

UNCLASSIFIED

PO JAM-288
250-47074

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT
Washington, D.C. 20523

JAMAICA

PROJECT PAPER

POPULATION AND FAMILY PLANNING SERVICES
(Amendment #1)

AID/LAC/P-304 & 82-1

Project Number: 532-0069

UNCLASSIFIED

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add
 C = Change
 D = Delete

Amendment Number

1

DOCUMENT CODE

3

2. COUNTRY/ENTITY

Jamaica

3. PROJECT NUMBER

532-0069

4. BUREAU/OFFICE

LAC

05

5. PROJECT TITLE (maximum 40 characters)

Population & Family Planning Services

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
 03 31 91

7. ESTIMATED DATE OF OBLIGATION
 (Under 'B.' below, enter 1, 2, 3, or 4)

A. Initial FY 82

B. Quarter 2

C. Final FY 90

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY 82			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	773	733	1,506	6,695	4,016	10,711
(Grant)	(773)	(733)	(1,506)	(6,695)	(4,016)	(10,711)
(Loan)	(-)	(-)	(-)	(-)	(-)	(-)
Other U.S.						
1.						
2.						
Host Country	-	3,678	3,678	-	16,422	16,422
Other Donor(s)						
TOTALS	773	4,411	5,184	6,695	20,438	27,133

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) PN	400B	400		5,711	-	5,000	-	10,711	-
(2)									
(3)									
(4)									
TOTALS				5,711	-	5,000	-	10,711	-

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

440 420 450 460

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code BRW BUW BWB

B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

To assist the GOJ in expanding the coverage and increasing the quality and effectiveness of the contraceptive delivery systems, including motivational and educational efforts.

14. SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY
 05 88 08 90

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a 32 page PP Amendment) The PP Supplement continues along the same general lines as the original project but with expanded efforts in voluntary surgical contraception and the commercial distribution of contraceptives.

Mission Controller has reviewed and concurs with the methods of implementation and financing herein.

Robert Leonard, Mission Controller

17. APPROVED BY

Signature

Title

William R. Joslin
 Director, USAID/Jamaica

Date Signed

MM DD YY
 07 29 86

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY
 08 15 86

PROJECT AUTHORIZATION

AMENDMENT NUMBER 3

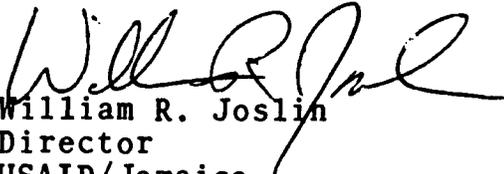
Name of Country: Jamaica
Name of Project: Population and Family Planning Services
Number of Project: 532-0069

Pursuant to Part I, Chapter I, Section 104 of the Foreign Assistance Act of 1961, as amended, the Population and Family Planning Services Project for Jamaica was authorized on March 24, 1982, and amended on August 29, 1985, and September 27, 1985. That authorization is hereby further amended to read:

Pursuant to Part I, Chapter I, Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Population and Family Planning Services Project for Jamaica involving planned obligations of not to exceed Ten Million, Seven Hundred and Eleven Thousand United States Dollars (US\$10,711,000) ("Grant"). The Grant may be used to finance foreign exchange costs as defined in Section 6.1, and local currency costs, as defined in Section 6.2, of goods and services required for the Project.

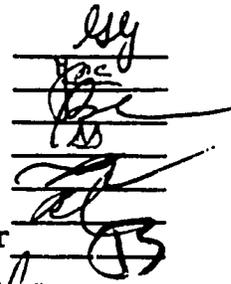
The new Project Assistance Completion Date (PACD) is March 31, 1991.

The authorization cited above remains in force except as hereby amended.


William R. Joslin
Director
USAID/Jamaica

Clearances:

OHNP:GGrey
OHNP:JCoury
OPDS:BCypser
OPEP:SSkogstad
RLA :TCarter
CONT:RLeonard
DDIR:JSchlotthauer



Date: July 29, 1986

Drafted:OPDS:DDarby:edt:6/13/86:0143e

POPULATION AND FAMILY PLANNING PROJECT
PROJECT PAPER SUPPLEMENT

Table of Contents

	<u>Page</u>
List of Acronyms	ii
I. SUMMARY DESCRIPTION OF THE PROJECT	1
II. PROJECT BACKGROUND, PURPOSE AND DESCRIPTION	
A. Background and Rationale	
1. Original Project	2
2. The Project as Implemented to Date	4
3. Analysis of Current Family Planning Status in Jamaica	11
4. Evaluation Findings	12
Project Purpose and Description	
1. Project Purpose and Goal	13
2. Strategy for 1986-1991	14
a) Support for Family Planning Education and Services	
b) Voluntary Surgical Contraception	
c) Commercial Distribution of Contraceptives	
3. Proposed Project Supplement Activities	16
a) Family Planning Education and Services	17
b) Voluntary Surgical Contraception	21
c) Commercial Distribution of Contraceptives	22
III. IMPLEMENTATION ARRANGEMENTS	23
IV. BUDGET AND METHODS OF IMPLEMENTATION	
A. Budget	
1. Status of Existing Funds	24
2. Project Budget	25
B. Methods of Implementation and Financing	26
V. EVALUATION PLAN	28
ANNEXES	
A. Environmental Concerns	29

LIST OF ACRONYMS

ACOSTRAD	- Association for the Control of Sexually Transmitted Diseases
AFRC	- Adolescent Fertility Resource Center
AID	- Agency for International Development
CDC	- Commercial Distribution of Contraceptives
CHA	- Community Health Aide
CPS	- Contraceptive Prevalence Survey
GOJ	- Government of Jamaica
JH/PIEGO	- Johns Hopkins / Program for International Education in Gynecology and Obstetrics
JFPA	- Jamaica Family Planning Association
MOE	- Ministry of Education
MOH	- Ministry of Health
MYCD	- Ministry of Youth and Community Development
NCHS	- National Center for Health Statistics
NFPB	- National Family Planning Board
PIOJ	- Planning Institute of Jamaica
PIO/C	- Project Implementation Order - Commodities
PIO/P	- Project Implementation Order - Participant Training
PPCC	- Population Policy Coordinating Committee
RGD	- Registrar General's Department
STATIN	- Statistical Institute of Jamaica
UWI	- University of the West Indies
VSC	- Voluntary Surgical Contraception
VJH	- Victoria Jubilee Hospital
YWCA	- Young Women's Christian Association

1. SUMMARY DESCRIPTION OF THE PROJECT

Since 1982, the Population and Family Planning Services Project has provided assistance to Jamaica so that the country might reach its stated population policy goals. The Project objectives have included the improvement of demographic data collection and analysis, and the provision of family planning information and services. The 1982 end-of-year total population, estimated at 2,218,600, represented an increase of 37,100 inhabitants, or 1.7%, over 1981. The present 1986 estimated total population stands at 2,350,000; and based upon medium-level projections, (i.e., moderate fertility decline and medium emigration), it appears that by the year 2000, Jamaica will have some 2,760,000 inhabitants.

Continued AID assistance under the present Project is needed in order to help Jamaica maintain the recent trends in reduced fertility levels and at the same time focus on improving the quality of family planning services, particularly for those groups identified as high health risk. In order to assist Jamaica to attain its population goals and to assure the provision of quality family planning services, the Project will be extended to March 31, 1991. Assistance will focus on providing quality family planning services to the population at greatest health risk from unplanned pregnancies. The major activities which are identified as being most effective in meeting the needs of the population include: (1) support for the provision of family planning education and services through both public and private sector institutions; (2) the voluntary surgical contraception program; and (3) the commercial distribution of contraceptives program.

Funding under the Project will provide for U.S. and local technical assistance, overseas commodities (including family planning supplies and equipment), overseas and in-country training, costs for locally produced promotional materials, and in-country expenses necessary for implementation of educational and service delivery programs aimed at the high risk groups. Project funding will also allow for necessary Contraceptive Prevalence Surveys (CPS) and evaluation activities in order to assess the needs and characteristics of the high risk groups and to provide guidance in meeting those needs. Continued counterpart contribution from the GOJ and from participating private sector sub-projects will be proportional to the AID grant funding.

II. PROJECT BACKGROUND, PURPOSE AND DESCRIPTION

A. Background and Rationale

1. Original Project

The original Project was designed in 1981 in order to provide AID assistance in areas of population policy development, family life education and improved delivery of family planning services. The continued purpose of the Project is to assist the Government of Jamaica (GOJ) in expanding the coverage and increasing the effectiveness of the family planning delivery systems, including motivational and educational efforts. The quantitative target was to increase the rate of contraceptive prevalence from 52% of fertile women in union at the beginning of the Project, 1982, to 70% by 1987. In 1981, it was estimated that between 40,000 to 50,000 new family planning acceptors would have been recruited.

As of late 1983, the Contraceptive Prevalance Survey (CPS) noted that the number of fertile women using contraception had increased to approximately 58%. This was a clear indication that progress was being made since the start of the Project. However, much work is yet to be accomplished in order to attain the GOJ's target of replacement fertility by 1990.

The initial Project Agreement, signed on March 31, 1982, allowed for a total life-of-project AID funding of US\$5 million. This was subsequently increased to a present total of US\$5,711,000. The principal implementing agency is the National Family Planning Board (NFPB).

The original Project comprised three major components with participation of numerous implementing agencies from both the public and the private sectors. The components included: (1) Population Policy and Improved Demographic Data; (2) Family Life Education; and (3) Family Planning Services.

Under the Population Policy and Improved Demographic Data Component, support was given to the National Planning Agency (subsequently reorganized as the Planning Institute of Jamaica) in order to develop and promote the National Population Policy. That Policy was approved by Parliament in July 1983. U.S. technical assistance was funded under the Project and provided by The Population Council (New York).

Other activities under this component focused on improving the collection and processing of vital statistics data and records at the Registrar General's Department. Technical assistance for this purpose was funded under the Project and provided by the U.S. National Center for Health Statistics. A Diploma Course in Population Studies was also developed at the University of the West Indies, and assistance was provided to the former Department of Statistics (now the Statistical Institute of Jamaica) in order to establish a Population Studies Unit.

The second major Project component involved numerous public and private sector groups working in the area of family planning and family life education. These included the Ministry of Education, the Ministry of Youth and Community Development, the Y.W.C.A., the Jamaica Family Planning Association, the Association for the Control of Sexually Transmitted Diseases, the Archdiocese of Kingston Family Life Center, Operation Friendship and the Ministry of Health's Teen Scene Project. Commodities, such as vehicles and audio visual equipment and supplies, were provided under the Project, as well as funding for local training and education activities.

The third component focused on improved delivery of family planning services. This included the provision of contraceptive supplies for both the clinic program (administered by the Ministry of Health through more than 22 hospitals and 360 health centers) and for the NFPB's Commercial Distribution of Contraceptives (CDC) Program. This contraceptive retail sales program, begun in 1973, distributes an oral contraceptive "Perle" and condom "Panther" islandwide through pharmacies and shops. Other family planning methods, such as IUD's and foams, as well as equipment used in the female voluntary surgical contraception program were provided by the Project. The Project funded an evening clinic at Kingston's Victoria Jubilee Maternity Hospital, in order to attend to the needs of working women; and educational activities through a male responsibility program also received funding.

Some of the above mentioned activities have been discontinued, either because their Project targets were met or because they exhibited poor performance. The PACD was extended to March 30, 1987 in order to continue Project activities that were judged to have had greatest success in attaining the Project objectives. An overall Project review was conducted in July 1985, and special reviews of the CDC Program and the Voluntary Surgical Contraception Program (VSC) were also held in late 1985. These reviews have guided the Mission in adopting a more focused strategy in the population/family planning sector.

2. The Project As Implemented to Date

Planning Institute of Jamaica (PIOJ)

USAID/Jamaica supported the development of a Population Unit within the PIOJ. The Unit serves as the secretariat for the Population Policy Coordinating Committee (PPCC), which has representatives from Government ministries who meet regularly to develop national population policies. The Population Unit is also responsible for monitoring the activities of all GOJ agencies in order to ensure that population-related matters are taken into consideration and to provide inputs into those sectors that are supportive of the goals of the National Population Policy. The Unit has further responsibility for the dissemination of information on the National Population Policy.

Support from the Project has included funding of: (i) U.S. technical assistance; (ii) the purchase of commodities, including a vehicle and microcomputer hardware and software; (iii) local training programs; and (iv) printing of copies of the National Population Policy statement, which have been distributed nationwide to all schools and libraries.

Statistical Institute of Jamaica (STATIN)

STATIN is the primary source of population information and data in the country. The 1982 Census, undertaken by STATIN, is being analysed by its professional staff. With Project funding, a Population Unit has been established within STATIN. This included payment for the Unit staff which consists of the Unit Chief, a junior demographer and two statistical officers as well as twelve clerical officers. Salaries for all senior staff have been subsequently absorbed into STATIN's regular operating budget.

The Population Unit is responsible for the collection, analysis and distribution of demographic data. The Unit has underway a survey on international migration, involving the review of over 6,000 airport departure forms. This study will provide valuable information on the quantity and description of emigrants from Jamaica in recent years. Project funds have provided the STATIN unit with: (i) U.S. technical assistance; (ii) commodities, including microcomputer hardware and software; (iii) local staff salaries; and (iv) local training programs.

Registrar General's Department (RGD)

The RGD is responsible for the gathering of all the vital statistics data for Jamaica. These include data on births and deaths, as well as marriages and divorces. The Project financed U.S. technical assistance from the U.S. National Center of Health Statistics (NCHS). This has resulted in greater streamlining of procedures at the RGD and quicker access to data. The quality of the vital statistics data has also improved considerably, thanks to the technical assistance from NCHS. For example, annual birth registrations are now estimated to be about 94 percent complete.

Many other activities funded by the Project have contributed to the improved situation at RGD. An intensive program of training of the more than 300 local registrars has been completed. Although extremely underpaid for their services, these local registrars perform a key role in the registration of vital statistics. The Project-funded training programs were the first formal training programs for the local registrars in the last thirty years. Project funding allowed for overseas observation visits to vital records offices in various States within the U.S. Project funds have also allowed for the printing of posters to be used in a nationwide publicity campaign to encourage the public to register all births and deaths.

The Project has also funded the purchase of four microfiche readers. These allow for the storage of identifying information related to original vital statistics records and makes it much easier to locate the appropriate records as necessary. The number of certificate requests is estimated to be over 250,000 per year. The microfiche readers have therefore proven to be of invaluable assistance.

University of the West Indies (UWI)

Two sub-projects at UWI were supported by the Project: (i) the development and initiation of a graduate Diploma Course in Population Studies; and (ii) research studies on sociological aspects affecting population.

The Diploma Course in Population Studies trained 12 persons in demographic studies in the first two years of the Project, and an additional six persons are being trained in the final year. The Project funded the necessary lecturer fees and other operating costs. The costs for the Course have now been absorbed by the University of the West Indies.

The sociological research produced two studies: Women, Work and Family, which describes the changing situation among Jamaican women and subsequent effects upon the family structure; and the study on International Migration and Occupational Mobility.

The successes of the population/demographic aspects of the Project have been most marked in the area of data gathering. The performance of both the RGD and STATIN have improved appreciably. The Population Unit of the Planning Institute has contributed to some extent to the country's ability to analyze population data, and UWI has broadened its academic scope to include Population Studies.

The National Family Planning Board (NFPB)

During the first four years of the Project, local training programs for NFPB staff were conducted in order to improve their management skills and thereby increase the Board's ability to effectively manage and coordinate national family planning programs. Other specific NFPB activities received grant assistance. Among these were the Adolescent Fertility Resource Center (AFRC) which serves as a national clearinghouse for Jamaican agencies providing family planning education, counselling and services to young adults. Grant funds financed the salaries of AFRC staff, training programs and the production of education materials.

Under the NFPB's Male Motivation Program, the Project financed the salary of the Male Motivation Officer who developed training and outreach programs aimed at increasing male awareness and improved attitudes towards responsible parenthood. The officer was successful in getting institutions from both the public and private sectors more involved in the promotion of family planning/family life education. Some 1,100 males from several institutions attended training programs in this regard.

Overall, the Project locally trained approximately 6,000 individuals including some 3,500 outreach workers involved in health, agriculture, and community youth programs, 2,200 teachers and educators, 250 demographers/statistical clerks and 100 community health aides. Overseas training has provided for the training of 11 family planning administrators, educators, adolescent program leaders and other technical personnel.

In addition, the NFPB has carried out a variety of direct service activities such as a program for the nationwide commercial distribution of contraceptives. The supplies of orals and condoms used in this program have been financed under the Project. All staff, marketing, distribution and advertising costs have been financed by the NFPB.

Family planning educational services have been provided by NFPB staff through a mobile unit that was purchased under the Project. The NFPB has been responsible for distribution of Project-financed contraceptive supplies and equipment to all MOH and other agency facilities. Surgical equipment and supplies for the voluntary sterilization services provided through government hospitals and clinics are distributed by the NFPB. To date, approximately 18,770 voluntary sterilization procedures have been performed.

Ministry of Health (MOH)

USAID support to the MOH included the salary of a fulltime family planning trainer who organized and conducted training for approximately 2,400 health workers in technical areas such as the insertion of IUDs. The costs for the actual training activities was borne by JH/PIEGO. In addition to this, the bilateral grant financed the training of over 100 Community Health Aides (CHAs) in order to improve their skills to counsel clients on the different family methods, encourage family planning acceptors and identify dropouts. A Family Planning Manual for CHAs is being prepared based on the evaluation of the program.

Project funds also provided support to the public information program for the Jamaican Association for the Control of Sexually Transmitted Diseases (ACOSTRAD). The Project financed the costs for educational supplies and equipment, and local training activities aimed at assisting ACOSTRAD to carry out its education program on sexually transmitted diseases. These programs were conducted in the public school system and among community groups.

Support was also provided to the MOH's Teen Scene pilot young adult program located in an economically deprived neighborhood in Kingston. This support included the provision of educational supplies and equipment, staff training and renovation and furnishing of the Teen Scene Center. This pilot activity combined community outreach, counselling and a range of educational and clinic services.

The Project also financed the Ministry's Night Family Planning Clinic located at Kingston's large maternity facility, the Victoria Jubilee Hospital (VJH). This clinic is open approximately 12 hours per week in order to facilitate working women and others who are unable to attend day family planning clinics. Attendance at the VJH Night Clinic represents almost one third of the total of the VJH family planning service load.

Ministry of Education (MOE)

This activity provides workshops for the Ministry of Education's strategy to infuse family life education into the school curriculum. Some 2,277 teachers, guidance counsellors and school nurses have been trained and teaching materials have been produced and distributed. The Project has also financed a series of twelve-minute radio programs produced by the MOE and aired into the schoolrooms through the MOE's Education Broadcasting Service. The programs are then followed by classroom discussions led by the trained teachers. Themes include all aspects of family life education.

Ministry of Youth & Community Development (MYCD)

Under the Project, the MYCD has trained out-of-school youth in family planning and family life education. This has been done through non-formal education programs, reaching the target groups through youth clubs and youth groups in residential centers such as camps, children's homes and industrial training centers. Success has been evident from the reduced numbers of girls who have to drop out as a result of pregnancy. During the first year of the program, there had been more than 80 drop-outs in the participating institutions as a result of pregnancy. Three years later, the number had been reduced to under 40 drop-outs, or an overall decline of 50% in the pregnancy drop-out rate. Furthermore, the MYCD program has trained at least one counselor to work in each of the more than 60 youth clubs throughout Jamaica.

The Project has provided funding for overseas commodities, including a vehicle and audio-visual equipment and supplies, local training programs, and salaries for training staff. Two of the senior training staff have also received short-term training in the United States.

Ministry of Agriculture

The Ministry of Agriculture, through a small staff of home economists, included family planning information and services among the activities carried out as part of the Family Life Integrated Project. During the past four years, thirty field workers provided information to more than 6,000 individuals while 1,000 new family planning acceptors received contraceptives. The Project provided funding for vehicles, spare parts, audio-visual equipment and supplies, and local training programs.

Operation Friendship

Under the Project, Operation Friendship has been offering a variety of community-based programs aimed at the increased acceptance of family planning and family life education. One program is aimed at the young adult population. It involves outreach workers who operate in two communities (West Kingston and Portmore) to promote family planning and provide contraceptives. Lecture and discussion sessions are held with the target audience in order to discuss family planning, family life education and health-related problems.

Another program comprises clinics in the same two geographic areas as the outreach program. The clinics provide integrated health and family planning services. Operation Friendship currently has 30,000 active family planning users from a catchment area of 200,000. Approximately fifty percent of the clients are sexually-active young adults. The Project has provided funding for overseas commodities, including a mobile unit, local training programs, and salaries of clinic and outreach staff.

The Jamaica Family Planning Association (JFPA)

During the first four years of the Project, the JFPA expanded its community outreach program to seven communities in the parishes of St. Ann and Trelawny. Project funds were used for staff salaries, local technical assistance and in-service training for 22 outreach workers, who in turn recruited over 2,000 adolescents and adults as family planning acceptors. The Project also provided funding for a two-year extension of the Youth-to-Youth rural outreach program

that had been initiated under a previous USAID family planning project. Under this activity, some 40 outreach workers were trained in contraceptive methods, reproductive health and communication skills.

The Roman Catholic Family Life Center and Natural Family Planning Clinic

The Project provided assistance to two family planning activities implemented by the Roman Catholic Church: (1) the Archdiocese of Kingston Family Life Center and (2) the natural family planning clinic at the Hope Health Center in Montego Bay. Grant funding for family life education enabled the local staff and volunteers to promote responsible parenthood/family life education to more than 600 students of the Roman Catholic primary and secondary schools and their parents. The Project provided audiovisual equipment and supplies for the education program. The assistance to the Hope Center allowed for the publication and distribution of materials on the Billings natural family planning method and on the other natural family planning methods approved by the Catholic Church.

Young Women's Christian Association - (YWCA)

The YWCA activity provided family planning/family life counselling and contraceptive services to students at six YWCA Teen Centers, the three YWCA School Leavers Institutes and at selected secondary schools located throughout the island. The Project financed the salaries and local travel costs of three nurse counsellors, the costs for local preparation of educational materials used in the program, and the overseas purchase of audio-visual equipment and supplies.

3. Analysis of Current Family Planning Status in Jamaica

The results of the 1983 Contraceptive Prevalence Survey (CPS) confirmed the high level of awareness of family planning methods among Jamaican women, especially with regard to modern methods. For example, awareness of the oral contraceptive was almost universal, with 98% admitting knowledge of this method. The Survey also showed that on the whole, attitudes towards contraceptive methods is very favorable, with over 85% of the women interviewed giving approval for the use of modern methods.

Despite these high levels of awareness and approval of family planning, actual use of contraceptive methods, particularly among the groups at high health risk from unplanned pregnancy, is much lower. The 1983 Survey found that 51% of women currently in union were using a modern contraceptive method. This represents an impressive gain from the 1975/76 prevalence rate of 38% of women in union. A more refined measure, which excludes the infecund as well as women pregnant and women not in union, gives a prevalence rate of 58%. This compares with the similar sub-grouping in 1975/76 which had a 45% prevalence rate.

In spite of these gains in the use of family planning, the unmet needs of fertile couples, especially of those who have reached desired family size and who do not wish to have more children (limiters) as opposed to those who presently wish to space future births (spacers), are critical. Those least likely to fulfill their pregnancy desires are women limiters in the youngest age group and the very few women 35 years and over who desire to space their next pregnancy. The young limiters are of special concern to the family planning program. Women 15-24 who comprise over one-third of the fecund, sexually active women of reproductive age, are the most fertile age group. And among them, according to the 1983 CPS, almost one-third want no more children.

This young adult group is very much at risk. In 1983, of the nearly 61,000 women giving birth, over 27% were under 20 years old. This same percentage was constant over the previous two years. Focusing on the needs of this group, the national family planning program, through its family life education activities, has been concerned as to the health risks of early pregnancy, both to mother and child. This program has mobilized the efforts of GOJ institutions, such as the Ministry of Education and the Ministry of Youth and Community Development, as well as private sector groups

working at the community level, in order to educate the young adult group, their teachers and parents as to the importance of the family unit and the risks involved in early pregnancy. The 1983 CPS showed that prevalence rates were lowest among spacers in visiting unions and highest among married women who want no more children. Overall, the more stable the union, the greater is the likelihood of contraceptive use. During the Project extension, greater emphasis will be placed upon encouragement of stable family units.

While some gains have been made in this area, it appears that early entry into sexual unions remains a prevalent practice. The lack of parental responsibility on the part of the Jamaican male has been a major obstacle to the stable family unit, and has also been an important factor in the continuing high rates of early pregnancy.

The present Project made some attempts through its Male Responsibility Program to promote responsible parenthood, but the degree of success has been minimal. During the Project extension, new avenues of approach will be pursued, including the establishment of a male voluntary surgical contraception (vasectomy) component.

4. Evaluation Findings

An evaluation of the first year's activities (April 1982 to March 1983) was conducted in September 1983. The report showed that a substantial number of the output targets for Year 1 had been achieved, despite Project start up delays caused by problems in meeting all the conditions precedent before first disbursement of funds. During the first year, family planning services were being offered in a large number of Ministry of Health clinics and were also available through many of the participating sub-projects.

Voluntary surgical contraceptive procedures were being performed and the commercial distribution of contraceptives was being implemented at adequate levels. The National Population Policy had been prepared for adoption by Parliament and the Population Policy Coordinating Committee had been established.

Inputs of technical assistance, purchase of commodities and overseas and local training were being provided. Main shortfall areas in the first year were: (1) the delay in implementing the family planning training activities of the Ministry of Health; (2) the late start in establishing the

Population Diploma course at the University of the West Indies; and (3) the delays in implementing the sub-projects of the Ministry of Education and the Statistical Institute of Jamaica.

In September 1985, a review of the Project was conducted by U.S. consultants in order to provide guidance to the Mission as to those areas which would have greatest impact in attaining Jamaica's population objectives, and for which AID support should be continued or expanded. The recommended areas consisted of: (a) the commercial distribution of contraceptives program; (b) the voluntary surgical contraception activities; and (c) the young adult family life education programs.

Subsequent reviews were conducted in late 1985, with outside technical assistance in order to focus on the areas of the commercial distribution of contraceptives and the voluntary surgical contraceptive activities. The technical reports were useful in the design of the present Project Paper Supplement.

B. Project Purpose and Description

1. Project Purpose and Goal

The overall program goal is to improve the health, social and economic welfare of the Jamaican population by making available high quality family planning information and services, effective use of which will significantly reduce the birth rate. The specific Project goal is to further reduce the crude birth rate from approximately 23/1,000 in 1986 to 20/1,000 in 1990.

The Project purpose is to assist the Government of Jamaica in expanding the coverage and increasing the quality and effectiveness of the contraceptive delivery systems, including motivational and educational efforts. The quantitative target is to increase the rate of contraceptive prevalence from 58 percent of women in union in 1983 to 70 percent by 1990.

In order to reach the Project target, it is estimated that from 60,000 to 70,000 new family planning acceptors will have been recruited and contraceptive continuation rates of current acceptors lengthened during the life of the project. This translates into an increase from 198,000 couples contracepting under the NFPB program in 1986 to an estimated 265,000 in 1990.

2. Strategy for 1986 - 1991

The three areas of focus for the remaining life of Project are: (1) continuing support for the provision of family planning education and services; (2) the voluntary surgical contraception program; and (3) the commercial distribution of contraceptives program.

(1) Support for Family Planning Education and Services

In order to meet the educational and contraceptive service needs to those target groups most at risk of unwanted pregnancies, the Project will provide funding to those programs identified as having greatest impact in these areas. Project funding will continue to assist the Ministry of Health and the NFBP in improving the delivery of quality family planning clinical services. This will include the provision of contraceptive supplies and equipment, the local training of clinic staff in the latest developments in family planning technology, counseling of patients and improved clinic management. Overseas training will also be provided to NFBP and MOH staff and to key personnel from other Project implementing institutions.

Voluntary Surgical Contraception

The 1983 C.P.S. shows that between 1975 and 1983 there has been an impressive acceptance of female sterilization as a family planning method; from an 8% prevalence among women 15-49 years old, currently in union, to an 11% prevalence in 1983.

This phenomenon has become evident in recent years, when comparing 1980, with 2,682 procedures being reported, and 1984 which had 6,587. These increases in demand and acceptance are all the more impressive when considering that the national family planning program does not employ promotional activities aimed at this particular method.

A study conducted in November 1985 revealed that the demand for female voluntary surgical contraception cannot be met by the current service delivery system. The study estimated that in 1985 alone, a minimum of an additional 16,290 procedures were necessary to meet just the current demand. Furthermore, some of the

women wanting no more children are using only temporary methods. Of these women, age 35 and over, about 6,000 are using oral contraceptives, which in some cases can present health hazards to women of this age group.

The 1985 study also highlighted the major constraints to meeting present demand at the 22 facilities providing voluntary surgical contraception. These were identified as shortage of skilled nursing staff in counseling and client recovery, shortage of supplies, non-utilization of new techniques aimed at providing higher quality and more effective service, and the need to improve medical supervision, monitoring and medical screening.

Furthermore, it was noted that voluntary surgical contraception for males is almost nonexistent, due to a lack of male education and service delivery systems. Subsequently, for those couples where vasectomy is accepted and indicated, the national program is presently unable to provide the service.

Special effort will be directed at upgrading the quality of service, in order to ensure the highest degree of counseling, surgical standards and patient follow-up. Quality enhancement is considered to be the best means of both meeting the human needs of the patients and strengthening popular support for this method.

The availability of quality voluntary surgical contraception, for both females and males, will be assured. The waiting period for female procedures will be reduced from the present average of three months, to approximately one month.

Commercial Distribution of Contraceptives

Recognizing the acceptability by the Jamaican population for delivery of contraceptive supplies through commercial retail programs, the Project will increase the capacity of this activity, thereby alleviating unnecessary pressures being placed on the already overburdened public health facilities.

A recent study estimated that the NFPB's 1983 subsidized sales through its Commercial Distribution of Contraceptives (CDC) Program accounted for some 20% of users of modern contraceptive methods. And in

1984, the Program accounted for about 44% of all non-clinical contraceptives delivered in the government supported programs.

It is evident that the CDC Program constitutes a major component of the national family planning effort. In order to increase the number of new and continuing acceptors, the CDC Program will introduce new products. The Project will provide funding for the launch of the new products, including packaging and advertising costs. The Project will also attempt to increase the sales of existing products, (the "Perle" oral contraceptive and the "Panther" condom).

The materials used in the CDC Program will be produced locally, except for the contraceptive supplies which will be provided by AID through its central procurement procedures.

The Project will provide U.S. technical assistance in order to improve the management and marketing capabilities of the Jamaican staff responsible for the CDC program. Technical assistance will also assure regular monitoring of the expanded CDC Program and suggest areas for improvement in product advertising, marketing and distribution.

During the Project extension, the NFPB will continue to exercise ultimate responsibility for the policy decisions regarding the CDC Program and the NFPB staff will monitor program performance. The NFPB will be encouraged to restructure the CDC Program so that its daily operations are directed by professional marketing management personnel. If the restructuring is accomplished, then the Project will provide funding for these management services and for product advertising, both through the use of mass media communication and for point-of-sales materials.

3. Proposed Project Supplement Activities

The purpose of this Project is to expand the coverage and improve the quality and effectiveness of family planning services in Jamaica. The National Family Planning Board (NFPB), as the lead agency of the Government of Jamaica (GOJ) responsible for population and family planning activities, is the coordinating agency for the Project.

Other GOJ and private sector institutions will receive funds under agreements with the NFPB, who in turn will monitor and evaluate their performance.

(a) FAMILY PLANNING EDUCATION AND SERVICES

NFPB Activities

The NFPB will carry out a variety of family planning training activities for its own staff and the staff of other agencies. These will include short term family planning training and orientation program for allied agencies, such as the Women's Center and the Young Women's Christian Association, as well as in-country training and overseas participant training. Overseas training will be provided to approximately twenty (20) family planning administrators, evaluators and other technical personnel. Local training will be provided to an additional family planning and population program administrator/manager, industrial nurses, medical teams, principals of elementary, secondary and tertiary schools, the NFPB staff members, contraceptive retailers and information/education specialists.

Special programs under the direct supervision and administration of the NFPB will receive grant assistance. Included among these is the Adolescent Fertility Resource Center, which will serve as a production center and clearing house for the local agencies providing contraceptive education, counseling and services to adolescents. Project assistance will include staffing support, technical assistance, and purchase of audiovisual equipment, supplies, and bibliographic materials.

A second special NFPB program will utilize grant funds to assist a Male Motivation/Orientation Program. It is expected that male outreach workers will be trained and that 1,100 men will receive counseling on male responsibility. The Project will fund the salary of a technical officer in charge of the program, including allowances for travel and per diem, and the purchase of educational materials aimed at male target groups.

Six vehicles (including four delivery vans) will be provided for the delivery of family planning supplies and for implementation of the NFPB's rural community-based educational/clinical services program. These will be used in conjunction with the family planning outreach program to deliver family planning education and services into factories and other workplace sites.

In order to improve the management capabilities of the NFPB, micro-computer hardware and software will be provided with Project funding. Other overseas commodities will include contraceptive supplies and audio-visual equipment and supplies.

In addition to the provision of commodities, the Project will assist the NFPB in the implementation of a variety of activities related to improved delivery of contraceptive supplies. These include activities such as the training of MOH administrative and clinical personnel in order to improve promotion of the distribution of contraceptive supplies and equipment to all Ministry of Health clinics and other institutions that provide family planning services. Using Project funds, the NFPB will also coordinate a nationwide program of family planning and population information, education and motivation, through the use of mass media communications such as radio, television and billboards, and production of pamphlets, posters and other educational/informational materials.

The Project will finance the contracts of NFPB Liaison Officers who will coordinate family planning activities and identify needs at the field level. Prior to the PACD, these positions will be absorbed by the NFPB.

The Board will also coordinate various research and evaluation studies throughout the life of Project. Project funds will permit the conduct of a Young Adult Reproductive Health Survey and a Contraceptive Prevalence Survey. These are to be implemented with U.S. technical assistance.

The NFPB will provide the necessary administrative and support services to the other participating agencies in order to assure the procurement, importation and distribution of Project commodities and for the financial management of Project funds. The NFPB will also contract for the technical assistance services as required for the benefit of all participating institutions.

Ministry of Health (MOH)

The MOH will improve and expand family planning services delivered through its nationwide network of health care centers and hospitals. The more than 380 MOH health centers and hospitals account for the large majority of all family planning acceptors. Accordingly, a major emphasis of the Project will be on upgrading MOH services through staff training, improved management, and provision of equipment and supplies to the Bureau of Health Education, the Government Laboratory and the Post Partum Program.

The Project will finance the salary of a family planning trainer for three (3) years in order to organize and conduct family planning training for approximately 3,890 MOH personnel. Some training activities will be carried out through funding provided by the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JH/PIEGO). In addition, the MOH will be responsible for family planning training for nurses, Community Health Aides, and other primary care health personnel.

The Project will also assist the MOH in providing staff for the family planning evening sessions held at the Victoria Jubilee Maternity Clinic. Approximately 7,000 visits for family planning services will be provided annually at the evening clinic.

Ministry of Youth and Community Development (MYCD)

The MYCD, which has responsibility for non-formal education and training for out-of-school youth, will establish a family planning education and contraceptive distribution program in four of its major divisions: the Social Development Commission, the Children Services Commission, the Vocational Training Division and the Women's Bureau. The Project will fund staff support for three (3) regional educators, and will provide training for sixteen (16) family planning/family life educators located within key schools and youth institutions. They in turn will reach approximately 30,000 youths (both male and female) with family planning information and services during the life of the Project. The Grant will also provide four (4) vehicles and audiovisual equipment and supplies for the MYCD family life education program.

Ministry of Education (MOE)

The MOE will implement a family planning/family life education program within the formal school system in order to help address the problems of population and growth and teenage pregnancies. This program will train some 1,250 primary, all-age and secondary school teachers, all guidance counsellors and school nurses to prepare them to offer appropriate family life education to students. The Project will provide technical assistance, in-country training and overseas commodities, including a vehicle and audiovisual equipment and supplies, and resource materials related to family planning/family life education. The Project will also finance the local production of educational materials, including booklets, posters and radio tapes.

Statistical Institute of Jamaica (STATIN)

The STATIN (formerly the Department of Statistics) has primary legal responsibility for the collection and analysis of official demographic data. With the assistance of the Project, the STATIN created a Population Unit which produces data essential for population planning. The Unit strengthens STATIN's capacity to carry out periodic surveys of the population, such as the decennial census, household expenditure surveys and migration studies. The Project will provide overseas training, expatriate technical assistance, in-country training, staff support, one vehicle, personal computer hardware and software, and other equipment and supplies.

Jamaica Family Planning Association (JFPA)

The JFPA will expand its community outreach program to seven additional communities in St. Ann and Trelawny Parishes. Project funds will be used for staff salaries, local technical assistance, and in-service training for 22 outreach workers who in turn will recruit 2,300 - 3,000 adolescents and adults as family planning acceptors during the life of the Project. The Project will also provide a vehicle and audio visual equipment and supplies. To date, approximately 75% of all acceptors recruited remain active contraceptive users into the second year.

Operation Friendship

Operation Friendship is an urban-based, multi-faceted community organization that provides a variety of health, social and educational services to poor residents of Western Kingston. Under this Project, Operation Friendship will expand its community adolescent fertility program. The Project will fund the purchase of a vehicle to be used in the outreach program and the training of six (6) outreach workers in order to reduce the high rate of adolescent fertility in Western Kingston through a program of education, counselling, medical and contraceptive services.

Under the Project extension, Operation Friendship will continue to increase outreach capability and extend services to several nearby suburban communities in southern St. Catherine. The mobile unit will provide family planning and health services to the population in the areas serviced by Operation Friendship. Additional six (6) outreach workers will be employed and trained in order to recruit 5,000 new family planning acceptors annually.

The Roman Catholic Family Life Center

The Project will provide assistance to the Roman Catholic Church, Archdiocese of Kingston Family Life Center. Grant funding will enable the Center's family life educator and volunteers to promote responsible parenthood/family life education to more than 600 students annually of the Roman Catholic primary and secondary schools and their parents. Project funds will allow for the overseas purchase of audiovisual equipment and supplies for the education program.

The Project will also finance the operation of a health and family planning clinic for young adults to function from the St. Joseph's Hospital in Kingston.

(b) VOLUNTARY SURGICAL CONTRACEPTION PROGRAM (VSC)

The Project will provide funding to allow the NFPB, the MOH and the JFPA to expand the services of the Voluntary Surgical Contraception Program. Improved quality services will be made available for women and an intensive male vasectomy program will be initiated.

The NFPB will continue to manage a program to support voluntary sterilization through the GOJ and private sector hospitals and clinics. It is estimated that this will result in approximately 6,000 voluntary sterilization procedures annually. During the extension, as under the existing Project, funds will be provided for medical equipment and supplies and for the members of the surgical teams in order to cover minor incidental costs per procedure. No incentive payments will be provided to the patients. The Project will also finance training for clinic staff, overseas observation visits and program evaluation.

A change is that U.S. technical assistance will be funded by the Project to monitor VSC progress and to recommend improvements that will enhance the quality assurance of the sterilization procedures. This assistance (including technical/medical training as appropriate) will be provided to the NFPB, the MOH and private sector institutions, such as the JFPA, that perform voluntary sterilizations.

(c) COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES (CDC)

Under the Project, the NFPB will expand its CDC activities through the introduction of new contraceptive products. The Project will continue to finance the costs of contraceptive supplies of the two existing products, the oral contraceptive "Perle" and the condom "Panther", staff training and evaluation.

During the Project extension, the NFPB will continue to exercise ultimate responsibility for the policy decisions regarding the CDC Program and the NFPB staff will monitor program performance. The NFPB will be encouraged to restructure the CDC Program so that its daily operations are directed by professional marketing management personnel. If the restructuring is accomplished, then the Project will provide funding for these management services and for product advertising, both through the use of mass media communication and for point-of-sales materials, packaging, marketing, training of staff and contraceptive retailers and evaluation.

The Project will provide funding for the launch of the new products, including packaging and advertising costs, and also fund costs for marketing personnel and local consultants. The Project will also attempt to increase the sales of existing products.

The materials used in the CDC Program will be produced locally, except for the contraceptive supplies which will be provided by AID through its central procurement procedures.

The Project will provide U.S. technical assistance in order to improve the management and marketing capabilities of the Jamaican staff responsible for the CDC program. Technical assistance will also assure regular monitoring of the extended CDC Program and suggest areas for improvement in product advertising, marketing and distribution.

III. IMPLEMENTATION ARRANGEMENTS

Under the Project extension, the National Family Planning Board (NFPB) will continue to function as the principal implementing agency. Since its creation, the NFPB has been mandated by the GOJ to coordinate all family planning programs. It has the staffing capabilities and the necessary management and financial controls required for effective implementation and monitoring of Project activities.

Quarterly Project reviews will be held with participation of the NFPB and USAID, in order to evaluate Project progress, identify problem areas and recommend actions to be taken during the next three-month period.

IV. A. BUDGET

STATUS OF EXISTING FUNDS

AS OF JUNE 30, 1986
(In U.S. Dollars)

<u>INPUT</u>	<u>OBLIGATIONS</u>	<u>EARMARKED</u>	<u>UNEARMARKED</u>	<u>ACCRUED EXPENDITURES</u>
I. Centrally Procured Contraceptives	1,558,000	1,554,000*	4,000	1,518,000*
II. U.S. Technical Assistance	227,000	226,006	994	166,082
III. Overseas Training	90,000	47,140	42,860	47,140
IV. Overseas Commodities	1,360,000	930,393	429,607	707,150
V. Other - Local Costs	<u>2,476,000</u>	<u>2,080,000</u>	<u>396,000</u>	<u>1,407,726</u>
	5,711,000	4,837,539	873,461	3,846,098

*Taken from the PAIS Report from AID/W, as of 3/31/86.

IV. B. BUDGET

Input	PROJECT BUDGET (In U.S. \$000)								
	Current Project Agreement			Project Amendment			Total Project		
	LC	AID FX	GOJ LC	LC	AID FX	GOJ LC	LC	AID FX	GOJ LC
I. Centrally Procured Contraceptives	-0-	1,558	10	-0-	2,200	15	-0-	3,758	25
II. U.S. Technical Assistance	-0-	227	-0-	-0-	200	-0-	-0-	427	-0-
III. Overseas Training	-0-	90	40	-0-	80	50	-0-	170	90
IV. Overseas Commodities	-0-	1,360	12	-0-	980	6	-0-	2,340	18
V. Other - Local Costs	<u>2,476</u>	-0-	<u>12,360</u>	<u>1,540</u>	-0-	<u>3,929</u>	<u>4,016</u>	-0-	<u>16,289</u>
- Family Planning Education and Services	-	-	-	790	-0-	2,000	-	-	-
- Vol. Surgical Contraception	-	-	-	400	-0-	1,000	-	-	-
- Commercial Distribution of Contraceptives	-	-	-	350	-0-	929	-	-	-
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
SUB-TOTAL	2,476	3,235	12,422	1,540	3,460	4,000	4,016	6,695	16,422
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL	5,711		12,422	5,000		4,000	10,711		16,422

B. Methods of Implementation and Financing

As provided for under the original Project, USAID will provide funds directly to the NFPB, based upon approved requests for advances of funds, in order to meet local currency costs of goods and services included in the approved Project budget. Expenditures will be reported and documented to USAID in monthly financial reports in form and substance acceptable to A.I.D. before further advances are approved. The foreign exchange cost of eligible goods and services procured by host country institutions will generally be financed under A.I.D. Direct Contracts.

Local technical assistance provided through NFPB, including both long term staff and short term consultants, will be funded under host country contracts. Technical assistance will also be funded under direct contracts for the evaluations. U.S. technical assistance will be handled under A.I.D. direct contract.

All local commodity procurements will be the responsibility of NFPB and will be handled on an advance/reimbursement basis. Overseas procurement will be handled through issuance of PIO/C's and will involve bank letters of commitment or an IQC will be issued to a PSA. The overseas training under the Project will be accomplished by means of PIO/P's, enabling key personnel to attend short term courses or conferences overseas. The local training will include in-house and on-the-job training under host country contracts.

During Project implementation, when selecting individuals and firms to provide the required technical assistance and applicable commodities, due consideration will be given to those individuals and firms that qualify under the Gray Amendment provisions. To date, various Gray Amendment qualifying firms have provided U.S. technical assistance and commodities under the Project.

It has been determined that there is adequate contracting, commodity procurement and financial capacity and capability in NFPB to carry out these activities. This is based on a review of the NFPB's accounting practices conducted by A.I.D. Mission staff in 1985, as well as the Mission's experience with the NFPB during implementation of the original Project.

Methods of Implementation and Financing

<u>Component</u>	<u>Method of Implementation</u>	<u>Method of Financing</u>	<u>Approx. Amount (US\$000)</u>
<u>Contraceptives</u>	PIO/C Wash.Desig.	Wash. Central	3,758
<u>U.S. Technical Assistance</u>			427
Long Term (18pm)	AID Direct Contract	Direct Payment	
Short Term (18pm)	AID Direct Contract	Direct Payment	
<u>Overseas Training</u>	PIO/P	Direct Payment	170
<u>Overseas Procurement</u>	IQC - PSA	Letter of Commitment	2,340
<u>Other</u>			4,016
In-country staff	HC Contract	HC Advance/Reimbursement	
Local Consultants	HC Contract	HC Advance/Reimbursement	
Local Procurement	HC Procurement	HC Advance/Reimbursement	
Local Training	HC Contract	HC Advance/Reimbursement	
<u>Evaluations</u>	Direct Contract HC Contract	Direct Payment HC Advance/Reimbursement	
		TOTAL	10,711

V. EVALUATION PLAN

Project reviews and evaluations will be carried out at various stages of project implementation. By September 1987, a Young Adult Reproductive Health Survey will be completed, with technical assistance from the U.S. Centers for Disease Control. This study will provide data on the family planning and family life education needs of the young adult population. It will also provide guidance to those Project activities working in the areas of family planning and family life education.

An overall mid-Project evaluation for activities implemented up to March 30, 1988 will be completed by the end of May 1988. Also during early 1988, a national Contraceptive Prevalence Survey will be conducted. This activity will be Project funded. Among other things, it will provide information on fertility rates, desired family size, and changes in knowledge, attitudes and practices related to contraceptive use.

A major in-depth impact evaluation will be conducted during the final year of the Project. This will provide information on the progress made toward attainment of the Project goal and purpose. The evaluation will also investigate technical, administrative and managerial matters that have a bearing on the Project and make recommendations for the design of future projects.

Separate evaluation exercises are included in each special Project activity. These interim evaluations will usually be conducted at annual intervals. Where possible, comparisons will be made with the 1983 baseline data to measure progress. Data in such areas as the utilization of family planning clinics, birth rates and sales of contraceptives will be readily available from the NFPB, the MOH and other agency records. The interim evaluations will provide valuable guidance concerning the effectiveness of the various special projects and the need for changes in the allocation of Project resources.

ANNEX A

Environmental Concerns

No activities related to construction of facilities, water supply systems, waste water treatment, etc. are planned under the Project Paper Supplement for the Population and Family Planning Services Project (532-0069). The Project qualifies as a categorical exclusion under 22 CFR Part 16 Section 216.2 (c) viii, for which an Initial Environmental Examination (IEE) is not generally required.