the 'lead agency' on NFP, the division has developed considerable expertise in NFP materials development. CAs are not making full use of the technical assistance available through the division to review materials for accuracy. Additionally, some CAs do not understand the limitations of the financing of the cooperative agreement and believe that the division should pay for all NFP materials developed.

**RECOMMENDATION 26:** USAID should make it clear to CAs that they are responsible for paying for NFP materials they will be using in their programs.

FA/NFP has provided training, project development and implementation support to organizations in 20 developing countries (primarily IFFLP affiliates). It has provided MIS and project monitoring and evaluation TA to one of the IFFLP affiliates (PFNFP) and to the UNFPA in the Philippines and is working on a potential project with the UNFPA in Ecuador. FA/NFP has also provided TA to WHO on two projects.

FA/NFP continues its work with IFFLP and its in-country affiliates with a focus on public-private partnerships. It has provided TA in the biomedical area to industrial partners such as UNIPATH to develop a protocol to test the ovulation prediction home test kit, and to WHO in preparing clinical guidelines. The biomedical TA provided by FA/NFP is critical as it is the only organization that offers it. NFP services continue to remain largely unavailable. The impact that FA/NFP could have on increasing the availability of NFP has been hampered by a limited TA budget. Funding for TA would have to increase to support expanded activities.

**RECOMMENDATION 27: USAID should increase funding of the FA/NFP Division to enable them to expand its TA role with international family planning organizations, USAID CAs, and in-country multi-method family planning organizations, both public and private.**

## **5.4 Program Change and Development**

### *5.4.1 IFFLP*

To achieve its objective of "improving, expanding and evaluating programs to increase the availability, accessibility and quality of NFP services and fertility awareness information" the FA/NFP division continues to work closely with its principle sub-contractor the IFFLP as well as with other organizations. The IFFLP was founded in 1974 to provide leadership, guidance and education in the fields of family life education and natural family planning. It now has over 100 active member organizations in 75 countries. In 1983, the IFFLP received a five-year cooperative agreement directly from USAID. Once the IRH began to receive USAID funding and IFFLP's cooperative agreement with USAID ended, the IRH was asked to provide support for the IFFLP. A similar funding agreement was made part of the current cooperative agreement.

The cooperative agreement stipulates that the NFP service delivery activities of this project would be carried out largely by the IFFLP and its affiliates. Most IFFLP affiliates are small volunteer-operated organizations, many of whom are affiliated with the Catholic Church. Thirty-three percent of the FA/NFP division's budget and approximately 1/6th of the BF/MCH budget is designated for support for the IFFLP. The cooperative agreement partially funds four positions at the IFFLP office in Washington for a projected total of \$644,518 over the five year period (44% of total direct costs). Additional funds were allocated for travel and per diem (\$96,144 or 7%); equipment, materials and supplies (\$21,000 or 1%) and sub-agreements (\$678,338 or 47%).

FA/NFP has partially funded and actively participated in the IFFLP's international congresses and regional meetings. It has funded sub-projects on public-private partnerships in Brazil, Peru, Philippines, Kenya and Zambia. The Management Information System (MIS) initiative has funded programs with IFFLP affiliates in 12 countries (Senegal, Burkina Faso, Kenya, Madagascar, Mauritius, Chile, Peru, Philippines, Papua New Guinea, Brazil, Zambia and Ecuador). In addition six countries are participating in the MIS program without financial support from IFFLP (Dominican Republic, Ghana, Madagascar, Rwanda, Tunisia, and Zaire).

FA/NFP's work with IFFLP affiliates has strengthened the affiliates and the MIS system has offered a management self help tool that helps the affiliates focus on outcome. This has been very effective in helping these volunteer groups move to a more sophisticated approach to teaching and programming. In many ways the IFFLP affiliates are at the same stage of development that the multi-method family planning programs were 30 years ago. These volunteer groups which lack funding and experience high turnover are challenging to work with. They lack the sophistication of multi-method private sector family planning associations, yet the FA/NFP Division has made a positive impact on these groups.

Some IFFLP affiliates are more conservative than those with which the FA/NFP has been working. They are often closely tied to a church, and maintain a more conservative outlook, which may include opposing all family planning methods other than NFP. FA/NFP and IFFLP staff have worked with sensitivity and skill within the IFFLP structure to strengthen programs where possible and maintain general support when philosophies differ.

#### *5.4.2 Public-Private Partnerships*

In 1992 in its efforts to expand the availability of NFP services, the FA/NFP Division began a public-private partnerships initiative. The division hosted a workshop in 1992 and invited NFP representatives, IFFLP affiliates, and officials from governmental health organizations. The groups reviewed potential public-private collaboration that could lead to increased NFP availability. A report of discussions at that workshop is available, as is a paper entitled "Innovative Approaches for Expanding Natural Family Planning Services" which was presented at the IFFLP's International Congress in Lubin and at the APHA meeting in October 1994.

Through its collaboration with IFFLP, the division has supported public-private partnership pilot projects in five countries (Brazil, Kenya, Peru, Philippines, and Zambia). Examples of the types of collaboration are given in the following case studies.

Comments from USAID/Peru summarize some of the problems encountered in private-public partnerships. The local NFP group is loosely associated with the Catholic Church and is susceptible to pressure from pro-life groups. It has been reluctant to associate itself with mainstream family groups and this has hampered its effectiveness. On the other hand mainstream family planning groups were difficult to interest in NFP.

#### **CASE STUDY: THE PHILIPPINES**

In the Philippines, the IFFLP-affiliated Philippine Federation for Natural Family Planning (PFNFP), is receiving funds and technical assistance from UNFPA for its work in hospitals and health centers operated by NGOs and the Department of Health (DOH). There are plans to train DOH workers as NFP advocates who will refer to the PFNFP community volunteers (NFP teachers) when appropriate. PFNFP has developed an organization to support a network of NFP volunteer teachers in most provinces and has a plan to provide support throughout the country. UNFPA is providing a stipend for successful NFP teachers, which has reduced turnover considerably. Other innovative sustainability efforts include charging clients who can afford it for NFP supplies and encouraging NFP teachers to enter into agreements with local firms to sell products to help support NFP service delivery.

### CASE STUDY: KENYA

In Kenya the NFP Training and Medical Services Centre, an IFFLP affiliate, has had success in integrating NFP services into the Nairobi City Commission Department of Health (NCCDOH) clinics. The Centre provides training for NCCDOH nurses (whose salaries during training are paid by the NCCDOH) who subsequently teach NFP at the clinics. Tutors from the Kenyatta National University School of Nursing, who were trained in NFP developed an NFP curriculum for nursing students. This project has been funded by the FA/NFP and BF/MCH Divisions with technical assistance provided by LARFPC (Los Angeles Regional Family Planning Council).

### CASE STUDY: PERU

In Peru FA/NFP is midway through a three year subagreement with the Asociacion de Trabajo Laico Familiar (ATLF). The project gives doctors, nurse midwives, and reproductive health care providers NFP training. Through the project training is being provided to three types of organizations: universities, hospitals and NGOs. Under the agreement, ATLF will train staff of INPARRES, the IPPF affiliate, in NFP.

The final evaluation of the prior cooperative agreement stated the Institute had "explained to the CAs why they should work in NFP; it has not done enough to help the other CAs do it." Lessons learned from public-private sector initiatives should be shared with CAs within the context of helping them to determine how to integrate NFP into their services. The focus of the public-private partnerships has been public health agencies. Yet in many developing countries the most effective providers of family planning are private service delivery agencies. However, many of the lessons learned, including the model for developing collaborative relationships, could be applied to private-private (NFP only NGO - multi-method NGO) relationships.

**RECOMMENDATION 28: The incorporation of NFP into public-and-private sector FP programs will require a commitment by USAID and its Cooperating Agencies. The FA/NFP Division could play a key role in facilitating this process during the remainder of this cooperative agreement, its extension and in a future agreement.**

A main obstacle, cited by many of the CA representatives interviewed, to integrating NFP into multi-method service delivery is the extensive information and counseling time required by the method and lack of information on how to incorporate NFP.

**RECOMMENDATION 29: The FA/NFP Division should share lessons learned in private-public partnerships about: 1) efficient NFP teaching strategies and 2) models of how NFP has been integrated into multi-method settings.**

Within the private-public partnership initiative several strategies for referrals between private and public agencies have been tried. Referral is a key area which could offer cost-effective solutions to providing NFP services at multi-method sites. There are several constraints to developing and implementing referral programs. For example: some NFP only groups, because of religious concerns, cannot work with multi-method clinics; NFP groups are not available in all communities, and multi-method clinics do not in general have strong referral strategies. However, utilizing its contacts with the NFP and CA community, the FA/NFP Division could help these groups develop effective referral strategies where the opportunity exists. Referrals could increase the accessibility of NFP.

**CASE STUDY: THE PHILIPPINES**

The collaboration between FA/NFP, IFFLP and PFNFP has been very successful. As an IFFLP affiliate, PFNFP has developed a strong program, which is currently offering a network of teachers in most Provinces. The affiliate is supported by FA/NFP through training in the MIS system while IFFLP offers technical support and partial funding for a staff member to coordinate LAM implementation. Local PFNFP members are available for teaching couples NFP. They accept referrals from the community and established agencies such as the DOH. PFNFP's policies require that their teachers refer to medical help, including referral for medical methods at the request of the client or when otherwise appropriate. In areas where the organization is well established, the program is working well. NFP teachers also participate in training of health care workers, including DOH staff, staff of multi-method clinics are provided with enough training to explain the method and make appropriate referrals, thereby becoming "NFP Advocates."

DOH and NGOs are receptive to strengthening their staff's NFP knowledge and referral systems. The DOH and PFNFP are exploring various models of referral and service delivery to enhance NFP services. There is an opportunity for a true collaborative effort and expanded NFP program if PFNFP can adequately respond to the current expressed interest.

**RECOMMENDATION 30: In its current sub-projects the FA/NFP Division should encourage referral strategies and share lessons learned about successful referral strategies.**

*5.4.3 Fertility Awareness*

Through its work in NFP the FA/NFP Division has learned many valuable lessons which has led to the development of a Fertility Awareness Initiative. A workshop on Fertility Awareness was presented to USAID and representatives from 11 reproductive health and family planning agencies. A curriculum on FA is being finalized and a adolescent pilot project is being conducted in collaboration with a Chilean Catholic University.

Two fertility awareness pilot project studies were completed (1992 - 1994) with the collaboration of PATH and family planning service organizations in Guatemala and Bolivia. The objective of the investigations was to determine the knowledge, attitude and practices (KAP) of these indigenous populations with regard to fertility awareness. Findings from the pre-intervention KAP established the lack of correct information the interviewee's had. Subsequently appropriate educational interventions were developed, provided and evaluated. In both projects there was dramatic pre-post-test score improvement.

Currently plans are under way for four more FA projects one with the IPPF affiliate in Mexico, MEXFAM; and two in Ecuador, one with UNFPA and another with a family planning service organization, CEMOPLAF and one in Malawi.

Additionally, in collaboration with Oxford University, a study is being conducted on the impact of fertility awareness information on condom use. This study started recently and no results are available yet.

The majority of CAs and international FP agency representatives interviewed expressed interest in and support for the Division's Fertility Awareness initiative. The general consensus was that FA information was: an individual's basic right; that it helped counselors provide better information about all methods; it would be useful to adolescents; and could help to increase male involvement. The FA approach gives individuals a long-needed 'owner's manual' to their fertility throughout the life cycle.

NFP programs have learned many lessons about male involvement and quality of care. NFP provides valuable basic understanding, to individuals and couples, about their own fertility. Among CAs, international FP agencies and in the field there is strong interest in Fertility Awareness education as a way to strengthen the capabilities of family planning counselors, increase male involvement and reach adolescents. There is wide support for the expansion of fertility awareness programs which include information about all methods of family planning and share lessons learned in NFP more broadly.

**RECOMMENDATION 31: The FA/NFP Division should seek to increase their FA initiatives and to increase collaboration regarding FA with international and national public- and private-sector FP agencies.**

The FA program developed by the division is different from other sexual education curriculums in that it emphasizes the individual's self awareness of their own fertility. Personalizing this information should reinforce the information presented in the curriculum. Excellent human sexuality programs have been developed by family planning programs and these materials and techniques are applicable to the development of fertility awareness programs. Conversely, information on personal fertility awareness has applicability to already developed sexuality education curriculums and programs.

**RECOMMENDATION 32:** The FA/NFP should utilize the materials and expertise available from other human sexuality programs as it develops FA sub-projects. It should also share information on FA with agencies involved in the development and provision of sexuality education.

*5.4.4 Evaluating Service Delivery Programs*

The FA/NFP Division, in conjunction with IFFLP, has been focused on MIS development, implementation, testing and refinement. Discussion of the system with IFFLP affiliates indicates that the system has already fostered many helpful definitional decisions. In programs where the MIS is being implemented it has provided management information which is being used by the IFFLP affiliates; it helps in institutional strengthening and in improving the quality of NFP teaching. The MIS has provided programs with the tools for measuring program performance at all levels, developing new strategies and evaluating different types of outcomes. The system has the promise of being able to provide comparable information about NFP programs within countries and worldwide.

**CASE STUDY: THE PHILIPPINES**

FA/NFP TA to support the implementation of the MIS system has been particularly helpful. It has helped PFNFP clarify its goals and identify the training needs of teachers so that they can efficiently teach clients to become autonomous users (AU). Since the implementation of the system, PFNFP has recorded over 50,000 AUs. PFNFP staff states that the MIS system helped teachers and supervisors focus on the fact that the goal of NFP teaching was helping a couple become autonomous users. This has changed the "reward system" from counting the number of clients to counting the number of clients that can successfully use the method without additional intervention. Since its implementation the months of teaching time per couple has been reduced by one to two months.

**RECOMMENDATION 33:** The MIS work should remain a focus of the FA/NFP Division and IFFLP collaboration.

The Board of PFNFP has adopted a policy requiring all teachers be NFP AUs because they believe their most successful users were taught by AUs. This policy has the potential of being a major barrier to offering couples NFP teaching. Staff of multi-method clinics state there are areas where there are not enough NFP teachers to make appropriate referrals. All agree that the teaching NFP in a multi-method clinic setting is unrealistic, that clinic staff needs more information on NFP and the referral system between the groups needs strengthening to support an expanded program. Without more trained NFP teachers PFNFP will not be able to respond to the clinic referrals.

**RECOMMENDATION 34:** The FA/NFP Division and IFFLP should work with the Philippines to develop an expanded program and develop less restrictive criteria for NFP teachers, including eliminating

**the requirement that all NFP teachers be current autonomous users.**

## **5.5 Information Dissemination**

Information dissemination is an important function of the FA/NFP Division, which is charged with the task of encouraging others to initiate offering NFP. The division realizes that the interest in NFP among multi-method family planning groups is minimal, and although most people in the field agree the program should be offered, the experience of the service providers is that few people request the method, that clinics are not set up to offer the extensive counseling that is needed for effective method use, and the staff do not have the opportunity to teach often enough to perfect their skills.

The division has an impressive list of publications and presentations which address biomedical issues, NFP service delivery in NFP only programs, pilot studies, the use of NFP with other family planning methods, and materials for professionals in the field. (See Appendices K and H for a list of all publications and presentations 9/91 to date)

### *5.5.1 Scientific and Medical Community*

The quality of scientific and medical investigation performed by the FA/NFP Division is widely recognized. At the March 1995 meeting of the international Society for Advancements in Contraception (SAC) meeting in Guatemala, the division's Director was elected to the Board and a Paper prepared by a division sub-grantee on the safety of NFP won first prize. The biomedical research done by the FA/NFP has enabled them to stimulate discussion of NFP within the scientific and medical communities.

During the period of the current cooperative agreement, the FA/NFP division has actively continued sharing information with the scientific and medical community through presentations at national and international conferences (e.g. Pontifical Academy of Sciences, Population Association of America, Society for Menstrual Cycle Research, British Endocrine Societies, American College of Obstetrics and Gynecology, FIGO), articles in peer-reviewed scientific and medical journals (e.g. International Journal of Fertility and Menopause, Adolescents Pediatrics and Gynecology). Additionally, over 10,000 copies of the Journal of Obstetrics and Gynecology supplement on the proceedings of the 1990 conference on "Natural Family Planning: Current Knowledge and New Strategies for the 1990s" have been distributed.

### *5.5.2 Policymakers*

Given the skepticism and misunderstanding that NFP faces, the cooperative agreement stated that communication with policymakers is essential. The FA/NFP division has updated and continued distribution of the "NFP: A Good Option" booklet. A slide set entitled "NFP: Expanding Options" has been developed with input from diverse groups. FA/NFP has actively participated in international policy forums such as the International Conference of Population and Development (ICPD). It has also supported national policy work in many countries including Kenya, the Philippines and Zambia.

Interviews with CAs and international family planning organizations showed that an obstacle to incorporating NFP into their programs included lack of information on 'how tos', cost-effectiveness and the feasibility of such an incorporation given current staffing and responsibilities.

**RECOMMENDATION 35: The FA/NFP Division policy efforts should focus on showing international FP agencies various models of incorporation of NFP into a multi-method setting.**

### *5.5.3 Cooperating Agencies*

The cooperative agreement calls for the IRH to "develop/continue close collaboration and relationships with CAs." The FA/NFP division has maintained ongoing communication with USAID CAs through its mailing list, presentations at professional meetings (e.g. APHA, NCIH), journal articles (e.g. Proceedings of the IPPF Family Planning Conference), participation in several USAID CA technical working groups (e.g. MAQ, Adolescents, Materials Development) and presentations at CAs (e.g. PCS, JHPIEGO, IPPF/WHR). All CAs contacted reported helpful and positive interactions with the FA/NFP Division.

Interviews with USAID CAs show that there is a continued lack of programming and interest in NFP, prejudice, and lack of accurate information on its use and effectiveness. Interviewees reiterated a sentiment that was expressed in the cooperative agreement, "some of the primary obstacles to expansion of NFP are perceptions by policymakers and family planning organizations and providers that NFP is not acceptable to potential users, and it is neither use- nor cost-effective."

Interviewees supported a couple's/woman's right to choose and supported the availability of NFP in the context of choice and quality of care. CAs also recognized the potential role of NFP and FA during 'stock outs'. However, they said that the high initial input needed in information and counseling remained an obstacle to integrating NFP into a multi-method clinic. CA representatives also expressed that while they believed referral information to NFP providers should be available to clients, in some places there were no institutions to refer to and in other cases referrals were not possible because of the NFP groups' opposition to other family planning methods. Several interviewees expressed concern that if NFP counseling is not done well, the consequences (an unwanted pregnancy) could be severe. Given the current budgetary concerns and emphasis on sustainability and cost-effectiveness, and greater demand for other methods, CAs have other priorities.

NFP is not widely available; internationally, policy support and action is lacking, and NFP continues to be a controversial issue. Changing people's prejudices against NFP is a difficult task. However, useful information can come from a needs assessment which is structured to identify prejudices, misinformation and types of information about NFP that would have a persuasive effect on policymakers.

**RECOMMENDATION 36: Conduct a needs assessment to determine the most important information needed by policymakers and service**

**delivery organizations about NFP and identify effective strategies to communicate the information.**

## **5.6 Training and Education**

### *5.6.1 NFP Method Training*

The FA/NFP Division has developed several effective programs on in-service education and has supported in-service NFP training in Peru, Nairobi, Brazil, the Philippines and Zambia. These training programs are estimated to have reached over 2,000 health professionals. (For a complete list of training programs conducted through FY 1994, see Appendix L.) In addition to in-service training, pre-service training of nurses, nurse midwives, nurse auxiliaries and doctors in NFP and FA could offer a cost-effective and sustainable way of increasing the availability of NFP.

**RECOMMENDATION 37: The FA/NFP Division should continue its work in in-service education. It should also work to promote the incorporation of FA and NFP into family planning curricula at universities by working with other CAs and through careful selection of in-service training candidates that can have impact on pre-service training curricula.**

In 1992, in Cameroon, the FA/NFP Division conducted a workshop, addressing a topic which concerns all FP providers, i.e., HIV/AIDS. NFP, like most other methods of FP, does not offer its users protection against STDs, including HIV. There has been resistance on the part of some NFP organizations to discuss HIV/AIDS and safer sexual practices with their clients.

**RECOMMENDATION 38: NFP counseling, training and instructional materials should include information about STD/HIV prevention (condoms, monogamy, abstinence, safer sex). Potential NFP clients should be informed that this method does not protect them against STDs/HIV and instructed in the use of appropriate precautions.**

### *5.6.2 NFP Management Training*

The division, through its subcontract with the IFFLP, has provided management training for IFFLP affiliates through international and regional management training seminars which have reached 80 NFP program managers. Additionally, the division has provided technical and financial support to the IFFLP administered Management Preceptorship program which has trained 30 NFP program managers.

**RECOMMENDATION 39: Ongoing management training will be needed for the managers of NFP-only programs to strengthen the programs.**

### *5.6.3 MIS Training*

The division, as part of its effort to work with IFFLP affiliates to develop and improve an MIS, has supported or provided training to 220 NFP program managers in international, regional and in-country seminars.

**RECOMMENDATION 40: The MIS system is a valuable management and program tool and continued and expanded training should be supported.**

## 6. RELATIONSHIP WITH USAID

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The IRH has enjoyed the support of top level USAID officials and their guidance has been of great value. There have been numerous CTOs working with the project which has meant that there has not been consistent program guidance and there has not been strong enough advocacy at the agency level to promote BF/LAM/FP and FA/NFP programs. Additionally, the Missions need accurate information on BF/LAM/FP and FA/NFP in order to make appropriate management decisions on when and how to include them in the country program mix.

**RECOMMENDATION 41: USAID needs to develop a strategy to assure appropriate inclusion of BF/LAM/FP and FA/NFP at the Mission and CA level.**

As the BF/LAM/FP and FA/NFP programs have matured, the demand for USAID Mission field support has increased. Based on the new USAID budgeting system of reduced core and increased field support funds, small projects such as the IRH may be in jeopardy. Ten Missions have requested field support funds for the IRH but the level is low, ranging from \$10,000 to \$300,000 and do not appear fully loaded. These requests are indicators of interest but too small to support the full program. The project must have a base staff in order to maintain the cooperative agreement functions required. Without adequate funding the project core programs cannot be maintained which will result in an inadequate response to requests for TA.

**RECOMMENDATION 42: Substantial core funding will be needed to maintain the technical assistance, training, research and information components of the IRH project.**

Substantial reductions in finances are expected in the next fiscal year and in coming years and mission support are becoming increasingly important.

Both divisions have developed plans to offer its training services on a regional basis. Given the size of the training programs and the needs of the trainees, this is an effective strategy. The new funding strategy of USAID poses severe obstacles for the concept of regional training. For example, how will the base costs be covered? Will the host country support the program? Will the program have to be funded equally by all countries who send trainees?

**RECOMMENDATION 43: The project CTO should assist IRH in managing this budget transition, keep them informed of relevant financial issues and help IRH develop strategies to maintain cost-effective regional program strategies.**

IRH is required to submit monthly reports. Given the type of development work the Institute is involved in, the team believes that the six month reporting requirements as outlined in the project would provide adequate monitoring.

**RECOMMENDATION 44: USAID and IRH should determine the best schedule for reporting progress.**

## 7. FUTURE OPTIONS

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### 7.1 The Institute for Reproductive Health

The IRH has evolved since its inception and initial funding in September 1985. In early 1988, the emphasis on breastfeeding as a method of child spacing was added to the program. The original structure, which funded three separate institutions, was restructured in July 1989. The new structure established the Institute and its two divisions, BF/MCH and FA/NFP. Both divisions have flourished since the restructuring, offering strong but diverse programs.

The Institute is successfully accomplishing the project outlined in the program description. The design of the CA and its viability are confirmed by the fact that the document has been a guide for the project and retained its relevance. There is still work to be done which should be supported with continued funding focused on fertility awareness, NFP and BF/LAM/FP. However, LAM and NFP are not similar enough technically, in program goals or impact, to benefit from being organizationally linked together. LAM is recognized for its contribution to birth spacing but is not yet accepted by many family planning providers (including NFP providers) as a family planning method. Some of the prejudice associated with NFP has effected people's view of LAM and the association has caused confusion. LAM has the capacity to expand more rapidly if it is placed within a broader family planning/breastfeeding context.

**RECOMMENDATION 45: USAID should continue to support Fertility Awareness/Natural Family Planning and BF/LAM programs. Follow-on projects should separate BF/MCH and FA/NFP contractually.**

Georgetown University and the Institute has addressed issues of NFP in a thoughtful way which has added scientific information and a professionalism to the field which was previously lacking. Georgetown as a prestigious Catholic University with an internationally recognized medical school has provided credibility to the study of NFP. The FA/NFP Division has been successful in establishing positive relationships with NFP groups. Additionally, the division has the credibility to work with CAs offering multi-method programs and enhance the quality of NFP services among these programs worldwide.

**RECOMMENDATION 46: Georgetown University provides a uniquely capable venue for a NFP project, therefore, a non-competitive renewal of its contract is recommended.**

BF/MCH has developed predominate capability in the area of child spacing through breastfeeding and has skillfully developed and brought BF/LAM/FP to the attention of program and policy managers. The work to conceptualize, develop program implications and gain acceptance was been completed very quickly; in a period of less than 5 years. BF/LAM is now established as a method of family planning, and is enjoying more support within the family planning community. Acceptance of LAM among the breastfeeding community is wider than in the family planning community and is also increasing. BF/MCH is implementing their strategy to introduce LAM working

at the policy and program level. The BF/MCH Division has the professional talent and vision to implement this plan and a broader breastfeeding program. GU has an ongoing lactation management training program in which the BF/MCH division is active. Concurrently, Georgetown University School of Nursing is planning a Lactation Management Masters Program which will collaborate closely with the Obstetrics and Pediatric Departments. This multi-disciplinary program will offer a Masters of Science in Lactation Management and offer opportunities for additional collaboration and support to the BF/MCH Division.

The division is designated as WHO collaborating center for breastfeeding.

**RECOMMENDATION 47: The BF/MCH Division through its staff, its designation as a WHO collaborating center, its collaborative arrangements with other University Departments and other organizations has the capability and expertise to manage an integrated Breastfeeding project.**

## **7.2 The Breastfeeding/Maternal Child Health Division**

LAM and the BF activities of the division are recognized for their excellent scientific material and program. The evaluators believe there is a critical mass of interest in BF/LAM/FP and acceptance and the method can expand rapidly in the next 5 years.

The IRH has brought clear definition to LAM as a family planning method and its potential impact on birth spacing. There is consistent agreement that it is time for LAM to be mainstreamed. About 50% of the BF/MCH staff time is spent on broad breastfeeding promotion activities. LAM can only be successful in situations where breastfeeding is widely practiced and promoted.

Women who receive messages about breastfeeding can "manage" the key information about successfully using LAM, breastmilk as an important food source, and the appropriate introduction of complementary foods. A "holistic" approach to breastfeeding is possible and needed.

Maintaining a separate LAM project perpetuates an artificial separation between LAM and breastfeeding for child health, to improve nutritional status and women's health. LAM should become aligned with the other PHN Center breastfeeding projects but should have a distinct focus to assure adequate integration into all appropriate programs.

**RECOMMENDATION 48: Integrate LAM more fully in the context of broader USAID breastfeeding initiatives.**

It is the health care person who works with the mother in the antepartum and immediate postpartum period who must support the client as if she is to adopt LAM as her postpartum method of choice. Proper breastfeeding techniques are required for LAM success which further link the programs. However, LAM is a distinct family planning method and the introduction to a

complementary method of family planning is required. Early involvement of family planning staff to reinforce LAM facilitate the adoption of a complementary method is vital to the success of the method.

**RECOMMENDATION 49: LAM should be implemented with other PHN Center breastfeeding projects but have a distinct programmatic effort and role.**

Initiation of LAM does not require a clinic base. It does depend on clinic and professional support for the concept of breastfeeding and also societal influence that values breastfeeding. Social marketing may be an effective way of increasing acceptance of breastfeeding and the use of this method. Exploration and exploration of this approach will require increased funding for the division.

**RECOMMENDATION 50: Develop a social marketing approach for LAM.**

Traditionally the management of contraception for the postpartum woman looked at a strategy of selecting the best contraception for the women. In the case of the breastfeeding mother the provider needs to understand the lactational physiology and base contraceptive management on this. Knowledge of LAM is essential to the postpartum contraceptive management of the breastfeeding woman.

**RECOMMENDATION 51: All USAID funded family planning service delivery and training programs should include appropriate postpartum contraceptive management of the breastfeeding client as a standard of quality care.**

### **7.3 The Fertility Awareness/Natural Family Planning Division**

Concurrent with the funding of the IRH project, specific NFP funding in other USAID projects was reduced. Program implementation to NFP only groups was offered, at USAID's direction through IFFLP. The team is concerned that this has marginalized NFP and that "multi-method" CAs have not addressed NFP services because "that's Georgetown's program". Many CAs and Missions philosophically support NFP; as it is the only method that some people can use, it increases individual's choices and addresses religious concerns. Yet, NFP information and counseling remains unavailable to most couples in the world, thus, limiting individuals and couples right to free choice.

NFP and referrals to NFP services continue to remain unavailable in most USAID funded family planning service delivery programs and minimal funding allocated for the service. The IFFLP and its affiliates has been the programmatic arm for the NFP activities and receives approximately 1/3 of the division's budget and in addition, 1/6th of the BF/MCH division budget. Therefore, FA/NFP potential technical assistance activities with multi-method service delivery programs have been

minimized. This has resulted in NFP's continued unavailability. IF feasible, USAID should increase the FA/NFP budget to provide service delivery support to NFP only and to multi-method groups which have the potential of expanding access to NFP services.

**RECOMMENDATION 52:** USAID should continue funding activities which increase the availability of NFP information and counseling at sites where other family planning methods are available. For NFP to become more fully integrated into public and private sector service delivery institutions USAID will need to increase its advocacy role for NFP. NFP still needs the support of a single entity which promotes NFP, one which emphasizes communication strategies and programmatic integration of NFP into multi-method settings through appropriate consultation and technical assistance.

**RECOMMENDATION 53:** Subsequent NFP technical assistance funding should be split between NFP only groups and multi-method family planning service delivery programs and funding for direct assistance for both groups should be considered.

Communicating with providers of multi-method services regarding NFP and the appropriate inclusion of NFP services in FP clinics is difficult at best. Team members found significant resistance among providers to expanding NFP services. The need to offer many acceptable methods is real but many of the FP professionals have old biases and will require additional information and understanding of new strategies before there will be an increased interest in expanding NFP service. To address these issues and fulfill their role of NFP advocates, FA/NFP should consider seeking help in the development and implementation strategy for this group. Key to the success of the program would be identifying an individual with high level skills in this area.

**RECOMMENDATION 54:** Given the scope and difficulty of the communication task, the FA/NFP should consider either hiring or contracting with a person or agency with extensive FP communications experience to develop a sophisticated communication strategy.

Worldwide, many couples use their knowledge of their own fertility to prevent pregnancy by using other means of pregnancy prevention, instead of the periodic abstinence required by NFP. CAs also stated that a modified NFP that combined its use with the use of barrier methods, coitus interruptus and non-intercourse sexual activity might present a more viable alternative to some couples.

Many couples use Fertility Awareness Methods in combination with barrier methods, coitus interruptus and other forms of sexual intimacy. Yet not much is known about the efficacy of this combined approach nor have guidelines been developed on use of the combined approach.

**RECOMMENDATION 55: Research should be conducted on the efficacy and acceptability of Fertility Awareness Methods which include use of other methods of contraception besides abstinence.**

Current biomedical research activities of the FA/NFP Division are coming to closure but the favorable impact of these activities on the acceptance of NFP by the scientific community suggests that other areas of biomedical research should be included in a follow-on project. In addition there will need to be a staff presence in the biomedical research area to maintain the hard won credibility that had led to establishing an industry partnership. Future partnerships will depend on this on-going presence.

**RECOMMENDATION 56: Future biomedical research activities should address issues which have direct application to improving the acceptability and availability of NFP in developing countries. The PI, FA/NFP Division leadership, and USAID should collaborate during the next year to establish a future biomedical research agenda, assess the most appropriate way to disseminate information from the work to be completed under the current agreement, and agree upon an acceptable and realistic way to support both the future agenda and the dissemination activities.**

Many of the CA representatives interviewed cited the extensive information and counseling time required by the method as a major obstacle to integrating NFP into multi-method service delivery programs.

**RECOMMENDATION 57: Operation research activities should be conducted to determine the most effective ways to: 1) teach NFP and 2) integrate NFP into multi-method clinics.**