A FOLLOUP EVALUATION OF THE
ADVANCED TRAINING AND
FERTILITY MANAGEMENT PROGRAM
OF THE
UNIVERSITY OF THE WEST INDIES

A Report Prepared By:
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<td>AV</td>
<td>Audiovisual</td>
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<tr>
<td>AVS</td>
<td>Association for Voluntary Sterilization</td>
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<td>FLE</td>
<td>Family Life Education</td>
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<td>FLE/FPA</td>
<td>Family Life Educators/Family Planning Administrators</td>
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<td>FP</td>
<td>Family Planning</td>
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<td>FPN</td>
<td>Family Planning Nurse</td>
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<td>GTZ</td>
<td>Federal Republic of Germany</td>
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<tr>
<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
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<td>MCH</td>
<td>Maternal Child Health</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NFPP</td>
<td>National Family Planning Programme</td>
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<td>PAHO</td>
<td>Pan American Health Organization</td>
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<td>PHN</td>
<td>Public Health Nurse</td>
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<td>SVPPA</td>
<td>St. Vincent Planned Parenthood Association</td>
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<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
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<td>UWI</td>
<td>University of West Indies</td>
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<td>WHO</td>
<td>World Health Organization</td>
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I. INTRODUCTION

This report outlines the results of the follow-up evaluation of the Advanced Training and Research Program in Fertility Management sponsored by the University of West Indies (UWI). Three site visits, including 6 of the 15 Caribbean territories participating in the program, were made between September 15 and October 2, 1980. Among the sites were St. Kitts, St. Lucia, and St. Vincent. Anguilla and Nevis joined the St. Kitts participants, and participants from Grenada joined those in St. Vincent. These 6 territories were represented by 28 former participants and their immediate supervisors and other key persons involved in family planning efforts. Several key protocol visits also were made at each of the three sites. Sixty-one persons attended the workshops.

Consultant Roger S. Karsk, Ph.D., had earlier planned the design for the follow-up program. The follow-up team consisted of Dr. Karsk; Professor Hugh Wynter, director of the program; Cynthia Sadler, curriculum coordinator; and Ina Barrett, course lecturer from the Department of Government at UWI.

The primary emphasis of the visits was on the follow-up of the participants in their home environment; the evaluation of the program was a secondary emphasis.

Objectives

The six objectives for the on-site evaluation and workshops were as follows:

OBJECTIVE 1: TO EVALUATE THE MANAGEMENT OF FERTILITY COURSE AFTER A SIGNIFICANT AMOUNT OF TIME IN THE FIELD.

Three methods were used to accomplish this objective. Each participant was interviewed, the supervisors were consulted and questioned, and the participants were brought together to share what they had learned and developed as recommendations. Two of the lecturers in the course were involved in the follow-up. They observed first-hand what their students were experiencing and were able to revise their classes accordingly. As one explained, "My lectures are going to be much better now after seeing first-hand some of the problems that have to be faced out here."

The words "more confidence" were used repeatedly by former participants and by their supervisors. All participants felt that the idea of incorporating five disciplines in one session was very good. As one doctor put it, "That more than anything else gave me a greater understanding of what family planning was all about and greater appreciation of others' roles."

Personal evaluations differed because the course itself has been evaluated thoroughly. Many of the suggestions of the participants who had attended either the first or second course had already been applied to Course 6. A primary example was thinking of a "back-home" project before attending the course and then developing the idea as one learned about the process of program planning. This activity was not part of Course 1 but was well learned by at least some of the participants in Course 6.

Slight alterations were suggested, but many of these will have to be negotiated case by case. Such flexibility was encouraged during the follow-up. For example, a nurse wanted to enroll simultaneously in the clinical experience and family planning tracks. It was suggested that the entire curriculum not be changed, but that time be structured into the program for persons who want to acquire clinical experience while enrolled in the basic course.

**OBJECTIVE 2:** TO ASSIST PARTICIPANTS IN THEIR PRESENT WORK OR WITH SPECIAL PROJECTS BY DEVELOPING STRATEGIES AND OVERCOMING DIFFICULTIES.

This report contains numerous references to the utility of follow-up visits. Upon returning, some participants found themselves in new positions where they could apply their newly developed skills. Others returned to their old positions, were isolated from other participants, and found that neither the system nor some doctors always acknowledged their new skills. Both of these groups need assistance. The first must be encouraged to proceed. The second needs help to overcome isolation.

One of the disappointments was the lack of special projects in the field. The St. Kitts workshop offered the most developed special projects. The participants have organized the workshop for quarterly sessions in the future. The UWI program focused primarily on the development of "back-home" projects and their integration into the teaching process. The UWI is hoping to build into next year's budget a small amount of financial assistance to support and strengthen such projects.

The program, by bringing together various people involved in family planning, was able to focus on problems. A typical list of issues emerged in St. Kitts. Among the topics discussed were information-sharing; the conflict between district nurses and hospital nurses; overcoming barriers to family planning; and the training needs of community outreach workers.
OBJECTIVE 3: TO ENCOURAGE AND ASSIST PARTICIPANTS IN ESTABLISHING BETTER COMMUNICATION AMONG THEMSELVES AND THEIR ORGANIZATIONS.

The third objective was difficult to measure, although its accomplishment would have constituted one of the most significant contributions to the UWI program.

Two distinct issues were raised. The first was providing on-the-spot encouragement. This objective was certainly achieved. By building follow-up visits into the program, two goals were achieved: participants were brought together and their potential for collaboration was strengthened. Attention was focused on the family planning/family life educators (FP/FLEs) as the key people in the territory. A second issue was focusing attention on the family planning program in the territory during the follow-up. The Health Minister and the Permanent Secretary were met and briefed at all sites. In one of the territories, the Governor-General received the team, and, in another, the Prime Minister spent an hour with the participants.

OBJECTIVE 4: TO COLLECT INFORMATION ON THE FUTURE NEEDS OF PROJECT GRADUATES, ADDITIONAL TRAINING PROGRAMS, TECHNICAL ASSISTANCE, MATERIALS, ETC.

The acquisition of additional administrative skills is one of the primary training needs of graduates. At least five nurses, most of whom had been promoted to administrative positions after returning from the course, cited this need. Two needs were cited repeatedly: training outreach workers, such as community health aides, in family planning and providing audiovisual materials, such as movies, handouts, or slides, for use in programs involving the local population.

OBJECTIVE 5: TO IDENTIFY PEOPLE, POSTS, OR AGENCIES THAT COULD TAKE ADVANTAGE OF THE PRESENT TRAINING PROGRAM.

In each of the three workshops, this objective was of major importance. In many instances, key people knew very little about the course. Many new opportunities could be foreseen once the concept and the course itself were explained. One outcome of the workshops in all the territories was recognition of the need to determine which staff will attend future courses. The need for advance planning has several implications. For example, many of the nurses who attended the UWI course were promoted a few months after they returned. If they had been aware of the possibility of promotion, they would have taken a different track, most notably, the course for administrators.
The managers of the FP/FLEs took note of this and, in some instances, committed themselves to do more planning by focusing on the organizational process of selecting participants.

A new UNFPA program is underway in St. Lucia. The St. Lucia group and the hospital nurses and Family Planning Association view the UWI program as an excellent resource for quickly training a core staff. This group wants to enroll 45 people in the next 18 months in the UWI training course.

**OBJECTIVE 6:** TO EVALUATE THE EFFECTIVENESS OF ON-SITE AND MULTI-TERRITORY EVALUATIONS AND TO MAKE RECOMMENDATIONS FOR FUTURE VISITS TO OTHER SITES.

One participant stated, "By just your coming here said you cared. I wanted to not let you down because of that caring." This sentiment was echoed many times over. Another often-repeated comment was: "Even though we work in the same system, we do not have the luxury to get together very often. Your program has brought us together and we are constructively working on problems."

From the participants' point of view, bringing together several territories had a positive effect. The groups had an opportunity to share their experiences and discuss each other's programs. They also realized that the problems they are experiencing are not unique. They recommended that the workshops be lengthened so that participants could visit each other's clinics. They also recommended that one or two key persons from the visiting territory accompany the participants to the follow-up sessions so that they will better understand the program and the participants' problems and take part in future planning.

The first workshop in St. Kitts provided an opportunity for reestablishing a linkage among the health ministries in the West Indies. The three existing territories once comprised a single territory until Anguilla broke off to form its own government.

The follow-up exercise demonstrated the viability of visiting a single country and of mixing territories. The crucial variable in selecting one or the other of these options is numbers. If there are in a territory a significant number* of available trained professionals and other key people, the territory alone could be visited. If the territories are small or do

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* A "significant number" is defined as more than 10, but at least a minimum of 10 representing at least 4 of the 5 disciplines included in the training program.
not have a significant number of available professionals, participants from two, or possibly three, territories should be brought together. (This suggestion is based on recent experience.)

Given the responses of the workshop participants (see fifth question on workshop evaluation sheet), the indications are that follow-up activities are useful and should be continued. Although their answers varied, most of the participants seemed to agree that follow-up activities should be conducted once a year, particularly if regular staff do the follow-up. (For specific information on this subject, see Chapter VI.)
II. THE UWI FERTILITY MANAGEMENT TRAINING PROGRAM

This program originated 10 years ago, when Professor Wynter attended a training program in Mexico City on the culdoscopy sterilization technique. Professor Wynter modified the technique to fit the local needs of Jamaicans, and the program was institutionalized. The question that was then raised was: What more can be done in the West Indies? The Ford Foundation was approached. It funded two programs over the next five years: a training program for surgeons that was similar to the program in Mexico City and a research program called "Pathfinders." The current program, which grew out of these previous efforts, is officially in the Department of Obstetrics and Gynecology at the University of the West Indies, the director of which is Professor Wynter. It is housed in a new building on the grounds of the University Hospital, and was erected with funds from the Government of Jamaica, the Federal Republic of Germany (GTZ), and the United Nations Fund for Population Activities (UNFPA). The recurrent costs of the program, including salaries, fellowships, operating expenses, etc., are covered by the GTZ and UNFPA. The ratio is 2:1, with the GTZ providing the larger portion, which includes all fellowships. The program, which was initiated in April 1979, will run for three years. Four courses will be offered each year.

The long-range objective of the program is to contribute to the improvement of the health and well-being of mothers and children in the Caribbean. This objective, it is hoped, will be attained by expanding the coverage of and improving the quality of care received at family planning program centers in the Caribbean.

The program's aims are to ensure a supply of adequately trained medical and paramedical personnel to meet the particular needs of comprehensive family planning programs in the Caribbean and to conduct research activities to improve the delivery, safety, and effectiveness of contraceptive methods in the Caribbean context.

The immediate objectives are to continue training gynecologists and surgeons in operative sterilization techniques and to convey all aspects of family planning to physicians, nurses, and paramedics. At UWI the program also provides regular interim sterilizations for outpatients and operates a family planning clinic.

The program emphasizes a team approach. Staff in five disciplines are brought together for advanced training and stay varying lengths of time. Gynecologists remain 8 weeks, general practitioners stay 2 weeks. Graduate nurses also participate for 8 weeks. Health and family life educators and family planning administrators are involved in a four-week program.

In the first two weeks, all trainees remain together. They are taught to appreciate the basic principles and concepts of specialized areas. They study the principles of communication, human relationships, and special
approaches to client counseling--areas of common need. Human reproduction and the problem of sub-fertility also are addressed.

The curricula include human sexuality, sexually-transmitted diseases, management, leadership, and supervision. The promotion of family life education is considered to be an important component of the program.

Patient education to which trainees are exposed includes film presentations on family planning, contraceptives, and health care. The objective is to provide information, stimulation, motivation, and encouragement to clients and would-be acceptors.

The program is approximately 18 months old. To date, 6 courses involving 130 participants from 15 territories have been held. The full-time staff includes Professor Wynter, director; Mrs. Manning, administrative assistant; Mrs. Sadler, curriculum coordinator; Dr. Matadial; 2 secretaries; 6 nurses; 3 researchers; and 1 librarian who works part time. Other lecturers are hired as consultants during the course.

When it was initially conceived, the program was intended to be more than a program of instruction. It is hoped that the graduates will be able to effect or influence desirable change(s) in their own countries. Follow-up visits, of which this was the first, to observe the trainees in their own countries were built into the program.
III. BACKGROUND OF TERRITORIES

The following is background information on each of the territories. The information was gathered by UWI staff before the visits. It was gleaned primarily from the participants' applications to the Fertility Management course.

St. Kitts

In 1970, the government established Family Planning Services under a policy that aims to provide services to the population as an integral part of maternal and child care.

Health centers send in monthly and quarterly reports to the main office in Basseterre. PAHO/WHO advisers come in from time to time to assess the program. Objectives are collectively set by family planning nurses, SPHN, and Ministry SPHN.

The UNFPA provided initial funding. The PAHO and WHO served as the executive agencies. In 1972 the government started to provide funding, but the PAHO and WHO continue to fund training, medical and clinic equipment, vehicles, and supplies.

The Health Service has its headquarters in Basseterre. Five other Health Centers are located around the island. There is, therefore, a Health Center or outpost station in each parish. There is a Comprehensive Family Planning Center in each parish. Health Centers are located in each area. Some hold clinics once a week, others once or twice a month. In areas without clinics, family planning supplies are made available at depots by the Family Planning Association for a minimal fee. But Family Planning Centers are placed so that they are accessible to all villages. The Health Clinics employ trained family planning nurses (FPNs) who are in charge of the Family Planning Clinics. District nurses assist the FPNs.

The Chief Medical Officer under the Permanent Secretary has responsibility for all hospitals and district health and domiciliary services. The Medical Officer of Health has specific responsibility for district health services, particularly maternal and child health and family planning.

There is a general hospital with 164 beds, a cottage hospital with 24 beds, and 12 health centers.

Family planning nurses and administrators meet regularly to discuss problems and progress. Monthly and quarterly reports are the basis for evaluations and necessary changes are made following discussions between local family planning staff and PAHO/WHO consultants.
The policy on family life education is that it should lead ultimately to the development of responsible parenting attitudes. Initially, family planning nurses spearheaded the program by making scheduled visits to schools under the supervision of the superintendent of public health nurses. This activity continues, but trained family life educators also now visit schools under an IPPA project. Family life educators meet older people at work clubs and various associations. The Family Planning Association shows films when requested.

Since 1971 the government has been receiving funding from the UNFPA and technical assistance from PAHO/WHO to develop family life education. Teachers and other individuals (e.g., social workers, paramedics, and community workers) are being trained. Family life education has been incorporated into the curriculum. A special family life education project sponsored by the ILO is holding evening classes for adults. Workshops and seminars also are held and factories are visited.

In 1979 a special one-year project—the "Learn to Earn Family Life Education Project"—began. This project is sponsored jointly by the IPPF and the National Council of Women. The results of a survey were used to select a needy rural area. The project has identified the area's needs and has begun to work on the objectives, which include bringing women into the mainstream of development through personal education and education in economically viable activities.

**St. Lucia**

St. Lucia is an island territory with 120,000 people. The government has no declared policy, but it has stated that family planning education will be conducted in all hospitals and health centers on the island. Services are provided at these centers by the St. Lucia Planned Parenthood Association. Funding is received from the IPPF and the government. Health center facilities and nurses are provided. The custom duty on supplies is waived. Funding is also received from the Association for Voluntary Sterilization (AVS), located in New York. Overall objectives are set by the Family Planning Association in collaboration with the Ministry of Health.

There are 26 Health Centers located throughout the island and 3 hospitals.

The constraints to successful implementation of FPE programs are: religious beliefs (Catholic and Rastas), male opposition, opposition from grandparents (e.g., they need grandchildren for company, for domestic services, and to make them feel active), language difficulties, and superstitions.
Family life education is under the Ministry of Communication, Works and Labour. The ILO and UNFPA provide funding. The Family Planning Association is a member of the organizations' advisory board, and the two work closely together. No visual aids are available. There are trained field staff.

St. Vincent

The St. Vincent Planned Parenthood Association (SVPPA) was responsible for pioneering work in family planning. The government, involved only peripherally until 1974, is now a full and active participant. Its office, the National Family Planning Programme (NFPP), is responsible for clinical activities and field work. The St. Vincent Planned Parenthood Association concentrates on an information and education program and continues to operate a major clinic in Kingstown, the capital.

The government of St. Vincent has included family planning in its Health Policy Statement, which aims to secure a better life for all people. The UNFPA collaborates with the government by providing 25 percent of budget funding for family planning programs.

The main general hospital is in the capital. The island is divided into 6 medical districts. Each district has 4 or 5 Medical Units that provide full MCH/FP services. The other 22 clinics, besides giving MCH care, are supply centers for family planning contraceptives. Both the medical director of the MCH/FP program and district medical officers have been oriented to the program and are able to give at least minimal services. Family planning is, therefore, fully integrated into the Health Service.

A Programme of Performance has been drawn up and, at regular intervals, representatives from the Funding Agency, the Executive Agency, and the Ministry of Health meet and examine the performance of the program. In addition to this formal meeting, quarterly reports are prepared and submitted regularly. The Ministry of Health is responsible for making any adjustments that affect the outcome of the evaluation data.

A curriculum has been prepared to introduce family life education into the educational system. The Family Planning Programme is assisting by supporting the local and overseas training of personnel. There is one trained family life educator. Primary school teachers receive regular in-service training so that they will be prepared to introduce the topic in their schools.
Grenada

Grenada, with a population of approximately 100,000, is the most southerly in the Windward chain. A mountainous island, it produces bananas, cocoa, and nutmeg for export.

The Grenada Planned Parenthood Association, founded in 1964, is the primary instrument for carrying out family planning activities. At the end of 1975, its 14 clinics were reporting 11,066 active acceptors. The most popular contraceptive is the condom. The Grenada Planned Parenthood Association is actively trying to accomplish its target of reaching 6,000 women, or 30 percent of all women of childbearing age. The previous government had a policy on family planning but never implemented it. At this time, the Grenada Planned Parenthood Association provides family planning services and supplies. The government provides duty-free exemptions and permits the use of district medical stations. The Grenada Planned Parenthood Association provides services at 5 clinics and also holds clinics once a month at 14 Medical Stations. The Association also provides 4 services through family planning nurses and field workers for the Outreach Programme. It is operating now a family life education project.

The constraints on a successfully implemented program are: socioeconomic conditions, lack of education, absence of family life education, and strong cultural beliefs that tend to reinforce negative attitudes towards family planning.

There is an urgent need for a survey on teenage pregnancy and for intensive family life education for youths in and out of school.

There is no formal family life education program in Grenada, although it is felt that the new government will develop one. The UNFPA project has made some progress. In collaboration with the Grenada Planned Parenthood Association, it provides films, slides, leaflets and posters, outreach magazines, and trained personnel on request. The organizations also air radio programs.
IV. NEEDS OF THE TERRITORIES

Identified Needs

From the individual interviews and the workshops themselves, several needs emerged. There are several similarities among the needs of the six territories involved. Key needs were identified in reports and during the follow-up team's visit.

- Teenage pregnancy remains a primary issue in all the territories, accounting for approximately 70 percent of all births.

- Training of outreach workers in family planning techniques and family life education is still much needed. At least 30 persons, ranging from community development workers to community health aides, were identified in each territory.

- Multi-media and audiovisual materials that are relevant to the local territory were cited as a need in all the territories.

- Relationships between hospital nurses and district nurses were noted in all the territories, and of particular concern was family planning and birth control information for new mothers. District nurses have no way of knowing what the hospital nurse is doing.

- System problems were identified in all the territories. Many times, for instance, the chief medical officers to whom both the hospital and the clinics report are part-time employees or hold dual jobs, and thus they are not able to play as active a role as the organization requires. The workshop often is a catalyst to initiate work on some of these issues.

- Resource identification is also a common problem. Many times the resource being sought by one special interest group is already available. USAID, for instance, is funding a project for locally-produced audiovisual aids, yet many in the territories are not familiar with this project.

- Balance between private and government family planning is still a key need. One of the important aspects of the team's visit was its observation of the positive effect that the programs of the Family Planning Board and the Ministry have on one another. In St. Lucia, for example, the Family Planning Association is dealing directly with many strong cultural norms against birth control by maintaining the phrase "family planning." The new government program funded by the UNFPA is taking a more moderate approach.
and is dealing more with family life education. This two-pronged attack is much stronger than the single-program approach.

- International funding, especially funding by the UNFPA, is cause for much concern. In one country, St. Vincent, funds are being cut back. In St. Lucia, a significant grant was obtained recently.

- Pervasiveness of local traditional concepts about birth (e.g., a woman needs to have children to keep her man; a man needs to father many children to prove his manhood; grandmothers want their grandchildren to produce offspring) is discouraging widespread acceptance of modern methods for family planning and birth control. (The trend of parents to leave the islands after placing their children in the care of grandparents continues to prevail.)

- Staff migration and staff changes greatly affect the effectiveness of ongoing programs and the implementation of new ones. The territories are understaffed, and when one key trained person leaves or is promoted to a new position, a large gap in the program is created. It is important to have backup personnel for key positions.

On the following pages are the reports from the various groups. They are identified by territory. The data from the questionnaires are not included; however, the reports and the observations reflect the information gathered. In all cases, the groups were broken down into two categories: past participants and key personnel and supervisors.
Group Reports

A. St. Lucia, Wednesday, September 19, 1980

Group 1: Past participants, family planning nurses (5)
Group 2: Government representatives, nursing supervisors, hospital matron, family planning administrators, UNFPA project supervisors

Topics for Discussion:

- Resources and assistance the UWI program can offer
- Potential UWI participants in fertility management
- Opportunities or new programs needed in St. Lucia
- Constraints to FP/FLE program
- Resources needed from UWI and others.

1. Report from Group 1

a. Needs:

- Teaching aids (e.g., overhead, slides, sentinel, camera).
- Improved information system.
- Establishment of information system (district, hospital, FP association).

b. Potential Participants: Participants are not selected at random. Interest is known to exist.

c. Specific Feedback to UWI Course: Fewer surgical and research tutorials and more clinical experience for district nurses are needed. (After some discussion, it was agreed this should be optional.)
d. Constraints:

- Nurses are not being accepted as specialists in family planning after attending the course.
- Liaison between the hospital and the district should be improved.
- Nurses do not know other programs and their functions.
- Nurses who are to be involved in the UNFPA program should be on the planning committee.

2. Report from Group 2*

   a. Nurses: It is desirable that all district nurses be trained in FP techniques. A core of at least eight district nurses should be trained by 1981. At least two should attend any one course and provision should be made to train 45 district nurses.

   b. Doctors: Staff should not be limited to ob/gyns. District medical officers should be trained in sterilization/GFP methods.

   c. A short-term consultant should be assigned to assist the supervisor in training health aides.

   d. All health centers should be equipped for laparoscopy.

   e. Laps should be increased in the health center and the LaClery Center should be equipped. Dr. Clark (surgeon trained at UWI) should be approached to discuss this idea.

   f. Audiovisual aids are needed.

* The matron from the hospital presented the report.
B. St. Kitts

1. Report from Group 1 (Past participants: St. Kitts, Nevis, Anguilla Steering Committee)

   St. Kitts: Mrs. Pamela Brooks, Miss Winifred Jack, Mrs. Marilyn Belle

   Nevis: Jacinth Maynard, Millicent Walters

   Anguilla: Endene Romney

   Executive Committee: Winifred Jack, President; Marilyn Belle, Secretary; Endene Romney, Treasurer

   Points Mentioned:

   • Collaboration
   • Projects
   • Program Planning
   • Training
   • Strategies.

   a. Collaboration:

      1. Quarterly meetings and discussions between the islands. Anguilla, once a year.
      2. Progress reports on island projects.
      3. Exchange of ideas and experiences.
      4. Funds (e.g., travel costs, accommodations).
      5. Activity (e.g., assist in the island program).
b. Projects:

1. Young Adults Society, 15-30-year-olds. St. Kitts funds basic supplies.

2. Postpartum Project: Hospital and district (St. Kitts).


5. Molineua Club: Community Health Club, St. Kitts.


c. Training:

1. Family life education course: Marilyn Belle, St. Kitts.

2. Administration and program planning: Endene Romney, Anguilla.

d. Institutional Constraints:


2. Lack of support from supervisors.
2. **Report from Group 2**

It was recommended that public health nurses (PHNs) and hospital nurses work together on family planning and family life education projects.

a. **Card System (referral follow-up system):** This card will be in duplicate. After a patient is discharged from the hospital, the card will be sent to the clinic in the patient's area. When the patient attends a postnatal/family planning clinic, the card will be filled out and a duplicate returned to the hospital. If, within a certain time, the patient does not attend a family planning clinic, a follow-up visit to the home could be made.

b. **"Family Planning Week":** At least once a year a "Family Planning Week" could be scheduled. Radio, television, posters, and reading material could be used to publicize the event. Men's attitudes toward family planning could be one topic for special attention.

c. **Family Planning Unit:** Various medical personnel (e.g., obstetricians, gynecologists, matrons, PNOs) could be asked to meet with government officials to request that a family planning unit be established within the hospital to allow both types of nurses to participate.

d. **Rotation of Nurses:** It was suggested that hospital nurses who have been trained in family planning techniques be rotated weekly to provide service in a clinic that has no nurse trained in FP.

**St. Kitts Group: Special Project**

"Training of Personnel for Community Projects"

A Steering Committee will be appointed to run community groups in rural areas. Persons will be drawn from the community and will be locally trained. The number is not to exceed 25.
Method of Training: Two-week seminar on family life education.

- Training resource personnel will be drawn from experienced local individuals. Personnel from overseas will provide backup.
- Funding will be necessary for refreshments, transportation, and visual aids.
- A formal plan of action will be prepared after the committee is selected.

C. St. Vincent/Grenada

1. **Report from Group 1 (Past participants)**

Identified Needs:

a. Better communication between field workers and planned parenthood staff.

b. Training for field workers in family planning.

c. Training abroad (UWI) that involves more than district nurses (e.g., hospital nurses, teachers, and social workers).

d. More collaboration between district and hospital nurses.

e. FP on all days, not just on FP Day (at clinics).

f. Transportation; Beckwith (an island) has trouble with transportation to main island.

g. Basic supplies; nurses returning to territory (St. Vincent) but not to a comprehensive clinic may need some basic instruments to carry out program. (UWI staff tentatively agreed on this.)

h. Common recordkeeping system for nurses and planned parenthood (sterilization and family planning).
2. **Report from Group 2**

Potential Participants for UWI Program:

- Nurses at maternity ward of hospital
- Nurse-tutors at training college
- Nursing supervisors
- School teachers (possibly 3 or 4 to form core group)
- Two doctors from planned parenthood
- One family life educator from planned parenthood.

Identified Needs:

a. Method to ensure correct people go to course. (The directors of the UNFPA, Planned Parenthood, and the PS of the Ministry of Health agreed to meet to discuss this point.)

b. New program for youth that is part of national program in family life education.

c. Local training in family planning for community development workers. (The anticipated number is 33 workers.)

d. Local development and production of materials.
V. METHODOLOGY AND WORKSHOP DESIGN

The evaluation and follow-up program was logically and systematically planned. However, problems did occur. The three site/workshop interviews were not conducted according to the original plans. In St. Kitts, for example, everyone was invited to the first session, though it was planned that only past participants would attend. In both St. Lucia and St. Vincent there was much more need for background information on the UNI program, as the key personnel and supervisors were not as well informed as those in St. Kitts. The design for each workshop was modified to accommodate local conditions.

Local Contact Person

Although a specific request was made to have a past participant serve as the local coordinator at each of the three sites, another person was selected. In all three cases, this was someone who had not participated in the program but who was in a key supervisory position: in St. Kitts, the supervisor of public health nurses; in St. Lucia, the Assistant Permanent Secretary in the Ministry of Health; and in St. Vincent, the director of the government family planning program.

These local contact people were invaluable. They arranged local accommodations, scheduled visits and interviews in advance, and handled arrangements for unexpected events, such as luncheons. One drawback was that they interpreted the information. Consequently, there were three different interpretations of the same instructions.

Past Participants' Availability

A significant number of participants were not available. Four of the eleven in St. Kitts were unavailable because they were sick, had left the island, were on leave for study, or were on maternity leave. Similarly, in St. Lucia, four of nine persons were unavailable. All were present at the St. Vincent workshop, however. Future workshops should be prepared for such absenteeism.

Questionnaires and Interviews

The process of interviewing past participants and their immediate supervisors before the workshop served several purposes: It enabled people to begin thinking about their programs and what they wanted to see accomplished during the two-day workshop; it enabled them to ask questions and to give
information which they might have been reluctant to give in a larger group setting; and it made it possible for the evaluation team to prepare for discussions on problems in each territory.

The questionnaires need to be further refined and tested. In the participants' questionnaire, several questions are repetitive, and in the key resource questionnaire, another question on the need for future resources should be added. The process itself is useful, but the instrument could use more fine-tuning.

Data Feedback

The only formal feedback was obtained in St. Kitts. The effort to obtain feedback in the other two workshops was dropped, mainly because of the particular circumstances and changes in the design. Though an effective tool, it was not appropriate for this particular assignment. It is important to create an atmosphere that permits people to discuss issues openly.

Protocol Visits

When someone of Professor Wynter's status is involved in the feedback sessions, protocol visits are a must. These visits proved to be useful in focusing attention on the host countries' family life education/family planning programs, and they provided an opportunity for describing the program in detail to the key person in the territory. Often the person was not aware of the comprehensiveness of the UWI program and was generally impressed. The visits also encouraged others in government service to view the workshop as an important function.

Time in the Country

The four full days set aside for this particular follow-up visit were sufficient. The shorter time in St. Vincent, three days, created slightly more pressure, but, with fewer participants, was sufficient.

Future Activity

In the future, it might be wise to send a follow-up team in advance of the workshop to ensure that the local contact person has correctly interpreted the instructions. This should increase the productivity of the workshops.
The designs used in each of the territories and the arrangements made by the local contact staff are outlined below.

SCHEDULE FOR
FAMILY PLANNING FOLLOW-UP PROGRAM
(St. Kitts, Nevis, and Anguilla)

Venue: The University Centre, The Gardens

Tuesday, September 16

10:15 a.m. Meet team at airport.
2:30 p.m. Meet Minister of Education, Health and Social Affairs.

Wednesday, September 17

8:45 a.m. Meet with PNO, Misses Sadler and Barrett.
9:30 a.m. Begin interviews.
2:00 p.m. Professor Wynter and Dr. Karsk meet with the Honorable Premier.
3:00 p.m. Professor Wynter and Dr. Karsk meet Dr. I. Williams and the chief medical officer.

Thursday, September 18

8:30 a.m. - 10:00 a.m. Interviews continue.
10:15 a.m. Coffee Break.
10:30 a.m. Visit to Saddlers Health Center for Clinic.
1:00 p.m. Workshop.
3:00 p.m. - 3:15 p.m. Break.
3:15 p.m. - 4:30 p.m. Sessions continue.
Friday, September 19

8:30 a.m. - 10:15 a.m. Workshop continues.

10:15 a.m. Break.

10:30 a.m. - 11:30 a.m. Workshop continues.

1:00 p.m. - 3:30 p.m. Supervisors and key people join workshop.

3:30 p.m. - 4:00 p.m. Evaluation and closing exercises.

DESIGN FOR ST. KITTS

Thursday, September 18, 1980

1:00 p.m. - 3:00 p.m. Opening, introductions, expectations.

Interpretation of and reaction to information collected.

3:00 p.m. - 3:15 p.m. Break.

3:15 p.m. - 4:30 p.m. Group work: Participants; Key People.

Friday, September 19, 1980

9:00 a.m. - 11:15 a.m. Group work.

Group reports.

11:15 a.m. - 12:00 p.m. Evaluation.
Wednesday, September 24, 1980

Introduction

9:00 a.m. - 12:30 p.m. Group interviews with public health nurses, family planning representatives, and UNFPA project staff.

2:00 p.m. - 4:15 p.m. Background of Fertility Management Program. Presentation of UWI model.

Two groups discussions:
- Key people, administrators (8);
- Participants and family planning nurses (5).

Report back.

Thursday, September 25, 1980

9:00 a.m. - 10:30 a.m. Reactions to reports.

10:15 a.m. Break.

10:45 a.m. - 11:45 a.m. Evaluation.

12:30 p.m. Lunch.
VI. SUMMARY AND RECOMMENDATIONS

This program is extremely successful and has the potential to have a much greater regional impact in the future. It has high credibility at all levels, from district nurses to prime ministers. It has a long, solid track record extending back 10 years. It was designed by and is staffed with Caribbean personnel. It is stable and will continue. It is funded through 1981. The indications are good that the German government will continue to provide support through 1984. A core of professionals is being trained in each of the territories.

As the program progresses, there needs to be a transition from training to follow-up activities. Within the next two or three years, a core of participants will be trained in many of the territories. These persons will need assistance in determining the direction of their projects, coordinating the various external programs, and securing additional resources. A stronger follow-up component to the Fertility Management Program could be instrumental in achieving these objectives.

Five needs have been identified for the Fertility Management Program:

1. Continuance of the present training program.
2. Provision of a research data base center for the region.
3. Provision of follow-up on trainees, either in the country or in sub-regions.
4. Focus on major problem areas that cut across all the region's territories.
5. Establishment of a center to develop materials on family planning and family life education.

Present Program

The present program needs to continue at least three and possibly four more years. During the latter portion of time, more emphasis should be placed on follow-up activity. There is indication that the major portion of funding will continue to come from the German government, although some additional funds may have to be secured if the UNFPA does not fund its share.
**Research**

The research component is in its initial stages of development. As was observed during the follow-up visits, statistics of any kind are lacking and statistics are maintained in a variety of different recordkeeping systems. This research component could be quite useful in developing standards that begin to build consistency in the region. To achieve consistency, this component will have to have specific objectives and include provisions for direction in the field and follow-up projects. Such direction should be provided next year. Additional resources, especially for travel and other support areas, may be needed.

**Follow-Up**

There is no question that follow-up visits need to be continued in the future. Yet, it is also obvious that the regular teaching and administrative staff cannot afford to make such visits as often as is necessary to all the territories. It is recommended, however, that once a year the core staff visit two or possibly three territories. Such visits would serve three purposes: allow staff to observe firsthand the program's impact and to modify the program accordingly; serve as a focus for family life education and family planning through protocol visits; and provide the necessary moral support to participants in the field.

Visits alone are not enough, however. Within the next year, at least one and possibly two full-time staff should be assigned to follow-up activities. They should visit the territories at least once a year and especially help those territories where a core of participants has been trained. The assistance could be multi-faceted. The staff could serve as resources, act as mediators, communicate regional problems to the home base, put local program staff in touch with regional resources. It is foreseen that two or three sub-regions or territories will naturally be formed.

The staff assigned to follow-up activities could also assist in developing additional training packages (e.g., a shorter version of the administrative component) for former participants. They could also assist in designing a curriculum for outreach workers and in finding resources to deal with local organizational issues.

**Foci for Regional Problems**

The Fertility Management Program is in a position to evaluate major problem areas that cut across the region and to propose solutions. It can
convene a group of key individuals in the territories to evaluate any proposed action, as it did in 1978 to evaluate the program's merits. By focusing on such problem areas, two things are accomplished: a consistent program, rather than several hodge-podge programs, is initiated, and an already established delivery system is used.

Multi-Media Development Center

The UWI program has an excellent grasp of the total needs of the region. It has already designed many packages for its own curriculum. It is in a position to develop or assist in developing multi-media or visual aids that are relevant and easily used in the entire region.

The Fertility Management Program began as a personal growth experience for its participants, but interwoven throughout it is the emphasis on developing a working team in-country that can be looked to as a territorial focus.

By bringing together participants from numerous disciplines and by cutting across country lines, more regional emphasis is possible. In essence, the follow-up model used during the site visits and proposed follow-up programs mirrors this conceptual model. Individuals were interviewed and then brought together as a group, and in some instances with participants from other regions.

The content of the UWI program seems to be relevant and well considered, but the real strength of the program is the linkage of personal professional growth, the territories' organizational needs, and regional awareness. A well thought-out follow-up program would greatly enhance this model.
Appendix A

FERTILITY MANAGEMENT FOLLOW-UP WORKSHOP:
QUESTIONS FOR UWI EVALUATION
Appendix A

FERTILITY MANAGEMENT FOLLOW-UP WORKSHOP:
QUESTIONS FOR UWI EVALUATION

Note: This form was completed at the conclusion of each of the three workshops. On the following pages are the participants' responses. They are broken down by location. In each of the workshops, former program participants were mixed with supervisors, key personnel, and potential candidates for the program.

1. In what way was follow-up exercise useful?

2. What was most helpful about the visit (interviews, feedback, discussions, etc.)?

3. What was least helpful?

4. What could have been done differently?

5. Should additional follow-up visits be made to Nevis, St. Kitts, Anguilla? If Yes, why, when, what focus? If No, why not?

6. Other comments.

* For the St. Vincent group, ask this additional question:

7. Was it helpful to mix participants from Grenada and St. Vincent?
Appendix B

ST. KITTS EVALUATION
Appendix B

ST. KITTS EVALUATION

1. In what way was the follow-up exercise useful?

The follow-up exercise was useful in that it made one more aware of his role in the community and provided a challenge to put more emphasis on and psychology in implementing FP and FLE.

It was useful in giving us an opportunity to meet the other participants and exchange ideas, problems, and techniques.

There was an insight into what the program at UWI is all about. Plus we learned how we can get help for future projects.

Follow-up exercise was useful in that one who did not attend a FP/FLE course in Jamaica knows what the program is like.

Knowledge of participation was increased.

Brought out in some way the need for nurses getting together outside the job situation.

Gave us an idea of how we can improve the existing process by trying to reach a wider area of the population (e.g., by education of more personnel, nurse-midwives, health educators, teachers, voluntary bodies, social community groups, men in industrial areas (supervisors)). This can be done by training abroad, by in-service education, mass media, films, pamphlets, getting a successful well instructed mother to influence others, giving up an idea of how far we have reached and where we would like to go.

Enabled trainees and supervisors to come together and work together in reviewing not only the Fertility Management Program, but the FP/FLE program in the islands in terms of the impact of the training on their effective implementation. It also helped to clear up areas of doubt between colleagues in the same field, but who work for different agencies or in different parts of the overall system (e.g., hospital and public health nurses). It enabled participants to concentrate on identifying problem areas and in suggesting ways and means of resolving them. It marks an important step in development of collaboration/communication locally between personnel and between local bodies, Jamaican programs, and other regional bodies.

Got a clearer view on problems that existed and were stagnant. It has created some avenues for addressing ourselves to the solution of such problems.
Follow-up workshop served to point out weaknesses and strengths in the program (FP/FLE) and therefore served to enlighten and reassure workers.

The follow-up exercise was useful in that we were able to meet and have interviews with tutors and have a good feedback in the group and have problems viewed for future evaluation.

A chance to share with the teams the progress, problems, and training needs of the program since the period of time spent in the field.

It was useful in that it made me stop and in retrospect see what I had or had not done, how effectively it was done, why it was not done and most definitely motivated me into more positive action since my return from Mona.

This follow-up exercise has been useful in that it will help participants to improve present work and develop strategies in planning projects, etc., and the need for hospital and public health nurses to work together.

Very useful, because of exchange of ideas, group work, and interviews.

I found follow-up exercise useful in that I was able to meet with other past participants of the course and we were all able to exchange views and ideas. Nice to feel that tutors were interested in past participants' progress in the field.

The follow-up exercise was useful in that all the participants were able to get together and pool ideas and firm up a project which indeed would be very valuable to them.

2. What was most helpful about the visit (interviews, feedback, discussions, etc.)?

The discussions were most helpful.

Discussions.

Discussions.

Feedback and discussions were most helpful.

Absent for most of these sessions.

Group workshop.

Most helpful was the discussions.
The group discussions proved to be most useful in terms of the recommendations made for implementing various projects and programs in furthering the development of FP/FLE in the islands.

Evoked an awareness through discussion on our roles in our given vocations.

Discussions were very helpful and gave even the very silent participants a chance to benefit.

All three topics—interviews, feedback, and discussions were most helpful.

It helped to strengthen our weaknesses in the areas of training, problem-solving.

The discussion among post-graduates. It was stimulating and exciting.

Discussions.

Group discussions and feedback.

Discussions were most useful. From exchanging plans with other participants, I'm now motivated to work harder on projects planned.

The discussions and feedback were most helpful.

3. What was least helpful?

Everything was helpful.

Feedback.

Interviews.

Nil.

Afternoon break.

The least helpful was the knowledge that some members of the group found the health and hospital services so divided.

Feedback exercises.

None was least helpful.

I can't think of anything that I could have wanted to miss.
All aspects of the seminar [I] found to be helpful.
Everything was helpful.

4. What could have been done differently?

Everything was quite in order.

Situations should have been created for more direct consultation between district nurses and hospital nurses to bring out grievances.

Evaluation could have included verbal report from participants engaged in particular projects or in charge of a project as a whole.

The same pattern could be maintained.

Style in presentation; one loses the head when it is long and laborious.

More participants could have attended (e.g., family life educators, guidance counselors, representatives from various community groups). They would have benefited greatly from this experience.

5. Should additional follow-up visits be made to Nevis, St. Kitts, Anguilla? If Yes, why, when, what focus? If No, why not?

Additional visits should be made in an effort to upgrade and continue to monitor FP and FLE on these islands, due to the fact that this is an ever-increasing problem. These visits should be made whenever it's possible.

Yes, once per year. It would give the people at the university level a greater awareness and knowledge of what's going on because they send you to be 'licences' and leave it at that when you return.

Yes. Only so you will be sure that program implementations are off the ground. It can be done yearly.

Additional follow-up visits should be made to St. Kitts, Nevis, Anguilla to keep one up to date with what is going on in the different islands. This visit could be yearly.

Yes, when one realizes that education is a continuing process; additional follow-up visits would be appropriate. Perhaps within the next nine months.
Yes.  

a) To ensure continuity in the program.  
b) Once yearly.  
c) Relevance of structural organization to the action-functioning of the institution.

Follow-up visits are necessary to gauge one's level of progress towards overall aims and objectives of present course to see if these were met and what other recommendations and training may be necessary.

Additional follow-up would be useful, say, in 18-months' time, in order to determine how needs have changed since. The focus should be on new needs in light of further development of FP/FLE programs locally.

One must realize that one visit is definitely not enough for evaluating any program. A community tends to gate-keep at first and subsequently with follow-up visits the participants are freer and far more honest. One important factor is the degree of cross discipline in the participants, hence, timely visits are necessary.

Yes. Additional visits should be made to any of the three islands at least annually; more local personnel would be able to participate because of small financial constraints (e.g., of sending participants abroad in large numbers).

Yes. Follow-up visits should be made yearly at the same time. Focus should be on follow-up workshop program and evaluation.

To evaluate the work done during this workshop and also to take the program to another island which will help the team to visualize the problems that would hinder the implementation of the projects (rotate).

Yes. Because everyone is very enthusiastic at this time but perhaps after a few weeks a little of that spirit may evaporate. If it does not, we can see a good harvest in the FP/FLE program field. You need to learn about it and feel justly proud to be part of its participants.

Yes. Because there is need to get together to exchange new ideas. Also for encouragement and evaluation. Should be done at least once yearly.

Yes. Follow-up visits should be done in order to evaluate programs, exchange ideas, and for the extension of ongoing programs if necessary.

I recommend additional follow-up visits. In this way, UNI will be able to keep abreast of projects and plans being put into action by past participants. This will also enable us to verbally exchange modern or new ideas on fertility management. This could be done maybe every year.

Additional follow-up visits should be made after more of the nurses have received their training at the university to get with us to see if there would be any way in which we can get assistance with our programs.
6. Other Comments:

It was just good timing and the four days was enough.

Sessions attended were very interesting. Groups participated fully.

Not enough verbal participation; without this one cannot be certain that the messages are clearly understood.

It was nice working with lecturers and other members of the group.

Congratulations!

The workshop was conducted in a very open, informal and pleasant manner. The food was good!!

The program should be extended to a longer period--about a week.

More time for workshop discussions.

Sincere thanks.

More time needed in order to agree on recommendations to be forwarded.

The time was too short.
Appendix C

ST. LUCIA EVALUATION
Appendix C
ST. LUCIA EVALUATION

1. In what way was the follow-up exercise useful?

This exercise has allowed us to appreciate how important a role we have to play and how we can improve on our present performance to make our work a success.

Useful, as it has broadened my knowledge and concept of fertility needs.

Follow-up workshop was useful in that I learned about new services which are available to an individual nurse, new activities which will be started in this country and also those that have already been started. It gave me an opportunity to see the different needs and achievements in family planning.

The follow-up exercise was useful in that I became knowledgeable of the 5 courses which are being offered at UWI. It made me more confident as to which category of staff will benefit from any of the 5 different courses offered; as a result, relations of staff will improve. Made me more aware with general agreement of our needs. Have a good idea of the structure required for in-service and post-graduate courses. Improved communication between the district staff and the hospital. Made us aware of the possibility of carrying out sterilization methods outside of hospital and improve services to recipients. Made me aware of the need to train not only teaching staff and maternity ward staff but also administrators and operating room staff. Has given us a good idea of the number of persons to be trained or projections for the next 3 years or more.

The follow-up exercise was useful to me because I learned many things which I was not aware of before. I also became aware of the lack of communication in the service and the need to improve on same. It also motivated me in decision to increase my knowledge and skills in family planning.

Helped me to evaluate myself in assessing what was gained at UWI. This exercise has also given me a better insight into the coming UNFPA program in which I should play an important role.

Explained the work that the UWI is doing for the region, and assisted in clarifying some misconceptions about the programs.

Follow-up exercise was useful for reasons as follows: 1) enabled group trained and interested in the fertility program to get together for
discussion; 2) gave one a comprehensive insight into what has been done since training of persons was effected; 3) it allowed the UWI personnel to ascertain what has been done in the field of work; 4) also allowed for an analysis of what has been accomplished and what may be done in the future.

We were able to evaluate the student scholarship from Jamaica and what has been done in St. Lucia.

Useful and interesting since so much was discussed and a few cloudy areas cleared up.

It was useful in that it has strengthened many areas of weakness, and has given us a better understanding and knowledge of type of training offered.

The exercise was very useful because I learned quite a bit about family planning as a whole.

2. What was most helpful about the visit (interviews, feedback, discussions, etc.)?

The need to expand and intensify the service.

The things which were most useful are how our different needs could be met and what we could accomplish in the long run. It was very interesting to see the concern which you placed in our country and how we could approach our FP methods.

Establishing who should attend which course.

The group work and later discussions were most helpful.

The interview, because I identified my weakness; also the two group sessions in which I was able to contribute.

Most useful to me was the explanation of what each of the five courses entailed.

Gave me a comprehensive insight into what has been done since training of persons was effected.

The awareness of family planning.

Discussion in ways for better communication between the different agencies.
The two group exercises and discussion. We have learned to identify our own needs and problem areas.

The most helpful was the discussion from the girls already trained in family planning.

3. **What was least helpful?**

Most things were useful.

All areas were helpful. I find difficulty in isolating the least helpful.

All was most helpful.

I do not think there was any topic least helpful.

Everything was well planned and helpful.

4. **What could have been done differently?**

If we were given information as to what the seminar involved, we could have prepared some information relevant to our discussion.

The other district nurses and hospital tutors should have attended this workshop.

Satisfied with the way things went.

The sessions were well planned and informal and everyone felt free to contribute to the discussions. It couldn't have been planned any differently, in my opinion.

Seminars could have been thrown open to district nurses who may be interested in the FP programs.

The media should have been invited; more recognition given.

5. **Should additional follow-up visits be made to St. Lucia? If Yes, why, when, what focus? If No, why not?**

Yes, for evaluation purposes.
Yes, every two years.

Yes, I think follow-up visits should be continued because we get to know what is available and how we can better our services.

Yes, after establishing one group.

Yes, with special focus on hospital nurses, district nurses, and other interested personnel; at least twice a year.

Yes, to assess what has been discussed.

Yes, to assist FP nurses in reinforcing programs planned and being implemented. Also visiting district nurses in their clinic setting. This could be in about six months time.

Yes, additional follow-ups should be made to ensure that the students trained formerly are informed of the status quo and to guarantee that interest in the current program is sustained; two-year period.

Yes, additional follow-up visits are badly needed. Many times valuable training and help are given for our economy. When: first part of the year, on or about March to May. Focus on interest in creating family planning information.

I do think that additional follow-up visits should be made to St. Lucia. This will serve as a push to those people involved in the fertility management program, knowing of a workshop, I think, everyone would like to know that she has something to offer at this workshop.

Yes, to help us to overcome any technical problems that are affecting us in our work situation.

Additional follow-up visits should be made in St. Lucia. Yes, for 3 months. To be able to assess further knowledge in family planning.

7. Other Comments:

Compliments to our lecturers.

Every aspect of the discussions was helpful to me.

Due to the absentees, some important factors could not be finalized.

I found great satisfaction in attending this course. The tutors were all very helpful and clear in presentation.
Considered as good and worthwhile exercise.

We are grateful for your visits.

No comments as such, except the workshop was too short since it was so interesting and enjoyable.

I have enjoyed these sessions greatly and look forward to being part of other future workshops of this nature.
Appendix D

ST. VINCENT EVALUATION (GRENADA)
Appendix D

ST. VINCENT EVALUATION (GRENADA)

1. In what way was the follow-up exercise useful?

It gives the participants a chance to identify and express areas of need for further or ongoing courses.

It was very useful in that we had an opportunity to explain what was implemented as a result of the course and also to identify needs for additional training.

Follow-up exercises were very useful for you to see if what we learned was put into practice.

2. What was most helpful about the visit (interviews, feedback, discussions, etc.)?

Exchanging the different views and methods.

Participants were able to share with each other their experiences in their health and delivery services.

What was most helpful about visit: I have learned a lot from the St. Vincent participants in regard to the program and its integration with government, the advantages and disadvantages.

It was also helpful since we feel we had problems, and hearing so much reported from the other group, we definitely see that we had none.

3. What was least helpful?

In my mind everything was helpful.

Everything was helpful, especially the nurses who got a chance to sort out their areas of need.

4. What could have been done differently?

Can't imagine right away.
Everything was in a good setting.
Everything was well, in fact.

5. **Should additional follow-up visits be made to Grenada? If Yes, why, when, what focus? If No, why not?**

   Yes, a chance to meet different participants.

   Yes, in order to know what is going on or evaluate the program and what has been done to improve areas of need focusing on participants' performance.

   Yes. It is very beneficial to everyone in having follow-up, because without that one never knows what the other island does.

   Yes.

6. **Other Comments:**

   Very, very adequate.

   Very useful since the participants were able to share experiences with each other.

   It was nice visiting St. Vincent, especially being my first visit. Many thanks to all concerned. It was really nice having a reunion and also the hospitality was great.

   Getting to know the island and the program that is occurring there and to see if it could be implemented in our home situation. We are very grateful to you and your team for your kind remembrance. We wish you a safe flight back.

   **St. Vincent Participants**

1. **In what way was the follow-up exercise useful?**

   The follow-up exercise was useful because we can identify our problems and solve some of them (relating to the program).
The follow-up exercise was useful because it gave me an idea of what to expect when I go on the course and also gave me an opportunity to express certain problems—hoping for a solution.

Gave participants time to think and evaluate their performance, to see if they have achieved their goals.

This exercise was useful in that it enables one to know what actually goes on in family planning in the different parts of the island, and to implement what new measures seem fitted within your clinic. It enables one to foresee what's expected in the fertility management course offered in Jamaica.

Follow-up exercise was useful in gaining some useful ideas and information and listening to others' points of view.

It gave a clearer understanding of the training offered and how it could be used to best advantage.

The follow-up exercise was quite useful in that you shared and solved problems relating to the program.

Very useful in that one learned about problems confronting other nurses and how to deal with them.

Follow-up exercise was useful in that it helped motivation which might have been at a low level after a period of some months. It acted as incentive and review of what I have been doing after training and what more I could have done.

Follow-up exercise was useful as there were points mentioned as regards the program that may not have been voiced otherwise.

The follow-up exercise gave an opportunity to surface problem areas—identify and come up with workable solutions.

The follow-up exercise was useful: a) we were able to explain our various functions in our own work setting and b) to state our problems and also to make recommendations.

The follow-up exercise was useful because I was able to grasp new ideas and information.

The follow-up exercise was very useful as it enabled me to understand more about family planning devices, new methods of approach, and hear other people's views.

Follow-up exercise was quite useful in that graduates and potential graduates were able to meet, graduates were able to voice their
opinions openly as a group and knowledge of existing resources could be made known to all.

The follow-up unit was useful in order to upgrade the training program now going on and to evaluate clearly the benefits the island had gained from the participants so far.

Follow-up exercise was useful because we got an idea of what one gathered during the course.

One learned firsthand all about the fertility training program held at the UWI in Mona, Jamaica. Its history was well done by Professor Wynter. This also enabled prospective participants to look forward and know what to expect in such a workshop.

2. What was most helpful about the visit (interviews, feedback, discussions, etc.)?

The most helpful part of the visit is that one understands more about fertility and its management, and meeting together as a body of nurses.

Most helpful exercise was the sympathy and encouragement of our team, the delight of seeing Professor and Mrs. Saddler(?) and to know we are being followed up.

The visit was most helpful in that group sessions sometimes clarified points that may be affecting an individual who is sometimes too shy to approach superiors.

Coming together and sharing.

The visit helped us to evaluate ourselves.

Most helpful about the visit is that it was informative and the lecturers were able to see some of the conditions on our island.

Most helpful was a better understanding of more modern sterilization techniques.

Very informative about actual program.

To know more on a general basis about family planning—suggestions made, and implementation hoped for.

What was most helpful was topic dealt with among the groups. Learning about the various problems and how we can be able to solve them so that our clients may benefit and be encouraged.
Sharing of experiences and sorting out of problems encountered.

About the visit, I have been able to get a better understanding about the topics dealt with, thereby being able to help my clients more.

The visit gives me an idea of the courses offered at the university, what is expected of me on return from the university, how these courses can be coordinated with my present position.

The most helpful aspect of the visit was that other areas of expanding knowledge could be recognized by past students also discussing the implementation of acquired knowledge.

The visit here to this island enabled the participants, especially the first group, to know the changes that were made on subsequent courses and to make further comments on the program itself.

Group discussions were most helpful.

Meeting campus staff responsible for the program and the two-way communication that was apparent during the session.

3. What was least helpful?

No comment.

Not applicable.

No comment.

Method of overcoming communication problem between hospital and district staff.

4. What could have been done differently?

We could have done more group work.

The one-day seminar could have been extended to two days.

Divide into small groups for discussion.

More time should have been given to voice every nurse's opinion about family planning in her different area, what problems are encountered generally in the clinic and probable solutions.
There is not much to think about, as I feel that much was done.

Get each participant to give his views and method of approach in family planning.

This idea was quite good.

I agree wholeheartedly with the evaluation exercise.

Have longer group sessions.

5. Should additional follow-up visits be made to St. Vincent? If Yes, why, when, what focus? If No, why not?

Yes, so that other personnel besides nurses could get involved; twice a year.

Yes, I think additional visits should be made for continued motivation.

Yes, additional visits should be made in order to be in keeping with the program, to follow up post-graduates, and evaluate their work as far as possible.

Yes, in order to keep the motivation and interests going.

I think additional visits would be helpful from time to time. They would help us to improve our plans and strategies.

Yes, to meet with new members of family planning program and help solve problems. Once a year.

Yes, additional visit should be made yearly to find out from the participants of the various courses how they are functioning since they returned to their home setting and also find out if there is any help you can give.

Yes, for feedback from participants after they have had an opportunity to implement programs following training.

Yes, so that problems could be pointed out and possible solutions given. In the next six months. On problems encountered with clients.

Yes, I think that additional visit should be made because your visit has taught us a lot so that we may give out more.

Yes, it helps to generate more interest in the program and create an awareness at a higher level of the need for and importance of training.
Yes, you can analyze the situation. You can also gain from us a few problems or points that could be helped. We can gain from you at least once a year.

Additional visit should be made yearly, so that the persons involved in this exercise be brought up to date on any new methods and ideas.

Yes, additional visit should be made to keep us up to date with new trends in family planning. About once annually.

This is a good idea for evaluation. 2 years limit. To evaluate the outcome of the objectives and what has been achieved having, hopefully, a bigger number of graduates and other aspects of programs launched by them.

Yes, additional visit should be made but should be done in Grenada for the St. Vincent representatives to see the setting of family planning in another place.

Yes, additional visits should be made as it helps the other participants who would be doing the same course next year.

Yes, additional visits should be made, after a period of time, to evaluate graduates and update where necessary program materials as suited to individual territories.

6. Other Comments:

The exercise could have been for about one week; in that case one would have had more time for discussion. It was too much of a workload for one day.

I very much appreciated the stipend.

Would like to have comments on similar programs in other areas. Would like general evaluation of the group from leaders.

Could there be follow-up workshops annually? Could more time be spent in analyzing various problems in relation to clients?

This exercise was a most worthy one. Helps to relate and share in each problem; hoping for further visits in the near future.

Next program, St. Vincent must go to Grenada.

The entire day was one in which I have gained more knowledge and techniques of approach.
Continue the good work.

No comment.

As from this session the upcoming participants of future course should have an insight into what to expect and be able to implement what was learned to the best of their ability.

7. Was it helpful to mix participants from Grenada and St. Vincent?

This was very useful in that one could get ideas from the Grenadans and know what's going on in their island.

Mixing participants from Grenada and St. Vincent was useful. It helped to renew acquaintances and review area of interest and problem areas.

It was useful to mix Grenada with St. Vincent as it is interesting to hear and share each country's views as regards techniques, etc.

It was useful mixing with participants from Grenada because we were able to compare and discuss our work as well as what we had gained from the previous course and what improvements could be made in the future.

To compare and contrast the two islands' problems and how they are being solved.

Mixing participants was very useful because it gave one a chance to know about another's work situation and various suggestions where possible.

Good idea, as similar problems were encountered.

Very useful.

Mixing participants from Grenada with St. Vincent was useful in helping us to share and care.

It was a good idea of the two countries meeting and exchanging ideas of programs in their respective countries.

You compare and contrast both islands.

The mixing of participants enabled me to learn something about the trend in Grenada.

Very, very useful sharing new ideas and strategies.
The mixing of participants is beneficial--especially of participants from different courses, although I could not make an evaluation of other medical doctors' experiences.

It was very useful to mix participants from both islands so that everyone can see the problems which others have and would be able to give suggestions.

A very useful session. Ideas and condition of work were talked about. It shows that there are similar needs in both territories.