

Improving Supply and Generating Demand for MIYCN Services in Jordan: An Assessment of Program Process and its Barriers and Facilitators

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Background

- Jordan implements the International Code of Marketing of Breast-milk Substitutes, but despite the existence of the legislation, advocacy and enforcement are still inadequate.^{1,2}
- A community nutrition program, currently being implemented, aims to improve maternal, infant and young child nutrition and post-partum family planning (MIYCN and PFP) using a supply and demand approach in three governorates of Jordan (Amman, Zarqa, and Karak).
- It supports health facilities to institutionalize MIYCN services and participate in a model service network (MSN), increase capacity of providers (HCPs), develop a cadre of lactation counselors (LC) while generating demand through intensive social and behavior change activities including community, mid media and mass media engagement.

Aims and Objectives

As part of longitudinal impact and process evaluation^{3,4}, we conduct annual process assessments using mixed methods approaches. Using data from one process assessment, we aim to:

- Assess the fidelity of program implementation
- Identify challenges and barriers at different levels of program implementation

Methods

- A process assessment utilizing convenience sampling was conducted and included 20 key informant interviews (KII) and 14 focus group discussions (FGD).
- We targeted the program staff, implementers, service providers and beneficiaries across the three governorates.

Supply Target Group	Type of interview	Sample
Project Staff	KII	6
Partner Implementer	KII	3
Health Facility Leadership	KII	9
Community Based Organization Leadership	KII	3
Community Health Committee Members	KII	3
Male Facilitators (CBAs)	FGD	3
Female Facilitators (CBAs)	FGD	23
Health Care Providers (HCPs)	FGD	45
Lactation Counselors (LCs)	FGD	10
Demand Target Group	Type of interview	Sample
Pregnant and Lactating Women (PLWs)	FGD	60
Mothers and Mothers-in- Law (M/MILs)	FGD	28
Husbands and Fathers	FGD	9

- All KII and FGD were conducted from August 1st - 22nd 2023.
- Participants provided informed consent for both study participation and audio recording.
- Transcription of recorded FGDs and KIIs were completed 24-48 hours post sessions in the original session language.
- Translation of Arabic into English was validated and verified for accuracy and appropriateness by an Arabic speaker from the research team.
- Thematic and inductive analyses were triangulated to ensure a comprehensive and validated interpretation of the data.
- Thematic analysis was conducted using NVivo 12 software.

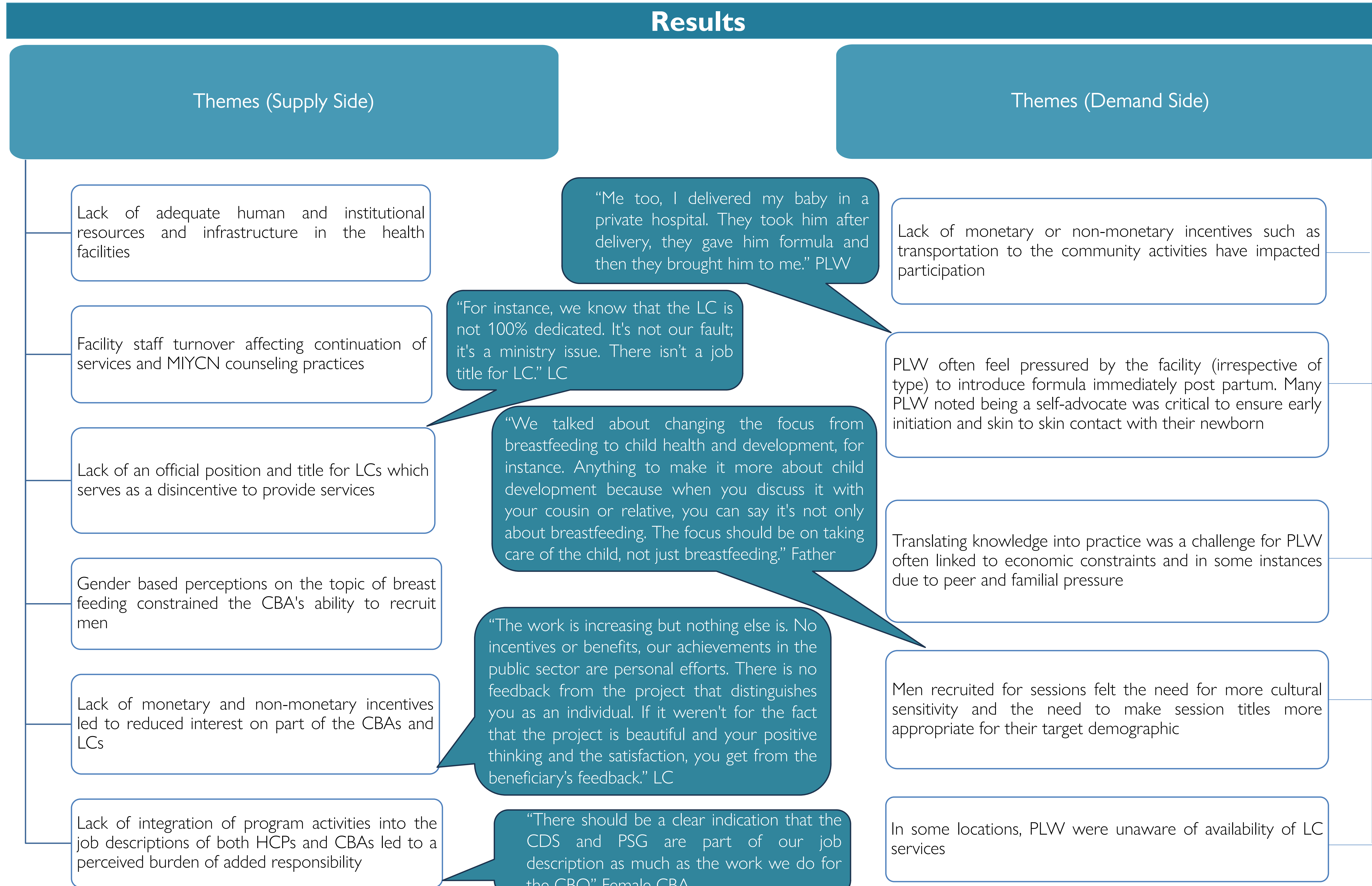
Data Collection
Aug 2023

Data Quality Assurance and Review
Sep-Oct 2023

Data Translation and Transcription
Aug- Sep 2023

Thematic and Inductive Analyses
Nov 2023 -Feb 2024

Results



Conclusions

- Similar perspectives from program staff to beneficiaries emphasizing successes and challenges at different levels of implementation with program implementation.
- There is need for recognition and acknowledgement, incentives and/or compensation across both participants and service providers to achieve impact and foster sustainability.
- Wider outreach and attention are needed to address barriers to translate knowledge into practice for sustained behavioral change among beneficiaries.

References

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Acknowledgements

Funding sources: This poster was made possible through support provided by Feed the Future Jordan Nutrition Innovation Lab through the U. S. Agency for International Development (USAID), under the terms of Contact No. 72027820LA00003. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID.

