

**Memorandum**

Date February 4, 1982

From Richard S. Monteith, M.P.H., Program Analyst, Program Evaluation Branch,  
Family Planning Evaluation Division, Center for  
Health Promotion and Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): Barbados, January 10-22, 1982--Evaluation of  
Contraceptive Commodities and Distribution in the Eastern Caribbean

To William H. Foege, M.D.  
Director, Centers for Disease Control  
Through: Horace G. Ogden  
Director, CHPE *HGO*

**SUMMARY**

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**SUMMARY**

During this consultation, I provided technical assistance to the AID Regional Development Office/Caribbean (RDO/C) located in Barbados in forecasting AID's contraceptive requirements for the region for 1982-1986 and in determining the need for technical assistance in supply management. My findings and recommendations will be incorporated in the Population and Development Project Paper RDO/C is currently preparing. The project countries include St. Lucia, St. Vincent, Antigua, St. Kitts-Nevis, Dominica, Montserrat and Barbados.

AID's supply requirements are presented in Tables 1-3 of this report. It should be emphasized that these requirements are tentative. The population growth rates, contraceptive prevalence rates, and future method and program mixes are based on the best available information. Thus, the requirements should be modified as various activities of the project are implemented and as the impact of these activities on prevalence of use of contraception is assessed.

I recommend that FPED/CDC provide technical assistance to the individual programs in the region in supply management and in developing a uniform supply information and inventory control system. The development of such a system is particularly critical, since estimates of contraceptive requirements for the region are tentative. In order to improve these estimates, continuous monitoring of contraceptives by method dispensed to users will be required. Technical assistance should begin as soon as possible after the project is approved.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Barbados, West Indies, January 10-22, 1982, at the request of the AID Regional Development Office/Caribbean (RDO/C) and AIL/POP/FPSD, to provide technical assistance to RDO/C in forecasting contraceptive requirements, to evaluate supply systems in the Eastern Caribbean, and to prepare portions of a Project Paper for the Population and Development Project 538-0039. In addition to Barbados, day trips were made to St. Lucia and St. Vincent. This assistance was provided by Richard S. Monteith of the Program Evaluation Branch, Family Planning Evaluation Division, CHPE. This travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID, and FPED/CHPE/CDC.

II. PRINCIPAL CONTACTS

- A. AID Regional Development Office/Caribbean (RDO/C)
  - 1. Mr. William B. Wheeler, Mission Director
  - 2. Mr. Mark J. Laskin, Chief, Office of Health, Nutrition and Population (HNP)
  - 3. Mr. Allen Kandlov, HNP
  - 4. Mr. Paul Clipson, HNP
  
- B. Consultants on the Population and Development Project
  - 1. Mr. Bruce Carlson, Development Associates, Inc.
  - 2. Mr. Leon Bouvier, Population Reference Bureau
  - 3. Dr. Hugh Wynter, University of West Indies
  - 4. Dr. Jane Bertrand, Consultant, Tulane University
  - 5. Mr. Bob McLaughlin, Director for Programs, International Planned Parenthood Federation, Western Hemisphere Region (IPPF/WHR)
  - 6. Mr. Evorald Hussein, Caribbean Regional Coordinator, IPPF/WHR
  
- C. Barbados
  - 1. Mr. Charles Alleyne, Executive Director, Barbados Family Planning Association
  - 2. Dr. D. Murray, Chief Medical Officer, Ministry of Health (MOH)
  - 3. Mr. John Turnbull, Drug Services, MOH
  - 4. Mr. George Yearwood, Drug Services, MOH
  
- D. St. Vincent
  - 1. Mr. Owen Cuffy, Permanent Secretary, MOH
  - 2. Mr. John Saunders, Administrator, National Family Planning Program
  - 3. Dr. H. Jesudason, Chief Medical Officer, MOH
  
- E. St. Lucia
  - 1. Mr. Raymond Louisy, Executive Director, St. Lucia Family Planning Association
  - 2. Mr. Cornelius Luben, Permanent Secretary, MOH
  - 3. Dr. Antonio Da-Souza, Chief Medical Officer, MOH

### III. BACKGROUND

The AID Regional Development Office/Caribbean (RDO/C) in Barbados is developing a project to reduce unwanted pregnancies and high levels of fertility in the Eastern Caribbean. The project is planned to be implemented in the second quarter of CY 1982. Although fertility is declining in the region, the populations of the countries in the region will continue growing because of their youthful age structures and will double by the first decade of the next century. In the past, high levels of fertility in the region have been held at bay by out-migration. However, migration will no longer be a release valve for population growth as many of the receiving nations which have traditionally welcomed migrants from the region are restricting immigration. Thus, unchanged fertility rates and limitations on international migration would have a serious social and economic impact on the small, already densely populated countries in the region. A reduction in current fertility and unwanted pregnancies will be required to bring future rates of population growth into balance with the social, economic and ecological constraints of the countries in the region. The proposed project will work towards these ends by:

1. Heightening the awareness of population problems among Caribbean leaders so that they will establish more realistic population policies and will implement broader and more ambitious family planning programs.
2. Assisting public, private and commercial agencies to better deliver family planning services, especially to the adolescent population which accounts for 40-80 percent of all first births and 30 percent of total births.

The primary countries to which project assistance will be targeted include Antigua, Barbados, Dominica, Montserrat, St. Kitts-Nevis, St. Lucia, and St. Vincent.

In order to develop the Population and Development Project Paper, RDO/C formed a team of consultants who were responsible for researching and writing specific sections of the Project Paper. The consultants are listed in Section II of this report. My responsibility was to forecast AID's contraceptive requirements for the project countries, and to assess the need for technical assistance in supply management in as many of the target countries as I could visit. A draft of the section of the project paper for which I was responsible was left with the Mission prior to my departure.

### IV. CONTRACEPTIVE REQUIREMENTS

#### A. General

One of the objectives of the Project is to assure a continuous availability of contraceptive commodities in the region. For many years the United Nations Fund for Population Activities (UNFPA) has either provided direct commodity support or grants for commodity procurement to Ministries of Health in the region. The UNFPA will be withdrawing commodity support either at the end of

1982 or at some point in 1983. With UNFPA's withdrawal, some Ministries will be hard pressed to sustain or expand current levels of service while others will have difficulty in implementing new programs. AID commodities will insure no interruptions of services in existing programs and will make possible the implementation of new programs by Ministries that currently do not provide family planning services, e.g., Ministry of Health of St. Lucia.

#### B. AID Supply Requirements

The data presented in Tables 1-4 are estimates of contraceptive use and AID's supply requirements for the seven project countries for 1982-1986. In order to estimate use and AID's supply requirements, the following methodology was used.

1. The 1980 population of women age 15-44 in the seven project countries were estimated either from preliminary 1980 census data or by using the latest available population projections. Then the 1980 populations of women age 15-44 were projected by single years for 1981 through 1986 (Table 5). It should be emphasized that population growth rates were difficult to establish for these countries because of the unknown magnitude of future migration in the region.
2. Contraceptive use by method was then estimated for the project years. For five of the countries (St. Lucia, St. Vincent, Dominica, Antigua, and Barbados) the results of contraceptive prevalence surveys conducted in these countries in 1981 were used as a baseline (Tables 6-10). For St. Kitts-Nevis and Montserrat, data on contraceptives dispensed/issued by the family planning associations on these islands in 1977-1981 were used for this purpose (Table 11).
3. By multiplying the population projections by the prevalence rates, the number of women 15-44 contracepting by method were estimated. Then the number of cycles of oral contraceptives, units of condoms, vaginal methods and injections to be used each year of the project were determined by multiplying the estimated number of women using each of these methods by the number of units of each contraceptive that is equivalent to 1 Couple Year of Protection (CYP), e.g., 13 cycles of oral contraceptives, 120 condoms, 4 tubes (20 tablets each) of foaming tablets or cream, jelly, foam, and 4 injections. Injections were included in order to estimate the number of doses that will need to be supplied by non-AID sources.
4. The next step was to determine contraceptive use by source of contraception. This was done by using data on source of contraception by method from the contraceptive prevalence surveys. Thus, this step identifies which agencies will be recipients of AID commodities, i.e., Ministries of Health and CBD programs, and the amount of contraceptives they will distribute.

5. The last step in determining AID's supply requirements was to multiply estimated use of the different contraceptives by the Ministries of Health and CBD programs by a factor that will increase the amount of contraceptives to be procured from 50 to 70 percent over estimated usage in order to fill the pipeline. These factors are 1.7 for 1983, 1.6 for 1984, and 1.5 for 1985 and 1986. AID commodities should start to become available in the region the last quarter of CY 1982 for use in CY 1983.

Estimates of AID's oral contraceptive requirements assumes that only Noriday and Norminest will be used by the programs. These estimates may be reduced if other oral contraceptives are procured from non-AID sources.

AID supply requirements for IUD's and diaphragms will be determined at a later date. However, it should be noted that use of these methods is minimal in the project countries. For example, the largest number of IUD's and diaphragms that were prescribed in 1980 in the region was by the Barbados Family Planning Association which inserted 634 IUD's and fitted 73 diaphragms.

### C. Discussion

It should be emphasized that estimates of AID's supply requirements are tentative and should be modified as the project activities are implemented and program performance is assessed. In the absence of data, best "guesstimates," were used regarding age-specific population growth rates, prevalence of use by method, and source of contraception. Increases in prevalence of use of contraceptives will depend a great deal on the effectiveness of the other project activities on increasing the awareness of the population problem in the region, in developing non-traditional modes of service delivery, e.g., teenage clinics, Community-based Distribution (CBD) and Commercial Retail Sales (CRS) programs, and on making oral contraceptives available without prescription. Acceptance of Noriday and Norminest oral contraceptives by physicians and current and potential users of orals will also be a factor. Acceptance of these contraceptives varies from one island to another. For example, acceptance of these methods has been extremely low in both the Barbados Family Planning Association (FPA) and Ministry of Health programs. In fact, the FPA's attempt to provide Noriday and Norminest free-of-charge to users to increase their acceptance has met with little success; normally the FPA sells contraceptives to users. On the other hand, Noriday is the most popular oral contraceptive in the St. Vincent National Family Planning Program.

Whether brand preference on the part of users and physicians can be overcome is unknown at this time. In any event, project officials should encourage Ministries of Health in the region to promote and prescribe Noriday and Norminest. Two additional approaches--either alone or in combination--should also be pursued. One is that project officials should strongly encourage UNFPA to continue to provide some level of commodity support beyond 1982, particularly oral contraceptives and injectables which AID cannot provide to government programs, in order to meet the contraceptive needs of women who cannot or prefer not to use Noriday or Norminest. Similarly, AID could

provide in-kind commodities to IPPF with the understanding that IPPF will make non-AID commodities available through their affiliates in the region to government programs. After receiving their initial shipment of IPPF commodities, the government programs will be encouraged to purchase all or part of their future non-AID oral contraceptives and injectables from IPPF. The MOH in Barbados currently sells orals to users at a price that is from two to four times higher than they can purchase them from IPPF. This model of using profits from the sale of contraceptives to purchase supplies that AID cannot provide will be strongly promoted in the region.

#### V. STORAGE AND DISTRIBUTION

Initially, all AID Commodities, i.e., orals, condoms, vaginal methods (principally NeoSampoon), and IUD's should be centrally procured and shipped to Barbados consigned to the IPPF Project Office. The Project Office will secure adequate storage space for these commodities. Based on supply reports and requisitions from the participating country programs, commodities will be trans-shipped to the individual countries on a periodic basis. The individual programs will be responsible for receiving, storing, and distributing the commodities they receive. Based on the reports mentioned above, the Project Office will also be responsible for forecasting future contraceptive requirements.

It is the intent of the project to transfer the responsibility of inventory control and forecasting to the individual programs. This capability will be developed by means of technical assistance (see Section VI). Thus, by year 4 of the project, the individual programs will be responsible for forecasting, procuring, receiving, storing, and distribution of contraceptives. This will include commodities donated by AID.

#### VI. TECHNICAL ASSISTANCE

Technical assistance in contraceptive supply management will be one of the most important components of the project. Technical assistance will be provided to Ministries of Health that will initiate family planning programs under the project in order to develop their contraceptive supply systems, and to Ministries of Health and family planning associations that already have on-going family planning programs in order to improve or expand their existing supply systems. In all instances, emphasis will be placed on developing efficient supply systems in order to keep operating costs at the lowest possible levels and to assure a continuous availability of contraceptives in participating programs. This will include the establishment of maximum and minimum supply levels, delivery schedules, and the development of supervisory systems.

One of the first areas of need to be addressed by technical assistance will be the development of a uniform supply information and inventory control system in the region. Every supply system must be supported by an information and inventory control system to monitor the flow of contraceptive supplies. The development of such a system is particularly critical to the project, since

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estimates of contraceptive requirements for the region are tentative at best. In order to improve these estimates, continuous monitoring of contraceptives dispensed to users and balances on hand will be required. The system that will be developed will be based on IPPF's supply information system--a method effectively utilized by the family planning associations in the region.

In developing a uniform supply information and inventory control system, assistance will also be provided to the programs and to the Project Office in the preparation and analyses of supply reports. These reports will be used to monitor use rates by method, evaluate the supply status at each program level, and forecast future contraceptive requirements. In addition, these reports can also be used to estimate the number of active users served by the programs and to measure the impact of other project activities on contraceptive use.

Technical assistance will also include evaluation. Periodic evaluation of the supply systems by the programs will indicate how well their respective systems are functioning. If the system is not working, the direction and scope of further evaluation and analyses can be determined.

Technical assistance should begin as soon as possible after the project is approved. I recommend that the Family Planning Evaluation Division of the Centers for Disease Control, Atlanta, Georgia, under their Resource Support Services Agreement with the Family Planning Services Division, Office of Population, AID, provide this technical assistance.

  
Richard S. Monteith, M.P.H.

TABLE 1

Estimated Oral Contraceptive Use and AID Supply Requirements  
1982-1986

<u>Country/Program</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
<u>St. Lucia</u>					
FPA <sup>1</sup>	43,800	40,200	21,600	16,800	15,000
MOH <sup>2</sup>	-	6,000	28,200	34,800	39,600
<u>St. Vincent</u>					
FPA <sup>1</sup>	-	-	-	-	-
NFPF <sup>3</sup> (Plus CBD <sup>5</sup> )	35,400	38,400	45,600	53,400	61,200
<u>Antigua</u>					
FPA <sup>1</sup>	4,800	4,800	4,800	4,800	5,400
MOH <sup>2</sup>	2,400	1,800	2,400	1,800	2,400
CRS <sup>4</sup>	-	5,400	9,600	15,000	18,600
<u>Dominica</u>					
FPA <sup>1</sup>	1,800	1,200	1,200	1,200	1,200
MOH <sup>2</sup>	16,800	15,000	14,400	13,800	13,800
CBD <sup>5</sup>	-	3,600	4,300	6,000	7,800
<u>Barbados</u>					
FPA <sup>1</sup>	39,600	37,200	34,800	35,400	34,200
MOH <sup>2</sup>	7,200	4,200	6,000	7,800	9,600
CRS <sup>4</sup>	-	25,800	33,000	37,800	45,600
<u>St. Kitt's/Nevis</u>					
FPA/MOH <sup>1,2</sup>	18,000	19,000	20,000	21,000	22,000
CRS <sup>4</sup>	-	16,900	20,280	23,200	25,190
<u>Montserrat</u>					
FPA/MOH <sup>1,2</sup>	3,200	3,300	3,400	3,500	3,600
<b>TOTAL</b>	<b>173,000</b>	<b>222,800</b>	<b>250,080</b>	<b>276,300</b>	<b>305,190</b>
1. FPA <sup>1</sup>	90,000	83,400	62,400	58,200	55,800
2. MOH/NFPF <sup>2,3</sup>	61,800	65,400	96,600	111,600	126,600
3. CBD <sup>5</sup>	-	3,600	4,800	6,000	7,800
4. FPA/MOH <sup>1,2</sup>	21,200	22,300	23,400	24,500	25,600
5. CRS <sup>4</sup>	-	48,100	62,880	76,000	89,390
Total AID Supply Requirement** (2 + 3 x factor)	-	117,300	162,240	176,400	201,600

\*Oral contraceptives for the CRS programs will be centrally funded by AID under a separate project.

\*\*Assumes that AID oral contraceptives will be used exclusively. Thus, these estimates may be reduced if non-AID commodities are used.

<sup>1</sup>FPA - Family Planning Association

<sup>2</sup>MOH - Ministry of Health

<sup>3</sup>National Family Planning Program

<sup>4</sup>Commercial Retail Sales

<sup>5</sup>Community-Based Distribution

TABLE 2

Estimated Condom Use and AID Supply Requirements  
1982-1983

<u>Country/Program</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
<u>St. Lucia</u>					
FPA <sup>1</sup>	36,000	30,000	18,000	18,000	12,000
MOH <sup>2</sup>	-	18,000	36,000	48,000	54,000
<u>St. Vincent</u>					
FPA <sup>1</sup>	-	-	-	-	-
NFPP <sup>3</sup> (Plus CBD) <sup>5</sup>	126,000	150,000	180,000	192,000	192,000
<u>Antigua</u>					
FPA <sup>1</sup>	12,000	12,000	12,000	12,000	12,000
MOH <sup>2</sup>	6,000	6,000	6,000	6,000	6,000
CRS <sup>4</sup>	-	12,000	18,000	24,000	36,000
<u>Dominica</u>					
FPA <sup>1</sup>	6,000	6,000	6,000	6,000	6,000
MOH <sup>2</sup>	18,000	18,000	18,000	12,000	12,000
CBD <sup>5</sup>	-	18,000	24,000	30,000	36,000
<u>Barbados</u>					
FPA <sup>1</sup>	30,000	24,000	18,000	18,000	12,000
MOH <sup>2</sup>	-	6,000	6,000	6,000	6,000
CRS <sup>4</sup>	-	126,000	168,000	186,000	192,000
<u>St. Kitts/Nevis</u>					
FPA/MOH <sup>1,2</sup>	60,000	60,000	60,000	60,000	60,000
CRS <sup>4</sup>	-	144,000	180,000	212,400	237,900
<u>Montserrat</u>					
FPA/MOH <sup>1,2</sup>	18,000	18,000	18,000	18,000	24,000
<u>TOTAL</u>	<u>312,000</u>	<u>648,000</u>	<u>768,000</u>	<u>848,400</u>	<u>897,900</u>
1. FPA <sup>1</sup>	84,000	72,000	54,000	54,000	42,000
2. MOH/NFPP <sup>2,3</sup>	150,000	198,000	246,000	264,000	270,000
3. CBD <sup>5</sup>	-	18,000	24,000	30,000	36,000
4. FPA/MOH <sup>1,2</sup>	78,000	78,000	78,000	78,000	84,000
5. CRS <sup>4</sup>	-	282,000	366,000	422,400	465,900
Total AID Supply Requirement (2 + 3 x factor)-	-	367,200	432,000	441,000	459,000

\*Condoms for the CRS programs will be centrally funded by AID under a separate project.

<sup>1</sup> FPA - FPA - Family Planning Association

<sup>2</sup> MOH - Ministry of Health

<sup>3</sup> NFPP - National Family Planning Program

<sup>4</sup> CRS - Commercial Retail Sales

<sup>5</sup> CBD - Community-Based Distribution

TABLE 3

Estimated Vaginal Method\* Use and AID Supply Requirements  
1982-1986

<u>Country/Program</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
<u>St. Lucia</u>					
FPA <sup>1</sup>	670	570	560	530	540
MOH <sup>2</sup>	-	190	560	970	1,280
<u>St. Vincent</u>					
FPA <sup>1</sup>	-	-	-	-	-
NFPP <sup>3</sup> (Plus CBD) <sup>5</sup>	1,100	1,500	2,100	3,190	3,450
<u>Antigua</u>					
FPA <sup>1</sup>	180	220	240	290	340
MOH <sup>2</sup>	-	10	20	20	20
CRS <sup>4</sup>	-	150	350	600	870
<u>Dominica</u>					
FPA <sup>1</sup>	-	10	10	10	15
MOH <sup>2</sup>	110	100	130	210	260
CBD <sup>5</sup>	-	90	230	560	770
<u>Barbados</u>					
FPA <sup>1</sup>	510	390	380	380	360
MOH <sup>2</sup>	-	50	50	60	60
CRS <sup>4</sup>	-	2,160	2,640	3,300	4,030
<u>St. Kitts/Nevis</u>					
FPA/MOH <sup>1,2</sup>	1,125	1,150	1,175	1,200	1,225
<u>Montserrat</u>					
FPA/MOH <sup>1,2</sup>	310	330	350	370	390
<u>TOTAL</u>	<u>4,005</u>	<u>6,920</u>	<u>8,795</u>	<u>11,690</u>	<u>13,610</u>
1. FPA <sup>1</sup>	1,360	1,190	1,190	1,210	1,255
2. MOH/NFPP <sup>2,3</sup> (Plus CBD)	1,210	1,850	2,860	4,450	5,070
3. CBD <sup>5</sup>	-	90	230	560	770
4. FPA/MOH <sup>1,2</sup>	1,435	1,480	1,525	1,570	1,615
5. CRS <sup>4</sup>	-	2,510	2,990	3,900	4,900
AID Supply Requirement (2 + 3 x factor)-		3,298	4,944	7,515	8,760

\*Principally foaming tablets (40 percent). Figures cited are tubes of 20 foaming tablets and tubes/cans of jelly, cream, and foam.

\*\*Foaming tablets for the CRS programs will be centrally funded by AID under a separate project.

- <sup>1</sup>FPA - Family Planning Association  
<sup>2</sup>MOH - Ministry of Health  
<sup>3</sup>NFPP - National Family Planning Program  
<sup>4</sup>CRS - Commercial Retail Sales  
<sup>5</sup>CBD - Community-Based Distribution

TABLE 4

Estimated Injection Use\*  
1982-1986

<u>Country/Program</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
<u>St. Lucia</u>					
FPA <sup>1</sup>	1,280	1,070	1,100	1,120	1,230
MOH <sup>2</sup>	-	330	460	610	670
<u>St. Vincent</u>					
FPA <sup>1</sup>	-	-	-	-	-
NFPP <sup>3</sup>	1,860	2,100	2,620	3,190	3,780
<u>Antigua</u>					
FPA <sup>1</sup>	560	610	650	690	730
MOH <sup>2</sup>	440	500	530	560	600
CRS <sup>4</sup>	-	-	-	-	-
<u>Dominica</u>					
FPA <sup>1</sup>	460	470	480	500	520
MOH <sup>2</sup>	2,910	2,970	3,020	3,170	3,320
CBD <sup>5</sup>	-	-	-	-	-
<u>Barbados</u>					
FPA <sup>1</sup>	1,250	1,380	1,470	1,600	1,720
MOH <sup>2</sup>	590	650	810	1,010	1,190
CRS <sup>4</sup>	-	-	-	-	-
<u>St. Kitts/Nevis</u>					
FPA/MOH <sup>1,2</sup>	650	675	700	725	750
<u>Montserrat</u>					
FPA/MOH <sup>1,2</sup>	225	250	275	300	325
<u>TOTAL</u>	<u>10,225</u>	<u>11,005</u>	<u>12,115</u>	<u>13,475</u>	<u>14,835</u>
1. FPA <sup>1</sup>	3,550	3,530	3,700	3,910	4,200
2. MOH/NFPP <sup>1,3</sup>	5,800	6,550	7,440	8,540	9,560
3. CRS/CBD <sup>4,5</sup>	-	-	-	-	-
4. FPA/MOH <sup>1,2</sup>	875	925	975	1,025	1,075

\*Injectables will be supplied by IPPF and/or UNFPA.

<sup>1</sup>FPA - Family Planning Association

<sup>2</sup>MOH - Ministry of Health

<sup>3</sup>NFPP - National Family Planning Program

<sup>4</sup>CRS - Commercial Retail Sales

<sup>5</sup>CBD - Community-Based Distribution

TABLE 5

Population Estimates of Women Age 15-44 in Project Countries  
1980-1986

<u>Country</u>	<u>1980: No. of Women 15-44</u>	<u>Estimated Annual Growth Rate</u>	<u>Estimated Number of Women 15-44</u>					
			<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
St. Lucia	20,900	1.0	21,109	21,320	21,533	21,748	21,965	22,185
St. Vincent	26,500	1.5	26,897	27,300	27,709	28,125	28,547	28,975
Antigua	14,000	3.0	14,420	14,853	15,299	15,758	16,231	16,718
Dominica	12,600	0.5	12,663	12,726	12,790	12,854	12,918	12,983
Barbados	48,500	0.3	48,645	48,791	48,937	49,084	49,231	49,379
St. Kitts/Nevis	7,800	0.1	7,808	7,816	7,824	7,832	7,840	7,848
Montserrat	1,900	0.1	1,902	1,904	1,906	1,908	1,910	1,912
<b>TOTAL</b>	<b>132,700</b>		<b>133,444</b>	<b>134,710</b>	<b>135,998</b>	<b>137,309</b>	<b>138,642</b>	<b>140,000</b>

TABLE 6

Estimated Contraceptive Use by Method  
St. Lucia, 1981-1986

Method	Percent Using by Year					
	1981	1982	1983	1984	1985	1986
<u>Method</u>	<u>34.2</u>	<u>35.0</u>	<u>36.0</u>	<u>38.0</u>	<u>39.5</u>	<u>41.5</u>
Pill	16.9	17.3	17.8	18.8	19.5	20.3
Condom	3.2	3.2	3.3	3.4	3.5	3.6
Vaginal Methods	0.9	1.0	1.1	1.6	2.0	2.4
IUD	0.8	0.8	0.8	0.8	0.7	0.6
Female Sterilization	8.8	9.1	9.3	9.5	9.9	10.5
Male Sterilization	-	-	-	-	-	-
Injection	1.8	1.8	1.9	2.1	2.3	2.5
Abortion	-	-	-	-	-	-
Rhythm	0.6	0.6	0.6	0.6	0.5	0.5
Withdrawal	1.1	1.1	1.1	1.1	1.0	1.0
Other	0.1	0.1	0.1	0.1	0.1	0.1

TABLE 7

Estimated Contraceptive Use by Method  
St. Vincent, 1981-1986

Method	Percent Using by Year					
	1981	1982	1983	1984	1985	1986
<u>Method</u>	<u>32.7</u>	<u>33.5</u>	<u>35.0</u>	<u>38.2</u>	<u>42.2</u>	<u>45.5</u>
Pill	10.1	10.5	11.2	13.0	15.0	17.0
Condom	6.7	6.7	6.8	6.9	6.8	6.7
Vaginal Methods	1.2	1.2	1.5	2.0	3.0	3.2
IUD	1.7	1.7	1.6	1.6	1.5	1.4
Female Sterilization	9.3	9.7	10.1	10.5	11.5	12.5
Male Sterilization	0.1	0.1	0.1	0.1	0.1	0.1
Injection	1.9	1.9	2.1	2.5	3.0	3.5
Abortion	-	-	-	-	-	-
Rhythm	0.6	0.8	0.8	0.8	0.7	0.6
Withdrawal	0.6	0.6	0.6	0.6	0.5	0.4
Other	0.3	0.3	0.2	0.2	0.1	0.1

TABLE 8

Estimated Contraceptive Use by Method  
 Dominica, 1981-1986

Method	Percent Using by Year					
	1981	1982	1983	1984	1985	1986
	<u>36.0</u>	<u>36.8</u>	<u>37.7</u>	<u>39.1</u>	<u>41.7</u>	<u>44.0</u>
Pill	12.1	12.5	12.7	13.0	13.5	14.5
Condom	2.9	2.9	3.0	3.2	3.5	3.5
Vaginal Methods	0.5	0.5	0.6	1.0	2.0	2.5
IUD	1.5	1.5	1.5	1.5	1.3	1.1
Female Sterilization	10.9	11.3	11.7	12.1	12.8	13.5
Male Sterilization	-	-	-	-	-	-
Injection	6.7	6.7	6.8	6.9	7.2	7.5
Abortion	-	-	-	-	-	-
Rhythm	0.8	0.8	0.8	0.8	0.8	0.8
Withdrawal	0.6	0.6	0.6	0.6	0.6	0.6
Other	-	-	-	-	-	-

TABLE 9

Estimated Contraceptive Use by Method  
Antigua, 1981-1986

Method	Percent Using by Year					
	1981	1982	1983	1984	1985	1986
	<u>29.7</u>	<u>30.5</u>	<u>32.6</u>	<u>34.7</u>	<u>37.5</u>	<u>40.5</u>
Pill	12.7	13.1	14.1	15.1	16.3	17.8
Condom	1.7	1.7	2.1	2.5	2.9	3.3
Vaginal Methods	1.1	1.1	1.5	1.9	2.3	2.8
IUD	3.2	3.2	3.2	3.2	3.2	3.2
Female Sterilization	6.4	6.8	7.0	7.2	7.9	8.4
Male Sterilization	-	-	-	-	-	-
Injection	2.9	2.9	3.0	3.1	3.2	3.3
Abortion	-	-	-	-	-	-
Rhythm	0.8	0.8	0.8	0.8	0.8	0.8
Withdrawal	0.7	0.7	0.7	0.7	0.7	0.7
Other	0.2	0.2	0.2	0.2	0.2	0.2

TABLE 10

Estimated Contraceptive Use by Method  
Barbados, 1981-1986

Method	Percent Using by Year					
	1981	1982	1983	1984	1985	1986
	<u>37.0</u>	<u>37.8</u>	<u>39.6</u>	<u>41.6</u>	<u>44.0</u>	<u>46.2</u>
Pill	13.0	13.4	14.4	15.5	16.7	17.7
Condom	4.0	4.0	4.2	4.4	4.5	4.6
Vaginal Methods	2.0	2.0	2.2	2.4	2.7	3.0
IUD	3.0	3.0	3.0	3.0	3.0	2.9
Female Sterilization	11.0	11.4	11.6	11.9	12.4	13.0
Male Sterilization	-	-	-	-	-	-
Injection	2.0	2.0	2.2	2.4	2.7	3.0
Abortion	-	-	-	-	-	-
Rhythm	1.0	1.0	1.0	1.0	1.0	1.0
Withdrawal	1.0	1.0	1.0	1.0	1.0	1.0
Other	-	-	-	-	-	-

TABLE 11

Contraceptives Used by Year  
Montserrat and St. Kitts/Nevis  
1977-1980 and Estimated Usage for 1981

	1977	1978	1979	1980	1981 Estimated
<u>Montserrat</u>					
Orals	4,379	4,098	3,287	2,862	3,200
IUD	617	206	242	160	175
Condoms	25,200	24,624	14,688	28,100	15,000
Diaphragms	5	7	32	8	10
Foam/Jelly/Cream	32	71	47	131	150
Foaming Tablets	4,340	3,920	4,280	2,940	3,200
Injectables	545	290	260	280	200
<u>St. Kitts/Nevis</u>					
Orals	10,273	20,121	15,929	16,240	18,000
IUD	914	220	360	138	200
Condoms	52,992	55,872	81,360	46,700	55,000
Diaphragm	52	29	139	55	60
Foam/Jelly/Cream	151	290	147	159	175
Foaming Tablets	22,440	18,420	9,420	18,720	19,000
Injectables	890	665	537	910	650