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Mid-term Evaluation of Caribbean Family Planning Operations Research

Joint Report by

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Mid-Term Evaluation

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I. Description of the Project

The specific objectives of this project are:

1. To improve the delivery of family planning services and to identify effective approaches to increasing contraceptive use in Eastern Caribbean countries by means of operations research projects;

2. To demonstrate and sensitize administrators and other decision-makers to the benefits of operations research for improving program effectiveness, and

3. To strengthen the research and evaluation departments of government agencies and private organizations by providing on-the-job training in all aspects of operations research, such that similar projects can be carried out with minimum technical assistance at the close of this project.

These objectives are particularly important given existing population dynamics of the region population density is the highest in the Western hemisphere, adolescent pregnancy is endemic, and emigration from the region is no longer a viable means of relieving population pressure.

On the basis of an unsolicited proposal, AID and Tulane signed a three year contract for $963,744 on June 1, 1982. The proposal was submitted to AID in March 1982 and is similar to an Asia regional contract AID has with the Population Council that was awarded in September 1981. At the time the Tulane contract was signed $380,945 was obligated. In June 1983 an additional $365,944 was obligated for a total of $746,889. In April AID anticipates an obligation of $216,855 which will fully fund the contract. Of the $746,889 of obligated funds, $250,000 (33%) have been from the AID health account.

II. The Evaluation Process

This evaluation report is based in large part on the 16 Month Progress Report prepared by Jane Bertrand, which was then used by Jerry Bailey to prepare the first draft of this evaluation. This draft was circulated to Neville Selman of the USAID office in Barbados, John Coury of USAID/Jamaica and to Patti Williams, the AID contract office monitor. They made suggestions to Professor Bertrand who prepared the final draft evaluation. In early April a meeting was held at AID in Washington to review the project. Professor Bertrand, the relevant personnel from AID/W Office of Population, and the Latin American and Caribbean Bureau attended the meeting The final report was prepared jointly by Jane Bertrand and Jerry Bailey.

III. Major Quantifiable Tasks

1. The contract stipulates that Tulane shall initiate five subcontracts before June 1, 1983 (during the first year) and five additional subcontracts before June 1, 1984.

To date, a total of nine projects have been developed in collaboration with health and family planning officials of six countries. The nature of these projects ,the countries involved, and the status of each is shown in Table 1. In addition, each project is described separately in Appendices A through I.

The development of projects has adhered fairly closely to the plan outlined in the contract. During Year I, four contracts were signed between Tulane University and subcontracting institutions (the Ministry of Health in three cases and a private family planning association in the fourtn). This was one short of the number stipulated for the first year of the contract

During Year II, five additional projects have been developed and signed by the subcontractor institutions. Project activities have begun on these five although in three cases work only began in March 1984.

In short, Tulane University has developed nine of the ten projects stipulated in the contract. While there are nine projects, this corresponds to only seven subcontracts. In two instances, it was possible to combine two project activities into a single subcontract, thus reducing the overhead charge to the project for additional subcontracts and making more money available for activities in the Caribbean.

The fact that Tulane is one short of the total number of projects outlined in the contract has been discussed with both the Technical Monitor in AID/Washington and the Population Officer at USAID/Barbados.

This short fall is not considered a problem nor a lack of compliance with the spirit of the contract. All of the funds allocated for subcontracts have been allocated or committed. One of the nine projects (Monitoring and Evaluation of the Social Marketing Project) is taking place in three countries (Barbados, St. Lucia and St. Vincent) and could be considered as three separate projects which would make the number of projects 11 instead of nine. In addition, there are no known opportunities for another project that could be finished before the end of the contract. Therefore, the project has supported all of the existing

opportunities, essentially the number envisioned in the contract which was written more than a year and a half ago.

2. The contract budget allocated $400,000 to the subcontracts.

A total of $368.406 has been awarded for the subcontracts. In addition, another $30,230 has been committed for "in-field costs" on the projects, but was not included in the subcontracts since it was for items which needed to be purchased in dollars. This brings to $398,736 the amount either awarded or committed to field research costs. In the Social Marketing Project the Futures Group through an AID contract will pay for $10,000 worth of research costs. This raises the total to slightly above $400,000. Thus, Tulane has complied in awarding the $400,000 for in-country costs.

3. The contract states that

"During the first year of the project an Advisory Committee composed of representatives from the Caribbean Planning Association, University of the West Indies, CARICOM and International Planned Parenthood Federation will meet quarterly for 1-2 days to provide advice and counsel about major project activities and each subcontract. A USAID representative will serve in ex officio capacity on the Advisory Committee. Two advisory meetings will be held in the second year and one during the third."

Although an Advisory Board consisting of representatives from CFPA, UWI, CARICOM and IPPF has not met as scheduled, there have been a series of ad hoc committee meetings including staff from USAID/Barbados, CFPA, IPPF, Tulane, CARICOM, and the Futures Group, for the purpose of discussing progress on the different projects and discussing problems of mutual concern. Such meetings have been held approximately twice a year, and provide a useful interchange. In short, these comply with the spirit but not the letter of the law.

This clause was included in the contract because AID/W and USAID/Barbados were concerned that people from the CFPA, the UWI, CARICOM and IPPF would see the operations research project as a threat and/or an invasion of their area of influence and responsibility To the knowledge of the techical monitor (Bailey), there have not been any problems in this regard. Thus, it is suggested that (if others agree) this clause be deleted from the contract, although these meetings are expected to continue informally as a means of exchanging information.

IV. Quality of the Project

1. Personnel. The contract specifies that Dr. Jane Bertrand is one of the key personnel. She is the principal investigator and devotes 20 percent of her time to the project. The other key person specified in the contract is Pauline Russell-Brown, the field administrator in Barbados. An organizational chart is in Figure 1.

The primary responsibility of the principal investigator has been to identify governmental or private institutions interested in carrying out an OR project, work with the host country officials in designing the project, and prepare written descriptions of these for approval by the local organization involved, USAID/Barbados, AID/Washington (both the Research Committee of the Office of Population and the Contracts Office), and the Tulane Business Office. This phase of project development was completed in January 1984. and more of the PI's time will now be directed to designing the plans of analysis and supervising some aspects of data processing for the various projects in the field.

Administrative support for this project has been provided by Evelyn Landry, based in New Orleans. She has prepared all subcontract documentation, administered the flow of funds to each project, and covered other administrative problems. In addition, Ms. Landry has had two field assignments (St. Lucia and Dominica) and will have further involvement in the field as all projects become operational simultaneously.

The Field Administrator, Pauline Russell-Brown, has been responsible for administering the Barbados Office and for overseeing the implementation of the OR projects as they have been approved. This has included finalizing details of the design, recruiting and training personnel, supervising the activity, assisting with administrative problems and serving as a liason between the host country and Tulane. This has required frequent travel, as the itinerary listed in Appendix J indicates. Pauline Russell-Brown has been assisted by Janice Griffith, the project's administrative secretary, and Roslyn Rouse, a newly-hired research assistant.

In Jerry Bailey's opinion, the project personnel have been outstanding. The initiation of nine subcontracts in less than two years is excellent. This is even more noteworthy because the Principal Investigator is only budgeted to spend 20 percent of her time on the project.

For comparative purposes, in the Population Council's Asian operations research project 13 subcontracts were approved in the first two years with one full time person and two people working three months each. Expressed in months Dr. Bertrand promoted, identified, wrote and signed 9 agreements in less than 6 months of full time equivalent effort. In the Asia program 13 projects took 36 full time equivalent months of effort. What is most surprising is that the Asian program is way ahead of any other effort (save the Caribbean project) in the number of projects per staff time.

Part of the reason that the Caribbean project is so much more productive than other projects is that it is easier to work in the Caribbean than in other parts of the world. However, Jerry Bailey feels that a major reason for tne fast start of the project and its productivity is that Jane Bertrand, Pauline Russell-Brown and Evelyn Landry are very hard working,

dedicated and goal directed. They organize their work effectively and do it.

At the time this contract was signed, USAID/Barbados requested that Tulane and IPPF establish a joint office, in an effort to reduce costs and increase coordination of field activities. This idea was pursued, and a joint office has been established in a newly renovated building at the rear of the Oistins Polyclinic complex. Subsequently, the Futures Group was also incorporated into this building.

While the renovations for this building resulted in some inconvenience to both IPPF and Tulane during the first year of the project, overall the arrangement has worked out well and reflects foresight on the part of USAID/Barbados for having recommended it.

2. Consultants

Three Caribbean consultants have been used. Mr. Joe Davis worked on the focus group interviews in St. Vincent. His efforts were not very productive, and he will not be used for similar activities. The other Caribbean consultants, Dr. Marjorie Holding-Cobham who helped train the community health aides and nurses in St. Vincent and Ms. Allison Lewis who assisted with the development of the family life education curricula

in St. Kitts, have been highly satisfactory.

The three non-Caribbean consultants performed well. Paul Clipson helped with the design of the Barbados and St. Lucia projects and participated in the early discussions of the St. Kitts Family Life Education project. Mark McBride looked at the cost-effectiveness portions of the St Lucia projects and the Barbados project. Janet Hughes set up the sampling design and procedures for the social marketing project. Appendix J contains a list of the consultants where and when they worked.

There has been a conscious effort to hire consultants from the Caribbean. This emphasis should continue. Tulane has been able to hire consultants in a timely fashion. This requires planning and good connections to identify appropriate candidates. In ~~Jerry~~ Bailey's opinion, Tulane is to be commended for these attributes.

3 Administration

The administration and management of this project is complex. Within each organization (AID and Tulane) there are a myriad of procedures and regulations which must be observed. Also there are requirements that must be followed between AID Washington, the USAID

Missions in the Caribbean, Tulane in New Orleans, and the Field Office in Barbados. The following discussion is separated first by procedures within each organization and secondly between institutions.

a) Tulane

Overall, the Tulane Business office has been responsive to the project's needs and has provided support whenever possible in the administration of this project. However, the mechanism for paying salaries to the two Tulane employees in Barbados and for reimbursement of office expenses is not working smoothly.

It would be ideal if the flow of funds to the Barbados office could be handled as it is for the subcontracts: a portion of the total anticipated funds is paid in a lump sum, this is drawn down gradually to pay local expenses including salaries, and these direct costs are periodically reimbursed so that the account always has funds available.

By contrast, Tulane is not able to set up the Barbados office under a subcontract agreement, since Tulane would be subcontracting to themselves. Rather, the salaries of the Field Administrator and

Administrative Secretary are paid from Tulane by check. It takes 5-10 days for the check to arrive and another six weeks before the check clears in the local bank. Obviously, this puts the employees in a difficult position. This is particularly true in that IPPF/WHR (with whom Tulane shares office space) do pay their staff locally.

The reimbursement of office expenses is also cumbersome. Although Tulane established a "petty cash fund" of $2,500.00, the time required to send requests for reimbursement to Tulane, have them processed and sent back to Barbados is often 3-4 weeks. It then takes six weeks for the check to clear at the local bank.

The project personnel have discussed this with the Tulane Business Office, and the compromise which ensued was to increase the petty cash from $2,000.00 to $2,500.00. However, this continues to be the main problem Tulane has experienced in administering the funds for this project.

There was a short period of time when the factory project in St. Lucia did not have funds for project activities. This appears to have been a one time problem and has been corrected.

b) AID

The AID clearance process formally begins with the submission of a project proposal by Tulane. Prior to this there have been informal discussions between the USAID staff, the AID/W staff (primarily Bailey) and the Tulane staff (primarily Bertrand). Before a project is formally submitted all of the main actors have approved the project in principal. AID/W and the USAID Mission(s) in the field receive the formal proposal simultaneously. The Research Review Committee considers the proposal. Bailey then consults, with the USAID Population Officer for the Mission's views. He then writes a formal approval letter to Tulane. The approval letter almost always has suggestions for ways to improve the project and contains the factors which the mission thinks are important. Tulane prepares the subagreement with the host county organization and submits this to the AID/W Contracts Office for approval. When Tulane receives this approval, the subcontract is submitted to the local organization for signature. When the subagreement is signed in the Caribbean, it is returned to Tulane where the Chancellor signs for the University.

Table 2 provides the dates of the major benchmarks for the operations research projects in the Caribbean. The overall lapse of time from the date the project is formally submitted to AID until Tulane signs the subagreement ranges from two months for the Social Marketing Project to nine months for the Jamaica project. One other project took three months to approve, two projects took five months for approval, three projects took six months and one project was eight months in the approval process. These are long delays.

On the average it takes a bit less than a month for the Research Review Committee (RRC) to approve a project, although in one case (St. Kitts) the RRC did not meet for two months after a project was submitted. When the first submission of a project is not accepted by Bailey as was the case in four instances, this adds one month to the approval process or in the case of Jamaica, four months.

The time between when the Research Review Committee meets and the formal submission of a subcontract to the AID Contract Office ~~as~~ by Tulane ranges from three to nine weeks with average being 5-6 weeks.

The Contract Office approval has taken as little as two weeks (the Social Marketing Project) and as much as 12 weeks (for the Barbados project). Three projects have taken three weeks, three have taken five weeks and one took four weeks.

The time between the AID Contract Office's approval and the signing of the subcontract of both the host country institution and Tulane varies between one and five months. This is the largest single time component of the approval process.

There will not be any new projects approved under the present Tulane operations research contract. Therefore the length of the approval process is not subject to modification in the present instance. However, all of us will be involved in the approval of projects under other but similar mechanisms. We should learn by the experience in the Caribbean and discuss how the approval mechanism can be shortened.

c) Between institutions

In general the communication channels between Tulane, AID/W and the USAID Missions have been open and busy. As a routine procedure Tulane sends copies of nearly all communications to the Mission and/or AID/W.

The Missions and/or Tulane are copied on all correspondence from AID/W. Telephone calls are nearly a daily occurrence between AID/W and Tulane. The Tulane staff from New Orleans consults with the Barbados staff frequently by telephone and periodically face-to-face during travel to the Caribbean.

The Tulane staff have prepared informative trip reports and generally submitted then on time. Requests for approval of consultants have not always been done on time. Retroactive approval was sought for Davis and Lewis. Requests for U.S. based consultants have been timely.

Requests for concurrence of travel to the Caribbean have been handled directly between the USAID Mission in Barbados and Tulane. The procedure has worked well. However, USAID/Jamaica has requested that AID/W send a cable to them for travel approval of the Tulane staff. This seems to be an unnecessary bureaucratic step and should be modified.

4. <u>The Projects</u>

Table 3 includes a summary of the major characteristics of the nine operations research project in the Caribbean Each project and the current status is described in Appendices A-I Six countries have

projects. St. Lucia has three and Dominica and Barbados two each. No project was developed in Antigua despite repeated attempts nor was any interest expressed by host country officials in a project in Belize, again after at least two tries. No effort was made to develop a project in Grenada or Guyana.

Six of the projects are with the public sector and three with the private sector, the local family planning associations. Five of the projects provide health services in addition to family planning. Two projects provide only family planning services. One of the projects does not provide any family planning services the family life education program in St. Kitts.

One of the projects (Barbados teens) is a true experiment with random assignment to two experimental groups and a control group. Six projects have quasi-experimental designs with pre and post measurements. One project has only a post measurement (St. Lucia Teens) and one project is a demonstration effort (Male Promotion in Dominica).

The quality of the project designs seems high. The designs of the experimental or quasi-experimental projects are scientifically respectable. The other two

projects, St. Lucia Teens and the Male Project in Dominica, are worth doing because of the informaton they will supply about including males in family planning campaigns and how ~~the~~ best work with teenagers.

Tulane has modified the designs in the St. Lucia factory study and in the St. Kitts family life education project. In the case of St. Lucia the change was necessary because there were not enough factories for the initial two experimental groups and a control group. The control group was dropped because this group was not to receive services. The project will deliver the same amount of family planning services as originally scheduled. The modified design will test which of the two delivery strategies is more acceptable and cost-effective rather than how much can the delivery of family planning services and supplies in factories improve contraceptive prevalence and at what cost.

In St. Kitts two teachers from a control school were trained in family life education. This will cause some contamination which will be minimized but not eliminated by excluding the students from the classes in the post-test. It is unfortunate that these teachers were trained and that Tulane did not discover

the problem until it was too late to modify the training plans.

The social marketing project in Barbados, St. Lucia and St. Vincent is a very significant effort. It marks the first time that an AID funded CRS or CSM project has been seriously evaluated. At the end of a year, it will be possible to describe the social and economic status of the CSM product users. Similarly for the first time, we will know the extent to which the CSM takes users away from existing services or adds new contraceptive users. Surprising as this is, AID has not been able to determine eitner ~~of~~ of these issues despite spending million of dollars to support CRS and CSM projects in the past decade.

The other projects have compelling if not quite as cosmic justification. The St. Vincent project is the first effort to improve and measure continuation rates. Little or no evidence is available about the effects of family life education. Does it increase early entry into sexual activity, increase contraceptive use, lower teenage pregnancy etc.? Is it possible to use the best technical assistance and focus group interviews to design a program that would increase male involvement in family planning? In general, teens, the commercial sector, continuation rates and cost effectiveness are

the major issues of the Caribbean operations research projects. These are consistant with AID priorities in general and specifically in the Caribbean. They are issues which Caribbean institutions, both public and private, see as important.

V. The Future

There are 14 months remaining to complete the work under this project (the contract is due to terminate on May 31, 1985). The work to be done during this period includes the provision of technical assistance, data collection, coding, processing and analysis for the different projects.

In terms of a division of labor for the supervision of data collection and service activities in the remaining months of the project, the following is planned

Staff Member	Project
Pauline Russell-Brown	St. Vincent Barbados St. Kitts Social Marketing (except data collection in St. Lucia) St. Lucia - MOH
Evie Landry	St. Lucia - FPA Dominica - MOH (Teen Project) Social Marketing - St. Lucia Jamaica - FPA

Technical assistance for the Dominica Male Promition project will come primarily from a consultant, Mr. Steve Purser, although Evie Landry will be in Dominica when he first begins his assignment. Also, it is foreseen that Pauline Russell-Brown will have some administrative duties for Dominica, such that the Ministry will have direct contact with the Barbados Field Office.

Despite the fact that Tulane has complied with the terms of the contract in developing nine projects within the first two years of the project, there is a catch in this which only became evident as ~~we entered~~ the second year of the project. With the exception of monitoring and evaluating the social marketing project, all the other projects require a minimum of 24 months for completion (due to the experimental or quasi-experimental designs used). Unless Tulane had signed all five subcontracts and initiated project activity for Year II during the first month of Year II, it would be impossible to complete all project activities by the termination date of the contract.

The problem was discussed by Bailey and Bertrand, and it was resolved to continue to implement these projects, even when it was known that they would run beyond May 31, 1985. Although the strategy for assuring the eventual completion of all projects was never definitely stated, possible alternatives included: (1) a time extension for Tulane to complete its activities, or (2) a new contract for OR activities in the Caribbean, to begin in June 1985, if Tulane were to bid on it and win, activities would

proceed under the new contract; if another organization won the contract, some agreement would be made between USAID/Washington, USAID/Barbados, Tulane and the new contractor regarding a completion of pending work.

Now that all subcontracts have been negotiated and signed, the major tasks during the final 14 months of this contract include continued technical assistance in the field, design of questionnaires, data collection, coding, processing, analysis and report writing. The activities to be completed are listd in Table 4 by country and by project, and the estimated dates for carrying these out are indicated on the time table.

In Table 4, information on data processing is specified by date and by location: BDS refers to the Barbados field office, TUL to Tulane University in New Orleans. Responsibility for data analysis is also specified· JTB (Jane Bertrand), PRB (Pauline Russell-Brown) and EGL (Evie Landry).

The line after May 1985 indicates the termination date of the contract Activities to be completed after that date are listed and scheduled, but no indication is given as to the location of data processing or individual responsible for the analysis (since it is not known how AID will handle this matter).

While there is a ~~staggering~~ large volume of data to be processed and analyzed, the fact that the projects are operating in staggered fashion will help greatly. Also, while most data entry will be done in Barbados, some will also be done in New Orleans to relieve the burden on the Barbados office. Moreover, once the data are entered, much of the analysis will be done in New Orleans.

As indicated in Table 4, the months for data entry for the different projects are staggered, such that this task will be manageable. (Also, Tulane would consider hiring a second data entry person in Barbados for a "second shift" if this were viewed as necessary to complete the entry in a timely manner.)

The responsibility for data analysis and report writing will be shared by the three Tulane staff members (although the PI will be responsible for supervising this activity). It, too, is staggered, making this task more manageable.

According to this timetable, preliminary reports will be available on five of the nine projects by May 1985 (i.e. these projects will be completed on time). However, four of the five projects initiated in Year III will not be completed by that time.

An important aspect of this evaluation is to recommend a course of action for the completion of these four projects after May 1985. (It is Jane Bertrand's impression that) AID/Washington would prefer to "clear the slate" and issue an RFP for a second OR project in the Caribbean. If Tulane were not to bid on this or were not to win, then part of the scope of work for the new contractor would be the completion of these activities.

Tulane University would prefer to obtain an extension on these activities (provided Tulane is not the new contractor) and be allowed/required to see them through their completion. This would assure continuity for the subcontractor institutions in the field, as well as assuring that the research designs are not modified because of a changeover in contractor. Also, Tulane feels that AID will have a better product if the institution that designed the research is responsible for seeing it through its completion.

If for whatever reason USAID chooses not to give Tulane this extension, Tulane is nonetheless very willing to work with the new contractor in making all documentation available, to assure that these activities are successfully carried out.

VI. Conclusions and Recommendations

1. In the opinion of the Technical Monitor (Bailey), Tulane University is to be commended for outstanding performance under the Caribbean operations research project.

2. Both Bailey and Bertrand recommend deleting in its entirety paragraph 3 of the Scope of Work "During the first year of the project an advisor committee composed of representatives from the ...."

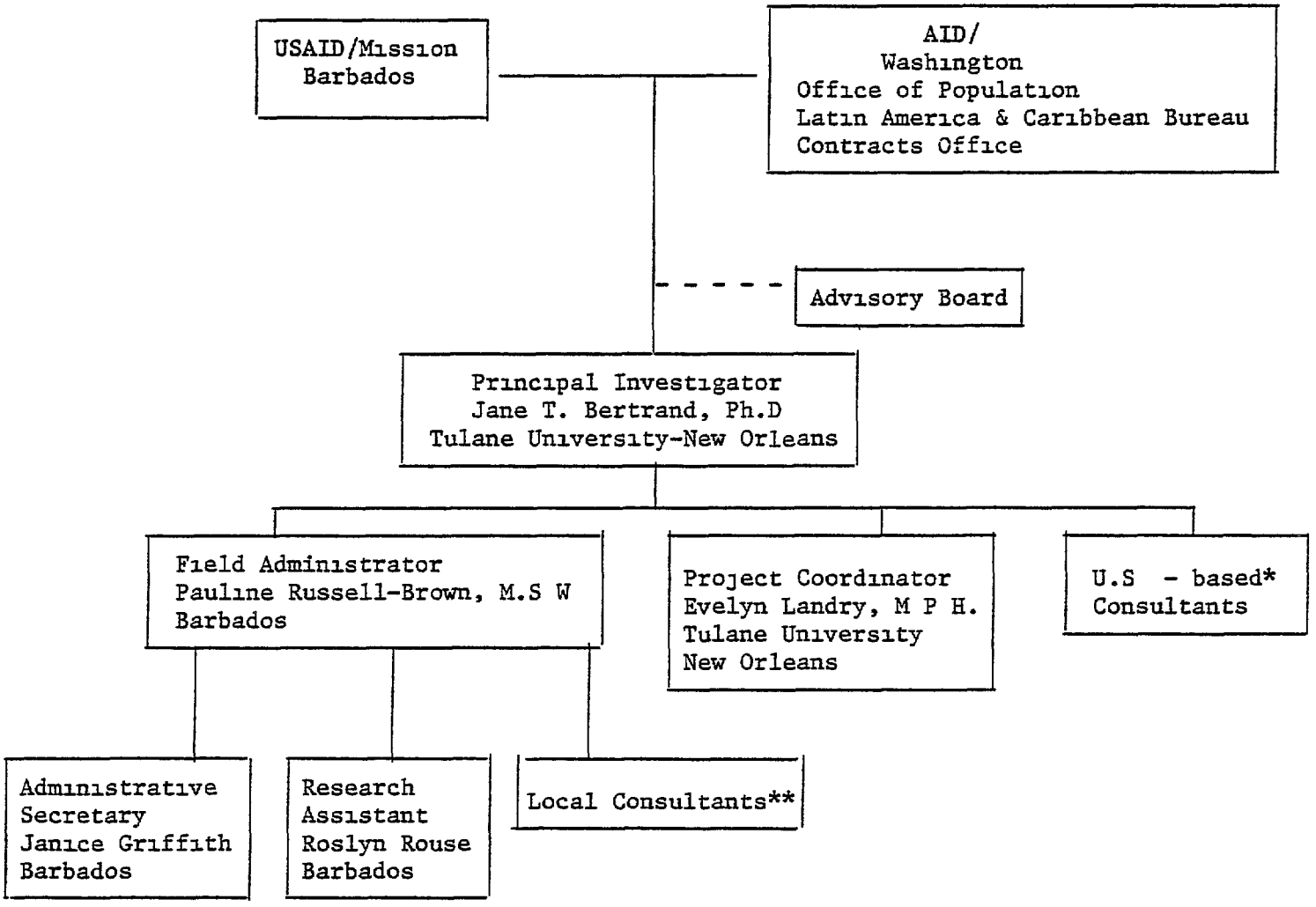
3. USAID requests that Tulane University use bank transfers to pay their employees in Barbados and to reimburse the Barbados petty cash fund.

4. A plan for completing the four projects scheduled to extend beyond May 31, 1985, should be drawn up. (Note to Neville Selman, John Coury and Patti Williams we would appreciate your opinions as to the best strategy for this completion, as discussed above.)

5. Other recommendations:

Figure 1

Organizational Chart of the Tulane Family Planning Operations Research Project in the Caribbean.



*Paul Clipson - Barbados-St Lucia, June 1982, 13 days
Janet Hughes - Barbados-St Lucia, Jan. 1984, 7 days
Mark McBride - Barbados-St Lucia, Jan 1984, 4 days

**Joe Davis - St Vincent, Nov 1982, 2 days
Marjorie Holding-Cobham - St Vincent, Feb. 1983, 8 days
Allison Lewis - St Kitts, Sept 1983, 5 days

TABLE 1

Country, Title and Status of the Nine OR Projects Developed to Date

Country	Title	Subcontractor	Date Subcontract Signed by Tulane	Amount of Subcontract Award	Current Status	Further Description in Appendix
St Lucia	Contraceptive Distribution in Factories	Family Planning Association of St Lucia	12/1/82	36,284	In progress, Followup Evaluation to begin in August 1984	A
St Vincent	Strategies for Improving Continuation Rates Among Contraceptive Acceptors in St Vincent	Ministry of Health	12/1/82	38,980	In progress, followup survey to begin in March 1984	B
Barbados	Strategies for Delaying a Second Pregnancy Among Teenage Mothers	Ministry of Health	3/10/83	44,734	In progress, data collection proceeding in schedule	C
St Kitts	A Systematic Evaluation of Family Life Education on Contraceptive Use and Pregnancy Among Teens	Ministry of Health, Education and Social Affairs	5/9/83	17,270	In progress, baseline data collected and FLE is underway in schools	D
Dominica	Operations Research on Youth Clinics in Dominica	Ministry of Health	11/1/83	36,461	In progress, baseline survey to begin in March 1984	E

Table 1 (continued)

Country	Title	Subcontractor	Date Subcontract Signed by Tulane	Amount of Subcontract Award	Current Status	Further Description in Appendix
Dominica	Male Promotion for Family Planning in Dominica	Ministry of Health	11/1/83	33,124	In progress, baseline data (from Westinghouse survey) has been obtained, project activity to begin in March 1984	F
Barbados, St Lucia and St Vincent	Monitoring and Evaluation of the Social Marketing Project in Barbados, St Lucia and St Vincent	MOH(Barbados and St Vincent), FPA (St Lucia)	**	43,350	In progress, data collection in all three countries began in January 1984	G
Jamaica	A Test of the Cost-Effectiveness of Two Community-Based Approaches	Jamaica Family Planning Association	**	72,345	To begin in March 1984	H
St Lucia	Reducing Teenage Pregnancy in St Lucia	Ministry of Health	**	45,858	To begin in April 1984	I

**Subcontracts have been signed by host country institutions and will be signed by Tulane in early February 1984

TABLE 2

Dates of Major Benchmarks of Caribbean Operations Research Projects by Project and Country (For the columns concerning the dates for proposals and subcontracts submitted to AID, two entries indicate that the event occured twice The second submition was necessary because of AID suggestions for change)

Country	Title	Date Proposal Submitted to AID/W	Date Reviewed by Research Review Committee	Date Submitted to AID	Date Subcontract Approved by AID	Date host county institution[a] and Tulane[b] signed subcontract
St Lucia	Contraceptive Distribution in Factories	8/82	8/27/82	10/11/82	11/1/82	11/4/82[a] 12/1/82[b]
St Vincent	Strategies for Improving Continuation Rates Among Contraceptive Acceptors in St Vincent	7/6/82	7/26/82	10/5/82 10/22/82	11/1/82	11/5/82[a] 12/1/82[b]
Barbados	Strategies for Delaying a Second Pregnancy Among Teenage Mothers	8/82	8/27/82	10/11/82	1/17/83	1/28/83[a] 3/10/83[b]
St Kitts	A Systematic Evaluation of Family Life Education on Contraceptive Use and Pregnancy Among Teens	11/22/82	1/14/83	2/28/83	3/29/83	5/9/83[b]

Table 2 (continued)

Country	Title	Date Proposal Submitted to AID/W	Date Reviewed by Research Review Committee	Date Submitted to AID	Date Subcontract Approved by AID	Date host county institution[a] and Tulane[b] signed subcontract
Dominica	Operations Research on Youth Clinics in Dominica	4/21/83 5/24/83	6/6/83	7/13/83	8/18/83	11/1/83[b]
Dominica	Male Promotion for Family Planning in Dominica	4/21/83 5/24/83	6/6/83	7/13/83	8/18/83	11/1/83[b]
Barbados, St Lucia and St Vincent	Monitoring and Evaluation of the Social Marketing Project in Barbados, St Lucia and St Vincent	10/26/83	11/17/83	12/5/83	12/20/83	pending Barbados 2/84[a] St Vincent 1/6/84[b] St Lucia
Jamaica	A Test of the Cost-Effectiveness of Two Community-Based Approaches	5/25/83 6/20/83 9/8/83	9/22/83	10/27/83	11/23/83	~~2/84~~ [a] 1/-/84 ~~pending~~ ~~84~~ [b] 2/29/84
St Lucia	Reducing Teenage Pregnancy in St Lucia	4/21/83 5/24/83	6/6/83	7/13/83	8/18/83	1/23/84[a]

TABLE 3

Major Characteristics of the Caribbean Operations Research Projects

Country	Title	Private/ Public Sector	Household Village CBD	Health Services	Research Design	Focus	Other Facets
St Lucia	Contraceptive Distribution in Factories	Private	"Village"	No	Two experimental groups Pre-post test	Female workers in 19 factories	Has c/e analysis Baseline survey analyzed Design modified-control dropped
St Vincent	Strategies for Improving Continuation Rates Among Contraceptive Acceptors in St Vincent	Public	Household	Yes	Pre-post test 2 experimental 1 control	Continuation rates Management of side effects Contraceptive prevalence community workers	Redesign of National F P Service Delivery Record keeping is lax
Barbados	Strategies for Delaying a Second Pregnancy Among Teenage Mothers	Public	Neither	Yes	True Experiment pre-post test 2 experimental 1 control	different levels of counselling for teenage mothers contraceptive prevalence	Excellent interview completion rate 90% Lower number of births than expected for control groups No service delivery

Table 3 (continued)

Country	Title	Private/ Public Sector	Household Village CBD	Health Services	Research Design	Focus	Other Facets
St Kitts	A Systematic Evaluation of Family Life Education and Contraceptive Use and Pregnancy among Teens	Public	Neither	Yes	Pre post test 1 experimental 1 control group	Family life Education in school	Major curricula change in 1/2 of secondary schools no service delivery some contamination of control group
Dominica	Operations Research on Youth Clinics in Dominica	Public	Clinic	Yes	Pre-post 2 experimental 1 control group	F P and health services for teens provided within and apart from regular MCH services	cost effectiveness is included being implemented with concurrent IPPF inputs
Dominica	Male Promotion for Family Planning in Dominica	Public	"household"	No	demonstration	Generate IEC messages for males, try messages	uses male KAP survey as starting points focus group interviews

Table 3 (continued)

Country	Title	Private/ Public Sector	Household Village CBD	Health Services	Research Design	Focus	Other Facets
Barbados, St Lucia and St Vincent	Monitoring and Evaluation of the Social Marketing Project in Barbados, St Lucia and St Vincent	Essentially private some public involvement	"Village"	No	Pre-post surveys	Tests impact of CRS program in three countries	measure changes in contraceptive prevalence by source test substitution of CRS
Jamaica	A Test of the Cost-Effectiveness of Two Community-Based Approaches	Private	Both	No	Pre-post 1 experimental 1 control group	Community workers doing household delivery or managing patients	cost effectiveness analysis included
St Lucia	Reducing Teenage Pregnancy in St Lucia	Public	No	Yes	Post test 3 experimental areas and 1 control	peer counseling and teen clinics in 4 health centers	no pre test or measurement

only 21 field tested

Table 4 Work Plan for Completing Data Collection and Analysis on the Caribbean OR Project

PROJECT ACTIVITIES	1984 J	F	M	A	M	J	J	A	S	O	N	D	1985 J	F	M	A	M	J	J	A	S	O	N	D
St Lucia FPA																								
1 Service Activities End										X														
2 Conduct Follow-up Survey										X	X	X												
3 Process data													TUL											
4 Analyze data														EGL	EGL									
5 Preliminary Report																EGL								
St Vincent MOH																								
1 Service Activities End		X																						
2 Conduct Follow-up Survey and Code			X	X	X	X	X																	
3 Process Data								BDS	BDS															
4 Analyze Data											PRB	PRB	PRB											
5 Preliminary Report														PRB										
Barbados MOH																								
1 Service Activities End										X														
2 Conduct Follow-up Survey	X	X	X	X	X	X	X	X	X	X	X	X	X											
3 Process data													BDS	BDS										
4 Analyze data															JTB	JTB								
5 Preliminary Report																	JTB							

Table 4 (continued)

PROJECT ACTIVITIES	1984												1985											
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
St Kitts MOH																								
1 Services End						X																		
2 Conduct Follow-up Survey						X	X	X																
3 Process and code data									BDS	BDS														
4 Analyze Data											PRB	PRB												
5 Preliminary Report													PRB											
Dominica MOH TEE' PROJECT																								
1 Conduct Baseline			X	X	X																			
2 Process Data						TUL	TUL																	
3 Analyze Baseline Data								JTB	JTB															
4 Services End																		X						
5 Conduct Follow-up Survey																		X	X	X				
6 Process Follow-up Survey Data																				X	X			
7 Analyze Follow-up Data																						X	X	
8 Preliminary Report																								X

Table 4 (continued)

PROJECT ACTIVITIES	1984 J	F	M	A	M	J	J	A	S	O	N	D	1985 J	F	M	A	M	J	J	A	S	O	N	D
Dominica MOH MALE PROJECT																								
1 Baseline data analyzed (from Westinghouse)		EGL	EGL																					
2 Services end																			X					
3 Conduct Follow-up survey																		X	X	X				
4 Process data																			X	X	X			
5 Analyze data																					X	X	X	
6 Preliminary report																								X
CCSMP																								
1 Conduct baseline survey	X	X																						
2 Process data			BDS	BDS																				
3 Analyze data					JTB	JTB																		
4 Conduct 1st monitoring				X	X																			
5 Process data					BDS																			
6 Analyze data						PRB/ JTB																		
7 Conduct 2nd monitoring							X	X																
8 Process data								BDS																
9 Analyze data									PRB/ JTB															
10 Conduct Follow-up survey													X	X										
11 Process data														BDS	BDS									
12 Analyze data																JTB								
13 Preliminary Report																	JTB							

Appendix A St Lucia

Contraceptives Distribution in Factories

Introduction

The distribution of contraceptives in factories in St Lucia is being conducted by the Family Planning Association (FPA), the major provider of family planning services in St Lucia The project is designed to reach the growing number of working women (in the high fertility 20-30 old age group) in factories, whose access to regular family planning services is restricted as they are working during clinic hours

The project is designed to test two alternative systems for the delivery of contraceptives to factory employees one based on the concept of a "mobile nurse," the other which depends on an in-factory distributor The specific objectives of the project are

1 To test the increase in knowledge and use of contraceptives among employed women produced by taking family planning services to the work place

2 To test the relative cost effectiveness of two different systems of service delivery within factories

Design and Methodology

Project activities began in November 1982 when 24 factories were recruited to participate in the project These factories are located throughout St Lucia and are divided into two groups Group A and Group B Factories assigned to Group A are visited by the project nurse twice a month to screen new acceptors, counsel acceptors about side effects and use of the family planning (FP) methods and to sell FP supplies In Group B, a factory employee has been selected and trained to answer basic questions about FP methods, refer employees to the nurse or nearest FP clinic when necessary, and to sell FP supplies to fellow employees

The project nurse visits the factories in Group B twice a month once to resupply the distributor and the second to screen all new acceptors and to counsel clients about side effects The nurse conducts group meeting in both treatment groups on a quarterly basis

Data Collected

The baseline survey was conducted in January and February 1983 by the project nurse Findings from this survey show that 34 percent of the employees in Group A are currently using a FP method and 29 percent in Group B The pill is the most widely used method in both Group A and B· 39 percent and 51 percent of all users respectively

Data are being routinely collected for the cost-effectiveness analysis, and planning for the analysis is underway with the assistance of Dr Mark McBride, a consultant who has experience in cost analysis

The followup survey will be conducted in August - September 1984 and the questionnaires forwarded to Barbados for processing and analysis Discussions are underway between the FPA staff and Tulane regarding the logistics of data collection Project activities are scheduled to end as of October 31, 1984

Problems Encountered to Date

Number of Factories During the initial planning phase of the project 42 factories were contacted by letter regarding their willingness to participate in the project As was mentioned above, 24 factories were recruited to participate The remaining 18 factories had either closed or did not have a female labor force of more than 10 Due to the small number of factories who were available to participate, it was decided to allocate all factories to a treatment group and eliminate the control group (this group would not have received any FP services)

During the past year the Eastern Caribbean Region has experienced economic problems due to changes in trade policies As a result many factories in St Lucia, as well as other east Caribbean countries, have closed, while others have reduced their labor force Among the original 24 factories who agreed to participate, three have closed and two others withdrew their decisions to participate in the project (no services were delivered to these 2 factories) Figures are being gathered regarding the number of layoffs in each factory and this information will be taken into account in the final report

Modification in the Study Design In the original design of the project, factories in Group B were to have limited input by the project nurse, that is, the distributor was to do the screening and counseling and the nurse was to visit these factories once a month to resupply her. However, due to the nurse having extra time available and the FPA's desire for the nurse to screen all new acceptors, employees in Group B now have access to see the nurse once a month as well as to purchase FP supplies at any time

Whereas the difference between the two groups was initially intended to be "mobile nurse" versus "distributor" as service provider, the actual design is testing "nurse" (supplies available only during her visit) versus "nurse and distributors" (supplies available continuously)

Appendix B St Vincent

Strategies for Improving Continuation Rates Among Contraceptive Acceptors

Introduction:

Although the new acceptor rate for the St Vincent and the Grenadines National Family Planning programme has been acceptable the data indicate that over 80 percent of acceptors miss at least one follow-up visit - acceptors are required to revisit the clinic for supplies once every three months. In addition, a comparison of 1977 program statistics with data collected in an early 1979 family planning study showed very little difference in the number of active users. The number of active users, including those sterilized, had not increased over the two (2) years period. (Bailey and Keller, 1982)

This "dropout" phenomenon has been identified by the Ministry of Health as one of the chief problems of the program and has assumed large enough proportions to generate concern among administrators. Several approaches aimed at increasing continuation rates and in turn contraceptive prevalence are currently being considered by the Ministry.

One of these efforts will involve the Ministry of Health in the conduct of an operations research project. The project is designed to test the relative effectiveness of two (2) approaches to service delivery at the community level as compared with the current system in achieving:

1. An increase in knowledge of contraceptives and their possible side effects.
2. An increase in awareness that switching brands of contraceptives is preferable to abandoning use of contraceptives.
3. An increase in continuation rates among current users.
4. An increase in the prevalence of contraceptive use among the population at risk of pregnancy.

Design and Methodology

Six (6) of the country's nine (9) medical districts have been assigned to one of three Treatment Groups. The distribution of clinics within the health districts is as follows:

Area Type	Medical District	Clinic Included
Treatment 1	Calliaqua	Belair Calliaqua Emhams Stubbs

Area Type	Medical District	Clinic Included
Treatment 1 (contd.)	Pembroke	Barraouallie Layou Retreat
Treatment 2	Cedars	Biabou Colonaire Diamond Village Park Hill South Rivers
	Mesopotamia	Calder Greiggs Lowmans Wd. Mesopotamia Richland Park
Treatment 3	Georgetown	Sandy Bay Byera Owia Bay Fancy
	Chateaubelair	Coulls Hill Cumberland Troumaca Rose Hall

Activities in Treatment Groups 1 and 2 involve an expansion of the role of the Community Health Aide (CHA) regarding family planning while in Treatment Group 3, the role of the CHA in family planning remains the same as before.

Community Health Aides in Treatment Area 1 have been trained to initiate new acceptors of oral contraceptives and to provide resupplies to these and other contraceptors. Prospective acceptors of oral contraceptives are screened by the CHA and if found to be suitable, are provided with one month's supply. The new acceptor is requested to visit a health centre within the first three (3) months after initiation into the program. Failure to comply results in discontinuation of resupplies. CHAs in Area 1 also supply selected barrier methods but must refer users or prospective users of other methods to the clinic.

Project activities of CHAs in Treatment Area 2 involve resupplying users of orals, foams, suppositories and condoms and counselling and outreach where necessary In Treatment Area 3, the Control Area - the CHA continues to function as usual - following-up acceptors who have missed their clinic appointments.

Coverage and Impact:

Each CHA is responsible for the basic health care of residents in an area which comprises on the average eight (8) villages. Daily visits are made to the area, however, the visits are not

necessarily done in a systematic way. They are dependent on where the need for the services of the CHA exists. During the daily visits CHAs carry out their family planning duties.

Launching of the project took place on March 1, 1983 Between March and October 1983, a total of 119 acceptors have been initiated by CHAs and of this number, 50 have subsequently been registered in the National Programme - i.e. have visited a clinic for further screening within three (3) months of initiation by the CHA.

Collection of data on CHA and clinic performance - New acceptors recruited by CHA, New acceptors recruited directly into each clinic; Users resupplied by CHA and by clinic and areas from which new acceptors are recruited - is continuing. These data, in addition to the follow-up survey planned for March 1984, will be used to evaluate the effectiveness of new approaches to family planning service delviery.

Problems to Date

Earlier progress reports by Pauline Russell-Brown have covered certain problems to date in the implementation of the St. Vincent project A number of these have been resolved. However, two points remain a source of concern.

First, it appears that certain management problems still exist at the clinic level. If one person is on leave for whatever reason, her duties are not necessarily covered by another As such, there may be gaps in service delivery (resupply in particular) While this was not the general rule, it appears to occur with enough frequency to warrant attention

Second, record keeping in general is problemmatic, and the forms used for the Tulane project are no exception. The Field Administrator felt that the staff does not consider recordkeeping to be a priority activity, and consequently the results are not always satisfactory While Pauline Russell-Brown has attempted to address this problem on her periodic visits to St. Vincent, the problem remains

Appendix C: Barbados

Strategies for Delaying a Second Pregnancy Among Teenage Mothers

Introduction

Research indicates that women who begin childbearing at an early age tend to have children more rapidly, have more children and have more unwanted births than women who postpone childbearing. Moreover, the 15-17 year old seems most vulnerable in this respect.[1]

Statistics for Barbados for 1979 and 1980 indicate that 28.2% and 28.6% respectively of the births in each of those years was to women under 20 years of age - 19% and 20.4% respectively were to women 18 years of age and under. For October 1983, 23.2% of deliveries at the Queen Elizabeth Hospital (QEH) were to mothers under 20 years of age.

Faced with the high teenage birth rate, the Ministry of Health, Barbados, in collaboration with Tulane University is conducting a project aimed at determining the most cost-effective strategy for delaying a second pregnancy in that target group. The specific objectives of the project are.

- To increase knowledge of contraceptive methods and their correct use among teenage mothers 18 years and under
- To increase the use of contraceptives among this group of teenage mothers

In addition, the project is designed to measure the relative cost-effectiveness of two (2) strategies for achieving these objectives.

Design and Methodology·

Starting in January 1983 and continuing through May 1983, teenage mothers eighteen (18) years of age and under who delivered at the Queen Elizabeth hospital (QEH), were assigned to the Control Group, Treatment Group 3. These mothers received the routine prenatal counselling at one (1) of the government clinics or private physician offices and later at the antenatal clinic at the QEH. They did not receive any systematic post-partum follow-up care.

Effective in June, pregnant teenagers in this age group attending for antenatal care at a Polyclinic have been referred to the QEH at 24 weeks gestation At each of the subsequent clinic visits, these girls are routinely counselled by a special counsellor This counselling includes information on prenatal health care as well as intensive family planning counselling.

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[1]Trussell, James & Jane Menken - Early Childbearing & Subsequent Fertility. In Frustenberg Jn. et al (Eds.): Teenage Sexuality Pregnancy and Childbearing, Chapter 15.

Teenagers exposed to at least three (3) intensive counselling sessions at the QEH are randomly assigned after delivery to either Treatment Group 1 or 2. Those assigned to Treatment Group 1 receive, in addition to the counselling, three (3) home visits at intervals of ten (10) days, three (3) weeks and twelve (12) weeks post-partum, while those in Treatment Group 2 receive the same counselling but only one (1) home visit at ten (10) days post-partum. The opportunity is taken at each home visit to monitor the health of mother and baby as well as to provide contraceptive supplies and information where necessary.

Six (6) months after delivery, mothers in all three (3) Treatment Groups are interviewed at home by means of a structured interview schedule. Data collected at this time will be used to assess the effectiveness of the two (2) treatment approaches in comparison with the status quo.

Data Collected

Data for the first 11 months indicate that a total of 287 mothers have been assigned to Treatment Group 3 while 78 and 83 have been assigned to Treatment Group 1 and 2 respectively.

Of the 287 mothers assigned to Treatment Group 3, some 196 had been interviewed up to the end of November - a response rate approaching 90 percent for each month. The main reason for not having an interview completed is the inability to locate the teen mother because of insufficient or an incorrect address given at the time of registration by the counsellor at QEH.

The two (2) field nurses conducting the home visits have been very successful in locating the teen mothers. Only six (6) of the teen mothers delivering during July and August were lost to the project.

Problems to Date

One welcome "problem" on the Barbados project is that less teenage girls have delivered at Queen Elizabeth Hospital in 1983 than expected based on statistics from 1982. Thus, the numbers assigned to the two treatment groups are well below the 250 (each) called for in the design (The control group has exceeded 250)

In consultation with the Technical Monitor, it has been decided that counseling and data collection should be extended an additional 5-6 months to arrive at the desired sample (of approximately 250 per group)

It should also be mentioned that Tulane will be evaluating the effects of the interventions <u>six months</u> after delivery, use of contraceptives among sexually active teens will be the variable of key interest However, the time framework does <u>not</u> allow for an evaluation of the incidence of a repeat pregnancy among the three groups If such an evaluation could be carried out 18-24 months after delivery, this would shed further light on the effects of home visiting in this project

Table 1

Deliveries, Project Assignment and Interviews Completed
Teenage Mothers (Barbados, 1983)

Month	Deliveries at QEH	Selected in Project Group 1	2	3	Six Month Interviews
January	67	-	-	67	57
February	55	-	-	55	50
March	64	-	-	64	50
April	46	-	-	46	39*
May	55	-	-	55	*
June	68	-	-	-	
July	57	12	9	-	*
August	67	16	22	-	*
September	55	27	24	-	*
October	67	23	28	--	*
TOTAL	601	78	83	287	

APPENDIX D

St. Kitts

A Specific Evaluation of Family Life Education on Contraceptive Use and Pregnancy Among Teens

Introduction

The problem of high fertility, especially among teenagers, is one of the problems facing St Kitts and Nevis As in other cases, the problem in that specific age group results in social and economic strain on the family and it affects the chances of the teenage mother of getting a job not only because she has had to discontinue her education and therefore might not be qualified but also because of her new parenting responsibilities

One approach being adopted by the Ministry of Health, Education and Community Affairs in St Kitts and Nevis to address this problem is greater emphasis on family life education (FLE) including sex education In collaboration with Tulane University they will conduct a systematic evaluation of the effects of FLE, including sex education and thereby try to provide concrete answers to questions raised by both supporters and opponents of sex education in schools.

The project is designed to assess the effect that exposure to family life education including sex education will have on

-- influencing the onset of sexual activity in teenagers

-- increasing teenagers' use of contraceptives, and

-- decreasing the incidence of pregnancy among teenagers who are sexually active

Project Design and Methodology

The six (6) government high (secondary) schools in the State have been included in the project Three (3) have been designated treatment schools and will receive special inputs in FLE while the other three (3) have been designated control schools and should continue with FLE activities as before

The program will focus on students 12-16 years in the high school system that would represent students in Form 1 to Form 4 However, only those forms in the treatment schools which have two (2) or more sessions of FLE timetabled each week will be included in the project

Four (4) units of study designed to be completed over a 40 week period have been developed, with input from teachers, for use in the treatment schools Forms 1 and 2 and Forms 3 and 4 will each be exposed to the same set of four (4) teaching units

Instruction using this curriculum began in the Christmas term (November 1983) and will continue until the following summer term (July 1984)

Evaluation

Baseline data were collected prior to the implementation of teaching activities Students in the selected forms in all six (6) high schools completed a self-administered questionnaire. These data, which are currently being coded, will provide information on the students' knowledge and practice with regard to contraception and sexual matters

An estimated 1500 students in the Treatment schools and 1100 in the control schools have completed the questionnaire which had been pretested in the two (2) Junior Secondary Schools and in one (1) form of a high school

A follow-up survey will be conducted one (1) year after implementing teaching activities - September 1984 These data when compared with the baseline data should enable an assessment of the impact of the FLE program

Problems Encountered to Date

Ironically, the greatest problem on the St Kitts project is the enthusiasm of the Ministry to implement family life education (including sex education) in the schools

Consequently, when it became evident that training in FLE was to be arranged for a number of teachers in St Kitts as part of this OR project, the Ministry responded by nominating six individuals to attend Only after arrangements had been made and the teachers informed did Tulane realize that the Ministry intended to send two teachers corresponding to "control schools" where FLE was <u>not</u> to be taught under this project

There was considerable discussion of this point between Tulane, the Barbados Office and St Kitts When it became evident that the Ministry was extremely intent on sending these individuals and that further pressure to change their position was likely to create an unpleasant incident, it was decided to handle the situation in another manner

We have classified all grades and classes in the three experimental and three "control" schools as to whether they actually receive FLE classes or not As such, we will be able to eliminate the students in the classes from the control group that (because of this problem) receive FLE from the final analysis While this is not ideal, it is considered the best solution in light of the situation.

Appendix E Dominica

Operations Research on Youth Clinics

Introduction

The population of Dominica, according to the 1981 census, is 74,089 While the country has experienced recent declines in fertility, teenage pregnancy continues to be a major source of concern in Dominica In 1981, 436 of the 1667 births which occurred in Dominica (26%) corresponded to teenagers (19 years old or under), the overwhelming majority of whom were not married This situation not only constitutes a health risk to the teens involved, but also has major social implications for the teen-mothers, their offspring, and the society in general

The Ministry of Health is interested in experimenting with the concept of offering family planning services through youth clinics The Tulane/Ministry project will provide a means of assessing the feasibility and effectiveness of two different types of teen services (1) services provided at existing facilities but with special hours and services for teens, and (2) services porvided in a location apart from the existing FP clinic (such as a community center) In addition, the cost-effectiveness of the two will also be examined The objective of the teen clinics is to increase knowledge of the reporductive process, increase knowledge of contraceptives and increase use of contraceptives among teens who are sexually active, in an effort to reduce the rate of teenage pregnancy in this country

Project Design and Methodology

A total of six communities will be included in this research 3 urban and 3 rural In each case these three will include

--one community in which teen FP services will be established as part of the existing clinic

--one community in which services will be established apart from the clinic

--one community with no special services for teens (control group)

In each of the six communities a baseline survey among 200 teens per community (evenly split between males and females), for a total of 1200 interviews, will be conducted The program will then be implemented, and after it has run for 12 months, a followup survey in these same communities will be conducted Also, cost data will be routinely collected, to be used in the analysis of the relative cost-effectiveness of the two approaches

Progress to Date

Although the contract was signed by the Ministry in the fall of 1983, they did not wish to initiate project activity until January 1984

The Tulane Research Coordinator visited Dominica in January 1984, at which time the communities to be included were selected and the questionnaire finalized Fieldwork for the baseline survey is to begin in March 1984 Tulane is very pleased that the Ministry has agreed to have Jean Jacob, a December graduate of Tulane's MPH program, work at least partime on this project In fact she participated in the design of the questionnaire in New Orleans in December 1983

Problems Encountered to Date

Since the project is just beginning, we have yet to meet with any major problems However, we do anticipate possible problems in implementing teen FP services in this very conservative, Catholic country Already some individuals at the Ministry have had second thoughts, however, we hope to proceed with project activity as scheduled

Appendix F Dominica

Male Promotion for Family Planning

Introduction

One commonly-cited obstacle to the more widespread use of contraceptives in the Caribbean is male opposition either to attempts to limit family size in general or to the use of contraceptives in particular The purpose of the current project is

1 To increase awareness among men of the benefits of family planning

2 To increase knowledge of the different contraceptives and where to get them.

3. To dispel rumors or misconception regarding contraceptive methods.

4 To increase the use of contraceptives among men and/or to increase the use of female contraceptives for their partners

This project will test the effect of a largely motivational campaign (accompanied by the distribution of condoms when appropriate) among the target population of men ages 18 and over, currently involved in a permanent or temporary union.

Project Design

This project will involve 2 urban and 8 rural communities, to be divided evenly (1 urban, 4 rural) to an experimental and control group

As part of the development of strategies for male motivation, a number of focus groups will be conducted That is, a series of informal group discussions led by a professional trained in this technique will be held with groups of 8 - 10 men each, each group is selected to be homogeneous with respect to age and socio-economic status The purpose of the focus groups is to gain a better understanding of the sources of opposition to FP, as well as insight into possible motivational appeals in favor of the more widespread use of FP This information, together with data obtained from the Male Motivation Survey carried out in Dominica in 1982, will serve as the basis for the development of the communication program

This project will have major input from an outside consultant (male), who will work closely with the Ministry in the development of the communication strategies

Progress to Date

In January 1984 the Tulane Research Coordinator and Ministry agreed on a consultant to work on this project. He is being contacted, and project activity will begin as soon as he is available (probably March 1984)

This project will not include a baseline survey, rather, data from the 1983 Westinghouse survey on male attitudes in Dominica will be analysed and used as a baseline measure. This tape is now at Tulane, and analysis will begin shortly

Appendix G Barbados, St Lucia and St Vincent

Monitoring and Evaluation of the Social Marketing Project

Introduction

Despite the vast amount of funds that have been directed to the social marketing of contraceptive products over the past decade, there has been little systematic evaluation of this approach to the delivery of family planning (FP) services

The Futures Group of Washington, D C. has developed a social marketing project under a cooperative agreement with USAID/Washington, to be carried out in Barbados, St Lucia and St Vincent They are working in collaboration with their subcontractor, the Barbados Family Planning Association Current plans are to launch a multi-media campaign (radio, TV, newspaper) in mid-February 1984

Tulane University will be responsible for two types of research

Monitoring to determine the reach of the campaign, the reaction of the target population, and purchase behavior early in the campaign, such that adjustments can be made in content, scheduling or channels, if necessary

Evaluation to determine the effect on overall levels of contraceptive use and/or user preference for source of contraceptives, after the program has been in operation 12 months

Methodology

There will be four rounds of data collection, including a baseline survey, two (staggered) post-launch monitoring surveys, and a follow-up survey for evaluation purposes These are summarized in the following table

TABLE 1

Summary of Data Collection for Monitoring and Evaluation of the Social Marketing Project in Three Islands

Purpose of Survey	Timing	Type of Sample	Sample Size Desired per Country
Evaluation Baseline	Pre-launch (Jan 1984)	Random sample of the population in the main city	500 women & 100 men of reproductive age
Monitoring	One-month post-launch (Feb 1984)	Quota sampling in central location of main city (stores, public areas, etc)	150 men 150 women
Monitoring	Three months post-launch (Apr 1984)	Quota sampling in central location of main city	150 men 150 women
Evaluation Followup	12 months post-launch (Jan. 1985)	Random sample of the population in the main city	500 women & 100 men of reproductive age

Progress to Date

This project has progressed very rapidly, given that it was only conceived in October 1983 and went through the entire review process by December 1983. Because of the campaign launch in mid-February, it was necessary to finalize the questionnaire, determine a sampling plan, recruit and train interviewers, pretest the instrument, print the questionnaires, and begin the data collection in all three countries in one month (January 1984)

This has been accomplished, thanks to the work of Pauline Russell-Brown in Barbados and St Vincent, and Evelyn Landry in St Lucia. Also, Dr Janet Hughes served as a consultant on sampling for a one-week period, visiting both St Lucia and Barbados.

This survey will serve to break in the new IBM-XT computer, to be shipped to Barbados in mid-February A Tulane consultant will test the machine in New Orleans before it is sent Once there, he will travel to Barbados to install the system and train local staff in its use for statistical processing, data entry and word processing

The data from each round of surveying will be entered in Barbados, and programs will be prepared to run the data in country, for more rapid feedback of results to the Futures Group

Problems to Date

Given the number of tasks that had to be accomplished in short order to allow the baseline survey data to be collected on time, it is surprising that there have not been any major problems to date The collaborating institutions were very accommodating in expanding their existing subcontracts with Tulane to include this activity, when there was very little benefit in it for them

A potential problem is the sheer magnitude of data to be generated by this project It is our hope that the arrival of the IBM-XT and the recent hiring of a research assistant in Barbados will alleviate the problem somewhat

Appendix H Jamaica

A Test of the Cost-Effectiveness of Two Community-Based Approaches

Introduction

The Jamaican Family Planning Association (JFPA) provides contraceptive services in St Ann Parrish and parts of the neighboring Trelawny Parrish. In addition to one clinic facility located in St Ann's Bay, their activities have consisted of outreach visits to the population in their target area for the purposes of education, initiation of users, and resupply While this approach has been well received by the population, it is expensive to maintain

The recently signed Tulane/JFPA project represents an attempt to identify a model of service delivery which can be carried out at lower cost yet maintain or even increase the level of contraceptive use in the target area In contrast to the community-based distribution (CBD) approach currently in use (which relies on full-time salaried employees to perform repeated door-to-door distribution), the new approach to be tested will use community volunteers who will establish CBD posts in their homes

The specific objectives of the project are

1 To establish a replicable model for the CBD of contraceptives using volunteers within the community as distributors

2 To maintain, and is possible increase, the level of contraceptive use among women of reproductive age (including teens) in St Ann Parish, while reducing the cost of the service-delivery mechanism.

3 To develop and implement a model system of supervision for outreach workers and community-based distributors

4 To determine the relative cost-effectiveness of two community-based distribution approaches one based on repeated door-to-door distribution, the other on community resupply in neighborhood community-based posts

Project Design and Methodology

The project design consists of a baseline survey to measure initial levels of contraceptive prevalence, a division of the total target area into two sections (with similar levels of contraceptive prevalence), an allocation of one area to continue receiving door-to-door visits and the other to be converted to a system of community-volunteers who will be trained in the distribution of contraceptives, training of personnel, implementation of this new activity, and a followup survey to determine contraceptive prevalence at the end of a 12 month period.

Progress to Date

The subcontract agreement was signed by the JFPA in late January, and it is en route to Tulane for signature here The anticipated start-up date for activities is March 1984

Appendix I St Lucia (MOH)

Reducing Teenage Pregnancy

Introduction

The Ministry of Health in St Lucia plans to play a larger role in the delivery of FP services than it has in the past, and one of the main sources of concern in this country is the problem of teenage pregnancy In light of this, the current project is designed to experiment with two different approaches to the delivery of FP services to teens peer counseling and the establishment of teen health clinics within existing health facilities The objectives of these activities are

1 To increase awareness among teens of the risk of unplanned pregnancy

2 To increase knowledge among teens with regard to the basic reproductive processes

3 To develop attitudes of sexual responsibility among teens

4 To increase knowledge of contraceptive methods, how they work, and where they are available

5 To increase the use of contraceptive methods among teens who are sexually active.

Methodology and Study Design

Four health centers will be selected to be part of this OR project, all of which are located in towns of 8-11,000 in population

The four health centers will be assigned to have the following activities

(1) Peer counseling in the community and a teen health clinic within the health center

(2) Peer counseling only

(3) Teen health clinic only

(4) Control (no counseling or teen clinic)

Evaluation of this project will be based on three types of data

-- Process evaluations by an outside consultant

-- Service statistics on teen clients

-- Followup survey of teens in the four communities.

Progress to Date

There was considerable delay in the signing of the contract in St Lucia, in part because the Ministry wanted to be sure it had adequate personnel to cover this and other population projects which are under development with IPPF/WHR The signed contract arrived in New Orleans as of late January 1984

It is expected that project activity will begin in April 1984 Tulane will be working in close collaboration with IPPF/WHR, who will be responsible for certain aspects of clinic renovation and peer counselor training

Problems to Date

The design for this project does not call for a baseline survey, in part because the Ministry wanted to proceed as soon as possible to the service delivery phase Although the design has been approved at all levels, the Tulane staff is becoming increasingly uncomfortable with this lack of solid (or even suggestive) baseline data to indicate the comparability of groups prior to the interventions

The disadvantages of incorporating a baseline at this stage are twofold time and money Already this is the last project to get off the ground, and collection of baseline data would add further to the time required to finish the project Second, the baseline was not included in the budget (although extra time was allocated for a research supervisor in St Lucia, from the Contraceptive Marketing surveys, in the event that this was done)

Tulane would welcome suggestions from USAID/Barbados and USAID/Washington on this point

APPENDIX J

Travel by Project Staff and Consultants,
June 1982 to January 1984

Jane T. Bertrand, P I

Destination	Dates
Washington, D.C	June 8-10, 1982
Barbados, St. Vincent, St Lucia, Antigua, Jamaica	June 14-27, 1982*
Barbados, St. Vincent, St Lucia	August 5-17, 1982*
Barbados, St Lucia, St Vincent, St. Kitts, Antigua, Jamaica	October 28-Nov.18, 1982*
Washington, D C	March 15-17, 1983
Barbados, Dominica, St Lucia	March 20 - April 7, 1983*
Jamaica	May 18-21, 1983
Barbados	July 19-26, 1983
Jamaica, Barbados, Dominica	October 13-21, 1983*

Pauline Russell-Brown, Field Administrator

Destination	Dates
St Vincent	November 29-Dec 3, 1982*
St Vincent	February 7-24, 1983
Dominica	March 21-24, 1983
Dominica	April 5-7, 1983
St Vincent	May 4-6 and 10-13, 1983
New York (Columbia University Workshop)	May 25-27, 1983
St Kitts, Antigua	June 6-10, 1983*

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* Trip Report available on request

Destination	Dates
St Vincent	July 18-19, 1983*
St. Vincent	August 9-19, 1983*
St Kitts	September 22-Oct 13, 1983*
St Vincent	November 13-16, 1983*
St Kitts	November 20-25, 1983*
St Lucia	December 12, 1983
St Vincent	January 2-4, 1984
St. Vincent	January 15-22 and 24-27, 1984

Evelyn Landry, Project Coordinator

Destination	Dates
Barbados, St Lucia	October 28-Nov 12, 1982
Washington, D.C	September 20, 1983
Barbados, St Lucia, Dominica	January 3-29, 1984*

Consultants

Name	Destination	Dates
Paul Clipson	Barbados, St Lucia	June 14-26, 1982
Joe Davis (Barbados)	St. Vincent	November 28-29, 1982
Dr Marjorie Holding-Cobham (Jamaica)	St Vincent	February 6-19, 1983
Allison Lewis (Antigua)	St Kitts	September 26-30, 1983
Dr Janet Hughes	St Lucia, Barbados	January 4-10, 1984*
Dr Mark McBride (U S A)	Barbados, St Lucia	January 9-12, 1984*