



JORDAN

Total Country Population (2002) 5.3 million

Project Catchment Population 1.0 million

Project Catchment Area All (351) government MCH centers located throughout the country

Program Profile

In 1997 the USAID Mission asked the LINKAGES Project to develop a strategy to integrate the lactational amenorrhea method (LAM) into the national reproductive health care service delivery system of Jordan. LAM is based on the natural infertility resulting from certain patterns of breastfeeding. The objective of the Ministry of Health (MOH)/LINKAGES LAM Project (1998–2004) was to increase quality offering and acceptance of LAM as a transition to the use of other modern family planning methods.

The MOH and LINKAGES introduced LAM in all 351 government maternal and child health (MCH) centers in the country. The MOH delivers family planning services through its network of MCH centers rather than facilities dedicated solely to family planning. Through this network of centers, 22 percent of Jordanian women receive antenatal care. Approximately 28 percent of women who attend antenatal care at MCH centers return for post-partum services.¹ Of all contraceptive users, 23 percent obtain their family planning method at government health facilities.²

Program Impact

Clinic and national survey data show that the 6-year LAM Project in Jordan improved breastfeeding practices and expanded family planning options.

Exclusive breastfeeding: In the 1997 national Demographic and Health Survey (DHS) in Jordan, only 11.9 percent of infants less than 6 months old were exclusively breastfed. The rate rose to 26.7 percent in the 2002 DHS. During this period, the MOH/MCH and LINKAGES were actively promoting breastfeeding nationwide.

LAM use: Beginning in 1999, LAM data were collected monthly in the MOH MCH clinics. From 1999 to 2003, the proportion of women who reported using LAM for child spacing increased

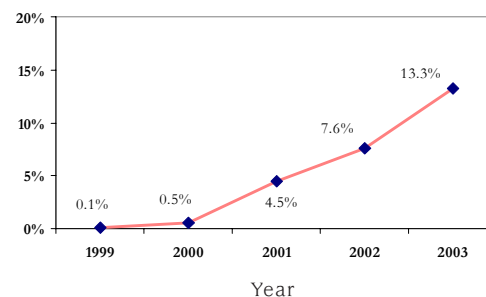
March 1998–March 2004



dramatically, from 0.1 percent to 13.3 percent (figure 1). The LAM user rate measures proportion of all women of reproductive age who report using LAM as a means of child spacing. It therefore underestimates LAM use among eligible women with infants less than 6 months old. However, it serves as a proxy for LAM use when the infant's age is not available.

Figure 1. LAM user rate in MOH maternal and child health clinics (1999–2003)

Women of reproductive age



Program Strategies and Activities

To achieve program results, the LAM Project adopted five strategies:

1. *Capacity building.* Strengthen the capacity of primary health care staff to integrate LAM, breastfeeding counseling, and lactation management into MOH service delivery.
2. *Behavior change communication.* Meet informational needs of mothers and families by developing educational materials and media messages

¹ Jordan Annual MCH Report 2001

² Jordan Annual Fertility Survey 2001

3. *Policy and advocacy.* Increase awareness of senior health officials, health professionals, and other stakeholders of LAM's impact on breastfeeding practices, infant health, and child spacing
4. *Monitoring and evaluation.* Strengthen management information systems to capture new LAM users
5. *Mainstreaming.* Ensure sustainability of the breastfeeding and LAM intervention through the establishment of a National Breastfeeding Center within the Maternal and Child Health Directorate.

Capacity Building

Effective integration of LAM into Jordan's MCH and family planning service delivery system required including LAM in nationwide in-service training. To support this objective, LINKAGES provided technical assistance for a training needs assessment, course design, curriculum development, and training of trainers.

Training needs assessment. In the 1999 training needs assessment undertaken by the MOH and LINKAGES, almost all of the 41 health care providers interviewed identified the need for training in lactation management. Only 30 percent knew all 3 of the LAM criteria. Many were confused about the definition of exclusive breastfeeding. Approximately 85 percent expressed a need for training in counseling techniques and interpersonal communication skills.

Course design and curriculum development. The assessment results were used to design an 11-day competency-based course in Arabic for trainers. The first 6 days of the course covered lactation management and LAM using different teaching methodologies, with an emphasis on case studies and role plays. The second half of the course was a practicum at MCH centers and a hospital.

The curriculum drew on one developed by Wellstart International and used by the Egyptian National Training and Technical Support Center for Breastfeeding, as well as a prototype LAM training module developed by LINKAGES.

LINKAGES also cooperated with the schools of nursing at one private and two public universities to update and enhance the breastfeeding and LAM content of their pre-service curricula.

Training of trainers (TOT). LINKAGES conducted 3 TOTs on lactation management and LAM, as well

as refresher courses on technical issues, use of the LAM Project flipchart, and monitoring of trained health providers' counseling. The project trained a total of 40 trainers (nurses/midwives and doctors) in these courses.

Supervisor training. Fifty-five MCH supervisors from all 12 governorates were trained in breastfeeding, LAM, and supervisory skills. The trained supervisors were expected to follow up on breastfeeding and LAM counseling by trained providers in MCH centers.

Training of providers. In 2000 the MOH trainers began 5-day training courses for service providers at MCH centers in the 12 governorates. By the end of the project, 861 health professionals had been trained. The output of the in-service training was the effective and continuing application of new technical knowledge and counseling skills in breastfeeding and LAM. This resulted in improved performance of service providers and routine offering of LAM as a family planning option and promotion of optimal infant feeding practices.

Mother-to-mother support group training. In 2002 LINKAGES and the MOH facilitated a training for 24 MOH trainers in the methodology for breastfeeding mother-to-mother support groups. This activity, a new concept in Jordan, introduced a community outreach component to the project and was enthusiastically received by mothers. By the end of the project, at least 12 mother-to-mother support groups, facilitated by MCH trainers, were meeting.

Behavior Change Communication

During the training needs assessment, health care providers identified a need for materials to help them communicate messages on breastfeeding and LAM. In a qualitative research study conducted by LINKAGES, women identified the following benefits of LAM: no side effects, little expense, availability, no need for doctor follow up, no menses, and mother/baby bonding. LAM users said that midwives, grandmothers, and other family members were their primary sources of information on LAM.

LINKAGES used the results of this qualitative research to develop educational materials, including an 11-page flipchart, 3 client brochures on breastfeeding and LAM for distribution at MCH centers, 2 television spots, 2 radio spots, 4 posters, and billboard messages. The MOH and LINKAGES media activities were designed to correct public confusion between breastfeeding and LAM and contribute to the demand for LAM services. LINKAGES collaborated with UNICEF

and USAID-funded reproductive health projects in training and in developing educational materials and mass media spots.

Policy and Advocacy

Policy and advocacy were key components of the LINKAGES LAM Project. Dialogue with key stakeholders included the following:

- ♦ Meetings with directors of health to garner support for breastfeeding and LAM training and follow up
- ♦ Workshops with women religious leaders from all 12 governorates to encourage them to promote breastfeeding and LAM
- ♦ Advocacy meetings with pediatricians, obstetricians, and midwives from public hospitals on adopting the principles of the Baby-Friendly Hospital Initiative in public hospitals (one MCH center in each governorate was designated to work toward Baby-Friendly status, pending renewal of UNICEF BFHI assessment in Jordan)

Each year the Ministry of Health, LINKAGES, and UNICEF coordinated advocacy events during World Breastfeeding Week to stimulate support for breastfeeding and LAM. MCH and primary health care centers held special health education sessions on breastfeeding, and health professionals promoted breastfeeding on radio and television talk shows.

Monitoring and Evaluation (M&E)

LINKAGES' M&E strategy in Jordan involved:

- ♦ Inclusion of LAM user rates in the MOH national health information system
- ♦ Capacity building of the MOH/MCH Directorate to collect and interpret breastfeeding and LAM data
- ♦ Regular collection of MCH service statistics
- ♦ Follow up and supportive supervision of providers trained through the project

When a proposal was put forth to delete some of the breastfeeding-related questions in the 2002 DHS, LINKAGES and Macro International met with the Department of Statistics and the USAID Mission to advocate for their inclusion. Thanks to these efforts, the questions were kept in the survey. As a result, LINKAGES was able to measure change in the exclusive breastfeeding rate of infants 0– < 6 months old and compare it with the 1997 rate.

Images in LAM Flipchart

LAM Criteria



No return of menses



Baby less than 6 months old



*Exclusive breastfeeding day and night**

*In Jordan “exclusive breastfeeding” rather than “full or nearly full breastfeeding” is one of the LAM criteria. Some countries modify the international criteria slightly to reflect national policies. The Jordanian MOH recommends exclusive breastfeeding (no water, fluids, or other foods) for the first 6 months because exclusive breast-feeding provides the maximum nutritional and health benefits for the infant. Another key message is transitioning to a different family planning method when a LAM criterion is no longer met.

Transitioning to Another Family Planning Method



Mainstreaming of Breastfeeding and LAM

As a result of the LAM Project's intensive in-service training and advocacy, LAM counseling is now offered regularly at all MCH clinics in the country. LAM is included in the family planning registry form of the MOH/MCH Directorate and in the DHS questionnaire. These achievements confirm that the LAM Project achieved its objective of integrating LAM as a family planning option into the national birth spacing program.

National Breastfeeding Center. In 2003 the MOH approved the establishment of a national institution to ensure sustainability of the LAM Project interventions and to protect and promote breastfeeding. The Center is intended to be responsible for education and training on breastfeeding and LAM and contribute to national advocacy and policy development. LINKAGES has provided training in strategic planning, BCC, and M&E to MOH staff working with the Center. In 2004, UNICEF requested the Center's collaboration in sharing the Jordanian experience with Iraqi health policy makers, a step toward a potential regional advocacy and training role.

Lessons Learned

Although the MOH/LINKAGES LAM Project was more limited in scope than other LINKAGES country programs, it achieved significant LAM behavior change among the target population.

- The project involved only two LINKAGES field staff (a Resident Advisor and a Financial and Administrative Officer), who worked closely with three MOH counterparts (a physician, a nurse, and a nutritionist) to implement activities. An M&E technical person in

LINKAGES' Jordan office would have greatly facilitated the project's monitoring and quality control of interventions.

- Location in the MOH allowed close cooperation with counterparts and local ownership.
- Decentralizing training to the governorates resulted in stronger outreach and acceptance of exclusive breastfeeding and LAM. Participatory, hands-on training ensured transfer and practice of skills.
- LINKAGES introduced in Jordan the concept of mother-to-mother support groups for breastfeeding. Women welcomed the chance to share their experience in these groups. Facilitators trained in mother-to-mother support group methodology will need follow up and supervision to apply their skills consistently and correctly.

LINKAGES Tools and Reports

- Flipchart of 13 counseling cards and messages on breastfeeding and LAM (Arabic), 2001
- "The Lactational Amenorrhea Method (LAM): A Modern Post-partum Contraceptive Method for Women who Breastfeed, Interactive Multimedia CD for Program Planners," Washington, DC, 2003
- "LAM Module for Health and Family Planning Service Providers" (English and Arabic), Amman, Jordan, 1998
- "Mainstreaming Brief: LINKAGES/Jordan and the Royal Jordanian Ministry of Health," Washington, DC, 2004
- "LINKAGES LAM Project, Jordan, 1998-2004: Final Report," Washington, DC, 2004

LINKAGES is a USAID-funded global program managed by the Academy for Educational Development (AED) that provides technical assistance to organizations promoting breastfeeding. LINKAGES supports comprehensive country activities to improve exclusive breastfeeding rates and related complementary feeding and maternal dietary practices and to extend the offering of the Lactational Amenorrhea Method as an effective, modern method of contraception.

For more information on the Jordan country program and other LINKAGES activities, please contact

[LINKAGES Headquarters](#)

E-mail: LINKAGES@aed.org

Fax: (202) 884-8977

Telephone: (202) 884-8221

Website: www.linkagesproject.org



WORLD LINKAGES is a publication of LINKAGES: Breastfeeding, LAM, and Related Complementary Feeding and Maternal Nutrition Program. LINKAGES is supported by the Bureau for Global Health, the United States Agency for International Development (USAID) under the terms of Grant No. HRN-A-00-97-00007-00 and is managed by the Academy for Educational Development. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID.

