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**MONITORING AND EVALUATION OF THE  
JAMAICA FOOD STAMP PROGRAM**

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**Report Submitted to:  
The Government of Jamaica  
and USAID/Kingston**

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### FORWARD

The firm of Management Sciences for Health was asked by USAID/Kingston to perform a management review of the newly implemented Food Stamp Program in Jamaica. The review focused on:

- 1) administrative operations (Report by C. Carpenter and K. Smith)
- 2) financial and accounting systems (Report by D. Rudisuhle)
- 3) the potential for fraud, abuse, and theft (Report by C. Sweeney)
- 4) evaluation aspects - from the health and nutritional standpoint (Report by Dr. Eileen Kennedy).

The findings and recommendations in each of these areas have been presented in separate reports.

This report deals with the monitoring and evaluation process of the program.

Implementation of these recommendations to enhance or modify current practices, should result in more efficient and effective procedures as well as utilization of personnel; which in turn should lead to attainment of the Program's objectives.

The review of the Food Stamp Program was prepared under contract PDC-1406-I-00-4060-00.

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Any errors or omissions in this report are the sole responsibility of the author.

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## EXECUTIVE SUMMARY

The Government of Jamaica has implemented a new Food Stamp Program that is expected to serve 400,000 elderly and low income households and/or pregnant and breastfeeding women and preschool age children. A monitoring and evaluation system is discussed in this report that will provide information to assess the program's effectiveness in achieving certain goals. In order to implement this monitoring and evaluation system several issues need to be addressed:

- (1) All the information that is currently part of the ministry of Social Security's reporting system for the Food Stamp Program should be computerized. This includes the participant registration card (Appendix IV), the participant listing and the Food Stamp Program Progress Report (Appendix V). This will cut down substantially on the amount of work now required of the Poor Relief Officers. Especially important, it will allow for timely retrieval of the data for program reporting purposes.
- (2) Certain questions should be added to the Participant Registration Form:
  - Family size
  - Number of Food Stamp Recipients per family
  - Household income for pregnant and lactating women and preschoolers
- (3) In order to link Food Stamp information to health information, the Ministry of Health Monthly Clinic Summary Report should be modified to include the number of pregnant and breastfeeding women and the number of preschooler food stamp participants at each health center.
- (4) An external source of funding is needed in order to evaluate many of the impacts of the Food Stamp Program. Without this additional money, it is unlikely that the outcome indications discussed in Figure 3 can be assessed.
- (5) One person needs to be given the responsibility for compiling the monitoring information collected from the various ministries. Given that the Ministry of Social Security has the day to day responsibility for implementing the Food Stamp Program, it would be organizationally consistent to place the individual in the Ministry of Social Security.
- (6) If additional survey work is conducted, staff will need to be hired. At a minimum one researcher should be recruited to coordinate the primary data collected. This person could be placed in the Research and Development Division of the Planning Institute of Jamaica.

Each of these issues is discussed in more detail in the report.

## I. INTRODUCTION

On May 21, 1984, the Government of Jamaica announced a Food Security Plan for Jamaica. A cornerstone of this new plan was the creation of a Food Stamp Program to serve the lowest income families, pregnant and breastfeeding women and children under three years of age in Jamaica. The Food Stamp Program attempts to allow the provision of an adequate diet by increasing the food purchasing power of the most nutritionally vulnerable groups in the country. The first Food Stamps were delivered in Jamaica in August, 1984.

The Government of Jamaica has been interested in implementing a monitoring and evaluation system that can be integrated into the Food Stamp Program. The purpose of this report is to explore the various options that can be used to create a monitoring and evaluation system.

The remainder of this report is divided into four sections. Section II provides a background on the economic and nutrition situation in Jamaica. Section III describes the present Food Stamp Program. Section IV details the current monitoring and evaluation efforts in the Ministry of Social Security and Ministry of Health, outlines various levels of approaches that can be used for monitoring and/or evaluation of the present system and makes recommendations for future activities in monitoring and evaluation of the Food Stamp Program.

## II. BACKGROUND

Jamaica has a population of approximately 2.25 million with an annual per capita income of slightly less than US\$1,000<sup>1</sup>. However, these aggregate statistics mask a very skewed pattern of income distribution.

As shown in Table 1, the highest income group accounts for 55% of total income in Jamaica, while the lowest 20% of income earners account for only 3% of total household income in the country (Lampman, 1984). The lowest income groups in Jamaica spend a disproportionate share of their income on food (Table 2); the poorest 40% of households spend 66% of their income on food compared to 42% for the highest income group.

Data from 1972 and 1980 indicate that overall caloric and protein intake for the population appears adequate (Table 3); the population in 1980 was consuming, on average, 114.3% of energy requirements and 161.5% of protein requirements. However, these data do not allow us to estimate the caloric consumption of the lowest income groups.

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<sup>1</sup> Source: Demographic Statistics, 1983 - The Statistical Institute of Jamaica

Recent surveys<sup>1</sup> in Jamaica indicate that caloric consumption is maldistributed across the various economic groups. It would be extremely useful to disaggregate caloric intake by deciles or quantities of income but this information is not currently available.

Table 4 presents the food items supplying the major sources of calories. Cereals provide 30.8% of energy and 32.3% of protein intake (Nutrition Division, Ministry of Health). Within the cereal group wheat provides the largest share of calories (20.9%) in the typical Jamaican diet.

Most of the foods consumed by Jamaicans are imported. Although exact figures are not available, it is estimated that greater than 60% of energy intake is supplied by food imports. The recent Food Security Plan released by the Prime Minister<sup>2</sup> stresses the substitution of food imports through increased domestic production. This is intended to result in substantial foreign exchange savings and creation of new jobs particularly in rural areas.

Particular attention is paid in Jamaica to the nutritionally vulnerable groups - preschoolers, pregnant and breastfeeding women and the elderly. Growth is traditionally used to assess the overall nutritional status of children. Table 5 shows the prevalence rates of preschoolers malnutrition in children<sup>3</sup> receiving health care at government facilities. Children in the Gomez II and III categories are considered moderately and severely malnourished respectively. The pattern of malnutrition has not changed between 1981 and 1984.

Anemia appears to be one of the major nutrition related problems in pregnant women and the elderly. Data from Table 6 indicate that 31.9% of women tested at government health centers were diagnosed as anemic. A similar pattern emerges from a small study of elderly living in August Town (Mesfin et al, 1984); 24.8% of the elderly tested showed signs of anemia (based on low hemoglobin levels).

In this same study, only 9.1% of the elderly had diets which supplied 100% of their energy needs; 42.9% of the study sample reported consuming caloric intakes that supplied less than 50% of their energy requirements. Despite this apparent low energy consumption, obesity was found to be more of a problem that was low weight for height (Table 7).

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1 Nutrition Division, Ministry of Health, Jamaica  
2 Government of Jamaica, May 24, 1984. Food Sufficiency Plan  
Kingston  
3 Based on Weight/Age

The pattern that emerges from these data is one that reflects overall caloric/protein adequacy for the general population and low prevalence rates of preschool malnutrition. Problems of food insufficiency are most likely restricted to certain groups within the country - low income households, high-risk pregnant women and children. It is partially for this reason that the Government of Jamaica began to reevaluate its strategy of broad based food subsidies. Up until mid-1984 most imported staple foods consumed by Jamaicans received a Government subsidy. However as shown in Table 8, the food subsidies benefitted primarily the upper income groups. Although the lowest income groups spent a higher proportion of their budget on certain food categories, the absolute level of money spent was greater for the wealthiest 40% of the population.

The Jamaican Food Subsidy program was expensive with an annual budget deficit of J\$232 million for 1983<sup>1</sup>.

Thus both for equity and nutritional objectives, the Government decided to begin phasing out the National Food Subsidy Scheme and replacing it with a targeted Food Stamp Program.

### III. JAMAICAN FOOD STAMP PROGRAM

The Food Stamp Program was created in order to protect the lowest income consumers from the rising cost of food caused by the removal of food subsidies. The program has two principal objectives:

- To maintain the existing nutrition levels of persons who are generally "at-risk" of falling into the category of being malnourished, in the event of a change in purchasing power.
- To provide for a minimum nutrition intake level for persons who have little or no visible income.

The current Food Stamp Program has a preventive rather than a therapeutic focus.

In order to achieve these two objectives the Food Stamp Program has two distinct components:

- J\$10 is to be provided monthly to 200,000 elderly, or indigent households<sup>2</sup> (less than J\$50/week in income).
- J\$10 is to be provided monthly to 200,000 pregnant, and breastfeeding women and children up to age three who receive health care at government health clinics.

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<sup>1</sup> Data provided by Jamaican Commodity Trading Company  
<sup>2</sup> Household defined as people living and eating together

A given household can have more than one food stamp beneficiary. For example, a family can be certified for food stamps because household income is less than the J\$50 cut off; in addition if the same family has a pregnant woman and a child under three, each of these individual household members could also receive J\$10 in Food Stamp benefits.

An additional benefit for all persons certified for food stamps is eligibility for free medical care.

The Food Stamps are issued every two months (J\$20) and can be used to purchase rice, cornmeal, and skim milk powder. When the program was planned it was anticipated that the following quantities of foods would be purchased monthly with the food stamps.

For elderly and low income:

- 3 lbs. rice
- 2 lbs. cornmeal
- 2 lbs. skimmed milk powder

For pregnant and breastfeeding women and preschoolers<sup>1</sup>:

- 5 lbs. cornmeal
- 2 lbs. skimmed milk powder

Based on these foods it was estimated that anywhere from 8 to 26% of calories and 14 to 46% of protein would be provided by these foods<sup>2</sup> (Table 9).

The rice, cornmeal and skimmed milk powder were chosen because these foods are a basic part of the Jamaican diet and because of their low caloric price (Table 10). For example, cornmeal provides 5,159 calories per J\$, whereas a food like sweet potato provides only 550 calories for the same dollar. In addition, with food aid from various donors (see Table 11), the Government of Jamaica calculated that supplies of these foods would be adequate even with the potential increased demand generated by the addition of the Food Stamp Program.

The administrative structure of the Food Stamp Program is shown in Appendix I. The program is administered nationally by the Ministry of Social Security; field level operations are handled by the Ministry and local government offices through Poor Relief Officers. The Poor Relief Officers have most of the day-to-day contact with Food Stamp recipients and it is these officers who are primarily responsible for certification of applicants and distribution of the stamps.

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<sup>1</sup> Rice was not originally part of the package for this group but has now been added.

<sup>2</sup> Assumes no sharing within the family.

The Food Stamp Program was to be financed by monetization of food aid from PL480, the World Food Program, the Italian Government, the European Economic Community and the Canadian Agency for Development Assistance (see Appendix II). The Jamaica Commodity Trading Company handles the procurement and distribution of all commodities.

As stated earlier the main purposes of the Food Stamp Program is to provide enough food purchasing power to allow a family to obtain a minimally adequate diet. A least cost diet plan developed by the Caribbean Food and Nutrition Institute is shown in Table 12. The cost of this diet for a family of five was J\$88.58 in December 1983, however by March 1985 the price of the same package of foods had escalated to J\$143.58.

It is anticipated that 40% of the elderly and very poor as well as 81% of the maternal and preschool population will be served by the Food Stamp Program (Table 13).

The Jamaican Food Stamp Program was planned as a two (2) year pilot project. The program will be reassessed at that time. The following section examines the current monitoring and evaluation system and the types of information that are needed in order to determine whether the program is achieving its stated objectives.

#### IV. MONITORING AND EVALUATION SYSTEM

The objectives for the Food Stamp Program as articulated in the May, 1984 Food Security Statement were broadly stated. This has created some confusion as to the exact goals and objectives of the program. In order to try to operationalize objectives against which the program could be monitored and/or evaluated, background information used in the preparation for the Food Stamp Program was reviewed. In addition, people involved with the design, implementation or other aspects of the program were interviewed (see Appendix 3).

What became apparent from this process is that the expectations of the program varied greatly; a "successful" Food Stamp Program was judged against a variety of factors. Some policy makers felt an "effective" program would be one that reached a large percentage of eligible families while others indicated that the success of the Food Stamp Program could be determined based only on more concrete indicators such as impact on household food consumption and/or effect on nutritional status. These disparate opinions as to what the Food Stamp Program should accomplish have implications for the type of monitoring and evaluation system that is needed.

The first step in recommending a monitoring and evaluation system for the Jamaican Food Stamp Program was to determine the types of information that could be generated from routine reporting carried out by the various Ministries.

Three levels of approaches to monitoring and evaluation were identified:

- Level I - information that could be provided with current reporting systems and/or with minimal changes; much of this could be done once the program reaches full capacity.
- Level II - requires some changes in the reporting system; many of the recommendations focus on ways to link Food Stamp and health information.
- Level III - because of the complexity of reporting for questions in this category, additional staff and finances will be required. Strongly suggest that this level of activity be deferred until Year 2 of operations.

It is important to differentiate between program delivery system issues and program impact particularly in the early stages of implementation. Typically there are major differences between how a program is conceptualized at the national level and how it is ultimately operationalized at the local level. The theoretical underpinnings of a program may be sound; for example, it is logical to assume that if participation in the Food Stamp Program results in a significant increment in family income then household food consumption will be positively affected. However the program may never be implemented as intended and thus the potential benefits may not materialize.

We cannot assume that the Food Stamp Program as operated in each parish is a homogeneous entity. The specific activities that form the components of the program - certification, distribution of stamps, etc. - may vary.

A common activity may be defined differently in different locations. For example, site visits with poor relief officers revealed differences in certification procedures; some certified the household whereas others were certifying individuals within families. This difference in procedure has implications for the number of beneficiaries per family and, of course, the level of benefits received.

Thus it is important to monitor the various activities that comprise the Food Stamp Program in order to identify "successful" modes of program operation. Many of the activities listed under Level I (Figure 1) and Level II (Figure 2) involve analyzing delivery system issues. Clearly if people are not reached by the program and benefits are not delivered it is foolish to look for impact. Therefore it is important early on to understand how the Food Stamp Program is operating. Levels I and II of the monitoring and evaluation system concentrate on three questions: Who, How, What?

- Who is being served?
- How are they being served?
- What benefits are distributed?

Several general comments are in order before discussing some of the specific monitoring activities. First, many of the suggested activities put forth in Figures 1 and 2 assume that all information will eventually be computerized. This is essential not only for the timely retrieval of data but also to ensure, over time, that information is not lost.

The lists of current Food Stamp participants is transcribed manually by the Poor Relief Officer for each two month cycle. This takes a tremendous amount of time and also makes it likely that in creating the new lists the unique identification code given to each Food Stamp recipient will be incorrectly transcribed.

The participant listing should be computerized at least by parish but preferably for each district; this would ensure that each listing is of a manageable size.

Once the lists are generated alphabetically by the computer, only new entrants and deletions from the program need to be entered manually in the list. This should cut down substantially on the burden now put on the Poor Relief Officers. In addition, there is no reason why a single computer list could not be restructured in such a way that it could be used for three Food Stamp cycles. This would mean that lists would only have to be reproduced semi-annually.

A second assumption in most of what is proposed is that even the very simple monitoring activities will not start until the Food Stamp Program is fully operational.

The main goal of the program initially should be to reach full capacity. The information provided in Figures 1 and 2 can be used to anticipate and plan some of the future monitoring activities.

Level I monitoring activities deal with very basic program issues. Most of this information will come from three sources: the Ministry of Social Security registration card (Appendix 4), the Ministry of Social Security Progress Report (Appendix 5) and Participant Listing. Several key questions can be answered from the routine reporting that is now being used:

- How successful is the program in reaching the intended beneficiaries?
- What are the characteristics of the Food Stamp Population?

There seems to be a particular interest among many policy makers in determining whether Food Stamp benefits are going to the very poor. The household income information collected as part of the registration process (Appendix 4) can provide these data. In addition, once this information is computerized it will allow a comparison of mean incomes of Food Stamp recipients over time.

FIGURE 1

Information Suggested for  
Level I Monitoring Activities

<u>Delivery System Issues</u>	<u>Sources of Information</u>	<u>Recommendation for Change</u>
Question 1: <u>Who is Being Served:</u> - total eligible population	For elderly/very poor component, information available from Planning Institute of Jamaica - Data used in design of the FSP. The MCH Population data available from Ministry of Health quarterly reports.	
- % of eligible population being served by parish and by category of participant	Ministry of Social Security Weekly Food Aid Progress Report; Ministry of Health Quarterly Reports.	Once up to capacity replace weekly - report with monthly or quarterly reports
- Number and % of people certified who are receiving stamps; by parish by category of recipient	MSS Food Aid Progress Report	
- Mean income for elderly and indigent % female headed households number of children	MSS Registration Card for Food Security Plan (self- reported)	Add Income Data to registration card for pregnant/breast feeding women and preschoolers; computerize inform- ation on all cards.

FIGURE 1

<u>Delivery System Issues</u>	<u>Sources of Information</u>	<u>Recommendation for Change</u>
<b>Question 2: <u>How are recipients being served?</u></b>		
- Average length of time between filing certification form and receipt of first stamps	MSS Registration Card and Participant Listing	All information should be computerized
- Number of applicants waitlisted	MSS Food Aid Progress Report	Information not currently available but can be once data are computerized
<b>Question 3: <u>What is the level of benefits per Food Stamp recipients?</u></b>		
- Mean length of time on the program	MSS Participant Listing	Can provide this information once new computerized list of participants is in place
- Mean no. of food stamp books per recipient received; by parish; by category of recipient	MSS Participant Listing	Information will be available if participant lists are computerized
- % of benefits received as a proportion of total available; by parish; by category of recipient.		

FIGURE 2

Information Suggested for  
Level II Monitoring Activities

<u>Delivery System Issues</u>	<u>Sources of Information</u>	<u>Recommendation for Change</u>
<p>Question 1: <u>Who is being Served?</u></p> <ul style="list-style-type: none"> <li>- Mean no. of Food Stamp recipients per family</li> <li>- Average family size</li> <li>- Mean income for pre-natal/child recipients</li> </ul>	<p>MSS Registration Card</p>	<p>Information would have to be added to future certification and recertification cards</p>
<p>Question 2: <u>What is Nutritional Status and Pattern of Health Care Utilization of Food Stamp Recipients?</u></p> <ul style="list-style-type: none"> <li>- No. and % of Children in Gomez II and III categorized by Food Stamp/Non-Food Stamp recipient</li> <li>- Trimester of first prenatal visit by Food Stamp/Non-Food Stamp recipient</li> <li>- Age of child at first health visit by Food Stamp/Non-Food Stamp recipient</li> </ul>	<p>Ministry of Health Primary Health Care Patient Form</p> <p>"</p> <p>"</p>	<p>Need to add question to patient health care form that specifies Food Stamp/Non-Food Stamp recipient</p> <p>"</p> <p>"</p>

FIGURE 2

<u>Delivery System Issues</u>	<u>Sources of Information</u>	<u>Recommendation for Change</u>
- % of visits to all health centers that are: curative antenatal postnatal child health by Food Stamp/Non-Food Stamp recipients	MOH Quarterly Statistical Statistical Report	Need to add question to patient health care form that specifies Food Stamp/Non-Food Stamp recipient
- Prevalence of pre-natal anemia by Food Stamp/Non-Food recipient	"	"
- No. of Family Planning acceptors by Food Stamp/Non-Food Stamp recipients		"      "
- % of women breastfeeding by Food Stamp/Non-Food Stamp recipient	"	"
- immunization patterns for Food Stamp/Non-Food Stamp children		"      "
Trends of each Quarter in antenatal, postpartum and child health visits stratified by districts and health center with high percent of pre-natal and/or pre-school Food Stamp participants	MOH Monthly Summary Form and Quarterly Statistical Report	Need to add summary information on Food Stamp participants to MOH monthly reporting form (Appendix 6)

However, the current registration card (Appendix 4) should be changed to include some additional information for new entrants and for recipients at time of recertification. Family size should be included on the card. This would allow decision makers to assess not only total household income but more importantly, per capita income. A J\$40/week income for a family of four is very different than the same income for a household of eight.

The number of people receiving Food Stamps per household should also be added to the card. Negative comments have been expressed about the fact that J\$10/month is so small a level of benefit that it is unlikely to have any impact on family food consumption or nutritional status. However, the J\$10/month assumes that there is only one beneficiary per family. This is unlikely. Even if we take a very liberal estimate and assume that out of approximately 500,000 households in Jamaica (see Table 1) 50% are eligible for the Food Stamp Program either because of low income or because a pregnant or breastfeeding woman or preschooler is a member, this still results in an average of 1.6 food stamp recipients per household.

The presence of multiple food stamp recipients per family could add significantly to household income. For example, a family with three food stamp recipients would receive a total yearly benefit of J\$360. For the lowest 20% of income earners (Table 1) this represents a 30% increase in total income and an almost 50% (46.5%) increase in food purchasing power. At this level of incremental income, effects on family consumption can be substantial. For example, in Sri Lanka, the Food Stamps contributed 30% to 40% of total income in the lowest income group; this resulted in substantial increases in household caloric intake<sup>1</sup>.

The Food Stamp Program in Jamaica potentially can have the same effect if multiple recipients are certified in the lowest income households. Currently the monitoring system cannot identify the mean number of beneficiaries per family. This key piece of information should be added to the registration card.

The registration card for pregnant women and preschoolers should be restructured to provide more relevant information:

- Mother's name should be listed on child's registration card; it could be put in place of spouse name;
- For pregnant women, expected date of delivery should be included on the card. This can then be used to determine maximum length of participation during the prenatal/post-partum period;

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<sup>1</sup> Data from Sahn, 1985

- For all women and preschoolers, household income data should be included; this information will not be used for certification. However it would be useful to document whether the participants in the health category have income that are higher than the elderly and indigent recipients.

When the registration cards are reissued it would be useful to have different colored cards for the the elderly and indigent (white), pregnant and breastfeeding women (pink) and preschoolers (blue).

Level II monitoring activities also address fairly basic information needs but in order to generate these data some changes in the current reporting system are needed. For example, a very important impact of the Food Stamp Program may be only indirectly related to receipt of the food coupons. It is quite plausible that the biggest benefit of the program might be early and more frequent utilization of health services. The Ministry of Health currently has a monthly reporting system for primary health care clinics (Appendix 6). This form could be modified to include the number of pregnant women and the number of preschoolers who are certified for Food Stamps at each health center. The Health Information Unit at the Ministry of Health indicated the Monthly Summary Form is reviewed annually and revised as necessary. It is possible that Food Stamp participation could be added to this form.

Once this minor modification is made, trends over time in the utilization of preventive vs. curative health services could be analyzed by district and by health center and correlated to the percent of food stamp participants in the prenatal and preschooler categories.

In addition, it would be useful to be able to identify individual food stamp participants from the patient health care form at each health center. Some clinics are already making notations in the patient charts as to Food Stamp/Non-Food Stamp recipient. If this becomes a routine part of the patient health record, reporting on service utilization can be disaggregated for Food Stamp/Non-Food Stamp participants for each health center.

The Level I and II type monitoring activities will provide a wealth of valuable information that can be used for revamping or fine-tuning the present Food Stamp Program. However not all questions that are being asked about the Food Stamp Program can be answered given the cadre of available reporting systems. The activities suggested for Level III deal in large part with the partial impact of the program on expenditures, food consumption and nutritional status. It is not possible to provide information in these areas without some primary data collection.

Many of the people interviewed as part of the preparation of this report expressed concern that the Food Stamp Program may be acting as a disincentive to local agriculture because the stamps are to be used for foods (rice, cornmeal, skimmed milk powder) that are primarily imported. However this is not necessarily true. Data from Table 12 indicate that the average family of five is consuming 6 lbs. of rice

a week or approximately 25 lbs. of rice a month. The amount of rice that is projected to be purchased with the food stamps is 3 pounds/month. Even with three beneficiaries per family the amount of rice purchased is still inframarginal; the 3 pounds of food stamps purchased rice will replace part of the rice that would normally have been consumed by the family. However the income that is freed up may or may not be used to purchase locally produced agricultural products. This can only be determined by analyzing the food expenditure patterns of Food Stamp/Non-Food Stamp households.

Also there is always the possibility that the stamps are used to purchase non-specified food items; and there is a sense that this is most likely to happen in rural areas. Again, in this case it is difficult to predict the effects of the incremental food stamp income.

Many of the issues outlined in Figure 3 are important and provocative but require a level of effort that cannot be handled by the current complement of staff and with available finances. Therefore, in order to address the issues outlined in Figure 3 an external source of funding will be needed. This document should serve as the basis for soliciting additional funding from donor agencies. A potential coordinating body for the evaluation work suggested in Figure 3 is the Research and Development Department of the Planning Institute of Jamaica.

Funding for this group will allow for not only the conduct of the suggested evaluation work but will also permit building an internal infrastructure that can supervise future evaluation work related to the Food Stamp Program as well as other issues.

Figure 3

Level III Evaluation Activities

ISSUES	APPROACH
<p>I. <u>What is the effect of the Food Stamp Program on:</u></p> <ul style="list-style-type: none"><li>- Family Food Expenditures</li><li>- Family Caloric and Protein intake</li><li>- Calories/J\$ spent</li><li>- Use of imported vs locally produced foods</li><li>- Use of food stamp targeted foods: rice, cornmeal, skimmed milk powder</li><li>- Non-Food Expenditures</li></ul>	<p>(1) Cross-sectional household survey of representative sample of Food Stamp/Non-Food Stamp recipients</p> <p>(2) Analyses of 1984 consumption data collected by Ministry of Agriculture to provide pre-Food Stamp baseline profile by deciles of income</p>
<p>II. <u>What is effect of Food Stamp Program on:</u></p> <ul style="list-style-type: none"><li>- Neonatal outcome</li><li>- Preschooler growth</li></ul>	<p>(1) Random sample of prenatal records. Retrospective review of clinic patient files; assess association of food stamp participation with birth weight, incidence of prematurity while controlling for prenatal health care utilization, socio-demographic and biological characteristics.</p> <p>(2) Compare Food Stamp/Non-Food Stamp preschooler growth controlling for income, socio-demographic and health care utilization variables.</p>

Figure 3

ISSUES	APPROACH
III. <u>What are the characteristics of Non-Food Stamp families:</u> <ul style="list-style-type: none"><li>- Income</li><li>- Family size</li><li>- % of Female Headed Households</li><li>- Number preschoolers</li><li>- Total number children</li></ul>	Cross-Sectional Survey discussed in No. I.
IV. <u>Are different types of delivery systems more effective in reaching the target groups.</u>	Profile of delivery systems used for FSP based on cross-sectional questionnaire. Administer to all districts; participation information to be correlated with modes of delivery.
V. <u>Cost-effectiveness comparison of alternative intervention strategies:</u> <ul style="list-style-type: none"><li>- Food Stamps</li><li>- Supplemental Feeding</li><li>- Food Subsidy Schemes</li></ul>	Financial data collected from JCTC, MSS, MOH. Outcome indicators based on data generated from I and II.

TABLE 1

Distribution of Household Consumer Income in Jamaica, 1982

(1) Fifths of Households	(2) Percentage of Household Income	(3) Amount of Income (Jamaica millions)	(4) Number of Households	(5) Mean Income per Household	(6) Income Brackets for each Fifth
Lowest	3	117	99,822	1,172	0-1,758
2	6	234	99,822	2,344	1,759-3,717
3	13	508	99,822	5,089	3,718-7,092
4	23	899	99,822	9,006	7,093-15,272
Highest	55	2,150	99,822	21,538	15,272-
Total	100	3,909	499,111	7,832	

Source: Lampman, 1984

TABLE 2

Distribution of Food Expenditures by Fifths of Households, 1982

	Lowest fifth	Second	Third	Fourth	Highest Fifth	To
(1) Household income, %	3	6	13	23	55	1
(2) Share of income spent on food	.66	.66	.59	.55	.42	.
(3) Mean expenditures on food (dollars)	774	1547	3003	4953	9046	391
(4) Food expenditures, %	4	8	16	26	46	10

Source: Lampman, 1984

TABLE 3

QUANTITY OF ENERGY AND PROTEIN  
AVAILABLE IN 1972 AND 1980

	YEAR	
	1972	1980
Recommended Dietary Allowance (RDA) of Energy Kcals/caput/day	2,265	2,265
Recommended Dietary Allowance of Protein Grams/caput/day	43.6	43.6
Net Available Energy Kcals/caput/day as Percentage of RDA	2,943 129.9%	2,588 114.3%
Net Available Protein Grams/caput/day as percentage of RDA	74.1 170.0%	70.4 161.5%

Source: Nutrition Division, Ministry of Health  
(undated)

QUANTITY OF BASIC FOOD AVAILABLE IN JAMAICA IN 1980

Food Item	Net Available in lbs x 10 <sup>6</sup>	K. Calories x 10 <sup>9</sup>	Protein gm x 10 <sup>9</sup>	Assume Population = 2,000,000	
				Kcals/Person per day	Protein gm/ Person/day
Wheat Flour	239.4	396.45	12.808	541.6	17.50
Sugar	174.4	295.08	-	403.1	-
Banana	263.5	79.05	1.001	108.0	1.37
Rice	98.84	165.46	3.321	226.0	4.54
Yams	267.8	109.80	2.517	150.0	3.44
Oils	33.68	135.06	-	184.6	-
Coco/Taro/Dasheen	59.73	23.35	0.400	31.9	0.55
Plantain	50.09	19.13	0.155	26.1	0.21
Sweet Potato	52.76	23.24	0.258	31.7	0.35
Irish Potato	15.34	4.85	0.118	6.6	0.16
Legumes	19.50	29.82	1.931	40.7	2.64
Dats	2.22	3.93	0.143	5.4	0.20
Coconuts	47.58	29.40	0.347	40.2	0.47
Cornmeal	10.49	17.32	0.375	23.7	0.51
Margarine	16.50	53.89	0.044	73.6	0.06
Condensed Milk	53.30	77.39	1.956	105.7	2.67
Whole Milk	80.00	23.60	1.272	32.2	1.74
D.S.M.	18.29	29.87	2.987	40.8	4.08
Evaporated Milk	0.92	0.58	.029	0.8	0.04
Eggs	9.80	6.45	0.511	8.8	0.70
Beef	28.56	29.16	1.973	39.8	2.70
Corned Beef	4.16	4.08	0.478	5.6	0.65
Pork	18.17	33.20	0.669	45.4	-
Chicken	70.30	30.04	3.944	50.3	-
Chicken Neck & Back	49.00	17.49	1.811	21.9	4.00
Fish (fresh)	61.65	17.32	2.472	27.7	3.37
Fish (canned)	11.02	15.55	3.029	21.2	1.41
Saltfish	10.17	14.71	3.208	20.1	4.38
Mackerel	6.82	9.43	0.572	12.8	0.78
Goat	0.78	0.85	0.042	1.2	0.06
Mutton	0.04	0.04	0.002	-	-
<b>TOTAL</b>		<b>1702.39</b>	<b>46.365</b>	<b>2329.5</b>	<b>63.35</b>

TABLE 5

ESTIMATED NO. OF 0-4 YRS. POPULATION IN DIFFERENT CATEGORIES  
OF NUTRITIONAL STATUS AS DETERMINED BY 1978 SURVEY DATA AND  
1981 AND 1984 CLINIC DATA

NUTRITIONAL STATUS	%	1978 <sup>1/</sup> SURVEY	%	1981 CLINIC <sup>1/</sup> DATA	THIRD QUARTER	
					%	1984 CLINIC <sup>2/</sup> DATA
Grade III	.9	2,300	.5	1,300	0.5	272
Grade II	7.0	17,900	3.7	9,450	3.7	2,111
Grade I	31.1	79,400	22.8	58,200	23.8	13,689
Normal and Above	61.1	155,927	73.3	187,100	72.0	41,379

<sup>1/</sup> Nutrition Division, Ministry of Health  
The Food and Nutrition Situation (Mimeo) undated

<sup>2/</sup> Health Information Unit, Ministry of Health. Jan, 1985  
Quarterly Statistical Report. July - September 1984

TABLE 6

Anemia<sup>1</sup> in Pregnant Women  
Tested at Health Centers  
in 13 Parishes of Jamaica

	Anemic (Hg $\leq$ 10)	Not Anemic (Hg $\geq$ 10)
%	31.9	68.1
Number	2,224	1,040

<sup>1</sup> Using  $\text{CuSO}_4$

TABLE 7

Percentage Standard Weight for Height by Sex

Percentage of Standard Weight for Height	Sex				Total No. %	
	Male		Female			
	No.	%	No.	%		
Under 80	4	13.3	5	5.1	9	7.0
80-120	25	83.3	56	57.1	81	63.3
120-140	1	3.3	22	22.4	23	18.0
140+	0	0.0	15	15.3	15	11.7
Total	30 (100.0)		98 (100.0)		128 (100.0)	

Source: Mesfin et al, 1974

TABLE 8

Distribution of Food Expenditures by Type of Food,  
Within Each Fifth of Household

	All Households	Lowest Fifth	Second	Third	Fourth	Highest
Meat, poultry, and fish %	24.53	10	20	20	24	27
Dairy Products, oils and fats %	11.86	10	10	12	15	18
Starchy foods and cereals %	18.74	40	35	20	15	10
Other Foods and beverages %	23.09	30	25	23	16	14
Meals Away from Home %	21.00	10	10	15	20	30
All Food %	100.00	100	100	100	100	100
Mean expenditure on food, \$	3,916	774	1,547	3,003	4,953	9,046

Source: Lampman, 1984

TABLE 9  
 PERCENT NUTRITION PROVIDED BY PROGRAMME COMPARED  
 TO RECOMMENDED DAILY INTAKE PREGNANT AND LACTATING  
 WOMEN AND CHILDREN 0 - 35 MONTHS

	<u>Energy (Kilo- calories)</u>	<u>% Provided by Programme</u>	<u>Protein grams</u>	<u>% Provided by Programme</u>
Children less than 1 year	826	26	14	153
1- 3 years	1,360	16	16	134
Pregnant women (later half)	2,550	8	38	177
Lactation (first 6 months)	2,750	8	46	214

Source: Data provided by Planning Institute of Jamaica

TABLE 10

COST NURTIENT VALUE OF SELECTED FOODS  
AS SUPPLIERS OF ENERGY/PROTEIN AT DECEMBER 1983

<u>Item</u>	<u>Cost/lb</u> <u>\$</u>	<u>Calories</u> <u>per \$</u>	<u>Protein</u> <u>per \$</u>
Counter Flour	0.45	3,669	106
Cornmeal	0.32	5,159	112
Rice	0.75	2,177	45
Codfish	3.50	291	44
Chicken	2.43	335	25
Chicken Necks & Backs	0.65	549	57
Condensed Milk (tin)	1.30	1,723	25
Skimmed Milk Powder	0.83	1,967	197
Cooking Oil (pint)	2.33	1,721	-
White Bread	0.92	1,326	38
Crackers	2.18	914	19
Olac	9.00	234	12
Enfamil	10.08	236	5
Sugar (golden)	1.08	1,407	-
Sugar (dark)	0.72	2,350	-
Sugar (refined)	1.32	1,898	-
Eggs	3.00	219	17
Green Bananas	0.30	1,063	14
Sweet Potato	0.80	550	6
Dried Peas (qrt)	4.00	382	25
Pumpkins/Carrots	0.80	90	2
Cabbage	0.80	297	6
Callaloo	0.70	174	16
Oranges (doz(3 lbs)	2.50	194	4
Pork (Medium fat)	3.00	609	12
Canned Mackerel	1.60	519	55
Tripe	2.50	182	35
Minced Beef	4.50	299	16

16th August, 1984

TABLE 11

FOOD

Metric Tons

	Cornmeal	Rice	SMP	B/O	S/C	Flour
<u>DEMAND</u>	<u>7,872</u>	<u>4,364</u>	<u>12,691</u>	<u>1,900</u>	<u>1,900</u>	<u>9,700</u>
SUPPLY (Firm)	4,962	12,500	3,200	200	1,666*	10,171
NET (-)	(2,910)	8,136	(9,491)	(1,700)	(234)	471
USAID						
Section 416	(2,910)		(9,491)	(1,700)		(2,000)
CIDA	3,629					7,505
Italy		12,500				
WFP	1,333		2,000		1,666	2,666
EEC			1,200	200		

CIDA - Canadian International Development Agency  
WFP - World Food Program  
EEC - European Economic Community

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\* Not a problem if not received.

Source: Data provided by Planning Institute of Jamaica

TABLE 12

**AMOUNTS, COST, CALORIE AND NUTRIENT CONTENT OF FOODS  
FOR A \*HOUSEHOLD OF 5 FOR ONE WEEK**

	Cost \$	Energy (Calories)	Protein g.	Iron mg.
6 lbs. green bananas	1.80	1,914	24.6	15.6
4 lbs. sweet potato	3.20	1,760	19.6	15.2
2 lbs. dried peas (1 quart.)	8.00	3,058	198.0	69.0
2 lbs. pumpkin/carrots	1.60	144	2.8	2.4
2 lbs. callaloo	1.40	244	22.0	25.6
2 lbs. cabbage	1.60	156	10.0	2.6
1 doz. (3 lbs.) oranges	2.50	486	9.9	3.9
½ doz. limes (6 oz. juice)	0.40	30	0.5	0.3
½ doz. ripe bananas (3 lbs.)	<u>1.50</u>	<u>846</u>	<u>10.6</u>	<u>5.2</u>
Subtotal	<u>22.00</u>	<u>8,638</u>	<u>298.00</u>	<u>139.8</u>
6 lbs. rice	4.50	9,798	204.0	43.8
6 lbs. cornmeal	1.92	9,906	214.8	30.0
6 lbs. flour	2.70	9,906	285.6	21.6
4 lbs. bread	3.68	4,880	140.0	45.2
1 lb. crackers	<u>2.18</u>	<u>1,992</u>	<u>41.8</u>	<u>6.8</u>
-Subtotal	<u>14.98</u>	<u>36,482</u>	<u>886.2</u>	<u>147.4</u>
2 lbs. SMP	1.66	3,266	326.6	8.2
2 tins sweetened condensed milk	<u>2.80</u>	<u>2,541</u>	<u>64.2</u>	<u>1.6</u>
Subtotal	<u>4.46</u>	<u>5,807</u>	<u>390.8</u>	<u>9.8</u>
5 lbs chicken necks and backs	3.25	1,785	185.0	21.0
½ lb. salt fish	1.75	509	76.5	5.8
2 lbs. pork (medium fat)	6.00	3,654	72.6	10.6
2 lbs. (4 tins) canned mackerel	3.20	1,660	175.0	19.0
2 lbs. tripe	5.00	908	173.2	14.6
1 lb. minced beef	<u>4.50</u>	<u>1,347</u>	<u>72.6</u>	<u>11.8</u>
Subtotal	<u>23.70</u>	<u>9,863</u>	<u>754.9</u>	<u>82.8</u>

...2/

TABLE 12 Continued

**AMOUNTS, COST, CALORIE AND NUTRIENT CONTENT OF FOODS  
FOR A \*HOUSEHOLD OF 5 FOR ONE WEEK**

	Cost \$	Energy (Calories)	Protein g.	Iron mg.
1 quart cooking oil	7.20	8,020	-	-
2 lbs. margarine	<u>6.92</u>	<u>6,522</u>	<u>-</u>	<u>-</u>
Subtotal	<u>14.12</u>	<u>14,542</u>	<u>-</u>	<u>-</u>
6 lbs. dark brown sugar	4.32	10,152	-	92.4
miscellaneous -				
Spices, beverages, condiments	<u>5.00</u>	<u>-</u>	<u>-</u>	<u>-</u>
Subtotal	<u>9.32</u>	<u>10,152</u>	<u>-</u>	<u>-</u>
Total	<u>\$88.58</u> <sup>1</sup>	<u>85,484</u>	<u>2329.9</u>	<u>472.2</u>

\*Composition of household: Female - 35 years old  
 Male - 40 years old  
 Adolescent girl - 15 years old  
 Boys - 10 and 6 years old

The cost of this least cost diet plan as of March 1985 was \$143.58

<sup>1</sup>Add \$3 -10 for fuel. (December 1983)

**TABLE 13**

**Proportion of the Food Stamp Eligible Population  
Served by the Program**

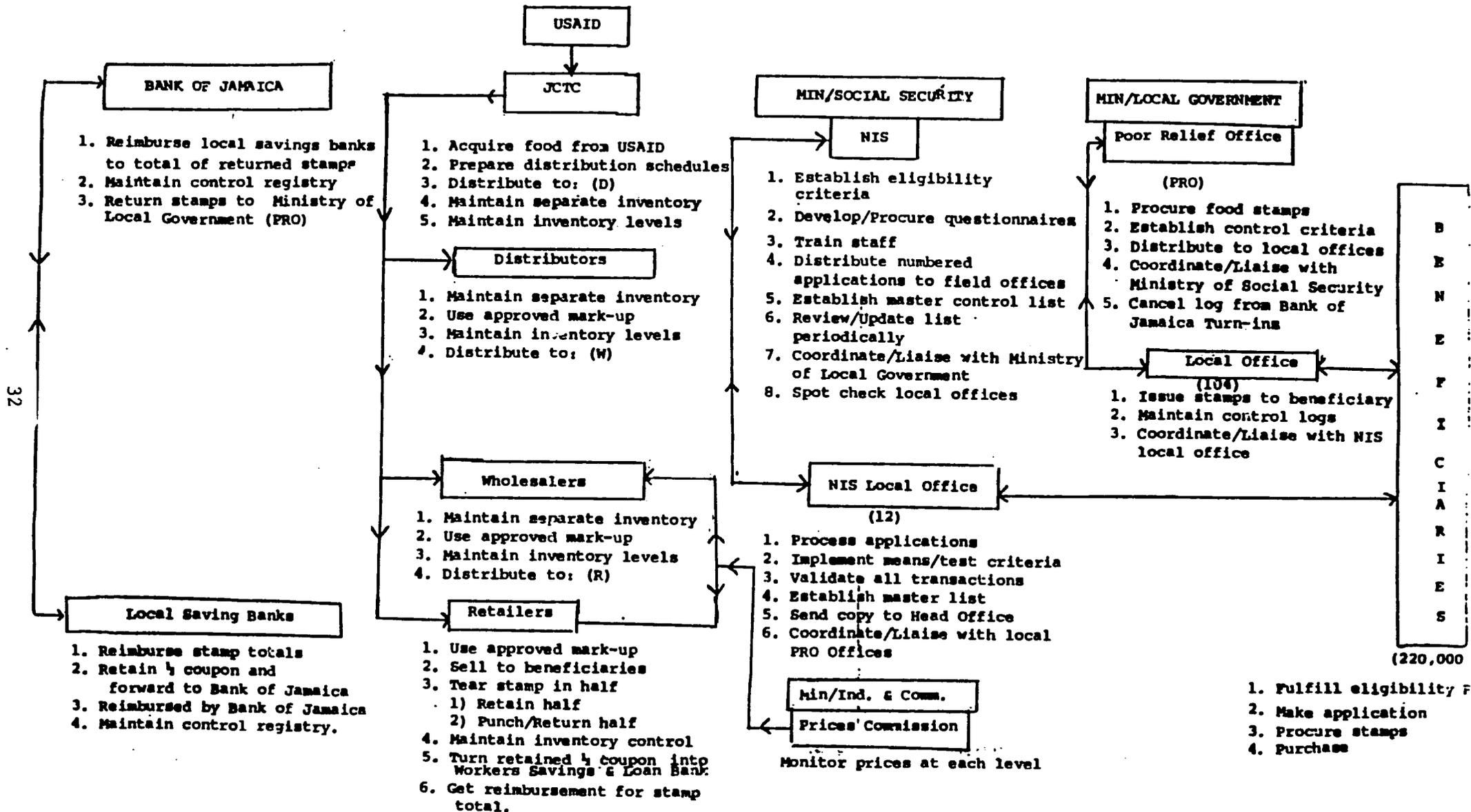
<b>Category</b>	<b>Total Eligible Population</b>	<b>Number to be Served</b>	<b>% of Eligibles</b>
<b>Elderly/Very Poor (Incomes less than J\$50/week)</b>	<b>513,276<sup>1</sup></b>	<b>200,000</b>	<b>40%</b>
<b>Maternal and Preschool Population</b>	<b>245,000<sup>2</sup></b>	<b>200,000</b>	<b>81%</b>

1 Data provided by the Planning Institute of Jamaica.

2 Approximate figures; provided by the Ministry of Health.

Food Stamp Programme  
Administrative Process

-APPENDIX 1



FOOD AID PROGRAMME  
DONATIONS (VALUES) 1985/86

SOURCE	US\$	J\$ M.		Total
		Monitized	Non-Monitized	
WFP	1.62	-	7.85	7.85
EEC I	1.34	-	6.49	6.49
EEC II	1.40	-	6.79	6.79
Sub-Total	<u>4.36</u>		<u>21.13</u>	<u>21.13</u>
Title I	4.00)	29.10	38.80	67.90
Section 416	10.00)			
Italy	5.00	24.25	- -	24.25
Sub-Total	<u>19.00</u>	<u>53.35</u>	<u>59.93</u>	<u>113.28</u>

Exchange rate J\$4.85 per US\$1.00

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### APPENDIX III

#### Officials Contacted as Part of Preparation of this Report

##### Ministry of Social Security

Dr. N. Gallimore	Minister, Social Security
Mrs. Merle Brown	Permanent Secretary
Mrs. Helen Gordon	Director, Food Stamp Program

##### Ministry of Health

Dr. Carmen Bowen-Wright	Principal Medical Officer, Primary Health Care
Dr. Deanna Ashley	Senior Medical Officer, Maternal and Child Health
Mr. Osmond Gordon	Statistical Officer
Ms. Christine Fox	Nutritionist

##### Planning Institute of Jamaica

Ms. Carole Dixon	Director, Projects Development and External Economic Programming Division
Mrs. Marjorie Henriques	Technical Assistant

##### Office of the Prime Minister

Ms. Carla Vendryes	Bureau of Management Support
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##### Caribbean Food and Nutrition Institute

Mrs. Sadie Campbell	Nutritionist
Mr. Peter Jutsun	System Analyst
Dr. Dinesh Sinha	Nutrition/Medical Advisor

##### USAID/Jamaica

Mr. John Coury	Director, Office of Health/ Nutrition/Population
Mr. John Jones	Assistant Program Officer PL480
Mr. William McCluskey	Chief, Agriculture/Rural Development Office
Ms. Franceca Nelson	Public Health Advisor
Dr. Samuel Skogstad	Economic Officer

REGISTRATION CARD  
FOR  
FOOD SECURITY PLAN

Name.....Regn. No.....

Address.....

Date of Birth.....

Marital Status: Married/Single/Divorced/Separated.....

Name of Spouse.....

Number of Dependents  
(children under 18 years).....

Number in School.....

Applicant's Income.....

Total income of household.....

PARISH OFFICE

DATE OF RECEIPT

DATE OF INVESTIGATION

NAME OF INVESTIGATOR

FORM FA2  
5.84

DATE OF AWARD.....

RECORD OF DISBURSEMENT.....

G.P.O. 845-176-450,000 5.84

Date	Serial No.	Signature of Receiving Officer	Date	Serial No.	Signature of Receiving Officer

MINISTRY OF SOCIAL SECURITY  
FOOD AID PROGRAMME  
PROGRESS REPORT AS AT 22ND FEBRUARY, 1985

PARISH (1)	FA 2s WRITTEN TO 22.2.85					FA 2s & FA 5s NUMBERED UP TO			FA 2s & FA 5s NUMBERED FOR			GRAND TOTAL OF 9&12 (13)	FA 1s IN OFFICE				R E S U L T					
	P.A. (2)	P.R. (3)	HEALTH (4)	OTHER (5)	TOTAL (6)	WEEK-ENDING 15.2.85		TOTAL (9)	WEEK-ENDING 22.2.85		TOTAL (12)		REC'D (14)	INVEST. (15)	REF. TO COMM. (16)	DUP. (17)	AP-PROVED BY COM. (18)	DEF. (19)	RE-FUSED (20)	REF'D (21)	NO. RECEIVING BENEFIT (22)	SECOND ISSUE STAMP BOOKS (23)
						P.A., P.R., OTHERS (7)	HEALTH (8)		P.A., P.R., OTHERS (10)	HEALTH (11)												
K.S.E	2,706	3,223	6,706	26,529	39,164	32,456	2,303	34,761	-	-	-	34,761	23,552	27,774	27,484	173	27,285	-	152	47	14,426	3,004
ST. THOMAS	2,369	1,102	6,589	3,274	13,334	6,755	6,304	13,059	-	275	275	13,334	6,904	6,720	5,664	89	3,274	1,644	140	7	10,012	3,244
PORTLAND	2,186	1,283	2,112	8,666	14,247	12,135	1,952	14,087	-	160	160	14,247	11,402	10,118	8,858	474	8,507	-	83	2	11,267	2,011
ST. MARY	2,380	1,198	5,724	7,977	17,279	12,635	4,416	17,111	-	-	-	17,111	12,133	8,841	8,833	203	7,331	-	872	427	7,306	3,591
ST. ANNE	1,766	1,393	4,074	8,849	15,982	9,234	3,690	13,624	503	119	622	14,246	13,125	13,014	10,180	109	10,685	-	88	7	11,695	3,860
TRELKINNY	2,127	897	1,756	5,181	9,963	7,635	1,710	9,545	-	52	52	9,597	7,551	6,934	5,720	2	5,307	10	380	23	9,176	2,778
ST. JAMES	3,364	1,214	4,661	4,429	13,658	8,912	4,477	13,389	2	-	2	13,391	7,123	6,508	5,565	92	4,429	425	123	433	10,654	5,536
HAVER	1,729	627	8,174	7,505	13,035	9,661	2,965	12,846	-	189	189	13,035	7,676	9,567	8,023	158	7,951	-	79	-	11,682	3,047
WESTMORELAND	2,402	2,077	8,382	15,302	24,887	18,655	3,990	22,645	-	-	-	22,645	11,575	16,093	11,073	97	8,386	2,548	159	-	14,600	3,785
ST. ELIZABETH	2,633	1,262	9,113	15,306	28,314	18,575	6,237	24,812	246	801	1,047	25,859	17,382	15,795	15,795	676	15,720	-	75	-	12,767	3,978
MANCHESTER	3,127	1,245	6,219	11,048	21,639	14,149	4,248	18,297	304	485	789	19,186	17,603	12,917	10,367	718	9,308	-	988	70	8,477	-
CLARENDON	3,647	2,082	2,450	11,155	29,334	15,281	6,312	21,593	-	406	406	21,999	21,745	19,012	11,985	456	11,767	-	51	169	9,703	2,681
ST. CATHERINE	2,852	1,629	9,431	22,054	35,966	27,188	5,216	32,404	-	-	-	32,404	23,316	21,612	20,282	57	15,390	-	14	309	10,500	1,917
GRAND TOTAL	33,288	19,232	80,393	143,859	276,812	194,433	53,840	248,273	1,055	2,487	3,542	251,815	187,087	174,853	149,829	3,334	138,720	4,627	3,204	1,494	142,071	39,622

NOTE:

- FA 1 - Application Form
- FA 2 - Registration Card
- FA 5 - Identification Card

An FA 2 is completed in respect of each approved beneficiary, and is kept at the Parish Office.

An FA 5 is completed to complement each FA 2. This is given to each beneficiary at first issue of stamps and is used to identify him/her for second and subsequent issues of stamps. It may also be used when attending hospital or clinics. The holder is not required to pay the health fees.

MINISTRY OF HEALTH
MONTHLY CLINIC SUMMARY REPORT
(Please print, press down on copy and write numbers legibly)

Form no. CS1 - 64

Month of Report
Year

PARISH

Health Center Name

IDENTIFICATION CODES

- 1. (A) Parish Code
(B) Health Center Code
2. (A) Month of Report
(B) Year

CURATIVE VISITS

- 3. (A) Days Curative Visits Made
(B) Curative Visits
4. Number of Visits for:
(A) Diabetes
(B) Hypertension
(C) Skin Disease
(D) Respiratory Tract Infection
(E) Trauma/Injury
(F) Gastroenteritis
(G) Leg Ulcer
(H) Sexually Transmitted Disease

DENTAL SERVICE

- 5. (A) Days Dental Service Given
(B) Dental Visits
6. (A) Extractions
(B) Restorations
(C) Fluoride Prophylaxis

ANTENATAL SERVICE

- 7. (A) Days Antenatal Service Given
(B) Antenatal Visits
8. Total Number of Women Receiving Antenatal Service at the Health Center for the First Time This Pregnancy by Length of Pregnancy
9. Total Number of Women Receiving Antenatal Service at the Health Center for the First Time This Pregnancy tested for Anemia (using CUSQ4) by test results:

POSTNATAL SERVICE

- 10. (A) Days Postnatal Services Given
(B) Postnatal Visits (Mothers)
(C) Postnatal Visits (Babies)
11. Total No. of mothers who became New Family Planning Programme Acceptors at the Postnatal Visit
12. Total No. of babies seen at the Postnatal visit who were FULLY BREASTFED

HOME VISITS

- 13. Days Home Visits Were Made
14. Number of Home Visits by Reason:
(A) Communicable Disease Follow-up
(B) Child Care Nutrition Assessment
(C) Maternal Visit
(D) Geriatric Visit
(E) Other Home Visits
15. Number of Home Deliveries

CHILD HEALTH SERVICES

- 16. (A) Days Child Health Service Given
(B) Child Health Visits
17. Number of Children Receiving Child Health Serv for the First Time:
(A) 0 to 5 months old
(B) 6 months to 23 months
(C) 24 months to 59 months
18. Total number of children 0 to 36 months of age receiving Child Health Services at the Health Center for the First Time This Calendar Quarter:
(A) Genes Normal and Above
(B) Genes I
(C) Genes II
(D) Genes III
19. Total Number of Children Completing Immunization This Month OR First Dose(s) This Month to have Completed Immunization Series by Age and Vaccine:

FAMILY PLANNING SERVICES

- 20. (A) Days Family Planning Service Given
(B) F.P. Visits FEMALES
(C) F.P. Visits MALES
21. Total No. of New Family Planning Programme Acceptors by Method:
(A) Pills
(B) Injections
(C) IUD's
(D) Diaphragm
(E) Condoms
(F) Spermicides
22. Total No. of New Family Planning Programme Acceptors Under Age 20
23. Total amount of Supplies distributed to all Family Planning Programme acceptors by method:
(A) Pills Cycles
(B) Number of Injections
(C) IUD's Inserted
(D) Condoms
(E) Karamas (Diaphragm Cream)
(F) Other Spermicides (except Karamas)
24. Total number of Sterilization Referrals

ENVIRONMENTAL HEALTH SERVICES

- (TO BE COMPLETED BY DISTRICT HEADQUARTERS ONLY)
25. (A) No. of PHI reports due
(B) PHI's reporting
26. (A) Nuisances discovered
(B) Nuisances remedied
27. (A) Prosecutions won
(B) Prosecutions lost

Comments (include supervisory and/or supplies required):

Approved by Title Date Approved Date Mailed

Received by: Parish Date MOH/HIU Date

NOTE: Form to be completed in triplicate (original sent to MOH/HEALTH INFORMATION UNIT first copy to parish and second copy for clinic records).

#### REFERENCES

- (1) Health Information Unit, Ministry of Health. (Jan., 1985).
- (2) Lampman, Robert J. (1984). A Proposed Food Subsidy for Jamaica and Alternatives to It. Report submitted to Agency for International Development, Kingtson, Jamaica.
- (3) Mesfin, E. et. al. (1984) Nutritional Status, Socio-Economic Environment and the Lifestyle of the Elderly in August Town, Kingston, Jamcaica. Carribean Food and Nutrition Institute, Kingston.
- (4) Nutrition Division, Ministry of Health (undated) The Food and Nutrition Situation. Kingston, Jamaica.
- (5) Sahn, D. (1985) Personal Communication on Evaluation of Sri Lanka Food Stamp Program.