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JAMAICA

Foreign Trip Report

May 11-23, 1992

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National Center for Chronic Disease Prevention and Health Promotion

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Public Health Service

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I. SUMMARY

This was the fifth in the current series of visits to Jamaica. The present project is primarily to assist the National Family Planning Board (NFPB) in becoming self-sufficient in contraceptive logistics, including procuring the required contraceptives, before the end of the new Family Planning Initiatives (FPI) Project in 1997. This is planned to be the last family planning assistance from A.I.D. to Jamaica.

The purposes of this trip were to assist the National Family Planning Board (NFPB) of the Government of Jamaica (GOJ) in (1) estimating their needs for contraceptives during the Family Planning Initiatives Project, and (2) developing a Direct Distribution, or Top Up, System of contraceptive resupply. In addition, we participated in the Family Planning Initiatives Conference, in which the goals and activities of the NFPB and of the cooperating agencies that will be providing technical assistance in Jamaica for the next five years were presented and discussed.

A forecast of contraceptive needs for the NFPB was produced. We prepared materials on the Top Up system for distribution at the Family Planning Initiatives Conference. The Top Up system was received favorably. The Executive Director and Deputy Director agreed that the NFPB will:

- Review the list of items now managed by the NFPB logistics system, and reduce the list to contraceptives and items directly related to the provision of family planning services.
- Provide a place for contraceptive and other family planning storage needs, since the lease on the present warehouse will expire in July.
- Select 3 parishes for a pilot project for the proposed "top-up" logistics system, and prepare a schedule of visits so all locations can be visited each quarter.
- Select the persons who will deliver the contraceptives and other supplies for the duration of the pilot project.

The next trip is tentatively scheduled for August 1992, when a pilot test of the Top Up System will begin.

II. PLACES, DATES, AND PURPOSE OF TRAVEL

Kingston, Jamaica - May 11-23, 1992

The purposes of this trip were to assist the National Family Planning Board (NFPB) of the Government of Jamaica (GOJ) in (1) estimating their needs for contraceptives during the Family Planning Initiatives Project, and (2) developing a Direct Distribution, or Top Up, System of contraceptive resupply. In addition, we participated in the Family Planning Initiatives Conference, in which the goals and activities of the NFPB and of the cooperating agencies that will be providing technical assistance in Jamaica for the next five years were presented and discussed.

III. PRINCIPAL CONTACTS

A. National Family Planning Board (NFPB)

1. Mr. Alvin Rattray, Chairman
2. Mrs. Beryl Chevannes, Executive Director
3. Mr. Lennox Deane, Deputy Executive Director
4. Dr. Olivia P. McDonald, Medical Director
5. Mr. Easton Josephs, Statistician
6. Mr. Davidson, Warehouse Manager
7. Mr. Gordon, Warehouse Manager
8. Mr. Dudley Isaacs, Social Marketing Program

B. Ministry of Health (MOH)

1. Dr. Beryl Irons, Senior Medical Officer, MCH/FP
2. Dr. Peter Figueroa, Epidemiology Program (AIDS)

C. USAID/Kingston Office of Health, Population, and Nutrition (HPN)

1. Mrs. Betsy Brown, Director
2. Mrs. Grace-Ann Grey, Program Assistant

D. Cooperating Agencies

1. Ms. Maureen E. Clyde, Options II Project, The Futures Group
2. Ms. Nancy Murray, Family Planning Management Development Project, Management Sciences for Health

IV. BACKGROUND

This was the fifth in the current series of visits to Jamaica. The present project is primarily to assist the National Family Planning Board (NFPB) in becoming self-sufficient in contraceptive logistics, including procuring the required contraceptives, before the end of the new Family Planning Initiatives (FPI) Project in 1997. This project is planned to be the last family planning assistance from A.I.D. to Jamaica. Under the FPI Project, A.I.D. will discontinue providing contraceptives for the social marketing project in 1993 and will begin to phase out providing contraceptives for the clinic program at 20% per year beginning in 1993.

The Centers for Disease Control has assisted USAID Jamaica and the NFPB in contraceptive needs forecasting and preparation of contraceptive procurement tables since 1983. With the advent of the FPI Project, more assistance is being given in family planning logistics, including training NFPB staff to prepare forecasts.

A number of cooperating agencies have been involved in the preliminary work of planning the FPI Project, and will continue to provide assistance throughout the life of the project. The purpose of the Family Planning Initiatives Conference was to bring together all the agencies that have been or will be involved in order to gain a better understanding of the roles that each agency will play and the areas of overlap, so that the agencies can work together more effectively.

V. ACTIVITIES

A. Contraceptive Forecast

The forecast for the NFPB's Commercial Distribution of Contraceptives (Contraceptive Social Marketing - CSM) project had been prepared in January 1992.

The NFPB's clinic program conducted a national inventory of contraceptive commodities in November 1991 (see Tables 1-3). At the time of the January visit, only 80% of the outlets had submitted data. For this reason, it was decided to delay the preparation of the forecast until the present visit.

The Executive Director, Mrs. Chevannes, assigned the task of preparing the forecast to Mr. Easton Josephs, and we assisted him in this task. Our first activity was to review and update the data that had been submitted from the inventory. Additional reports had been received and 330 of the 334 outlets had now submitted data. In addition, we visited the Central Warehouse where we updated inventory and receiving information. We also reviewed the NFPB's 1989 and 1990 statistical reports. These reports show that the number of people using the clinic program has declined slightly since 1988; this is confirmed by logistics data.

All these data were analyzed to determine the 1992 beginning inventory and to estimate 1991 usage rates for all contraceptives.

Using the CONTEST Lotus templates, we drafted a forecast from this information and from Mr. Josephs's knowledge of program plans. Although the program has shown declines in the recent past (see Figs. 1 and 2), it was felt that the new activities of the FPI Project would result in increased demand for contraceptives through the clinic program. We estimated a 2 percentage point increase in demand for contraceptives for 1992, 3 percent for 1993, 2 percent for 1994, and 1.5 percent for 1995. We also projected slight increases in the method mix for injectables and IUDs, and decreases for pills and condoms (see Fig. 3). There were no data on losses, and therefore there was no provision made in the future for losses.

This forecast, along with the previously prepared forecast for the CSM program, was presented to the Directors and Department Heads of the NFPB and USAID/Kingston officials for their input. The forecast was discussed as it related to the program plans. It was recognized that in the new family planning program, much emphasis is given to privatization of family planning services, with the clinic program serving as a "safety net" program to provide family planning services to the indigent (not yet defined). In addition, the program is planning to emphasize longer-term contraceptive methods such as IUDs and sterilization. The GOJ is to begin purchasing contraceptives for the clinic program in 1993 (20% of contraceptive purchases, with a 20% annual increase in subsequent years).

With the emphasis on privatization and long-term methods, one might expect the clinic program to experience a decrease in demand. On the other hand, one of the goals of the FPI Project is to increase contraceptive prevalence to 62% by 1997 (according to the 1989 Contraceptive Prevalence Survey, contraceptive prevalence in Jamaica was 55%), which would tend to increase demand. These factors must be considered in the context of the declining economic conditions in Jamaica. The program is currently out of stock of Ovral and Depo Provera, and concern was expressed about the government's ability to obtain these contraceptives in the near future.

Taking all of the above into consideration, the group decided to leave the forecast as originally drafted, because the general feeling was that the positive factors influencing the demand for contraceptives provided by A.I.D. would tend to offset the negative factors.

The final forecast was presented to USAID/Kingston and an ordering cable was prepared. Contraceptive Procurement Tables were mailed to JSI/FPLM when we returned to Atlanta.

B. Technical Assistance in Contraceptive Logistics

The November 1991 inventory (see Tables 1-3)¹ confirmed our previous observations that there was maldistribution of contraceptives in the outlets. Table 3, for example, shows that outlets in Saint Anne parish had 43.8 months of supply of condoms on hand, while those in Clarendon had 6.7 months of supply. The NFPB is fully aware of the deficiencies of the present system, the main ones being that there are no checks to see to it that contraceptives are stocked according to use levels. We previously proposed that a Top Up, or Direct Distribution, system be adopted. The Board reacted positively to this proposal, and they want to proceed with a pilot project in three parishes. Our strongest recommendation was that the logistics be placed under the direction of a Logistics Manager, but given the present status of the GOJ phasing down the number of people in the Civil Service, the Board may not be able to appoint an individual to this position. The routine logistics tasks will remain with those staff who currently have those responsibilities.

A more detailed description of the Top Up System was prepared and distributed to the participants at the Conference. Although potential problems were identified, the system was generally favorably received. We prepared job descriptions for the Logistics Manager (expanded from the job description on page 6 of Mr. Graves's trip report of May 1991) and the Direct Distribution Technicians (the persons who will deliver the contraceptives to program outlets) and gave them to Mrs. Chevannes; these can be found in Attachment 1.

C. The Family Planning Initiatives Conference

The Family Planning Initiatives Conference was organized for the purpose of bringing together the Cooperating Agencies, the NFPB, the Ministry of Health and other Jamaican government and non-government agencies to discuss the future of family planning and population activities in Jamaica (see Attachment 4). The highlights of the conference were the signing of the FPI agreement by the Prime Minister of Jamaica and the USAID Mission Director, and the Prime Minister's keynote speech which was very supportive of family planning efforts.

During the two days of the conference, participants heard updates from NFPB staff and other government officials about the family planning program, and presentations on the planned activities of the Cooperating Agencies were made by representatives of those agencies (see Attachment 2). On the second day the participants broke up into five working groups (Legal and Regulatory Issues; Management Information Systems; Contraceptive Supplies and Logistics; Family Life Education; and Privatization) to discuss potential problems facing the family planning program in Jamaica and to develop possible solutions. We were members of the Contraceptive Supplies and Logistics group. See Attachment 3 for the recommendations of this group.

¹Source of data for these tables for 1983-1990 was the NFPB 1990 Statistical Report; source of 1991 data was the 1991 NFPB National Inventory.

VI. FINDINGS AND RECOMMENDATIONS

In our discussions, Mrs. Chevannes said that a logistics manager would not be appointed by the NFPB, and that we are to work with Mr. Deane (design of logistics system and procurement), Dr. McDonald, Mr. Josephs, (forecasting and MIS), Mr. Davidson, Mr. Gordon (warehouse management and system implementation), Mr. Douglas, and Mr. Isaacs (logistics for the social marketing program).

In this connection, Mr. Graves discussed the future of the project with Mrs. Chevannes and Mr. Deane, and it was agreed that the following will be accomplished by the NFPB before the next trip, which is scheduled for July:

- Review the list of items now managed by the NFPB logistics system, and reduce the list to contraceptives and items directly related to the provision of family planning services.
- Provide a place for contraceptive and other family planning storage needs, since the lease on the present warehouse will expire in July.
- Select 3 parishes for a pilot project for the proposed "top-up" logistics system, and prepare a schedule of visits so all locations can be visited each quarter.
- Select the persons who will deliver the contraceptives and other supplies for the duration of the pilot project.

VII. FUTURE ACTIVITIES

The scope of work for the July trip will be to assist with the design and implementation of the top-up pilot project, including the logistics MIS. Ms. Nancy Murray (MSH) and Mr. Graves agreed to collaborate on the MIS, and she will also travel to Kingston in August.

Evaluate progress of pilot project (Top Up System): October 1992

Final evaluation of pilot project and preparation for national implementation: January 1993

National implementation, including installing the computer system and training District/Parish personnel: April 1993

Evaluate progress of national implementation: July 1993

Final evaluation: April 1994

VIII. LIST OF ATTACHED TABLES, ANNEXES, ETC.

Attachment 1: Proposed Job Descriptions

Attachment 2: Agenda of the Family Planning Initiatives Conference

Attachment 3: Summary of the Proceedings of the Logistics Working Group

Attachment 4: Conference Opening Remarks of Mr. Rattray and Mrs. Chevannes

Tables:

- 1. November 1991 Inventory: Stock on Hand**
- 2. Average Monthly Consumption**
- 3. Months's Supply on Hand**

Figures:

- 1. Jamaica NFPB Clinic Program Number of CYPs, 1983-1991**
- 2. Jamaica NFPB Clinic Program Contraceptive Use by Method, 1983-1991**
- 3. Jamaica NFPB Clinic Program CYP Method Mix, 1983-1991**

IX. LIST OF SUPPORTING DOCUMENTS

Family Planning Statistics Annual Report 1990, National Family Planning Board, Jamaica

Family Planning Service Delivery Manual, Ministry of Health and the National Family Planning Board, 1991

Contraceptive Prevalence Survey, Jamaica 1989, Final Report, National Family Planning Board, Carmen McFarlane and Charles Warren, December 1989

ATTACHMENTS

Attachment 1: Proposed Job Descriptions

Job Description for Logistics Manager

The NFPB should appoint a Logistics Manager to take charge of all logistics matters. This person should have senior status in order to work with both MOH and NFPB Program personnel at all levels as well as persons in the private sector such as representatives of drug manufacturers, freight companies, etc. Experience in logistics management is desired, but not mandatory, however skills in data analysis are mandatory. Experience with personal computers is desired, or the ability to learn to operate computer programs such as spreadsheets and word processors. The duties of this position include:

- a) Supervising the logistics system including the central warehouse (the motor pool??) and seeing to it that commodities are properly managed at all field locations.
- b) Monitoring the movement of contraceptives, including items dispensed, items issued to service delivery points, scheduled incoming shipments, etc. for determining usage patterns, stock levels, and shipping schedules to be sure that the programs needs are continuously met.
- c) Procuring the needed contraceptives and other items used by the NFPB through purchase or donation in a timely fashion.
- d) Clearing shipments from customs.
- e) Evaluating the logistics system to see to it that the system is functioning effectively and efficiently, and when it is not, to make improvements as indicated.
- f) Designing and monitoring a Logistics Management Information System (MIS) for the commodities managed by the NFPB's logistics system and seeing to it that the Executive Director and all others with a need to know are kept informed of the status of the logistics system; this includes feedback to the service delivery points. (Computerized systems are available for logistics management.)
- g) Preparing a manual of logistics procedures and distributing the manual in full or in part to those who need the information.

- h) Designing and conducting training courses or providing on-the-job training in family planning logistics, as appropriate, to ensure the continuing effective operation of the system.
- i) Collaborating with other staff of the NFPB, MOH, NGOs, etc. on logistics matters such as introducing new (or discontinuing old) contraceptives or other items as appropriate.

* * * * *

Job Description for Direct Distribution Program Technician

The National Family Planning Board should appoint two or more Direct Distribution Program (DDP) Technicians to resupply the program's service delivery points (SDPs) with the appropriate amount of contraceptive commodities through the top-up contraceptive logistics system. The DDP Technician will be supervised by the Logistics Manager, and will work with the supervisors at the SDPs. The DDP Technician must have mathematical skills and be able to exercise good judgment when faced with different conditions and situations in the field.

The duties of this position include:

- a) On a pre-established scheduled known to all SDPs, a DDP Technician will visit each SDP every three months. The DDP Technician will visit five SDPs per day on average. Before leaving the warehouse, the DDP Technician will calculate the amount of contraceptive commodities needed for the next four months by each of the SDPs to be visited that day (the extra month's supply is in case of increased demand), and enter the total amounts on the Temporary Issue Voucher.
- b) Upon reaching each SDP, the DDP Technician will collect, count, and examine all the contraceptive stocks provided by the NFPB to see whether any have expired or are otherwise unfit for use. This includes any commodities that may have been returned by field sites. Items not fit for use are separated and returned to the central warehouse to be destroyed.
- c) By counting the number of units of each commodity on hand, the DDP Technician calculates the amount dispensed in the past three months and consults the records to calculate the average monthly consumption (AMC) for the past six months. The DDP Technician then multiplies the AMC by five and subtracts the stock on hand to determine what quantity of contraceptive commodities to deliver (or retrieve, if the SDP is overstocked).

- d) The DDP Technician should exercise judgment in determining the amount of contraceptives to deliver. The top-up system rules should be regarded as guidelines, and adjustments can be made if unit quantities do not exactly match the amount needed, if SDPs anticipate increased demand, if the SDP is overstocked by only a small amount, etc.
- e) The DDP Technician should employ the "First In, First Out" system and place the oldest stock in the SDP front or on top of the newest stock so the oldest will be used first.
- f) The DDP Technician will fully and correctly fill out the Issue Voucher at each SDP and the Temporary Issue Voucher before and after each delivery trip. The DDP Technician will submit the Issue Vouchers and a copy of the Temporary Issue Voucher to the Logistics Manager and retain a signed copy of the Temporary Issue Voucher to show that s/he has been cleared of responsibility for the goods.
- g) When not travelling on delivery trips, the DDP Technician will assist in maintaining the warehouse, i.e. help to maintain stocks in First In, First Out order, assist with receiving supplies, and possibly assist in maintaining the records of the warehouse.

NATIONAL FAMILY PLANNING BOARD

THE JUNE RATTRAY BUILDING
5 SYLVAN AVENUE,
P.O. BOX 287,
KINGSTON 5, JAMAICA, W.I.

Ref. No. _____

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**FAMILY PLANNING INITIATIVES PROJECT
OFFICIAL SIGNING AND LUNCHEON PROGRAMME
WYNDHAM HOTEL, BALLROOM - MAY 20, 1992
10:00 AM - 2:00 PM**

- 10:00 - 10:05 Opening Prayers by Dr. The Reverend Webster Edwards, National Family Planning Board Member
- 10:05 - 10:15 Welcome and Introductions by The National Family Planning Board Chairman, Mr. Alvin Rattray
- 10:15 - 10:20 Brief Address by Hon. Karl Blythe, Parliamentary Secretary, Ministry of Health
- 10:20 - 10:25 Brief Address by Mrs. Joan McCalla, Deputy Financial Secretary, Ministry of Finance and Planning
- 10:25 - 10:30 Brief Address by Hon. A.J. Nicholson, Parliamentary Secretary, Ministry of Education
- 10:30 - 10:32 Introduction of Ms. Betsy Brown, USAID Director for Health, Population, Nutrition by Chairman A. Rattray
- 10:32 - 10:40 Introduction of USAID Mission Director, Mr. Robert Queener, by Ms. Betsy Brown, USAID Director for Health, Population, Nutrition
- 10:40 - 10:55 Brief Address by USAID Mission Director, Mr. Robert Queener
- 10:55 - 10:57 Introduction of Mrs. V. Nielsen, Parliamentary Secretary, Ministry of Health
- 10:57 - 11:00 Introduction of Keynote Speaker by Mrs. V. Nielsen, Parliamentary Secretary, Ministry of Health
- 11:00 - 11:20 Keynote Address by Prime Minister Hon. P.J. Patterson, QC, MP
- 11:20 - 11:25 Signing Ceremony
- 11:25 - 11:30 Vote of Thanks by Mrs. Beryl Chevannes, Executive Director of The National Family Planning Board
- 11:30 - 12:00 Refreshments Served
- 12:00 - 2:00 Luncheon

11

FAMILY PLANNING INITIATIVES PROJECT CONFERENCE PROGRAMME
WYNDHAM HOTEL: MAY 21-22, 1992

GOAL:

The goal of the Family Planning Initiatives Conference is to launch the Family Planning Initiatives Project (FPIP) agreement between the Government of Jamaica and the United States Agency for International Development for the period April 1992 - July 1998.

OBJECTIVES:

- 1) Review the Family Planning Initiatives policy framework to provide a clear understanding of the project document and scope.
- 2) Review current contraceptive technology.
- 3) Introduce and discuss each USAID Co-operating Agency's capabilities and workscope in implementing various technical areas of the project.
- 4) Draft recommendations articulating strategies to be undertaken for implementation of key elements of the FPIP.

SUB-OBJECTIVES:

- 1) Review the historical development of family planning in Jamaica from the 1920s.
- 2) Conduct a situational analysis of the current programme with particular reference to achievements and constraints.
- 3) Develop a "roadmap" to guide planning based on recent research findings on key family planning user and supply issues.
- 4) Suggest conclusions and recommendations for future strategies in the areas of consumer education; training and service delivery.
- 5) Show the costs and benefits to the Government of Jamaica for investing in family planning.
- 6) Present a model illustrating the financial impact of family planning on the health and education sectors in Jamaica.
- 7) Define the Family Planning Initiatives Project purpose and goal.

- 8) Outline the objectives of the Family Planning Initiatives Project.
- 9) Review conditions attendant on the Family Planning Initiatives Project.
- 10) Present an overview of available contraceptives and describe how each method works.
- 11) Inform participants of trends and developments in contraceptive technology.
- 12) Outline the projected family planning targets and activities of the National Family Planning Board during the 1990s.
- 13) Review implications of family planning for achieving national goals.
- 14) Introduce each USAID Co-operating Agency and key representatives scheduled to work in Jamaica.
- 15) Review each Co-operating Agency's workscope under the Family Planning Initiatives Project pertaining to technical areas including: policy development; logistics; management information systems; and private sector development.
- 16) Build consensus for recommendations for implementing key technical areas of the Family Planning Initiatives Project to guide strategic planning.

DAILY AGENDA
FAMILY PLANNING INITIATIVES PROJECT CONFERENCE
WYNDHAM HOTEL, EMPEROR'S ORCHID ROOM - MAY 21, 1992

- 8:30 - 9:00 Conference Registration: Distribution of Packets and Name Tags
- 9:00 - 9:15 Welcome, Agenda Review and Announcements by Chairperson Reverend Webster Edwards
- 9:15 - 9:20 Introduction of Speaker by Chairperson Reverend Webster Edwards
- 9:20 - 9:40 National Population Policy Update
Mrs. Pauline Knight, Director Social & Manpower Unit, Planning Institute of Jamaica
- 9:40 - 9:50 Questions and Answers
- 9:50 - 10:00 Introduction of Speaker by Chairperson Reverend Webster Edwards
- 10:00 - 10:35 Jamaica Family Planning Program: An Overview and Current Situation
Mr. Alvin Rattray, Chairman of NFPB
- 10:35 - 10:55 Questions and Answers
- 10:55 - 11:20 Break
- 11:20 - 11:25 Introduction of Speaker by Chairperson Reverend Webster Edwards
- 11:25 - 11:55 Strategic Analysis of Recent Family Planning Research
Ms. Susan Smith, The Futures Group
- 11:55 - 12:10 Questions and Answers
- 12:10 - 12:15 Introduction of Speaker by Chairperson Reverend Webster Edwards
- 12:15 - 12:45 Family Planning Initiatives Project Technical Overview and Conditionalities
Mrs. Beryl Chevannes, Executive Director of NFPB
- 12:45 - 1:00 Question and Answers
- 1:00 - 2:30 Lunch Served in Cafe Macaw

Continued Agenda, May 21, 1992

- 2:30 - 2:35 Introduction of Speaker by Chairperson Reverend Webster Edwards
- 2:35 - 3:05 Cost Benefit Analysis of the Government of Jamaica's Family Planning Programme
Mrs. Beryl Chevannes, Executive Director of NFPB
- 3:05 - 3:20 Questions and Answers
- 3:20 - 3:45 Break
- 3:45 - 3:50 Introduction of Speaker by Chairperson Reverend Webster Edwards
- 3:50 - 4:30 Contraceptive Technology Update
Dr. O. P. McDonald, Medical Director of NFPB
- 4:30 - 4:45 Questions and Answers
- 4:45 - 5:00 Daily Closing Remarks by Chairperson Reverend Webster Edwards

Continued Agenda, May 22, 1992

- 2:10 - 4:00 Working Group Discussions (Beverages will be served during this session at 3:30.)
- Group 1: Legal and Regulatory Issues
 - Group 2: Management Information Systems
 - Group 3: Contraceptive Supplies and Logistics
 - Group 4: Family Life Education
 - Group 5: Privatisation
- 4:00 - 5:00 Plenary: Working Group Reports (approximately 10 minutes per group)
- Group 1: Legal and Regulatory Issues
 - Group 2: Management Information Systems
 - Group 3: Contraceptive Supplies and Logistics
 - Group 4: Family Life Education
 - Group 5: Privatisation
- 5:00 - 5:15 Conference Closing Remarks and Vote of Thanks by Mr. Alvin Rattray

Attachment 3: Summary of the Proceedings of the Logistics Working Group

We participated in the Logistics Working Group at the Family Planning Initiatives Conference. The proceedings of the Working Group are as follows:

Family Planning Initiatives Conference

May 22, 1992

Contraceptive Supplies and Logistics Working Group

- 1) *Discuss the most appropriate method mix of contraceptives for achieving national prevalence and fertility goals. With respect to method mix, what roles can the public and private sectors play?*

Clearly it is better to focus on longer-term, more effective methods such as sterilization, Norplant, and IUD.

The IEC task is to get people to switch to longer term methods, and to convince doctors and users to choose longer-term methods.

The family planning program can't buy contraceptives based on the program's goals as they may not be achieved. Also, need to decide which contraceptives would be handled by the private sector and which by the public; the public sector could buy Norplant at a lower cost and with less duty.

Should maintain the present method mix and introduce new methods, but won't be able to change the method mix drastically in the given time period.

The role of the private sector is to deliver more and more of the contraceptives and services, not to change the method mix necessarily.

The clinic program does not use the mini pill (for nursing mothers) -- should Grace, Kennedy distribute it? NFPB uses Depo for this purpose.

The National Family Planning Board (NFPB) will stay with the methods it has; any new methods would come through the private sector.

Conclusion: The public sector should continue to provide popular and reliable contraceptive methods; additional and more expensive methods should be provided through the private sector. Those who can afford to pay should be encouraged to go to the private sector.

Conclusion: The Board is aiming for longer-term methods, but it will take a while to reach that point, and methods will be phased in.

2) *What are the constraints to the current contraceptive logistics system? How can the system be improved?*

A major problem is the **maldistribution** of contraceptives at the parish level and **poor data**:

- ordering when they don't need supplies,
- ad hoc ordering,
- not knowing what the level of use is,
- can't trust the data,
- don't know the true stock levels,
- don't know when supplies are redistributed among facilities,
- poor record-keeping.

There are problems with **forecasting**, which is based on data on issues from the warehouse:

- don't know the actual use,
- don't know what amount is on hand,
- losses of commodities, caused by expiration more than by damage or storage, but we don't know how much of the amount on hand has actually expired.

The cause of these problems is the reporting system; we rely on people in the clinics to report and they may not be trained properly, may mislead for whatever reason. The people in the clinics don't come under NFPB supervision.

Monitoring has not been good; we don't know how much we're using.

The **requisition system** is a problem. The requisition form is filled out in the field (not necessarily properly); it goes to the public health office; then to the Medical Director of the NFPB; then to the warehouse; they eventually ship out the commodities. Because of all these delays, people in the clinics sometimes order too much because they are worried about the delay (this problem will be addressed by the top up system).

Storage space and conditions are a problem; some clinics don't have enough room to store 5 months of supply.

3) *What are the potential problems you foresee in implementing a top-up system?*

Possible problems include:

- Service delivery staff in clinics may feel like the Direct Distribution Program Technicians are trespassing on their territory when they come in to look around and count the commodities.
- Supervisors may feel like they are losing power/control, and they can no longer hoard supplies.
- The top-up system is based on trust (that the technician will arrive on schedule so the clinic won't run out of commodities); in times of short supply, the technicians may not be able to give the clinics what they need.
- Hoarding could be an initial problem, but should be resolved if the program can be run according to plan and trust is built up. (The technician should be able to detect hoarding if the usage number calculated from the amount dispensed is different from the usage number produced by the MIS.)
- Technicians have to be people you can rely on -- do basic arithmetic, count, be trained to take rational actions when they run into unusual situations.

4) *How can the NFPB further enlist the cooperation of other organizations to improve the system for contraceptive logistics management?*

With the top-up system, the NFPB needs to work with the MOH staff and sensitize the staff as to what the top-up system is all about and the benefits that will result. It can do this through meetings, training the MOH staff in the way the system operates, etc.

The Board should be a repository and a *distributor* of information, and should respond to all requests from other organizations for information.

The NGOs and Other Governmental Organizations need to share information and give and get feedback. The NFPB and other organizations can:

- have networking get-togethers,
- help each other with small favors,
- distribute an annual report,
- send a semi-annual newsletter to all clinics so they know how they stand and what's going on.

Conference Opening Remarks of Mr. Rattray and Mrs. Chevannes.

FAMILY PLANNING INITIATIVES
PROJECT CONFERENCE

WYNDHAM HOTEL - MAY 21, 1992

JAMAICA FAMILY PLANNING PROGRAMME
AN OVERVIEW AND CURRENT SITUATION

Presenter: Mr. Alvin Rattray
Chairman (NFPB)

Goodmorning: On behalf of the Directorate and staff of the National Family Planning Board (NFPB) allow me to welcome you all to this United States Agency for International Development (USAID) family planning Initiative Project Conference which I hope will not only be informative but beneficial. I hope that the objectives of the workshop will be achieved that is to:

1. review the family planning initiatives policy framework to provide a clear understanding of the Project document and scope
2. review current contraceptive technology
3. introduce and discuss each USAID's cooperating agencies capabilities and workscope in implementing various technical areas of the project
4. draft recommendations articulating strategies to be undertaken for implementation of key elements of the family planning Initiative Project.

Overview of family planning

Jamaica was among the first countries in Latin America and the Caribbean region to become actively concerned with a Population Policy.

Family planning efforts in Jamaica were initiated in the 1930s by private organizations, out of which the Jamaica Family Planning Association was formed in the late 50s. The University Hospital also operated a Marriage Guidance Clinic from the 1950s, which later became the Fertility Management Unit.

In 1964 Government officially recognized the problems of population growth and the need for family planning and initiated family planning in a few Hospitals as well as establishing a unit under the Ministry of Health to give direction and cooperate with non government organizations.

The Bureau of Health Education provided educational materials for information and training.

The National Family Board was established by Government in 1967 and made a statutory body under the Ministry of Health by an Act of Parliament in August 1970. This act empowered the National Family Planning Board (NFPB) to:

- a. Prepare, carry out and promote the carrying out of family and population planning programmes in Jamaica and to act as the principal agency of Government for the allocation of financial assistance or grants to other bodies or agencies engaged in the field of family and population planning in Jamaica.
- b. Co-ordinate and where necessary, direct the work of other bodies in the field of family and population planning in order to ensure an effective and economical national effort.
- c. Undertake and promote research and disseminate information relating to family and population planning.
- d. Provide and encourage sex education
- e. Organize and participate in Family Planning course, seminars and conferences, nationally and internationally
- f. Co-operate with other bodies and persons in the preparation and carrying out of Family Life Education.
- g. Collaborate with Government and other bodies in operating clinics and other institutions concerned with maternity child welfare, family and population planning.

The major target of the Board on establishment was to reduce the Crude Birth Rate (CBR) to 25 per thousand by 1976 from a rate of 38.8 per 1000 in 1966. To achieve that goal a massive public education programme was launched islandwide and a network of family planning clinics was established. Activities undertaken were research, library and statistical services, clinical services and supplies, cytology services.

Then in 1974 Government integrated family planning clinic services with the primary health care programmes in the Ministry of Health in order to

1. increase the number of Health Centres offering family planning and
2. to provide a combination of services whereby Maternal Child Health, Nutrition and Family Planning would be simultaneously offered. The NFPB was to be responsible for training distribution of contraceptive supplies, Information, Education and Communication (IEC) activities, processing of family planning data supervision and monitoring of family planning services. The integration process was to be undertaken in three phases with phase 1 commencing in April 1974.

In 1976 phase two of the integration process was initiated whereby an "in house" Board of Directors was appointed with membership comprising the main Senior Ministry of Health Officers and the Permanent Secretary as Chairman.

Currently the Administration of the National Family Planning Programme is entrusted to a Board of Directors appointed in November 1989 under the National Family Planning Act of 1970 and its membership includes representatives from various sectors of the society. A Chairman is appointed by the Minister of Health.

In 1981 the 1974 Ministry paper was amended to allow the National Family Planning Board (NFPB) to set up specialist family planning clinics. Other public and private sector family planning projects have been implemented including projects financed by United States Agency for International Development (USAID) grant funds in the Ministries of Education, Youth and Community Development. Agriculture and private agencies such as Young Women Christian Association (YWCA), Operation Friendship, Jamaica Family Planning Association (JFPA) Human Employment and Resource Training (HEART), and various other organizations.

The Population policy was ratified by Parliament in 1983 - and reiterated the need for attainment of a two-child family as well as access to high quality family planning services for all men and women of reproductive age.

Family planning services including counselling and the provision of pills, foams and jellies, condoms, diaphragms, IUDs, injectables and male and female sterilization were provided through the service delivery programme in Ministry of Health (MOH) clinics, the National Family Planning Board (NFPB), Fertility Management Unit (FMU) University, JFPA and other private sector groups.

In 1983 through an agreement with USAID , the commercial distribution of Perle and Panther by the social marketing service of the NFPB in collaboration with Grace Kennedy was instituted to make contraceptive supplies (Pills and condoms) available at low prices using a combination of mass media promotion and widespread distribution through private sector commercial outlets. Injectables (Depo Provera) have been provided by UNFPA since that period also.

Current family planning goals

During the period up to 1989 the total fertility rate declined from 4.5 to 3.5 between 1975 and 1983 (22%) and further declined from 3.5 to 2.9 between 1983 and 1989. The CBR was 38.0 in the 1975 -76 survey and 51.4 in the 1983 survey. The 1989 Contraceptive Prevalence Survey (CPS) showed a prevalence rate of 54.9%.

The target group to be addressed by family planning is estimated at 618,000 women in the fertile age group 15-49. Age specific fertility rates among younger women are still high. Among these women can be found the high risk fertile group 20-29 years and teenagers 15-19 who together represent the highest proportion of women (22%).

Together these age groups (15-29) represent nearly two-thirds of those in the prime child bearing years.

In absolute terms the number of women 15-49 is increasing and the number of births is expected to rise as well. The primary national challenge is therefore to reduce fertility rates among this group.

The main goals of the National Family Planning Programme are specifically to:

1. Ensure that the population of Jamaica will not exceed three million by the year 2000.
2. Reduce the CBR from approximately 24 per 1000 in 1990 to 20 per 1000 by the year 2000
3. Achieve replacement level fertility (i.e. two children per woman) by the year 2000.

Overall objectives of the programme are to:

1. Increase contraceptive use from 54.6% to 62% by year 2000.
2. Ensure access to high quality family planning services for individuals who wish to use them.
3. Develop and improve family life education and clinical services to adolescents and young adults.
4. Promote and sustain large scale nation-wide information, education and communication programmes in family planning, population and family life using all available channels.
5. Ensure and promote the participation of voluntary and private sector organizations in providing family planning services.
6. Provide surgical services for men and women who desire to use them.

The quality of the service provided and the cafeteria mix of methods based on user characteristics and family situations are important determinants of acceptance and continuation rates and thus a major contributor to increasing contraceptive prevalence. Acceptor decisions are also influenced by factors such as awareness and knowledge of contraceptive methods including their advantages and disadvantages as well as their availability.

The latest Contraceptive Prevalence Survey (CPS) in 1989 revealed that 54.6% of women in union used a method and an almost universal awareness of methods exists. This survey also showed that 54% of women in union (current and non users) have reached their desired family size and do not want any more children although 20% are not using a method even though they are sexually active. The latter represents a hard core group comprising some 86,000 women who must be reached if the programme is to realize its overall objective of fertility reduction. The 1989 CPS highlighted a number of reasons for the non use of methods ranging from a serious knowledge gap about the functioning of the reproductive system to fears about using a method. These issues will be addressed in the presentation on future strategies.

Overview of the family planning programme

The present programme areas of the National Family Planning board are:

1. Information, Education and Communication
2. Service Delivery
3. Projects, Research and Statistics
4. Administration and Finance

Information, Education and Communication (IEC)

Presently most of the IEC programmes are financed under the Jamaica Population and Health Project 1 (JPHP1). Training is to be provided for target groups - parents educators, marriage counsellors, policy makers, voluntary family planning motivators, peer counsellors inter alia.

Health workers are trained also under (JPHP1) by the Ministry of Health.

Funding for these activities is provided by United Nations Population Fund (UNFPA) through a sub-agreement with JPHP1.

An IEC strategic plan is currently being designed also under JPHP1 with technical assistance from the Manoff group. Counselling services are provided through three (3) "Marge Ropers" who counsel clients on a one to one basis.

Throughout the island field (liaison) officers are deployed to work with agencies at the parish level to coordinate family planning activities. An evaluation of this project has just been completed and the findings coupled with the need to effect behavioural change among present acceptors and ever users will be used in implementation of the new IEC strategy which should be in place by July 1992. Implementation of this strategy will be integrated into the National Family Planning Programme Plan.

Service Delivery

The Service Delivery programmes of the Board are largely coordinated through the integration of family planning services in some 360 primary health care centres in the Ministry of Health.

Direct service delivery activities of the National Family Planning Board (NFPB) are provided through:

- a. Three daily family planning clinics
- b. Outreach activities for family planning and family life education services at the workplace in some garment factories in KSA and St. Andrew.
- c. The Social Marketing of two contraceptives a pill and a condom - through pharmacies and selected retail units using the services of Grace Kennedy delivery system.

Under the present USAID family planning Initiatives Project the Association for Voluntary Surgical Contraceptives has secured grant funds which will be use to expand the method mix of contraceptives in an effort to increase contraceptive prevalence.

These activities include:

1. The establishment of a mini laparotomy training site at the Victoria Jubilee Hospital for local training of doctors in the procedure, using local anaesthetic
2. Institutional strengthening of eight (8) hospitals by providing additional equipment and expandable supplies to expand the availability of female sterilization.
3. Conduct of a comparative introductory study on Norplant. Training for the initiation of use in 3 sites, and technical assistance to conduct the survey have been provided by the Population Council. UNFPA has agreed to provide support for monitoring and evaluation of the Pilot study.

Projects, Research and Statistics

This division has overall responsibility for management of projects between the NFPB and other agencies.

As research requirements are identified on an on-going basis where funds are available such research is sub-contracted to other agencies on behalf of the NFPB.

Recently concluded are end of project activities for the USAID Project Agreement completed March 1992 - and which included an Evaluation of the Sub-Projects, Fiscal Audit, Evaluation of Mobile Unit and Liaison Officers Programme as well as presentation of the findings of the last Contraceptive Prevalence Survey.

The statistics division is responsible for liaising with other agencies which generate family planning data, for example, Planning Institute of Jamaica (PIOJ), Statistical Institute (STATIN), Health Information Unit (HIU), Ministry of Health (MOH), - and coordinating the data provided in a comprehensive statistical report on family planning on a quarterly and annual basis.

Fertility indicators showed a marginal decline in the 1990 statistical report with the CBR moving from 24.9 per 1000 population in 1989 to 24.8, while the general fertility rate decreased from 96.8 per 1000 women 15-49 years to 96.5 per 1000 women.

The number of children per woman estimated to be 2.9 in the 1989 CPS was also expected to follow the trend of the two previous indicators.

An inventory of contraceptives conducted annually is collated by statistics and has contributed to some aspects of supply management - whereby well balanced and usable stocks of contraceptives can be maintained at family planning sites.

Administration and Finance

The management structure of the National Family Planning Board (NFPB) is to be reviewed and recommendations on staffing made. Presently an Executive Director heads the organization assisted by a Deputy Executive Director and Directors for the main areas mentioned above.

Historically most contraceptives have been provided by donors particularly USAID and UNFPA. However through the Family Planning Initiative Project support for contraceptives will be phased out on an increasing percentage basis through 1998.

In recognition of the fact that donor funds have been used to purchase most of the contraceptives and that these funds will be reduced on a phased basis local funds will be required to continue financing contraceptives particularly for the safety net consumer.

Achievements

We have much to be proud of in the family planning community. The Government of Jamaica (GOJ) family planning programme is one of the most successful in the world measured in terms of trends in contraceptive prevalence and reduction in fertility. Over a thirty-five (35) year period contraceptive prevalence has increased from an emergent level (less than 8%) to a mature level (over 45%) from 1983 to 1989 contraceptive prevalence rose from 51.4% of women currently in union aged 15-49 to 54.6%.

Family planning knowledge of at least one effective method is universal. Over 70% of all women aged 15-49 have used a method of contraceptive at some time. The total fertility rate has fallen from 3.5% in 1983 to 2.9 in 1989.

The CPS also showed that the pill was the most widely used contraceptive method (37%), followed by sterilization 24.9%, condoms 15.8% injectables 13.9% and IUD 1.5%.

Constraints

The goals of the Population Policy must now be achieved in a scenario where donors such as USAID and UNFPA are reducing their assistance.

Despite the Ministry of Health's (MOHs) commitment to increasing the quality and quantity of Tubal Ligation (TL) services, the numbers performed have been steadily deteriorating per year since 1985.

This as well as other long term method required for achieving an increased CPR, i.e. Norplant and IUD inserts also require provider specific clinical skills and facilities, which are costly.

Allocation of funds for family planning from the GOJ budget will need to cover the 20% phased reduction per year of donor support from USAID for commodity procurement beginning in October 1993. Additionally for financial year 1991 - 1992 funds were inadequate to meet the targets and to ensure sustainability of family planning services and programmes. For example, the NFPB purchases one contraceptive locally an oral Ovral. At the present price per cycle if the NFPB is to maintain the current acceptors of this method, an amount of J\$1.7 million is required per annum. For last year it was not possible to procure the quantities required due to the inadequacy of funds.

The National Family Planning Board has not signed a new agreement with UNFPA for Depo Provera. In the absence of Depo Provera for five (5) months supplies of Ovral which have to be purchased by the NFPB are also now depleted. A haphazard and irregular contraceptive delivery system will result in method shifters and programme drop outs, thus increasing pregnancy rates.

Deficiencies in counselling one to one and in disseminating information to specific target groups such as women at risk, adolescent males and lapsed users are a deterrent.

The CPS profile showed that 53% of births that occurred preceding the survey were mistimed, 18% were unwanted and only 29% planned. The age of women at first birth is declining and 37% of women gave birth during their teen years. One-third of women currently in union are at risk of becoming pregnant due to non use of contraceptive.

The challenge facing the family planning programme is to find ways of activating other means of support to address these constraints in a scenario where donor funds are being reduced and Government funds are not being increased. We must all work together if our fertility and prevalence goals are to be achieved, and more importantly to reach a stage of programme sustainability beyond depending on donor assistance.

USAID
FAMILY PLANNING INITIATIVES
PROJECT CONFERENCE
WYNDHAM HOTEL - MAY 21, 1992

TECHNICAL OVERVIEW AND CONDITIONALITIES

Presenter: Mrs. Beryl Chevannes
Executive Director (NFPB)

Strategies employed by the Government of Jamaica /National Family Planning Board (GOJ/NFPB) over the last twenty (20) years have been very successful in making family planning services widely accessible and as you heard earlier achieving a contraceptive prevalence rate of 55% in 1989 and a total fertility rate of 2.9. Family planning services have been largely provided through the public sector. Since 1967 the United States Agency for International Development (USAID) has been the lead donor in this sector providing over US\$15.7 million of assistance to the National Family Planning Programme.

USAID, however plans to phase out it's assistance by 1998 with the completion of the Family Planning Initiatives Project (FPIP).

This Project is a seven year US\$7.0 million grant to the Ministry of Health and represents the culmination of US Government support for family planning. The overall goal of the Project is to:

- a. assist the National Family Planning Board (NFPB)
- b. adopt a major advocacy role for family planning issues
- c. increase the involvement of private physicians and private organizations in family planning education, referral and delivery
- d. to institutionalize family life education in the Ministry of Education schools and to expand the distribution of low-cost contraceptives through commercial pharmacies and outlets islandwide.

1. Project, Goal and Purpose

The main goal of the seven year project is to maximize the quantity and quality of family planning services which are delivered by the public and private sectors in order to support national development goals related to population. The purpose is to increase programme effectiveness and sustainability of the national family planning system in preparation for the USAID phase out and to assist the Government of Jamaica in developing self financing, sustainable family planning services.

2.

Description of the Project

The major project components address:

1. A policy framework
2. Sustainable services (public and private)
3. Institutional Strengthening of the National Family Planning Board

Given that the public sector is presently the major provider of family planning services, and will remain so for the foreseeable future particularly in counselling and in the delivery of clinical services the majority of Project activities focus on that sector. Activities targeted to the public sector include institutional strengthening of the NFPB, Policy analysis and research, contraceptive supplies and logistics, family life education activity with the Ministry of Education, and clinical methods to ensure that cost and contraceptive effective long term methods are available.

Details of the project component are as follows:

1. The Policy framework component will ensure that the appropriate policies and programmes are in place within the Government of Jamaica (GOJ) to support sustainable family planning services and that relevant data are available as a basis for policy decisions. This component comprises:-
 - a. Policy analyses
 - b. Operations Research & Surveys
 - c. Social marketing
- a. The Policy analysis component concentrates on enhancing sustainability of the Jamaica family planning programme through presentations and seminars to the highest level of decision makers in the GOJ to convincingly demonstrate that money invested in family planning services will save the government money in the long run.

The cost benefit model to be presented later today is one such example.

Analyses of population policies and programme issues together with an on-going policy dialogue with responsible GOJ officials should ensure that the family planning programme policies are appropriate and sustainable.

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Under this component it is envisaged that two (2) marketing presentations will be developed, and three (3) seminars conducted for decision makers including one (1) national seminar on method mix and two (2) policy analyses.

b. Operations Research and Surveys

Operations Research (OR) has proven to be an important tool for promoting changes in service delivery operations procedures and policies.

Potential OR topics that would be beneficial to the programme include:

- i. alternative models for delivering clinical family planning methods more effectively e.g. counselling.
- ii. changes in service delivery procedures to improve method effectiveness i.e. reduce discontinuation rates.
- iii. assessing appropriate pricing of services and cost recovery options.

It is anticipated that three (3) operations research studies will be supported by the Project.

This project component will also support the Contraceptive Prevalence Surveys conducted by the National Family Planning Board (NFPB) - the most recent being in 1989 - and which has provided the baseline data for the family planning initiatives Project document. Contraceptive Prevalence Surveys (CPS) will be supported in early 1993 and early 1997 and should provide data which will be essential to monitor the response of acceptors to programme changes.

Utilization and dissemination of the data for policy making are also emphasized.

c. Social Marketing

The project will support social marketing efforts to educate and motivate the public service providers and consumers to understand the new thrusts in Government of Jamaica (GOJ) family planning service provision, for example, media campaigns to inform women of family planning service and method specific promotions to address the fear of side effects.

2. Sustainable services

This component addresses services in the public and private sectors.

a. Public sector project activities include:

- i. Contraceptive Supplies and Logistics
 - ii. Family Life Education
 - iii. Clinical Methods
-
- i. Contraceptive Supplies and Logistics

USAID currently supplies all condoms, IUDs and most of the orals used in the public sector and social marketing programmes. The injectable is provided by UNFPA and an oral purchased by National Family Planning Board (NFPB).

USAID will phase out the support for contraceptives to the Jamaican programmes over the life of the Project - using two schedules - one for the social marketing component and another for the public sector/National Family Planning Board (NFPB) component.

The Contraceptive Social Marketing (CSM) activity will be moved into the commercial sector to enable a local distributor to assume responsibility for providing an adequate supply of contraceptives. In order to minimize the disruption of services to the present Contraceptive Social Marketing clientele the Project will continue to provide up to two (2) years of contraceptive support (condoms and orals) to the CSM programme.

The contraceptive phase out for the public sector programme will take place over a five (5) year period, beginning in 1993.

During the period 1993 - 1997 USAID will reduce its financial support for public sector condoms, orals and IUDs by twenty per cent (20%) per year - while the Government of Jamaica (GOJ) increases its contributions in commensurate amounts. Eventually the Government of Jamaica (GOJ) will be fully responsible for procuring all condoms, oral contraceptives and IUD's used in the public sector programme by the time the project ends in 1998.

In order to prepare for this total take over the project plans to provide the Government of Jamaica (GOJ) with the institutional capability to manage contraceptive procurement.

ii. Contraceptive Logistic

The National Family Planning Board (NFPB) in conjunction with the Ministry of Health has already begun to assume more responsibility for forecasting its contraceptive requirements. It is envisaged that the NFPB/MOH should have the capacity to project public sector contraceptive needs including the financial and budgetary requirements with sufficient lead time to allow for the purchase and delivery of commodities in a routine and timely manner.

The assistance provided under this project component will be targeted to the public sector NFPB/MOH programmes and will provide technical assistance and training to increase the efficiency of the public sector logistics system. The project will also fund four replacement vehicles to ensure continuation of the current system. + Computer?

iii. Family Life Education

Assistance for the Ministry of Education, Family Life Education programmes is contingent upon the Ministry's adoption of certain policy reforms. If the Ministry of Education takes the policy decisions to:

- a. actively integrate the subject of Family Life Education (FLE) into the curriculum especially for primary and All Age School and institutionalize it as an examinable subject.
- b. formalize Family Life Education (FLE) as a subject in teacher's colleges making it compulsory and examinable and
- c. revise the methodology for communicating family planning and contraceptive concepts and messages in the Family Life Education (FLE) curriculum, the project will support activities which will build on past experience and emphasize the sustainability of family life education.

Areas of potential support include the development of new family life education books for primary and secondary students reprints of the "Curriculum Guidelines" and "Teachers Handbook" purchase of audio visual materials for teachers colleges and secondary schools, training and technical assistance.

iv. Clinical Methods

a. Public Sector

The main thrust of public sector clinical methods is to ensure that cost and effective contraceptive effective methods are widely available. Through this project component the Medical Sub-Committee of the National Family Planning Board will become an active leader of a process to address method mix and constraints to clinical methods service delivery.

Technical assistance, training and commodities will be provided to increase the public sector's capability to provide clinical methods of family planning.

This includes identifying the ideal method mix and planning for its implementation through clinical training for medical personnel; and counselling training for use of long term methods such as IUD.

b. Private Sector

Activities under the private sector component of the project include:

- i. Changes in the Contraceptive Social Market (CSM) programme
- ii. Work with private providers
- iii. The Women's Centre programme for adolescents.

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i. CSM Programme

Part of the Family Planning Initiative Project's strategy to strengthen the National Family Planning Board's (NFPB's) role in national advocacy of family planning and coordination of the national program is to identify ways of diminishing the NFPB's responsibility for direct implementation of service delivery programmes. It is also part of the Family Planning Initiative Project strategy to identify and support ways in which private sector resources can be substituted for GOJ resources in funding existing and even expanded family planning service delivery.

If the GOJ elects to move the programme to the commercial sector under the policy guidelines of the NFPB with inputs from USAID, agreement will be reached with local representatives of manufacturers for provision of contraceptive - initially a condom and an oral in the market.

It is anticipated that once agreements with a commercial firm have been reached that a two year phased transition from NFPB to commercial operation will begin. During this period USAID supplied Perle. Panther will continue to be sold as usual by the NFPB but the price of each product will be periodically raised to the price level at which the commercially provided products will be introduced to the market and sold.

At the end of the two-year transition, USAID supplied contraceptives will no longer be available for the CSM programme. Instead commercially provided, low priced contraceptives will remain in the market place as the social marketing programme's offerings.

It is anticipated that the project will undertake a programme of research to periodically assess the impact of CSM price increases. Additionally if commercialized the project will provide, budgets for mass media advertising, promotions to the consumer and to the trade training seminars for physicians and pharmacists, public relations and market research and technical assistance in marketing management and planning.

Additionally participating commercial sector organizations will make in-kind contribution for product sales details of contribution to be documented in the firm's letter of agreement with the NFPB>

ii. Private Providers

The Private provider activity is designed as a flexible vehicle to encourage the participation of private providers in education, referral and delivery of family planning methods and to IEC materials for use in private settings. It is anticipated that the Jamaica Family Planning Association will implement this component under a sub grant from the NFPB.

iii. Women's Centre

The Women's Centre will develop a pilot program in the Kingston area to work with younger adolescents to defer the first pregnancy. the programme will seek to rebuild self image and redefine personal goals of adolescents by liaising with schools and the Ministry of Education to offer programmes solicit involvement and build relationships to support the programme. Community programmes will also be conducted for 10-13 years old and an adolescent clinic will be opened on the grounds of the main centre in Kingston.

3. NFPB's Institutional Strengthening

The issues of sustainable financing private sector involvement policy analysis and marketing are new areas to be addressed by the NFPB. Assistance is provided under the FPIP to facilitate the NFPB's shift in its primary focus from that of implementation of sub projects to one of advocacy of population and family planning issues and co-ordination of the national family planning programmes.

There are three major components in this area:

- i. Institutional Development
- ii. Management Information System
- iii. National Family Planning Board (NFPB) Training

- i. Institutional Development

Technical assistance will be provided to collaborate with the NFPB in determining an institutional strategy for the Board and how best to implement it, and in developing a system of advocacy and coordination of multi-participant national family planning programme. The management and organizational capability of the organization to operate effectively and to successfully implement the initiatives planned under the Project will be supported.

The national programme will require a visible presence advocating the allocation of substantial resources and attention to family planning needs as well as providing creative innovative leadership in the co-ordination of service delivery activities nationwide.

- ii. Management Information System

Technical Assistance for implementation of the project will include support in the development and use of a Management Information System (MIS) for monitoring the flow of services and the achievement of quantitative goals forecasting commodity needs, procurement, quality control and distribution flow, and the updating of a cost-centre budgetary system.

An appropriate MIS particularly for collection of service statistics in both public and private sectors will be required for the NFPB to take policy decisions based on adequate information.

The MIS will be linked to the Policy Framework and Contraceptive Logistics Component to ensure comprehensive development. This component will finance required hardware and software technical assistance for systems design and training costs for staff.

iii. NFPB Training

This component will support training in the US for selected NFPB managers and peer development through internship and exchanges between US and NFPB professionals. This training will include market research and marketing cost recovery private sector development strategies planning and other relevant areas.

TABLE 1 JAMAICA - NATIONAL FAMILY PLANNING BOARD
ANALYSIS OF NATIONAL CONTRACEPTIVE INVENTORY - NOVEMBER 29, 1991

PARISH	STOCK ON HAND			
	ORAL CONTRACEPTIVE	CONDOM	CuT 380A IUD	DEPO- PROVERA
KINGSTON/ST ANDREW	43,084	228,112	280	7,662
ST THOMAS	8,380	83,510	20	2,452
PORTLAND	9,325	36,092	102	1,486
ST MARY	6,621	97,379	36	2,241
ST ANN	7,429	87,649	0	3,789
TRELAWNY	5,040	88,312	6	1,164
ST JAMES	9,367	75,423	21	3,295
HANOVER	5,222	79,046	1	2,465
WESTMORELAND	13,075	55,148	1	2,457
ST ELIZABETH	14,151	98,034	13	2,576
MANCHESTER	15,999	72,560	29	3,287
CLARENDON	9,830	91,594	60	2,821
ST CATHERINE	11,874	101,238	127	3,481
TOTAL	159,397	1,194,097	696	39,176
CENTRAL	272,400	3,042,000	2,700	13,425
GRAND TOTAL	431,797	4,236,097	3,396	52,601

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TABLE 2 JAMAICA - NATIONAL FAMILY PLANNING BOARD
 ANALYSIS OF NATIONAL CONTRACEPTIVE INVENTORY - NOVEMBER 29, 1991

AVERAGE MONTHLY CONSUMPTION

PARISH	ORAL CONTRACEPTIVE	CONDOM	ALL IUD	DEPO- PROVERA
KINGSTON/ST ANDREW	7,761	29,334	35	2,757
ST THOMAS	1,036	3,922	0	467
PORTLAND	1,129	4,495	7	711
ST MARY	1,061	6,557	2	405
ST ANN	639	2,000	0	415
TRELAWNY	742	6,335	3	382
ST JAMES	1,858	7,974	5	635
HANOVER	831	5,684	0	354
WESTMORELAND	1,685	6,530	1	729
ST ELIZABETH	2,352	10,548	6	847
MANCHESTER	1,549	4,876	3	653
CLARENDON	2,055	13,686	5	839
ST CATHERINE	3,303	13,558	6	1,648
TOTAL	26,001	115,499	72	10,841

TABLE 3 JAMAICA - NATIONAL FAMILY PLANNING BOARD
ANALYSIS OF NATIONAL CONTRACEPTIVE INVENTORY - NOVEMBER 29, 1991

MONTHS' SUPPLY ON HAND

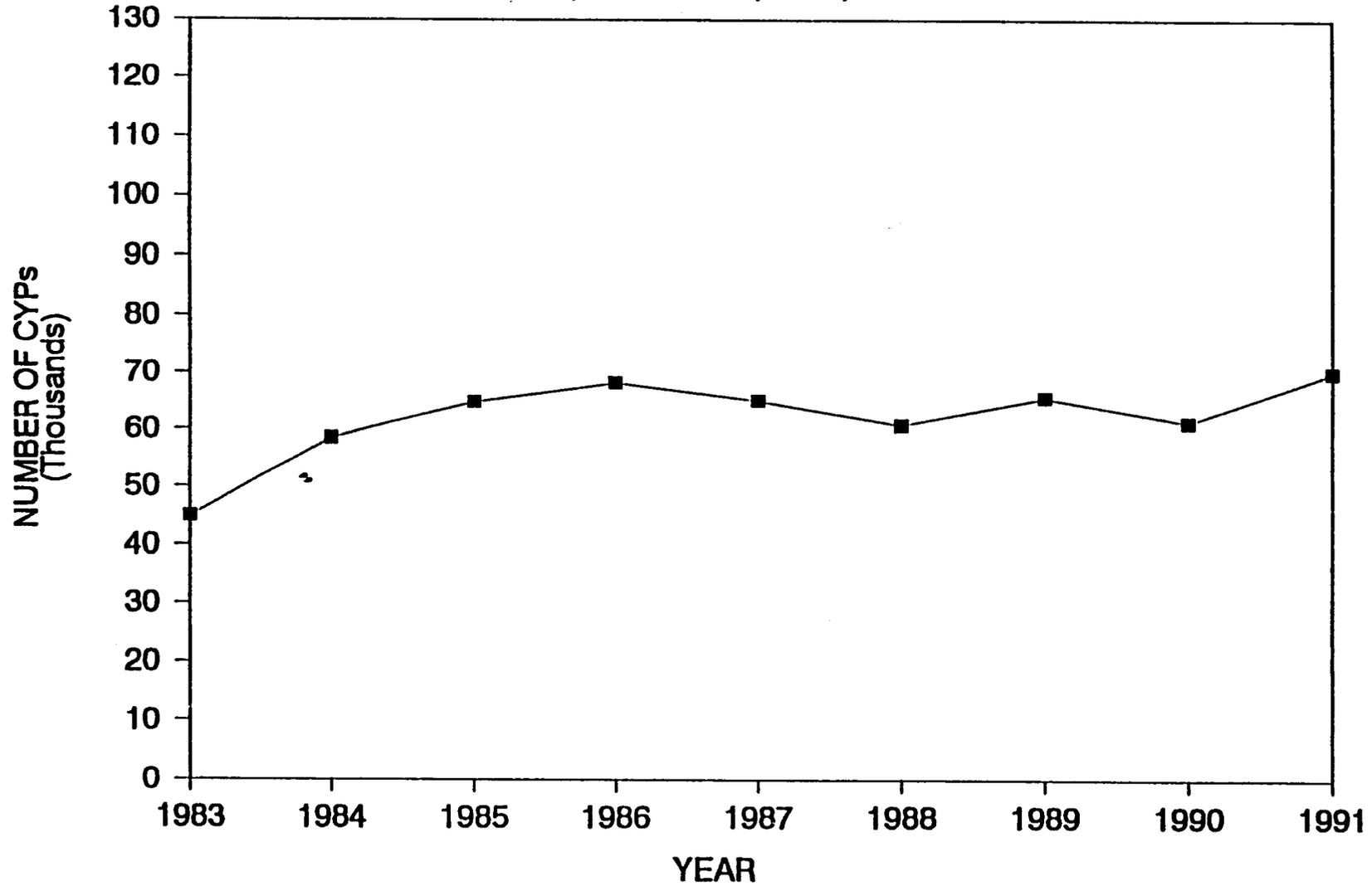
PARISH	ORAL CONTRACEPTIVE	CONDOM	CuT 380A IUD	DEPO- PROVERA
KINGSTON/ST ANDREW	5.6	7.8	7.9	2.8
ST THOMAS	8.1	21.3	120.0	5.3
PORTLAND	8.3	8.0	15.3	2.1
ST MARY	6.2	14.9	19.6	5.5
ST ANN	11.6	43.8	0.0	9.1
TRELAWNY	6.8	13.9	2.4	3.0
ST JAMES	5.0	9.5	4.3	5.2
HANOVER	6.3	13.9	6.0	7.0
WESTMORELAND	7.8	8.4	0.9	3.4
ST ELIZABETH	6.0	9.3	2.1	3.0
MANCHESTER	10.3	14.9	10.9	5.0
CLARENDON	4.8	6.7	11.3	3.4
ST CATHERINE	3.6	7.5	23.1	2.1
TOTAL	6.1	10.3	9.6	3.6
CENTRAL	10.5	26.3	37.3	1.2
GRAND TOTAL	16.6	36.7	46.9	4.9

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FIGURE 1

JAMAICA - NFPB - CLINIC PROGRAM

CYP - ORALS, CONDOMS, IUDs, AND INJECT.



Handwritten mark or signature in the top right corner.

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FIGURE 3

JAMAICA - NFPB - CLINIC PROGRAM

CYP METHOD MIX 1983 - 1991

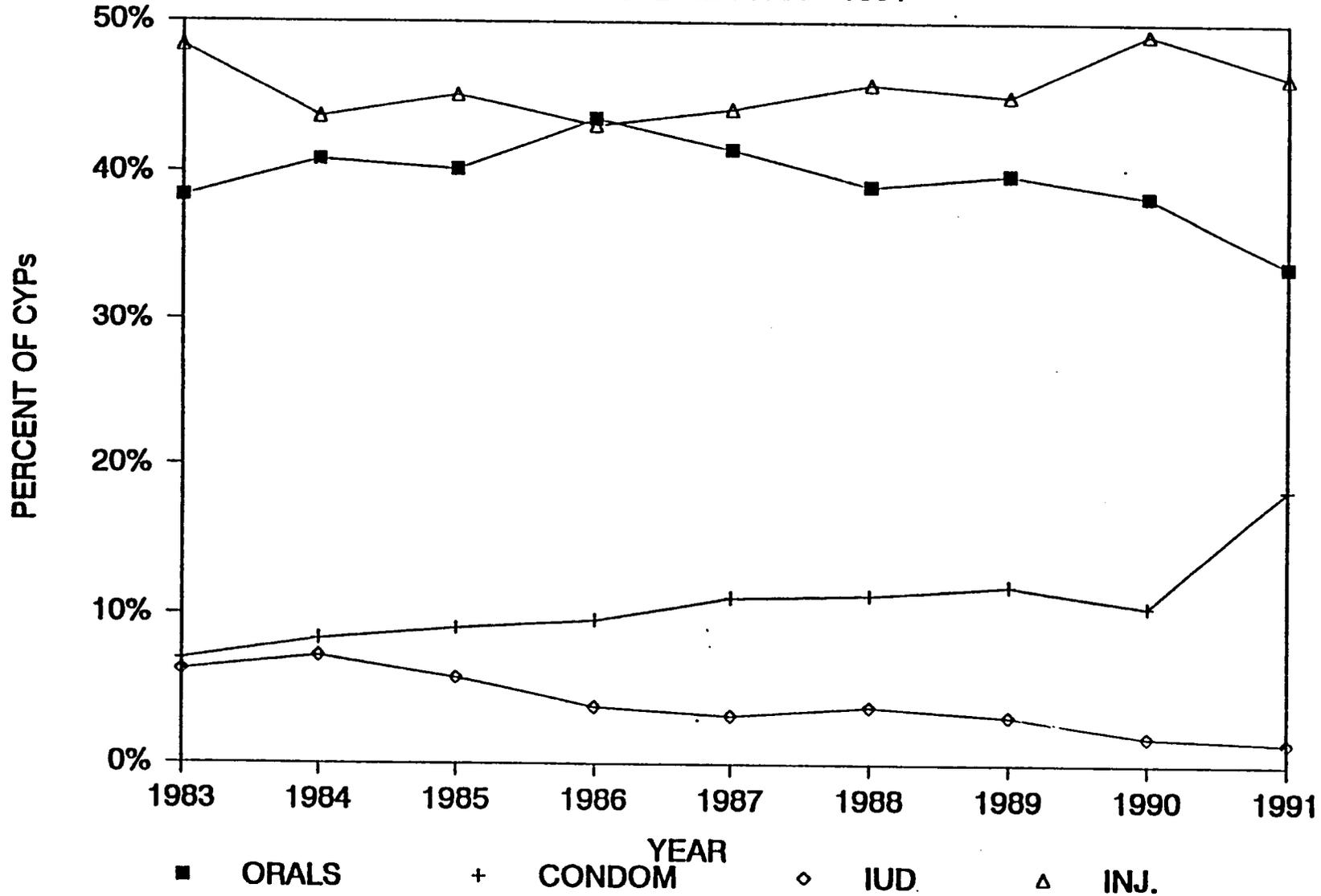


FIGURE 2

JAMAICA - NFPB - CLINIC PROGRAM

USE BY METHOD AS A PERCENTAGE OF 1983

5th

