

532-041

5320041-2

FEB 7 1977

143p.

PD-AAB-455-B1

ACTION MEMORANDUM FOR THE ACTING DEPUTY ADMINISTRATOR

THRU: ES

FROM: AA/PPC, Alexander Shakow

Problem: Your approval is requested for the attached Jamaica Population Project Paper because the proposed life of project funding exceeds \$2.0 million.

Background: This Project Paper proposes a four year funding for a new national family planning program in Jamaica. Planned obligations are: FY 1977 - \$596,000; FY 1978 - \$661,000; FY 1979 - \$586,500; and FY 1980 - \$586,500. The anticipated life of project obligations will total \$2,430,000. This project conforms to the project description as presented in the FY 1977 LA Project Data Book, page 201.

This AID project is geared to enable the Government of Jamaica (GOJ) to maintain by 1980;

- (a) an extensive public system of family planning services integrated into the Ministry of Health and Environmental Control's (MOHEC) basic health services;
- (b) the integration of Family Life Education and Sex Education into the Public School System;
- (c) a commercial distribution system of contraceptives complementing both the public and private distribution system throughout the Island.

AID will assist in maintaining an extensive network of 267 health facilities providing family planning services with MOHEC's 26 hospitals, 10 rural MCH centers, and 231 health centers and clinics. Contraceptives and related supplies and clinical equipment will be provided by AID for expanded integrated family planning and health services.

AID will also provide short-term consultants to the MOHEC, the Ministry of Education (MOE), and the National Family Planning Board (NFPB); participant training grants for MOHEC/NFPB medical and para-medical personnel and key managerial staff. It will also provide local costs for training, workshops and seminars to upgrade the skills of government health workers, teachers, educational guidance counsellors and social workers, etc.

The Government of Jamaica (GOJ) has increased its budget contributions to the program from \$1.8 million for FY 75 & 76 to \$2 million per year for the next four years. The GOJ cannot quickly absorb the costs of all the new activities, such as training and supervision of Community Health Aides (which the Ministry estimates will require a four year effort at minimum), and country-wide implementation of FLE/Sex Education program, as well as expanding costs of contraceptives for clinical, non-clinical and commercial contraceptive distribution programs. AID's contribution will diminish steadily and by 1980 the GOJ will assume full financial responsibility of the program.

The GOJ has a strong Population Policy and the present government's commitment to family planning was given official recognition as one of Jamaica's highest priorities in Ministry Paper No. 1, passed by Parliament in April 1974.

This PP authorizes \$2,430,000 of Title X bilateral aid for FY 1977 to FY 1980. The GOJ contribution will total \$8,000,000 during the life of the project. IBRD will contribute \$6,000,000, UNFPA will contribute \$360,000 and IPPF will contribute approximately \$200,000 for Jamaica FPA during the life of the project. The project, therefore, satisfies the 25% requirement of section 110A.

This project conforms to all relevant agency and congressional guidelines, including the Percy and Helms Amendments. The chief beneficiaries of this program will be low-income women in both rural and urban areas. The preponderance of MOHEC/NFPB staff providing family planning services, training of community health aids, and providing direction are women.

This project paper has been reviewed and cleared by all appropriate AID offices.

Recommendation: That you approve the project for funding from FY 1977 to FY 1980.

Attachment: Project Paper for Jamaica.

Approved: Philip Benjamin

Disapproved: _____

Date: 2/9/77

Clearance: PHA/POP: RTRavenholt WMB
 AA/PHA: F. Pinkham [Signature]
 AAA/LA: D. Lion [Signature]
 GC: G. Morgan [Signature]

PHA/POP/LA: AACole:11/8/76:X59677 (page 1 retyped:PHA/PROG:mb:1/17/77)

PROJECT AUTHORIZATION AND REQUEST FOR ALLOTMENT OF FUNDS
PART II

Name of Country: JAMAICA

Name of Project: FAMILY PLANNING
Number of Project: 532-041

Pursuant to Part I, Chapter 1, Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize a Grant to Jamaica, the "Cooperating Country," of not to exceed five hundred and ninety-six thousand United States Dollars (\$596,000), to help in financing certain foreign exchange and local currency costs of goods and services required for the project, as described in the following paragraph. The Jamaica Family Planning Project (hereinafter referred to as the "Project") consists of the development of an extensive public system of family planning services as part of the Jamaica Ministry of Health and Environmental Control's (MOHEC) basic health services; the integration of Family Life Education and Sex Education into the public school system; and the further development of a commercial distribution system for contraceptives throughout Jamaica.

I approve the total level of A.I.D. appropriated funding planned for this project of not to exceed two million four hundred and thirty thousand United States Dollars (\$2,430,000), of which the entire amount will be Grant funded, including the funding authorized above, during the period FY 1977 through FY 1980.

I hereby authorize the initiation of negotiation and execution of the Project Agreement by the office to whom such authority has been delegated, in accordance with A.I.D. regulations and Delegations of Authority, subject to the following essential condition, together with such other terms and conditions as A.I.D. may deem appropriate: Goods and services financed by A.I.D. under the Project shall have their source and origin in the United States, or in the Cooperating Country, except as A.I.D. may otherwise agree in writing.

Acting Deputy Administrator

2/8/77

Date

| | | |
|---|---|---|
| AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT AUTHORIZATION AND REQUEST FOR ALLOTMENT OF FUNDS PART I | 1. TRANSACTION CODE <input type="checkbox"/> A ADD <input type="checkbox"/> C CHANGE <input type="checkbox"/> D DELETE A | PAF 2. DOCUMENT CODE 5 |
|---|---|---|

| | |
|-------------------------------------|---|
| 3. COUNTRY ENTITY Jamaica | 4. DOCUMENT REVISION NUMBER 1 |
|-------------------------------------|---|

| | | | |
|--|--|--|--|
| 5. PROJECT NUMBER (7 digits) 532-041 | 6. BUREAU/OFFICE A SYMBOL PHA | B. CODE 5 | 7. PROJECT TITLE (Maximum 40 characters) Family Planning |
|--|--|--|--|

| | |
|---|---|
| 8. PROJECT APPROVAL DECISION ACTION TAKEN A <small>A APPROVED D DISAPPROVED DE DEAUTHORIZED</small> | 9. EST. PERIOD OF IMPLEMENTATION YRS. 04 QTRS 0 |
|---|---|

| 10. APPROVED BUDGET AID APPROPRIATED FUNDS (\$000) | | | | | | | | | |
|--|-------------------------|--------------------|--------|---------------------|--------|---------------------|--------|---------------------|--------|
| A. APPROPRIATION | B. PRIMARY PURPOSE CODE | PRIMARY TECH. CODE | | E. 1ST FY <u>77</u> | | H. 2ND FY <u>78</u> | | K. 3RD FY <u>79</u> | |
| | | C GRANT | D LOAN | F GRANT | G LOAN | I GRANT | J LOAN | L GRANT | M LOAN |
| (1) PH | 440 | 510 | | 400.0 | | 400.0 | | 292.4 | |
| (2) centrally funded commodities | | | | 196.0 | | 261.0 | | 294.1 | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| TOTALS | | | | 596.0 | | 661.0 | | 586.5 | |

| A. APPROPRIATION | N. 4TH FY <u>80</u> | | Q. 5TH FY | | LIFE OF PROJECT | | 11. PROJECT FUNDING AUTHORIZED | | | |
|------------------|---------------------|---------|-----------|---------|-----------------|---------|---|--|----------|---|
| | O. GRANT | P. LOAN | R. GRANT | S. LOAN | T. GRANT | U. LOAN | (ENTER APPROPRIATE CODE(S)) 1 - LIFE OF PROJECT 2 - INCREMENTAL LIFE OF PROJECT | | A. GRANT | B. LOAN |
| (1) PH | 326.3 | | | | 1418.7 | | | | | |
| (2) | 260.2 | | | | 1011.3 | | | | 2 | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| TOTALS | | 586.5 | | | 2430.0 | | C. PROJECT FUNDING AUTHORIZED THRU | | | FY 80 |

| | | |
|--|---|---|
| 12. INITIAL PROJECT FUNDING ALLOTMENT REQUESTED (\$000) | 13. FUNDS RESERVED FOR ALLOTMENT | |
| A. APPROPRIATION | B. ALLOTMENT REQUEST NO. _____ | TYPED NAME (Chief, SER, FM, MODEL) <u>Feb</u> |
| (1) PH | C. GRANT 400.0 | D. LOAN _____ |
| (2) centrally funded commodities | 196.0 | SIGNATURE <i>[Signature]</i> |
| (3) | _____ | DATE <u>1/19/77</u> |
| (4) | _____ | _____ |
| TOTALS | | 596.0 |

| | |
|--|---|
| 14. SOURCE/ORIGIN OF GOODS AND SERVICES | <input checked="" type="checkbox"/> 000 <input type="checkbox"/> 941 <input checked="" type="checkbox"/> LOCAL <input type="checkbox"/> OTHER _____ |
|--|---|

15. FOR AMENDMENTS, NATURE OF CHANGE PROPOSED

| | | | | |
|------------------------------|--------------------------------------|------------------------------------|--|--|
| FOR PPC/PIAS USE ONLY | 16. AUTHORIZING OFFICE SYMBOL | 17. ACTION DATE MM DD YY | 18. ACTION REFERENCE (Optional) | ACTION REFERENCE DATE MM DD YY |
|------------------------------|--------------------------------------|------------------------------------|--|--|

FEB 7 1977

ACTION MEMORANDUM FOR THE ACTING DEPUTY ADMINISTRATOR

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/s/ Alexander Shakow

FROM: AA/PPC, Alexander Shakow

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This project paper has been reviewed and cleared by all appropriate AID offices.

Recommendation: That you approve the project for funding from FY 1977 to FY 1980.

Attachment: Project Paper for Jamaica.

PHA/POP/LA: W Bair Cull

PHA/PRS: CDMcMakin [Signature]

LA/DR: CWeinberg [Signature]

Approved: [Signature]

PPC/DPRE: J. Welty [Signature]

CM/COD/PHA: Gold [Signature]

Disapproved: _____

GC/TFHA: ARrichstein [Signature]

DAA/PHA: EK MacManus [Signature]

Date: 2/9/77

LA/DP, DERbe [Signature]

Clearance: PHA/POP: RTRavenholt [Signature]

PPC/DPRE: EHogan [Signature]

AAA/LA, DLion [Signature]

GC: G. Morgan [Signature]

GC/LA: TGeiger [Signature]

LA/CAR: JLockard [Signature]

AA/EPC, A. Shakow [Signature]

PHA/POP/LA: A.A. Cole [Signature]

JAN 27 1977

ACTION MEMORANDUM FOR THE ADMINISTRATOR

THRU: ES
/s/ Alexander Shakow
FROM: AA/PPC, Philip Birnbaum

Problem: Your approval is requested for the attached Jamaica Population Project Paper because the proposed life of project funding exceeds \$2.0 million.

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This AID project is geared to enable the Government of Jamaica (GOJ) to maintain by 1980:

- (a) an extensive public system of family planning services integrated into the Ministry of Health and Environmental Control's (MOHEC) basic health services;
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AID will assist in maintaining an extensive network of 207 health facilities providing family planning services with MOHEC's 26 hospitals, 10 rural MCH centers, and 231 health centers and clinics. Contraceptives and related supplies and clinical equipment will be provided by AID for expanded integrated family planning and health services.

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NOV 24 1976

ACTION MEMORANDUM TO ACTING ASSISTANT ADMINISTRATOR (LA)

/s/ Marshall D. Brown

FROM: LA/DR, Charles Weinberg

Problem: Your clearance is requested on the attached action memorandum to the Administrator requesting his approval of the proposed FY 1977-80 Jamaica family planning project paper.

Discussion: The AID grant during this four year period will assist the Government of Jamaica to achieve country-wide availability of information and means of controlling fertility. The Government seeks to enlist 34,000 new acceptors annually thereby reducing the birth rate of 30.6 per 1,000 in 1975 to at least 25 per 1,000 by 1980.

Issues identified during the PHA/POP review included: 1) the rationale for continuing AID assistance to Jamaica; 2) the plan whereby paramedical workers, called community Health Aides, would provide a national network for provision of family planning services, and 3) the plan for nation-wide provision of contraceptives.

The Mission justification for this final four year grant was that the Government of Jamaica would be unable to fully implement their strong population policy and provide nation-wide coverage without the assistance of AID. During this transition period, AID's contribution will diminish and by 1980 the Government of Jamaica will assume full financial responsibility of the program.

Jamaica is an example of a Latin American country which is successfully reaching urban and portions of the rural population and where the level of fertility is declining commensurate with the provision of services. This final AID input will provide for the rural expansion to reduce the birth rate by 5% by 1980.

The Mission was able to provide a contraceptive distribution plan and indicates that the Minister of Health plans to increase the role of the Community Health Aides from one of provision of information and motivation to include distribution of contraceptives.

Recommendation: I recommend you clear the attached action memorandum to the Administrator.

Attachment: a/s

Clearances:

LA/DP, DERBE SD
LA/DR, PBittner B
LA/CAR, JLockard JL

Drafter: PFarley, 11/17/76; Redraft: ^{M.B.} MHBrackett 11/22/76

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 1977 to FY 1980
Total Cost: 2,528,000
Date Prepared: 9/15/76
Revised 10/22/76

Project Title & Number: FAMILY PLANNING 532-11-580-030

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS | | | | | | |
|--|--|---|--|------|-------------|------|----|--|---|
| <p>Program or Sector Goal: The broader objective to which this project contributes: A birth rate of 25 per 1,000 by 1980.</p> | <p>Measures of Goal Achievement:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">1975</td> <td style="text-align: center;">1980</td> </tr> <tr> <td>Birth rate:</td> <td style="text-align: center;">30.6</td> <td style="text-align: center;">25</td> </tr> </table> | | 1975 | 1980 | Birth rate: | 30.6 | 25 | <ol style="list-style-type: none"> 1) GOJ Registrar General Department records for 1980 as compared to baseline of 1975. 2) Sample surveys conducted by University of the West Indies (UWI). | <p>Assumptions for achieving goal targets: Continuation of favorable attitudes by Jamaican public toward family planning.</p> <p>Acceptance by women of the desirability of small families.</p> |
| | 1975 | 1980 | | | | | | | |
| Birth rate: | 30.6 | 25 | | | | | | | |
| <p>Project Purpose: To enable the GOJ to maintain, by 1980:</p> <ol style="list-style-type: none"> a) An extensive public system of fp services integrated into MOHEC basic health services b) Family Life Education/Sex Education embodied in the public school system curricula. c) A commercial distribution system of contraceptives complementing both the public and private distribution systems thruout the island. | <p>Conditions that will indicate purpose has been achieved: End of project status.</p> <ol style="list-style-type: none"> 1) 4,000 trained GOJ medical and para-medical staff delivering fp services and conducting IEC activities. 2) 267 MOHEC clinical facilities delivering hlth/fp services full-time. 3) Active users in public programs increased from 1975 level of 60,000 to 100,000. 4) 2,000 trained community health aides functioning as fp motivator, & distributing contraceptives at the household level in rural areas. 5) GOJ's commercial distribution of pills & condoms established and serving approx. 27,000. 6) MOHEC sterilization program providing 4,000 procedures annually. 7) FLE/Sex Ed. found in a) curricula b) Training manuals, c) Resource materials. | <ol style="list-style-type: none"> 1) Field observation. NFPB statistical records. 2) Field observation. NFPB statistical records. 3) Survey of Client Record Data System by UWI & MOHEC statistical Department. 4) NFPB records. 5) NPPB records, Westinghouse 6) NFPB records 7) MOE records | <p>Assumptions for achieving purpose:</p> <ol style="list-style-type: none"> 1) GOJ will continue to provide adequate financial support 2) Gov't will implement policy to provide fp on full time basis in all clinical facilities 3) People want and will use contraceptives if made available at subsidized prices. 4) Students will relate the FLE/Sex Ed concepts to their own situations and aspiration | | | | | | |

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS | | | | | | | | |
|---|---|---|--|---|---|---|---|---|---|---------------|--|
| Outputs: | Magnitude of Outputs: | | Assumptions for achievement of outputs | | | | | | | | |
| <u>Project Outputs</u> | | | | | | | | | | | |
| 1. U.S. Training, specialized courses -MCH/FP and IEC; Long term Short term | <table border="1"> <tr> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>1</td> <td>1</td> <td>2</td> <td>1</td> </tr> </table> | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 1 | PIO/P Records | MOHEC/NFPB will continue salary of such personnel during training. |
| 2 | 2 | 2 | 2 | | | | | | | | |
| 1 | 1 | 2 | 1 | | | | | | | | |
| 2. Training in fp & IEC counseling service. | Anticipated 1,400 by 1978, & 1,000 each in 1979 & 1980. | MOHEC/NFPB Records & Reports | MOHEC will release staff for training | | | | | | | | |
| 3. GOJ Commercial Distribution of oral contraceptives and condoms established to reach non-clinical clients thruout Jamaica. | 250 outlets for pills established and 1,000 outlets for condoms established by 1978 | Westinghouse quarterly Reports thru 1978; NFPB records after 1978 | GOJ budget adequate to finance assumption of responsibility for CDC by 1978. | | | | | | | | |
| 4. Family Life Educ/Sex Educ. Curricula developed & materials & manuals prepared. | (No. to be determined)-copies of manuals and materials prepared. | MOE - Records and observations in classrooms | MOE will provide staff for curricula development. | | | | | | | | |
| 5. In-service training in FLE/Sex Ed. for Primary and Secondary School teachers and for guidance counselors. Trainers assigned to all parishes. | By 1980: 2,000 teachers, 150 guidance counselors, 14 trainers. | -do- | Ministry of Education (MOE) will provide trained staff and budget to carry out their segment of FLE. | | | | | | | | |
| 6. For students in teacher's training colleges training in FLE/Sex Ed., population dynamics & related. | Approximately 1,500 students annually. | -do- | | | | | | | | | |

| NARRATIVE SUMMARY | --OBJECTIVELY- VERIFIABLE INDICATORS | | | | MEANS OF- VERIFICATION | IMPORTANT ASSUMPTION |
|--|---|----------------|----------------|----------------|---------------------------------------|---|
| Inputs: | Implementation Target (Type and Quantity) | | | | | |
| <u>INPUT-USAID</u> | <u>1977</u> | <u>1978</u> | <u>1979</u> | <u>1980</u> | | |
| 1. <u>Direct Hire</u> | | | | | USAID's records at Embassy Controller | Assumptions for providing inputs: (See information on GQJ inputs.) |
| Public Health Advisor/FP assigned as Project Manager to MOHEC/NFPB | 1 | 1 | 1 | 1 | NFPB's records | |
| 2. <u>Contract Consultants (Dollars)</u> | <u>50,000</u> | <u>10,000</u> | <u>10,000</u> | <u>10,000</u> | Other Donor's records | |
| Program planning, trng.; short term | 3MM | 12MM | 3MM | 3MM | | |
| FLE & midwifery instruction; | | | | | | |
| Long term | 12MM | --- | --- | --- | | |
| 3. <u>Participants (Dollars)</u> | <u>25,000</u> | <u>25,000</u> | <u>20,000</u> | <u>15,000</u> | | |
| 4. <u>Commodities (Dollars)</u> | <u>358,500</u> | <u>393,600</u> | <u>404,800</u> | <u>449,100</u> | | |
| a. Contraceptives (centrally funded) | 198,300 | 230,600 | 260,200 | 322,200 | | |
| b. Other contraceptives | 10,200 | 13,000 | 14,600 | 16,900 | | |
| c. Clinical equipment & supplies | 50,000 | 50,000 | 40,000 | 30,000 | | |
| d. Audio-visual aides | 50,000 | 50,000 | 40,000 | 30,000 | | |
| e. FLE seminars & workshops | 50,000 | 50,000 | 50,000 | 50,000 | | |
| 5. <u>Other Costs, Local (Dollars)</u> | <u>364,400</u> | <u>329,200</u> | <u>262,300</u> | <u>171,400</u> | | |
| a. Workshops/Seminars: MOHEC | 139,600 | 118,000 | 80,300 | 31,600 | | |
| MOEd. | 50,000 | 50,000 | 50,000 | 50,000 | | |
| b. KAP Studies | 40,000 | 40,000 | 30,000 | 10,000 | | |
| c. Vasectomy (thru FPA) | 25,000 | 20,000 | 15,000 | 10,000 | | |
| d. Adjustment for Inflation | 51,000 | 45,600 | 35,000 | 20,300 | | |
| e. Contingency Fund | 58,800 | 55,600 | 52,000 | 49,500 | | |

| HOST COUNTRY INPUTS | | OTHER DONOR INPUTS | |
|---|--|--|--------------------------|
| Type of Input | Total Amount | Organization & Type of Input | Total Amount |
| 1. Budgetary support for the health/NFPB including NFPB staff and administration, over-head, etc. | 1977 - \$1,800,000 1978 - \$2,160,000 1979 - \$2,160,000 | 1. IBRD: - Loan used for construction of 10 rural health centers and extension of VJMI. - Second loan for construction of health facilities N/FP, evaluator, equipment etc. | \$2,000,000 6,000,000 |
| 2. Provision of all health facilities including hospitals, health centers and clinics etc., to provide fp services and surgical procedures. | 1980 - \$3,150,000 | 2. UNFPA: - Grant to UWI to process and publish data of the 1970 Census (Caribbean Census). - Grant for depopovera provided for acceptors of NFPB program annually. | 830,000 90,000 |
| 3. Warehouse maintenance, distribution and control of commodities (contraceptives, audio-visual equipment, etc.) furnished by the project. | | 3. ILO: - Grant for support for family life education/sex education program for Union Workers, 1973-1977. | 311,000 |
| 4. Training of medical para-medical personnel and other out-reach programs etc. | | 4. IPPE: - Support to JFPA | 50,000/year |
| 5. Office space for counterpart and administrative support. | | 5. Others: - Development Association Inc.-participant training for medical and para-medical staff. - PIEGF/AVS-support for the NFPB sterilization program. - Pathfinder-support for JFPA Male Motivators Program. | Amounts to be determined |
| 6. Teachers to teach family life/sex education. | | | |
| 7. Provide funds for international travel for participants. | | | |
| 8. Access to statistics and client records. | | | |
| 9. Local transportation for consultants, advisors. | | | |

OTHER DONORS:

| | | |
|-------------------|--|--|
| IPPF (pg.3) | \$ 50,000 annually to JFPA - | Additional medical supplies and equipment to JFPA for better delivery FP services. |
| UNFPA (pg.3) | \$ 90,000 annually to MOHEC/NFPB for Depo-provera | Depo-Provera supplemental effort to National Family Planning Effort. |
| IBRD (pg.2) | \$6,000,000 Loan - 5 years project to build, equip and upgrade health facilities, Set up Planning and Evaluation Unit in MOHEC | |
| UNFPA (pg.3) | \$830,000 - Grant - | University of West Indies to assist in processing and publishing data obtained from the 1970 Census. |
| Pathfinder (pg.3) | | Provide Mini-Laps and cost for a National Conference of CHA's |

JAMAICA FAMILY PLANNING

| GOJ ORGANIZATION | ACTIVITY | TARGET GROUP | PERSONNEL | | | | GOJ EXPENDITURE | USAID INTUOUS | | | | RESULT |
|---------------------------|---|---|---------------|------|--------|-------------------------|---|---|---------|--------|--------|---|
| | | | '77 | '78 | '79 | '80 | | FY 77 | FY 78 | FY 79 | FY 80 | |
| 1. MOHEC (p.4, App. E) | Instaling, upgrade FT & IEC skills | MOHEC - Medical & para-medical staff | 270* | 233* | 1,170* | 400* | Salaries of staff, facilities, salaries of trainees | \$139,632 | 117,994 | 30,309 | 31,584 | 4,000 trained medical and para-medical staff in FP, IEC, continuous later in-service training |
| 2. MOHEC (p. 14) | Participant Train-Ing | MOHEC - Medical & 2 long-term 2 l.t. para-medical staff short " 1 s.t. 2 s.t. | | | | 2 s.t. | Participant salaries, international travel | 25,000 | 25,000 | 20,000 | 15,000 | Family Planning administrative and technical capability developed in Jamaicans to occupy key technical and administrative positions in NFPB |
| 3. MOHEC (pp.15-16) | Training-Laparoscopic sterilization | MOHEC - Medical doctors | 6 | 3 | 3 | 3 | Doctors' salaries, physical facilities | Indirect- JHPIEGO + equipment \$25,000 | | | | Expand laparoscopic sterilization capability to six more hospitals for total of 12 |
| 4. MOHEC (pp.15-16) | Training laparoscope maintenance | Central maintenance staff, MOHEC | 3 | 2 | | | Staff salaries, transport to parish hospitals, per diem, local facilities, local staff training | Indirect JHPIEGO; training of chief of maintenance staff + spare parts | | | | Capability to maintain equipment locally in the parish hospitals, plus training of additional staff |
| 5. MOHEC (p.6,9) | Training-community health aids(CHAs) | 1200 CHAs(new) 2000 CHAs(by 1980) | 500 | 600 | 400 | 400 | Salaries of ChAs, transport and maintenance, training facilities, trainees' | Per diem for trainers, maintenance training materials and facilities | | | | 2000 CHAs trained in FP/IEC to distribute contraceptives at household level in rural areas. MOHEC will train some people in additional areas in MCH/Nutrition |
| 6. NFPB (p.4 & App.E) | Training-Inter-disciplinary approach to give support-reinforcement to NFP Program | Church leaders, civic organizations, agric. ext. workers, social agencies, youth groups | | | | Not known | Salaries of ministries' staff and social agencies, workers training, facilities, trainers | Per diem for trainers, trainee maintenance, training materials and facilities | | | | Trainees develop positive attitude to FP and assume supportive role |
| 7. NFPB | Pre-service training UWI-4n Pop Dynamics FP/FLE | Training medical students, post-grad. MDs, nursing students, post-grad. nurses, and under-grad. and grad. students of social work | | | | Not known | Stipends for doctors, nurses and social workers | Indirect support, to UWI by regional loans, UNFPA | | | | Trained doctors and nurses in FP/Pop dynamics. Trained social workers in FLE/ dynamics |
| 8. NFPB (app. E) | Evaluative seminars/workshops | National and local GOJ staff (ministry staff located in Kingston and in parishes | | | | Not known | Salaries of national and local staff (ministries and GOJ agencies | Per diem of participants and maintenance of resource persons | | | | Realistic appraisal of effectiveness of seminars/workshops on FP/FLE/sex educ. seminars/workshops on |
| 9. MOZ (p.4) | Orientation, Seminars/Workshops in Infusion Strategy in FLE/Sex Ed. | High level educ. administrators in pilot areas | 4 pilot areas | | | No. of trainees unknown | Salaries of administrators, training facilities and resource persons | Per diem for administrators and resource persons | | | | Positive attitude of administrators towards FLE/Sex. |

JAMAICA FAMILY PLANNING PROGRAM

10/14/75

| GOJ ORGANIZATION | ACTIVITY | TARGET GROUP | OUTPUT BY YEAR | | | | GOJ INPUT | USAID INPUTS | | | | RESULT |
|---------------------------------|---|---|----------------------------|--------|--------|---------|--|---|----------|------------------------------------|----------|--|
| | | | '77 | '78 | '79 | '80 | | FY 77 | FY 78 | FY 79 | FY 80 | |
| MOE (P.4) | Training in Infusion strategy Infused Curricula development, on-going production of Infused Curricula Material | Teachers in Primary Secondary Schools, - Teachers Training College, Guidance Counselors | 1,000 | 1,400 | - 480 | | Salaries of Teachers and Guidance Counselors training facilities, trng. & materials (audio visual) | Per diem & maintenance for teachers and guidance counselors and training materials. Consultant Services facilities cost | | | | Trained teachers in infusion strategy both in curriculum development as well as teaching FLE & sex education for 100% of teachers in pilot area. |
| | | | | | | | | FY 77 | FY 78 | FY 79 | FY 80 | |
| | | | | | | | | \$50,000 | \$50,000 | \$50,000 | \$50,000 | |
| 11. MOE (P.4) | Training in FLE/ Sex Educ. | Students in Primary Secondary & Tertiary Schools System in Pilot Area | 100 | 70 | 9 | | Training facilities, materials audio visual aids & teachers | Partial support for materials & audio visuals aids & manual for teachers. | | | | Students develop positive attitude towards FP/FLE/Sex Educ. & have factual knowledge to bring about small family size. |
| 12. MOHEC/NFPB (P.4,22,23) | Distribution of contraceptives | Women & Men of Reproductive age 15-44 yrs) | 60,000 | 70,000 | 80,000 | 100,000 | Salaries of Local Staff, facilities delivery system | Centrally funded \$000 | | | | Increase in delivery of contraceptives from present 12% to 30% of WRA in four years. |
| | | | | | | | | FY 77 | FY 78 | FY 79 | FY 80 | |
| | | | | | | | | \$198.3 | \$230.6 | \$260.2 | \$322.2 | |
| | | | | | | | | <u>Other Contraceptives</u> | | | | |
| | | | | | | | | 10.2 | \$13 | 14.6 | 16.9 | |
| 13. CDC P 12-13, 13a | Commercial distribution of contraceptives | Women & Men of Reproductive age | 19,950 | 22,650 | 24,750 | 26,750 | Local staff facilities, transportation | Contract - Westinghouse | | Health System 919,000+ Commodities | | Institutionalized, effective CDC thruout Jamaica |
| 14. NFPB (P.4,P.29) | FP Commodities | MOHEC Clinics | 231 | 231 | 231 | 231 | Facilities, staff transportation | Equipment & Supplies \$50 \$50 \$40 \$30 | | | | Viable Logistical system |
| 15. VFPA (P.15) | Vasectomy Program | Males of reproductive age | <u>Vasectomies</u> 1200 | 1200 | 1200 | 12,000 | JFPA staff, & facilities | \$25,000 | \$20,000 | \$15,000 | \$10,000 | 1200 males sterilized |
| 16. Bucen/ MOHEC NFPB (p.16,17) | Chart Data Collection System | For Health Centers & Clinics Pilot Study | 93 Clinics | | | | Salaries of Staff, facilities Equipment & Supplies | Indirect Buconsus-Consultant Services & Equipment Supplies | | | | Upgraded Client Data Collection System for MCH/FP/Nutrition. Provide Valuable data for Clinics, Planners and Evaluation Purposes. |
| 17. DAI(p.3) | Training-Specialized. Short-term & In-country | MOHEC Medical & Paramedical staff | NOT KNOWN | | | | staff salaries | Indirect Support- DAI | | | | Trained Medical & Para - Medical Staff to deliver FP services |

Ref. No. _____

22nd April, 1976

National Family Planning Board
Advertising Campaign

The advertisements on the laparoscopic method of tubal ligation was part of a 3-phased advertising campaign.

Phase 1 - attempted to broaden the concept of family planning to show:

- (a) the role of family planning within the framework of national development
- (b) the relationship of family planning and individual, family and national stability
- (c) the role of family planning in helping to improve the quality of life.

Phase 2 - "The Miracle of Life" dealt very simply and graphically with basic human reproduction ;

Phase 3 - dealt again simply and graphically with each contraceptive method, how they are used, their contra-indications and effectiveness.

Media:

Phase 1 - Press (2 daily newspapers, one afternoon tabloid, 3 weeklies) radio, Television, Cinema, Billboards and the Interior of Buses.

Phases 2 & 3 - Press and 5-minute radio programmes

To date there has been no criticism of the ads in the Press.

When a
biscuit is a
treat - things
are rough!

Things happen in a family like this.
Things like hunger, no clothes to wear ...
no place to sleep - no love.
Every young person should take a lesson from this.
Start learning now to help yourself,
so that when you have a home and family
of your own you will be able to cope.
Plan now for the children you'd like to have. ...
Make sure that when you have them, you're ready for them.
This way your family will be a happier one.



This is family planning...all it is
is caring enough to do everything to help yourself....
For further information on what family planning
is all about visit your nearest health centre
or write to: "HAVE A HEART"
National Family Planning Board,
5 Sylvan Avenue, Kingston 5.

Have
a heart



NATIONAL FAMILY PLANNING BOARD

Family Planning is having a heart.



What is Family Planning?

Family Planning begins with self respect . . .

Respect yourself and your partner . . .

Family Planning is caring . . .

For yourselves - for your children.

Family Planning is having a sense of direction . . .

Work hard, save, take part in your family life.

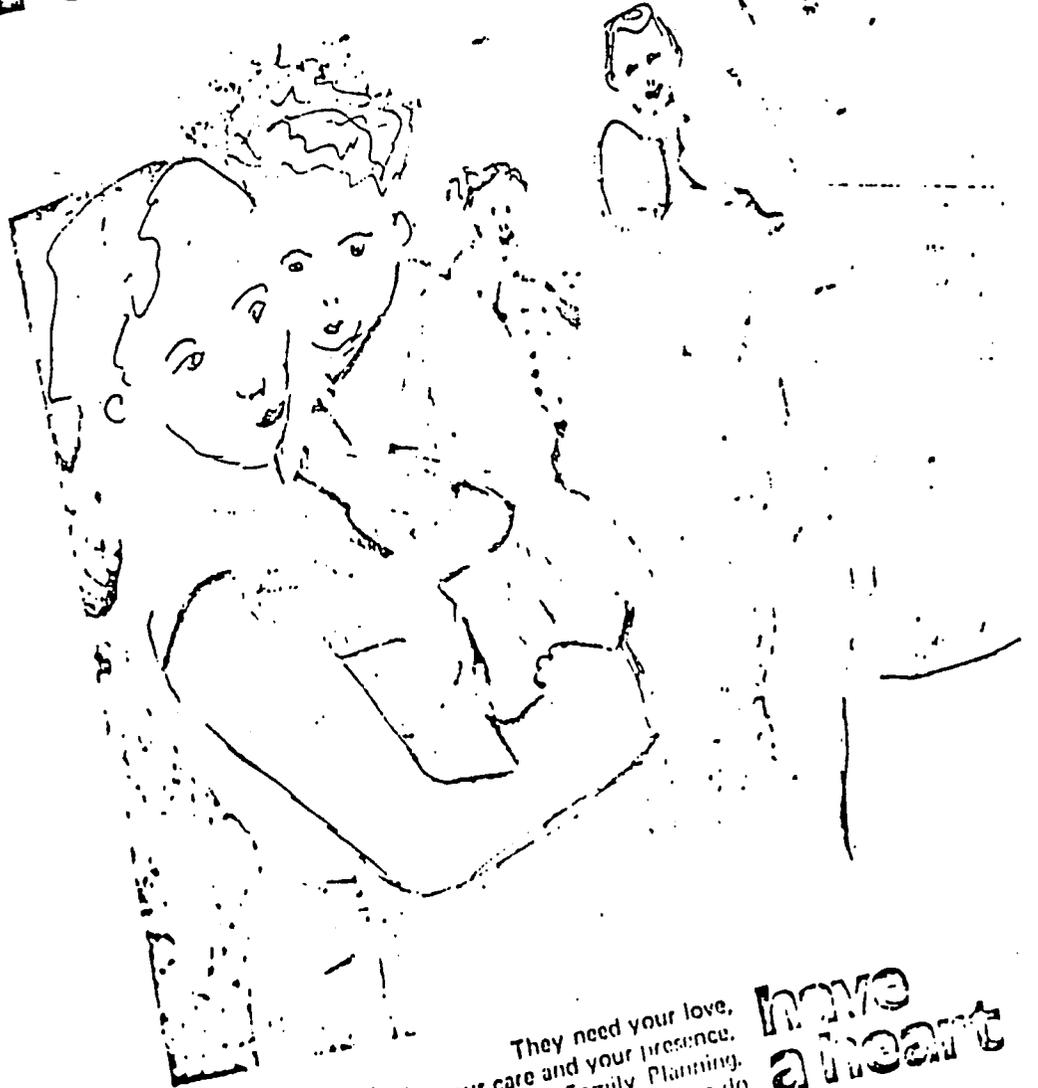
Family Planning is having pride in your partner - in your home.

Family Planning is making your home an environment of love -
through caring.

Family Planning is having a heart.

Where's the father?

It takes a man and a woman
to make a child.
It takes a man and a woman
to see that this child grows up
in a home that is filled with love,
care and understanding.
Men, don't neglect your children.
Preserve the health of their mother
by doing your best to lessen
the worry and overwork on her part.
Children need fathers.



They need your love,
your care and your presence.
This is Family Planning.
All it is, is caring enough to do
all you can to better your family life.
Family Planning is having a heart.

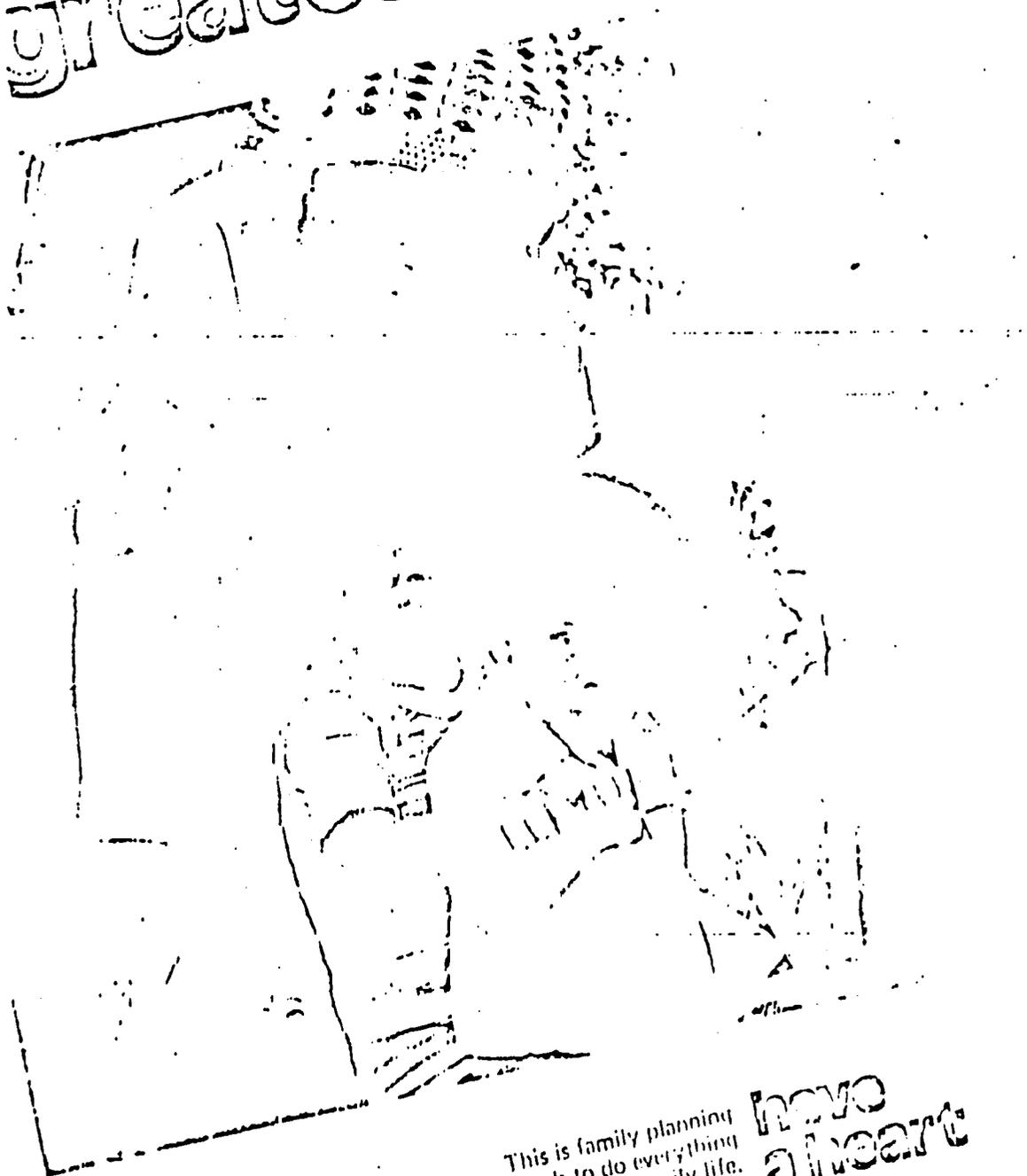
have
a heart

FAMILY PLANNING BOARD



MOM'S the greatest.

When one looks at this picture
one wonders how on earth any mother
could be anything less than
"The Greatest", to her family.
This mother cares, and her children know it.
With her help and guidance they
will grow up to be responsible,
well adjusted individuals.
They too will take pride in their home
- they will love and care for
their family - they will live their lives
as she has taught them.



This is family planning
it's caring enough to do everything
to better your family life.
Family Planning is having a heart.

have
a heart

FAMILY PLANNING BOARD



DO YOU KNOW YOUR CHILD?

How well do you know your child?
Are you aware of his strength, his weaknesses,
Can you anticipate his physical, spiritual and moral need
How well you know and trust your child
depends on the way you live with your child.
Spend time with him. Be his friend and companion.
Listen to him when he has something to say -
give him love and understanding.
If you do this, you can't go far wrong.
Your child will learn to trust you



and you can avoid the anguish and frustration
of not knowing what your child is about.
This is what family planning is all about.
It is caring enough to do all you can
to make your family life a better one.
Family Planning is having a heart.

Have
a heart

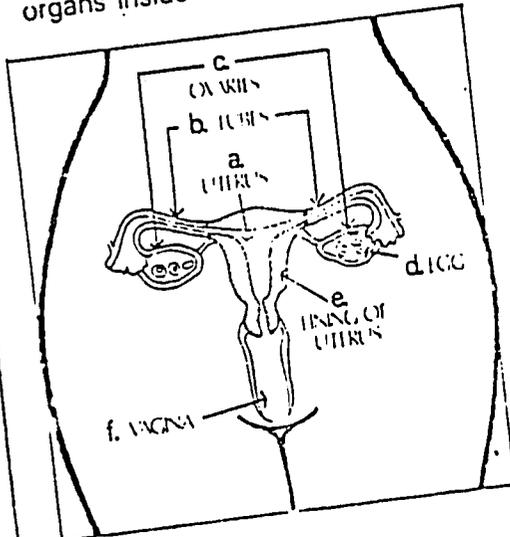
NATIONAL FAMILY PLANNING BOARD



the miracle of life

Part 1 Inside the Woman's body

In the picture are some of the organs inside a woman's body.



- a) The uterus or womb where a baby grows.
- b) Two tubes attached to the uterus (womb).
- c) Two ovaries below the tubes where eggs are stored from birth.
- d) An egg in an ovary.
- e) The lining of the womb where the egg can grow into a baby.
- f) The vagina or birth passage through which the baby passes when it is born.

MENSTRUATION

The ovaries in the female's body have the job of making her womanly in looks and ways. They also store eggs. At about age twelve, the eggs begin to ripen. Each month a ripe egg leaves one of the ovaries and travels along one of the tubes towards the womb. Meanwhile the lining of the womb becomes thicker ready to nourish a baby.

If the egg is not fertilized then it dissolves. The thick lining of the womb breaks up, and along with some blood, passes out of the body through the vagina, as the "menses" or monthly period. This is called menstruation. Menstruation usually takes place about every 24 days to every 30 days.

Fertilization — watch for fertilization or how pregnancy begins.

**Family Planning
is having
a heart.**

CUT THIS OUT AND KEEP



the miracle of life

Part 2 Inside the Man's body

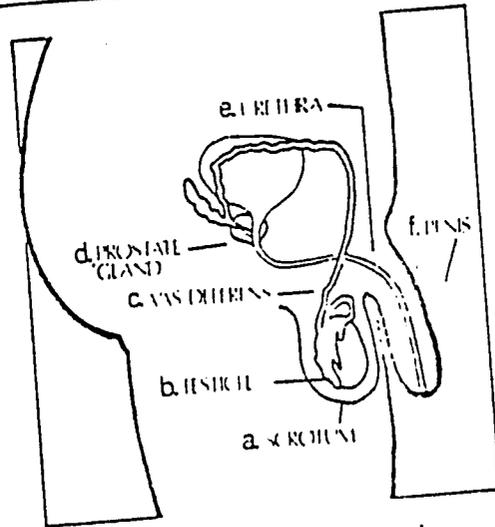
CUT THIS OUT AND KEEP

The male organs that are concerned with creating life are inside and outside the body.

- The scrotum - outside the body - is a bag of skin containing the testicles.
- Two testicles produce sperm, (commonly called seed).
- Two tubes, called the vas deferens, carry sperm from the testicles.
- The prostate gland produces most of the fluid which carries sperm from the vas deferens to another tube. Fluid containing sperm is called "semen."
- The urethra - the tube which carries fluid (whether with sperm or without) to the penis.
- The penis - the male organ through which urine and semen pass (but not at the same time) to outside the body.

The testicles in the male are mainly concerned with making him manly in looks and ways. At about age 13 they also begin to produce sperm (seed).

Sperm pass into the body through the vas deferens tubes. Fluid is collected and leaves the body as semen - through the penis.



The picture above shows their positions.

□ When semen enters the woman's vagina, it travels into her uterus (womb) and into both her tubes. If an egg is in a tube, a sperm will enter the egg and they become one. This is "fertilization" or "conception."

Fertilization then is the beginning of a pregnancy.

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is having a heart.**

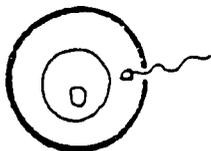
The miracle of life

Part 3 How Pregnancy Begins

Before a baby is born three things must happen.

- A ripe egg must be present in a tube of a girl or woman.
- A sperm from the male must join the egg to fertilize it.
- The fertilized egg must find a home in the lining of the woman's uterus (womb).

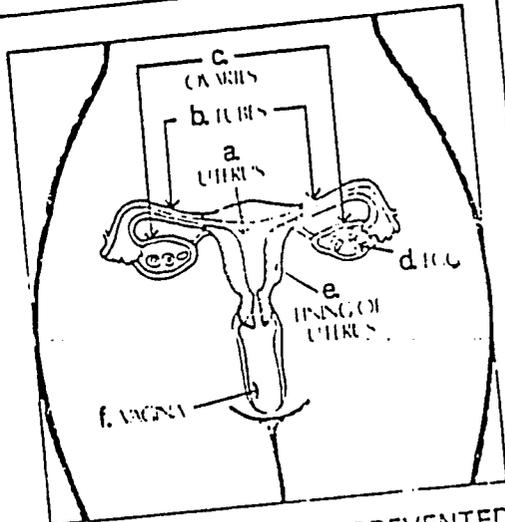
a THE FEMALE EGG b THE MALE SPERM



c EGG & SPERM UNITED
"Fertilization"

The baby then grows (usually for nine months) in the uterus before it is born.

When a couple wish to delay pregnancy or decide they have had enough children pregnancy can be prevented.



HOW PREGNANCY IS PREVENTED

The only way to make sure that pregnancy does not begin is to stop the sperm from the male entering the egg in the female.

This is done by —

- Not having sexual intercourse
- Using a reliable contraceptive method.

There are many methods from which you can choose. The method you use must be used correctly and faithfully. It must suit you, and your way of life.

Watch out for the different methods, how they work and how to use them.

CUT THIS OUT AND KEEP

Family Planning is having
a heart.

 NATIONAL FAMILY PLANNING BOARD

Now sterilization prevents pregnancy

PART 2 THE WOMAN

Each month a woman produces a ripe egg which travels along one of her two tubes towards the uterus (womb). She can only get pregnant while an egg is in a tube.

One way of preventing pregnancy is to stop the eggs from travelling through the tubes to the uterus.

There are different operations which doctors can do which make it impossible for the egg to travel along the tubes but instead are absorbed by the body.

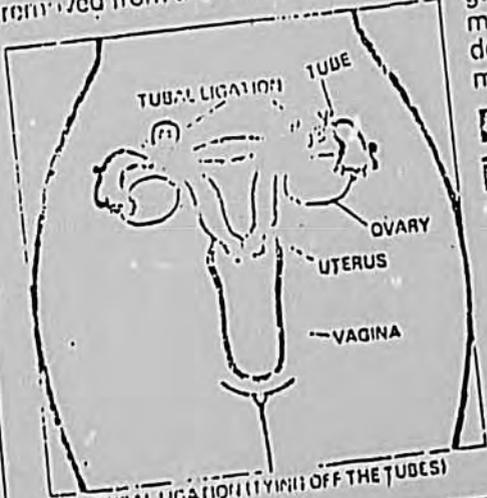
In most operations nothing is removed from the body.

The operation most widely known is called Tubal Ligation (tying off the tubes). After any of the operations the woman feels and acts just as feminine (womanly) as before. She may be more relaxed as she is no longer afraid of getting pregnant. She is protected immediately.

This operation does not interfere with sexual satisfaction of either man or woman. This method is the most reliable one for women who already have the number of children they want.

Once the operation is done the woman will not be able to get pregnant again so she must be very sure that she does not wish to have any more children.

Family planning is having a heart.



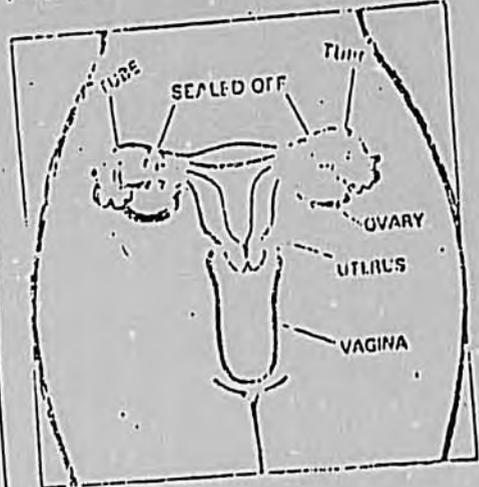
TUBAL LIGATION (TYING OFF THE TUBES)

CUT THIS OUT AND KEEP

Voluntary Sterilization Program

THE WOMAN - THE LAPAROSCOPIC METHOD

The laparoscopic method is a new way of doing a tubal sterilization - an operation to prevent the woman's eggs traveling through the tubes to the uterus (womb). She cannot get pregnant after the operation.



How the operation is done
The doctor deadens the area around the woman's navel, and makes a tiny slit about one inch wide. He puts in an instrument called a laparoscope to see inside the abdomen (tummy). Through the instrument he seals each of the two tubes.
The instrument is removed, two stitches are put in and the slit covered with a band-aid.

After the operation, the woman rests for a while then gets up, but remains at the hospital for about two hours more until the doctor is satisfied.

- N.B.** - Nothing is removed from the woman's body. She still has her periods and feels and acts as womanly as before.
- The operation may be done in the morning and the woman return home the same day.
 - It does not leave a noticeable scar on the abdomen (tummy).
 - It is immediately effective and the couple can have sex again when they wish.
 - It can be done six weeks or later after the birth of a baby.

Note carefully
This is a final method. The woman will not have children again. As in all operations for stopping a man or woman from having any more children, it is for those parents who decide they now have the number of children they want, can provide for, guide and protect. This is a reliable method.

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is being
ahead.**

How the Hormone Method Prevents Pregnancy

Part 2 THE INJECTION METHOD

Each month a woman produces a ripe egg. The ripening is caused by hormones which are substances produced by the body. When pregnancy starts the hormones change. They now prevent eggs ripening. The menses (periods) stop and the breasts prepare to produce milk.

One way of preventing pregnancy is to stop the eggs ripening. This can be done by the woman taking the same kind of hormones which the body produces when she is pregnant. This is taken through pills or injections.

However, it is not necessary to take hormones as strong as those produced by the body during pregnancy. Because the hormones are weaker the periods will continue and the breasts will not produce milk.

HOW TO USE THE INJECTION METHOD

This is the newest form of hormone contraception. An injection is given every three months by a doctor or nurse, until a baby is desired.

NOTE CAREFULLY

Women with high blood pressure, diabetes (sugar in the urine) varicose veins (large knotty veins), are likely to have problems during pregnancy. Such women might have similar problems if they use the hormone method. Therefore, women who already have these illnesses should use other reliable family planning methods.

THIS IS A RELIABLE METHOD - Watch for "How to take the pill"

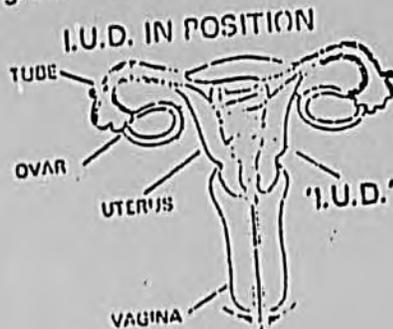
**Family Planning
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 NATIONAL FAMILY PLANNING BOARD

CLIPPING SERVICE

How Intrauterine Devices or I.U.D.'s Prevent Pregnancy

When a man's sperm enters a woman's egg, the egg becomes fertilized. The fertilized egg travels to the uterus (womb) enters its thick lining, and grows into a baby.



Pregnancy can be prevented by stopping the egg entering the lining. This can be done by putting an 'I.U.D.' into the uterus (womb)



TYPES OF "I.U.D."S

The 'I.U.D.' is made from the same plastic as is used in some operations, and will not harm the body. It must be put in by a Doctor or Nurse,

The woman learns how to check it herself. The 'I.U.D.' does not interfere with sensitive feelings of either man or woman.

WHO CAN USE THE I.U.D.?

This method is safe and reliable and can be used by most women.

It is especially good for women who are:

- Forgetful
- Do not like to use something before sexual intercourse
- Have High Blood Pressure, Diabetes, or some other condition in which the pill or injection cannot be safely used.

WHO MAY HAVE PROBLEMS WITH THE I.U.D.?

- Women who have growths in the uterus (womb)
- Women who have infections of the uterus or tubes.

If a woman has problems or wishes to have a baby, the I.U.D. can easily be removed by a Doctor or Nurse

Family Planning
is here!
alone.

CUT THIS OUT AND USE

(ASA) NATIONAL FAMILY PLANNING BOARD

How the hormone method prevents pregnancy

Part 2 THE INJECTION METHOD

BEST AVAILABLE COPY

Each month a woman produces a ripe egg. The ripening is caused by hormones which are substances produced by the body. When pregnancy starts the hormones change. They may prevent eggs ripening. The menstrual periods stop and the breasts prepare to produce milk.

One way of preventing pregnancy is to stop the eggs ripening. This can be done by the hormone which the body produces when she is pregnant. This is given through pills or injections.

There is not a strong effect as those produced by the body during pregnancy. Because the hormones are weaker the periods will continue and the breasts will not produce milk.

HOW TO USE THE INJECTION METHOD

This is the normal form of hormone contraception. An injection is given every three months by a doctor or nurse, until a baby is desired.

NOTE CAREFULLY

Women with high blood pressure, diabetes (sugar in the urine) varicose veins (large knotty veins), are likely to have problems during pregnancy. Such women might have similar problems if they use the hormone method. Therefore, women who already have these illnesses should use other reliable family planning methods.

THIS IS A RELIABLE METHOD - Watch for "How to take the pill"

Family planning is harder on a heart.



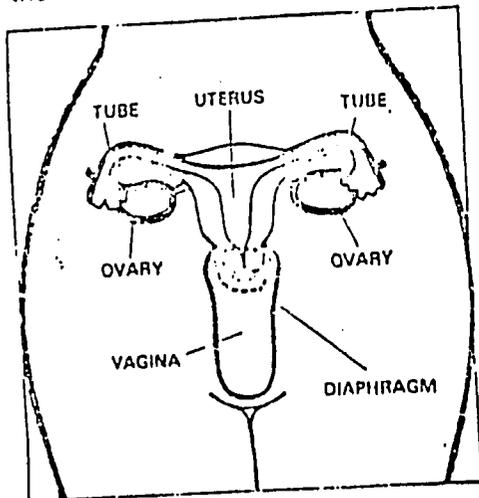
NATIONAL FAMILY PLANNING COUNCIL

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How the diaphragm prevents pregnancy

Before pregnancy begins a man's sperm must travel through a woman's uterus (womb), into her tubes and into an egg. One way to prevent pregnancy is to cover the opening of the uterus so that sperm cannot pass through.

The diaphragm is specially made to cover the opening of the uterus (womb).



THE DIAPHRAGM IN POSITION

Each woman has to be fitted with her correct size by a doctor or nurse. She learns how to put it in, remove and care for it herself. It is used with special "spermicidal creams or Jellies".

The diaphragm can be put in place for sometime before the sex act. It must be left in place for at least six hours after sex. It can be safely worn for up to 24 hours. If it is taken out before six hours, sperm may still be in the vagina and can travel into the uterus, and she could get pregnant.



DIAPHRAGM

The diaphragm is comfortable and does not interfere with sensitive feelings of man or woman.

This is a reliable method if fitted correctly and used with spermicidal creams or jellies.

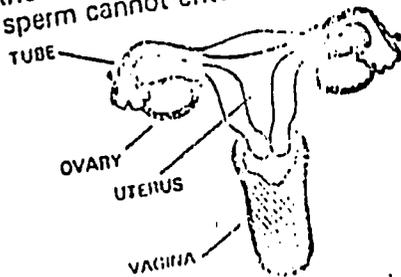
"Watch for Vaginal spermicides".

**Family Planning
is having a heart.**

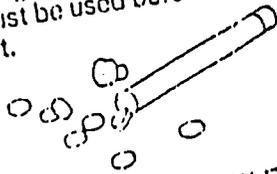
CUT THIS OUT AND KEEP

HOW VAGINAL SPERMICIDES PREVENT PREGNANCY

One way to prevent pregnancy is to cover the opening of the uterus (womb) so that sperm cannot enter.



The opening can be covered by a thick foam or jelly through which sperm cannot pass. These are called "Vaginal Spermicides". They must be used before each sex act.



THE FOAMING TABLETS

When wet the foaming tablets form a thick foam which covers the opening of the womb. The tablets must be kept dry until the woman is ready to use them.

HOW TO USE

Dip two foaming tablets in water. When foaming put them far up into the vagina. Wait for five minutes until the tablets have melted

completely before starting the sex act. The opening of the uterus (womb) will be covered for about fifteen to twenty minutes. If sex continues longer, wait two more tablets and insert again.



SPERMICIDAL FOAMS, JELLIES, CREAMS

These come in containers and tubes with applicators. Fill the special applicator according to the instructions. Put the filled applicator far into the vagina and empty. The sex act can start immediately. The opening of the uterus is covered for about one hour. Spermicidal jellies and creams are also used with diaphragms.

NOTE:

This method is only recommended for temporary protection unless used with a more reliable method.

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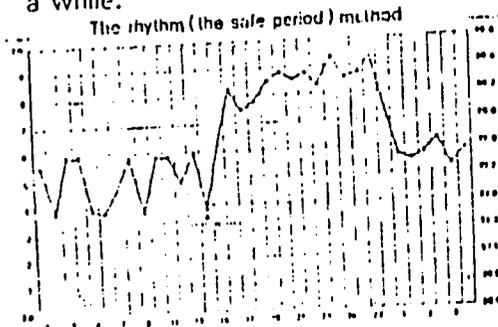
CUT THIS OUT AND KEEP

How the rhythm method prevents pregnancy

CUT THIS OUT AND KEEP

Each month a ripe egg leaves one of the woman's ovaries and travels along one of her tubes. This happens about 14 days before her period is due but can be shorter or longer. At the same time her body temperature rises slightly. It is during this time that the egg is released and her temperature rises that she can conceive.

To use the "Rhythm" method the woman must learn her own body's regular time or "cycle" of releasing an egg each month. Once an egg has been released and is in a tube the couple should not have sex for a while.



How to Use

One way of knowing when an egg is released is for the woman to learn to take and record her body temperature. The temperature is taken before getting out of bed each morning. After a few months the cycle or "rhythm" of the

release of eggs can be seen by the regular rise in temperature. The couple can then know when they should abstain (not have sex). It is advised that they should abstain for 4 days before the expected rise in temperature until 4 days after the rise.

Note Carefully:

- The cycle can change any month because of worrying, travelling, illness or for no known reason; in which case the egg would be released at a different time to when expected.
- The temperature can rise at times other than when an egg is released. Even a cold can cause a rise. The couple might then think an egg has been released and abstain from sex. They could therefore have sex at a time when the woman could conceive.

This can make the Rhythm method unreliable.

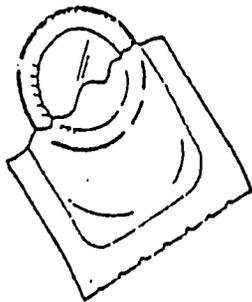
Both man and woman must accept the fact that this method requires great self-control and individual education in the "Rhythm" method is recommended for couples who for religious or other reasons cannot use contraceptives.

**Family Planning
is having a heart.**

(NFP) NATIONAL FAMILY PLANNING BOARD

How the condom prevents pregnancy

The Condom or (French Letter) is used by the man. It is made of thin rubber which can stretch. It is made to cover the entire penis to prevent sperm reaching the egg. It must be put on before the start of each sex act. After the act has been completed the penis must be withdrawn and the condom removed taking care that the semen (fluid containing sperm) does not spill, or that the condom does not slip off into the vagina.



The condom
(for men)

Should the condom slip off it can be easily removed - but the woman could get pregnant. The condom should be disposed of by flushing, burying, burning or placing in a garbage bin.

If the act is to be repeated another condom must be used.

Besides being a very efficient method of family planning, the condom gives protection against venereal disease.

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a heart.

PROJECT DESCRIPTION FOR PROJECT AGREEMENT

I. PROJECT DESCRIPTION

The purpose of this project is to strengthen GOJ institutions to achieve a level at least 34,000 new acceptors annually in public family planning programs.

II. OBJECTIVES

1. 4,000 GOJ medical and para-medical staff trained and delivering family planning services and conducting IEC activities by 1980.
2. 267 MOHEC clinical facilities delivering health/family planning services on full-time basis.
3. Active users in public programs increased from 1975 level of 60,000 to 100,000 by 1980.
4. 2,000 community health aides trained as family planning motivators.
5. GOJ's commercial distribution of pills and condoms established and serving approximately 47,000 annually by 1980.
6. MOHEC sterilization providing at least 4,000 procedures annually.
7. Family life/sex education curricula developed and in use into primary/secondary schools and teacher training colleges by 1980.
8. Family planning programs would have been institutionalized within the MOHEC activities.

III. PROJECT COMPONENTS

- a) 24 man-months of consultancy in program planning, family planning midwifery training, IEC and FLE.
- b) 82 man-months of long-term training in the United States
20 man-months of short-term training in the United States in MCH/family planning and IEC activities.
- c) Contraceptives centrally funded
Other contraceptives
Clinical equipment & supplies
Audio-visual aides
FLE seminars & workshops
- d) Local cost for in-country training (workshop & seminars)
Research (operational) surveys

IV. IMPLEMENTATION

This project will be implemented by MOHEC and NFPB.

Technical assistance, commodity support, and local cost for seminars and workshops will be provided by USAID/Jamaica.

The National Family Planning Board (NFPB) will concentrate on the following:

1. Coordinating family planning activities in all governmental and private sectors.
2. Public information and communication in all various forms.
3. Planning, implementation, statistical data collection and analysis, and monitoring and evaluation of the National Family Planning Program.
4. Monitoring of the commercial distribution program of contraceptives being carried out with the assistance of Westinghouse Health System, Maryland (Contractor).
5. Monitoring the UWI Family Planning/Epidemiology Unit's training and research programs.

The Ministry of Health and Environmental Control (MOHEC) medical and para-medical staff are responsible for the delivery of family planning services in the field. All GOJ's health facilities provide family planning services on a full-time basis under the direction of the Principal Medical Officer for Maternal and Child Health and Family Planning.

STATISTICAL SURVEY

There are several studies that the National Family Planning Board will initiate and contract out encompassing:

Studies on:

1. Knowledge, attitudes and practice of pills and condoms (including Perle and Panther) and other types of contraceptives.
2. Knowledge, attitudes and practice of family planning in urban as against rural areas.

PURPOSE

The collection of additional data which will serve to supplement the client data collecting system and so contribute towards the overall evaluation of the effectiveness of the family planning program in Jamaica.

Outline of the main features of the Methodology

It is proposed to interview both men and women heads of households. Households will be drawn on a random sample basis from lists of households supplied by the Department of Statistics. It is proposed to use a stratified sample so that not only urban and rural areas but also the various socio-economic groups in the society will be properly represented.

Special training sessions will be organized for all personnel engaged in each study at which a representative of the National Family Planning Board's Statistical Section is present. Training will involve full discussions of concepts as well as trial interviews under field conditions.

A series of studies - one a year concentrating on certain aspects of the survey will be done. In this way questionnaire will not be too long. This also has the advantage of facilitating the quick processing of schedules and the quick analysis of results.

(The above outline points out some of the guidelines which will be handed to the contractors. Details on the methodology e.g., sample size etc. will be discussed with contractors and approved so as to ensure conformity with the needs of the National Family Planning Board).

OUTPUTS

1. A profile of Jamaican users - (male and female) e.g., age, sex, parity, socio-economic characteristics cross-classified with their attitudes and knowledge of family planning.

**Inservice Training in the National Family
Planning Board and the Ministry of Health
and Environmental Control**

The objective of the Inservice Training Program is to improve the knowledge, attitudes and skills of the health team in family planning, so that they will be better able to give effective and efficient Family Planning services to the public.

The overall objective of these activities is to enhance the quality of service, education and skills designed to intensify and strengthen the Family Planning Program. Built into the plan are activities specifically aimed at supporting the integrated approach to family planning and population as it relates to the several agencies, e.g., Ministry of Education (MOE) which by mandate and voluntarily are playing vital roles in the National Family Planning Program and the Ministry of Health and Environmental Control (MOHEC).

The main categories of workers involved are:

- Medical Doctors
- Nurses
- Midwives
- Health Education Officers
- Public Health Inspectors
- Community Health Aides
- Social Welfare Workers
- Family Life Officers
- Agricultural Extension Officers
- Teachers(in terms of inputs for population since
major family life training is under the
aegis of the Ministry of Education)
- Operational field personnel in voluntary agencies
- Administrative/Managerial staff

The training program is an integral part of the MOHEC's program, therefore it is reasonable to conclude that MOHEC will assume full financial responsibility of the total NFPProgram by 1980, including of course, the training program. (See Appendix for details).

2. Determining any areas of resistance to family planning to any particular type of method.
3. Reason for dropping-out of the public program.
4. Urban/rural differences in acceptance of family planning or a particular type of method - if any.
5. Types of contraceptives being used and by whom and reason for acceptance.

Despite the plans for an elaborate and extensive FP/MCH data system which is now being launched, it is recognized that a data system needs to be reinforced with periodic surveys as there are certain types of data which will be best obtained from surveys or studies rather than overloading a client data system.

The National Family Planning Board, therefore, proposes to initiate several surveys at least one a year so that administrators of the family planning MCH program will obtain additional information on family planning acceptors- information on the knowledge, attitudes and practice of family planning, reasons for discontinuing, can client experience after discontinuing service.

But perhaps the most important aim will be to help in determining/ the effect the family planning program has had on fertility, and therefore the birth rate, and over time what effect the family planning program has had on change in family size.

Outputs of these surveys should give a profile of users - e.g., age, sex, parity and socio-economic characteristics of Jamaican in both rural and urban areas. For example, result may show that it is necessary to change the strategy of approach in advertising, education or even in the type of services in rural or urban areas because of basic difference in attitudes in these areas.

Emphasis will therefore be given to urban/rural differences in the analysis of survey results. The methodology used will ensure that an unbiased sample of Jamaicans (men and women) are interviewed which will mean that included in the results will be: a) acceptors of family planning within the government's program; b) acceptors of Perle and Panther; and c) private acceptors.

The analysis of the data for surveys will use all or most of the following sources:

1. Census Data (1970) - Dept. of Statistics
2. Vital Statistics Records - Registrar General Dept. Jamaica
3. The FP/MCH Data Collecting System
4. Statistics from sales of Perle and Panther -Commercial Distribution Section of National Family Planning Board
5. Statistics of sales of other types of contraceptives - major manufacturing companies.

Surveys will be spread over a four year period in order that concentration may be made on certain aspects, and so again a strong baseline for future studies.

NATIONAL FAMILY PLANNING BOARD .
 SUMMARY - TRAINING CONFERENCES
1976/77 - 1979/80

Y E A R

| | 1976/77 | 1977/78 | 1978/79 | 1979/80 | Grand Total |
|------------------------|---------|---------|---------|---------|-------------|
| Number of Courses | 28 | 22 | 21 | 10 | 81 |
| Number of Participants | 970 | 893 | 1,170 | 400 | 3,433 |
| Total Cost Ja\$ | 126,938 | 107,258 | 73,008 | 28,713 | 335,917 |
| US\$ | 139,632 | 117,984 | 80,309 | 31,584 | 369,509 |

ANNEX E

PROJECTION OF TRAINING/CONFERENCES FOR
FAMILY PLANNING/MATERNAL CHILD HEALTH/
FAMILY PLANNING AND FAMILY LIFE EDUCA-
TION/FAMILY PLANNING - 1976/77 - 1979/80

| 1976/77 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | Number of Participants | Items of Expenditure | Cost J\$ | Remarks |
|------------------|--|----------------|---|--|---|---|--|---------|
| 1 | 1 Week Residential Workshop, Multi-Disciplinary - National level X 2 | 2 | Health & Environmental Control Local Government Agriculture Education Youth & Community Development Labour Jamaica Family Planning Association Social Agencies e.g. Jamaica Federation of Women JAMAL | Administration/ Management | 19 Approximately 2 per other agency = 16 35 2 Workshops | Conference Room accommodation Lecturers Fee Miscellaneous and supplies Travelling Specialist-Consultant | 300 12,250 500 1,000 1,960 <u>3,200</u> 19,510 | |
| | | 2 | | | 70 | | \$ 19,510 | |
| 2 | Weekend Residential Regional Seminars X 5 | 5 | Health & Environmental Control Private | Doctors - including Medical Officers (11) Senior Medical Officers | 40 X 5 | Conference Room Accommodation Specialist-Lecturers Suppliers Travelling | 300 14,000 3,200 1,000 <u>11,760</u> | |
| | | 5 | | | 200 | | \$ 30,260 | |
| TOTAL C.F | | 7 | | | 270 | | \$ 49,770 | |

①

| 1970/71 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | Number of Participants | Items of Expenditure | Cost J\$ | Remarks |
|-----------|---|----------------|--|--|---|--|--|---------|
| | B/F | 7 | | | 270 | | 49,770 | |
| 3 | 2 Week Non - Residential Training courses X 12 (1 week theory 1 week practical) | 12 | Health & Environmental Control | Reg. Nurses - Hospital Public Health Nurses Public Health Inspectors Asst. Nurses Midwives | 12 10 5 8 <u>35</u> X <u>12</u> 420 | Conference Room Travel & Subsistence @ 15¢ per mile and approximately \$8.00 per day. Lecture Fees Miscellaneous & supplies | 3,600 37,975 4,800 <u>2,000</u> 48,375 | |
| | | 12 | | | 420 | | \$ 48,375 | |
| 4 | 3 day residential Evaluation/Planning Seminar - National level | 1 | Health U.W.I. - Social & Preventive Medicine Extra Mural Workers Ed. Pr. Education National Planning Unit Agriculture Housing Labour Youth & Community Development | Policy Makers Administrators/ Managers Implementors | 50 | Conference Room Travel & Sub. Specialist - Presnetators - Local Miscellaneous & Supplies | 90 5,196 720 <u>300</u> \$ 6,306 | |
| | | 1 | | | 50 | | 6,306 | |
| TOTAL C/F | | 20 | | | 740 | | \$ 104,451 | |

| 1976/77 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | Number of Participants | Items of Expenditure | Cost J\$ | Remarks |
|------------------|--|----------------|---|--------------------------|------------------------|--|---|---------|
| | B/F | 20 | | | 740 | | \$ 104,451 | |
| 5 | 1 Week Residential Workshop In Family Planning for Training Officers in related Ministries | 1 | Health Education Local Government Agriculture Labour Youth & Community Development JAMAL Jamaica Family Planning Association Private Sector | Training Officer | 20 | Conference Room Accommodation Lecturers Fees Specialist Miscellaneous & Supplies Travelling | 150 4,500 360 1,000 <u>\$ 6,010</u> | |
| 6 | 1 Week Training course X 6 | 6 | Health & Environmental Control | Community Health Aides | 20 30 X 6 | Conference Room Travelling Allowance Lecturers Fees Miscellaneous & Supplies | \$ 6,010 900 7,740 1,000 500 <u>10,140</u> | |
| | | 6 | | | 180 | | \$10,140 | |
| TOTAL C/F | | 27 | | | 940 | | \$120,601 | |



| 1976/77 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | No. of Participants | Items of Expenditure | Cost J\$ | Remarks |
|--------------------|--|----------------|--|---|---------------------|--|--|---------|
| | B/F | 27 | | | 940 | | 120,601 | |
| 7 | Weekend Residential Workshop 1st Phase of Community F.L.E. Project - Regional | 1 | Health Youth & Community Development Correctional Services Education Industry Church | Health Educators Nurses, Public Health Inspectors Probation Officers Principal/ Teachers Public Relation Officer Religious Leaders | 30 | Conference Room Accommodation Specialists-Consultants Fees Miscellaneous and supplies Travelling | 90 3,675 1,800 100 <u>672</u> 6,337 | |
| | | 1 | | | 30 | | \$ 6,337 | |
| GRAND TOTAL | | 28 | | | 970 | | \$126,938 | |



YEAR 1977/78

| Year 1977/78 | Period & Type of Activity | No of Cour- ses | Ministry/ Agency | Category of Participants | Number of Partici- pants | Items of Expenditure | Cost J\$ | Remarks |
|------------------|--|-----------------------|--|---|--------------------------------|---|--|---------|
| 1. | National Level FP/ POP Conference | 1 | All major Mins./ Agencies as identified previously and Reps. from the private sector | Policy Makers Administrators Managers Implementors & Active Community Members | 150 | Conference Room Presentors' Fees Travelling Per Diem @ \$8 x 150 participants Reproduction of materials for circulation Miscellaneous Audio visual pre- sentation | 60 300 2,940 1,200 750 250 500 | |
| | | 1 | | | 150 | | \$6,000 | |
| 2. | 3 Days Residential Counselling Workshop Regional 1st of a series of 4 sessions | 4 | Health & E.C. Church Youth & Community Development Education | Nurses Ed. Officers Religious Leaders Com. Development Officers & Family Life Educa- tion Officers Teachers | 40 | Conference Room Counsellor/ Lecturer's fees Accommodation Supplies Travelling | 90 1,000 4,200 100 2,352 | |
| | | 4 | | | 40 | | 7,742 x 4 | Series |
| Total C/P | | 5 | | | 190 | | 30,968 36,968 | |

| Year 1977/78 | Period & Type of Activity | No of Cour- ses | Ministry/Agency | Category of Participants | Number of Partici- pants | Items of Expenditure | Cost J\$ | Remarks |
|------------------|--|-----------------------|---|---|-----------------------------------|---|--|---|
| B/P | | 5 | | | 190 | | 36,968 | |
| 3. | One Week Non-Residen- tial Team Work Work- shops for Health Workers - 2nd phase x 12 | 12 | Ministry of Health & Environmental Control | Nurses Public Health Inspec- tors Midwives Health Education Officers Medical Officers National Youth Service Workers (Health) | 50 x 12 = 600 | Conference Room Lecturers Fee Specialist Trainer Travelling Miscellaneous Per Diem @ \$8 | 150 400 720 938 100 | 2,000 4,308 per course x 12 courses 51,696 |
| | | 12 | | | 600 | | 51,696 | |
| 4. | One Week Non-Residen- tial National Level Family Life Education Workshop | 1 | Ministry of Health & Environmental Control Youth & Community Dev. Labour Education Church Voluntary Social Workers & Teenagers | Health Educators Nurses Public Health Inspec- tors Family Life Education Officers Training Officers Religious Leaders Active Community Leaders & Teenagers | 50 | Conference Room Lecturers Fee Specialist Train- ers Travelling Per Diem @ \$8 Materials, Docu- mentaries, audio visuals, etc. | 150 400 800 938 2,000 2,000 | 6,288 |
| | | 1 | | | 50 | | 6,288 | |
| Total C/P | | 18 | | | 840 | | 94,952 | |

| Year 1977/78 | Period & Type of Activity | No of Cour- ses | Ministry/Agency | Category of Participants | No of Partici- pants | Items of Expenditure | Cost J\$ | Remarks |
|--------------------|---|-----------------------|---|---|----------------------------|--|---------------------------|---------|
| B/P | | 18 | | | 840 | | 94,952 | |
| 5. | 3 day Residential Evaluation/Planning Seminar - National level | 1 | Health U.W.I. - Social & Prev. Medicine Extra Mural Workers Ed. Programme Education National Planning Unit Finance Agriculture Housing Labour Youth & Community Development | Policy Makers Administrators/ Managers Implementors | 50 | Conference Room Travel Specialist/ Presentors Miscellaneous & Supplies etc. | 90 5,196 720 300 | |
| | | 1 | | | 50 | | 6,306 | |
| 6. | Residential Human Resource Lab - (Local) 4 weeks | | Youth & Community Development Health Education | Family Life Education Officer Teacher Health Education Officer or Nurse | 3 | | 6,000 | |
| GRAND TOTAL | | 19 | | | 893 | | 107,258 | |

PROJECTION OF TRAINING/CONFERENCES FOR
FAMILY PLANNING/MATERNAL CHILD HEALTH/
FAMILY PLANNING AND FAMILY LIFE EDUCA-
TION / FAMILY PLANNING - 1979/80

| 1979/80 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | Number of Participants | Items of Expenditure | Cost J\$ | Remarks |
|------------------|---|----------------|---|--|------------------------|---|---|---------|
| 1 | Non-Residential Regional Family Planning/Population Seminars - 1 day X3 | 3 | Health & Environmental Control Youth & Com. Dev. Agriculture Labour Local Government Religious Leaders Voluntary Social Services Community Leaders | Administration/ Managers Implementers Lay persons | 140 | Conference Room Travelling Presentors Fees Per Diem @ \$8 Miscellaneous | 30 525 80 1,120 300 <u>2,055</u> X 3 <u>\$ 6,165</u> | |
| | | 3 | | | 140 | | \$6,165 | |
| 2 | 1 Week Non-Residential Training Courses X 6 | 6 | Health & Environmental Control | Community Health Aides | 35 X 6 | Conference Room Lecturers Fees Per Diem @ \$8 Travelling Miscellaneous | 150 400 1,400 657 100 <u>2,707</u> X 6 <u>16,242</u> | |
| | | 6 | | | 210 | | \$16,242 | |
| TOTAL C/F | | 9 | | | 350 | | 22,407 | |

| 1979/80 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | Number of Participants | Items of Expenditure | Cost J\$ | Remarks |
|--------------------|---|----------------|---|--|------------------------|--|---|---------|
| | B/F | 9 | | | 350 | | \$22,407 | |
| 3 | Non-Residential Evaluation Seminar 3 days - National level - one day | 1 | Health U. W. I/Social & Preventive Medicine Extra Mural Dept. Workers Education Programme Education Finance Agriculture Housing Labour Youth & Com. Dev. | Policy Makers Administrators/ Managers Implementers | 50 | Conference Room Travel Specialist-Presenter Miscellaneous and supplies | 90 5,198 720 <u>300</u> 6,308 | |
| | | 1 | | | 50 | | \$ 6,308 | |
| GRAND TOTAL | | 10 | | | 400 | | \$ 28,713 | |

PROJECT: ON OF TRAINING/CONFERENCES OR
 FAMILY PLANNING/MATERNAL CHILD HEALTH/
 FAMILY PLANNING AND FAMILY LIFE EDUCA-
 TION/FAMILY PLANNING - 1978/79

| 1978/79 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | Number of Participants | Items of Expenditure | Cost J\$ | Remarks |
|-----------|--|----------------|--------------------------------|--|------------------------|---|--|---------|
| 1 | 1 Week non-Residential Family Planning Training Course X 6 | 6 | Health & Environmental Control | Community Health Aides | 35 X 6 | Conference Room Lecturers Fees Per Diem @ \$8 Travelling Miscellaneous | 150 400 1,400 657 100 <u>2,707</u> X 6 <u>\$ 16,242</u> | |
| | | 6 | | | 210 | | \$ 16,242 | |
| 2 | 1 Week Non-Residential Room Workshops for Health Workers - 1st Phase Cont'd X 12 | 12 | Health & Environmental Control | Nurses Public Health Inspectors Midwives Health Education Officers Medical Officers National Youth Service Workers (Health) | 50 X 12 | Conference Room Lecturers Fees Specialist Trainer Travelling Miscellaneous Per Diem @ \$8. | 150 400 720 938 100 <u>2,000</u> 4,308 X 12 <u>\$ 51,696</u> | |
| | | 12 | | | 600 | | \$51,696 | |
| TOTAL C/F | | 18 | | | 810 | | \$ 67,938 | |

| 1978/79 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | Number of Participants | Items of Expenditure | Cost J\$ | Remarks |
|---------|---|----------------|-------------------------|--------------------------|------------------------|--|--|---------|
| | B/F | 18 | | | 810 | | 67,938 | |
| 3 | Non Residential Seminars for Teenagers - Regional | 3 | Cross Section Community | Teenagers | 120 X 3 | Conference Room Team Leaders Fee Specialist Travelling (Business) Per Diem @ \$8. Miscellaneous | 30. 80 320 200 960 100 <hr/> 1,690 X 3 : <hr/> 5,070 | |
| | | 3 | | | 360 | | 5,070 | |

GRAND TOTAL

21

1170

\$ 70,008

AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT PAPER FACESHEET
 TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE (X APPROPRIATE BOX)
 ORIGINAL CHANGE
 ADD DELETE

2. COUNTRY/REGIONAL ENTITY/GRANTEE

3. DOCUMENT REVISION NUMBER: 2

4. PROJECT NUMBER: 532-041

5. BUREAU
 A. SYMBOL L.A. B. CODE

6. ESTIMATED FY OF PROJECT COMPLETION: FY | 8 | 0 |

7. PROJECT TITLE - SHORT (STAY WITHIN BRACKETS)
 FAMILY PLANNING

8. ESTIMATED FY OF AUTHORIZATION/OBLIGATION
 A. INITIAL MO. YR. | 7 | 7 | B. FINAL FY | 8 | 0 |

9. SECONDARY TECHNICAL CODES (MAXIMUM SIX CODES OF THREE POSITIONS EACH)
 460

10. ESTIMATED TOTAL COST (\$000 OR EQUIVALENT, \$1K = _____)

| A. PROGRAM FINANCING | FIRST YEAR | | | ALL YEARS | | |
|--------------------------------|------------|---------|----------|-----------|---------|----------|
| | B. FY | C. L/C | D. TOTAL | E. FX | F. L/C | G. TOTAL |
| AID APPROPRIATED TOTAL (GRANT) | 331.2 | 264.8 | 596.0 | 1401.0 | 1,029.0 | 2,430 |
| (LOAN) | () | () | () | () | () | () |
| OTHER U.S. GOVERNMENT | | 2,207.0 | 2,207.0 | | 10,398 | 10,398 |
| OTHER DONOR(S) | 3,200 | | 3,200 | 4,300 | | 4,300 |
| TOTALS | 3,531.2 | 2,471.8 | 6,003 | 5,701 | 11,427 | 128 |

11. ESTIMATED COSTS/AID APPROPRIATED FUNDS (\$000)

| A. APPROPRIATION ALPHA CODE | B. PRIMARY PURPOSE CODE | C. PRIMARY TECH. CODE | FY 77 | | FY 78 | | FY 79 | | ALL YEARS | | |
|-----------------------------|-------------------------|-----------------------|----------|---------|----------|---------|----------|---------|-----------|---------|--|
| | | | D. GRANT | E. LOAN | F. GRANT | G. LOAN | H. GRANT | I. LOAN | J. GRANT | K. LOAN | |
| PH | 444 | 440 | 596 | | 661.0 | | | 586.5 | | 2,430.0 | |
| TOTALS | | | | | | | | | | | |

12. ESTIMATED EXPENDITURES

13. PROJECT PURPOSE(S) (STAT WITHIN BRACKETS) CHECK IF DIFFERENT FROM PID/PRP

To enable the Government of Jamaica to establish and maintain, by 1980:
 a) an extensive public system of Family Planning Services, b) A Family Life/Sex Education in the public school curricula, and c) A commercial contraceptive system to complement the public school distribution systems.

WERE CHANGES MADE IN THE PID/PRP FACESHEET DATA NOT INCLUDED ABOVE? IF YES, ATTACH CHANGED PID AND/OR PRP FACESHEET.
 YES NO

15. ORIGINATING OFFICE CLEARANCE

SIGNATURE: FP: Arjuna Abayomi-Cole
 TITLE: Charles P. Campbell, AID Affairs Officer

DATE SIGNED: MO. DAY YR. | 0 | 9 | 1 | 5 | 7 | 6 |

16. DATE RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
 MO. DAY YR. | | |

AID 1330-4 (5-75)

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INTRODUCTION

Jamaica is the third largest island in the Caribbean with an area of 4,411 square miles. The present population is slightly over two million with a birth rate of 30.6 per 1,000, a death rate of 7.2 per 1,000 and a population density of 445 per square mile. Based on the 1970 Census about 43.6% of the population falls within the reproductive age (15-44) years. Because of heavy emigration, the population growth rate is about 1.42 and the Government of Jamaica (GOJ) recognizes that the use of contraceptives and other means of fertility control are indeed necessary if the population is to remain within the bounds where the country's economic resources can provide a suitable standard of living for the people.

Unemployment is approximately 25%, housing is in scarce supply with overcrowding existing for the majority of the people. Many families of 8 to 12 people live in one room. Classroom space and teachers are insufficient for the increasing number of eligible children annually. Only 20% of the children complete high school. Over 50% of the population is under the age of 20 years and this segment of the total population is steadily growing. Teenagers account for 26% of the births at the Victoria Jubilee Maternity Hospital, and many girls start their families at ages under 14 years.

Emigration, especially to the United States, has averaged twice the annual numbers of death. In the ten year period 1960 - 1970, 284,000 Jamaicans emigrated from the island. Since 1970 the emigration has continued on a high rate.

The present government's commitment to family planning as one of Jamaica's highest priorities was given official recognition in "Ministry Paper No.1" passed by Parliament in April 1974. This document enunciated a major policy change calling for integration of family planning into regular health services. The Prime Minister in a recent public address stressed the importance of, and the need for family planning in Jamaica. He called for support from the people involved in the program to assist the Government of Jamaica (GOJ) in solving the problems of socio-economic disparities and the too rapid growth in population. He emphasized responsible parenthood and the right of every child to be loved and cared for by a mother and a father.

The Governor General of Jamaica in a recent address at the opening of the Diamond Jubilee celebration of the Child Welfare Association on March 25, 1976 highlighted the Population Program and related to the people "There was a time when a man could boast of having a dozen children, but that was no boast." He said any man who made such a boast today was committing economic suicide. The Governor General appealed to Jamaicans to beware of the importance of curtailing population growth for a people who aspired to a better standard of living could only hope to achieve that goal if all the country's resources were fully developed. "Such a development," he suggested, would be hindered if population growth is to continue unchecked. He further stated that "there were many who had the mistaken belief that the provision of day care centers was a sort of license to have children at will, but that idea was a mistake."

The National Family Planning Program in Jamaica recruited a total of 59,900 new acceptors in 1975 of which 24,000 were recruited in the public program (MCHC), approximately 23,700 in private commercial sector, and approximately 11,200 in the commercial distribution of contraceptives (Panther and Perle).

New acceptors who availed themselves of family planning services in the MOHEC program for the year 1975 showed an increase over the number recorded in 1974. This increase is encouraging and belies fears that when the commercial distribution of contraceptives (CDC Program) started in June 23, 1975, there might have been a drop in the number of new acceptors in the family planning clinics. If this trend continues it would be assumed that the CDC Program is definitely reaching clients other than those who normally use the services of the family planning clinics, and therefore indicates a widening of family planning outreach.

The National Family Planning Board (NFPB) Program has been integrated into the Ministry of Health and Environmental Control (MOHEC) so as to have the Family Planning Program institutionalized within the Ministry during the gradual phasing-out of AID's assistance. AID's bilateral assistance will be required through 1980 to achieve country-wide coverage of family planning information and contraceptives through the clinical system of the Ministry of Health and Environmental Control, the commercial distribution program, the community health aides and midwives for household distribution and the family life/sex education program.

The Family Planning Policy and Program of the Ministry of Health were outlined in Ministry Paper No.1 of January 22, 1974. The following points should be noted:

1. If annual rate of natural increase remains at 3%, then the population will double in 24 years and by the year 2,000 the population will be 4,000,000;
is the
2. This/underlying arithmetic of the government's decision to design a dynamic population policy;
3. It is hoped that the policy will result inter alia, in a lowering of the birth rate from 34.3 per 1,000 in 1970 to 25 per 1,000 by 1980.

The Ministry paper makes it clear that the arithmetic and the social and economic consequences which follow are so serious that: 1) the Minister of Health and staff must become more involved; 2) other governmental agencies must assist; 3) private organizations must do their part; 4) finally, nothing short of the involvement of the entire population of Jamaica will be good enough. GOJ's financial support has been substantially increased over the years 1974-1975 level was \$1.8 million and 1975-1976 being \$1.8 million.

OTHER DONORS

The World Bank (IBRD) has provided a loan of \$2 million to construct a hundred and eighty-five bed wing to Victoria Jubilee Maternity Hospital; the hospital provides one of the most effective post-partum programs in the island with funds from the National Family Planning Board (NFPB) and USAID. In addition, the loan provided for construction and equipment for 10 rural maternity centers that are located in strategic areas of the community. A second loan of \$6 million was approved in April 1976 and should be used for construction and equipment and upgrading of health facilities in rural areas.

FERTILITY

TABLE 6.1 AGE SPECIFIC FERTILITY RATES AND PERCENTAGE INCREASE OR DECREASE JAMAICA 1960 AND 1970

| Age Group | Age Specific Fertility Rates | | % Increase (+) or Decrease (-) |
|-----------|------------------------------|--------|--------------------------------|
| | 1960 | 1970 | |
| 15 - 19 | 0.1528 | 0.1674 | + 9.6 |
| 20 - 24 | 0.2881 | 0.3018 | + 4.8 |
| 25 - 29 | 0.2563 | 0.2681 | + 4.6 |
| 30 - 34 | 0.2098 | 0.1902 | - 7.6 |
| 35 - 39 | 0.1288 | 0.1273 | - 1.2 |
| 40 - 44 | 0.0472 | 0.0468 | - 0.8 |
| 45 - 49 | 0.0182 | 0.0078 | - 49 |

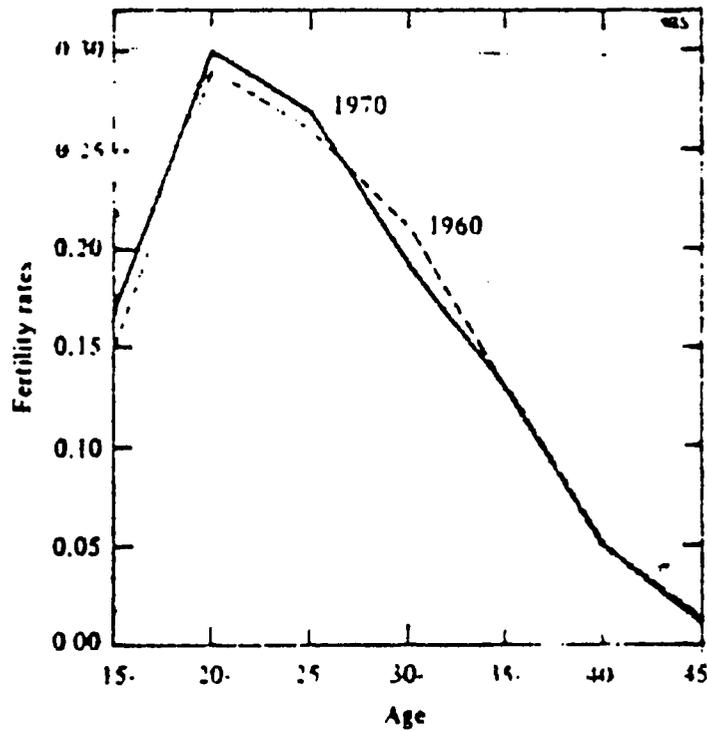


Figure 6.2 Age specific fertility rates Jamaica 1960 and 1970

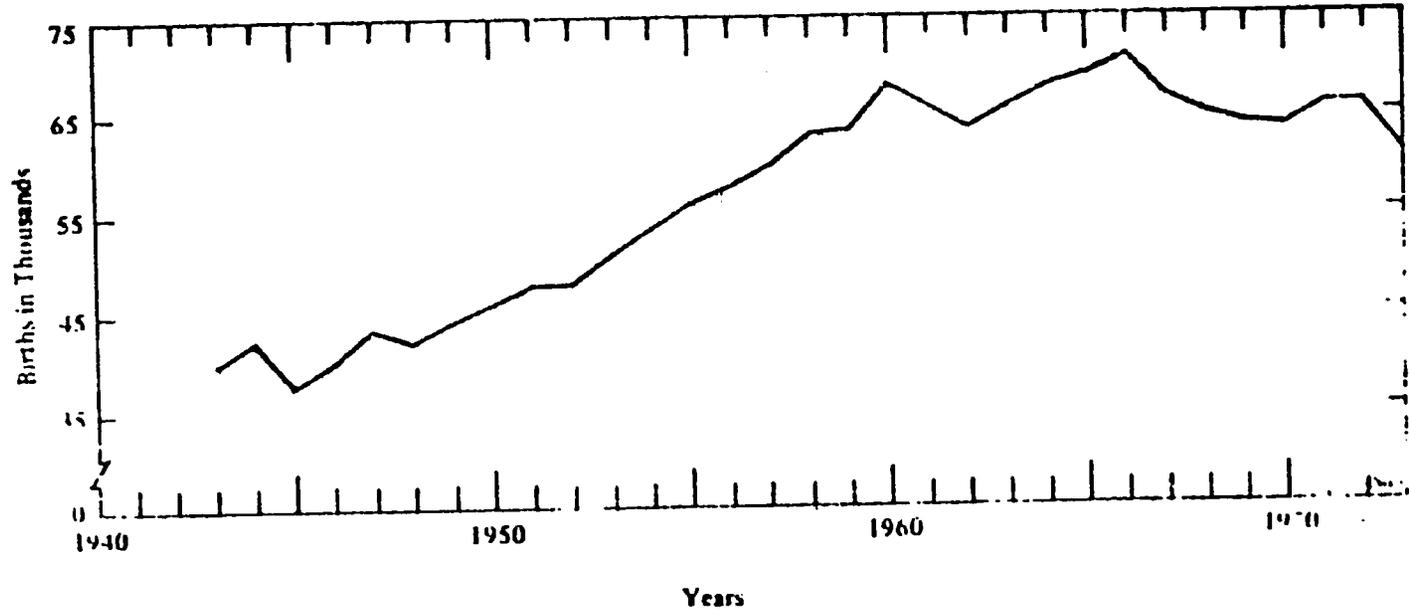


Figure 6.1 Annual Number of Births, Jamaica, 1944 to 1973

Development Associates (DAI) provides short-term training in the United States and in-country. Ten short-term fellowships were made available to the MOHEC/NFPB Program in 1976 for training of trainers in family planning; similar fellowships are anticipated for the future years. International Planned Parenthood Federation (IPPF) contributes \$50,000 annually to the Jamaica Family Planning Association (JFPA) for its clinical programs and operations. UNFFA: This agency made a five-year grant of \$830,000 to the University of the West Indies (UWI) to assist in processing and publishing data obtained in the 1970 Census. The UNFFA also provided for a worker population education project - \$311,000 for a three year period ending 1977. This project is being implemented by the International Labor Organization to reach the 250,000 workers of the three major trade unions with family planning information in the context of education for total family well-being. Also they provide depo-provera to MOHEC clinics at an annual cost of \$90,000. PIEGO and the Association of Voluntary Sterilization will continue to provide technical and commodity assistance for laparoscopic sterilization program. The Pathfinder Fund has provided mini-lap kits.

USAID's assistance in previous years include technical consultants in administrative education, training, statistics and communication, procurement of contraceptives, clinic equipment and supplies, educational equipment and teaching materials, participant training and local funding for NFPB and private organizations providing family planning services. The Westinghouse Population Center provides technical assistance and financial support for a program of commercial distribution of contraceptives. The Center's contract is currently financed by USAID Office of Population through June 1977 at a cost of US\$919,000, plus centrally funded contraceptives.

A. RECOMMENDATION (New AID Grant , as follows:)

| | |
|--------------------------------------|--------------------|
| Grant | <u>\$2,430,000</u> |
| (Terms: 4 years funding - bilateral) | |
| Contracts | \$ 80,000 |
| Participants | 85,000 |
| Commodities | 1,236,000 |
| Other Costs | 759,500 |
| Inflation | 151,500 |
| Contingency | <u>118,000</u> |
| TOTAL | = \$ 2,430,000 |

PROJECT DESCRIPTION

The goal of the National Family Planning Program is to assist the Government of Jamaica (GOJ) to lower the birthrate of 30.6 per 1,000 to at least 25 per 1,000 by 1980 so as to bring the population more in line with the socio-economic development of the country.

To enable the Government of Jamaica to establish and maintain, by 1980: a) an extensive public system of Family Planning Services, b) A Family Life/Sex Education in the public school curricula, and c) A commercial contraceptive system to complement the public school distribution systems. The project is geared to reach the men and women of the reproductive age at risk, with emphasis on teenagers and rural population. In pursuit of rapid expansion of family planning acceptance and in accordance with the Government of Jamaica's program of fertility control and quality of life, the following elements will be financed under this project.

- 1) Short-term consultants to the Ministry of Health (MOHEC) including the National Family Planning Board (NFPB) and the Ministry of Education (MCE) in program planning and evaluation, contraceptive and surgical services, formal and non-formal family life education and communication training. USAID will continue to provide the services of long-term family planning and midwifery consultant for a year, who will assist in curriculum development and actual teaching of family planning and midwifery. This would allow the overseas trained Jamaican counterpart to overlap with the consultant and would allow for gradual take-over from the person.
- 2) Participant training grants for government medical and para-medical personnel, and the National Family Planning Board staff. The training programs will be of a specialized nature to meet the needs of the priority components of the overall population program.
- 3) Contraceptive and related medical supplies and clinical equipment for the expanded integrated family planning and health services in the 10 MCH Centers, 231 health clinics, 26 hospitals and Jamaica Family Planning Association Clinics, and the commercial distribution program.
- 4) Education materials and audio-visual equipment for the above facilities, Bureau of Health Education (BHE), MOHEC field workers and the Ministry of Education (MCE) which has a prime responsibility for carrying out the family life/sex education program.
- 5) Local costs of training, workshops and seminars to upgrade skills of government health workers, social workers, educational guidance counsellors and teachers. Seminars in FP/FLE will also be conducted for youth groups, community leaders, church leaders, private organizations, farmers and rural population.

- 6) The services of a full-time AID Population Officer to serve as advisor to the National Family Planning Board, and to other ministries, and as a focal point within the Mission to coordinate AID population related activities, such as the Westinghouse Commercial Distribution Project, project of other donors supported by Title X Funds.

The National Family Planning Board became a Statutory Board in 1970 by virtue of the National Family Planning Act. It is responsible for the public information and communication program, the coordination of all family planning activities being carried out by various ministries; the University of the West Indies, voluntary organizations, international assistance, research projects, statistical data collection and training activities. The Board is also responsible for monitoring and evaluating the total program.

With expansion of family planning services, AID will provide commodities, particularly contraceptives, medical supplies and educational equipment, to meet the increased demand and growing number of acceptors.

Prior to the Ministry of Health (MOHEC) major policy change, the number of nurses and doctors with skills in the delivery of family planning services was limited. As part of the expanded program at least 1,400 government medical and para-medical and ancillary personnel will be trained to qualify in family planning techniques and counselling. A family planning training program has been established and 2,600 have already been trained.

The Government of Jamaica (GOJ) recently initiated a program utilizing community health aides (CHA's) to reach the rural masses with basic health, family planning and nutrition services. Three hundred CHA's have been trained and are in the field. By July 1976 an additional 900 CHA's will be recruited. By 1980 the GOJ expects to have 2,000 CHA's. They will be trained in family planning techniques and will work as motivators and distributors of contraceptives at the household level.

About 40 percent of Jamaica's total population is of school age. This important group must be included in a massive educational and motivational campaign to change the existing behavioral pattern in this predominantly matriarchal society where 78% of the children are born out of wedlock. The Ministry of Education ruled it mandatory that family life/sex education be taught at all levels of the schools.

The curricula must be developed and special training for teachers must be provided to qualify them to teach the subject. USAID will assist this phase of the program by providing short-term consultants from the United States with experience in designing, implementing and evaluating family life/sex education curricula, content and methodology. This will enable the Ministry of Education (MCE) to implement family life/sex education into all primary and secondary schools, colleges and universities by the end of 1978.

In addition, USAID will fund local workshops, in-service training sessions and seminars involving at least 2,000 teachers throughout the island. USAID will also provide funds for the Ministry of Education to develop and produce educational and audio-visual materials in family life/sex education. Also 150 guidance counsellors throughout the 14 parishes will be prepared to counsel students with special problems. At least 1,500 students in teacher training colleges will be prepared annually to teach family life/sex education beginning early 1977.

SUMMARY FINDINGS

AID's bilateral assistance to the Jamaica Family Planning Program from FY1966 through the FY1976 Transition Quarter will total \$3,868,000, bilateral assistance of \$2,430,000 is proposed for the period FY1977 through FY1980 to assist the GOJ to achieve country-wide availability of the information and means of controlling fertility.

There are no other international donors providing ^{significant} assistance for family planning to Jamaica. By the end of the project it is expected that the GOJ will be able to assume all essential program costs and the country will have achieved a significant reduction in fertility. This project meets all applicable statutory criteria.

PROJECT ISSUES

1. Rationale for continuing program through FY1980.

Government of Jamaica (GOJ) is steadily increasing its budget contributions to the program, but cannot quickly absorb the costs of all new activities, such as training and supervision of the CHA's which the Minister estimates will be a four-year effort at minimum and country-wide implementation of family life/sex education program, as well as expanding costs of contraceptives for clinical, non-clinical and commercial distribution programs. AID's contribution will diminish steadily and the net amount is even now substantially lower than in recent FY's.

2. Use of Community Health Aides as deliverers of family planning information and contraceptives (pills and condoms) at the household level. The Minister strongly supports the concept but no implementation action has yet been taken. The CHA's presently provide information and motivation services. It is anticipated that further training will be provided to the CHA's, to enable them to deliver contraceptives (condoms and orals), at the household level.

3. The plan for achieving country-wide availability of each contraceptive technology is outlined in Detailed Description Section starting on Page 25.

4. A table on contraceptive requirements, current stock and current orders is found on Page 23.

Ministry of Education, the Ministry of Youth & Community Development, Church Groups and Voluntary Organizations are actively participating in family life/sex education programs.

Contraceptive services are available to teenagers in all clinics and through the commercial distribution program. The National Family Planning Board (NFPB) has conducted special training courses for clinic staff personnel over the past 2½ years to make them more sensitive to the needs of teenagers.

STATUTORY CRITERIA AND CONGRESSIONAL MANDATES

1. Integrating women into national development:

The Chairman, Medical Director and most section chiefs of the National Family Planning Board are women. The implementors of the National Family Planning Program are mostly women, and about 90 percent of the beneficiaries of the program are women in the lower socio-economic group in urban and rural areas.

2. Reaching the poor majority:

The clinical facilities of the MOHEC are widely dispersed throughout the island. The commercial distribution program is expanding rapidly, particularly in the rural areas. The Community Health Aides are utilized to bring basic health services, including family planning to the household level. Continued, these programs will reach a substantial portion of the poor and as the programs expand, so shall the coverage to the poor.

~~3. Limitation on the use of AID's funds for abortion:~~

No AID funds requested under this project will be used for the performance of abortion.

4. Local contribution to the project:

The Government of Jamaica (GOJ) ^{is} providing \$1.8 million Jamaican Dollars (US\$2.0 million) in 1976-77 for the national family planning program. The GOJ contribution has risen steadily each year and is expected to rise in the future. This amount greatly exceeds the 25% local contribution requirements.

5. Evaluation plans for the program:

The Evaluation Plan is outlined in the Evaluation Section, Page 29 - 32.

PROJECT BACKGROUND AND DETAILED DESCRIPTION

A. BACKGROUND

Jamaica has a population of approximately 2 million with a birth rate of 30.6 per 1,000 and a death rate of 7.2 per 1,000, at this rate the population will double in 24 years. Jamaica is a relatively small island with limited financial, technical and natural resources. This is the underlying problem facing Jamaica's socio-economic development planners.

Voluntary family planning in Jamaica began in 1939 when the "Jamaica Birth Control League" was founded. Family Planning began with small clinics in Kingston and St. Anns Bay on the north coast, leading to the founding in 1957 of the Jamaica Family Planning Association (JFPA) as an affiliate of International Planned Parenthood Federation (IPPF).

The Government's first five-year plan (1963) by officially encouraged the spread of information and techniques for the spacing and/or limitation of families for the benefit of those persons who desire them. In spite of the budding awareness of population pressures expressed in the plan, the attitudes of the authorities remained one of "cooperation" rather than one of active participation. In 1964 the Minister of Health declared the policy of his Ministry as one which viewed the family planning option as an "individual one belonging to the men and women who were free to take their own voluntary action. The government will coerce no one, but will make the facilities available for all those who voluntarily wish to avail themselves of them."

A "national program" was launched in 1964 by the Ministry of Health, stressing the need to make family planning services and contraceptives readily available to the population. The Family Planning Unit established by the Government was located at the Victoria Jubilee Maternity Hospital in Kingston. Public health centers, hospitals and dispensaries were provided with educational materials, motivational pamphlets and posters. The Unit offered some contraceptive method. The Unit received financial and technical assistance from private and international organizations.

In 1966 government family planning clinics grew to 25 and by 1967 there were approximately 10,000 acceptors. A National Family Planning Board was provisionally constituted in 1967 to direct population policies and the government gave it statutory status in 1970 under the National Family Planning Act.

In the second five-year plan (1968), the Ministry of Health recognized that a larger commitment on the part of the government was required and the family planning program expanded to 61 government clinics, the majority of which operated on a sessional basis with acceptors reported at 12,000. In 1972 there was a shift in emphasis in the five-year plan to stress the need for better client education to counteract the high dropout rate. By 1973 the network of clinics had grown to 164 locations including two mobile units. Continuing acceptors numbered around 42,000 of the 149,000 clients registered for family planning since 1968 when computer records of program performance began.

CURRENT POPULATION POLICY

In April of 1974 the present government commitment to family planning as one of Jamaica's highest priority was given official recognition with the publication of "Ministry Paper No. I" passed by Parliament. This document enunciated a major policy change calling for integration of family planning into regular health services. The Prime Minister in a public address called for support from the people involved in the program to assist the GOJ in solving the problem of socio-economic disparities and the too rapid growth in population.

CURRENT PROGRAMS

The Ministry of Health (MOHEC) and National Family Planning Board (NFPB) operate 26 hospitals, 10 MCH centers and 231 health clinics. All Ministry health facilities regularly offer family planning services during normal working hours. To date, approximately 2,600 staff personnel have received family planning training and 1,400 persons are yet to be trained; in-service training continues on a regular basis. The MOHEC/NFPB programs now serve approximately 60,000 continuing users.

The GOJ initiated a program in 1973 to recruit and train persons as community health aides and sent them back to their villages prepared to provide basic health services at the household level. Family planning is included as part of the training and the CHA's will provide family planning information and contraceptives, referring to the clinics only, clients with problems or those requiring IUD's, intertions or sterilization. To date, about 300 CHA's have been recruited, trained and assigned.

On July 16, 1976, at a presentation ceremony at Montego Bay, the Minister of Health stated that Community Health Aides will distribute contraceptives (pills and condoms) at the grassroots levels throughout rural Jamaica. This pronouncement clarified the role of the CHA's in distribution of contraceptives which up to that time had remained largely undefined. He also emphasized that the CHA's will be trained to determine the contra-indications and side effects of oral contraceptives and will be able to make the necessary referrals. It is expected that the CHA's distribution of contraceptives will contribute to expediting the NFPB's efforts to reach its client population. Another 900 CHA's will be recruited by July 1976, and the corps of CHA's is expected to reach at least 2,000 by 1980.

Sterilization services are an accepted part of the MOHEC's family planning program. Currently, laparoscopic sterilization services are provided at six hospitals. The MOHEC plans to add laparoscopic sterilization services at six additional hospitals during 1976. Training of physicians in sterilization techniques is done in-country with some assistance from American Voluntary Sterilization (AVS) and John Hopkins/PIEGO. Twenty mini-lap kits have been requested from the Pathfinder Fund and should arrive later in 1976.

Early in 1975 the Drug & Poison Board of the MOHEC removed oral contraceptives from the prescription list, thus paving the way for a special program for commercial distribution of condoms and oral contraceptives. Actual sales began in June 1976 after a heavy advertising campaign which continues. This commercial project is financed by AID through a contract with Westinghouse Population Center. After ten months of sales, the "Panther" condom and "Perle" oral contraceptive cut-sell all other brands and Panther sales exceed all other condoms combined. See Page 13a for details of the commercial distribution program.

The present law on abortion allows the physician to make a determination for abortion on the basis of the mother's mental or physical condition. Some liberalization of the law may be promulgated in the near future.

All of the service programs are supported by a strong educational and informational campaign utilizing the mass media, private organizations private physicians, the personnel of MOHEC and other governmental agencies including the Ministry of Education (MOE), Agriculture, Youth and Community Development, Housing and Labor; the Jamaica Youth Council and the University of the West Indies (UWI). A family life/sex education for primary/secondary and colleges students is in preparation by the Ministry of Education, and will add a new opportunity to reach an essential target group when these curricula are implemented through the school system. The advertising campaign carried out by the commercial distribution program includes the use of radio, television, newspaper and magazines; billboards, posters and signs in buses and bus stops. This campaign has helped increase general contraceptive awareness and has stimulated sales of all commercial contraceptives.

Program and client record statistics are maintained by the National Family Planning Board (NFPB). Demographic studies and surveys will continue to be conducted by the Demographic Unit of the University of the West Indies. Jamaica is participating in the World Fertility Survey.

B. DETAILED DESCRIPTION

Goal Sector: To assist the government of Jamaica to reach its goal in lowering the birth rate to 25 per 1,000 by 1980 so as to bring the population growth rate into line with socio-economic development of the country.

< PROJECT PURPOSE: To strengthen GOJ institutions to achieve the level of at least 34,000 new acceptors annually.

| TARGET: The proposed project is geared to reach men and women of the reproductive age at risk with emphasis on extending services to the rural population.

PROPOSED END OF PROJECT STATUS CONDITIONS:

- 1) 4,000 GOJ medical and para-medical staff trained and delivering family planning services and conducting IEC activities by 1980.
- 2) 267 MOHEC clinical facilities delivering health/family planning services on a full-time basis.
- 3) Active users in public programs increased from 1975 level of 60,000 to 100,000 by 1980.
- 4) 2,000 community health aides trained as family planning motivators will distribute pills and condoms.
- 5) GOJ's commercial distribution of pills and condoms established and serving approximately 27,000 annually by 1980.
- 6) MOHEC sterilization providing at least 4,000 procedures annually.
- 7) Family life/sex education curricula developed and in use in primary/secondary schools and teacher training colleges by 1980.

- 8) Family planning programs would have been institutionalized within the Ministry's activities.
- 9) 12,480 Jamaican males would have been reached with education and motivational program annually (1977-1980).
- 10) 1,200 vasectomies will be conducted annually.
- 11) Male sterilization (vasectomy) would become an accepted method with Jamaican males.

The Government of Jamaica (GOJ) is bolstering its contraceptive service programs through comprehensive campaigns extolling the advantages of small families and persuading couples to limit family size. To help attain this broad objective, the Government is beginning to provide sex education in schools and direct family planning publicity to the young adults, and adult population of working and child-bearing age. Since 1964, the Government of Jamaica has demonstrated its dedication to the program by contributing \$8,769,000. Annual GOJ's contribution for family planning are now \$2.0 million.

The main thrust of the USAID supported Ministry of Health/National Family Planning Program is to develop an effective institutional capability of administering, implementing and developing and evaluating a family planning program throughout Jamaica on a continuing basis. Family planning is available in all government health facilities as an integrated maternal and child health service. Family planning will also be provided in non-governmental clinics such as those maintained by voluntary organizations and industrial enterprises.

These actions, coupled with in-service training of 4,000 medical and para-medical staff would result in maintaining 100,000 continuing acceptors by 1980. About 1,200 community health aides will be recruited and trained in family planning to provide motivation and services at the grassroots levels in rural Jamaica. Family life/sex education and population dynamic programs will be part of the curriculum in all primary/secondary schools, colleges and universities. In addition, family life/sex education will be taught throughout Jamaica's non-formal education system.

It is anticipated that there will be continuing support by the GOJ/USAID and other donors to make the program a success, continuation of the generally favorable attitudes by Jamaica's public toward family planning and acceptance by women and couples of the desirability of small family size. The commercial distribution of contraceptives will be a very effective supplement of the GOJ's national family planning program.

COMMERCIAL MARKETING PROGRAM

The commercial marketing program achievement in the 20 months of its existence have exceeded local expectations, because of the careful step by step development followed by Westinghouse Health System, and the National Family Planning Board. The objectives of the program set out in AID's Contract PHA 1063 call for:

1. the involvement of the commercial sector in Jamaica in bringing about a significant increase in the number of users of contraceptives, principally orals and condoms, as a complement to family planning activities in the public sector, and;
2. demonstrate through comparative cost studies that commercial distribution is cost effective than public family planning.

The belief behind these objectives was that family planning could be promoted through existing commercial techniques, and that this in turn could have a significant effect on fertility patterns. Before this program could be introduced however, prescription requirements on oral contraceptives had to be removed. This step was necessary to permit the expansion of the number of oral contraceptive outlets.

The program's first phase involved coordinating with concerned local groups to ensure their organization of an advisory committee made up of these groups to ensure their understanding and on-going support. In addition, a communications program was implemented to provide the availability, usage and side effects so that potential oral contraceptive users could make intelligent decisions.

Finally, time was needed to test locally developed advertising and packaging in order to ensure community support. The advertising theme "If you care about life" was adopted to set the context of responsible parenthood. Also a result of consumer testing, the trademarks "Panther" condom and "Perle" oral were selected. Three condoms are sold for J\$ 15¢ and one cycle oral for J\$ 30¢ (US\$ 33¢).

On June 23, 1975, just a year after contract approval, the program was officially launched island-wide utilizing radio, television and press advertising. Additional promotional support was focused on both products using high impact bus shelters, billboards, bus cards and a wide variety of points of sale promotional pieces such as decals and posters.

After ten months (4/30/76) the sales of both "Panther" and "Perle" exceeded the previous leading commercial brands. The sales of "Panther" in six months of 1975 exceeded the combined sales of all other condom brands (11) for the year 1975. In addition, the number of outlets selling either products has risen rapidly. (See following chart).

PRELIMINARY ACCEPTOR FORECAST

Private Sector Acceptors

(Excludes Panther and Perle)

| | <u>1975 CYR</u> | <u>1976 CYR</u> | <u>1977 CYR</u> | <u>1978 CYR</u> | <u>1979 CYR</u> | <u>1980 CYR</u> |
|----------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| <u>al*</u> | 10,000 | 11,000 | 12,000 | 13,000 | 14,000 | 15,000 |
| | (130,000 cycles) | | | | | |
| <u>ndom***</u> | <u>4,300</u> | <u>4,750</u> | <u>5,200</u> | <u>5,650</u> | <u>6,100</u> | 6,550 (minimum) |
| | 800 female | | | | | |
| | 3,500 male | | | | | |
| | 3,800 (gross) | | | | | |
| <u>her thods</u> | 9,400 | 10,350 | 11,300 | 12,250 | 13,200 | 14,150 |
| <u>Acceptors</u> | <u>23,700</u> | <u>26,100</u> | <u>28,500</u> | <u>30,900</u> | <u>33,300</u> | <u>35,700</u> |
| | 19,200 female | | | | | |
| | 4,500 male | | | | | |

Panther & Perle

| | | | | | | |
|------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| <u>rla***</u> | 6,000+ | 9,250 | 11,250 | 12,750 | 13,850 | 14,850 |
| <u>6/</u> | | | | | | |
| 23/75 | (54,891) | (21,250) | (146,250) | (165,750) | (180,050) | (193,500) |
| | cycles | | | | | |
| <u>ntner****</u> | 5,200+ | 7,200 | 8,700 | 9,900 | 10,900 | 11,900 |
| <u>4/</u> | | | | | | |
| 23/75 | (3,515) | (5,000) | (6,050) | (6,875) | (7,600) | 8,250 |
| | minimum | | | | | |
| <u>Acceptors</u> | <u>11,200</u> | <u>16,450</u> | <u>19,950</u> | <u>22,650</u> | <u>24,750</u> | <u>26,750</u> |

* 13 cycles per acceptor

† 94 condoms per female and 118 condoms per male acceptor

‡ Two months inventory of stock calculated into equation of 13 cycles per acceptor.

§ Two months inventory of stock calculated into equation. 100 condoms per year per acceptor.

Brand awareness and willingness to try (use) have already reached impressively high levels. In a very short period of time the program has established an impressive base on which to build its future growth.

The progress made can only be maintained and increased through USAID's continued moral, financial and commodity support. Long-term we believe that the program can function without AID's funding except for commodity support. In order to reach this position, however, certain decisions need to be taken:

1) One Year Program Management Phase-down

Westinghouse Health System's existing contract terminates on 6/30/77. We believe there should be one year extension to this contract to allow for a phase-down of their involvement. This is necessary to maintain continuity of direction and maintenance and growth. We envision that this involvement would call for 12 weeks (average 1 week per month) or one consultant's time.

2) Product Price Increases

The prices of the Panther and Perle may have to be increased as required to keep the pace with inflationary media, packaging and printing costs. It has been calculated that by June 1977 the price of Perle may rise to J\$ 50¢ (currently J\$0.30¢) and Panther to J\$0.25¢ (currently J\$0.15¢). On a phased basis this pricing structure would enable the program to have an effective maintenance advertising campaign, so the required packaging and other miscellaneous costs would be covered. However, for political reasons the MOHEC may prefer to maintain the current low price and provide a subsidy to cover operating costs.

3) Maximize Commercial Involvement

The Ministry of Health's continued involvement in policy matters such as changes in advertising direction, guaranteeing commodity supply and dealing with interested medical and pharmaceutical associations, should continue. However, the day to day operation should be left as appropriate to the program's advertising agency and distributor. This is essential if continuity and flexibility are to be guaranteed.

4) Commodity Continuity

There must be a guarantee of existing commodity brand supplies particularly the oral contraceptive (Norinyl) for the next few years. A mid-program change would cause a sharp fall off in acceptance as unlike the public sector program, any change-over could be monitored and phased-in by the health staff personnel.

The Westinghouse Commercial Distribution contract, centrally funded by USAID, has already demonstrated that modern marketing techniques applied to very reasonably priced contraceptives can considerably increase the number of consumers. The commercial distribution of contraceptives is an accepted fact and way of life in Jamaica.

| As of: | | Other Condom Brands-CYR 1975 | | Other Condom Brands-CYR 1975 |
|----------|-------------------|----------------------------------|----------------|---------------------------------|
| 12/31/75 | A) <u>PANTHER</u> | | <u>PANTHER</u> | |
| | 506,310 | 489,000 | 630 | 400+ |
| 2/29/76 | | - | 698 | - |
| 12/31/75 | B) <u>PERLE</u> | Other Oral Brands-CYR 1975 | <u>PERLE</u> | Other Oral Brand CYR-1975 |
| | 54,891 | 130,000 | 178 | 122 |
| 2/29/76 | | (50,000-ovral) | 185 | - |

Note: The total number of condom outlets is greater than 698 because some outlets do not stock Panther, but do stock other brands. In addition to the quantitative successes, research shows that the program qualitative aspects are equally positive.

STERILIZATION SERVICES

For at least a decade post-partum/tubal ligations have been carried out at the Victoria Jubilee Maternity Hospital, and at the parish and district hospitals.

In 1974 the National Family Planning Board embarked on a program of voluntary sterilization by the laparoscopic method of tubal ligation aimed at reaching women with three children, who felt they have completed their families and are not desirous of having any more children, and who do not wish to be troubled with the use of any form of contraceptives.

To date, the Ministry of Health's six hospitals have laparoscopes as does the Jamaica Family Planning Association (JFPA) clinic in St. Anns Bay. The physicians have been trained and the laparoscopes provided by AVS and JH/PIEGO. Six more hospitals are scheduled to receive laparoscopes during 1976. The physicians will be trained locally, with JH/PIEGO assistance if necessary.

Over 1,600 laparoscopic sterilization procedures were performed between May 1974 and December 1975. The services were provided free of charge to the patients, and there is no plan to institute any charges. The total number of females who underwent laparoscopic sterilization in 1975 was estimated at over 3,000.

The Jamaica Family Planning Association (JFPA) has recently initiated a vasectomy program. Since vasectomy is not yet popular in this male-dominated society, the JFPA is initially concentrating on educational programs to win the support of Jamaican males for the program. A few vasectomies have been performed to date.

It is felt that a valuable adjunct to the family planning project would be a male sterilization program, particularly since an institution, i.e., JFPA, is initiating a program toward this end. Jamaica is a male dominant (in-sex) society, therefore, the Government of Jamaica does not want to be directly involved in the vasectomy program, and as a result, they have asked the JFPA to take the initiative in instituting a pilot project.

The vasectomy project is geared to reach 12,480 Jamaican males with education and motivation program annually. It will also conduct 1,200 vasectomies. It is anticipated that by the end of the pilot program, male sterilization would become an accepted method in Jamaican males.

The National Family Planning Board wishes to give particular support to the Jamaica Family Planning Association (JFPA) in its objective to carry out a program directed to the male to motivate them towards responsible parenthood as the demand arises to provide a service in vasectomy.

The National Family Planning Board/Ministry of Health and Environmental Control development of a country surgical contraceptive services plan has been delayed because it has become evident that the laparoscopic method has reduced the numbers of the conventional tubal ligation. Therefore, Ministry of Health and Environmental Control (MCHEC) will conduct an evaluation of the voluntary sterilization program before embarking on an expansion of the program.

The concept of female sterilization arose sometime in 1969 through the initiative of three or four doctors in separate parishes of the island who observed in their daily practice of the delivery of family planning and health services that the fecundity of a number of women demand sterilization in order to prevent further pregnancies in the interest of both mothers and children. These persons involved women ranging between the ages of 24 to 30 years who had in some cases from 8 to 11 children. These were poor people unskilled and unable to take care of their children or provide an acceptable standard of living for them. In most cases, the fathers were unknown, unable or unwilling to give support to the children and so the mothers were left without financial or moral support of any sort.

Because of the traditional beliefs and way of life of persons, particularly in this economic category, it was difficult to impress on them the need to limit the number of their children and even where this was possible they were only prepared to accept limitations by use of the conventional contraceptive method rather than by a permanent cessation of their ability to produce more children. Therefore, the process of female sterilization with all its sensitivity had to be carried out as cautiously as possible to allay fears, superstitions and break away their traditions.

Many of these women argued that the result of a tubal ligation procedure, they would find themselves in a position whereby they could not produce children for a second husband although they might still be in the child bearing age. This they argued would be a distinct disadvantage to a progressive union. Notwithstanding, the National Family Board proceeded to pursue the policy of voluntary sterilization by tubal ligation and subsequently by laparoscopic method aimed at reaching women with three or more children who felt they have completed their families and are not desirous of having any more children, and do not wish to use any form of contraceptive.

The need was most evident and over the past 4 to 5 years the number of female sterilization procedures carried out has been increased from 1,800 to 3,000 annually. In view of the improved facilities for carrying out these operations, USAID is of the opinion that because of the steady rate of acceptance and other factors, it is realistic to conclude that the annual rate of 4,000 sterilizations within the next 3 to 4 years is a reasonable assessment.

PLANNING AND EVALUATION UNIT

The highest priority is given by the Ministry of Health to the establishment of a Planning and Evaluation Unit within the Ministry's structure; it is also fundamental to the successful implementation of a National Family Planning Program that is an integral part of the basic health services.

The University of North Carolina may be invited by MOHEC/NFPB Program to assist the Ministry in setting up a planning and evaluation unit under PHA/POP centrally funded grant.

The Bureau of Census has provided a consultant who has assisted the NFPB/MOHEC to develop a Client Record Data System for MCH/FP/Nutrition that will be used island-wide. This data collection system will enable the MOHEC/NFPB Program to provide statistical data for administrative planning and evaluation. It would also provide the field staff with useful data for improving the program and do the necessary replanning.

There are several studies that the National Family Planning Board will initiate and contract out encompassing:

Studies on:

1. Knowledge, attitudes and practices of pills and condoms (including Perle & Panther) and other types of contraceptives.
2. Knowledge, attitudes and practices of family planning in urban as against rural areas.

PURPOSE

The collection of additional data which will serve to supplement the client data collecting system and so contribute towards the overall evaluation of the effectiveness of the family planning program in Jamaica.

Outline of the main features of the Methodology:

It is proposed to interview both men and women heads of household. Households will be drawn on a random sample basis from lists of households supplied by the Department of Statistics. It is proposed to use a stratified sample so that not only urban and rural areas but also the various socio-economic groups in the society will be properly represented.

Special training sessions will be organized for all personnel engaged in each study at which representative of the National Family Planning Board's Statistical Section is present. Training will involve full discussions of concepts as well as trial interviews under field conditions.

A series of studies - one a year concentrating on certain aspects of the survey will be done. In this way the questionnaire will not be too long. This also has the advantage of facilitating the quick processing of schedules and the quick analysis of results.

(The above outline points out some of the guidelines which will be handed to the contractors. Details on the methodology e.g., sample size etc. will be discussed with contractors and approved so as to ensure conformity with the needs of the National Family Planning Board).

OUTPUTS

1. A profile of Jamaican users - (male and female) e.g., age, sex, parity, socio-economic characteristics cross-classified with their attitudes and knowledge of family planning.

2. Determining any areas of resistance to family planning or to any particular type of method.
3. Reason for dropping-out of the public program.
4. Urban/rural differences in acceptance of family planning or a particular type of method - if any.
5. Types of contraceptives being used and by whom and reason for acceptance.

PROJECT ANALYSIS

A. Technical Analysis

Yes, the proposed project for Jamaica at this time is technically and politically sound because Parliament recognizes family planning as one of its highest priorities. The proposed project is appropriate for the specific time and place for which the project is proposed and the project is reasonably priced and designed. It must be emphasized that the Government of Jamaica (GOJ) is vitally interested in the improvement of the quality of life of its citizens. A GOJ decision to integrate family planning into the basic health services was to enhance the delivery of services to the people by institutionalizing the program. This would make the program more rapidly self-sufficient during the phase-out of the U.S. bilateral assistance.

The proposed project builds on an accumulated base of political policy and financial support from the GOJ of nearly ten years of intensive family planning program development, expansion and experience. A large corps of trained staff already exists. There is a great public awareness of population goal of government, of the personal benefits of smaller family size and of the means of controlling fertility.

There is a political and medical consensus in support of the commercial distribution of contraceptives. AID's assistance is essential to keep the momentum during the next few years until the Government of Jamaica (GOJ) has the financial resources to absorb all program costs into its regular health budget.

CONTRACEPTIVE TECHNOLOGY

According to the MOHEC staff, the people of Jamaica are reasonably satisfied with the contraceptive services. Approximately 12% of the women of reproductive age are currently active contraceptive users in the national family planning program. The goal is to reach 30% of the group. It is hoped that the commercial distribution of contraceptives will augment the 12% and also the community health aides that will be used nation-wide would serve as motivators and providers at grassroot levels to promote the use of contraceptives.

The total integration of family planning into the basic health services would enhance its effectiveness and wide spread use of contraceptives. The revision of the data collection system in progress would provide more valid data for planning and evaluation. The proposed integrated new data collection system would make it possible to provide cross tabulation between contraceptive use and other health matters.

B. FINANCIAL AND ECONOMIC ANALYSIS

The total family planning budget of the MOHEC and other donors for the four years (1977-1980) of the life of the project (PRP) is estimated at \$18,935,999. AID's project is estimated to have an economic rate of return of 15% or higher. Therefore, 15% of the total project budget would be equal to \$2,840,000 and 115% will be equal to \$21,775,000.

The per capita income of Jamaica is \$750. An averted birth is equivalent to twice the per capita income. Therefore, \$21,775, divided by \$1,500 equals 14,516 averted births over the 4 year life of the project. One year averted birth is equal to 3,629.

As a result of this project, it is expected that an average of 4,000 sterilizations will be performed per year; these sterilizations, of course, result in permanent averted births. During the life of the project, 34,000 new acceptors per year are expected to be recruited. It is the consensus of experts in the POP/FP field that 60% of new acceptors, or 20,000 will result in averted births. Therefore, the project would definitely result in an economic rate of return of more than 15% of the total project cost.

FINANCIAL ANALYSIS AND PLAN

This project will provide funds to the National Family Planning Program, of the Ministry of Health and Environmental Control (MOHEC) which is the responsibilities of the National Family Planning Board (NFPB). The NFPB is the coordinating mechanism which monitors and insures the effectiveness and progress of all ministries, voluntary organizations developing and delivering family planning services and family life and sex education.

During the past years AID funds has been channelled through the National Family Planning Board:

1. MINISTRY OF HEALTH AND ENVIRONMENTAL CONTROL/NATIONAL FAMILY PLANNING BOARD:

AID's input to the National Family Planning Program will continue to be channelled through the Office of Population which is responsible for the coordination of all Population/Family Planning Activities. The management of the funds will be monitored by the National Family Planning Board created by Parliament as a statutory body, and thus avoid the cumbersome mechanism or red tape of the Ministry of Health and Environmental Control (MOHEC).

The current project places more emphasis on family life/sex education, expansion of sterilization program, and commercial distribution of contraceptives. Upgrading client data system to include analysis and utilization of data in planning.

The Government of Jamaica's financial contributions to the National Family Planning Program has been steadily increasing from \$1.8 million in 1975-76 and \$2.0 million from 1976-77 and the program has the political support of both parties. Therefore, it is reasonable to assume that the Government of Jamaica will continue the National Family Planning Program after AID's support ends in 1980. There are other compelling conditions which will inspire the Government of Jamaica to continue this program, such as the high rate of unemployment and social unrest.

MINISTRY OF HEALTH AND ENVIRONMENTAL CONTROL
 FAMILY PLANNING PROGRAM - BUDGET FOR
 FY 1977 - FY 1980
 (U.S. \$000)

| | AID | | HOST COUNTRY | | OTHER | | TOTAL |
|-----------------------------------|---------|---------|--------------|--------|-------|----|---------|
| | FX | LC | FX | LC | FX | LC | |
| <u>CONTRACTS</u> | | | | | | | |
| Personnel Services | 80 | - | - | - | - | - | 80 |
| Participants | 85 | - | - | - | - | - | 85 |
| Commodities | 1,236* | - | - | 3,179 | 750 | - | 5,165 |
| Equipment & Medical Supplies | - | - | - | 7,219 | 3,550 | - | 10,769 |
| Seminars/Workshops, MOHEC/NFPB | - | 569.5 | - | - | - | - | 569.5 |
| Survey & KAP Studies | - | 120.0 | - | - | - | - | 120.0 |
| Vasectomy Program - JFPA | - | 70.0 | - | - | - | - | 70.0 |
| Inflation: | - | 151.5 | - | 1,000 | 430 | - | 1,581.5 |
| Contingency: | - | 118.0 | - | 500 | 150 | - | 768 |
| TOTAL | 1,401.0 | 1,029.0 | - | 11,898 | 4,880 | - | 19,208 |

* Includes \$1,011.3 in centrally procured orals and pills

SUMMARY PLAN OF USAID FINANCIAL INPUTS
 FY 1977 thru FY 1980
 (U.S. \$000)

| | TOTAL 1977-1980 | 1977 | 1978 | 1979 | 1980 |
|---|-----------------|--------------|--------------|--------------|--------------|
| 1. <u>CONTRACTS</u> <u>Personnel Services</u> Consultants | 80 | 50 | 10 | 10 | 10 |
| 2. <u>PARTICIPANTS</u> Long-term Short-term | 85 | 25 | 25 | 15 | 20 |
| 3. <u>COMMODITIES</u> | | | | | |
| a. Orals & Condoms (centrally procured) | 1,011.3 | 196.0 | 261.0 | 294.1 | 260.2 |
| b. Other contraceptives | 54.7 | 10.2 | 13 | 16.9 | 14.6 |
| c. Equipment & Medical supplies | 170 | 50 | 50 | 30 | 40 |
| 4. <u>OTHERS</u> | | | | | |
| Seminars/Workshops | 369.5 | 139.6 | 118 | 31.6 | 80.3 |
| Seminars/Workshop (MOHEC) | | | | | |
| Seminars/Workshop (MOE) | 200 | 50 | 50 | 50 | 50 |
| Surveys & KAP Studies (to determine effective- ness of program) | 120 | 40 | 40 | 10 | 30 |
| JFPA Vasectomy Program | 70 | 25 | 20 | 10 | 15 |
| 5. <u>INFLATION:</u> | 151.5 | 10.2 | 45.6 | 60.7 | 35 |
| 6. <u>CONTINGENCY:</u> | 118 | 0 | 28.4 | 58.2 | 31.4 |
| TOTAL | 2,430 | 596.0 | 661.0 | 586.5 | 586.5 |

CONTRACEPTIVE REQUIREMENTS BY TYPE, QUANTITIES AND DOLLAR AMOUNTS

| TYPE | 1977 | | 1978 | | 1979 | | 1980 | |
|---|---------|-----------|---------|-----------|---------|-----------|---------|-----------|
| | Number | Cost (\$) |
| ORALS (Centrally Procured Cycles)* | 538,333 | 95,000 | 640,333 | 113,000 | 752,050 | 124,088 | 921,500 | 152,048 |
| CONDOMS (Centrally Procures Gross)* | | | | | | | | |
| Centrally | 29,003 | 101,000 | 42,500 | 148,000 | 48,821 | 170,012 | 31,057 | 108,152 |
| Sub-total (centrally procured contraceptives) | | \$196,000 | | \$261,000 | | \$294,100 | | \$260,200 |
| Lippes Loop (each) | 2,400 | 1,040 | 3,500 | 1,522 | 3,500 | 1,522 | 2,400 | 1,040 |
| Foam (kits) | 4,000 | 3,116 | 5,000 | 4,115 | 7,000 | 5,454 | 6,000 | 4,695 |
| Cream (kits) | 5,000 | 6,050 | 6,000 | 7,260 | 8,000 | 9,680 | 7,000 | 8,470 |
| Dollar Totals | | \$206,206 | | \$273,897 | | \$310,756 | | \$274,405 |

NOTE: US \$2.96 per gross (condom) plus 15% freight
 US \$0.15 per cycle (orals) plus 15% freight

BREAKDOWN OF BUDGET FOR CLINICAL EQUIPMENT,
MEDICAL SUPPLIES AND OTHER CONTRACEPTIVES
FY1977

Equipment & Supplies:

| | |
|---|--------------|
| Disposable Syringes & Needles (\$1,000/Mon.) | \$12,000/Yr. |
| Mycostatin & Tricofuron (5,000/Yr) (2,400/Bx. of 12) | \$10,000 |
| Vaginal Suppositories | \$10,000 |
| Audio-Visual Aides | \$10,000 |
| <u>Gloves: Medium/Large</u> | \$ 5,000 |
| <u>Disposable Sheets & Towels</u> | \$ 3,000 |
| | <hr/> |
| | \$50,000 |

Other Contraceptives

| | |
|---------------------|-----------|
| Lippes Loop - 2,400 | \$1,040 |
| Foam Kit - 4,000 | \$3,116 |
| Cream Kit - 5,000 | \$6,050 |
| | <hr/> |
| | \$ 10,206 |

PROJECTION OF ACTIVE USERS TO 1980 -JAMAICA FAMILY
PLANNING BOARD

| <u>METHOD</u> | <u>YEARS</u> | | | |
|---------------|--------------|-------------|-------------|-------------|
| | <u>1977</u> | <u>1978</u> | <u>1979</u> | <u>1980</u> |
| PILLS | 33,600 | 39,200 | 44,000 | 56,000 |
| IUD | 2,400 | 3,500 | 3,700 | 4,000 |
| CONDOM | 4,200 | 4,900 | 6,400 | 8,000 |
| DEPO PROVERA | 18,600 | 21,700 | 25,600 | 31,000 |
| OTHERS | 60,000 | 70,000 | 80,500 | 100,000 |

Note: (Not including sterilization (female) which average approximately 3,500 per year)

SOCIAL ANALYSIS

At present there are in Jamaica approximately 458,000 women within the child-bearing ages (15-45). The average age of Jamaican women giving birth the first time is 19.6 years. The use of age specific fertility rates for an analysis of fertility are essential. These data have shown that in 1960 the age group of 15-19 there was an increase of 9.6% between 1960 and 1970. It is not unusual that girls between the ages of 10 and 12 give birth for the first time.

The study of population in Jamaica is particularly interesting because of the high rate of illegitimacy. In 1973 the rate of child birth outside matrimony was 75%. Although reform of the relevant Family Law is currently being debated to be "filius nulli" (nobody's child), children have no legal rights to bear the father's name nor inherit his property, in spite of the fact that they are often conceived in common-law arrangements. They received little or no support from their fathers because of vaguely stated and poorly implemented maintenance laws. The role of the father as protector and provider has probably never been fully developed among the majority of Jamaicans.

The old mating system with its strong matriarchial strains which developed over the centuries has essentially continued. There are three distinct forms of mating in Jamaica. They are identified as visiting unions, common-law unions and legal marriages. Extra-residential fathers are expected to help support offsprings, but lapses are frequent and often these unions last only a few weeks to a few months. The child usually does not know its father and the mother frequently has to support numerous children by many different fathers.

Many attitudes and superstitions which lead to most irresponsible pregnancies reflect the inability to conceptualize one's fate being in one's own hand. The Government becomes a kind of father figure to take care of the needy children who cannot help themselves. Many women state that they are predestined by God to have a certain number of children. The male ego weakened in many cases by lack of a father figure during formative years, sometime finds expression for its virility in having many children. The female thwarted in other ambitions finds fulfillment in having many children.

Thus, the target group consists not only of fecund women, but of men, and particularly the children who comprise almost one-half of the population. A concentrated effort by Government organizations, schools and churches, as well as the mass media must move effectively to reach the masses to foster healthier concepts of family relationship, in addition to limiting family size.

Government must assist in enlarging the number of women in the total labor force. Women must be taught skills which can be utilized in industry and agriculture. Men must learn to be responsible parents with certain obligations in the father role, and they must contribute to the financial support of the family. New value systems have to be instilled and behavioral patterns changed. The ultimate target group is in effect the individual at all levels in Jamaica.

FACE SHEET

INITIAL ENVIRONMENTAL EXAMINATION

Project Location: Jamaica

Project Title: Family Planning 532-041

Funding (Fiscal Year and Amount): (FY 1977 - FY 1980 \$2,⁴³⁰~~528~~,000)

Life of Project: 4 years Grant (FY1977-1980)

IEE Prepared by: Arjuna Abayomi-Cole

Date: 9/24/76

Threshold Decision:

Environmental Action Recommend: Negative Determination

Mission Concurrence: Charles Campbell
AID Affairs Officer

Date:

Signed: Charles P. Campbell

Date: 10/12/76

Assistant Administrator's Decision:

Approved: Kilper

Date: Dec. 1976

Disapproved: _____

Date: _____

Kil
Dec 15-76

SUMMARY:

The findings of the Initial Environmental Examination shown on the Impact Evaluation Form that there was negative human Environmental Impact. The Social Analysis revealed improvement in the quality of life of Jamaicans. The lowering of the birth rate will stimulate socio-development of the country.

The Mission therefore recommends the Assistant Administrator approval of the Threshold Decision.

CONTENTS OF INITIAL ENVIRONMENTAL EXAMINATION

1. EXAMINATION OF THE NATURE, SCOPE, AND MAGNITUDE
OF ENVIRONMENTAL IMPACTS

PROJECT DESCRIPTION

The goal of the National Family Planning Program is to assist the Government of Jamaica (GOJ) to lower the birthrate of 30.6 per 1,000 to at least 25 per 1,000 by 1980 so as to bring the population more in line with the socio-economic development of the country.

The purpose of the project is to strengthen GOJ institutions to achieve a level of at least 34,000 new acceptors annually in public family planning programs. The project is geared to reach the men and women of the reproductive age at risk, with emphasis on teenagers and rural population. In pursuit of rapid expansion of family planning acceptance and in accordance with the Government of Jamaica's program of fertility control and quality of life, the following elements will be financed under this project:

- 1) Short-term consultants to the Ministry of Health (MOHEC) including the National Family Planning Board (NFPB) and the Ministry of Education (MOE) in program planning and evaluation, contraceptive and surgical services, formal and non-formal family life education and communication training. USAID will continue to provide the services of long-term family planning and midwifery consultant for a year, who will assist in curriculum development and actual teaching of family planning and midwifery.

This would allow the overseas trained Jamaican counterpart to overlap with the consultant and would allow for gradual take-over from the person.

- 2) Participant training grants for government medical and paramedical personnel, and the National Family Planning Board staff. The training programs will be of a specialized nature to meet the needs of the priority components of the overall population program.
- 3) Contraceptive and related medical supplies and clinical equipment for the expanded integrated family planning and health services in the 10 MCH Centers, 231 health clinics, 26 hospitals and Jamaica Family Planning association Clinics, and the commercial distribution program.
- 4) Education materials and audio-visual equipment for the above facilities, Bureau of Health Education (BHE), MOHEC field workers and the Ministry of Education (MOE) which has a prime responsibility for carrying out the family life/sex education program.
- 5) Local costs of training, workshops and seminars to upgrade skills of government health workers, social workers, educational guidance counsellors and teachers. Seminars in FP/FLE will also be conducted for youth groups, community leaders, church leaders, private organizations, farmers and rural population.

- 6) The services of a full-time AID Population Officer to serve as advisor to the National Family Planning Board, and to other ministries, and as a focal point within the Mission to coordinate AID population related activities, such as the Westinghouse Commercial Distribution Project, project of other donors supported by Title X Funds.

The National Family Planning Board became a Statutory Board in 1970 by virtue of the National Family Planning Act. It is responsible for the public information and communication program, the coordination of all family planning activities being carried out by various ministries; the University of the West Indies, voluntary organizations, international assistance, research projects, statistical data collection and training activities. The Board is also responsible for monitoring and evaluating the total program.

With expansion of family planning services, AID will provide commodities, particularly contraceptives, medical supplies and educational equipment, to meet the increased demand and growing number of acceptors.

Prior to the Ministry of Health (MOHEC) major policy change, the number of nurses and doctors with skills in the delivery of family planning services was limited. As part of the expanded program at least 1,400 government medical and para-medical and ancillary personnel will be trained to qualify in family planning techniques and counselling. A family planning training program has been established and 2,600 have already been trained.

The Government of Jamaica (GOJ) recently initiated a program utilizing community health aides (CHA's) to reach the rural areas masses with basic health, family planning and nutrition services. Three hundred CHA's have been trained and are in the field. By July 1976 an additional 900 CHA's will be recruited. By 1980 GOJ expects to have 2,000 CHA's. They will be trained in family planning techniques and will work as motivators and distributors of contraceptives at the household level.

About 40 percent of Jamaica's total population is of school age. This important group must be included in a massive educational and motivational campaign to change the existing behavioral pattern in this predominantly matriarchal society where 78% of the children are born out of wedlock. The Ministry of Education ruled it mandatory that family life/sex education be taught at all levels of the schools.

The curricula must be developed and special training for teachers must be provided to qualify them to teach the subject. USAID will assist this phase of the program by providing short-term consultants from the United States with experience in designing, implementing and evaluating family life/sex education curricula, content and methodology. This will enable the Ministry of Education (MOE) to implement family life/sex education into all primary and secondary schools, colleges and universities by the end of 1978.

In addition, USAID will fund local workshops, in-service training sessions and seminars involving at least 2,000 teachers throughout the island. USAID will also provide funds for the Ministry of Education to develop and produce educational and audio-visual materials in family life/sex education.

Also 150 guidance counsellors throughout the 14 parishes will be prepared to counsel students with special problems. At least 1,500 students in teacher training colleges will be prepared annually to teach family life/sex education beginning early 1977.

The National Family Planning Program which is being conducted throughout the island, would have a negative human environment impact. In fact by lowering the birthrate of Jamaica it will stimulate socio-economic development. The Family Life and Sex Education being taught throughout the school system would result in modified behavioral pattern and consequently to small family size. This would result in improved family economy (micro-economy). The end result would be improved macro-economic situation in the country.

IMPACT IDENTIFICATION AND EVALUATION FORM

Impact
Identification
and
Evaluation 2/

Impact Areas and Sub-areas 1/

A. LAND USE

1. Changing the character of the land through:

a. Increasing the population ----- N

b. Extracting natural resources ----- N

c. Land clearing ----- N

d. Changing soil productive capacity ----- N

2. Altering natural defenses ----- N

3. Foreclosing important uses ----- N

4. Jeopardizing man or his works ----- N

5. Other factors

B. WATER QUALITY

1. Physical state of water ----- M

2. Chemical and biological states ----- U

3. Ecological balance ----- N

4. Other factors

1/ See Explanatory Notes for this form.

2/ Use the following symbols: N - No environmental impact
L - Little environmental impact
M - Moderate environmental impact
H - High environmental impact
U - Unknown environmental impact

IMPACT IDENTIFICATION AND EVALUATION FORM

C. ATMOSPHERIC

- | | |
|--------------------------|---|
| 1. Air additives ----- | N |
| 2. Air Pollution ----- | N |
| 3. Noise pollution ----- | N |
| 4. Other factors | |
| _____ | |
| _____ | |

D. NATURAL RESOURCES

- | | |
|--|---|
| 1. Diversion, altered use of water ----- | N |
| 2. Irreversible ----- | N |
| 3. Other factors | |
| _____ | |
| _____ | |

E. CULTURAL

- | | |
|--|---|
| 1. Altering physical symbols ----- | N |
| 2. Change of cultural traditions ----- | L |
| 3. Changes in cultural patterns ----- | M |
| 4. Other factors | |
| _____ | |
| _____ | |

IMPACT IDENTIFICATION AND EVALUATION FORM

G. HEALTH

- 1. Changing a natural environment ----- N
- 2. Eliminating an ecosystem element ----- N
- 3. Other factors
- _____ "
- _____

H. GENERAL

- 1. International impacts ----- N
- 2. Controversial impacts ----- L
- 3. Larger program impacts ----- M
- 4. Other factors
- _____
- _____

1. OTHER POSSIBLE IMPACTS (not listed above)

- _____
- _____
- _____

See attached Discussion of Impacts.

JAMAICA FAMILY PLANNING PROGRAM

10/14/76

| GOJ ORGANIZATION | ACTIVITY | TARGET GROUP | OUTPUT BY YEARS | | | | GOJ INPUTS | USAID INPUTS | | | | RESULT |
|-----------------------|---|--|-----------------|-------------------------|---------------|---------------|---|---|---------|--------|--------|---|
| | | | '77 | '78 | '79 | '80 | | FY 77 | FY 78 | FY 79 | FY 80 | |
| 1. MOHEC (p.4, App.E) | Training, upgrade FP & IEC skills | MOHEC - Medical & para-medical staff | 970* | 893* | 1,170* | 400* | Salaries of staff, facilities, salaries of trainees | \$139,632 | 117,984 | 80,309 | 31,584 | 4,000 trained medical and para-medical staff in FP, IEC, continuous later in-service training |
| | | | | * Includes No. 8 | | | | | | | | |
| 2. MOHEC (p. 14) | Participant Training | MOHEC - Medical & para-medical staff | 2 long-term | 2 short " | 1 l.t. 1 s.t. | 1 l.t. 2 s.t. | Participant salaries, international travel | 25,000 | 25,000 | 20,000 | 15,000 | Family Planning administrative and technical capability developed in Jamaicans to occupy key technical and administrative positions in NFPB |
| 3. MOHEC (pp.15-16) | Training-Laparoscopic sterilization | MOHEC - Medical doctors | 6 | 3 | 3 | 3 | Doctors' salaries, physical facilities | Indirect- JHPIEGO + equipment \$25,000 | | | | Expand laparoscopic sterilization capability to six more hospitals for total of 12 |
| 4. MOHEC (pp.15-16) | Training laparoscope maintenance | Central maintenance staff, MOHEC | 3 | 2 | | | Staff salaries, transport to parish hospitals, per diem, local facilities, local staff training | Indirect JHPIEGO; training of chief of maintenance staff + spare parts | | | | Capability to maintain equipment locally in the parish hospitals, plus training of additional staff |
| 5. MOHEC (p.6,9) | Training-community health aids(CHAs) | 1200 CHAs(now) 2000 CHAs(by 1980) | 600 | 600 | 400 | 400 | Salaries of ChAs, transport and maintenance, training facilities, trainees' | Per diem for trainers, maintenance, training materials and facilities | | | | 2000 CHAs trained in FP/IEC to distribute contraceptives at household level in rural areas. MOHEC will train some people in additional areas in MCH/Nutrition |
| 6. NFPB (p.4 & App.E) | Training-inter-disciplinary approach to give support-reinforcement to NFP Program | Church leaders, civic organizations, agric. ext. workers, social agencies, youth groups | | Not known | | | Salaries of ministers' staff and social agencies, workers training, facilities, trainers | Per diem for trainers, trainee maintenance, training materials and facilities | | | | Trainees develop positive attitude to FP and assume supportive role |
| 7. NFPB | Pre-service training UWI in Pop Dynamics FP/ELE | Training medical students, post-grad. MDs, nursing students, post-grad. nurses, and undergrad. and grad. students of social work | | Not known | | | Stipends for doctors, nurses and social workers | Indirect support, to UWI by regional loans, UNFPA | | | | Trained doctors and nurses in FP/Pop dynamics. Trained social workers in FLE/sex dynamics |
| 8. NFPB (app. E) | Evaluative seminars/workshops | National and local GOJ staff (ministry staff located in Kingston and in parishes) | | Not known | | | Salaries of national and local staff (Ministries and GOJ agencies) | Per diem of participants and maintenance of resource persons | | | | Realistic appraisal of effectiveness of seminars/workshops on FP/ELE/sex educ. seminars/workshops on |
| 9. MOE (p.4) | Orientation Seminars/Workshops in Infusion Strategy in FLE/Sex Ed. | High level educ. administrators in pilot areas | 4 pilot areas | No. of trainees unknown | | | Salaries of administrators, training facilities and resource persons | Per diem for administrators and resource persons | | | | Positive attitude of administrators towards FLE/Sex. |

JAMAICA FAMILY PLANNING PROGRAM

10/14/76

| GOJ ORGANIZATION | ACTIVITY | TARGET GROUP | OUTPUT BY YEARS | | | | GOJ INPUTS | USAID INPUTS | | | | RESULT |
|---------------------------------|---|---|---------------------------------|--------|--------|---------|--|---|----------|------------------------------------|----------|--|
| | | | '77 | '78 | '79 | '80 | | FY 77 | FY 78 | FY 79 | FY 80 | |
| MOE (P.4) | Training in Infusion strategy Infused Curricula development, on-going production of Infused Curricula Material | Teachers in Primary Secondary Schools, - Teachers Training College, Guidance Counselors | 1,000 | 1,400 | - | 480 | Salaries of Teachers and Guidance Counselors training facilities, trng. & materials (audio visual) | Per diem & maintenance for teachers and guidance counselors and training materials. Consultant Services facilities cost | | | | Trained teachers in infusion strategy both in curriculum development as well as teaching FLE & sex education for 100% of teachers in pilot area. |
| | | | | | | | | FY 77 | FY 78 | FY 79 | FY 80 | |
| | | | | | | | | \$50,000 | \$50,000 | \$50,000 | \$50,000 | |
| 11. MOE (P.4) | Training in FLE/ Sex Educ. | Students in Primary Secondary & Tertiary Schools System in Pilot Area | 100 | 70 | 9 | | Training facilities, materials audio visual aids & teachers | Partial support for materials & audio visuals aids & manual for teachers. | | | | Students develop positive attitude towards FP/FLE/Sex Educ. & have factual knowledge to bring about small family size. |
| 12. MOHEC/NFPB (P.4,22,23) | Distribution of contraceptives | Women & Men of Reproductive age 15-44 yrs) | 60,000 | 70,000 | 80,000 | 100,000 | Salaries of Local Staff, facilities delivery system | FY 77 | FY78 | FY 79 | FY 80 | Increase in delivery of contraceptives from present 12% to 30% of WRA in four years. |
| | | | | | | | | \$198.3 | \$230.6 | \$250.2 | \$322.2 | |
| | | | | | | | | <u>Other Contraceptives</u> | | | | |
| | | | | | | | | 10.2 | \$13 | 14.6 | 16.9 | |
| 13. CDC P 12-13, 13a | Commercial distribution of contraceptives | Women & Men of Reproductive age | 19,950 | 22,650 | 24,750 | 26,750 | Local staff facilities, transportation | Contract - Westinghouse | | Health System 919,000+ Commodities | | Institutionalized, effective CDC thruout Jamaica |
| 14. NFPB (P.4,P.29) | FP Commodities | MOHEC Clinics | 231 | 231 | 231 | 231 | Facilities, staff transportation | Equipment & Supplies \$50 \$50 | | \$40 | \$30 | Viable Logistical system |
| 15. VFPA (P.15) | Vasectomy Program | Males of reproductive age | <u>Vasectomies</u> 1200 1200 | | 1200 | 12,000 | JFPA staff, & facilities | \$25,000 | \$20,000 | \$15,000 | \$10,000 | 1200 males sterilized |
| 16. Bucen/ MOHEC NFPB (p.16,17) | Chart Data Collection System | For Health Centers & Clinics Pilot Study | 93 | | | | Salaries of Staff, facilities Equipment & Supplies | Indirect Buconsus-Consultant Services & Equipment Supplies | | | | Upgraded Client Data Collection System for MCH/FP/Nutrition. Provide Valuable data for Clinics, Planners and Evaluation Purposes. |
| 17. DAI (p.3) | Training-Specialized. Short-term & In-country | MOHEC Medical & Paramedical staff | NOT KNOWN | | | | staff salaries | Indirect Support- DAI | | | | Trained Medical & Para - Medical Staff to deliver FP services |

OTHER DONORS:

| | | |
|-------------------|--|--|
| IPPF (pg.3) | \$ 50,000 annually to JFPA - | Additional medical supplies and equipment to JFPA for better delivery FP services. |
| UNFPA (pg.3) | \$ 90,000 annually to MOHEC/NFPB for Depo-provera | Depo-Provera supplemental effort to National Family Planning Effort. |
| IBRD (pg.2) | \$6,000,000 Loan - 5 years project to build, equip and upgrade health facilities, Set up Planning and Evaluation Unit in MOHEC | |
| UNFPA (pg.3) | \$830,000 - Grant - | University of West Indies to assist in processing and publishing data obtained from the 1970 Census. |
| Pathfinder (pg.3) | | Provide Mini-Laps and cost for a National Conference of CHA's |

A. Recipients and AED Administrative Arrangements

IMPLEMENTATION ARRANGEMENTS

A. ANALYSIS OF RECIPIENT AND AID'S ADMINISTRATIVE ARRANGEMENT

1. Recipient: The primary responsibility for the administration of the National Family Planning Program rests with the Ministry of Health and Environmental Control (MOHEC). It is the Ministry of Health which has the responsibility for establishing policies and providing family planning services. The National Family Planning Board (NFPB) will concentrate its efforts on the following:

- 1) Coordinating family planning activities in all governmental and private sectors;
- 2) Public information and communication in all various forms;
- 3) Planning, implementation, statistical data collection and analysis, and monitoring and evaluating the National Family Planning Program;
- 4) Monitoring of the commercial distribution program of contraceptives being carried out with assistance of Westinghouse Health System, Maryland, (Contractor);
- 5) Monitoring the UWI Family Planning/Epidemiology Unit's training and research programs.

The Ministry of Health and para-medical staff are also responsible for the delivery of family planning services in the field. All GOJ's health facilities provide family planning service on a full-time basis under the direction of the Principal Medical Officer for Maternal and Child Health and Family Planning.

The project has support at all levels of the Government, political parties and in the ministries, especially the Ministry of Health officials who are responsible for the implementation of the National Family Planning Board. The personnel of the National Family Planning Board will be absorbed by the MOHEC, and will continue to operate as a unit within the Ministry of Health. The proposed project involves the expansion and intensification of the NFPP through training and IEC counselling, expansion of the delivery of family planning services, the sterilization program and the commercial distribution of contraceptives (orals and condoms).

GOJ/MOHEC interest in the National Family Planning Program is evidenced by the fact that the MOHEC has budgeted \$1.6 million for FY 1975-76 and \$1.8 million for FY 1976.

The other majority Ministry involved is the Ministry of Education (MOE) which is responsible to develop and implement the family life/sex education program throughout the island school system and teacher training colleges.

The Westinghouse/MOHEC Commercial Distribution of Contraceptives will supplement the GOJ/National Family Planning Program.

2) USAID: USAID/Jamaica will continue to provide the Population Officer (Family Planning/Public Health Advisor) to coordinate all the NFPB activities with both GOJ ministries and other donors. AID disbursements of local and foreign exchange will follow the normal AID disbursing arrangements as appropriate.

| <u>Responsible Agent</u> | <u>Time</u> | <u>Months</u> |
|--|-------------|---------------|
| A. Ministry of Education/NFPB family planning/Family life/sex education curricula developed. | S | 3 |
| B. Workshops and seminars organized or scheduled. | S 1 | Cont. |
| C. Ministry of Education/NFPB in-service training in FP/FLE/ Sex Education conducted. | | Cont. |
| D. MOHEC/NFPB providing family planning services/IEC counselling in all MOHEC health facilities on a continuing basis. | S 1 | Cont. |
| E. Ministry of Education/NFPB teaching family life/sex education into all primary/secondary schools and teacher training colleges and informally at community oriented programs. | S 1 | Cont. |
| F. MOHEC/MOE - family planning institutionalized within MOHEC's health facilities. FLE/Sex education being taught on a continuing basis. | S 1 | 12 |
| G. UWI/FP Population Dynamics are being taught on a continuing basis at UWI. Training for medical and para-medical staff etc. | S 1 | 48 |
| H. GOJ/MOHEC - above-mentioned activities would result in lowering the birth rate from 30.6 per 1,000 to 25 per 1,000 by 1980. | S 1 | Cont. |

S = Project Start

PROJECT EVALUATION

Evaluation will be focused in improved performance that will result in a cost-effective program (15% return of total budget investment). A revised client data collection system has been worked out with GOJ/USAID/Bureau of Census and should be in operation by July 1976 on a demonstration basis and by December 1976 it may be replicated islandwide. A Planning & Evaluation Unit is in process of being developed with the assistance of the University of North Carolina requested by MOHEC's Permanent Secretary at the final meeting held March 11, 1976 with the Bureau of Census' consultant, Director of MCH/FP/Nutrition Program and USAID's Public Health Advisor.

Independent evaluation on the second and fourth year of the project, preferably to be conducted by the American Public Health Association Team (centrally funded contract

| | | | | | |
|--|------------------------|-----------------------------------|---|---------------------------------|---------|
| Country: Jamaica | Project No: 532-041 | Project Title: Family Planning | Date: 9/15/76 | / / Original / X/ Revision # | Apprvd: |
| <u>CPI DESCRIPTION</u> <ol style="list-style-type: none"> 1. MOE provides trained staff and budget to carry out Family Life Education Program 2. MOE curricula developed--workshops scheduled 3. First MOHEC Family Planning and IEC class completed--14 trainers trained 4. Community Health Aides actively distributing contraceptives and recruiting acceptors. 5. 1400 Health Aides and Hospital workers graduated from MOHEC courses. 6. 1500 Teacher trainees graduated from MOHEC Family Planning and IEC courses. 7. 700 In-service teachers trained, 75 guidance counselors trained. 8. Institution of Sex Education and Family Planning courses into all secondary schools. 9. Counsellors placed in all secondary schools 10. MOHEC/NFPB providing FP/IEC in all hospitals and clinics. 11. 2400 Health Aids and Hospital workers graduated from MOHEC courses. 12. 3000 Teacher trainees graduated from MOHEC Family Planning and IEC courses. 13. 1500 In-service teachers and 150 guidance counsellors graduated from MOHEC courses. 14. MOE Sex Education and Family Life curricula implemented in all Elementary Schools 15. 3400 Health Aids and Hospital workers graduated from MOHEC courses. 16. 4500 Teacher trainees graduated from MOHEC FP & IEC 17. 2000 In-service teachers graduated from MOHEC courses. | | | <ol style="list-style-type: none"> 18. 100,000 active users in public programs/Birth Rate 25/1000. 19. End of Project Report submitted. | | |

HB 3, App 3G, Part I

| | | | | | |
|---------------------|------------------------|-----------------------------------|------------------|----------------------------------|----------|
| Country: Jamaica | Project No: 532-041 | Project Title: Family Planning | Date: 9/15/76 | / / Original / x / Revision # | PPT appn |
|---------------------|------------------------|-----------------------------------|------------------|----------------------------------|----------|

Year FY:
CY
Month:

| | 0 | 12 | 24 | 36 |
|---|-------------|-------------|-------------|-------------|
| 1. MOE Staff and Budget | | | | |
| 2. MOE curricula developed workshops scheduled | | | | |
| 3. First MOHEC class completed—14 trainers trained | | | | |
| 4. CHAs actively distributing & recruiting | | | | |
| 5. 1400 Health Aides & Hospital workers graduated. | | | | |
| 6. 1500 Teacher trainees complete MOHEC course | | | | |
| 7. 700 In-service Teachers complete MOHEC | | | | |
| 8. Sex & Family Ed. in all Sec. Schools | | | | |
| 9. Counsellors in all Sec. Schools | | | | |
| 10. FP/IEC in all Hospitals & clinics | | | | |
| 11. 2400 Health Aides & Hospital workers graduated. | | | | |
| 12. 3000 Teacher trainees complete MOHEC course | | | | |
| 13. 1500 In-service teachers complete MOHEC | | | | |
| 14. MOE Sex Ed. in all Elem. schools. | | | | |
| 15. 3400 HAs & HWs graduated. | | | | |
| 16. 4500 teacher trainees complete MOHEC | | | | |
| 17. 2000 In-service complete training | | | | |
| 18. 100,000 active users Birth Rate 25/1000 | | | | |
| 19. End of Project Report Submitted | | | | |
| | \$364.4 | \$329.2 | \$262.3 | \$711.4 |
| USAID | 358.5 | 393.6 | 404.8 | 449.1 |
| GOV | \$1,800,000 | \$2,160,000 | \$2,160,000 | \$3,150,000 |
| Financial Plan: | | | | |
| Evaluation Plan: | | | | |

Post
Action

HB 3, App 3G, Part I

EVALUATION DESIGN FOR JAMAICA-MOHEC/NATIONAL FAMILY PLANNING BOARD

PURPOSE: It is to strengthen GOJ institutions to achieve a level of at least 34,000 new acceptors annually.

END OF PROJECT CONDITIONS:

1. Birthrate to be reduced from 30.6 per 1,000 in 1975 to 25 per 1,000 by 1980.
2. 4,000 GOJ medical and para-medical staff trained and delivering family planning services and conducting IEC activities to the people of Jamaica by 1980.
3. 267 MOHEC clinical facilities delivering health/family planning services on a full-time basis by 1980.
4. Active users will be increased from the 1975 level of 60,000 to 100,000 by 1980.
5. GOJ/MOHEC Commercial Distribution of Contraceptives (pill and condom) has been established and recruiting approximately 45,000 non-clinical clients annually by 1977.
6. Family life/sex education curricula would have been developed and in use by 1980 in primary/secondary schools, and teacher training colleges. 2,000 teachers should have been trained and in place by 1980.
7. Institutional capability developed at UWI for teaching family planning and conducting operational research.
8. Family planning programs would have been institutionalized within the Ministry of Health & Environmental Control by 1980.

INFUTS - USAID

1. Direct hire
2. Contract
3. Participants
4. Commodities
5. Other costs

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 1977 to FY 1980
Total Cost: 2,528,000
Date Prepared: 9/15/76
Revised 10/22/76

Project Title & Number: FAMILY PLANNING - (JAMAICA) 532-041

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS | | | | | | |
|--|---|---|--|------|-------------|------|----|--|--|
| <p>Program or Sector Goal: The broader objective to which this project contributes: A birth rate of 25 per 1,000 by 1980.</p> | <p>Measures of Goal Achievement:</p> <table border="1" data-bbox="630 274 1039 352"> <thead> <tr> <th></th> <th>1975</th> <th>1980</th> </tr> </thead> <tbody> <tr> <td>Birth rate:</td> <td>30.6</td> <td>25</td> </tr> </tbody> </table> | | 1975 | 1980 | Birth rate: | 30.6 | 25 | <ol style="list-style-type: none"> 1) GOJ Registrar General Department records for 1980 as compared to baseline of 1975. 2) Sample surveys conducted by University of the West Indies (UWI). | <p>Assumptions for achieving goal targets: Continuation of favorable attitudes by Jamaican public toward family planning. Acceptance by women of the desirability of small families.</p> |
| | 1975 | 1980 | | | | | | | |
| Birth rate: | 30.6 | 25 | | | | | | | |
| <p>Project Purpose: To enable the GOJ to maintain, by 1980: a) An extensive public system of fp services integrated into MOHEC basic health services b) Family Life Education/Sex Education embodied in the public school system curricula. c) A commercial distribution system of contraceptives complementing both the public and private distribution systems thruout the island.</p> | <p>Conditions that will indicate purpose has been achieved: End of project status.</p> <ol style="list-style-type: none"> 1) 4,000 trained GOJ medical and paramedical staff delivering fp services and conducting IEC activities. 2) 267 MOHEC clinical facilities delivering hlth/fp services full-time. 3) Active users in public programs increased from 1975 level of 60,000 to 100,000. 4) 2,000 trained community health aides functioning as fp motivators & distributing contraceptives at the household level in rural areas. 5) GOJ's commercial distribution of pills & condoms established and serving approx. 27,000. 6) MOHEC sterilization program providing 4,000 procedures annually. 7) FLE/Sex Ed. found in a) curricula b) Training manuals, c) Resource materials. | <ol style="list-style-type: none"> 1) Field observation. NFPB statistical records. 2) Field observation. NFPB statistical records. 3) Survey of Client Record Data System by UWI & MOHEC statistical Department. 4) NFPB records. 5) NPPB records, Westinghouse 6) NFPB records 7) MOE records | <p>Assumptions for achieving purpose:</p> <ol style="list-style-type: none"> 1) GOJ will continue to provide adequate financial support 2) Gov't will implement policy to provide fp on full time basis in all clinical facilities 3) People want and will use contraceptives if made available at subsidized prices. 4) Students will relate the FLE/Sex Ed concepts to their own situations and aspiration | | | | | | |

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS | | | | | | | | |
|---|---|---|--|---|---|---|---|---|---|---------------|--|
| Outputs: | Magnitude of Outputs: | | Assumptions for achievement. | | | | | | | | |
| <u>Project Outputs</u> | | | | | | | | | | | |
| 1. U.S. Training, specialized courses MCH/fp and IEC: Long term Short term | <table border="1"> <tr> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>1</td> <td>1</td> <td>2</td> <td>1</td> </tr> </table> | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 1 | PIO/P Records | MOHEC/NFPB will continue salary of such personnel during training. |
| 2 | 2 | 2 | 2 | | | | | | | | |
| 1 | 1 | 2 | 1 | | | | | | | | |
| 2. Training in fp & IEC counseling service. | Anticipated 1,400 by 1978, & 1,000 each in 1979 & 1980. | MOHEC/NFPB Records & Reports | MOHEC will release staff for training | | | | | | | | |
| 3. GOJ Commercial Distribution of oral contraceptives and condoms established to reach non-clinical clients thruout Jamaica. | 250 outlets for pills established and 1,000 outlets for condoms established by 1978 | Westinghouse quarterly Reports thru 1978; NFPB records after 1978 | GOJ budget adequate to finance assumption of responsibility for CDC by 1978. | | | | | | | | |
| 4. Family Life Educ/Sex Educ. Curricula developed & materials & manuals prepared. | (No. to be determined)-copies of manuals and materials prepared. | MOE - Records and observations in classrooms | MOE will provide staff for curricula development. | | | | | | | | |
| 5. In-service training in FLE/Sex Ed. for Primary and Secondary School teachers and for guidance counselors. Trainers assigned to all parishes. | By 1980: 2,000 teachers, 150 guidance counselors, 14 trainers. | -do- | Ministry of Education (MOE) will provide trained staff and budget to carry out their segment of FLE. | | | | | | | | |
| 6. For students in teacher's training colleges training in FLE/Sex Ed., population dynamics & related. | Approximately 1,500 students annually. | -do- | | | | | | | | | |

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | | | | MEANS-OF VERIFICATION | IMPORTANT ASSUMPTION |
|--|---|---------|---------|---------|---------------------------------------|---|
| | Implementation Target (Type and Quantity) | | | | | |
| Inputs: | 1977 | 1978 | 1979 | 1980 | | |
| <u>INPUT-USAID</u> | | | | | | |
| 1. <u>Direct Hire</u> | | | | | | |
| Public Health Advisor/FP assigned as Project Manager to MOHEC/NFPB | 1 | 1 | 1 | 1 | USAID's records at Embassy Controller | Assumptions for providing inputs: (See information on GOJ inputs.) |
| 2. <u>Contract Consultants</u> (Dollars) | | | | | NFPB's records | |
| Program planning, trng.; short term | 50,000 | 10,000 | 10,000 | 10,000 | Other Donor's records | |
| FLE & midwifery instruction; | 3MM | 12MM | 3MM | 3MM | | |
| Long term | 12MM | — | — | — | | |
| 3. <u>Participants</u> (Dollars) | 25,000 | 25,000 | 15,000 | 20,000 | | |
| 4. <u>Commodities</u> (Dollars) | 256,200 | 324,000 | 341,000 | 314,800 | | |
| a. Contraceptives (centrally funded) | 196,000 | 261,000 | 294,100 | 260,200 | | |
| b. Other contraceptives | 10,200 | 13,000 | 16,900 | 14,600 | | |
| c. Clinical equipment & supplies | 50,000 | 50,000 | 30,000 | 40,000 | | |
| Audio-visual aides | | | | | | |
| FLE seminars & workshops | | | | | | |
| 5. <u>Other Costs, Local</u> (Dollars) | 264,800 | 302,000 | 220,500 | 241,700 | | |
| a. Workshops/Seminars: MOHEC | 139,600 | 118,000 | 31,600 | 80,300 | | |
| MOEd. | 50,000 | 50,000 | 50,000 | 50,000 | | |
| b. KAP-Studies | 40,000 | 40,000 | 10,000 | 30,000 | | |
| c. Vasectomy (thru FPA) | 25,000 | 20,000 | 10,000 | 15,000 | | |
| d. Adjustment for Inflation | 10,200 | 45,600 | 60,700 | 35,000 | | |
| e. Contingency Fund | | 28,400 | 58,200 | -31,400 | | |

Family Planning (Jamaica) 532-041

H O S T C O U N T R Y I N P U T S

O T H E R D O N O R I N P U T S

| <u>Type of Input</u> | <u>Total Amount</u> |
|---|--|
| 1. Budgetary support for the health/NFPB including NFPB staff and administration, over-head, etc. | 1977 - \$1,800,000 1978 - \$2,160,000 |
| 2. Provision of all health facilities including hospitals, health centers and clinics etc., to provide fp services and surgical procedures. | 1979 - \$2,160,000 1980 - \$3,150,000 |
| 3. Warehouse maintenance, distribution and control of commodities (contraceptives, audio-visual equipment, etc.) furnished by the project. | |
| 4. Training of medical para-medical personnel and other out-reach programs etc. | |
| 5. Office space for counterpart and administrative support. | |
| 6. Teachers to teach family life/sex education. | |
| 7. Provide funds for international travel for participants. | |
| 8. Access to statistics and client records. | |
| 9. Local transportation for consultants, advisors. | |

| <u>Organization & Type of Input</u> | <u>Total Amount</u> |
|---|--------------------------|
| 1. IBRD: - Loan used for construction of 10 rural health centers and extension of VJMH. -Second loan for construction of health facilities N/FP, evaluator, equipment etc. | \$2,000,000 6,000,000 |
| 2. UNFPA: -Grant to UWI to process and publish data of the 1970 Census (Caribbean Census). -Grant for depopovera provided for acceptors of NFPB program annually. | 830,000 90,000 |
| 3. ILO: -Grant for support for family life education/sex education program for Union Workers, 1973-1977. | 311,000 |
| 4. IPPF: -Support to JFPA | 50,000/year |
| 5. Others: -Development Association Inc.-participant training for medical and para-medical staff. -PIEGP/AVS-support for the NFPB sterilization program. -Pathfinder-support for JFPA Male Motivators Program. | Amounts to be determined |

I. PROJECT DESCRIPTION

To enable the Government of Jamaica to establish and maintain, by 1980: a) an extensive public system of Family Planning Services, b) A Family Life/Sex Education in the public school curricula, and c) A commercial contraceptive system to complement the public school distribution systems.

II. OBJECTIVES

1. 4,000 GOJ medical and para-medical staff trained and delivering family planning services and conducting IEC activities by 1980.
2. 267 MOHEC clinical facilities delivering health/family planning services on full-time basis.
3. Active users in public programs increased from 1975 level of 60,000 to 100,000 by 1980.
4. 2,000 community health aides trained as family planning motivators.
5. GOJ's commercial distribution of pills and condoms established and serving approximately 47,000 annually by 1980.
6. MOHEC sterilization providing at least 4,000 procedures annually.
7. Family life/sex education curricula developed and in use into primary/secondary schools and teacher training colleges by 1980.
8. Family planning programs would have been institutionalized within the MOHEC activities.

III. PROJECT COMPONENTS

- a) 24 man-months of consultancy in program planning, family planning midwifery training, IEC and FLE.
- b) 82 man-months of long-term training in the United States
20 man-months of short-term training in the United States in MCH/family planning and IEC activities.
- c) Contraceptives centrally funded
Other contraceptives
Clinical equipment & supplies
Audio-visual aides
FLE seminars & workshops
- d) Local cost for in-country training (workshop & seminars)
Research (operational) surveys

IV. IMPLEMENTATION

This project will be implemented by MOHEC and NFPB.

Technical assistance, commodity support, and local cost for seminars and workshops will be provided by USAID/Jamaica.

The National Family Planning Board (NFPB) will concentrate on the following:

1. Coordinating family planning activities in all governmental and private sectors.
2. Public information and communication in all various forms.
3. Planning, implementation, statistical data collection and analysis, and monitoring and evaluation of the National Family Planning Program.
4. Monitoring of the commercial distribution program of contraceptives being carried out with the assistance of Westinghouse Health System, Maryland (Contractor).
5. Monitoring the UWI Family Planning/Epidemiology Unit's training and research programs.

The Ministry of Health and Environmental Control (MOHEC) medical and para-medical staff are responsible for the delivery of family planning services in the field. All GOJ's health facilities provide family planning services on a full-time basis under the direction of the Principal Medical Officer for Maternal and Child Health and Family Planning.

Annex C

Ref. No. _____

22nd April, 1976.

National Family Planning Board
Advertising Campaign

The advertisements on the laproscopic method of tubal ligation was part of a 3-phased advertising campaign.

Phase 1 - attempted to broaden the concept of family planning to show:

- (a) the role of family planning within the framework of national development
- (b) the relationship of family planning and individual, family and national stability
- (c) the role of family planning in helping to improve the quality of life.

Phase 2 - "The Miracle of Life" dealt very simply and graphically with basic human reproduction

Phase 3 - dealt again simply and graphically with each contraceptive method, how they are used, their contra-indications and effectiveness.

Media

Phase 1 - Press (2 daily newspapers, one afternoon tabloid, 3 weeklies) Radio, Television, Cinema, Billboards and the interior of Buses.

Phases 2 & 3 - Press and 5-minute radio programmes

To date there has been no criticism of the ads in the Press.

When a
biscuit is a
treat - things
are rough!

Things happen in a family like this.
Things like hunger, no clothes to wear ...
no place to sleep - no love.
Every young person should take a lesson from this.
Start learning now to help yourself,
so that when you have a home and family
of your own you will be able to cope.
Plan now for the children you'd like to have. ...
Make sure that when you have them, you're ready for them.
This way your family will be a happier one.



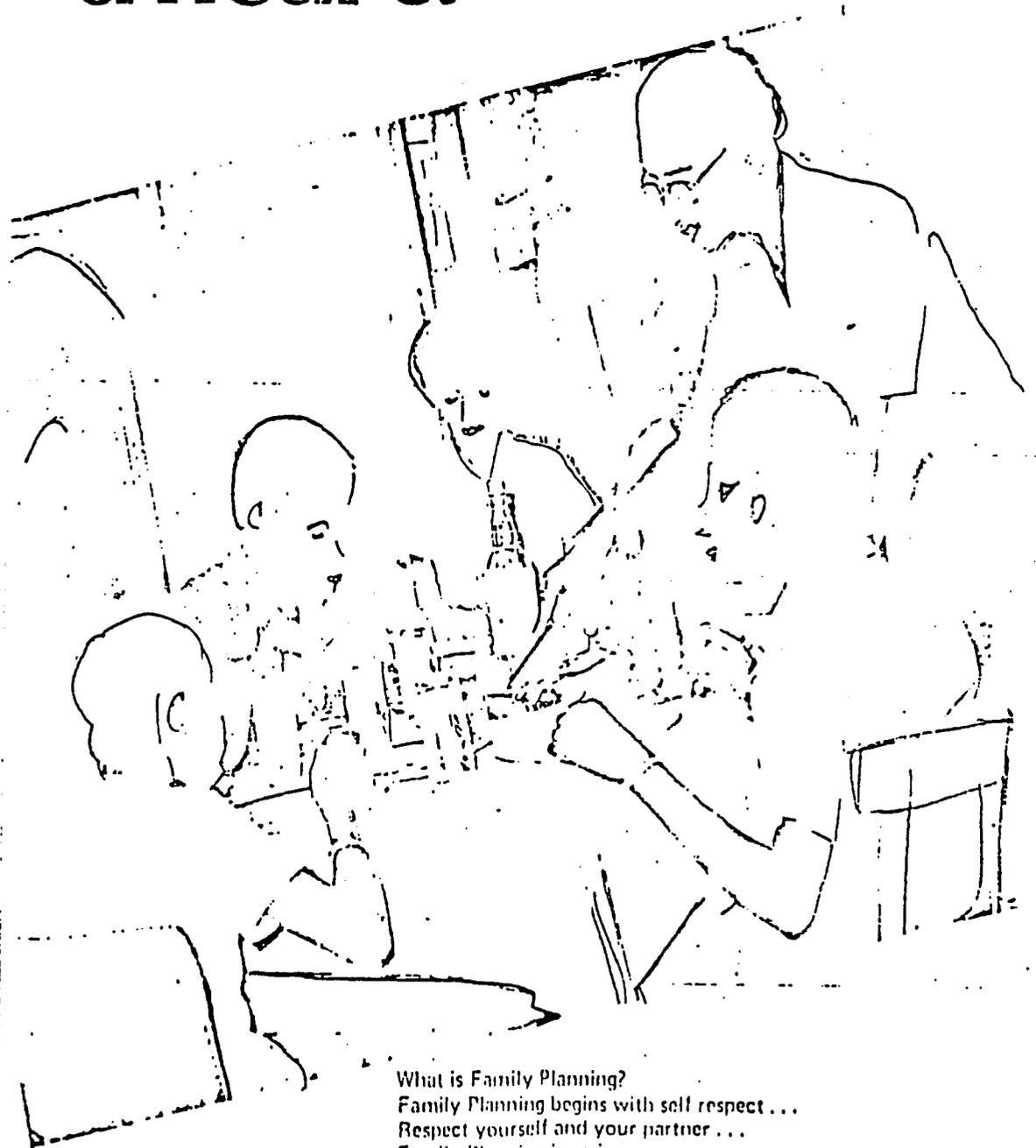
This is family planning...all it is,
is caring enough to do everything to help yourself....
For further information on what family planning
is all about visit your nearest health centre
or write to: "HAVE A HEART"
National Family Planning Board,
5 Sylvan Avenue, Kingston 5.

have
a heart

NATIONAL FAMILY PLANNING BOARD



Family Planning is having a heart.



What is Family Planning?

Family Planning begins with self respect . . .

Respect yourself and your partner . . .

Family Planning is caring . . .

For yourselves – for your children.

Family Planning is having a sense of direction . . .

Work hard, save, take part in your family life.

Family Planning is having pride in your partner – in your home.

Family Planning is making your home an environment of love –
through caring.

Family Planning is having a heart.



NATIONAL FAMILY PLANNING BOARD

Where's the father?

It takes a man and a woman
to make a child.
It takes a man and a woman
to see that this child grows up
in a home that is filled with love,
care and understanding.
Men, don't neglect your children.
Preserve the health of their mother
by doing your best to lessen
the worry and overwork on her part.
Children need fathers.



They need your love,
your care and your presence.
This is Family Planning.
All it is, is caring enough to do
all you can to better your family life.
Family Planning is having a heart.

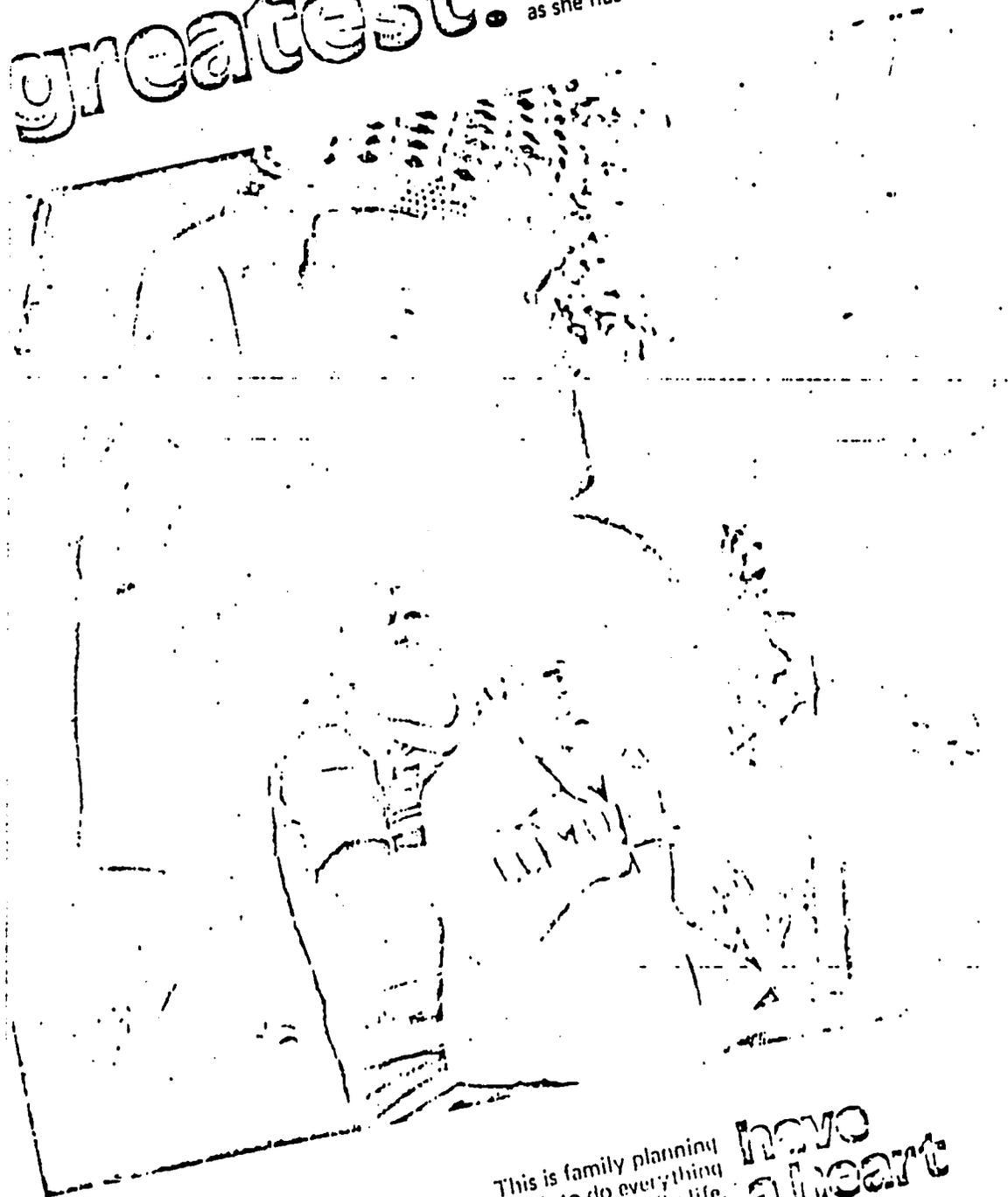
Have
a heart

NATIONAL FAMILY PLANNING BOARD



Mom's the greatest.

When one looks at this picture
one wonders how on earth any mother
"The Greatest", to her family.
This mother cares, and her children know it.
With her help and guidance they
will grow up to be responsible,
well adjusted individuals.
They too will take pride in their home
— they will love and care for
their family — they will live their lives
as she has taught them.



This is family planning
it's caring enough to do everything
to better your family life.
Family Planning is having a heart.

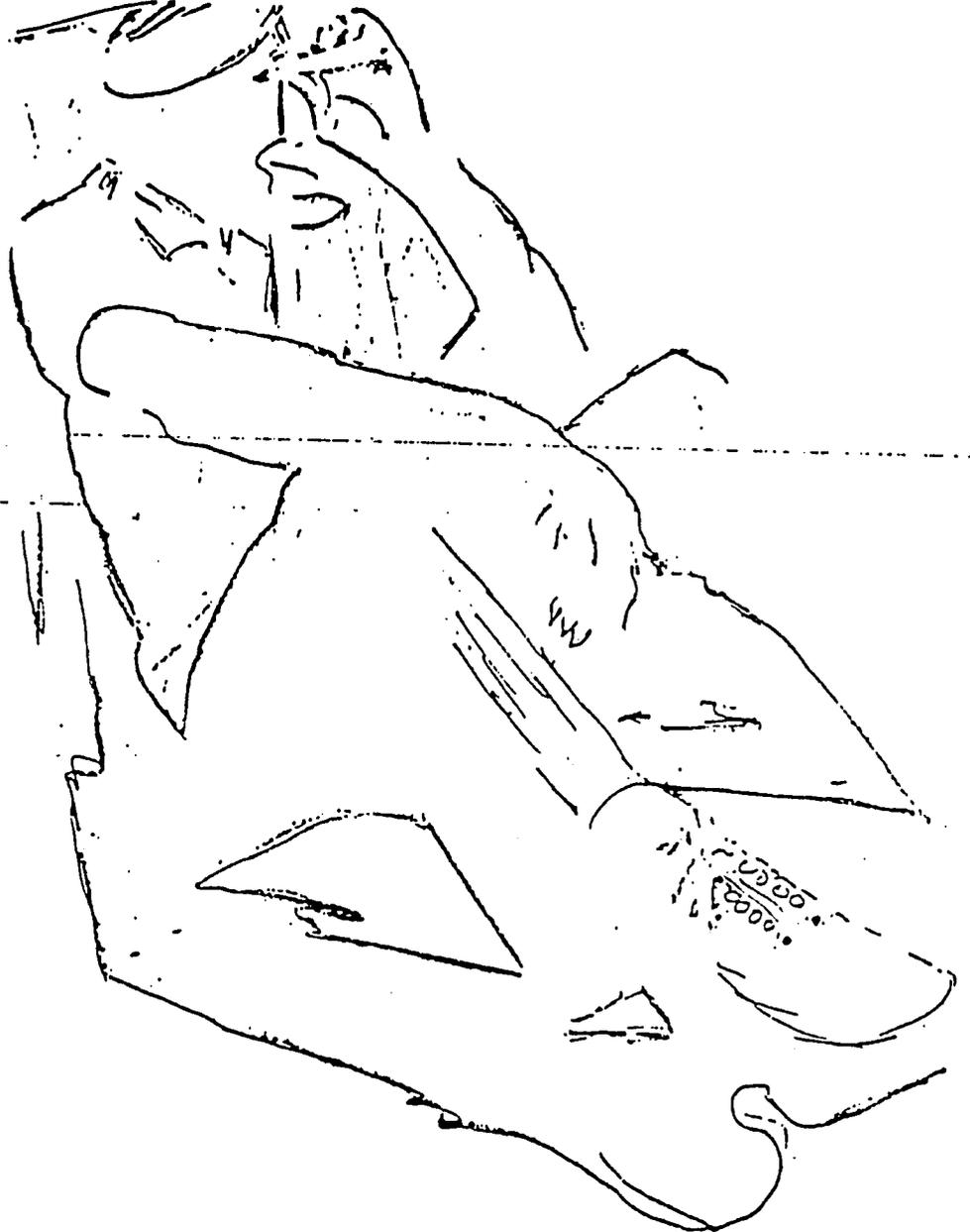
have
a heart

NATIONAL FAMILY PLANNING BOARD



DO YOU KNOW YOUR CHILD?

How well do you know your child?
Are you aware of his strength, his weaknesses.
Can you anticipate his physical, spiritual and moral needs.
How well you know and trust your child
depends on the way you live with your child.
Spend time with him. Be his friend and companion.
Listen to him when he has something to say -
give him love and understanding.
If you do this, you can't go far wrong.
Your child will learn to trust you



and you can avoid the anguish and frustration
of not knowing what your child is about.
This is what family planning is all about.
It is caring enough to do all you can
to make your family life a better one.
Family Planning is having a heart.

have
a heart

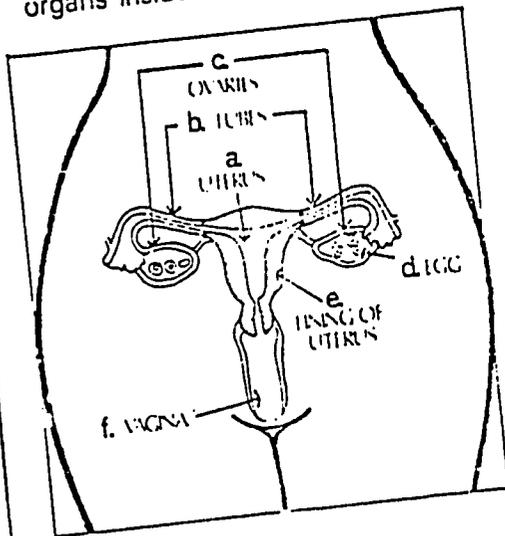
NATIONAL FAMILY PLANNING BOARD



the miracle of life

Part 1 Inside the Woman's body

In the picture are some of the organs inside a woman's body.



- a) The uterus or womb where a baby grows.
- b) Two tubes attached to the uterus (womb).
- c) Two ovaries below the tubes where eggs are stored from birth.
- d) An egg in an ovary.
- e) The lining of the womb where the egg can grow into a baby.
- f) The vagina or birth passage through which the baby passes when it is born.

MENSTRUATION

The ovaries in the female's body have the job of making her womanly in looks and ways. They also store eggs. At about age twelve, the eggs begin to ripen. Each month a ripe egg leaves one of the ovaries and travels along one of the tubes towards the womb. Meanwhile the lining of the womb becomes thicker ready to nourish a baby.

If the egg is not fertilized* then it dissolves. The thick lining of the womb breaks up, and along with some blood, passes out of the body through the vagina, as the "menses" or monthly period. This is called menstruation. Menstruation usually takes place about every 24 days to every 30 days.

* Fertilization — watch for fertilization or how pregnancy begins.

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is having
a heart.**

CUT THIS OUT AND KEEP

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the miracle of life

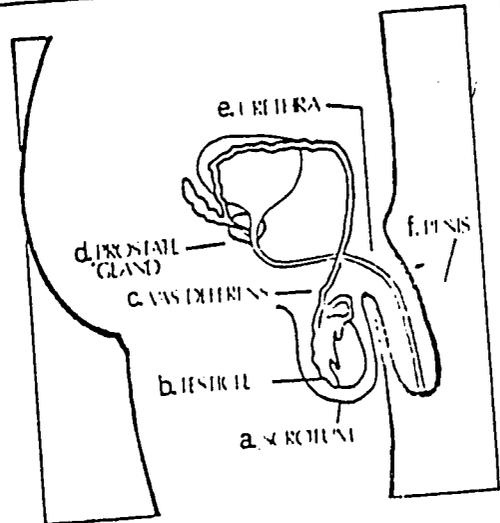
Part 2 Inside the Man's body

The male organs that are concerned with creating life are inside and outside the body.

- The scrotum — outside the body — is a bag of skin containing the testicles.
- Two testicles produce sperm, (commonly called seed).
- Two tubes, called the vas deferens, carry sperm from the testicles.
- The prostate gland produces most of the fluid which carries sperm from the vas deferens to another tube. Fluid containing sperm is called "semen."
- The urethra — the tube which carries fluid (whether with sperm or without) to the penis.
- The penis — the male organ through which urine and semen pass (but not at the same time) to outside the body.

The testicles in the male are mainly concerned with making him manly in looks and ways. At about age 13 they also begin to produce sperm (seed).

Sperm pass into the body through the vas deferens tubes. Fluid is collected and leaves the body as semen — through the penis.



The picture above shows their positions.

□ When semen enters the woman's vagina, it travels into her uterus (womb) and into both her tubes. If an egg is in a tube, a sperm will enter the egg and they become one. This is "fertilization" or "conception."

Fertilization then is the beginning of a pregnancy.

**Family Planning?
is having a heart.**

CUT THIS OUT AND KEEP



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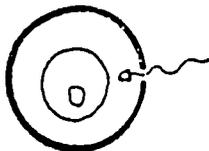
the miracle of life

Part 3 How Pregnancy Begins

Before a baby is born three things must happen.

- A ripe egg must be present in a tube of a girl or woman.
- A sperm from the male must join the egg to fertilize it.
- The fertilized egg must find a home in the lining of the woman's uterus (womb).

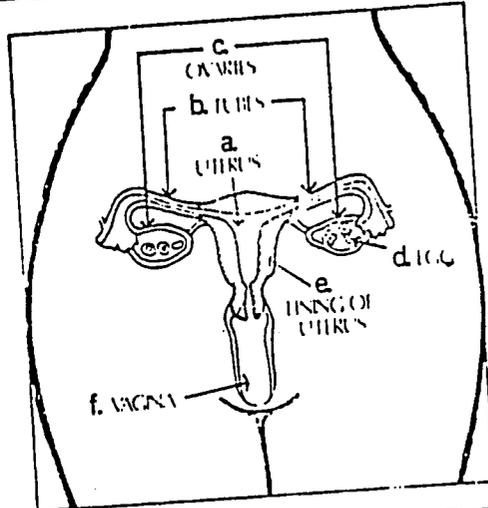
a. THE FEMALE EGG b. THE MALE SPERM



c. EGG & SPERM UNITED
"Fertilization"

The baby then grows (usually for nine months) in the uterus before it is born.

When a couple wish to delay pregnancy or decide they have had enough children pregnancy can be prevented.



HOW PREGNANCY IS PREVENTED

The only way to make sure that pregnancy does not begin is to stop the sperm from the male entering the egg in the female.

This is done by —

- Not having sexual intercourse
- Using a reliable contraceptive method.

There are many methods from which you can choose. The method you use must be used correctly and faithfully. It must suit you, and your way of life.

Watch out for the different methods, how they work and how to use them.

CUT THIS OUT AND KEEP

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 NATIONAL FAMILY PLANNING BOARD

How sterilization prevents pregnancy

PART 2 THE WOMAN

Each month a woman produces a ripe egg which travels along one of her two tubes towards the uterus (womb). She can only get pregnant while an egg is in a tube.

One way of preventing pregnancy is to stop the eggs from travelling through the tubes to the uterus.

There are different operations which doctors can do which make it impossible for the egg to travel along the tubes but instead are absorbed by the body.

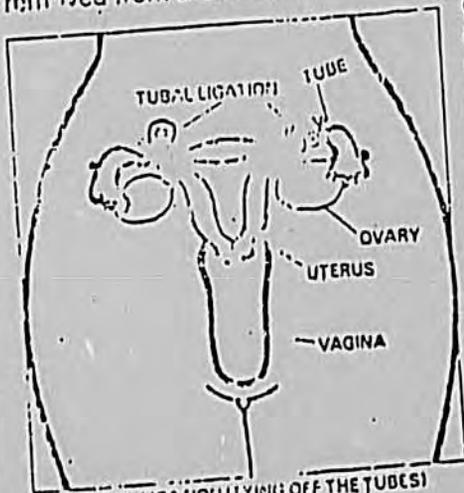
In most operations nothing is removed from the body.

The operation most widely known is called Tubal Ligation (tying off the tubes). After any of the operations the woman feels and acts just as feminine (womanly) as before. She may be more relaxed as she is no longer afraid of getting pregnant. She is protected immediately.

This operation does not interfere with sexual satisfaction of either man or woman. This method is the most reliable one for women who already have the number of children they want.

Once the operation is done the woman will not be able to get pregnant again so she must be very sure that she does not wish to have any more children.

Family Planning is having a heart.



TUBAL LIGATION (TYING OFF THE TUBES)

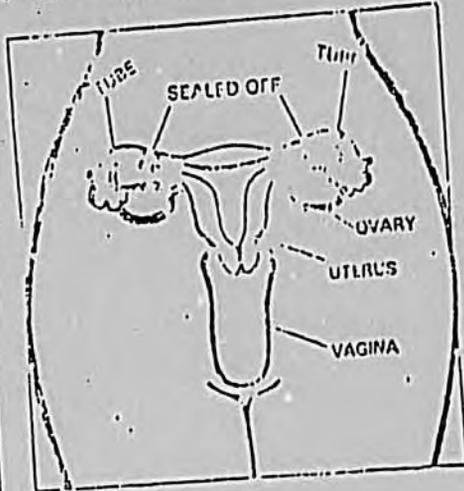
CUT THIS OUT AND KEEP

Voluntary Sterilization

THE TUBAL LIGATION PROGRAM

THE WOMAN - THE LAPAROSCOPIC METHOD

The laparoscopic method is a new way of doing a tubal sterilization - an operation to prevent the woman's eggs traveling through the tubes to the uterus (womb). She cannot get pregnant after the operation.



How the operation is done

The doctor deadens the area around the woman's navel, and makes a tiny slit about one inch wide. He puts in an instrument called a laparoscope to see inside the abdomen (tummy). Through the instrument he seals each of the two tubes.

The instrument is removed, two stitches are put in and the slit covered with a band-aid.

After the operation, the woman rests for a while then gets up but remains at the hospital for about two hours more until the doctor is satisfied.

N.B. - Nothing is removed from the woman's body. She still has her periods and feels and acts as womanly as before.

- The operation can be done in the morning and the woman returns home the same day.

- It does not leave a noticeable scar on the abdomen (tummy).

- It is immediately effective and the couple can have sex again when they wish.

- It can be done six weeks or later after the birth of a baby.

Note carefully

This is a final method. The woman will not have children again. As in all operations for stopping a man or woman from having any more children, it is for those parents who decide they now have the number of children they want, can provide for, guide and protect. This is a reliable method.

Family Planning is now a heart.



NATIONAL FAMILY PLANNING BOARD

C. P. S. C. A. D. M.

Now the hormone method prevents pregnancy

Part 2 THE INJECTION METHOD

Each month a woman produces a ripe egg. The ripening is caused by hormones which are substances produced by the body. When pregnancy starts the hormones change. They now prevent eggs ripening. The menses (periods) stop and the breasts prepare to produce milk.

One way of preventing pregnancy is to stop the eggs ripening. This can be done by the woman taking the same kind of hormones which the body produces when she is pregnant. This is taken through pills or injections.

However, it is not necessary to take hormones as strong as those produced by the body during pregnancy. Because the hormones are weaker the periods will continue and the breasts will not produce milk.

HOW TO USE THE INJECTION METHOD

This is the newest form of hormone contraception. An injection is given every three months by a doctor or nurse, until a baby is desired.

NOTE CAREFULLY

Women with high blood pressure, diabetes (sugar in the urine) varicose veins (large knotty veins), are likely to have problems during pregnancy. Such women might have similar problems if they use the hormone method. Therefore, women who already have these illnesses should use other reliable family planning methods.

THIS IS A RELIABLE METHOD - Watch for "How to take the pill"

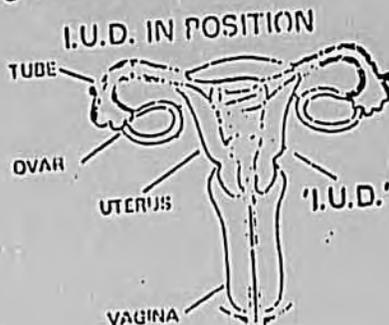
Family Planning is having a heart.

 NATIONAL FAMILY PLANNING BOARD

CLIPPING SERVICE

How Intrauterine Devices or I.U.D.'s Prevent Pregnancy

When a man's sperm enters a woman's egg, the egg becomes fertilized. The fertilized egg travels to the uterus (womb) enters its thick lining, and grows into a baby.



Pregnancy can be prevented by stopping the egg entering the lining. This can be done by putting an 'I.U.D.' into the uterus (womb)



TYPES OF "I.U.D."S

The 'I.U.D.' is made from the same plastic as is used in some operations, and will not harm the body. It must be put in by a Doctor or Nurse,

The woman learns how to check it herself. The 'I.U.D.' does not interfere with sensitive feelings of either man or woman.

WHO CAN USE THE I.U.D.?

This method is safe and reliable and can be used by most women. It is especially good for women who are:

- Forgetful
- Do not like to use something before sexual intercourse
- Have High Blood Pressure, Diabetes, or some other condition in which the pill or injection cannot be safely used.

WHO MAY HAVE PROBLEMS WITH THE I.U.D.?

- Women who have growths in the uterus (womb)
- Women who have infections of the uterus or tubes.

If a woman has problems or wishes to have a baby, the I.U.D. can easily be removed by a Doctor or Nurse

Family Planning
is here!
at home.

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(AMA) NATIONAL FAMILY PLANNING BOARD

How the hormone method prevents pregnancy

Part 2 THE INJECTION METHOD

BEST AVAILABLE COPY

Each month a woman produces a ripe egg. The ripening is caused by hormones which are substances produced by the body. When pregnancy starts the hormones change. They may prevent eggs ripening. The periods (menstrual) stop and the breasts prepare to produce milk.

One way of preventing pregnancy is to prevent the eggs ripening. This can be done by the use of a hormone which the body produces when she is pregnant. This is given through pills or injections.

It is not necessary to take the hormone as strong as those produced by the body during pregnancy. Because the hormones are weaker the periods will continue and the breasts will not produce milk.

HOW TO USE THE INJECTION METHOD
This is the normal form of hormone contraception. An injection is given every three months by a doctor or nurse, until a baby is desired.

NOTE CAREFULLY
Women with high blood pressure, diabetes (sugar in the urine) varicose veins (large knotty veins), are likely to have problems during pregnancy. Such women might have similar problems if they use the hormone method. Therefore, women who already have these illnesses should use other reliable family planning methods.

THIS IS A RELIABLE METHOD - Watch for "How to take the pill"

Family Planning is better than a heart.

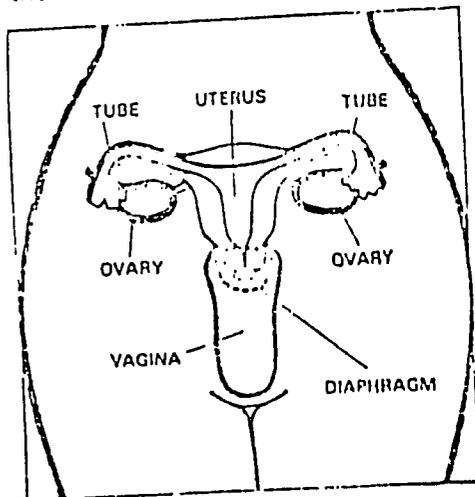
CUT HERE

How the diaphragm prevents pregnancy

CUT THIS OUT AND KEEP

Before pregnancy begins a man's sperm must travel through a woman's uterus (womb), into her tubes and into an egg. One way to prevent pregnancy is to cover the opening of the uterus so that sperm cannot pass through.

The diaphragm is specially made to cover the opening of the uterus (womb).



THE DIAPHRAGM IN POSITION

Each woman has to be fitted with her correct size by a doctor or nurse. She learns how to put it in, remove and care for it herself. It is used with special "spermicidal creams or Jellies".

The diaphragm can be put in place for sometime before the sex act. It must be left in place for at least six hours after sex. It can be safely worn for up to 24 hours. If it is taken out before six hours, sperm may still be in the vagina and can travel into the uterus, and she could get pregnant.



DIAPHRAGM

The diaphragm is comfortable and does not interfere with sensitive feelings of man or woman.

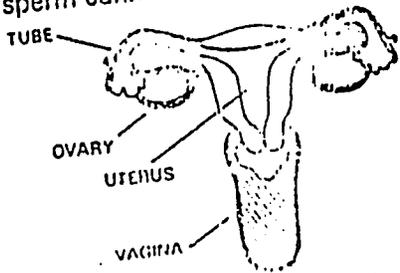
This is a reliable method if fitted correctly and used with spermicidal creams or jellies.

"Watch for Vaginal spermicides".

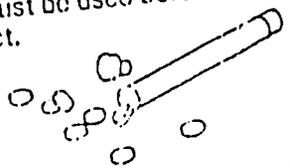
Family Planning is having a heart.

How vaginal spermicides prevent pregnancy

One way to prevent pregnancy is to cover the opening of the uterus (womb) so that sperm cannot enter.



The opening can be covered by a thick foam or jelly through which sperm cannot pass. These are called "Vaginal Spermicides". They must be used before each sex act.



THE FOAMING TABLETS

When wet the foaming tablets form a thick foam which covers the opening of the womb. The tablets must be kept dry until the woman is ready to use them.

HOW TO USE

Dip two foaming tablets in water. When foaming put them far up into the vagina. Wait for five minutes until the tablets have melted

completely before starting the sex act. The opening of the uterus (womb) will be covered for about fifteen to twenty minutes. If sex continues longer, wet two more tablets and insert again.



SPERMICIDAL FOAMS, JELLIES, CREAMS

These come in containers and tubes with applicators. Fill the special applicator according to the instructions. Put the filled applicator far into the vagina and empty. The sex act can start immediately. The opening of the uterus is covered for about one hour. Spermicidal jellies and creams are also used with diaphragms.

NOTE:

This method is only recommended for temporary protection unless used with a more reliable method.

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CUT THIS OUT AND KEEP

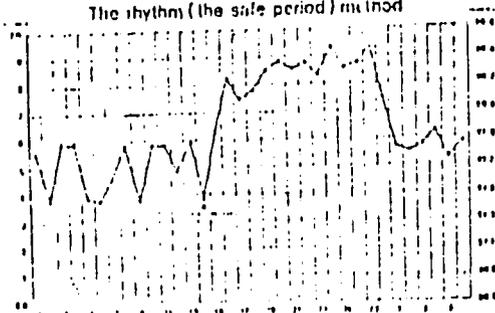
How the rhythm method prevents pregnancy

CUT THIS OUT AND KEEP

Each month a ripe egg leaves one of the woman's ovaries and travels along one of her tubes. This happens about 14 days before her period is due but can be shorter or longer. At the same time her body temperature rises slightly. It is during this time that the egg is released and her temperature rises that she can conceive.

To use the "Rhythm" method the woman must learn her own body's regular time or "cycle" of releasing an egg each month. Once an egg has been released and is in a tube the couple should not have sex for a while.

The rhythm (the safe period) method



How to Use

One way of knowing when an egg is released is for the woman to learn to take and record her body temperature. The temperature is taken before getting out of bed each morning. After a few months the cycle or "rhythm" of the

release of eggs can be seen by the regular rise in temperature. The couple can then know when they should abstain (not have sex). It is advised that they should abstain for 4 days before the expected rise in temperature until 4 days after the rise.

Note Carefully:

- The cycle can change any month because of worrying, travelling, illness or for no known reason; in which case the egg would be released at a different time to when expected.
- The temperature can rise at times other than when an egg is released. Even a cold can cause a rise. The couple might then think an egg has been released and abstain from sex. They could therefore have sex at a time when the woman could conceive.

This can make the Rhythm method unreliable.

Both man and woman must accept the fact that this method requires great self-control and individual education in the "Rhythm" method is recommended for couples who for religious or other reasons cannot use contraceptives.

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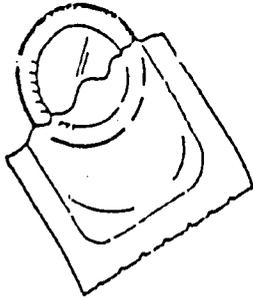
How the condom prevents pregnancy

The Condom or (French Letter) is used by the man. It is made of thin rubber which can stretch. It is made to cover the entire penis to prevent sperm reaching the egg. It must be put on before the start of each sex act. After the act has been completed the penis must be withdrawn and the condom removed taking care that the semen (fluid containing sperm) does not spill, or that the condom does not slip off into the vagina.

Should the condom slip off it can be easily removed - but the woman could get pregnant. The condom should be disposed of by flushing, burying, burning or placing in a garbage bin.

If the act is to be repeated another condom must be used.

Besides being a very efficient method of family planning, the condom gives protection against venereal disease.



The condom (for men)

Family Planning
is having
a heart.

STATISTICAL SURVEY

There are several studies that the National Family Planning Board will initiate and contract out encompassing:

Studies on:

1. Knowledge, attitudes and practice of pills and condoms (including Perle and Panther) and other types of contraceptives.
2. Knowledge, attitudes and practice of family planning in urban as against rural areas.

PURPOSE

The collection of additional data which will serve to supplement the client data collecting system and so contribute towards the overall evaluation of the effectiveness of the family planning program in Jamaica.

Outline of the main features of the Methodology

It is proposed to interview both men and women heads of households. Households will be drawn on a random sample basis from lists of households supplied by the Department of Statistics. It is proposed to use a stratified sample so that not only urban and rural areas but also the various socio-economic groups in the society will be properly represented.

Special training sessions will be organized for all personnel engaged in each study at which a representative of the National Family Planning Board's Statistical Section is present. Training will involve full discussions of concepts as well as trial interviews under field conditions.

A series of studies - one a year concentrating on certain aspects of the survey will be done. In this way questionnaire will not be too long. This also has the advantage of facilitating the quick processing of schedules and the quick analysis of results.

(The above outline points out some of the guidelines which will be handed to the contractors. Details on the methodology e.g., sample size etc. will be discussed with contractors and approved so as to ensure conformity with the needs of the National Family Planning Board).

OUTPUTS

1. A profile of Jamaican users - (male and female) e.g., age, sex, parity, socio-economic characteristics cross-classified with their attitudes and knowledge of family planning.

Inservice Training in the National Family
Planning Board and the Ministry of Health
and Environmental Control

The objective of the Inservice Training Program is to improve the knowledge, attitudes and skills of the health team in family planning, so that they will be better able to give effective and efficient Family Planning services to the public.

The overall objective of these activities is to enhance the quality of service, education and skills designed to intensify and strengthen the Family Planning Program. Built into the plan are activities specifically aimed at supporting the integrated approach to family planning and population as it relates to the several agencies, e.g., Ministry of Education (MOE) which by mandate and voluntarily are playing vital roles in the National Family Planning Program and the Ministry of Health and Environmental Control (MOHEC).

The main categories of workers involved are:

- Medical Doctors
- Nurses
- Midwives
- Health Education Officers
- Public Health Inspectors
- Community Health Aides
- Social Welfare Workers
- Family Life Officers
- Agricultural Extension Officers
- Teachers(in terms of inputs for population since
major family life training is under the
aegis of the Ministry of Education)
- Operational field personnel in voluntary agencies
- Administrative/Managerial staff

The training program is an integral part of the MOHEC's program, therefore it is reasonable to conclude that MOHEC will assume full financial responsibility of the total NFPP program by 1980, including of course, the training program. (See Appendix for details).

2. Determining any areas of resistance to family planning to any particular type of method.
3. Reason for dropping-out of the public program.
4. Urban/rural differences in acceptance of family planning or a particular type of method - if any.
5. Types of contraceptives being used and by whom and reason for acceptance.

Despite the plans for an elaborate and extensive FP/MCH data system which is now being launched, it is recognized that a data system needs to be reinforced with periodic surveys as there are certain types of data which will be best obtained from surveys or studies rather than overloading a client data system.

The National Family Planning Board, therefore, proposes to initiate several surveys at least one a year so that administrators of the family planning MCH program will obtain additional information on family planning acceptors- information on the knowledge, attitudes and practice of family planning reasons for discontinuing, can client experience after discontinuing service.

the effect

But perhaps the most important aim will be to help in determining/ the family planning program has had on fertility, and therefore the birth rate, and over time what effect the family planning program has had on change in family size.

Outputs of these surveys should give a profile of users - e.g., age, sex, parity and socio-economic characteristics of Jamaicans in both rural and urban areas. For example, result may show that it is necessary to change the strategy of approach in advertising, education or even in the type of services in rural or urban areas because of basic differences in attitudes in these areas.

Emphasis will therefore be given to urban/rural differences in the analysis of survey results. The methodology used will ensure that an unbiased sample of Jamaicans (men and women) are interviewed which will mean that included in the results will be: a) acceptors of family planning within the government's program; b) acceptors of Perle and Panther; and c) private acceptors.

The analysis of the data for surveys will use all or most of the following sources:

1. Census Data (1970) - Dept. of Statistics
2. Vital Statistics Records - Registrar General Dept. Jamaica
3. The FP/MCH Data Collecting System
4. Statistics from sales of Perle and Panther -Commercial Distribution Section of National Family Planning Board
5. Statistics of sales of other types of contraceptives - major manufacturing companies.

Surveys will be spread over a four year period in order that concentration may be made on certain aspects, and so again a strong baseline for future studies.

NATIONAL FAMILY PLANNING BOARD
 SUMMARY - TRAINING CONFERENCES
 1976/77 - 1979/80

| | Y E A R | | | | |
|------------------------|---------|---------|---------|---------|----------------|
| | 1976/77 | 1977/78 | 1978/79 | 1979/80 | Grand Total |
| Number of Courses | 28 | 22 | 21 | 10 | 81 |
| Number of Participants | 970 | 893 | 1,170 | 400 | 3,433 |
| Total Cost Ja\$ | 126,938 | 107,258 | 73,008 | 28,713 | 335,917 |
| US\$ | 139,632 | 117,984 | 80,309 | 31,584 | 369,509 |

PROJECTION OF TRAINING/CONFERENCES FOR
 FAMILY PLANNING/MATERNAL CHILD HEALTH/
 FAMILY PLANNING AND FAMILY LIFE EDUCA-
 TION/FAMILY PLANNING - 1976/77 - 1979/80

| 1976/77 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | Number of Participants | Items of Expenditure | Cost J\$ | Remarks |
|-----------|--|----------------|---|--|---|---|--|---------|
| 1 | 1 Week Residential Workshop, Multi-Disciplinary - National level X 2 | 2 | Health & Environmental Control Local Government Agriculture Education Youth & Community Development Labour Jamaica Family Planning Association Social Agencies e.g. Jamaica Federation of Women JAMAL | Administration/Management | 19 Approximately 2 per other agency = 16 35 2 Workshops | Conference Room accommodation Lecturers Fee Miscellaneous and supplies Travelling Specialist-Consultant | 300 12,250 500 1,000 1,950 3,200 <u>19,510</u> | |
| | | 2 | | | 70 | | \$ 19,510 | |
| 2 | Weekend Residential Regional Seminars X 5 | 5 | Health & Environmental Control Private | Doctors - Including Medical Officers (14) Senior Medical Officers | 40 X 5 | Conference Room Accommodation Specialist-Lecturers Supplies Travelling | 300 14,000 3,200 1,000 <u>11,760</u> | |
| | | 5 | | | 200 | | \$ 30,260 | |
| TOTAL C/F | | 7 | | | 270 | | \$ 49,770 | |

| 1970/T. | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | Number of Participants | Items of Expenditure | Cost J\$ | Remarks |
|---------|---|----------------|--|--|--|--|--|---------|
| | B/F | 7 | | | 270 | | 49,770 | |
| 3 | 2 Week Non - Residential Training courses X 12 (1 week theory 1 week practical) | 12 | Health & Environmental Control | Reg. Nurses - Hospital Public Health Nurses Public Health Inspectors Asst. Nurses Midwives | 12 10 5 8 <u>35</u> X 12 420 | Conference Room Travel & Subsistence @ 15¢ per mile and approximately \$8.00 per day. Lecture Fees Miscellaneous & supplies | 3,600 37,975 4,800 <u>2,000</u> 48,375 | |
| | | 12 | | | 420 | | \$ 48,375 | |
| 4 | 3 day residential Evaluation/Planning Seminar - National level | 1 | Health U.W.I. - Social & Preventive Medicine Extra Mural Workers Ed. Pr. Education National Planning Unit Agriculture Housing Labour Youth & Community Development | Policy Makers Administrators/ Managers Implementors | 50 | Conference Room Travel & Sub. Specialist-Presentators - Local Miscellaneous & Supplies | 90 5,196 720 <u>300</u> \$ 6,306 | |
| | TOTAL C/F | 1 20 | | | 50 740 | | <u>6,306</u> \$ 104,451 | |

| 1976/77 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | Number of Participants | Items of Expenditure | Cost J\$ | Remarks |
|------------------|--|----------------|---|--------------------------|------------------------|--|---|---------|
| | B/F | 20 | | | 740 | | \$ 104,451 | |
| 5 | 1 Week Residential Workshop In Family Planning for Training Officers in related Ministries | 1 | Health Education Local Government Agriculture Labour Youth & Community Development JAMAL Jamaica Family Planning Association Private Sector | Training Officers | 20 | Conference Room Accommodation Lecturers Fees Specialist Miscellaneous & Supplies Travelling | 150 4,500 360 1,000 <u>\$ 6,010</u> | |
| | | 1 | | | 20 | | \$ 6,010 | |
| 6 | 1 Week Training course X 6 | 6 | Health & Environmental Control | Community Health Aides | 30 X 6 | Conference Room Travelling Allowance Lecturers Fees Miscellaneous & Supplies | 900 7,740 1,000 500 <u>10,140</u> | |
| | | 6 | | | 180 | | \$10,140 | |
| TOTAL C/F | | 27 | | | 940 | | \$120,601 | |

| 1978/79 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | No. of Participants | Items of Expenditure | Cost J\$ | Remarks |
|-------------|--|----------------|--|---|---------------------|--|--|---------|
| | B/F | 27 | | | 940 | | 120,601 | |
| 7 | Weekend Residential Workshop 1st Phase of Community F.L.E. Project - Regional | 1 | Health Youth & Community Development Correctional Services Education Industry Church | Health Educators Nurses, Public Health Inspectors Probation Officers Principal/ Teachers Public Relation Officer Religious Leaders | 30 | Conference Room Accommodation Specialists-Consultants Fees Miscellaneous and supplies Travelling | 90 3,675 1,800 100 <u>672</u> 6,337 | |
| | | 1 | | | 30 | | \$ 6,337 | |
| GRAND TOTAL | | 28 | | | 970 | | \$126,938 | |

YEAR 1977/78

| Year 1977/78 | Period & Type of Activity | No of Cours- ses | Ministry/ Agency | Category of Participants | Number of Partici- pants | Items of Expenditure | Cost J\$ | Remarks |
|------------------|---|------------------------|--|---|--------------------------------|---|---|---------|
| | 1. National Level FP/ POP Conference | 1 | All major Mins./ Agencies as identified previously and Reps. from the private sector | Policy Makers Administrators Managers Implementors & Active Community Members | 150 | Conference Room Presentors' Fees Travelling Per Diem @ \$8 x 150 participants Reproduction of materials for circulation Miscellaneous Audio visual pre- sentation | 60 300 2,940 1,200 750 250 500 | |
| | | 1 | | | 150 | | \$6,000 | |
| | 2. 3 Days Residential Counselling Workshop Regional 1st of a series of 4 sessions | 4 | Health & E.C. Church Youth & Community Development Education | Nurses Ed. Officers Religious Leaders Com. Development Officers & Family Life Educa- tion Officers Teachers | 40 | Conference Room Counsellor/ Lecturer's fees Accommodation Supplies Travelling | 90 1,000 4,200 100 2,352 7,742 x 4 | Series |
| | | 4 | | | 40 | | | |
| Total C/P | | 5 | | | 190 | | 30,968 36,968 | |

| Year 1977/78 | Period & Type of Activity | No of Cours- ses | Ministry/Agency | Category of Participants | Number of partici- pants | Items of Expenditure | Cost J\$ | Remarks |
|------------------|--|------------------------|---|--|-----------------------------------|---|--|---|
| B/P | | 5 | | | 190 | | 36,968 | |
| | 3. One Week Non-Residential Team Work Workshops for Health Workers - 2nd phase x 12 | 12 | Ministry of Health & Environmental Control | Nurses Public Health Inspectors Midwives Health Education Officers Medical Officers National Youth Service Workers (Health) | 50 x 12 - 600 | Conference Room Lecturers Fee Specialist Trainers Travelling Miscellaneous Per Diem @ \$8 | 150 400 720 978 100 | 2,000 4,308 per course x 12 courses |
| | | 12 | | | 600 | | 51,696 | |
| | 4. One Week Non-Residential National Level Family Life Education Workshop | 1 | Ministry of Health & Environmental Control Youth & Community Dev. Labour Education Church Voluntary Social Workers & Teenagers | Health Educators Nurses Public Health Inspectors Family Life Education Officers Training Officers Religious Leaders Active Community Leaders & Teenagers | | Conference Room Lecturers Fee Specialist Trainers Travelling Per Diem @ \$8 Materials, Documentaries, audio visuals, etc. | 150 400 800 938 2,000 2,000 | |
| | | 1 | | | 50 | | 6,288 | |
| Total C/P | | 18 | | | 840 | | 94,952 | |

| Year 1977/78 | Period & Type of Activity | No of Cours- es | Ministry/Agency | Category of Participants | No of Partici- pants | Items of Expenditure | Cost J\$ | Remarks |
|-----------------|---|-----------------------|---|---|----------------------------|--|---------------------------|---------|
| B/P | | 18 | | | 840 | | 94,952 | |
| 5. | 3 day Residential Evaluation/Planning Seminar - National level | 1 | Health U.W.I. - Social & Prev. Medicine Extra Mural Workers Ed. Programme Education National Planning Unit Finance Agriculture Housing Labour Youth & Community Development | Policy Makers Administrators/ Managers Implementors | 50 | Conference Room Travel Specialist/ Presentors Miscellaneous & Supplies etc. | 90 5,196 720 300 | |
| | | 1 | | | 50 | | 6,306 | |
| 6. | Residential Human Resource Lab - (Local) 4 weeks | | Youth & Community Development Health Education | Family Life Education Officer Teacher Health Education Officer or Nurse | 3 | | 6,000 | |
| GRAND TOTAL | | 19 | | | 893 | | 107,258 | |

PROJECTION OF TRAINING/CONFERENCES FOR
 FAMILY PLANNING/MATERNAL CHILD HEALTH/
 FAMILY PLANNING AND FAMILY LIFE EDUCA-
 TION / FAMILY PLANNING - 1979/80

| 1979/80 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | Number of Participants | Items of Expenditure | Cost J\$ | Remarks |
|-----------|---|----------------|---|--|------------------------|---|---|---------|
| 1 | Non-Residential Regional Family Planning/Population Seminars - 1 day X3 | 3 | Health & Environmental Control Youth & Com. Dev. Agriculture Labour Local Government Religious Leaders Voluntary Social Services Community Leaders | Administration/ Managers Implementers Lay persons | 140 | Conference Room Travelling Presentors Fees Per Diem @ \$8 Miscellaneous | 30 525 80 1,120 300 <u>2,055</u> X 3 <u>\$ 6,165</u> | |
| | | 3 | | | 140 | | \$6,165 | |
| 2 | 1 Week Non-Residential Training Courses X 6 | 6 | Health & Environmental Control | Community Health Aides | 35 X 6 | Conference Room Lecturers Fees Per Diem @ \$8 Travelling Miscellaneous | 150 400 1,400 657 100 <u>2,707</u> X 6 <u>16,242</u> | |
| | | 6 | | | 210 | | \$16,242 | |
| TOTAL C/F | | 9 | | | 350 | | 22,407 | |

| 1979/ 80 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | Number of Participants | Items of Expenditure | Cost J\$ | Remarks |
|-------------|---|----------------|---|--|------------------------|--|---|---------|
| | B/F | 9 | | | 350 | | \$22,407 | |
| 3 | Non-Residential Evaluation Seminar 3 days - National level - one day | 1 | Health U. W. I/Social & Preventive Medicine Extra Mural Dept. Workers Education Programme Education Finance Agriculture Housing Labour Youth & Com. Dev. | Policy Makers Administrators/ Managers Implementers | 50 | Conference Room Travel Specialist-Presenter Miscellaneous and supplies | 90 5,198 720 <u>300</u> 6,308 | |
| | | 1 | | | 50 | | <u>\$ 6,308</u> | |
| GRAND TOTAL | | 10 | | | 400 | | \$ 28,713 | |

PROJECT: ON OF TRAINING/CONFERENCES OR
FAMILY PLANNING/MATERNAL CHILD HEALTH/
FAMILY PLANNING AND FAMILY LIFE EDUCA-
TION/FAMILY PLANNING - 1978/79

| 1978/79 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | Number of Participants | Items of Expenditure | Cost J\$ | Remarks |
|-----------|--|----------------|--------------------------------|--|------------------------|---|---|---------|
| 1 | 1 Week non-Residential Family Planning Training Course X 6 | 6 | Health & Environmental Control | Community Health Aides | 35 X 6 | Conference Room Lecturers Fees Per Diem @ \$8 Travelling Miscellaneous | 150 400 1,400 657 100 <u>2,707</u> X 6 \$ 16,242 | |
| | | 6 | | | 210 | | \$ 16,242 | |
| 2 | 1 Week Non-Residential Room Workshops for Health Workers - 1st Phase Cont'd X 12 | 12 | Health & Environmental Control | Nurses Public Health Inspectors Midwives Health Education Officers Medical Officers National Youth Service Workers (Health) | 50 X 12 | Conference Room Lecturers Fees Specialist Trainer Travelling Miscellaneous Per Diem @ \$8. | 150 400 720 938 100 <u>2,000</u> 4,308 X 12 \$ 51,696 | |
| | | 12 | | | 600 | | \$51,696 | |
| TOTAL C/F | | 18 | | | 810 | | \$ 67,938 | |

| 1978/79 | Period and Type of Activity | No. of Courses | Ministry/Agency | Category of Participants | Number of Participants | Items of Expenditure | Cost J\$ | Remarks |
|---------|---|----------------|-------------------------|--------------------------|------------------------|--|--|---------|
| | B/F | 18 | | | 810 | | 67,938 | |
| 3 | Non Residential Seminars for Teenagers - Regional | 3 | Cross Section Community | Teenagers | 120 X 3 | Conference Room Team Leaders Fee Specialist Travelling (Business) Per Diem @ \$8. Miscellaneous | 30. 80 320 200 960 100 <hr/> 1,690 X. 3: <hr/> 5,070 | |
| | | 3 | | | 360 | | 5,070 | |

GRAND TOTAL

21

1170

\$ 70,008