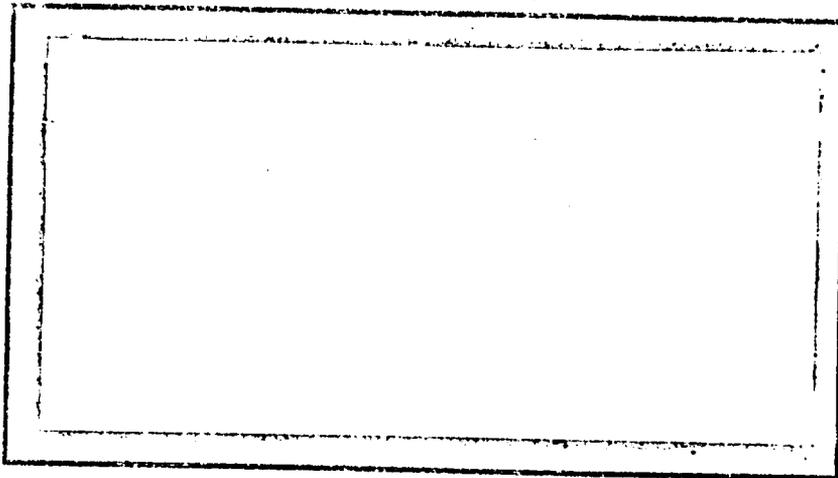


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**AN ASSESSMENT OF POPULATION AND
FAMILY PLANNING IN THE CARIBBEAN**

**A Report Prepared By:
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LIST OF ABBREVIATIONS

ARC	Action for Renewal of the Church
CADEC	Christian Action for Development in the Caribbean
CAREC	Caribbean Regional Epidemiology Center
CARICOM	Caribbean Community and Common Market
CARIWA	Caribbean Women's Association
CCC	Caribbean Conference of Churches
CCW	Caribbean Church Women
CDB	Caribbean Development Bank
CEYA	Caribbean Ecumenical Youth Action
CFNI	Caribbean Food and Nutrition Institute
CFPA	Caribbean Family Planning Affiliation
CWS	Church World Service
DAI	Development Associates, Inc.
FAO	Food and Agricultural Organization/United Nations
IDRC	International Development Research Center
ILO	International Labor Organization/United Nations
IMC	Institute of Mass Communications
IPAVS	International Project Association for Voluntary Sterilization
IPPF/WHR	International Planned Parenthood Federation/Western Hemisphere Region
ISER	Institute of Social and Economic Research
JHPIEGO	PIEGO/Johns Hopkins
ODM	Overseas Development Ministry
PAHO	Pan American Health Organization
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
UWI	University of the West Indies
WAND	Women and Development Unit, Extra-Mural Department, UWI

EXECUTIVE SUMMARY

The purpose of this assignment was to assess the needs and opportunities in population and family planning in the Caribbean region and to make recommendations regarding possible assistance to regional institutions and programs. The population of the Commonwealth Caribbean represents about one-fifth of the 28 million people in the Caribbean. The problems of the Commonwealth, particularly for the some 700,000 who live in the eight so-called "least developed countries," are characterized by economic deterioration, high unemployment, increasing population growth (due to recent restrictions on out-migration), and high levels of adolescent fertility. While historically there have been extreme difficulties in attaining political cooperation among Commonwealth countries at the regional level, there are signs of increasing willingness to use regional mechanisms and cooperation to compete more effectively in the international market place and to address common social and development problems. The ability to deal realistically and effectively with a number of priority areas with the urgency required will depend to a large degree on a) the ability of regional institutions and networks to become viable vehicles for assisting national and local groups; and b) the commitment of the international donor community to support such efforts.

With respect to population and family planning, there is urgent need for the governments of the region individually and collectively, to understand the serious impact of population growth, whatever the magnitude, on national development goals. There is also need for government and non-government organizations to develop more innovative approaches to family planning, in both the integration of family planning into development activities and the expansion of much-needed services in areas such as community-based distribution, commercial retail sales, and voluntary sterilization.

INTRODUCTION

During the period from April 29 to May 12, 1979, I travelled to Barbados, Grenada, Guyana and Trinidad as a consultant for the American Public Health Association.* The purpose of the assignment was to assess the needs and opportunities in population and family planning in the Caribbean region and to make recommendations regarding possible assistance to regional institutions and programs.

As the reader will readily discern, this report does not represent a detailed accounting of "what's happening" in the Caribbean; nor does it include a country by country description of population and family planning activities.

It is intended, however, that the report will provide a general overview of the current situation and contribute to the discussion of alternative strategies to be carried out by national and regional institutions with support, where necessary, from international donor agencies.

I am very grateful for the assistance and cooperation provided by the many resource persons listed in Appendix A. A special thanks goes to Ms. Paula Feerey of USAID's Regional Development Office in Barbados and to Ms. Maura Brackett of USAID's Latin American and Caribbean Bureau in Washington, D.C.

* I was originally to visit Jamaica as well, but the schedule was changed since the public health advisor of USAID's Regional Development Office in Bridgetown, Barbados had recently been there. The Dominican Republic and Haiti were not included in the scope of work.

I. GENERAL SETTING

A. REGIONAL PROFILE

This report focuses primarily on the four "more developed countries" (MDCs) and eight "least developed countries" (LDCs) of the English-speaking Commonwealth Caribbean. The MDCs include Barbados, Guyana, Jamaica and Trinidad and Tobago, while the LDCs consist of Antigua, Belize, Dominica, Grenada, Montserrat, St. Kitts-Nevis-Anguilla, St. Lucia, and St. Vincent. Due to the constituent membership of some of the regional institutions and organizations, reference is also made to most of the countries or territories of the British Islands and territories, the French Departments, the Netherlands Antilles, Surinam and the U.S. Virgin Islands. The most populous islands in the region -- Cuba, the Dominican Republic, Haiti and Puerto Rico, are not covered, other than for purposes of comparison.

The population of these 31 countries and territories in the Caribbean totals approximately 28 million. Cuba, the Dominican Republic, Haiti and Puerto Rico account for some 22 million, or 75 percent. The MDCs (4.2 million), LDCs (700,000) and other countries and territories (243,000) of the Commonwealth Caribbean have a combined population of slightly more than 5.0 million. The balance is divided among the French Departments (800,000), the Netherlands Antilles (241,000) and Surinam (435,000) and the U.S. Virgin Islands (100,000).*

The political structure of the 31 countries and territories that comprise this grouping in the Caribbean include 12 which are classified as independent, 12 semi-dependent, and seven dependent, and seven dependent (see Appendix C). Seven of the 12 independent countries form part of the Commonwealth Caribbean.

Within the Commonwealth Caribbean, the two mainland countries of Belize and Guyana have about 90 percent of the land area and population densities of six and four persons per square kilometer respectively. In contrast, the islands with 10 percent of the land area contain four-fifths of the population. Population densities on the islands range from 15 to 574 persons per square kilometer, with an average of about 150, highest in the western hemisphere.

The per capital income in the Commonwealth Caribbean ranges from about \$300 in the poorest LDCs to \$1,900 in Trinidad and \$2,600 in the Bahamas. The average per capital income for the LDCs is \$513, but, due to the low purchasing power, the real income levels are believed to be much closer to LDCs in Asia.

The average rate of population growth in the Caribbean during the intercensal period, 1960-1970, was a relatively low 1.4 percent per year. Only a few Caribbean countries had annual population growth rates above 2.0 percent. The higher rates of natural increase which prevailed were offset by high rates of emigration. Since the opportunities for out-migration have become restricted in recent years the population is currently increasing at an estimated 2.0 percent per year. At that rate the population would almost double by the year 2000.

* Mid-1976 figures. See Appendix B.

B. ECONOMIC SITUATION*

A series of factors in recent years have combined to aggravate the economic situation in the Caribbean. The quadrupling of oil prices and the large increase in prices of imported foodstuffs, without an offsetting increase in international demand for the region's major exports and services, have had serious adverse impact. Economic growth has been stymied and in many instances living standards have deteriorated. High unemployment and underemployment is a crucial problem. Agricultural production is not keeping pace with population growth. Events in the international economy have brought to the surface the inherent weaknesses of the economic structures of the Caribbean countries and at the same time have circumscribed their capacities to cope with these weaknesses.

The economic growth of the LDCs in recent years has been poor. As indicated in the following table, real per capita growth rates were negative for the period 1970-75 for all the LDCs except Belize, and possibly Montserrat for which comparable data is not available. The trade picture is equally bleak. Imports exceed exports by a wide margin. Imports consist of a broad variety of goods while exports consist largely of traditional agricultural products -- sugar, bananas, spices, and tropical fruit. In general the LDCs also suffer operating deficits and are unable to generate public savings with which to finance investment.

Basic Economic Indicators**

	GNP Growth Rates 1970 - 1975		Government Budgets, 1976			
	Total	Per Capita	Domestic Revenues	Operating Expenditures	Govt. Savings	1976 Trade Balance
Antigua	-0.9	-2.3	14.7	19.2	-4.4	-32.4
Dominica	-0.1	-1.3	8.8	11.4	-2.6	- 7.3
Grenada	-4.3	-7.3	14.3	17.1	-2.8	- 2.1
Montserrat	N/A	N/A	N/A	N/A	N/A	- 5.9
St. Kitts-Nevis	-0.5	-1.5	9.5	13.1	-3.6	-30.0
St. Lucia	-0.8	-2.2	16.5	16.4	+ .1	- 1.7
St. Vincent	-1.6	-2.3	10.6	12.6	-2.0	-14.0
Belize	+4.6	+1.5	N/A	N/A	N/A	- 6.4

* Most of the sections on the economic situation, education, health and regionalism are extracted from the Agency for International Development's "Country Development Strategy Statement" (See Appendix D).

** More recent data from the World Bank for 1977-78 indicates improving economic conditions in all countries.

C. EDUCATION

In comparison with other developing countries, including many wealthier ones, quantitative achievements in education have been considerable. Almost all children have access to at least six years of schooling, and a significant proportion continue their education beyond the basic level. Literacy rates are very high. From the perspective of the poor, however, the education system has significant qualitative deficiencies. Rather than helping the poor to become adaptive workers and responsible citizens, the education systems appear to lead to unrealistic expectations, frustration and unemployment.

D. HEALTH

As in the educational sector, quantitative achievements in the delivery of health services have been considerable. Nevertheless, although most people have access to minimal services, the poor have many serious health and nutrition problems. About half of the children under five in the LDCs are underweight by age. The vectors for the transmission of dengue fever, malaria and other communicable diseases flourish. Typhoid fever is present and VD is prevalent. The Health Ministers have identified a number of priority areas which the CARICOM Health Section in collaboration with international organizations such as PAHO and USAID is addressing.

E. BASIC CONSTRAINTS

In contrast with many developing countries where widespread poverty results largely from the maldistribution of economic opportunities and social services, poverty in the Commonwealth Caribbean is to a large extent a function of severe resource limitations, of geographic isolation and of underdevelopment that is characterized by the lack of absorptive capacity, limited capital and inadequate infrastructures, public administration and economic management.

F. REGIONALISM

The many factors which limit the development potential of the individual Caribbean countries suggest that regional mechanisms and cooperation are necessary to overcome the diseconomies of scale arising from the political and economic fragmentation of the region. There are strong historical and cultural ties in the English-speaking West Indies and a broad, if somewhat shaky, regional institutional framework upon which to build. These ties and the institutional framework generally do not extend to the rest of the Caribbean where linkages are largely to traditional trading partners outside the Caribbean and to countries of cultural affinity.

While there is definite intellectual commitment to the concept that economic improvements are dependent upon regional approaches and common services, there is also strong sentiment that political sovereignty must not be submerged by regional endeavors. Thus integrative mechanisms designed to strengthen the regional bargaining position with the outside world and to overcome the handicaps of small size, economic fragmentation and dependence on extra-regional markets and suppliers must continually be squared with each individual country's perceived self-interest.

Of the range of activities which are appropriate to broader regional cooperation, transport, communication, energy, fisheries and environment are important to the development of the broader Caribbean area and inherently lend themselves to multi-national, region-wide solutions. Cooperation through educational exchanges and dissemination of research results are clearly of advantage to all Caribbean countries. Finally, the expansive nature of health, nutrition and disease control and the effective inter-island communications network already established by the Caribbean Regional Epidemiology Center (CAREC) and the Caribbean Food and Nutrition Institute (CFNI) make the fuller integration of activities in this sector highly desirable.

It is in the context of health, nutrition, and integrated development activities and in the design of innovative programs in the public and private sectors in such areas as community-based distribution, commercial retail sales and voluntary sterilization, that increased support to population and family planning should be extended through the various networks of existing regional and sub-regional institutions and organizations, both government and non-government. In addition to the regional institutions discussed elsewhere, there are reportedly 42 non-government organizations (NGOs) at the national and regional levels that might merit special attention. Although 90 percent have no staff or program, perhaps a number of them have the potential to contribute to awareness-building and education in a variety of fields, including family life education and family planning. The challenge is to identify the missing links in their organization or infrastructure to maximize that potential.

Finally, it is important to keep the meaning or use of "regional" as flexible as possible. On the one hand, "regional" may in fact encompass all the countries of the Caribbean (including the various language groups), or perhaps those countries which make up the Commonwealth Caribbean. On the other hand, "regional" may involve only the LDCs within the Commonwealth Caribbean or a configuration of several countries cutting across language groups. The latter, for example, might include Grenada and St. Lucia and perhaps Guadeloupe and Surinam. Certainly that kind of "regional" mix is possible within the Caribbean Family Planning Affiliation (CFPA). Moreover, support for projects on such a regional or sub-regional basis should be encouraged.

II. OBSERVATIONS AND RECOMMENDATIONS

The observations which follow are based upon my recent visit to the Caribbean and conversations with a number of resource persons much more knowledgeable of and experienced in the Caribbean than I. The purpose of this section is to share some ideas and perceptions on several areas and issues relevant to population and family planning and to offer general suggestions as to what further might be done.

A. POPULATION POLICY

The governments in the Caribbean are generally supportive of family planning programs. Except for Belize and Guyana, most of the countries have a national family planning program, in which the government or the private family planning association, or sometimes both of them together, manage the delivery of family planning services. Even in Guyana, which espouses a pro-natalist position, family planning is integrated into family health services for purposes of child spacing. In fact, it is generally the case, especially in government-run programs, that family planning is integrated into maternal and child health services.*

Despite the direct or tacit support for family planning demonstrated by the governments, and the increasing application of demographic variables in the planning and development of socio-economic programs, there is no clear indication that the governments, either individually or collectively, understand or recognize the implications of rapid population growth. And even low growth rates, even of 1.0 percent, can have a devastating impact on small, high population-density countries!

Obviously, the support for or against a policy to ensure the widespread availability of family planning information and services is a decision to be made by each country. It is a political decision in which the politicians want naturally to avoid accusations of "population control"; of overzealous promotion of voluntary sterilization; of corrupting the morals of youth; or of pushing family planning on any one ethnic group. At the same time, however, it is essential that politicians and government officials have a proper understanding of the real needs and demands of their populations with respect to family planning. Thus, the results from the World Fertility Surveys in Guyana, Jamaica and Trinidad and Tobago provide information to the leaders in those countries on the extent of the demand for family planning services, including voluntary sterilization.

Actually, the politicians and government officials should probably not be castigated too seriously for not responding much faster and sooner to the population problem facing the Caribbean. Even in countries in the developing world, as in Asia, for example, which have mounted vigorous family planning programs in an attempt to reduce their high rates of population growth, most of the national programs were not initiated until the mid- or late sixties. And in that respect some of the Caribbean countries were not too far behind. Unquestionably, the demographic variable which has contributed most to the dramatic increase in population growth in the Caribbean within a relatively short period of time is

* For a brief summary of the status of family planning in a number of Caribbean countries, see Appendix E.

migration. The increased restrictions in recent years on emigration outside the region have affected all the countries, almost doubling the population growth rates in some cases. Moreover, inter-island migration has apparently become a more frequent phenomenon about which, unfortunately, not enough is known.*

For the demographic issue to be taken seriously on a regional basis, like other issues such as energy or environmental health, the CDB and CARICOM must marshal their resources, which include the Ministries of Finance (with statistical offices) and Health, to gain a better understanding and recognition among the member governments of the problems inherent in population growth, and the latter's impact on national development goals.

Recommendation: Since it will take some time, even with the best intentions, to affect a consideration of the demographic problem at the regional level by the various governments, it is recommended that an in-depth analysis of two or three countries among the LDCs of the Commonwealth Caribbean be carried out. The objectives would be twofold: to assess the development needs, including family planning, in the countries selected; and to develop an instrument for generating demographic and socio-economic data for development planning purposes which could be applied to other countries as well. The in-depth country analysis, as it relates to population and family planning issues, should identify the current level of contraceptive practice, the target populations to be served, the government and non-government organizations involved, and the status and need of international donor assistance. This exercise might be best carried out by regional entities within UWI (ISER, WAND, etc.) in collaboration with government and non-government organizations, particularly the CFPA and CCC. CARICOM could perhaps serve as project coordinator with an inter-institutional coordinating committee to include representation from the CDB.

As a corollary to this exercise, there is need for an updated annotated bibliography of population and family planning-related documents and reference materials for the entire Caribbean.

B. INTERNATIONAL DONOR SUPPORT

Except for the UNFPA and IPPF, and the World Bank's population projects in Jamaica and Trinidad, assistance for population and family planning in the Caribbean from the international donor community has been modest, sporadic and ad hoc.

The limited involvement to date is apparently the result of several factors: due to its small size, the Caribbean (except for Jamaica and Trinidad) has not really been considered part of the world's population growth problem and therefore relegated to a low priority; many donor agencies lack even a rudimentary knowledge of the Caribbean and are generally unaware of the unique development

* It is important that those responsible for the 1980 census include data on "foreign born" and "relatives living abroad" -- data which was dropped from the 1970 census.

problems of the region; donor agency staff responsible for the Caribbean are, with few exceptions, based outside the region -- in Bogota, Boston, Mexico, New York, and Santiago de Chile, for example; few donor agencies have the manpower and/or management capacity to deal with so many small countries; even when this is not the case, they question the relatively "poor return" on the time invested. The latter problem, moreover, has been exacerbated by the scarcity of viable regional institutions in the Caribbean through which support could be channeled. Consequently, there is a lack of confidence in some cases in fostering a so-called regional approach.

It could be argued, perhaps, that there is no need for any more donor support in the Caribbean; that the major problem, especially in the public sector, is the inability of management to spend the funds currently available; that the absorptive capacity is such that most countries could not handle a substantial increase in external funding.

On the other hand, most of the funding to date for population and family planning has been channeled either through government bureaucracies or relatively small, understaffed associations. While much has been achieved as a result, there is need also for more flexible, innovative approaches to identifying and supporting additional networks and organizations at the regional, sub-regional and national levels.

Recommendation: Remindful that great needs also require great sensitivity, the international donor community should more actively explore alternative ways to complement the current level of population and family planning activities in the Caribbean. In the process, it is important, particularly for those donor agencies with little or no track record in the Caribbean, to benefit from the experience and expertise of donor agencies, such as IPPF and PAHO.

Since family planning is frequently integrated into other development activities, both by preference and necessity, certain projects and programs may require considerable flexibility on the part of donors in approving or allocating funds from any one "pocket" -- i.e., from population, or health, or women in development, or non-formal education, etc. Hence, it may be necessary to either fund certain portions of a project or commingle the funds with other sources of support.

C. COMMUNITY-BASED DISTRIBUTION

The needs and opportunities for community-based distribution (CBD) programs in the Caribbean are very different from those that exist in countries such as Brazil, Colombia, and Thailand. Most of the island countries are very small in size, such that a major hospital plus two to five clinics are sufficiently adequate to take care to the country's "clinical" needs in family planning. In addition, of course, there are the pharmacies and the private practitioners. Thus, the need for, and concept of, CBD in the Caribbean context does not conform to the "standard" CBD program of one unit supervisor for five field officers for

100 community-level agents. "CBD" in this situation might involve an active outreach program from the family planning clinics; the use of youth educators among rural community development programs; the effective allocation of clinical personnel to work in factories and schools; or the location of depot sites in neighborhood communities. Regardless of what constitutes "CBD," there is a need for responsive, innovative approaches to reach the population not being served by existing programs, particularly the 14 to 25 year olds. This age group is the key target population, characterized by inordinately high rates of fertility and unemployment. Family planning assistance, whatever form it takes, will obviously not be the panacea for the many problems faced by the 14 to 25 age group. It is extremely important, therefore, that such assistance be integrated into programs which constitute a comprehensive response to their multiple needs.

Recommendation: The CFPA, in collaboration with two or three member FPAs plus the Trinidad and Tobago FPA and CARICOM Health Section, should be encouraged to design a "regional" CBD proposal to support the implementation of pilot projects in the Caribbean. In so doing, it is important to keep the evaluation simple, realizing that precise replications are not likely possible. The project should therefore not include expensive before and after exercises involving fertility/family planning baseline surveys and post-program contraceptive prevalence surveys. A record of family planning performance, including clinic figures, commercial sales and other measurements of contraceptive usage, and an evaluation of the "CBD vehicle" should suffice.

D. VOLUNTARY STERILIZATION

Voluntary sterilization services are offered in a number of Caribbean countries, although they represent a relatively small percentage of family planning acceptors.* The acceptors are principally female, with some efforts to promote the vasectomy among males.

Some of the problems in expanding voluntary sterilization, despite the need among high-risk women and the interest among many men and women, are a function of cultural and political realities. In a society, in which multiple conjugal relationships, usually sequential, are the norm of the predominant sub-culture, and, in which it is important to "make children" for one's partner, the idea of irreversible contraception does not offer a viable solution to family planning for much of the population. On the political side, the theme of voluntary sterilization sometimes conjures up the specter of "population control." And the politicians and government officials, mindful of the "experience in India," want to avoid any situation in which they would be vulnerable to such accusations.

* Nevertheless, the World Fertility Studies in Guyana, Jamaica and Trinidad - Tobago which are to be released over the next few months will reportedly indicate a use of and demand for voluntary sterilization in those countries. Ironically enough, the most successful voluntary sterilization programs in the Caribbean are found in the Roman Catholic countries of the Dominican Republic and Puerto Rico.

Here again, it is important that the politicians also understand the increasing demand for such services for in spite of the cultural and political constraints, voluntary sterilization does represent an essential and desirable alternative for some men and women. To prepare health personnel in this area, the Department of Obstetrics and Gynecology at UWI offers an excellent training program for physicians in surgical techniques and procedures. There are also signs that voluntary sterilization is becoming a more acceptable subject for public discussion. Two conferences on voluntary sterilization are to be held in Jamaica and St. Lucia in September this year. The one in Jamaica is on vasectomy.

Recommendation: Voluntary sterilization is only one of the methods of fertility control that should be available to men and women and should be promoted as such. It is important, therefore, to integrate the subject into the overall family planning programs, including information and education campaigns, as currently proposed by the Trinidad and Tobago Family Planning Association.

In addition, it is essential to diversify and intensify the approaches to reach men, not necessarily to promote any particular method or product, but to take a generic approach, dealing with the human problems caused by irresponsibility and desertion. In this case, it would be helpful to build on the experience of the programs in Jamaica which have been designed to reach the male population. The CFPA, for example, could develop such a project with two or three member FPAs and subcontract an advertising agency to implement it. Likewise, greater support could be given to the special programs of the Caribbean Conference of Churches in the areas of home and family life education, youth and women.

E. COMMERCIAL RETAIL SALES

Jamaica has designed and operated a successful commercial retail sales program through distribution and advertising of "Perle" oral contraceptives and "Panther" condoms. The program was launched in mid-1975 to complement other public and private family planning programs. Consideration is now being given to extend the "Perle" and "Panther" program to other islands in the English-speaking Caribbean.

It would appear to make sense to export the program from Jamaica rather than try to transfer the base of operations to another island country. Obviously, it will be important to involve organizations like the CFPA and CARICOM in the planning and launching of a commercial retail sales program. Although the actual operating responsibility should be assigned to an advertising and marketing firm, the CFPA and CARICOM could serve as an advisory group with respect to strategy, pricing, etc. The CFPA member FPAs could also lend valuable support at the local level.

The importance of developing an innovative commercial retail sales program is to increase the options for making contraceptive supplies available to the population at a low price. One of the problems in extending the program to other islands is the VAT (value added tax), which would increase the price, thereby defeating the objective of providing low-cost contraceptives.

Recommendation: The governments should be requested, through the offices of the CARICOM Health Section and Conference of Health Ministers, to grant tax-exempt status to contraceptive commodities and packaging used in such a commercial retail sales program. The program would contribute to ongoing health and family planning programs through the provision of contraception and, additionally in the case of condoms, the prevention of venereal disease.

F. STATUS OF WOMEN

As elsewhere, the status of women impacts both directly and indirectly on the level of fertility in the Caribbean. And like elsewhere, attempts to do something about the status of women, to improve their economic, social and political condition, are joined by controversy and debate on the need to and the how to. The situation is further complicated in the Caribbean by the social and cultural reality of multiple sequential relationships and multiple fathers. And the most glaring result is pregnant teenagers, married or unmarried.

Advocates claim that early pregnancies cut off later options; that once pregnant and out of school (most schools do not readmit "mothers") with no special skills training, the young mothers have precluded any real job possibilities. Others argue that such a scenario is not valid; that no options are cut off, because there were or are none in the first place; that today's school graduates, male or female, cannot find meaningful work; and that if jobs were to be had, they should go to the males. The advocates' rejoinder is that jobs for men do not ensure income for families because of the precarious nature of the so-called family relationships; that jobs for men, in other words, do not equal support to families; and that, therefore, the woman, as most common head of household, must also have an income.

In any case, since the improved status of women impacts favorably on fertility over time, there is need, where possible, for a comprehensive approach to family planning and development programs -- i.e., a need to be alert to opportunities for incorporating family planning services into programs aimed at improving the status of women, such as vocational training, agricultural extensive work, day care centers for children of young mothers, and income-generating projects, etc. Concomitantly, there is need for increased communications and dialogue between those who are primarily concerned about improving the status of women and those whose principal objective is to provide family planning information and services to women (and men) who want such services but are not currently being served. While the latter is a move short to intermediate term response and the former is designed for the long haul, the value of recognizing the differences in focus and working our projects and funding arrangements which will meet the interests of all groups is obvious.

Recommendation: The status of women is related in part to problems of adolescent fertility and to job development -- both of which are critical concerns to the welfare of the Caribbean. Therefore, it is important to explore ways of developing innovative programs which reflect a multiple response to multiple needs. In addition, it is important to support the efforts of CARIWA and WAND to establish a Women's Desk at the CARICOM Secretariat. Such a move would help to strengthen the regional institution and to provide a platform for the promotion of the rights of women -- rights which must invariably include the right to practice family planning.

G. MANAGEMENT

Management, according to the Health Ministers of the CARICOM countries, is the number one priority in the Caribbean. For that reason, the Health Section of CARICOM, with support from USAID, is initiating a three-year regional health management training project in mid-1979. The project is designed for health management personnel in general but should affect indirectly the provision of family planning to the extent that it improves the delivery of health services.

In addition to the indirect input arising from the CARICOM project, there is the training of family planning administrators provided by the fertility training program at the Mona campus of UWI in Jamaica. The faculty of the Department of Management Services which participate in the program are not only competent in the management field but have experience in population/family planning programs as the result of workshops and case study work done in Antigua, Dominica and St. Vincent with the support of PAHO. As for the latter, PAHO has four administrative officers stationed in the Caribbean.

Finally, there are a number of public institutions and private firms in the Caribbean which can provide assistance to population and family planning programs (see Appendix F). The problems, however, is to match the specific management needs of institutions and personnel to the expertise available. For example, the management problems may range from the general (organizational structure and reorientation of overall program strategy) to more specialized areas (financial administration and information control systems). Consequently, management training programs must be tailored to specific needs. Equally important is the design of special follow-up activities.

Recommendation: Since management is a priority problem, and since the region presumably has a number of sources of management expertise in the public and private sectors, it is recommended that, a) a compendium of management resources, including manpower, area of expertise and experience, be assembled; b) the specific management needs in family planning in a selected number of countries be identified, with assistance from CARICOM, IPPF/WHO and PAHO; and c) based upon the results of a) and b), a series of management workshops be carried out for public and private sector managers of family planning programs.

H. REGIONAL COOPERATION

It has been emphasized throughout this report that high priority should be given to fostering regional approaches and cooperation. The linkages between regional institutions and national and local groups merit and require a great deal of support. There is a need to overcome both the weak links that exist throughout and the prevailing psychology towards regionalism (resulting only in part from fierce nationalism) which reflects a it-never-worked-before mind set.

The government organizations which are discussed in the next section, and those which are not, such as CARDI, CAREC, CDB and CFNI, represent viable options for those seeking a regional approach. But they are going to require sustained support to have any significant impact in their respective areas of responsibility.

The importance of the non-government organizations, particularly the CCC and CFPA, rests not only in their active constituency in the Commonwealth Caribbean but in their outreach to the Dutch, French and Spanish-speaking countries. Thus, support for these organizations can impact over a wide area in the Caribbean.

Recommendation: In working with and strengthening the regional institutions and networks, it is important not to lose sight of the effective support which can still be provided at the national and sub-regional levels. In fact, "regional" in many cases might involve the development of cooperative projects with two or three countries. Thus, flexibility should become a basic characteristic of the art of regional grantsmanship.

III. SELECTED REGIONAL INSTITUTIONS

The regional institutions in the Caribbean which are briefly discussed in this section are limited to those which either have ongoing population and/or family planning-related programs or the possible potential to develop such programs.* The institutions are divided into government and non-government organizations.

Government Organizations

A. CARIBBEAN COMMUNITY AND COMMON MARKET (CARICOM)

CARICOM was formed in mid-1973 upon the ratification of the Treaty of Chaguaramas by Barbados, Guyana, Jamaica and Trinidad. The four "more developed countries" were joined in 1974 by the "least developed countries" of Belize and the seven Leeward (Antigua, Montserrat and St. Kitts-Nevis-Anguilla) and Windward (Dominica, Grenada, St. Lucia and St. Vincent) Islands of the Eastern Caribbean. CARICOM is a key institution for economic cooperation and joint approaches to development with broad responsibilities as well in sectoral and functional areas -- education, health, communication, transportation, sports and culture. CARICOM has two main long-term goals: to foster general economic development, particularly employment, and to reduce the region's external dependence. The CARICOM Secretariat is located in Georgetown, Guyana.

The Health Section's primary responsibilities are to: 1) service the annual meetings of the Health Ministers Conference and implement Conference resolutions; 2) prepare statements on regional health policy, including descriptions of health problems, priorities and objectives; and 3) develop and foster programs of regional cooperation in priority areas such as management; training; primary health care; environmental health; food and nutrition; and maternal and child health. The Health Section has a technical staff of six and a lawyer.

CARICOM supports family planning as an integral part of its maternal and child health strategy (see PAHO's scientific publication No. 325), with special emphasis on high-risk groups. However, ". . . the inclusion of family planning among the services provided (is) subject to the right of each government to determine its own population policy."**

* There are, no doubt other regional or sub-regional entities which the reader may identify. You are therefore encouraged to do so!

** "Declaration on Health for the Caribbean Community," Resolution 4 adopted by the Ministerial Conference at its Fourth Meeting, St. Lucia, July, 1978, p. 16.

CARICOM is initiating in mid-1979 a three-year management training project totalling \$1.8 million for the "least developed countries" and Barbados. "Management" was identified as the number one priority at the Health Ministers' Conference in 1978. The "Health Management Development" project is funded by USAID and designed to provide on-island training in basic management skills to all levels of health staff. It is expected that the improvement in overall management capacity in the health sector will result in the more effective delivery of health services, including family planning.

B. UNIVERSITY OF THE WEST INDIES (UWI)

The University of the West Indies was founded in 1948 to serve the English-speaking Caribbean.* Courses are offered in Arts, Social and Natural Sciences, Education, Medicine, Law and Engineering. The University maintains campuses in Barbados, Jamaica and Trinidad. The institution is funded by the participating states according to the number of students each has enrolled.

The University of the West Indies represents one of the important regional institutions through which assistance to population and family planning programs throughout the English-speaking Caribbean could be expanded. The University has a close working relationship with a wide variety of national and regional agencies, institutions and organizations. Moreover, in addition to its three major campuses, UWI has an extensive outreach program which the member governments have requested to be expanded. Some of the key departments and institutes of the University include the following:

1. Department of Obstetrics and Gynecology

The Department, located at the Mona Campus in Jamaica, conducts clinical research on fertility control measures, including contraceptive methodology, abortion and sterilization. Training activities include teaching of physicians at post-graduate level in obstetrics and gynecology and special sterilization techniques; physicians in family planning techniques; and medical students, nursing and nurse-midwife students.

With financial assistance from the UNFPA and the governments of Jamaica and West Germany, the University has established a high-caliber training center to meet the needs for training in the Caribbean context. The "Advanced Training and Research in Fertility Management" program offers multi-disciplinary training courses, ranging from two to eight weeks duration, to gynecologists, general practitioners, nurses, midwives, health educators, social workers and family planning administrators. The training includes the clinical, educational and administrative aspects of family planning and involves the many excellent human resources available at the University in the fields of management and project planning, demography, communications, human sexuality, counseling, family life education, clinical/surgical procedures, and research methodology.

* Apart from UWI, there are universities in the Caribbean in the Dominican Republic, Guyana, Haiti, Puerto Rico and Cuba.

2. Department of Extra-Mural Studies

The University maintains a presence throughout the region by stationing resident tutors in each of the affiliated countries. The extra-mural centers have access to a wide range of technical and professional expertise and relate to both government and non-government activities.

The Department includes three special units: Social Welfare and Family Life Education located on the Jamaica campus and Women and Development (WAND) located in Barbados. The WAND Unit, which began functioning in August, 1978, serves as a link between regional, national and local groups; as coordinator between government and non-government organizations and other regional agencies; and as liaison with international groups and national women's bureaus. WAND has a special role to play in training and in the formulation and support of projects that improve the economic status of women. The Unit is involved in the training of rural women in income-generating activities and interested in integrating population and family life, education, nutrition and home economics into the training programs.*

3. Faculty of Agriculture

In 1960, the Imperial College of Tropical Agriculture founded in 1922, merged with the UWI and became its Faculty of Agriculture. The Faculty offers undergraduate training and M.S. and Ph.D. degrees in a wide range of specializations. The Faculty is located on the St. Augustine campus in Trinidad and in 1977-78 had some 220 undergraduates and 70 post-graduate students. In addition to its teaching program, the Faculty has a quality research program and an active outreach program through its Extension Department.

The Faculty of Agriculture will coordinate a University of the West Indies project, entitled "Population Education in Rural Development in the Caribbean," to begin in January, 1980. The three-year project, with probable funding from the UNFPA, will relate population education and applied research to rural development within the Commonwealth/CARICOM countries and territories of the Caribbean region.

4. Institute of Mass Communications (IMC)

The Institute of Mass Communication is located on the Mona Campus in Jamaica. The Institute is a resource for communications training, the development of educational materials, and the design and implementation of pilot communications projects.

* WAND has an excellent "Caribbean Resource Book -- Focusing on Women in Development," which is the result of a collaborative effort on the part of the Women's Bureau of Jamaica, the Extra-Mural Department of UWI, the International Women's Tribune Center (New York) and many individual contributors throughout the Caribbean.

The Institute has collaborated with the Caribbean Family Planning Affiliation (CFPA) in two project areas: a Communications Internship Program in which students are assigned to family planning associations in the region to carry out practical fieldwork (10 students are scheduled for the summer this year), and the selection of nine articles on population-related themes from a student competition to be published in Caribbean newspapers.

5. Institute of Social and Economic Research (ISER)

The Institute is associated with the Faculty of Social Sciences and has centers on the three UWI campuses. ISER offers courses in demography and conducts research throughout the region. Of particular interest are its studies on migration, fertility and, more recently, the status of women. Publication of the World Fertility Studies in Guyana, Jamaica and Trinidad and Tobago should enable ISER to make a valuable contribution to social and economic planning in those countries through analysis and interpretation of the data.

Non-Government Organizations

A. CARIBBEAN CONFERENCE OF CHURCHES (CCC)

The Caribbean Conference of Churches was inaugurated in 1973, with 15 churches as founding members. The Roman Catholic Church is a full member. The Assembly of CCC is the major policy-making body and meets every four years. The weakness of the CCC is its strength -- it represents the widest-based regional initiative in the Caribbean. The present membership of 27 churches covers the entire Caribbean region, including the Dutch, French, and Spanish-speaking countries. The CCC has program centers in Antigua, Barbados, Curacao, Guyana, Jamaica and Trinidad.

The work of the CCC is carried out through two Commissions: The Commission on Development (CADEC) and the Commission on Renewal (ARC). Although the two are administratively separate, much of the planning and programming is done jointly. The headquarters of the CCC is in Trinidad, as are the offices of ARC. CADEC is based in Barbados.

1. CADEC (Christian Action for Development in the Caribbean)

CADEC was founded in 1969 as an ecumenical program for the social and economic development of the peoples of the Caribbean and in 1973 was officially recognized as the development agency of the CCC. CADEC has sub-regional directors in each of the six CCC program centers.

CADEC's programs are organized into three "clusters": Project Development, Education for Development, and Communications. Project Development encompasses the CADEC Development Fund which allocated almost \$1.4 million during 1978 to

to 73 development projects;* the DERA (Disaster, Emergency Relief and Welfare) program; technical and financial support for agricultural projects (LAFFP); and the appropriate technology resource service.

Education for Development includes such matters as human rights, non-formal education, and development studies at theological schools.

The Communications program incorporates a vast array of communications media: "Radio Contact," a weekly, one-half hour magazine program, which is produced and supplied to 16 commercial stations; a monthly regional newspaper, "Caribbean Contact," which is five years old and has a circulation of 53,000; "Christian Action," a monthly newsletter; and "CEDAR Press," which produced 13 books during 1973, covering such topics as tropical farming, human rights and development, home and family life, and tourism. The program also provides a documentation and research service and audio-visual and graphic services (CAVIS).

2. ARC (Action for Renewal of the Church)

ARC was created in 1974 by decision of the CCC. Most of its activity is supportive of the work of the member-Churches of the CCC through leadership development, theological reflection, action workshops and church music. Its programs, therefore, are not as easily identified as those of CADEC.

ARC's programs are also divided into three "clusters," one of which contains the social action programs of the CCC in the areas of youth, women, and home and family life. CEYA (Caribbean Ecumenical Youth Action) has three Youth Coordinators who coordinate youth work in the member-Churches; promote awareness among youth of CCC's goals; and work with youth groups and leaders on understanding the needs and problems of youth in the Caribbean.

The Caribbean Church Women's (CCW) program was established in 1971 and placed under ARC on the inauguration of the CCC in 1973. The CCW program has four sub-regional coordinators. Through seminars and workshops, the CCW has been involved in leadership training; consciousness-raising activities; family life education; consumer education; and development projects.

The basic objectives of the Home and Family Life Education Program are to promote attitudinal changes towards family relationships and responsibilities, emphasize the importance of family unity, and develop a strong network of FLE resources in the Caribbean. The program, which has a regional coordinator in Trinidad and a part-time sub-regional coordinator in Jamaica, involves continuing education, dissemination of publications and training programs for professionals

* The CADEC Development Fund received about U.S. \$1.3 million in 1978 from 10 donors in North America and Europe.

and paraprofessionals. Two resource books were produced in 1978: "Family Stories" and "Cradle of the Nation."

B. CARIBBEAN FAMILY PLANNING AFFILIATION (CFPA)

The CFPA, which was founded in 1973, is a member of the International Planned Parenthood Federation, and as such forms part of the Federation's Western Hemisphere Region. Membership in the CFPA currently involves family planning associations (FPA's) in 15 countries in the Caribbean, including Dutch and French-speaking countries.*

Due to its unique configuration of members, the CFPA represents an important and valuable addition to the efforts of regionalism in the Caribbean. The CFPA provides a forum for the FPA's to share ideas and experiences and to develop programs on a regional and sub-regional basis. It can also serve as a vehicle for the channeling of support from international donor agencies to family planning programs and other development-related activities.

In mid-1977, the IPPF/WHR decided to increase its support to the CFPA. As a result, financial assistance to the CFPA members increased by some 20 percent from 1978 to 1979; the IPPF/WHR staff assisted member FPA's in obtaining support from other international donor agencies; and the CFPA Secretariat was established in early 1978.

The CFPA Secretariat named its first executive director in mid-March last year. The Secretariat occupied an office in the facilities of the Grenada Planned Parenthood Association until May this year, when it relocated in Bridgetown, Barbados to facilitate communications, coordination and travel. The present staff consists of the executive director, an assistant who began in April this year, and a secretary.

During its first year of activities, the CFPA Secretariat was essentially a one-man operation, in which the executive director concentrated on learning about IPPF, its organization, policies and procedures; becoming familiar with the management, role and priorities of the FPA's in each country; servicing the CFPA's executive committee and regional council; meeting with representatives of regional and international agencies; and appreciating the challenge of working in a Caribbean-wide regional institution. Two projects were managed by the CFPA Secretariat during this period, both of which involved collaboration with the Institute of Mass Communications of the University of the West Indies.

The CFPA Secretariat will receive some \$65,000 in core support from IPPF during 1979, with an additional sum of approximately \$450,000 going to the CFPA members. Funding of the latter flows directly from IPPF to the member FPA's in support of their annual work program/budgets. As noted elsewhere, the IPPF/WHR assigns program advisors to liaise with member associations, including those that make up the CFPA.

* Like the CFPA, Barbados, Jamaica and Trinidad and Tobago are also members of the IPPF and do not form part of the CFPA.

C. CARIBBEAN WOMEN'S ASSOCIATION (CARIWA)

CARIWA was founded in 1973 and includes representatives of women's organizations in 13 countries. The President and Secretary of CARIWA are located in Guyana and Barbados respectively. The Association provides an institutional "umbrella" for non-governmental women's organizations at the regional level and to coordinate programs at the national level.

At present, CARIWA has no full-time staff. Consequently, if the Association is to realize its potential through such activities as leadership training programs and income-generating projects, it must seek core and program support from both regional and international sources.

IV. INTERNATIONAL DONOR AGENCIES

International assistance to population and family planning programs in the Caribbean emanates primarily from two multi-lateral donor agencies: the United Nations Fund for Population Activities (UNFPA) and the International Planned Parenthood Federation (IPPF).* UNFPA's support is directed mainly to public sector programs managed by governments, with either FAO, ILO, or PAHO normally acting as the executing agency. IPPF's funds support private sector programs carried out or sponsored by the family planning associations affiliated with the Federation. Thus, the support from these two agencies is generally complementary.

What follows is a brief summary of the role of international donor agencies which have been or are active in the Caribbean.**

A. CARNEGIE CORPORATION

The Carnegie Corporation provides core support for the regional program of the Women and Development Unit, Extra-Mural Department, University of the West Indies. Initiated in August, 1973, the three-year grant of approximately \$100,000 per year includes support for core personnel, training, consultants, technical assistance and travel.

B. CHURCH WORLD SERVICE (CWS)

The Family Life and Population Program of Church World Service (with assistance from the UNFPA) is supporting a \$75,000 three-year (1978-1980) Family Life and Education Program of the Caribbean Conference of Churches. The project supports one component of a comprehensive home and family life program: six sub-regional seminars/workshops on population and family life.

C. DEVELOPMENT ASSOCIATES, INC. (DAI)

In 1978, DAI funded an inter-institutional communications Internship Program which enabled four students from the Institute of Mass Communications (IMC) of the University of the West Indies to carry out practical fieldwork in four family planning associations affiliated with the Caribbean Family Planning Affiliation (CFPA). The CFPA will expand the program in 1979 to involve 10 IMC students in an equal number of family planning associations.

* The World Bank has also provided support to the Caribbean by extending loans to population projects. However, the Bank's assistance to date has been limited to Jamaica and Trinidad.

** The list does not include those, such as CRESALC, Family Planning International Assistance, the Margaret Sanger Center and Oxfam, which have in fact provided modest support to the area; nor those obviously which I have omitted through oversight.

DAI is exploring other opportunities to support training activities in the Caribbean, including workshops on commercial retail marketing and on the management of adolescent fertility.

D. FOOD AND AGRICULTURAL ORGANIZATION (FAO)

The FAO has acted as executing agency in the implementation of UNFPA-supported projects relating population activities to rural development. Of particular note is a 1976 project in population education research, documentation and training through agricultural and rural programs which has served as the precursor to a comprehensive three-year population education in rural development project which is scheduled to begin in January, 1980. The University of the West Indies will request funding for the project on behalf of the University's associated countries in the Caribbean. The project will be coordinated by the Faculty of Agriculture.

E. FORD FOUNDATION

The Ford Foundation no longer supports a population program *per se* in the Caribbean. In 1972, for example, the Foundation made a grant of \$188,000 to the Department of Obstetrics and Gynecology of the University of the West Indies to establish a unit and support training in culdoscopy. Today, however, the Foundation's interest in the population field in the Caribbean is focused primarily on migration studies carried out by the Institute of Social and Economic Research of UWI, with increasing emphasis as well on studies on the status of women.

F. INTERNATIONAL DEVELOPMENT RESEARCH CENTER (IDRC)

In the early seventies IDRC funded two modest projects in the Caribbean, a KAP-type study in Dominica and an annotated bibliography of documents on family planning in the West Indies. A third project, a KAP study, which began in 1974 and was carried out in Grenada, St. Lucia and St. Vincent, is to be completed shortly. The study, which originally included a family planning impact component, was conducted by the Department of Social and Preventive Medicine of the University of the West Indies.

IDRC support to health and family planning projects in the Caribbean is currently limited to projects in Haiti and the Dominican Republic; new efforts are planned, however, to identify projects in other Caribbean countries.

G. INTERNATIONAL LABOR ORGANIZATION (ILO)

The ILO has acted as executing agency in a series of UNFPA-supported projects designed to train labor leaders in population and family life education. The projects were carried out in Dominica, Jamaica, St. Kitts-Nevis-Anguilla, St. Lucia, and St. Vincent.

H. INTERNATIONAL PLANNED PARENTHOOD FEDERATION/ WESTERN HEMISPHERE REGION (IPPF/WHR)

The IPPF/WHR provides support to 31 grant-receiving family planning associations in the region, including 12 which are affiliated with the Caribbean Family Planning Affiliation (CFPA) and the associations in Barbados, Jamaica, Trinidad and Tobago. IPPF/WHR also funds the CFPA Secretariat. Of the total IPPF/WHR 1979 work program budget of some \$12.0 million (not including the regional office), about \$900,000, or slightly less than eight percent, is allocated to support programs in the Caribbean.* Of this amount approximately \$500,000 supports the programs of the CFPA Secretariat and its affiliated members, with the balance of \$400,000 for the work of the associations in Barbados, Jamaica, Trinidad and Tobago.

The offices of IPPF/WHR are located in New York, and the staff includes five program advisors who serve as liaison on program-related matters between the associations and the regional office and act as catalysts in identifying new project opportunities and analyzing technical assistance needs.

I. INTERNATIONAL PROJECT ASSOCIATION FOR VOLUNTARY STERILIZATION (IPAVS)

In February of this year, IPAVS approved a one-year grant totalling \$85,000 to support the establishment of the voluntary sterilization clinic of the Barbados Family Planning Association. In Jamaica, IPAVS has funded a one-year project (ending July, 1979) totalling \$64,000 to equip two operating rooms in support of the program in Advanced Training and Research in Fertility Management of the Department of Obstetrics and Gynecology, University of the West Indies. IPAVS has also provided modest support for a voluntary sterilization program in the Jamaica Family Planning Association's Beth Jacobs clinic. In St. Lucia, IPAVS has provided \$26,500 for the laparoscopic sterilization program of the Family Planning Association conducted at Victoria Hospital. In Trinidad and Tobago, IPAVS completed funding (\$39,700), as of September, 1978, of the Family Planning Association's male and female voluntary sterilization service program. The International Project has recently approved a one-year project (\$25,000) to the Grenada Planned Parenthood Association to expand its voluntary sterilization program at General Hospital and to conduct a public information and educational campaign.

The International Project has three additional projects under discussion: the establishment of an endoscopic equipment repair and maintenance center in Jamaica; the renovation and equipping of one clinic and two hospitals under the Jamaican Ministry of Health and Environmental Control; and a national voluntary sterilization information and education program to be carried out by the Family Planning Association of Trinidad and Tobago.

In addition to its support to service activities, IPAVS plans to fund two sub-regional conferences on voluntary sterilization in September this year. The conferences will be held in Jamaica and St. Lucia under the auspices of the respective Family Planning Associations.

* The Dominican Republic is not included in this figure, and Haiti does not have a family planning association associated with the IPPF.

J. OVERSEAS DEVELOPMENT MINISTRY (ODM)

The Overseas Development Ministry of Great Britain set up a regional administrative office, the British Development Division, in 1966 in Barbados to serve the Eastern Caribbean.

The ODM is currently reviewing possible support to a two-year family planning communications training project presented by the Caribbean Family Planning Affiliation. The project would provide training in communications and family planning through a series of country-based workshops.

K. PAN AMERICAN HEALTH ORGANIZATION (PAHO)

The Pan American Health Organization has field offices in Barbados, Guyana, Jamaica and Trinidad. The country representative in Barbados also serves as the Caribbean Program Coordinator. The regional family health advisor, a nurse-midwife and a family life education advisor are also based in Barbados.

In addition to its multiple activities in support of such areas as health training, health planning systems and environmental health, PAHO acts as the executing agency for a number of UNFPA-funded projects in the Caribbean. The latter include support to maternal and child health/family planning programs in Dominica, St. Kitts-Nevis-Anguilla, and St. Vincent, with plans underway for a similar program in St. Lucia. The support includes equipment, supplies, training and some salaries. PAHO is also the executing agency for a youth project in St. Kitts-Nevis-Anguilla, one of three UNFPA-funded youth projects in the Caribbean. A fourth, in Antigua, is pending.

PAHO's current emphasis in family health is on regional training programs, particularly for youth, nurses and physicians. In addition, the regional family health advisor, in collaboration with CRESALC, IPPF/WHR, UNFPA, and a representative of the OAS, is planning a coordinating meeting on Family Life Education to be held probably in October this year. Finally, PAHO is expected to conduct a UNFPA-funded evaluation of the national family planning program in Trinidad and Tobago. The project is pending an official request from the government.

L. PATHFINDER FUND

Pathfinder Fund's only active project in the Caribbean involves support (approximately \$16,000 per year), which is match by IPPF/WHR, to the Program for Adolescent Mothers of the Jamaica Women's Bureau. The project, now in its second year, provides continuing education and vocational training for two groups of adolescent women: pregnant unmarried women still in school under the age of 16 years and unmarried, unsupported, unemployed young women with at least one child who have no marketable skills.

M. PIEGO/JOHNS HOPKINS (JHPIEGO)

At the request of the Jamaican Ministry of Health and Environmental Control, JHPIEGO reviewed the laparoscopy program in Mid-January this year. The principal task was to make recommendations regarding the conversion of 13 laparoscopes from cautery to falope ring (System A's). Subsequently, training sessions of two- and three-weeks' duration were programmed, in collaboration with the Department of Obstetrics and Gynecology of the University of the West Indies, to set up the equipment and to train physicians in the falope ring method. In addition, JHPIEGO recommended the approval of the endoscopic Repair and Maintenance Center and development of proposals to renovate and equip several clinics and hospitals.

N. UNITED NATIONS FUND FOR POPULATION ACTIVITIES (UNFPA)

Initial UNFPA assistance to the Caribbean supported primarily demographic research, particularly the 1970 censuses. Since the early seventies, however, the UNFPA has funded a number of diverse projects, with various specialized agencies of the U.N. normally serving as executing agency. The specialized agencies include the FAO, ILO, PAHO, UNESCO, UNICEF and UNDP.* The UNFPA Regional Caribbean Coordinator is based in Kingston, Jamaica.

UNFPA-supported projects include, for example, maternal and child health/family planning programs in Dominica, St. Kitts-Nevis-Anguilla and St. Vincent; youth projects in Barbados, Grenada and St. Kitts-Nevis-Anguilla; contraceptive supplies for the national program in Jamaica; a continuous sample population survey in Trinidad and Tobago; population education research, documentation and training activities through agricultural and rural programs; and sub-regional training programs in population and family life for labor leaders.

O. UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

USAID bilateral assistance to population and family planning in the Caribbean has only involved support to the national program in Jamaica. Otherwise, USAID support to the region has been made through regular contributions to multi-lateral agencies, principally the UNFPA and IPPF, and through financial assistance in the population field to a number of private, non-profit organizations and university centers. Some of the latter have provided modest levels of support to projects and programs in the Caribbean.**

USAID's Regional Development Office for the Caribbean (RDO/C), which is located in Barbados, has a public health advisor whose responsibilities include health, nutrition and population. RDO/C is now investigating additional ways

* In Grenada, the Grenada Planned Parenthood Association acts as executing agency for the UNFPA-funded youth project.

** USAID's current loan of \$20 million to the Caribbean Development Facility includes \$2 million for Jamaica to help finance the local costs of the World Bank's population project.

in which USAID assistance to population and family planning in the Caribbean could support the efforts of regional and sub-regional institutions and organizations.

P. WORLD BANK

Since 1970 and 1971 the World Bank has made two loans to Jamaica and one loan to Trinidad to support the government national family planning programs. Both population projects are heavily capital intensive -- for example, constructing and equipping ten rural maternity centers and a 150-bed hospital wing in Jamaica and a 100-bed maternity hospital, seven community health centers and a nurse training facility in Trinidad. The projects also provide for training, technical assistance and an overall evaluation or review.

Q. WORLD EDUCATION

World Education, with financial assistance from the Carnegie Corporation and USAID's Women in Development Program, is serving as an outside evaluation group to the Women and Development Unit, Extra-Mural Department, University of the West Indies. The \$80,000 three-year project, which began in September, 1978, includes the provision of educational skills, the setting up of a data collection system, and evaluation of the WAND program at the sub-regional, national and individual project levels.

World Education has developed a two-year project proposal with the Grenada Planned Parenthood Association which is designed to train the Association's staff to assist out-of-school youth. Funding for the project has been requested.

APPENDIX A
LIST OF RESOURCE PERSONS

INTERNATIONAL*

Carnegie Corporation	Kristin Anderson
Center for Population and Family Health/ Columbia University (CPFH)	Alan G. Rosenfield Walter Watson
Church World Service	Iluminada Rodriguez
Development Associates, Inc. (DAI)	Melody Trott
Family Planning International Assistance (FPIA)	Dan Weintraub Mary McGovern
Ford Foundation	Adrienne Germain Barry Schuman Robert Wickham
International Development Research Center (IDRC)	Jorge Garcia
International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR)	Humberto Arango Robert Corno Robert McLaughlin Herman Sanhueza Lindsay Stewart
International Project Association for Voluntary Sterilization (PAVA)	Robert Hopper Ira Lubell
Margaret Sanger Center	Peter Purdy
Pan American Health Organization (PAHO)	Gerald Bailey
Pathfinder Fund	Freya Bicknell David Wood
PIEGO/Johns Hopkins	Wilbur J. Wallace
Population Council	Hania Kane
Rockefeller Foundation	Mary Kritz
United Nations Fund for Population Activities (UNFPA)	Marjorie Nicol Luis Olivos

* All based in U.S.A. except IDRC of Canada.

United States Agency for International
Development (USAID)

William Bair
Maura Brackett
Gerald Gower
Mark Laskin
Jack Thomas

World Bank

Aubrey Williams

World Education

Jill Sheffield

BARBADOS

Barbados Family Planning Association

Charles Alleyne,
Executive Director

Christian Action for Development in the
Caribbean (CADEC)

Andrew Hatch, Sub-Regional Director
Lawson Nurse, Planning Officer

Pan American Health Organization
(PAHO)

Mervyn U. Henry, Caribbean
Program Coordinator/Country
Representative -- Barbados
Kenneth Antrobus, Family
Health Advisor

USAID Regional Development Office/
Caribbean

Bill Wheeler, Director
Terry Liercke, Program Officer
Paula Feeney, Public Health
Advisor

Women and Development Unit, Extra-Mural
Department, University of the West
Indies (WAND)

Peggy Anthrobus, Tutor/
Coordinator

GRENADA

Caribbean Family Planning Affiliation
(CFPA)

Marie-Jo McIntyre, President
Monty Eustace, Director
Renee Van Putten C., Assistant

Grenada Planned Parenthood Association

Martie Britton, Executive Director
Cecil Marquex, Youth Infor-
mation Officer

GUYANA

Caribbean Community (CARICOM)
Secretariat

Philip Boyd, Chief of Health
Section
Evan Drayton, Consultant,
CARICOM/AID Health Manage-
ment Development Project

Caribbean Women's Association (CARIWA)

Olga Byrne, President

Responsible Parenthood Association

U.S. Agency for International
Development

Olga Byrne, Executive Director

Edna Boorady, Director
Andrew P. Haynal, Public
Health Director

TRINIDAD AND TOBAGO

Caribbean Conference of Churches
(CCC)

Roy G. Neehall, General Secretary
Rosalind Saint Victor,
Regional Coordinator, Home
and Family Life Education
Innette Cambridge, Coordinator,
Caribbean Ecumenical Youth
Action (CEYA)

Food and Agriculture Organization (FAO)
of the United Nations

George Huggins, Programme
Officer, Freedom from Hunger
Campaign/Action for Development
Everold Hosein, Consultant,
FAO/UWI Population Education
in Rural Development Project

Trinidad and Tobago Family Planning
Association

Allison Lewis, Executive
Director

Pan American Health Organization
(PAHO)

Barry Whalley, Country
Representative

APPENDIX B
POPULATION AND DENSITY BY COUNTRY

	<u>Population Mid-Year 1976 (000's)</u>	<u>Rate of Increase (%)</u>	<u>Surface Area (km²)</u>	<u>Density per (km²)</u>
Commonwealth Caribbean				
LDC				
Antigua	77	1.4	442	162
Belize	144	3.1	22,965	6
Dominica	76	1.1	751	101
Grenada	96	0.4	344	279
Montserrat	13	1.3	98	133
St. Kitts-Nevis-Anguilla	66	0.5	357	185
St. Lucia	110	1.5	616	179
St. Vincent	100	N/A	388	257
MDC				
Barbados	247	0.7	431	574
Guyana	783	1.8	214,969	4
Jamaica	2,057	1.6	10,991	188
Trinidad and Tobago	1,098	1.1	5,128	214
Other				
Bahamas	211	3.6	13,935	15
British Virgin Islands	12	3.1	153	78
Cayman Islands	14	5.0	259	54
Turks and Caicos Islands	6	1.3	430	14
Netherlands Antilles	241	1.4	961	251
Aruba	62	N/A	873	261
Bonaire	9	3.9		
Curacao	157	1.2		
Saba	13	11.0	88	149
St. Eustatius				
St. Maarten				
Surinam	435	2.7	163,265	3
French Departments				
French Guyane	62	3.5	91,000	1
Guadeloupe	360	1.6	1,779	202
Martinique	369	1.5	1,102	335

	<u>Population Mid-Year 1976 (000's)</u>	<u>Rate of Increase (%)</u>	<u>Surface Area (km²)</u>	<u>Density per (km²)</u>
U.S. Virgin Islands	100	N/A	344	290
Cuba	9,464	1.7	114,524	83
Dominican Republic	4,835	3.0	48,734	99
Haiti	4,668	1.6	27,750	168
Ruerto Rico	3,214	2.8	8,897	361

Source: 1977 Statistical Yearbook, United Nations, New York, 1978.

APPENDIX C

CARIBBEAN: POLITICAL STRUCTURE

Independent

Bahamas	Guyana
Barbados	Haiti
Cuba	Jamaica
Dominica	St. Lucia
Dominican Republic	Surinam
Grenada	Trinidad and Tobago

Semi-independent*

British Associated States	
Antigua	St. Kitts-Nevis-Anguilla
Belize	St. Vincent
The Netherlands Antilles	
Aruba	Saba
Bonaire	St. Eustatius
Curacao	St. Maarten
United States	
Puerto Rico	
Virgin Islands (St. Croix, St. John, St. Thomas)	

Dependent**

British Territories	
British Virgin Islands	Montserrat
Cayman Islands	Turks and Caicos Islands
French Departments	
French Guyane (Cayenne)	
Guadeloupe	
Martinique	

* Countries which run their own internal affairs with the former colonial power looking after their defense and external relations.

** Countries which are still dependent on, or part of, a metropolitan power.

APPENDIX D
DOCUMENTATION

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"Provisional Work Programme for 1979," Caribbean Community Secretariat, Health.

CCC

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FAO

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FPA's

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IPPF

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"The English-Speaking Caribbean," Population Profiles 10, United Nations Fund for Population Activities, 1978.

USAID

"Country Development Strategy Statement, Caribbean Regional, FY 1981," Agency for International Development, January 1979.

UWI

"Advanced Training and Research in Fertility Management," (brochure), Department of Obstetrics and Gynecology, University of the West Indies, Mona, Jamaica, W.I.

"Caribbean Resource Boo, -- focusing on Women in Development," Coordinator for Women's Programmes, Extra-Mural Department, University of the West Indies, Bridgetown, Barbados, W.I.

"Regional Plan of Action For The Integration of Women Into Latin American Economic and Social Development," Economic Commission for Latin America, United Nations.

APPENDIX E

STATUS OF FAMILY PLANNING IN SELECTED COUNTRIES OF CARIBBEAN

The following country-specific information is excerpted from the 1979 Work Program/Budget of IPPF/WHR. It is included to provide a capsule summary of the family planning situation in a selected number of countries in which member family planning associations receive support from IPPF.*

ANTIGUA

When the Antigua Planned Parenthood Association (APPA) was formed in 1970, the Government did not encourage the development of a broad program for the delivery of family planning services. It did consent, however, to the operation by the FPA of a clinic at the government's health center in St. John's.

Since then, the situation has drastically changed and the government not only is now in favor of the FPA's wide coverage but has eliminated import duties on the contraceptives used by the FPA, permitted the use (free of cost) of additional health facilities, and allowed the government nurses and midwives to motivate and refer acceptors to the FPA's program. Furthermore, it has been publically stated that the Government supports the APPA and its work and this is reflected by invitations to participate in official functions, seminars and meetings.

ARUBA

The Netherlands' Antilles government has not issued an official family planning policy but it does support family planning. The government supports the FPA and finances about 90% of the Association's budget.

The government provides free medical care for the poor but contraceptives are not included among these free services. The FPA provides contraceptives and sterilization to the low-income bracket of the population through private physicians paid by the Association.

Through an island-wide referendum, Aruba's population voted for autonomy from the central Netherlands' Antilles government based in Curacao. This process could take a long time and everything seems to indicate that the Island government would be as supportive of family planning as the Netherlands' Antilles.

BARBADOS

The Minister of Health during her recent address to the 1978 WHR regional Council stated, "in Barbados, the Government is committed to the provision of assistance to the Barbados Family Planning Association in order that the Association can carry on its programmes aimed at controlling population growth, and to creating

* The list includes the family planning association members of the Caribbean Family Planning Affiliation plus Barbados, Guyana, Jamaica and Trinidad and Tobago.

conditions which will make it possible for a higher living standard to be achieved by more people in our country." The government of Barbados assists the BFPA by providing an annual subsidy equivalent to about 50 percent of the BFPA budget, by donating rent-free premises and by allowing duty-free importation of commodities.

Although the government would, in the long-run, like to fully integrate family planning services into its health care system, it recognizes the immediate need for the BFPA to continue providing services. These BFPA service programs are closely coordinated with the government health care system. For example, the BFPA Outreach Program counsels mothers at the government Maternity Hospital and recommends follow-up services at the local government health clinic. Between the government and FPA service programs, national family planning coverage is high relative to other WHR countries which is reflected in the low crude birth rate.

Meanwhile, the Ministry of Education and the BFPA are collaborating to provide family life and sex education courses both inside and outside the formal school system.

CURACAO

The Netherlands' Antilles government has never issued an official population policy but actively backs family planning and sex education. The government supports the work of the local FPA and finances about 90 percent of its budget.

The Association carries out all the information, education and motivation activities on family planning on the island in cooperation with the government. These projects have succeeded in covering nearly all women giving birth in local hospitals or private delivery clinics and all premarital couples in Curacao.

The political parties in Curacao apparently have a tacit understanding not to attack family planning.

DOMINICA

The Government of Dominica continued during 1977 to support the concepts of family planning and responsible parenthood. As a manifestation of this position, the DPPA enjoyed the cooperation of the highest officials throughout the year. The FPA used government health centres, schools and other facilities for talks and other I&E activities.

International assistance was received for areas such as malaria eradication, nutrition, education and maternal-child care. In 1972, a National MCH program was launched with financial and technical support from UNFPA, WHO and PAHO. Since the public sector has consolidated its commitment to provide family planning through an MCH program, the FPA emphasizes its efforts in areas such as education and family life with special emphasis on the needs of youth.

GRENADA

The Grenada government stated in 1974 that it "recognizes the right of the individual to access to knowledge and means of regulating his family size and supports educational and motivational programming directed toward this end." The government has no immediate plans to involve itself in family planning, leaving this activity to the FPA. The FPA thus operates with the support of the Ministry of Health, utilizing several government clinics as well as government hospitals for both information and services, including sterilization. The government also supported the FPA's request to UNFPA for funding the youth project. Teenage pregnancy is a major problem in Grenada. In 1977, 33.4% of all babies born were to mothers aged 14-19. Of these, 21.4% were having their second or higher birth-order child.

GUADELOUPE

The French Government provides free health services to its citizens, and since Guadeloupe is a department of France, its inhabitants receive the benefits from an integrated health system. Technically, the benefits should include family planning and even abortion, which became legal in 1969 but was not implemented until 1975. In the case of Guadeloupe (and Guiana) however, bottlenecks take place at two levels. The first bottleneck takes place because the provision of family planning services is determined by local authorities and physicians based on their estimation of the needs; and the second because no efforts are made for demand creation. This could be clearly illustrated with a recent reported case of a woman aged 42 with 11 children (16 pregnancies) in the French St. Martin (village of Marigot) who did not want to become pregnant again and could not obtain any assistance from any source. An inquiry carried out by the regional office revealed that: 1) the only official dispensary operating in the island does not offer family planning services and 2) no private services are available either.

GUYANA

The Guyana Government has a national policy of "rectifying population," meaning to increase population size. However, they have been willing to offer high-risk mothers family planning services within the MCH clinics. Late in 1977, at the FPA's Annual General Meeting, the Minister of Health announced that he was impressed with the FPA's work and is now willing to allow the FPA to promote the spacing of children and to extend the program to single girls.

The FPA operates no clinics; instead it concentrates on providing information and education (on family life education, including family planning), so that the populace might be made more aware of these issues and be able to practice responsible parenthood. In so doing, the FPA has worked and will continue to work in collaboration with the Ministry of Health's MCH clinics and with the Community Development Division. The FPA's major areas of activity will be aimed at getting family life education into the schools, focusing on youth (especially single girls), and involving community leaders and organizations in these and related activities.

JAMAICA

In 1967 the Jamaican government created a National Family Planning Board which gradually assumed responsibility for family planning in the country. Since 1974, in order to seek a more comprehensive approach to the delivery of services, the activities coordinated by the board -- including clinics operating in different health facilities throughout the country, the work of special education advisers or field representatives, research, evaluation and training -- were integrated within a maternal and child health care strategy. At the same time, family life education was introduced at the primary and high school levels throughout the educational system. This integrated approach, which includes nutrition, has been introduced by the government at its health clinics while endeavouring to cover the island with the services of Community Health aides. Oral contraceptives (Perle) and condoms (Panther) are readily available at subsidized rates throughout the island under a government distribution programme. Jamaica receives international assistance for its efforts in family planning from a variety of international sources, including USAID, UNFPA, the World Bank and IPAVS.

MONTSERRAT

The lack of natural resources in a quantity large enough to provide a substantial steady income, a doubling of the inflation rate, and a decrease in the financial help received from Great Britain, has worsened the socio-economic situation of this still dependent island.

The local government continues to facilitate and support the activities of the Montserrat Family Planning Association through a cash grant, exemption of import duties and taxes and some free spaces in the government-operated radio station.

ST. KITTS

The local government has assumed responsibility for the provision of family planning services, which are provided through a network of Health Centers and family planning clinics.

Nurses have been trained with the assistance of PAHO and the PAHO nursing advisor stationed in Jamaica, who frequently visits St. Kitts-Nevis to follow-up on the process of up-grading staff capability.

The nurses also assist educational authorities in teaching the medical aspects related to family life education in schools, particularly in areas related to sex education and sexuality.

ST. LUCIA

The St. Lucia Government is favorable to family planning. In December, 1977, when the Cabinet stated its health priorities for 1978, family planning was listed first, with Government insisting that the FPA carry out this aspect of the national health plan. The Church is still a powerful force against family planning. During 1977, a doctor working in a small town was forced from the island by church pressure due to his support of family planning. Despite this type of setback, the FPA has been successful in obtaining the use of government clinics for family planning services, the main hospital for sterilization services, and the support of the government nutrition program for a combined nutrition-family planning project.

ST. VINCENT

The St. Vincent Government supports family planning and is now in the third year of a four-year \$271,152 grant from UNFPA. The Government offers comprehensive health care through ten clinics, with one day a week devoted to family planning. Women accepting contraceptives must attend these clinics every six months for a pelvic exam. During the rest of the year, supplies are available at 23 supply clinics. Before government involvement, all clinics offered FPA-donated supplies.

The FPA's role, according to the agreement with the government, is to conduct I&E activities in support of the government's service program. The association has recently closed its one clinic and has made contraceptive supplies available to the government. In its three-year plan, the FPA sees its role as: 1) creating awareness among young people and males of the need for small families; 2) supporting the government program via I&E; and 3) encouraging the introduction of family life education in the schools.

The FPA collaborates with other NGO's in planning I&E activities with church groups, youth groups, schools and other community organizations.

SURINAM

The Government has been lukewarm at best toward family planning, with a policy geared toward populating the large under-populated expanses of territory. In the past few years, however, several government ministries have softened their approach and the FPA is collaborating with the Ministries of Health and of Social Affairs. The latter ministry has promised some financial support to the Association, although none has been given as yet. The government is exploring possibilities of obtaining UNFPA assistance, with the FPA in the forefront of agencies which might benefit from this help.

The FPA sees its major role as providing information, education and services to the Surinam community, creating a demand for family planning, and thus involving the government so that in the future it can have a more active role in family planning. The FPA, faced with a sizeable teenage pregnancy problem in Surinam, is also placing increased emphasis on sex education and family planning, including programs aimed at youth.

TRINIDAD AND TOBAGO

In 1967 the government of Trinidad and Tobago publically declared its commitment to family planning. Since then the government has provided an annual subsidy to the TTFPA program (equivalent to 15 percent of the TTFPA 1978 total budget) and carried out its own service program. With help from both these programs, the birth rate has dropped from 33 per 1000 in 1967 to 23 per 1000 in 1978.

Although the government has an official population policy and offers family planning services in 78 maternal-child health (MCH) centers throughout Trinidad on a part-time or sessional basis, there are serious gaps in service coverage and disparities in service quality. For example, the FPA with only two clinics reaches the same number of acceptors as does the MCH program with its 78 service points.

APPENDIX F

MANAGEMENT COMPANIES/INSTITUTIONS IN THE CARIBBEAN

ANTIGUA	Lurigos Management Consultants, Ltd.
BARBADOS	Barbados Institute of Management and Productivity (BIMAP) Wildey, St. Michael
BELIZE	Belize Institute of Management c/o Extra-Mural Department Princess Margaret Drive Belize City
DOMINICA	Management Consultants Ltd. 6 Cork Street, Roseau
GUYANA	Guyana Management Development and Training Centre Ogle Estate, ECD Department of Management; University of Guyana Turkeyen, Greater Georgetown Institute of Development Studies, University of Guyana Turkeyen, Greater Georgetown
JAMAICA	Jamaica Institute of Management "2A" Ruthven Road, Kingston 10 Jamaica Institute of Management Studies 12 Trafalgar Road (5), Kingston Department of Social and Preventive Medicine, Mona Campus, University of the West Indies Department of Management Studies, Mona Campus, University of the West Indies College of Arts, Science and Technology 237 Old Hope Road, Kingston 6 Institute of Management and Production 59 Half Way Tree Road, Kingston 10
TRINIDAD AND TOBAGO	Management Development Centre P.O. Box 1301 Dundonald Street, Port-of-Spain

TRINIDAD
AND TOBAGO
(con't)

G.B. Management Systems Ltd.
56 Pembroke Street, Port-of-Spain

Department of Management Studies, St. Augustine Campus,
University of the West Indies

Source: Health Section, CARICOM Secretariat

APPENDIX G

SELECTED CARIBBEAN REGIONAL INSTITUTIONS BY COUNTRY¹

	<u>CARICOM</u>	<u>CDB</u>	<u>CCC¹</u>	<u>CFPA</u>	<u>CARIWA</u>	<u>UWI</u>
Antigua	X	X	X	X	X	X
Belize	X	X	X			X
Dominica	X	X	X	X	X	X
Grenada	X	X	X	X	X	X
Montserrat	X	X	X	X	X	X
St. Kitts-Nevis-Anguilla	X	X	X	X	X	X
St. Lucia	X	X	X	X	X	X
St. Vincent	X	X	X	X	X	X
Barbados	X	X	X		X	X
Guyana	X	X	X	X	X	
Jamaica	X	X	X		X	X
Trinidad and Tobago	X	X	X		X	X
Bahamas		X	X		X	X
Cuba ²			X			
Dominican Republic ²			X			
Haiti ³			X			
Surinam ⁴				X	X	
British Virgin Islands		X				X
Cayman Islands		X	X			X
Turks and Caicos Islands		X	X			X
Aruba ⁴			X	X		
Bonaire ⁴			X			
Curaçao ⁴			X	X		
Saba ⁴			X			
St. Eustatius ⁴			X			
St. Maarten ⁴			X	X		
French Guyane (Cayenne) ³			X			
Guadeloupe ³			X	X		
Martinique ³			X	X		
Puerto Rico ²			X			
U.S. Virgin Islands				X		

¹ Membership in the CCC is by church (a national or sub-regional organization of individual Christian communions within the Caribbean). There are 27 member churches, some of which are also located in Bermuda, Colombia, Panama and Venezuela.

² Spanish-speaking

³ French-speaking

⁴ Dutch-speaking