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**REPORT ON CONSULTATION: JAMAICAN
FAMILY PLANNING ASSOCIATION
UNIVERSITY OF WEST INDIES**

**A Report Prepared By:
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**During The Period:
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I. INTRODUCTION

A. Scope of Work

The services of this consultant were requested by the USAID mission on Jamaica from September 8 through September 14, 1979 to assist in two separate activities. They were to:

1. Provide assistance to the Jamaica Family Planning Association (JFPA) in developing a draft Adolescent Fertility Project Plan; and
2. Provide assistance to the University of the West Indies (UWI) staff coordinating an island-wide conference on adolescent fertility by identifying possible human and material resources.

September 8 through September 13 were devoted to the first activity. Only a few hours were devoted to the second activity. Additional time was spent subsequent to the Jamaica field trip locating consultants and resource materials at the request of the UWI conference coordinating staff.

The individuals contacted during this consultation are listed in Appendix A.

B. Background

1. JFPA Proposal

Several Jamaican organizations, including the National Family Planning Board (NFPB), the JFPA, the YWCA, the Methodist Church Operation Friendship, and UWI, have initiated projects or project proposals relating to the study and prevention of adolescent pregnancies. These organizations have been encouraged by the USAID mission in Jamaica, which places a high priority on the prevention of adolescent pregnancies. The magnitude of the problem on the island issues surrounding it are well documented in a recent APHA technical assistance report.^{1/}

^{1/} Report on assistance to YWCA of Jamaica: DRAFT Proposal for a National Adolescent Fertility Education/Service Project.

The JFPA's Board of Directors approved a project concept entitled "Family Planning Youth Associates" (see Appendix B). They envisioned an island-wide project with community-based distribution of contraceptives and sex education of adolescents by older young adults. The project concept was supported by the USAID mission and a decision was made to request the assistance of a consultant to develop a project proposal.

2. UWI Adolescent Fertility Conference

A division of the UWI's Department of Sociology (the OSFU) has been conducting research on adolescent fertility. Ms. Dorian Powell, lecturer, has been especially involved in researching this problem. The OSFU is coordinating an island-wide conference on adolescent fertility, originally scheduled for November 26-30, but postponed until January 7-11, 1980. The audience will include policymakers and professionals, staff from agencies serving and concerned about youth, academic institution staff and other interested persons.

The goals of the conference are:

- To bring together recent research findings and ongoing research in the field of adolescent fertility, and to make it available for information, evaluation, and group discussion by policymakers and program leaders in the field.
- To stimulate the exchange of information on current action programs for adolescents and to encourage further programs and coordination between programs.
- To stimulate the development of an ongoing national interest group concerned with the welfare of adolescents.

The preliminary conference agenda lists the following subject areas:

- a. Data sheet on teenagers in Jamaica.
- b. "The Family and Social Setting of Adolescent Fertility" (Material to be drawn from Census data and OSF study).
- c. "The Male Role in Adolescent Fertility" (Writers to be invited).
- d. "The Health Problems of Adolescent Mothers" (To be invited).
- e. "Education and Work for Adolescents" (To be invited).
- f. "Pregnancies under the Legal Age of Consent" (To be invited).
- g. Background paper "Current Social Programmes Relating to Adolescents and Adolescent Fertility".

II. JFPA DRAFT PROJECT PROPOSAL

This first draft of the proposed project entitled "Family Planning Youth-to-Youth" is based on discussions with a JFPA staff director. Ms. Dorothy Luntion, Sec/Adm Aide, provided the major direction, background information, proposed activities, staffing and resources needed. Mr. Elgin Swapp, Evaluation Officer, and Ruby Grant, Outreach Worker, provided valuable statistical, cultural, and methodological information. Ms. Beth Jacobs, a member of the JFPA Board of Directors, provided invaluable assistance, giving an historical perspective and cultural background, and indicating the objectives of the proposed project. The draft of the proposal project is meant to reflect the approach desired by the JFPA and supported by USAID Jamaica.

The project is to be implemented in three distinct phases. Phase I is the planning stage; Phase II is the implementation and evaluation of the pilot project, and Phase III is the modification and expansion of the successful aspects of the pilot project.

While a general outline is provided for all phases, only Phase I of the project is detailed in the proposal. Additional data concerning need and present service levels, methodology to be employed in the new project and the budget, need to be gathered in Phase I before plans for Phases II and III can be completed. Data are needed in the following areas:

JFPA (with USAID Jamaica support) wishes to fund a project using youth (18-21) to contact other youth and adults for the purpose of sex education and community distribution of contraceptives including orals. JFPA feels youth will be more successful in reaching adolescents than the four adult outreach workers presently distributing contraceptives, including orals, to adults and youths. It is possible that the present workers are already highly effective. Service statistics for outreach workers indicate the outreach workers make 27 contacts per day in their areas this year as new acceptors. While these data are of questionable validity, if they are accurate, it could be more efficient to continue using the present adult outreach workers. However, the continuation rate appears very low. Additional training for the outreach workers could increase the continuation rate. The contacts per day and percentages of teens accepting contraceptives in a year's time are very high (Appendix D). At the same time there is a very high percentage increase in adolescent acceptors from 1978 to 1979 (Appendix D). Individuals representing JFPA were questioned about the data, but there did not appear to be any explanation.

The proposed youth-to-youth project, the analysis of service statistics data and the possibility of continuing to use only adult outreach workers were discussed with the JFPA staff and directors. The JFPA (and subsequently, the Jamaican USAID mission) perceive that it is important to have a new method of approaching adolescents. The MOHEC is now using Community Health Aids (CHA) in every area except St. Ann's Bay. It is assumed that St. Ann's Bay will be covered by CHA very shortly. If so, there will be no rationale for using JFPA adult outreach workers even though the CHA does not distribute contraceptives. It is hoped a formal, successful project, using better-educated youthful outreach workers, will result in MOHEC allowing CHA to distribute contraceptives.

The JFPA's proposed project concept calls for the use of high school educated youth as outreach workers. They would be paid at a higher level than the present outreach workers. The cost of this new approach would be prohibitive on a nationwide basis. Alternative approaches tried in other CBD Projects throughout the world should be tested.

A. The Problem

Dorian Powell and others have documented the magnitude of the adolescent fertility problem in Jamaica in numerous published and unpublished documents.^{1/} While there is some evidence that adolescent fertility rates may be decreasing slightly in the last three years, they are still among the highest in the developing world. This high rate has a negative impact on the health, economic and social well-being of the adolescent, the family, Jamaican society and the country.

The primary causes of the high adolescent fertility rates are:

- . Early maturation of women.
- . Early sexual activity. One study shows that 1/3 of adolescents initiate sexual intercourse before age 15.
- . Large numbers of sexually active adolescents. 2/3 of adolescents initiate sexual intercourse before age 16 according to one study.
- . Low rates of contraceptive usage and fertility regulation among Jamaican adolescents, reported at seven percent in 1971. The World Fertility Survey should give a more valid estimate of contraceptive prevalence.

While the data cited above are almost exclusively for Jamaica as a whole, there is no reason to believe that they are not valid for the parish of St. Ann, the target area for the proposed project.

Some of the factors cited as secondary causes of the high fertility rate in Jamaica are:

- . Lack of knowledge about costs and benefits of adolescent child-bearing
- . Lack of knowledge about the availability and methods of contraception
- . Lack of real and perceived options to early parenthood
- . Lack of self-esteem and other psychosocial factors

^{1/} Report on Assistance to YWCA of Jamaica: Draft Proposal for a National Adolescent Fertility Education/Service Project, Jo Ann Cannon, Ph.D., APHA Report, 1979

- Family support for adolescent mothers
- Economic incentives for pregnancy, including 4 months paid maternity leave
- Social developmental lag

Unfortunately, data are not available concerning the importance of these factors in inhibiting contraceptive use. A recent report states adolescent fertility rates will not be significantly lowered until there are viable employment options for the young women of Jamaica. It is the opinion of the JFPA that providing easy access to contraceptives and education about the benefits of family planning will attract a significant number of adolescent users. This assumption is given credence by the very high rate of acceptors per contact by JFPA outreach workers. (See Sec. II, "PROJECT BACKGROUND".)

Given the low rate of contraceptive use, the lack of cultural sanctions affecting the use of contraceptives by adolescents, and the comparative costs and difficulty of affecting other primary factors, increasing the rate of contraceptive use among adolescents is the most effective and efficient way to lower the adolescent fertility rate. Other factors are not easily amenable to change. Interventions designed to affect them are costly, require a long time for results, and need to be based on a body of knowledge not yet available. However, attempts will be made to identify some of the reasons behind early entry into sexual activity and the increase in numbers of sexually active adolescents.

Need data for the parish of St. Ann are limited. The Bureau of Statistics cites a 1977 population of 134,300 with 26.1 percent (or 35,052) of the population in the 10- to 19-year-old cohort.^{1/} Fertility and birth rates for this cohort are not available. The overall birth rate for the parish is 24.12, lower than the Jamaican rate of 28.8.

According to a more recent study, the 1978 population of the parish of St. Ann is 135,941.^{1/} Another study projects the 1980 population of 19-year olds or 24 percent of the total population. This drop in percent of the cohort seems unlikely given the out-migration. The 10- to 19-year old cohort in Jamaica grew 2.1 percent between 1975 and 1976, by 2.1 percent between 1976 and 1977, and then dropped by 100 percent to 1.0 percent between 1977 and 1978. The males comprise 49 percent of the 10- to 19-year olds and the females 51 percent.

Since no other local data are available, the 1977 Bureau of Statistics percentage of 26.1 percent has been used to calculate a population of 36,052 10- to 19-year olds in the parish of St. Ann in 1977, of which 17,176 are males and 17,876 females.

^{1/} Demographic Statistics 1978, Bureau of Statistics, Jamaica

Complete and reliable data concerning contraceptive use by this population are not available. A list of the sources of contraceptives for adolescents and number served, where data are available, is attached. (Appendix A).

B. Project Background

The JFPA, a private non-profit organization and affiliate of IPPF, has been providing family planning services since 1956 through a clinic in St. Ann's Bay and, more recently, a clinic in Kingston. The association also educates and distributes orals, condoms and foam through a mobile unit and four outreach workers in the parish of St. Ann.

Service statistics for the clinic and outreach workers for the first quarter of 1979 are given in Attachment 1. If one multiplies by 4 the first quarter new acceptor figures for 1979, a modest yearly projection is calculated showing:

<u>Delivery System</u>	<u>New Acceptors</u>		
	<u>10-19</u>	<u>20+</u>	<u>Total</u>
Clinic	104	476	580
Community Distribution by Outreach Workers	<u>2620</u>	<u>5760</u>	<u>8380</u>
TOTAL	2724	6236	8960

Service data for the four outreach workers in the first quarter of 1979, indicate 2,600 male and female adolescent acceptors for the year. When acceptors are compared with estimated in-need figures for the four geographical areas the workers cover, a range of 16 to 38 percent of need will be met by the JFPA only. Since it is assumed that the MOHEC clinics and commercial outlets are also serving adolescents, even the lower range is impressive. However, continuation rates for all but one worker appear very low (Appendix B). Unfortunately, data are not kept in a manner which allow accurate identification of the numbers of continuing patients.

The 1979 first-quarter outreach workers' service statistics data show that the four geographical workers distributed contraceptives to 88 percent or 5,586 of their 6,431 contacts. Only 136 or 2 percent of the individuals contacted objected to using a method or were not interested. 536, or 8 percent, were interested but not ready. (Approximately half of these were adolescents, Attachment 1). Interestingly, the number of contacts per day per outreach worker is 27 according to both service statistics and conversations with JFPA staff regarding outreach workers' field hours.

The 1979 figures for acceptors project more than a 100 percent increase over the last half of 1978 (Appendix B). This appears unreasonable when considering that program methods, environmental factors, and staff did not

change. Detailed records are kept on the outreach workers. But the data suggest that validation of the service data is necessary before available project goals can be determined.

According to the JFPA, the World Bank evaluated this outreach program and its one-to-one, person-to-person approach, and it recommended nationwide implementation of the program to the government of Jamaica. This is the Community Health Aide (CHA) program which MOHEC had adopted. This program has been operating in St. Ann since 1977, but the CHA is not permitted to distribute contraceptives. For this reason, the JFPA has kept its outreach workers. This appears to be a wise decision given the level of effort and number of acceptors. While the association feels the present outreach workers, all of whom are over thirty years of age, are effective, it is the opinion of the JFPA that this successful community-based contraceptive distribution approach should be expanded, giving priority to adolescents. It is assumed that the most effective and efficient method of motivating youth to use contraceptives is through one-to-one contact with their peers.

A note about the MOHEC is necessary. The roles of the JFPA and the MOHEC have been documented in previous reports. With the exception of community-based distribution of contraceptives by field workers, delivery of contraceptive services and the audience served are similar. Coordination between these agencies is essential, especially in view of this proposed project. Proposed coordination activities are identified in later sections.

The CPS Project is about to initiate a new advertising campaign and increase the number of their outlets. Coordination with this project is also essential.

C. Project Description

The Jamaica Family Planning Association is proposing a three-year, three-phase project to increase significantly the number of adolescent contraceptive users in the parish of St. Ann. At present, it is not possible to set realistic quantitative goals, since reliable current data are not available. Better data will be available at the completion of Phase I. The primary approach planned to accomplish this objective will be community distribution of contraceptives to sexually active youths. Efforts will be made to educate adolescents and adults on the costs of adolescent pregnancy and the benefits of family planning. These activities will be carried out by trained youth aged 18-21, although the present adult outreach workers will be used at least during the first two phases.

1. Phase I - October 15, 1979 - January 15, 1980

a. Objective

Increase the capability of the JFPA to successfully carry out the youth-to-youth project by:

- Hiring a qualified program coordinator
- Gathering, analyzing and using need and service data to set meaningful adolescent user numerical goals
- Completing the project evaluation plan including a service statistics system and forms
- Identifying and obtaining information regarding other successful program approaches to adolescent fertility and useful resources which could be made available to this project
- Completing the project proposal
- Recruiting candidates for field officers and youth associates

b. Activities (See "IV. Work Plan" for detailed activities and time frames.)

1) Allied Services

The JFPA through its secretary/administrative aide and director will advertise and contact other sources for possible program coordinator candidates and hire a coordinator who will be in place by November 15.

After the program coordinator receives preliminary training, a consultant will be retained to assist the program coordinator and other staff to complete the remaining activities in this phase. Need and service data will be identified, obtained and analyzed in order to determine present need, present service levels, project target areas and service goals for the project.

Useful 1970 population data are available for very small units of geographical areas in St. Ann's Parish. With updating, fairly reliable baseline data will be available. For illustrative purposes, Appendix C lists the major areas from which target areas will be drawn for this project, their 1970 population, and estimate of the 10- to 19-year-old cohort (26.1 percent of the total population) and the number of schools, churches and clubs in the area. The population data will need to be updated.

The consultant will also assist the program coordinator and research/evaluation coordinator to finalize the evaluation design for the project, including the design of the service statistics system and necessary forms.

The consultant and program coordinator will contact the JFPA staff and directors, the AID/M staff, FPB and MOHEC staff to solicit input on project design and useful resources available to the project.

A complete project proposal and preliminary work plan will be submitted at the end of this phase.

Recruiting activities will be conducted by the program coordinator for the field officers and youth associates. Interviewing should be completed by the end of this phase.

The training plan for the field officers and youth associates will be initiated and receive preliminary approval.

2) Service Delivery

None.

3) Evaluation

This phase of the project is not a service activity phase. Evaluation of the planning activities will be through:

- The completion of a complete project proposal and its acceptance for funding within designated time.
- The design of a service statistics system which can provide data to determine if objectives have been met, if activities have been carried out as planned, by whom and at what cost.

c. Resources

The secretary/administrative aide, program coordinator, research/evaluation coordinator and a consultant are the major personnel resources for this phase. Travel for the program coordinator and consultant is also required.

2. Phase II - January 15, 1980 - June 30, 1981

a. Objectives

- 1) Increase contraceptive acceptors among adolescent males and females (10-19) from approximately _____ to _____ in the target areas of the parish of St. Ann.^{1/}
- 2) Ensure continued use of contraceptives among _____ percent of sexually active adolescent acceptors through extensive, systematic follow-up.^{1/}
- 3) Create deeper understanding of several options to _____ youth in particular and _____ persons in general relative to costs and benefits of adolescent fertility. High priority will be given to unemployed, out-of-school youth.

Intermediate Objectives

- 1) Develop a core of trained youth, 3 males and 4 females (youth associates) capable of discussing with their peers matters relating to family planning and population growth; distributing contraceptives and motivating continuing contraceptive use.
- 2) Increase the knowledge and capability of the present outreach workers relating to adolescent fertility and motivating sexually active adolescents to continue contraceptive use.
- 3) Develop and utilize, to the extent possible, a wide range of knowledge regarding adolescent fertility.
- 4) Develop a successful contraceptive delivery approach for adolescents and communicate results to pertinent agencies, especially MOHEC and the NFPB.
- 5) Improve coordination with the MOHEC Family Planning Services.
- 6) Modify project proposal to reflect project experience and evaluation results.

^{1/} The project staff will be serving adults but these services are not listed as an objective because of the nature of this project. Numerical goals for adults will be identified and service statistics included in the project reports.

b. Activities

1) Allied Services

a) Training

The program coordinator will recruit, hire and coordinate the training for the field officers, the youth associates and the outreach workers. Because the first priority is the distribution of contraceptives to those adolescents who are sexually active, and motivating and serving them in a way which encourages continuing use, the primary focus of the youth associates initial training will be in this area. However, training for both the youth associates and the outreach workers will include information regarding:

- The costs of adolescent pregnancy and how to approach adolescents and adults with this information.
- How youth associates should approach adults and members of the opposite sex to motivate contraceptive use and distribute contraceptives.
- The reason for the service statistics system and how to use it. Clinic staff will receive training concerning field workers methods, the service statistics system and other substantive information, as necessary.
- How to coordinate with the MOHEC Family Planning Services.

While not defined as training, the bimonthly staff meetings, where activities are discussed, feedback from the field is presented to the program coordinator and new information gathered by the program coordinator is shared with the field staff, can be considered as in-service training activity. These meetings will also contribute to the evaluation of the project.

Follow-up training will be conducted toward the end of the first year of Phase II. This training will incorporate the knowledge gained from the first year's experience of the youth associates, knowledge gained from other programs, and research about adolescent fertility. The focus will be: how to motivate the hard-to-reach; how to form coalitions with other agencies; and available community resources.

b) Coordination With MOHEC

Certain key MOHEC staff from the parish of St. Ann will be invited to attend the training sessions. In addition to the knowledge the MOHEC staff will gain, coordination should be enhanced. JFPA clinic staff will also attend selected sessions.

Coordination with all agencies involved in adolescent fertility, especially the MOHEC, is necessary. Formal contact will be initiated at three levels:

- The program coordinator will initiate monthly contacts with his/her counterpart in the parish of St. Ann to discuss service statistics, training activities and possible areas of cooperation.
- The field officers will maintain monthly contact with MOHEC clinics to discuss JFPA and MOHEC services, referrals, problems, successes, areas for cooperation.
- The outreach workers and youth associates will maintain contact with the Community Health Aides and clinic personnel to make and receive referrals, discuss services, and coordinate efforts to prevent duplication.

c. Information and Education

The JFPA has few educational or promotional materials directed to either adults or adolescents. The identification and review of educational materials, relevant research, and other successful program approaches, and incorporation into the project of significant findings, is a very important component to the success of this project. It is important for the staff to gain the knowledge necessary not only about how to deliver contraceptives effectively, but how to motivate nonusers, how to ensure continuation, how to use knowledge about secondary causes of fertility to improve the project performance and improve services to youth. It is not expected that full benefits from this activity will be realized until Phase III of the project.

If the Population Institute receives a contract for testing celebrity promotional radio and t.v. spots, Jamaica is a likely test site. The CPS project will soon mount a major advertising campaign and both these resources need to be tapped and integrated into the project. Films and materials will be identified in Phase I for use in staff training and/or client education. These materials must be obtained, catalogued, maintained, evaluated, and incorporated into the training and delivery of services. The careful planning and documentation of program approaches, the reports from JFPA staff and other related agency staff, regarding services, and meaningful evaluation of the activities (see Section 3 "Evaluation") should result in identification of the most successful program approach in this project.

2) Service Delivery

The implementation of the service delivery approach will follow the steps described below:

a) The field officers will visit each of the new target areas to secure community support and cooperation for this project. The community leaders include the mayor, the school principal, clergy, health and social service personnel, social and church club leaders. The field officers will also contact community leaders in the outreach worker areas, but on a lower priority basis. The outreach workers have been canvassing selected districts in their target areas for four years and are well known. For the most part, they will contact community leaders to discuss the new project objectives.

b) The field officers will develop a detailed work plan with the program coordinator, outreach workers, and youth associates. This plan identifies specific areas to be canvassed, with specific time frames for coverage. The plan will be modified as necessary.

c) The youth associates and outreach workers will provide education and contraceptives to individuals in their target area using the following priorities:

- provision of contraceptives to sexually active adolescents who are current users
- provision of contraceptives to sexually active adults (able to bear or father children) who are current users
- provision of contraceptives to sexually active adolescents who are new acceptors
- provision of contraceptives to sexually active adults who are new acceptors and able to bear or father children
- education of sexually active adolescents (individuals)
- education of sexually active adults (individuals)
- education of sexually active adolescents (groups)
- education of sexually active adults (groups)
- education of community leaders and others

The youth associates and outreach workers will canvass their target areas, follow up all old acceptors on a regularly scheduled basis in their homes, and attract new acceptors through door-to-door canvassing. They will also educate and distribute supplies in other settings, when requests are made of the field staff.

d) The field officers will have the main responsibility of initiating contact with schools, clubs, churches, to schedule presentations, select the resource materials to be used, and inform the youth associates of these meetings. The youth associates will accompany the field officers on group presentations. Contraceptive supplies may be distributed during these activities. The outreach workers have not been trained in group presentations and will not be expected to perform this function in Phase II.

e) Feedback from staff during bimonthly staff meetings and review of service statistics will be used to modify approach or target area assignments.

3) Evaluation

This part of the program plan will be developed during the first phase of the project. It is expected that, as a minimum, outputs for all activities will be quantified and measured against the objectives. Cost effectiveness evaluations will also be conducted. Some evaluation of the training activities will be conducted to register changes in knowledge. In addition, there will be a comparative evaluation of the effectiveness of the outreach workers and youth associates in terms of recruiting acceptors, motivating continuing use, by age and sex of contraceptive recipients, and community acceptance.

c. Resources

- 1) All JFPA staff will have major involvement in this phase. The clinic staff will have minor involvement.
- 2) Consultants will be used in training and evaluation activities.
- 3) Educational materials and films identified in Phase I will be purchased.
- 4) Travel for the field staff will be required.
- 5) Conference participation for representative staff is required.
- 6) AID contractors and IPPF assistance as required.

3. Phase III - July 1, 1981 - September 30, 1982

a. Objectives

- 1) Expand the number of adolescent acceptors and users to _____ in the parish of St. Ann and attract _____ acceptors and users in _____ parishes through _____ youth associates and/or outreach workers.
- 2) Increase the knowledge of staff regarding adolescent fertility.
- 3) Increase the knowledge of other agency staff, community leaders, and government officials regarding adolescent fertility.
- 4) Develop _____ formal or informal coalitions to address the problem of adolescent fertility.
- 5) Ensure adoption of successful community-based contraceptive distribution strategy by MOHEC.

b. Activities

1) Allied Services

Major activities in this area will be:

a) Expanded training in terms of numbers and new material which will reflect the expansion of geographical areas covered and new knowledge that has been gained in Phase II and is now being implemented. More detailed knowledge about adolescent fertility, agencies involved in this area, research results, approaches that are effective, other agency resources available to adolescents will be the focus.

b) Contacts with other agencies, individuals, governmental institutions to support knowledge, enlist support, and form coalitions. This will be done through individual contacts, educational materials, seminars, and the help of other AID contractors and agencies such as IPPF.

c) Extensive contacts by the program coordinator with the MOHEC at the central level to present results as shown by service data, and discuss the success of the community-based contraceptive distribution project in attracting adolescent contraceptive users. To provide the adoption of the methodology by MOHEC.

2) Service Delivery

The same basic services (modified as necessary) will be delivered to the Phase I selected target areas in the parish of St. Ann and in new target areas in other parishes. These areas will be selected on the basis of need, receptivity, and geographical location.

3) Evaluation

Same as Phase II. In addition, the effectiveness of the contacts with other agency and government officials, and coalitions with other youth-related agencies will be evaluated.

A prototype for delivery of services to adolescents should be an outcome. It is expected that the MOHEC will adopt this community-based contraceptive distribution system by the conclusion of the project.

c. Resources

Same as listed in Phase II, but at a higher level.

D. Work Plan - Phase I

The Phase I work plan, which follows, details the activities, leadership responsibilities, and resources necessary for attaining the objectives.

Phases II and III work plans will be developed during Phase I.

1. Immediate Objective

Increase the capability of the JFPA to carry out the youth-to-youth project successfully.

2. Activities

a. Identify Selection Criteria and Design Job Description for Program Coordinator:

Selection Criteria

- . GCE A' Level - English
- . Health Education Experience (including development of materials)
- . Management Experience
- . Car

Job Description (See Attachment 2)

Leadership Responsible: Secretary/Administrative Aide

Time Frame: September 17 - October 1

Project Resources: None (Present staff contributing time to this project are not included as Project Resources)

b. Solicit Candidates for Program Coordinator

- . Advertise
- . Inquiries to MOHEC, USAID, local leaders
- . Post announcement and inquiries at UWI

Leadership Responsible: Secretary/Administrative Aide

Time Frame: October 1 - October 20 - Program Coordinator

Project Resources: Advertising and transportation

c. Select Program Coordinator

- . Personal Interviews
- . Reference Check

Leadership Responsible: Program Coordinator, Secretary/Administrative Aide

Time Frame: October 20 - November 1 - Program Coordinator (on staff by November 15)

Project Resources: None

d. Orient Program Coordinator

- . History of JFPA
- . Operational procedures of JFPA
- . Clinic
- . Outreach
- . Office and Administration
- . Materials review, including educational materials, laws and regulations in Jamaica, successful programming strategies, research re: adolescent fertility
- . Field trips with Outreach Workers
- . Field trips to Kingston
 - NFPB
 - UWI
 - Kingston Clinic
 - MOHEC
 - AID
 - Operation Friendship
 - YWCA

Leadership Responsible: Secretary/Administrative Aide, Directors, others as listed above

Time Frame: November 19 - 30

Project Resources: Transportation, meals, and per diem, materials

e. Identify Selection Criteria and Design Job Description for Field Officers

Selection Criteria

- . 3 GCE O' Level - English
- . Management Experience
- . Community skills with youth
- . Population/family planning experience
- . Car

Job Description (See Attachment 3)

Leadership Responsible: Secretary/Administrative Aide, Program Coordinator

Time Frame: October 1 - November 15

Project Resources: None

f. Solicit Candidates for Field Officers

- . Advertise
- . Inquiries to MOHEC, local leaders

Leadership Responsible: Program Coordinator

Time Frame: November 15 - January 1

Project Resources: Advertising, transportation, meals

g. Determine Phases II & III User Objectives, Methodologies and Evaluation Plan

- . Identify necessary need and service statistics data
- . Obtain need data from the Parish of St. Ann. Review census reports, local surveys, MOHEC records
- . Complete service statistics analysis for 1978, 1979 from clinic and outreach workers records
- . Analyze need and service statistics data
- . Map out proposed service areas based on need and service statistics data
- . Determine user objectives
- . Identify and obtain educational materials and literature re: adolescent programming and strategies
- . Determine service methodologies to reach objectives
- . Design evaluation plan for project's Phase II and III. Design service statistics forms and other data collection forms

Leadership Responsible: Program Coordinator, Secretary/Administrative Aide

Time Frame: December 1 - January 1

Project Resources: materials acquisition, telephone, trip to Kingston, UWI consultant for final design and methodology recommendations, materials identification

Other Resources: APHA consultant for data analysis, final design, materials identification

h. Complete Project Proposal, Phases II & III

Leadership Responsible: Program Coordinator, Secretary/Administrative Aide

Time Frame: December 15 - January 1

Project Resources: Travel and per diem, Kingston trip for discussion with AID, NFPB

Other Resources: APHA consultant

i. Select Field Officers (2)

- . Personal interview
- . Reference check
- . Field observation

Leadership Responsible: Program Coordinator

Time Frame: January 1 - 15

Project Resources: Travel and meals for field observation, telephone

j. Identify Selection Criteria and Design Job Description for Youth Associates:

Selection Criteria:

- . Age 18-21
- . Education - GCE O' Level
- . Personal qualities - able to communicate about sexuality, family planning, population; inspire confidence, maintain client confidentiality, is personable, seeks responsibility, and is acceptable to the adults in the target area
- . Sex - Male (3)
Female (4)
- . Residence - readily accessible to assigned area
- . Other - involved in a stable relationship and a successful contraceptive with not more than one child

Job Description (See Attachment 4)

Leadership Responsible: Program Coordinator

Time Frame: December 5 - 15

Project Costs: None

k. Solicit Candidates (2) for Each Position for Associates

- . School Principals
- . Clinic Staff
- . Outreach Staff
- . Community Leaders

Leadership Responsible: Field Officer, if hired, and Program Coordinator

Time Frame: December 15 - January 15

Project Resources: Transportation, Meals

1. Gather and Utilize Data Regarding Adolescent Fertility

The dearth of data about the problem associated with adolescent fertility is obvious from the problem statement. The JFPA proposes to gather and distribute information on this subject to staff, policymakers, community leaders, parents, and particularly, adolescents in order to educate this audience to the costs and benefits of adolescent pregnancy. This increased awareness should lead to more informed and, therefore, more rational decisions by adolescents about the use of fertility regulation methods and increased community support for the project.

Additionally, the JFPA will obtain as much information and as many materials as possible about service strategies, educational methods and resources available in order to improve its own services and training.

This activity will continue throughout the life of the project.

Leadership Responsible: Program Coordinator

Time Frame: November 1, 1979 - end of project

Project Resources: To be determined

m. Plan First Year Training for 7 Youth Workers and 2 Field Officers - General Family Planning/Population and Contraceptive Information

a) Design Content

- . Demographic facts about adolescent fertility and consequences
- . NFPB structure and services, CRS projects
- . JFPA structure and services especially Outreach
- . Reproduction
- . Contraceptive methods and side effects
- . Pills, condoms, foaming tables, etc. - how to distribute
- . Record keeping
- . Motivation and Communication
- . Conflict Resolution
- . Identification and review of currently available films and educational materials
- . Other community resources
- . Trainee input regarding project

m. (Continued)

b) Recruit Staff

. Local training staff

c) Design Evaluation

Leadership Responsible: Program Coordinator

Time Frame: January 1 - February 1

Project Resources: None

Other Resources: Development Associates, IPPF

3. Evaluation

There will be no formal evaluation of the activities in Phase I except for: 1) the monitoring of the activity time frames; and 2) adherence to selection criteria for personnel selection. The Directors and USAID will provide this monitoring. If there are delays, it will be the responsibility of the Secretary/Administrative Aide to revise and notify Directors and AID.

E. BUDGET

PRELIMINARY BUDGET - Phase I only
(October 1, 1979 - January 15, 1980)

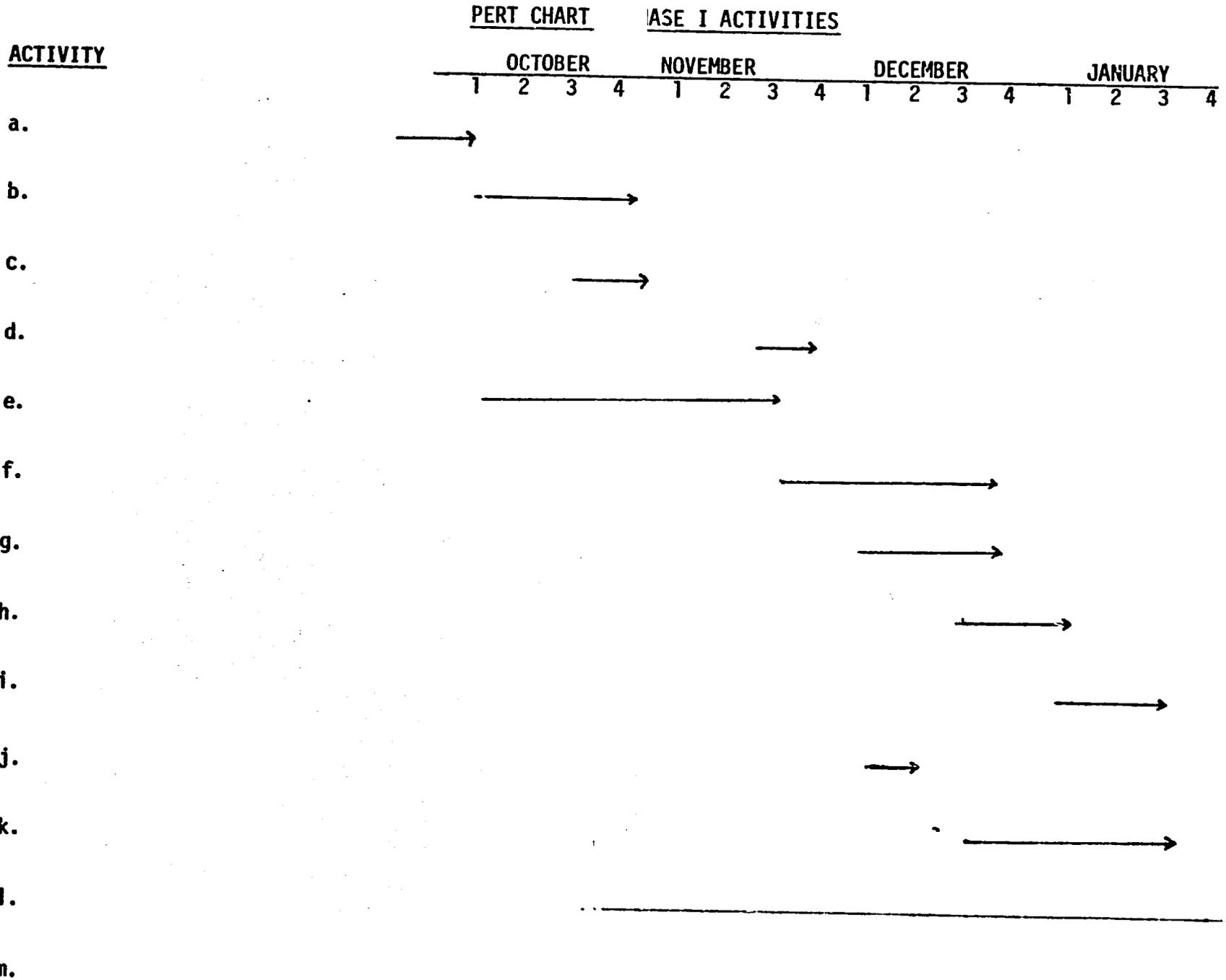
<u>Personnel</u>	<u>% OF TIME</u>	<u># OF MOS</u>	<u>IND* SALARY</u>	<u>PHASE I TOTAL</u>	<u>PROJECT FUNDS</u>	<u>IN-KIND FUNDS</u>
1 Secty/Admin Aide	10%	3.5	16,000	470		470
1 Research/Eval Coord	25%	3.5	10,000	730		730
1 Secretary	10%	3.5	5,500	160	2,415	
1 Program Coord	100%	2	14,475	2,415		
 <u>Office Supplies</u>						
Forms, stationery, postage						
 <u>Evaluation</u>						
Consultants -						
Training	1 x 14 hours x \$20			280	280	
Evaluation design & conduct	1 x 70 hours x \$20			1,400	1,400	
Travel and per diem				600	600	
 <u>Miscellaneous</u>				100	100	

E. BUDGET (Continued)

PRELIMINARY BUDGET
(Estimated for Year 1 - October 1, 1979 - September 30, 1980)

<u>Personnel</u>	<u>% OF TIME</u>	<u># OF MOS</u>	<u>IND* SALARY</u>	<u>1 YR TOTAL</u>	<u>PROJECT FUNDS</u>	<u>IN-KIND FUNDS</u>
1 Secty/Admin Aide	10%	12	16,000	1,600		1,600
1 Research/Eval Coord	25%	12	10,000	2,500		2,500
1 Secretary	10%	12	5,500	550		550
1 Program Coordinator	100%	11	14,475	14,475	13,274	
2 Field Officers	100%	8	10,104	20,208	13,479	
3 Outreach Workers	100%	12	4,000	12,000	12,000	
7 Youth Associates	100%	8	4,000	28,000	18,676	
<u>Training</u>						
Consultants	6 people x 6 hours x \$20				720	
Travel (Consultants & Staff)					600	
<u>Materials -</u>						
IPPF manual	\$5 x 25				125	
Film rental	\$20 x 2				40	
Supplies					50	
Meals	\$3 x 75				250	
<u>Office Supplies</u>						
Forms, stationery, postage					1,000	
<u>Mobile Unit Maintenance and Repairs</u>						
					1,500	
<u>Educational Materials</u>						
<u>Films -</u>						
Future Shock					1,000	
Trinidad & Tobago film					800	
<u>IPPF materials -</u>						
Birth control pamphlet	4000 x \$.25				1,000	
Sex education pamphlet	4000 x \$.25				1,000	
<u>Equipment</u>						
Bags	10 x \$25				250	
Umbrellas	10 x \$35				350	
<u>Telephone and Maintenance</u>						
1/2 of total					600	
<u>Conference/Seminar</u>						
	2 x \$100				200	
<u>Evaluation</u>						
<u>Consultants -</u>						
Training	1 x 14 hours x \$20				280	
Evaluation design & conduct	1 x 70 hours x \$20				1,400	
Travel and per diem					600	
<u>Miscellaneous</u>						
					300	
<u>Remodeling - new office space for new personnel</u>						
					7,000	
					<u>\$75,694</u>	<u>\$4,650</u>

*This figure includes all benefits and travel.



The letters under "ACTIVITY" correspond to the letter assigned to Phase I activities in "D. WORK PLAN."

APPENDIX A

CONTRACEPTIVES SERVICES SOURCES - Parish of St. Ann

NO. OF ADOLESCENTS 10-19 RECEIVING
CONTRACEPTION

- | | |
|---|--|
| <p>1. Commercial outlets providing Orals, Condoms and Spermicides</p> <p>2. Eight Ministry of Health Clinics in 8 of the 10 target areas</p> <p>3. One JFPA Clinic in one of the target areas</p> <p>4. Four Outreach Workers in four of the target areas.</p> <p>5. The JFPA's Mobile Clinic</p> | <p>1. No information available</p> <p>2. No information available</p> <p>3. 1978 (est.) 128 acceptors. No information on number of old acceptors
1979(proj.) 104 acceptors. No information on number of old acceptors</p> <p>4. 1978 (est.) 1,200 acceptors. No reliable information on visits to old acceptors.
1979 (proj.) 2,600 acceptors. No reliable information on visits to old acceptors.</p> <p>5. No information available.</p> |
|---|--|

1.) In the first quarter of 1979, 19% of the new patients were adolescent. This same percentage was used to estimate number of adolescents served in 1978.

2.) Records are incomplete and figures are based on four months of service data.

APPENDIX B

OUTREACH WORKERS ACCEPTOR SERVICE STATISTICS

	<u>ACCEPTORS</u>		<u>CONTINUING ACCEPTOR VISITS</u>		<u>OTHER CONTACTS</u>		<u>TOTAL</u>	
	<u>10-19</u>	<u>20+</u>	<u>10-19</u>	<u>20+</u>	<u>10-19</u>	<u>20+</u>	<u>10-19</u>	<u>20+</u>
1978 (six months)	600 ¹	1678	N.A.	9459	N.A.	937	N.A.	8044
1979 (first qtr.)	655	1440	765	2726	284	471	1704	4637
1979 (projected)								

	<u>10-19 EST. POP²</u>	<u>10-19 ACCEPTORS (1979 projected)</u>	<u>% IN NEED SERVICES</u>
St. Ann's Way	2029	328	16%
Line Hall	2446	932	38%
Claremont	1987	660	33%
Moneague	2083	700	34%

¹Projected from 4 months of last six months of 1978

²1970 census figures increased by 14%. This is percent increase in population as of 1978. 26.1% of the population is used to calculate 10-19 cohort. These population projections are at variance with those in Appendix C. This is explained by changes of smaller population areas in target areas.

APPENDIX C

PROSPECTIVE PROJECT TARGET AREAS SHOWING TOTAL 1970 POPULATION

ESTIMATED ADOLESCENT POPULATION, SCHOOLS, CLUBS, AND CHURCHES

<u>PROSPECTIVE TARGET AREAS</u>	<u>TOTAL 1970 POPULATION</u>	<u>ESTIMATED POPULATION (10-19) ^{a)}</u>	<u>SCHOOLS</u>	<u>CHURCHES (EST.)</u>	<u>CLUBS (EST.) ^{b)}</u>
1. St. Ann's Bay	7,672	2,002	6	7	---
2. Lime Hall	3,635	949	2	7	---
3. Claremont	6,433	1,679	4	10	---
4. Moneague	4,398	1,148	6	8	---
5. Golden Grove	2,198	574	1	—	---
6. Brown's Town	6,682	1,744	8	12	---
7. Ocho Rios	8,092	2,112	3	9	---
8. Exchange	5,196	1,356	2	4	---
9. Runaway Bay	3,574	933	2	5	---
10. Alexandria	<u>2,883</u>	<u>752</u>	<u>7</u>	<u>8</u>	<u>---</u>
TOTALS	<u><u>50,763</u></u>	<u><u>12,409</u></u>	<u><u>41</u></u>	<u><u>70</u></u>	<u><u>70</u></u>

-28-

a). 26.1% of the Total Population

b). Data are not available on exact number of Clubs in each target area, but a total estimate of the Clubs of the type listed below appears reasonable:-

Women's League
Youth Fellowship
Boys Scouts

Girls Guides
Brownies
Boys Brigades
Community Councils

Service Groups -
PTA's
Jaycees

Lions Club
Kiwanis Club
Rotary Club

JAMAICA FAMILY PLANNING ASSOCIATION
KINGSTON CLINIC
COMPARING JANUARY-MARCH 1979 - 1978

MONTH	1979 NEW	1978 NEW	NUMBER CHANGE	% CHANGE	1979 REVISITS	1978 REVISITS	NUMBER CHANGE	% CHANGE
JANUARY	56	56	-	-	1009	1319	-310	-23.5
FEBRUARY	56	51	5	9.8	828	979	-151	-15.4
MARCH	73	39	34	87.1	894	1014	-120	-11.8
TOTAL	185	146	39	26	2731	3312	-581	-17.5

BETH JACOBS CLINIC

COMPARING JANUARY - MARCH 1979 & 1978

MONTH	1979 NEW	1978 NEW	NUMBER CHANGE	% CHANGE	1979 REVISITS	1978 REVISITS	NUMBER CHANGE	% CHANGE
JANUARY	43	52	-9	17.2	474	369	105	28.4
FEBRUARY	41	56	-15	-26.7	370	347	23	6.6
MARCH	61	57	4	7	416	384	32	8.3
TOTAL	145	165	-20	12.1	1260	1100	160	14.5

Mr. G. W. P. K.
12/4/79

JAMAICA FAMILY PLANNING ASSOCIATION LTD.

MODEL PROGRAMME - OUT REACH WORKER

STATISTICAL SUMMARY C.12, 50, 3, 1979.

	JAN O.R.-1	FEB O.R.-2	MAR. O.R.-3	O.R.-4	O.R.-5	TOTAL
TOTAL NO PERSONS SEEN	2060	1358	1219			4637
Males	1052	724	636			2412
Females	975	634	583			2195
* Teenagers	661	507	531			1704
NEW ACCEPTORS	680	394	366			1440
Males	378	215	175			771
Females	302	176	191			669
* * *	276	207	172			655
RED ACCEPTORS	7189	840	697			2726
Males	642	456	406			1504
Females	547	384	291			1222
F	275	331	259			765
RE-INITIATED	3	2				5
Males	3	2				5
DROP-OUT						
Females	14	17	22			53
F	4	10	7			21
F	10	7	15			32
OBJECTIONS	53	29	20			102
Males	28	21	6			55
Females	25	8	14			47
* * *		8	5			13
NOT INTERESTED	11	6	4			21
Males	8	3	2			13
Females	3	3	2			8
INFIRMS	7	4	5			16
Males	-	-	-			-
Females	7	4	5			16
INTERESTED BUT NOT READY	103	66	105			274
Males	22	16	40			78
Females	81	50	65			196
* * *	101	62	99			262

[Handwritten signature]
12/4/79

PROGRAMME COORDINATOR

under the general direction of: SEC/ADM.AIDE

1. To maintain an office at the Headquarters of the JFPA, St. Ann's Bay and to operate therefrom as the service may require.
2. To obtain information about governmental and other policies, other program strategies, donor agencies and utilize in developing projects and in the on-going programme.
3. To recommend new programme policies and projects to the SEC/ADM.AIDE and directors.
4. To develop proposals and plans of action for new programme directions.
5. To direct the conduct of the project and other special projects as required. Included will be to:
 - a. Recruit and supervise project staff
 - b. Identify and collect information, reports, publications, films, necessary for successful conduct of the project.
 - c. Design and supervise training for project staff, participate as needed.
 - d. Design monitoring system for measuring project progress and train staff in such.
 - e. Design day to day strategy to meet project objectives.
 - f. Monitor programme progress through review and analysis or written reports, statistical reports, and staff meetings, staff observation, field observation.
 - g. Make changes in the project as indicated.
 - h. Evaluate staff performance and retain or dismiss.
 - i. Provide written reports analysing project progress to direct staff, donor agencies
6. To act as initial contact for parish level agency officials, school officials community leaders for coordination and orientation.

7. To make public appearances and provide information about the program on radio, TV, at meetings, or, as required.
8. To liaison with the NFPB, MOHEC and CRS Program officials for coordination of the project.
9. To design or obtain assistance in the design of educational and other materials for the JFPA.
10. To give overall guidance and supervision to the non-clinical distribution of contraceptives.
11. To assist in the planning of and participate in conferences, seminars, etc.
12. To identify, make arrangements for and work with consultants to assist in the design, implementation and monitoring of the programme, as required.
13. To carry out such other duties as required.

FIELD OFFICER

Under the direction of the Program Coordinator

1. To supervise the Outreach Workers and Youth Associates, and mobile unit, driver/technician. Included will be to:
 - a. Assist in recruiting, hiring and training
 - b. Plan and prepare weekly work plans based on Overseas Program Plan
 - c. Monitor controls of activities and interview as necessary.
 - d. Collect service data, assist officer to analyze and interpret data to the field, clinic, and administrative staff.
 - e. Evaluate performance including field checks and recommend references or release.
2. To assist in the development of the program objectives, activities, budget and work plan. Particularly to:
 - a. Assist in the identification of target areas for community based education and contraceptive distribution program. Map out priority areas.
 - b. Assist in identification of groups, clubs, schools, churches, labor unions, sports clubs for education and contraceptive delivery.
 - c. Assist in developing work plan for Outreach workers, as Youth Associates and Mobile Unit Driver/Technician.
3. To liase between the administation and field.
4. To assist the program coordinator in identifying relevant foundation materials and other resources available and implementing these in program, as applicable.

5. To identify other agencies essential to the success of the program, and make contact to explain program objectives and activities; to enlist cooperation and coordination; to make referral arrangements.
6. To act as the primary administrative liaison with the MOHEC Department in St. Ann's Parish and maintain monthly contact.
7. To schedule and conduct talks on Family Planning and/or Sex Education or group discussions, using audio-visual aids, as necessary. Audiences will be groups in schools, sports clubs, home craft centers, and home economics groups.
8. To evaluate group presentations and modify presentations.
9. To train youth associate to deliver group presentations through formal and on-the-job training.
10. To provide input to program coordination for publicity releases or brochures.
11. To act as Public Relations Staff.
12. To keep necessary records regarding personnel services.
13. To assist in evaluation activities and provide critique of activities and methodology.
14. To carry out any other duties as may be necessary.

YOUTH ASSOCIATES

Under the direction of the Field Worker and after successful completion of the Youth Associates Training Course.

1. To assist in the design of a plan of work.
2. To identify and provide family planning education and methods to youth ages 10-19, particularly out-of-school youth in the assigned community. This will be accomplished through:
 - a. Door-to-Door canvas to locate and educate adolescents, providing them with oral contraceptives, neo sapons or condoms after screening and as requested.
 - b. Informal approach to youth in neighborhood gathering places. For education and provision of contraceptives as described above in "2a".
 - c. Contact with youth clubs and other groups to arrange and provide educational sessions and provide contraceptives as described above in "2a".
3. To educate youth age 10-19 in the school setting. Assisting the Field Worker.
4. To educate adult community leaders and others to the goals of the Youth Associates with the assistance of the Field Worker, and to the benefits of planned parenthood for all couples. This will be accomplished through:
 - a. Contact with adult clubs and other groups to arrange and provide educational sessions.
 - b. Identify and contact on a one-to-one basis community leaders and educate.
 - c. Provide education to those adults met on an informal basis in the assigned community area.

5. To educate and provide contraceptives (described in "2a") to those in child bearing years over the age of 19. This will be accomplished through the same methods described in "2a,b,&c".
6. To obtain from adolescents in particular and adults information regarding services provided by the JFPA and suggestions regarding types of services needed for adolescents and to report findings to designated JFPA staff. This can be carried out during day-to-day contacts on an informal basis and/or through a formal survey.
7. To maintain accurate records about adolescents 10-19 in need and receiving education and contraceptives, and such other data obtained by the Field Worker.
8. To participate in regular staff meetings with the other Youth Associates, Cutreach workers, and Field Workers, Program Coordinator, Research and Evaluation Coordinator and the Secretary/Administrative Aide.
9. To participate in conferences, seminars, meetings as necessary.
10. To maintain monthly contact with the MOHEC clinics, -the nurse and the community health aids in each target area to make referrals, accept referrals, generally goordinate activities.

III. OSFU ADOLESCENT FERTILITY CONFERENCE

The OSFU unit, Department of Sociology, University of the West Indies has a contract, signed about September 14, 1979, with AID to design, coordinate and hold a conference concerning adolescent fertility. The objectives and goals are described in Part I, section B-2.

The consultant met briefly with the major CSFU coordinating staff for this project. They were Dorian Powell, lecturer, and Pat Lewis, Conference Coordinator, to discuss consultants, resources for the conference, identify possible background materials, and materials for inclusion in the conference resource package.

A total of approximately two and one-half hours were spent on this task. Most of the discussion centered on human and material resources which might be made available to the conference.

Discussion items or papers distributed were:

- . A series of papers concerning adolescent fertility collected before the visit were distributed to the conference coordinators.
- . Agencies which could possibly provide additional funds, materials or resource people were identified. These included APHA, Development Associates, IPPF, Population Institute, DHEW.
- . The number of participants necessary to ensure attainment of conference goals.
- . Written proceedings of three adolescent fertility conferences held in the U.S.A. in 1978 were given to the conference coordinators and descriptions of the types of action strategies resulting discussed.
- . Identification of individuals (other nationals) who could serve as resources for the conference.

While it was agreed there were certain issues surrounding the subject area that are so culture bound other nationals might not be so useful, there was preliminary identification of individuals whose participation in the planning and program would add considerably to its success.

Follow up activities for the consultant included:

- . identification and contact of conference panelists;
- . identification of other agencies who might contribute to the conference success; and
- . identification of possible resource materials for conference presentation or use in resource packets.

IV. RECOMMENDATIONS

A. JFPA Proposal

The proposed project's objectives and activities reflect not only JFPA's directions but also this consultant's.

It is recommended that:

1. AID fund Phase I of the project with funding of Phase II dependent on successful completion of Phase I and Phase III dependent on the successful completion of Phase II.

2. JFPA and AID carefully monitor the completion of activities in Phase I and revise the project proposal if necessary.

3. AID provide consultants, as necessary, to assist in the completion of the project proposal including work plan and evaluation plan design.

4. The proposed project incorporate enough operational research features to make a determination re:

- . most effective service delivery system--adults or youths
- . Most effective service delivery system--home contact or other
- . most effective messages
- . number of users
- . contraceptive prevalence
- . feasibility of project as nationwide strategy.

5. Communication and coordination is ensured between the JFPA, AID, MOHEC, and NFPB during project implementation.

6. JFPA enlists the assistance of Development Associates, Incorporated in developing training courses for Youth Associates and Field Officers.

7. JFPA cooperates in Population Institute's proposed pilot celebrity family planning project if it is funded.

8. JFPA solicits assistance from IPPF in developing training plan and procurement of educational materials.

9. JFPA solicits adolescent fertility research results from OSFU personnel at UWI and explore how personnel can assist project.

B. OSFU Adolescent Fertility Conference

1. Areas where local expertise is lacking should be identified and other nationals solicited to assist the OSFU unit in conference preplanning and participation. Some of the types of experts needed are:

B. (Continued)

- a. individuals who are associated with successful adolescent projects for inter-city youth in the United States
 - b. individuals who have conducted relevant research around adolescent pregnancy.
2. The OSFU conference coordinator should obtain as many pertinent papers and materials used in adolescent fertility programs throughout the world. In order to identify these, the following contacts were suggested:

- a. IPPF - They have several pertinent materials for sex education for adolescents.
- b. The Population Institute in Washington, D.C. - They operate an adolescent fertility clearinghouse for international programs and a U.S. Mass Media Program using celebrities to reach adolescents.
- c. University of Chicago - Dr. Donald Bogue, the center has considerable materials concerning adolescent fertility.
- d. IFRP - Dr. Judith Fortney has conducted research on health affects of adolescent pregnancies.
- e. Medical Service Consultants Incorporated - They published a perspective paper on: "Adolescent Fertility in Developing Countries: Policy and Program Implications". There is also a good bibliography in the paper.
- f. The State University of New York, Buffalo, New York - Graham Keer, Ph.D., has just written an interesting paper reviewing theories of adolescent pregnancies and has a large library of documents relating to adolescent fertility.
- g. Battelle Memorial Institute - Staff have developed several articles on adolescent fertility.
- h. DHEW - They are conducting several pilot projects on adolescent fertility.
- i. WHO - They have several reports on adolescent pregnancy.

(All of the above resources and contacts were shared with the Conference Consultants during the field visit and through phone contacts. Several publications were also left later).

3. The AID Mission/Population Officer should carefully monitor the progress made by the Conference Coordinating staff to ensure milestones are met. For example, ensuring adequate leadtime for delivery of materials before the conference and obtaining consultant staff for guest speakers.

APPENDICES A and B

List of Contacts

Agency

J. M. MacKenzie, Staff	Jamaica Department of Statistics
Ruby Grant, Outreach Worker	JFPA
Beth Jacobs, Director	JFPA
Len Jacobs, M.D., Medical Director	JFPA
Dorothy Lynton, Secretary/Administrative Aide	JFPA
Elgin Swapp, Evaluation Officer	JFPA
Evelyn Spence, Parish Supervisor	Social Development Committee
Pet Lewis	UWI
Dorian Powell, Lecturer	UWI
Gary Cook, Public Health Advisor	AID
Terry Tiffan, Population Officer	AID

WORK PROGRAM BUDGET 1980 PROJECT OUTLINE FORM: A-3	PAGE: 21
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COUNTRY: JAMAICA.ASSOCIATION: JAMAICA FAMILY PLANNING ASSOCIATIONPROJECT TITLE: FAMILY PLANNING YOUTH ASSOCIATESPROJECT NUMBER: 1:5 BUDGET CATEGORY: INFORMATION & EDUCATION.

Indicate the Project background, what needs it responds to, its effects over the short and long term and the characteristics of the area where the project will take place. Describe the work to be performed. Attach relevant information such as, feasibility studies, surveys, reports.

Project Description

a) Background: This is an on-going project. In 1979, the Association phased out its outreach programme which had begun as an Encouragement Visitor Programme in 1966 and phased out to accommodate a Male Interviewer Programme in 1971 and later an Outreach Worker Programme - see above. The principle of a one-to-one, person to person approach proved effective enough for the World Bank to recommend that it be accommodated within the national programme. It eventually became absorbed into a general Health Aide Programme under Governmental aegis.

In 1977, the Health Aide Programme was transported to St. Ann by the Government's Ministry of Health. As they were not permitted to distribute contraceptives, it seemed worthwhile to keep JFPA's Outreach Workers on stream. Now that they (Health Aides) are established in St. Ann, even to the extent of work to rule, work stoppages, sick-outs and industrial disputes, JFPA feels justified in leaving the field to those experienced in such tactics and exploring a field that is wide open for research and action - i.e., teenage and pre-teenage sex and pregnancy which has become a growing concern since the Law which abolishes the concept and use of the term of illegitimacy in Jamaica, became a reality in the late 1970's. As the Keynote Speaker at JFPA's Annual General Meeting noted in May, 1979:-

Quote "We crowd our statute books with unrealistic millstones on the neck of the Jamaican society" Unquote.

In 1979, the innovation was a new programme of Youth-to-Youth with (7) out-of-school youth being trained and utilized to undertake a fertility survey to test the effectiveness of family life and sex education programme given to the St. Ann Homecraft students during and after their year at the institution. These "Homecraft Surveyors" were exposed to their peer group in the field in September, 1979. During October, November, December 1979, they will begin a Family Planning Youth Associates (FPYA) Programme.

1980 will see the expansion of this youth-to-youth concept.

(Use additional pages, if necessary) Cont'd

COUNTRY: JAMAICA.

ASSOCIATION: JAMAICA FAMILY PLANNING ASSOCIATION.

PROJECT TITLE: FAMILY PLANNING YOUTH ASSOCIATES.

PROJECT NUMBER: 1:5 BUDGET CATEGORY: I & E 1980 EXCHANGE RATE US\$1.00 = \$1.75 Jan.

Describe in general terms the evaluation component of the Project.

Estimate cost of the project during the Work Program year. Obtain this data from lines 25 and 26 of the Estimated Project Cost, Form PROJ. FIN.

	<u>US\$</u>
Operations Personnel	
Total	

Continuation Sheet

Work Program Budget 1960	
Project Outline	
Form: A-3	23

Project Title: Family Planning Youth Associates
 Project Number: 1:5 Budget Category I & E

Ideally, the seven (7) Homecraft Surveyors (already mentioned) plus the seven (7) newer recruits will have been motivated to stay on as more "permanent" field workers (14) - one in each parish. In 1960, again ideally, this first fourteen (14) FPYA should act as catalysts to attract another fourteen FPYA. The greatest advantage would be for the 14 with the most exposure to family planning field work: to be assigned to the secondary town areas and the newer 14 recruits (making a 1960 total of 28 FPYA) be assigned to the adjoining areas within each parish.

It is envisaged that 16+ year old (adults, in terms of Jamaican Law) FPYA will distribute contraceptives during 1960, to their peers on the advice of their four (4) Field Officers who will pay regular visits to them (FPYA) as per the parishes listed hereunder:-

<u>Division</u>	<u>Parish</u>	<u>Parish of Field Officers' Residence (ideally)</u>	<u>No. of FPYA</u>	<u>Total</u>
A	Kingston)	Kingston		8
	St. Andrew)		4	
	St. Thomas		2	
	St. Catherine		2	
B	Portland	St. Mary	2	6
	St. Mary		2	
	St. Ann		2	
C	Trelawny	St. James	2	8
	St. James		2	
	Hanover		2	
	Westmoreland		2	
D	St. Elizabeth	Manchester	2	6
	Manchester		2	
	Clarendon		2	
			<u>Total FPYA</u>	<u>= 28</u>

Project Growth

End of 1979	- 14 FPYA	= 1 per parish
1980	- 28 FPYA	= 2 " "
1981	- 56 FPYA	= 4 " "
1982	- 84 FPYA	= 6 " "

FPYA will need support of divisional heads, i.e., 4 Field Officers - one each in divisions A, B, C, D:-

- To pre-test areas in which FPYA will work
- To ascertain cause of problems in areas and seek to alleviate such as may be capable of solution:

- c) To act as a liaison between FPIA and the community;
- d) To be responsible, under the Programme Co-ordinator for the recruitment, training, placement, direction and general performance of FPIA in their division;
- e) To work with the medical, public health, religious, civic and social work personnel in their parishes to further the aims of the youth-to-youth programme - i.e., creating a greater awareness of the hazards of early and single parenthood in Jamaica.

Country: JAMAICA.

Association: JAMAICA FAMILY PLANNING ASSOCIATION

Project Title: FAMILY PLANNING YOUTH ASSOCIATES

Project Number: 1:5 Budget Category: INFORMATION & EDUCATION

Project Duration: From _____ Until _____
Month/Year Month/Year

Project Status: New for 1980 On-going

I. PRINCIPAL OBJECTIVES:

- 1) To develop a core of trained youth capable of discussing with their peers matters relating to family planning and population growth;
- 2) To create a wider depth of perception about and understanding of the several options open to youth in particular and persons in general, relative to family concepts planned families and personal attitudes to family living;
- 3) To reach out-of-school youth either individually or through youth clubs, sports clubs, home-economic groups and other organizations as these may evolve;
- 4) To try to locate such receptive youth during their final year of school, at which period it is possible that they may be more responsive to innovative ideas on a new family planning approach to their peers.

II. ACTIVITIES TO BE CARRIED OUT IN 1980:

The detailed Plan of Action will have to be worked up by the Programme Co-ordinator in consultation with Head Office Staff together with an important input from Field Officers themselves.

Advertisements, interviews, appointments, orientation and training would have been begun in 1979.

In 1980, the emphasis will be on training and field work. Field Officers will pre-test known problem areas and will actually accompany FPYA within certain areas. The Field Officers will hold continuing dialogue and explore advantageous avenues of approach (plays, songs, dance, etc., as well as occasional films) to the 10-20 year olds within their divisions.

(use additional pages, if necessary)

COUNTRY: JAMAICA

ASSOCIATION: JAMAICA FAMILY PLANNING ASSOCIATION

PROJECT TITLE: FAMILY PLANNING YOUTH ASSOCIATES

PROJECT NUMBER: 1:5 BUDGET CATEGORY: INFORMATION & EDUCATION

POPULATION GROUP (TARGET POPULATION) IN PERSPECTIVE AND THEIR CHARACTERISTICS

TARGET NUMBER	
1980 WP/B	PROJECT TOTAL

Target Population:

Statistics for St. Ann's Bay, capital of St. Ann, are currently available. For purposes of this exercise, St. Ann's Bay is defined by the following boundaries:-

- East: to Great River
- North: to Charles Town
- Northwest: through part of Scville - Tanglewood
- Northeast: along Bamboo main road including Priory to the sea.

Extent = 1,520 acres

Demography - 1970 total population = 7,204

Growth rate - currently .16%

	<u>Year</u>	<u>Total</u>	<u>Percentage of Growth</u>
Population Projection -	1970	7,204	.16
	1975	7,263	.66
	1980	7,813	.16

Cont'

FUNDING: Who are the Donor Agencies (local or international) that participate in this project?

RESPONSIBLE FOR IMPLEMENTATION:

Department:

Person:

Continuation Sheet

Work Program Budget 1980
Project Outline
Form: A-2

27

Country: Jamaica.

Project Title: Family Planning Youth Associates

Project Number: 115

Project Status: New for 1980

Target Group to be reached

Age 10-20 years.

Seven Hundred and Eighty-one Males (781) and Eight Hundred and Eighty-one females (881) to include drop-outs from schools from socio-economically depressed areas varying up through to middle income areas out-of-school youth. In the initial years of this FPYA (Family Planning Youth Associates) pilot project while FPYAs will not address themselves primarily to students in any traditional school programme, it must be borne in mind that an educational shift system is in effect and large numbers of under-occupied school children may need advice and should get it.

In St. Ann's Bay, 781 males and 881 females = 1,662 persons between the ages of 10-20 years. 1,662 persons divided by 50 working weeks with a 5 day week = 6 to 7 persons to be contacted per day by FPYA.

In St. Ann's Bay the majority of these 1,662 would be of low economic background.

It is envisaged that there be one (1) FPYA to each capital town, i.e. -

Port Antonio
Port Maria
St. Ann's Bay
Falmouth
Montego Bay - 14 FPYA
Lucca
Savanna-la-mar
Black River
Mandeville
May Pen
Spanish Town
Kingston
Half Way Tree
Morant Bay

Each parish has secondary towns which have as large, or larger populations .

Fourteen (14) FPYA would work, one per secondary town, as under:-

Port Antonio	-	Annotto Bay
Port Maria	-	Crabassa
St. Ann's Bay	-	Ocho Rios
Falmouth	-	Clarke's Town
Montego Bay	-	Anchovy

...Cont'd 67

Lucea	-	Green Island
Savanna-la-mar	-	Nigril Area
Black River	-	Lacovia
Mandeville	-	Porus
May Pen	-	Chapelton
Spanish Town	-	Linstead
Kingston	-	Kingston (Areas to be decided)
Half Way Tree	-	(Secondary " " " ")
Morant Bay	-	Bath

Note secondary towns and their locations should be left to the final choice by the field officers and supervisor(s) in consultation with the respective community leaders within the area to be worked.

COUNTRY: JAMAICA

ASSOCIATION: JAMAICA FAMILY PLANNING ASSOCIATION.

PROJECT
 TITLE: FAMILY PLANNING YOUTH ASSOCIATES

PROJECT NUMBER: 1:5

BUDGET CATEGORY: I & E

1980 RATE OF EXCHANGE: US\$1.00 = \$1.75 Jam.

IN U. S. DOLLARS

	OPERATIONS COSTS	ACTUAL 1978	BUDGET 1979	ESTIMATED 1980
1	TRAVEL (Airfare, Hotel, Perdiems)			-
2	VEHICLE MAINTENANCE			500
3	HONORARIUMS: Speakers			
4	Others (Specify)			
5				
6	PRINTING			500
7				
8	LOCAL PURCHASES: EQUIPMENT			
9	MEDICINE (DRUGS)			
10	CONTRACEPTIVES		 	
11	OTHERS (Specify) <i>Bags</i>			200
12	<i>Umbrellas</i>			200
13				
14				
15	FORMS & STATIONERY			500
16	Equipment Maintenance			100
17				
18	OTHER EXPENDITURES (Specify)			
19				
20				
21				
22				
23				
24				
25	TOTAL COST OF OPERATIONS			2,000
26	PROJECT PERSONNEL COSTS (Form: PROJ PERS)			60,695
27	TOTAL PROJECT COST (Add: Line 25 and 26)			70,775

Note: Transfer Line 25 totals to Project Summary Sheet.
 Do not include supplies listed on Line 26 in the PROJ. SUP. Form

WORK PROGRAM BUDGET 1980
 PROJECT PERSONNEL LIST
 FORM: PROJ. PERS. PAGE: 40

COUNTRY: JAMAICA.

ASSOCIATION: JAMAICA FAMILY PLANNING ASSOCIATION.

PROJECT

BUDGET

1980 RATE US\$1.00 = S1.75 Jan.

NUMBER: 1.5

CATEGORY: ICE

EXCHANGE:

IN LOCAL CURRENCY

TITLE POST	BASIC MONTHLY SALARY		OTHER MONTHLY COSTS IN 1980		TOTAL MONTHLY COST IN 1980	No. of Months in 1980	TOTAL COST IN 1980
	This year	1980	Legal	Vol.			
APPROVED POST							
PROPOSED NEW POST FOR 1980 '28 Family Planning Youth Associates		7,420	2,227	371	10,018	1	120,216
Total in local currency: -							120,216
TOTAL IN US\$ (TRANSFER TO APPROPRIATE LINE ON PERSONNEL SUMMARY)							69,835

COUNTRY: JAMAICA.

ASSOCIATION: JAMAICA FAMILY PLANNING ASSOCIATION.

BUDGET CATEGORY: I & E 1980 EXCHANGE RATE: US\$1.00 = \$1.75 J\$
 IN LOCAL CURRENCY

POST	No. of New Posts	No. of Month	BASIC SALARY	SOCIAL BENEFITS			TOTAL ANNUAL SALARY 1980
				LEGAL	VOLUNTARY	TOTAL	
<u>Section "A" Non-attributable</u>							
Project Co-ordinator	1	12	475	213	24	237	8,544
Driver/Technician	-	12	205	81	11	92	3,564
4 Field Officers	3	12	1,540	941	77	2,458	229,496
<u>Total in local currency</u>			2,220	1,135	112	2,767	11,604
<u>Total A in US\$ (Transfer to line 4 of appropriate FM)</u>							23,774

Section "B" Personnel Project No.	No. of New Posts	No. of Month	BASIC SALARY	LEGAL	VOLUNTARY	TOTAL	TOTAL ANNUAL SALARY 1980
1.4	-	-	-	-	-	-	-
1.5	-	12	7,420	2,227	371	2,598	120,216
<u>Total in local currency</u>			7,420	2,227	371	2,598	120,216
<u>Total B in US\$ (Transfer to line 2 of appropriate FM and personnel summary)</u>							68,695

3190/130

COUNTRY: JAMAICA.

ASSOCIATION: JAMAICA FAMILY PLANNING ASSOCIATION

1980 RATE OF EXCHANGE: US\$1.00 = 31.75 Jm.

IN U. S. D O L L A R S

Line Nos.	DONOR ORGANIZATIONS (Specify)	ACTUAL 1978	BUDGET 1979	ESTIMATED 1980
1	Local Government	23,123	8,824	12,500
2	TPAVS	2,156	-	-
3	US-AID (To be requested)	-	-	20,775
4				
5				
6				
7				
8				
9				
10	TOTAL DONATIONS	25,279	8,824	33,275
11	MEMBERSHIP SUBSCRIPTIONS	2,735	3,600	3,500
12	CONTRACEPTIVE SALES	2,347	2,100	2,000
13	INVESTMENT INCOME	4,038	1,000	3,000
14	PATIENT FEES	-	-	-
15	LOCAL FUND RAISING	17,643	27,026	20,000
16	OTHER INCOME (Specify) Miscellaneous Donations	4,324	-	3,000
17	Rental of Building	1,524	1,500	1,500
18	Annual Report	1,115	-	1,000
19				
20	TOTAL OTHER INCOME	24,775	35,014	45,500
21	TOTAL INCOME (Line 10+20) Equal to FIN.0 Line 8.	60,058	44,138	78,775

(Please provide the approximate dollar value of in-kind
 MEMORANDUM-DONATIONS IN KIND: goods and services)

22				
23				
24				
25				
26				
27				
28				
29	TOTAL			