

**WORKPLANNING MEETING OF THE
COOPERATING AGENCIES WORKING
WITH THE NFPB**

FEBRUARY 14 - 18, 1994

Nancy Murray

FAMILY PLANNING MANAGEMENT DEVELOPMENT

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Executive Summary

Nancy Murray, Regional Director for Latin America and the Caribbean, traveled to Jamaica from February 13-18th, to attend a Workplanning Meeting with the National Family Planning Board. At the same time, Ms. Murray reviewed with NFPB staff their additional needs for technical assistance to ensure the complete operational implementation and use of ServStat.

FPMD will provide immediate technical assistance to the NFPB to overcome the reporting problems with the program. Following a March trip, FPMD will make additional necessary changes to the basic programming, and the entire system will be professionally documented for easy referencing by NFPB staff.

Only once ServStat has been completed to FPMD and the NFPB's satisfaction with the project move on to the next phase of its work with the NFPB.

Over the next few months, the NFPB will review the prototype annual report suggested by FPMD, and in July, this issue, as well as the review of the MCSR data collection form used by the MOH may be revisited.

I. Background

The Family Planning Management Development (FPMD) project of Management Sciences for Health (MSH), at the request of USAID/Jamaica, under the Family Planning Initiatives Project, is providing technical assistance in management information systems (MIS) to the Jamaican National Family Planning Board (NFPB). The first concentrated effort in MIS by FPMD was a needs assessment completed in February, 1993. The needs assessment led to the identification of MIS-related activities to be carried out in two phases.

Phase One included the design of a computerized system for data entry, processing and maintenance, and reporting of family planning service statistics of the MOH and other important NGOs providing family planning services. The system was given the name "ServStat" and was developed using the FoxPro database package, with the programming support of FPMD. The initial version of ServStat was installed at the NFPB during FPMD consultant, Kip Eckroad's TDY of June 2th-July 8, 1993. The Statistics Unit was provided a basic training in the use of the system, data import from the Ministry of Health, Health Information Unit, data entry, edit and reporting functions as well. Initial training in data manipulation and reporting was also provided. Basic, partial documentation of the system was developed and submitted to the NFPB in FPMD's trip report of July, 1993, with the understanding that the NFPB Statistics Unit would continue working with the system and provide FPMD feedback on any required adjustments.

The second important activity in Phase One of FPMD's technical assistance to the NFPB, the MIS workshop, took place November 8-19, 1993 in Kingston, Jamaica, the results of which are reviewed in the trip reports of the same dates.

Phase Two activities will include several additional areas of systems development. FPMD will assist in the selection of a commercial accounting and financial management system, to the extent that the NFPB requires that assistance. Work will continue on additions and refinements to the ServStat system, including an interface for the CDC developed contraceptive logistics module. Technical assistance will be provided to the other departments of the Board to help define indicators of their non-service delivery, programmatic activities which could be monitored and reported on. Efforts will be made to construct and executive information system (EIS), integrating key variables from different sources and different functional areas into a single, user friendly interface for decision-making by senior NFPB officials.

II. Purpose of the Trip

OPTIONS II, in its coordinating role, invited all CAs working in Jamaica with the National Family Planning Board to a workplanning meeting, scheduled for Monday and Tuesday February 14th and 15th, 1994. February 16th through 18th of this same week were dedicated to presenting and reviewing together with members of the Statistics Unit some of the results of an in-house, FPMD testing of ServStat, and reviewing with the Statistics Unit their needs for additional fine-tuning or debugging based on their preliminary use of the module. In addition, Ms. Murray brought a prototype annual summary service statistics report (based on the available 1993 data entered into ServStat), for discussion with NFPB staff on how some of the ServStat graphing functions might be programmed.

III. Activities during this TDY

February 14th and 15th were devoted to synchronized NFPB's departmental needs and plans with those of the CAs present to offer the Board technical assistance services. As a result of these discussions, and the apparent problems experienced using ServStat to produce the 1993 Annual Statistics Report, FPMD advanced the next scheduled trip of its Senior Management Advisor, Kip Eckroad, to take place March 7-March 31, 1994 (to be confirmed with Kip Eckroad, Sayeed Osmani, and then with NFPB).

February 16th was a local Jamaican Holiday, so the team spent time revising their workplan documents. For final version of workplan, see Appendix 1.

In the morning of February 17th, Ms. Murray accompanied CDC representative Jack Graves to view the installed version of CDC's Commodities Tracking System (CTS) as installed in warehouse. Mr. Graves and Ms. Murray agreed that the program would be sent for MSH review within the next month, so that MSH staff might work on the ServStat interface.

For the rest of the day, Ms Murray worked with the Statistics Unit Staff on ServStat and other related computer hardware and software issues. Activities covered included:

- Review of the monthly service statistics data files in ServStat for 1993. Including: elimination of duplicate records, installation of missing months, clarification of the operation of the import function of ServStat.

- Testing of all Standard Report functions. Identification of problem areas in Standard Report functions, including: Fact that monthly reports do not function; lack of bottom line totals for several reports; immediate need for operationalization of filter functions and other ad hoc queries, as well as thorough documentation of entire system.

- Review of data entry function: eliminate unnecessary screens, add columns for condom totals.
- Testing of printer interface with ServStat. Printer is now operational.
- Basic instruction in simple DOS functions, such as disk formatting, directory switching and drive switching, copying of documents from different drives and directories, etc.
- Installation of Word Perfect for windows. Initialization of printer definition within word perfect. Very basic instructions in the use of Word Perfect within the windows environment.

On February 18th, the CAs represented at the Workplanning meeting debriefed with Senior NFPB staff.

IV. Findings/Conclusions

Overall, a number of issues were identified (see above) that require immediate response by FPMD. Debugging of the reporting functions of the program is the first priority and will be undertaken in the scheduled March visit, and during April in Boston. In addition, comprehensive documentation of the program will be necessary so that the NFPB staff will be able to refer to a User's Manual when they experience problems.

V. Recommendations for Future Action

General:

- Basic training **OF all staff** in the use of MS DOS, Windows, Word Perfect, Data Base (choose one, preferably FOXPRO), Spread Sheet and Graphics software. Standardization of software on all NFPB computers. Basic training in file maintenance and organization, **back up of information**, etc.
- Availability of reference Manuals to each department on standard issue software.
- Consideration of possibility of elimination of semi-annual Statistics report for 1993, given the backlog of work, and concentration of Annual report for 1993, and redesign of that and future reports.

FPMD:

Considerations for upcoming trip:

- Leave master files for ServStat in case of damage to hard disk etc. Review with NFPB backup procedures, and labelling and storage of original monthly MCSR data files procured from MOH, as well as back up files of data entered by NFPB on theirs and other NGO clinic activities. Need to standardize programming of these clinics. NFPB has added them manually, and thus they are not included in data files for Jan-Sept. which FPMD has in Boston.
- Address issue of combining population based data (census data) necessary for the production of the Statistics Report, as well as actualizing hospital sterilization data with more exact figures collected by NFPB.
- Need for report on: Reporting coverage-- e.g., percentage of clinics reporting into system. This could be important source of misinterpretation of program data, although in the past according to MOH/HIU percentage reporting has been between 95 and 100%. Question: some way to exclude from the analysis MOH clinics that do not provide FP, ex. Dental only clinics?
- Some inconsistencies between health center list (1988 copy) used by statistics unit, and that reflected in ServStat. Send NFPB 1992 copy of health centre lists.
- Look at printer compatibility with ServStat program. Lines of some box (borders) are printed as letters and numbers. Confusing.
- Immediate need to save files to disk (in ASCII format) so that files/tables can be imported to Word Perfect for the production of the Annual Statistical report, with textual analysis.
- Need for comprehensive documentation of system, once all debugging and additional abilities and functions perfected.

NFPB

Due to the amount of time spent reviewing the operational problems with ServStat, and providing basic orientation to DOS and Wordperfect, Ms. Murray was unable to spend time reviewing the Prototype Annual Report with NFPB staff. (See Appendix 2 for copy). NFPB staff should:

- Review Prototype Annual report, with some suggestions for the use of ServStat to monitor progress towards the Strategic Objectives outlined in the 1993-1998 Strategic Plan. NFPB to review and determine applicability, utility for reformulating the format of

the annual Statistical Report. Let FPMD know if any additional inputs/discussions desired in this area.

VI. Contacts

NFPB Senior Staff attending Workplanning Meeting, AID/Jamaica representatives attending meeting, and representatives from the Statistics Unit and the Warehouse. Representatives from CDC, OPTIONS II, FHI, and AVSC.

See Appendix 3 for Workplanning Meeting Agenda and participants.
USAID/Jamaica:

**Appendix 1: Family Planning Initiatives Project, Monthly Workplan,
March 1994 - April 1995**

FAMILY PLANNING INITIATIVES PROJECT

MONTHLY WORKPLAN

MARCH 1994 - APRIL 1995

Prepared By: National Family Planning Board in collaboration with USAID/Kingston; FUTURES/OPTIONS II Project; Association for Voluntary Surgical Contraception; Centers for Disease Control/Reproductive Health International Program Assistance Management Sciences for Health/FPMD Project; and Family Health International.

February 16, 1994

MARCH 1994

March, 1994
FUTURES/OPTIONS II
FPIP Component Three: Institution Strengthening

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
FUTURES/OPTIONS II 1. Analytical training using Target model for NFPB staff only to enable NFPB to analyze effects of changing method mix on CP and fertility targets and to revise targets as necessary from time to time.	1 OPII staff/5 days -- Dates open Check FUTURES avail. for March 14- 19	Mr. Josephs, Mrs. Stevenson & Mr. Reddie

March, 1994
AVSC
FPIP Component Two: Developing Sustainable Services

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
AVSC 1. No Scalpel vasectomy training for McKoy & Wedderburn	Mexico March 14-18	NFPB - Dr. McDonald
AVSC 2. Finalize FP counselling manual	Tabbutt March 7-11	NFPB - Mrs. Davis Mrs. Grant Mrs. Radlein Dr. McDonald
AVSC 3. FP I & E counselling training for Women's Centre staff. TA for evaluation plan	Tabbutt March 14-25	Women's Centre NFPB

March, 1994
 FPMD Project
 FPIP Component Three: Institutional Strengthening

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>FPMD PROJECT</p> <p>1. Completion Program Design: ServStat</p> <p>2. Specification of Necessary Activities to Complete the Program Design of ServStat, including but not limited to: On-line help and query, filters, and graphics functions. FP-only screens.</p> <p style="padding-left: 40px;">* Requirements for development of Written Documentation, Debugging of ServStat. Instruction of Statistics Staff in Use.</p> <p style="padding-left: 40px;">* At this time FPMD staff will also work closely with Statistics Unit in fine-tuning reporting functions, and continued attention to the 1993 Annual Statistics Report.</p> <p>3. Specifications for Programmatic Activities Monitoring Module.</p> <p style="padding-left: 40px;">* In follow-up to November MIS workshop, FPMD consultants will continue developing specifications to begin programming of this module (in order to track achievements by Strategic Plan Component).</p>	<p>Kip Eckroad Sayeed Osmani</p> <p>(Joint Trip: end of March 21 - April 1)</p>	<p>Special Projects/ Statistics Unit</p>

APRIL 1994

April, 1994
FUTURES/OPTIONS II
FPIP Component One: Policy Framework

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>FUTURES/OPTIONS II</p> <p>1. Technical Assistance to disseminate findings from Focus Group & Mapping Study/Private Physicians' Survey. OPII will work with UWI/FMU/ISER and Psearch to prepare presentations using visual graphics & organize first seminar (possibly to be timed with SOMARC meeting of new players - maybe late April or May). OPII will negotiate agreement with Psearch to make 2 presentations.</p>	<p>Ms. S. Smith/Apr. 11-15</p>	<p>Dr. Bailey, Ms. Chambers, Mrs. Radlein, Mrs. Kenneally</p>
<p>FUTURES/OPTIONS II</p> <p>2. Technical assistance to finalize design for Private Physicians Project & help to prepare necessary tender documents. The NFPB will issue tender by end of April w/ responses due by May 30, 1994. To be reviewed immediately and award announced by first week of June 8.</p>	<p>Mrs. Ravenholt/Apr. 17-30</p>	<p>Dr. McDonald, Mrs. Kenneally, Mrs. Radlein, Mrs. Chevannes, Mr. Deane, USAID/Mission</p>
<p>FUTURES/OPTIONS II</p> <p>3. Technical Assistance for legal & regulatory analysis. This is the draft report writing phase.</p>	<p>Mrs. Ravenholt/Apr. 15-30</p>	<p>Mrs. G. Cumper, Mrs. S. Cumper, Projects & Research, Mrs. Kenneally</p>

April, 1994
AVSC
FPIP Component Two: Developing Sustainable Services

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
AVSC 1. Meeting with MOH to present VJH model for use of non-health workers, results of evaluation, and plan for expanding FP counselor model (one day 4/12)	Warren April 7-15	NFPB/VJH/MOH/ Hope Enterprises

April, 1994
 FPMD Project
 FPIP Component Three: Institution Strengthening

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>FPMD Project</p> <p>1. Completion Program Design: ServStat</p> <p>Intensive follow-up work in Boston, based on NFPB needs expressed in March.</p>	<p>Kip Eckroad and/or Sayeed Osmani/Margaret Watt</p> <p>NO TRAVEL</p>	<p>Special Projects/ Statistics Unit</p>
<p>FPMD Project</p> <p>2. Programmatic Activities Module</p> <p>Prepare outline of proposed system, for discussions with the NFPB. Perhaps begin programming.</p>	<p>"</p>	<p>NFPB/All departments</p>
<p>FPMD Project</p> <p>3. Contraceptive Logistics Module "CLM"</p> <p>Coordinate with NFPB and CDC/FPLM testing and use of this module in Jamaica.</p>	<p>"</p>	<p>Warehouse</p>
<p>FPMD Project</p> <p>4. Finance Module</p> <p>Review Panell Kerr Forster recommendations for Finance/Administration. Respond to the NFPB on how FPMD could assist in the ultimate computerization of systems.</p>	<p>"</p>	<p>Finance/Admin.</p>

April, 1994
FHI
FPIP Component One: Policy Framework

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>Family Health International</p> <p><i>1. Contraceptive Technology Update Conferences</i> To plan three CTUs for private providers to disseminate reproductive health information to family planning providers and policy makers; to identify salient topics, beginning with hormonal methods. The primary purpose of the CTUs will be to updating technical information, put in the context of the client's perspective and quality of care, service delivery, and counseling to encourage choice. To coordinate with AVSC.</p>	<p>K Spivey L Adrian (to overlap with S. Warren of AVSC) April 10-22, 1994</p>	<p>NFPB: Dr. McDonald MAJ: Dr. Green AGP: ? Other donors (WB, UNFPA)</p>
<p>Family Health International</p> <p><i>2. Family Planning Service Delivery Guidelines Review</i> To begin preliminary discussion with NFPB, the MOH and other Jamaica expert to on reviewing public sector family planning service delivery guidelines; to collect relevant materials, such as manuals, dissemination information and training curricula. (Note: This activity will be conducted concurrently with proposed coordination & planning trips for the CTUs.) Coordinate with AVSC.</p>	<p>K Spivey Adrian April 10-22, 1994</p>	<p>NFPB: Dr. McDonald MOH: Dr. Irons Other experts to be determined</p>
<p>Family Health International</p> <p><i>3. Quality of Care: The Public Sector Family Planning Worker's Perspective</i> To meet with MOH and NFPB counterparts to further discuss and define the scope of the study; and, if appropriate, to draft and issue a request for proposals from local contractors; to begin drafting a survey instrument and sampling plan. Note: This and further trips for this activity depend on concurrence for the activity from the MOH.</p>	<p>M Villinski K Hardee April 17-May 1, 1994</p>	<p>NFPB: Mrs. MacFarquhar Dr. McDonald Mrs. Radlein MOH: Dr. Irons</p>
<p>Family Health International</p> <p><i>4. Private Physicians Survey</i> To begin drafting a presentation of the findings of the service delivery practices component of the study, for presentation in July to the MAJ. In collaboration with OPTIONS II on style and format.</p>	<p>M Villinski K Hardee April 17-May 1, 1994</p>	<p>NFPB: Dr. McDonald UWI: Dr. Bailey Dr. Wynter</p>

MAY 1994

May, 1994
FUTURES/OPTIONS II
FPIP Component One: Policy Framework

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>FUTURES/OPTIONS II</p> <p>1. Present completed legal & regulatory analysis & develop strategy for policy reform.</p>	<p>Ms. Clyde/May 6-13 Mrs. Ravenholt/May 7-14</p>	<p>Mrs. Chevannes, NFPB Senior Managers, Mrs. Kenneally</p>
<p>FUTURES/OPTIONS II</p> <p>2. Technical Assistance to develop policy communications materials -- This is the first of three or four trips designated for this activity. The main purpose of this trip is to make key decisions regarding this activity and to develop a plan of action. Key decisions include determination of the themes and objectives of 2 computer/based presentations and high quality booklets that will be developed over a 6-month period, and to clarify details regarding procedure and responsibility.</p>	<p>1 OPII technical staff/May 1-13 & Ms. Clyde May 1-6</p>	<p>IEC/Policy Communications Consultant; Mrs. Kenneally; NFPB IEC Dept.</p>

May, 1994

FUTURES/OPTIONS II

FPIP Component Three: Institution Strengthening

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>FUTURES/OPTIONS II</p> <p>1. Training on Dbase III software for NFPB staff only to enable NFPB to manipulate the Dbase file of family planning service delivery points for program planning and any new subproject design. Training to be conducted during a two period on/about May 9-21.</p>	<p>Ms. Clyde in US to process consulting agreement for Local Consultant (if avail) for training (2 wks) on/about May 9-21</p>	<p>Mr. Reddie, Mr. Josephs, Mrs. Stevenson --Kenneally to assist w/ expediting local consulting agreement</p>
<p>FUTURES/OPTIONS II</p> <p>2. Computer graphics software training using PowerPoint software to enable NFPB to develop visual presentations for advocacy-related activities. This training will be hands-on and practical. A simple first draft of policy presentation, not requiring extensive research, will be developed as an output. Theme for practice session consideration is "Unmet Need" per findings from CPS or other pressing issue.</p>	<p>1 OPII staff trainer/May 1-13 (follow-on TA in July)</p> <p>Ms. Clyde to assist develop technical content/May 1-6</p>	<p>Mrs. Kenneally and others to be determined in IEC Dept. for computer training aspect.</p>

May, 1994
CDC\RHHPA

FPIP Component Two: Developing Sustainable Services

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart	Comments
<p>Centers for Disease Control</p> <p>1. Monitor Expansion of Top-Up System to St. Thomas and St. Catherine Parishes and use of the Contraceptive Tracking System (CTS); Make adjustments as needed.</p>	<p>CDC Consultant</p> <p>May 2-13, 1994</p>	<p>Logistics Manager</p> <p>Mr. Deane</p> <p>Mrs. Miller</p> <p>Mr. Davidson</p> <p>Mr. Gordon</p>	<p>This trip is dependent upon the implementation of the Top-Up system in these two parishes in March/April. The system is to be introduced to staff in St. Thomas February 21 and St. Catherine February 28.</p>

May, 1994
 FPMD Project
 FPIP Component Three Institution Strengthening

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>FPMD Project</p> <p>1. Completion Program Design: ServStat</p> <p>Installation of finalized, debugged version of ServStat at NFPB. Presentation & review of final written documentation to NFPB.</p>	<p>Kip Eckroad and/or Sayeed Osmani/Margaret Watt</p> <p>(Joint Trip: May 30 - June 10)</p>	<p>Special Projects/ Statistics Unit</p>
<p>FPMD Project</p> <p>2. Financial/Admin. Specs</p> <p>Review experience with implementation of Manual Financial Accounting System to date, explore needs of support/interface with ServStat and other Programmatic and Logistics Modules and program activities accordingly.</p>	<p>Same team as above</p>	<p>Finance/Admin. Logistics</p>
<p>FPMD Project</p> <p>3. CLM-Logistics Module</p> <p>Coordinate installation and testing for July, 1994.</p>	<p>"</p>	<p>Statistics Unit/ Warehouse/Admin.</p>
<p>FPMD Project</p> <p>4. Programmatic Monitoring Module</p> <p>Possibly: fine-tune specifications for programmatic monitoring module/ or install programmatic activities monitoring module.</p>	<p>"</p>	<p>All Departments</p>

JUNE 1994

June, 1994

AVSC

FPIP Component Two: Developing Sustainable Services

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
AVSC 1. Medical site visit TA to VSC monitoring and supervision system (follow-up to Girven visit 11/93)	Girven (to be determined)	NFPB/MOH Dr. McDonald to confirm dates Mrs. Stewart
AVSC 2. Practical minilap training for one MD/nurse team at VJH		Dr. McDonald to confirm dates NFPB-Dr. McDonald, MOH - Mrs. Grant UWI - VJH - Dr. Bernard Dr. McDonald

June, 1994
 FPMD Project
 FPIP Component Three: Institution Strengthening

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
FPMD Project 1. ServStat No activity (ongoing use by NFPB for data analysis)	Travel con't. from May 30 - June 10	Special Projects/ Statistics Unit
FPMD Project 2. Financial/Admin. Specs Possibly begin developing specific modules identified by NFPB/Panell Kerr Forster (Ernst and Young)	Travel con't. from May 30 - June 10	Admin./Finance
FPMD Project 3. CLM-Logistics Module	"	Statistics Unit/ Warehouse/Admin.
FPMD Project 4. Programmatic Monitoring Module Testing in situ (if installed in May)	"	All Departments

June, 1994
 FHI
 FPIP Component One: Policy Framework

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>Family Health International</p> <p><i>1. Quality of Care: The Public Sector Family Planning Worker's Perspective</i> (If ready) Work on awarding local contract: To assist the NFPB and MOH in identifying the strongest candidate for the local contract; to meet with selected contracting agency to discuss study logistics and timeline; to draft survey instruments; to finalize sampling plan; to draft preliminary analysis plan.</p>	<p>M Villinski June 12-25, 1994</p>	<p>NFPB, MOH, Local contract agency</p>
<p>Family Health International</p> <p><i>2. Integrating STD and Family Planning</i> To conduct an assessment visit to identify linkages between family planning and STD services and opportunities to strengthen linkages. In cooperation with AIDSCAP.</p>	<p>L. Fox June 12-25, 1994</p>	<p>NFPB: Dr. McDonald MOH, Epi Unit Dr. Irons</p>

JULY 1994

July, 1994
FUTURES/OPTIONS II
FPIP Component One: Policy Framework

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>FUTURES/OPTIONS II</p> <p>1. Technical Assistance to disseminate findings from Focus Group & Mapping Study/Private Physicians' Survey. OPII will hire through consulting agreement, UWI/FMU/ISER and Psearch to present results using visual graphics. The venue for this <u>second</u> such seminar will be the MAJ's AGM Meeting on Sunday, July 17 in Kingston. This will be in collaboration w/ FHI.</p>	<p>OPTIONS II or SOMARC III Consultant</p>	<p>Local Consultants: Dr. Bailey; Ms. Chambers; and NFPB -- Dr. McDonald</p>
<p>FUTURES/OPTIONS II</p> <p>2. Organize a three-week media workshop for 10-12 journalist from newspaper, television and radio about family planning and to enlist their support to publicize the national program and build constituency support among influential groups. This first trip will include identifying training participants and making necessary arrangements for a workshop to be held in September. It is envisaged that the media products developed during this workshop will be used, at a minimum, to promote family planning week in Oct. '94.</p>	<p>2 OPII technical staff & Ms. Clyde/July 11-22</p>	<p>Mrs. Crawford, Mrs. Radlein and Mrs. Kenneally, Representative from USIS, MOH Public relations</p>
<p>FUTURES/OPTIONS II</p> <p>3. Technical assistance to set-up Private Physicians' Pilot Project w/ competitively selected organization(s). It is envisaged that by the time of this trip, subcontracts will have been negotiated -- Ravenholt will assist to facilitate initial planning meetings.</p>	<p>Ravenholt/July 18-31 (tentative)</p>	<p>Dr. McDonald, Mrs. Kenneally, Mrs. Radlein, Mrs. Chevames, Mr. Deane, USAID/Mission</p>
<p>FUTURES/OPTIONS II</p> <p>4. Technical Assistance to develop policy communications materials -- This is the second of three trips designated for this activity. The main purpose of this trip is to review draft booklets.</p>	<p>1 OPII technical staff/July 11-22 & Ms. Clyde/July 11-22</p>	<p>IEC Policy Communications Consultant; Mrs. Kenneally, IEC Dept.</p>

July, 1994
FUTURES/OPTIONS II
FPIP Component Three: Institution Strengthening

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
FUTURES/OPTIONS II 1. Completion of computer graphics training and 1st policy presentation, including written script.	1 OPII staff trainer for 10 days & Ms. Clyde/July 18-29	Mrs. Chevannes, Mrs. Kenneally & others to be determined in IEC Dept.

July, 1994

AVSC

FPIP Component Two: Developing Sustainable Service

Cooperating Agency/Activity	Consultant/Travel dates	Local counterpart
<p>AVSC</p> <p>1. PPIUD training for providers from pilot sites</p>	<p>Training in Sante Domingo, D.R. Dates to be confirmed by AVSC</p>	<p>NFPB - Dr. McDonald Mrs. Radlein</p>
<p>AVSC</p> <p>2. PPIUD orientation/counselling workshops at pilot site (VJH)</p>	<p>Warren and consultant July 6-8</p>	<p>Dr. McDonald, Mrs. Radlein, Mr. MacFarquhar, VJH Staff</p>
<p>AVSC</p> <p>3. Professional Educational Seminar: Postpartum contraception</p>	<p>Warren and consultant July 11</p>	<p>Same as above</p>
<p>AVSC</p> <p>4. Training in FP counselling; participants to be non-health counselors and staff from sites that participated in minilap training in May; one week per site. (JPHP-1 CTS's and MOH VSC Coordinator, with TA from AVSC consultant)</p>	<p>Tabbutt - Dates to be coordinated with practical training at VJH & to be confirmed by Dr. McDonald.</p>	<p>Dr. McDonald, Mrs. Radlein, Mrs. Grant Mrs. MacFarquhar Hospital Staff</p>
<p>AVSC</p> <p>5. Orientation to ML/LA -- half-day program to orient hospital staff to ML/LA services and FP counselling; coordinated with counselling training (above) in hospitals that participated in May ML/LA training</p>	<p>Tabbutt - Dates to be coordinated with counsellor training.</p>	<p>Same as above</p>
<p>AVSC</p> <p>6. Practical minilap training for one MD/nurse team at VJH</p>		<p>Same as above</p>

July, 1994
 CDC/RHHPA

FPIP Component Two: Developing Sustainable Services

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart	Comments
<p>Centers for Disease Control</p> <p>1. a) Assess need and provide additional assistance using CTS (data forms, data entry, editing, generating basic reports).</p> <p>b) Monitor progress of Top-Up system in 5 pilot parishes; make adjustments as needed.</p> <p>c) Update forecast.</p> <p>d) Assess need for training field supervisors in the Top-Up system (w/MSH); begin planning for nat'l implementation.</p> <p>e) Begin documentation of logistics policies in collaboration with senior NFPB mgmt.</p> <p>f) Monitor procurement of contraceptives for 1994.</p>	<p>CDC Consultant</p> <p>July 11-22, 1994</p>	<p>Logistics Manager Mr. Deane Mrs. Miller Mr. Davidson Mr. Gordon Mr. Josephs</p> <p>Same as above plus Mrs. McFarquhar and Mr. McFarquhar MOH personnel</p>	<p>This trip is dependent upon progress made with expansion of top-up system and use of the CTS which was installed in February. Computer programming will be done at CDC for enhancements and defects identified during the February trip. The trip may need to be moved forward or back depending on the need for further TA to implement expansion.</p> <p>In collaboration with PATH, if needed.</p>
<p>2. a) Evaluate operation of CTS, install enhancements & corrections which were programmed at CDC. Determine compatibility of CTS with the MOH data system. Evaluate the Contraceptive Logistics Management (CLM) warehouse software.</p> <p>b) Add enhancements to CTS as determined by consultant in previous trip</p> <p>c) Provide additional training for CTS enhancements and other issues as required</p>	<p>CDC Computer Programmer</p> <p>July 11-22, 1994</p>	<p>Logistics Manager: Mr. Deane, Mrs. Miller, Mr. Davidson, Mr. Gordon, Ms. Fox, Mr. Josephs</p>	<p>In collaboration with MSH, designers of the CLM computer program for warehouse management. Most of the computer programming required to integrate the CTS & CLM will be done at CDC and MSH.</p>

AUGUST 1994

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August, 1994
 FPMD Project
 FPIP Component Three: Institution Strengthening

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
FPMD Project 1. Financial/Admin. Specs Installation of Finance Module (if it is determined FPMD support needed/desired by NFPB)	Kip Eckroad and/or Sayeed Osmani/Margaret Watt Dates TBD	
FPMD Project 2. CLM-Logistics Module Ongoing TA and training	"	Statistics Unit/ Warehouse/Admin.
3. Programmatic Monitoring Module Ongoing TA and training	"	All Departments

SEPTEMBER 1994

September, 1994
FUTURES/OPTIONS II
FPIP Component One: Policy Framework

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
FUTURES/OPTIONS II 1. Conduct 3-week Media Workshop for 10-12 journalist from newspaper, television and radio about family planning and to enlist their support to publicize the national program and build constituency support among influential groups.	2 OPH Technical staff/Sept. 12-30.	Mrs. Crawford, Mrs. Radlein, Mrs. Kenneally, Representative from USIS & MOH Public Relations

September, 1994

CDC

FPIP Component Two: Developing Sustainable Services

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart	Comments
<p>Center for Disease Control</p> <p>1. Attend Logistics Training in Washington DC.</p>	<p>Sept. 6-24 (tentative) to WASH DC</p>	<p>Logistics Manager Mr. Davidson</p>	<p>Two spaces have been reserved for Jamaica in the Logistics Management Training in Washington. This is the same training attended by Mrs. Miller and Mr. Gordon in March.</p>

September, 1994
FHI
FPIP Component One: Policy Framework

Co-operating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>Family Health International</p> <p>2. <i>Quality of Care: The Public Sector Family Planning Worker's Perspective</i> (If ready) Data Coding, Entry and Cleaning: To train data coding and entry personnel; to review a sample of questionnaires for interviewer and coding errors; to conduct data verification and cleaning for the first wave of surveys that are entered.</p>	<p>M Villinski September 4-17, 1994</p>	<p>NFPB, MOH, Local contract agency</p>
<p>Family Health International</p> <p>3. <i>Contraceptive Technology Update Conferences</i> Logistics Planning: To work with local collaborating agencies to plan for the CTUs to be held during Family Planning Week (October 21 in Montego Bay and October 23 in Kingston).</p>	<p>K Spivey September 4-10, 1994</p>	<p>NFPB, MAJ</p>
<p>Family Health International</p> <p>4. <i>Family Planning Service Delivery Guidelines Review</i> (If appropriate): To continue working with NFPB, the MOH and other Jamaica experts to on reviewing public sector family planning service delivery guidelines. To coordinate with AVSC.</p>	<p>K Spivey Other FHI staff member, as appropriate September 4-10, 1994</p>	<p>NFPB, MOH, Others as appropriate</p>

OCTOBER 1994

October, 1994
 AVSC
 FPIP Component Two: Developing Sustainable Services

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
AVSC 1. Practical minilap training for one MD/Nurse team at VJH. Practical minilap training/refreshers for selected MD/nurse teams.	NA	NFPB-Dr. McDonald MOH-Mrs. Grant UWI- VJH-Dr. Bernard Dr. McDonald
AVSC 2. Semi-annual medical review meeting.	AVSC staff	NFPB-Dr. McDonald, Mrs. Radlein, Mrs. Grant, Mrs. MacFarquhar

October/November, 1994
 FPMD Project
 FPIP Component Three: Institution Strengthening

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>FPMD Project</p> <p>I. MIS workshop for Project Officers & perhaps PLOs of NFPB (repeat of 1993 workshop with Additional Component/Training in ServStat, Programmatic and Logistics Modules)</p>	<p>Kip Eckroad and Nancy Murray Dates TBD</p>	<p>All Departments</p>

October, 1994
 FHI
 FPIP Component One: Policy Framework

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>Family Health International</p> <p><i>1. Contraceptive Technology Update Conferences</i> Conduct Conference: To implement and evaluate CTUs for private sector providers as part of National Family Planning Week. (Tentatively planned for October 21st in Montego Bay and October 23rd in Kingston.)</p> <p>To begin planning for December conference at the Annual Meeting of the Association for General Practitioners (Tentatively planned for December 4, 1994 in Kingston).</p>	<p>K Spivey October 17-29, 1994</p>	<p>NFPB, MAJ Local contract agency</p>
<p>Family Health International</p> <p><i>2. Family Planning Service Delivery Guidelines Review</i> (If appropriate): To continue working with NFPB, the MOH and other Jamaica experts to on reviewing public sector family planning service delivery guidelines. To coordinate with AVSC.</p>	<p>K Spivey Other FHI staff member, as appropriate October 17-29, 1994</p>	<p>NFPB, MOH, Others as appropriate</p>

NOVEMBER 1994

November, 1994
FUTURES/OPTIONS II
FPIP Component One: Policy Framework

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
FUTURES/OPTIONS II 2. Organize a study tour for 3-5 key policymakers to gain insight on how the family planning program operates in Mexico and how Mexican institutions such as CONAPO successfully coordinate and monitor their national program.	Ms. Clyde/Nov. 7-18	Mrs. Chevannes, Mrs. Kenneally
FUTURES/OPTIONS II 3. Technical Assistance to develop policy communications materials -- This is the third of three trips designated for this activity. The main purpose of this trip is to finalize all materials for publication & production (to be delivered to NFPB by Dec 15 - Dissemination strategy to be planned for next FY).	1 OPII technical staff/Nov. 7-18	IEC Policy Communications Consultant; Mrs. Kenneally, IEC Dept.

November, 1994
 CDC/RHHPA
 FPIP Component Two: Developing Sustainable Services

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart	Comments
<p>Centers for Disease Control</p> <ol style="list-style-type: none"> 1. Update the forecast. 2. Monitor Procurement Activities for 1995. 3. Evaluate progress of Top-Up system expansion; target problem areas, make recommendations and assist with implementation plan and activities. Complete plans for national implementation to begin January 1, 1995. 4. Analyze data reports from CTS; compare with MOH reports. 5. Conduct training as identified in July (see I.d of the July plan) 	<p>CDC Consultant</p> <p>October 31-November 18, 1994</p>	<p>Logistics Manager Mr. Deane Mrs. Miller Mr. Davidson Mr. Gordon Mr. Josephs Mrs. McFarquhar Mr. McFarquhar</p>	<p>This visit will entail the transfer of skills necessary to allow the Logistics Manager to supervise and adapt the logistics system as necessary. This trip would be a two week trip if the Logistics Manager is not yet hired.</p> <p>In collaboration with PATH.</p>

November/December, 1994
 FPMD Project
 FPIP Component Three: Institution Strengthening

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>FPMD Project</p> <p>1. Program Design Executive Information System</p> <p>EIS: Design and Testing in Boston. (dependent on CDC programming of logistics module, Financial Accounting Systems, Ernst & Young & discussions with NFPB Senior Management)</p>	<p>Kip Eckroad Dates TBD</p>	<p>Senior Management NFPB</p>

November, 1994
FHI
FPIP Component One: Policy Framework

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>Family Health International</p> <p><i>1. Quality of Care: The Public Sector Family Planning Worker's Perspective</i> (If ready) Data Analysis and Report Writing: To complete data verification and cleaning; to perform data analysis; to begin drafting a study final report.</p>	<p>M Villinski November 5-18, 1994</p>	<p>NFPB, MOH, local contract agency</p>

DECEMBER 1994

December, 1994

AVSC

FPIP Component Two: Developing Sustainable Services

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
AVSC 1. Program monitoring visit to Women's Centre	AVSC staff Dates TBD	NFPB Women's Centre

December, 1994
 FHI
 FPIP Component One: Policy Framework

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
<p>Family Health International</p> <p><i>1. Contraceptive Technology Update Conferences</i> Conduct Conference: To conduct CTU as part of the Association of General Practitioners in Kingston on December 4; to begin planning additional conferences (subject to availability of funding).</p>	<p>K Spivey November 30-December 7, 1994</p>	<p>NFPB, MAJ, local contract agency</p>
<p>Family Health International</p> <p><i>2. Family Planning Service Delivery Guidelines Review</i> (If appropriate): To continue working with NFPB, the MOH and other Jamaica experts to on reviewing public sector family planning service delivery guidelines. To coordinate with AVSC.</p>	<p>K Spivey Other FHI staff member, as appropriate November 30-December 7, 1994</p>	<p>NFPB, MOH, Others as appropriate</p>

JANUARY 1994¹⁵

January, 1995
FUTURES/OPTIONS II
FPIP Component One: Policy Framework

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
FUTURES/OPTIONS II 1. Conduct a study tour for 3-5 key policymakers to gain insight on how the family planning program operates in Mexico and how Mexican institutions such as CONAPO successfully coordinate and monitor their national program.	After Jan. 15 Tour leader to be determined	To be determined

January, 1995
 CDC/RHHPA
 FPIP Component Two: Developing Sustainable Services

Cooperating Agency/Activity	Consultant/Travel Dates	Local Contacts	Comments
<p>Centers for Disease Control</p> <p>1. Assist with national implementation of the Top-Up system.</p> <p>2. Assess need and arrange any additional training for field staff, delivery team staff, and central staff on any aspect of the system.</p> <p>3. Evaluate Logistics Management Information System (CTS/CLM), forms, reporting, data analysis and use.</p>	<p>CDC Consultant</p> <p>January 16-27, 1995</p>	<p>Logistics Manager Mr. Deane Mrs. Miller Mr. Davidson Mr. Gordon Mr. Josephs Mrs. McFarquhar Mr. McFarquhar Appropriate MOH staff</p>	<p>This should be incorporated into already scheduled meetings for MOH staff. MOH role in the logistics system, quality assurance guidelines for contraceptive commodities and use of CTS/CLM data would be covered.</p>

FEBRUARY 1994⁵

February, 1995
FUTURES/OPTIONS II & All CAs
FPIP Component Three: Institution Strengthening

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
FUTURES/OPTIONS II 1. Organize and conduct annual CA review & planning meeting in Jamaica.	Ms. Clyde/travel to be determined & all CA Representatives	NFPB Senior Mgmt.; all CA Managers; USAID/Kingston

February, 1995
 CDC/RHIPA

FPIP Component Two: Developing Sustainable Services

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart	Comments
<p>Centers for Disease Control</p> <ol style="list-style-type: none"> 1. Update forecast. 2. Monitor progress of national implementation of the Top-Up system. 3. Analyze Logistics Management Information System Reports. 4. Train appropriate NFPB staff in logistics data analysis and interpretation. 5. Finalize logistics manual in collaboration with the NFPB Logistics Manager. 6. Participate in evaluation activities of FPIP in collaboration with other CAs as requested. 7. Assess need for any further training in logistics for staff at any or all program levels 	<p>CDC consultant</p> <p>Feb. 6-24, 1995</p>	<p>Logistics Manager</p> <p>Mr. Deane</p> <p>Mrs. Miller</p> <p>Mr. Davidson</p> <p>Mr. Gordon</p> <p>Mr. Josephs</p>	<p>The timing of this visit is dependent upon the progress and problems of the Top-Up system and its expansion. After the Logistics Manager is trained and actively supervising this system, these trips may be less extensive.</p>

February, 1995
 FPMD Project
 FPIP Component Three: Institution Strengthening

Cooperating Agency/Activity	Consultant/Travel Dates	Local Counterpart
FPMD Project 1. Ongoing Technical Assistance in Full Implementation of all Modules and EIS	TDYs, Kip Eckroad/Margaret Watt Dates TBD	All Departments, NFPB

Appendix 2: Suggested Format and Content of Annual Report for 1993.

SUGGESTED FORMAT AND CONTENT OF ANNUAL REPORT FOR 1993

PREFACE

The information in this report is intended to assist the National Family Planning Board in monitoring progress towards implementing the first component of the National Population Strategy: increasing prevalence and reducing fertility. This component is defined by one objective: "to increase contraceptive prevalence to 63% by 2001." The objective is spelled out through targets for numbers of family planning users, specified by method and source as seen in Table 1, reproduced from the Strategic Plan, ***date.

Table 1
Number of FP Users by Method and Source
Years 1989 and 2001

METHOD	USERS - 1989		USERS - 2001	
	Public	Private	Public	Private
Pill	54,100	28,500	45,100	45,100
IUD	4,000	2,900	8,100	8,100
Female Sterilization	51,000	6,300	72,500	24,200
Male Sterilization	0	0	2,900	6,800
Injectable	29,900	2,200	29,000	19,300
Other	9,600	6,400	2,900	3,500
Condom	15,500	18,900	8,700	20,300
Norplant	0	0	5,200	20,600
TOTAL USERS	164,100	65,200	174,400	147,900

Service statistics are most appropriately used to monitor progress towards defined targets. In Jamaica, these targets are embodied in the national Strategic Plan for 1992-1998. The plan presents six strategies for achieving the targets and several strategic elements under each strategy. The strategies are:

1. Define and target unmet need
2. Expand access to services
3. Introduce new technologies
4. Improve efficacy of method use
5. Improve method mix
6. Delay adolescent fertility.

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Service statistics are important sources of data for monitoring Strategies 1, 3, 5, and 6, and some elements within each of these strategies. These data are collected quarterly from a variety of sources islandwide: the Monthly Clinic Summary Reporting System (MCSRS) for the Ministry of Health; data from hospitals that provide sterilization services; and data from Jamaica Family Planning Association (JFPA) clinics, NFPB clinics, and independent clinics.

This report presents 1993 service data in light of the relevant strategies and strategic elements. In this way, it is hoped that family planning leaders and staff at all levels can immediately see the extent to which this year's accomplishments feed into NFPB objectives and strategies and can use their insights to plan activities for 1994.

1993 POPULATION ACTIVITIES AND TRENDS¹

Before addressing the relevant strategies, it is worthwhile to view the general trends in family planning services. Table 2 shows attendance at family planning outlets in 1993 compared with 1991. (The writer did not have access to data from 1992.)

Table 2
Attendance by Programme Outlets, by Type of Visit
1991 and 1993

VISITS TO FP FACILITIES	1991	1993	% CHANGE 1991-93
TOTAL VISITS	307,965	191,096	-38%
NGOs/Independent Centres	62,438	21,423	-66%
MOH Clinics	245,527	169,673	-31%
FIRST VISITS	52,647	34,347	-35%
NGOs/Independent Centres	5,529	1,708	-69%
MOH Clinics	47,118	32,639	-31%
REVISITS	255,318	156,750	-39%
NGOs/Independent Centres	56,909	19,715	-65%
MOH Clinics	198,409	137,034	-31%

The striking decreases in attendance across the board must be explained either by inaccurate reporting in one or both of the two years, by real declines in services provided, or by some combination of these factors [***add explanations, discussion].

¹This draft annual report is based on data for the first three quarters of 1993. Estimates for the entire year are extrapolated from the three available quarterly reports, with the fourth quarter assumed as an average of the other three.

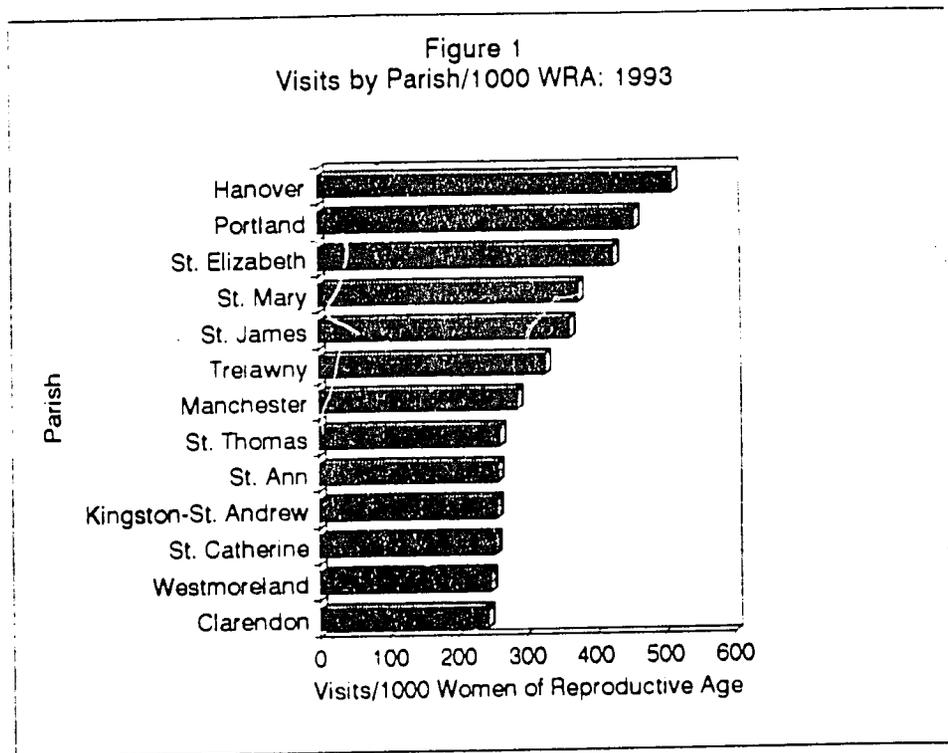
Within this general decline in attendance, Table 3 compares the records of individual parishes to see to what extent they conform to the pattern of diminished attendance at family planning facilities.

Table 3
Family Planning Visits, by Parish
1991 and 1993

PARISH	FP VISITS 1991	FP VISITS 1993	% CHANGE 1991-93
Kingston-St. Andrew	90,044	45,163	-50%
St. Thomas	10,830	5,908	-45%
Portland	11,632	9,228	-21%
St. Mary	12,473	11,027	-12%
St. Ann	20,484	10,159	-50%
Trelawny	18,404	6,271	-66%
St. James	18,678	15,123	-19%
Hanover	10,741	8,793	-18%
Westmoreland	15,514	8,267	-47%
St. Elizabeth	21,590	16,161	-25%
Manchester	16,447	12,496	-24%
Clarendon	22,242	13,819	-38%
St. Catherine	38,886	23,989	-38%

The table indicates that every parish reflects the general downward trend, but with striking variations in degree, ranging from 12% to 66%. [***add explanations, discussion]

In addition to looking at the trend in visits for each parish, it is useful to compare all the parishes for 1993, to determine the most and least successful. The raw numbers in Table 3 cannot yield this information, since the populations of the parishes vary widely. A meaningful comparison can be achieved by calculating the number of visits Figure 1 presents the numbers of visits per 1000 women of reproductive age (WRA). (This figure was calculated by referring to the vital statistics in the Annual Report of 1991 and assuming that the WRA is 26% of the total parish population.) Figure 1 presents these findings in sequence from the highest-performing parishes to the lowest.

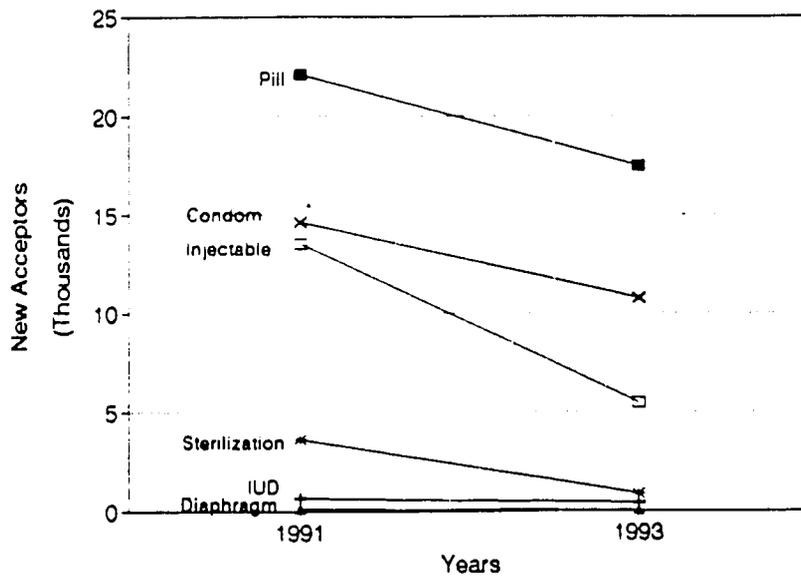


It is clear that even when variations in population are eliminated and a common baseline established, there are sharp differences in the performances of the parishes. [***add explanations, discussion.]

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The downward trend in family planning visits is borne out in the numbers of new acceptors for all methods, as seen in Figure 2.

Figure 2
New Acceptors by Method, 1991-1993



From these general observations about 1993 and the broad trends in services, we now turn to the more specific statistics of the past year and their implications for the family planning programme in Jamaica.

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1993 POPULATION ACTIVITIES BY NATIONAL POPULATION STRATEGIES AND STRATEGIC ELEMENTS

As explained in the preface, this report presents the year's activities in terms of the four population strategies and selected strategic elements within each strategy that can be tracked through service statistics. The complete listings of strategies and strategic elements can be found in the Strategic Plan.

Strategy 1: Define and target unmet need

Strategic Element #4: Based on special outreach and IEC programme messages aimed at low-income mothers aged 20-24, living in priority parishes; method-specific information and supply options for women aged 15-19; long-lasting methods for women aged 25-44.

The available data identify only acceptors below age 20; special studies would be needed to look at acceptance rates among the other two targeted groups. For women 15-19, however, Table 4 shows that, despite the lower number in 1993, the percentage of young acceptors is holding.

Table 4
Numbers and Percentages of New Acceptors under 20
1991 and 1993

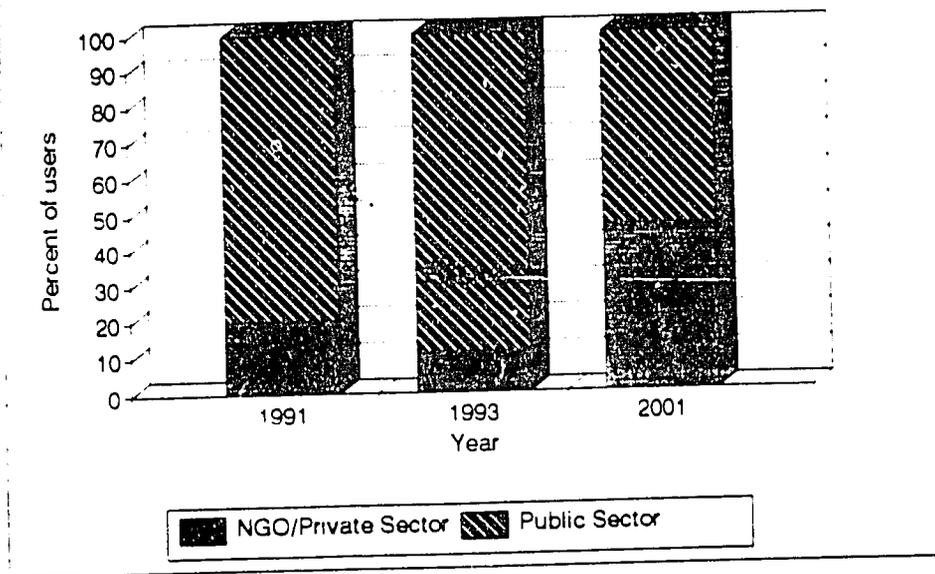
1991	1993
8,284 (15.7%)	5,729 (16.7%)

Strategic Element #16: Provide contraceptive services in public sector estimated from 164,000 in 1989 to 174,400 users per year by year 2000.

Strategic Element #17: Provide family planning services and/or distribute contraceptives in the private sector to 147,900 users per year by year 2000.

In order to achieve the proposed distribution of services by the year 2000 -- 54% in the private sector and 46% in the public sector -- there must be proportionate sectoral changes year by year, with a reduction of public-sector services and a great increase in private-sector activity, crease in overall services. We have already described the overall downward trends; Figure 3 shows the sectoral distribution since 1989 vis-a-vis the proposed distribution for 2001.

Figure 3
Distribution of Users by Sector & Year



It is clear from this figure that the distribution of services is moving in an undesirable direction, with the proportion of public-sector services rising and private-sector services falling, all within the context of declining services overall. [***explanation, discussion].

Strategy 3: Introduce new technologies

Strategic Element #1: Provide training and equipment for VSC and IUD insertion.

This strategy and strategic element are part of the effort to increase the use of the more effective contraceptive methods. Table 5 shows the trends in new acceptors of sterilization and IUDs as a percentage of overall new acceptors.

Table 5
Selection of IUD and Sterilization by New Acceptors
1991 and 1993

METHOD	NEW ACCEPTORS 1991	NEW ACCEPTORS 1993
IUD	684 (1.2%)	125 (0.4%)
Sterilization	3,631 (6.5%)	870 (2.5%)

Strategy 5: Improve method mix

Strategic Element #4: Develop IEC campaign that promotes long-lasting methods.

Strategic Element #6: Expand capacity to supply clinical methods through training and equipping MOH facilities.

Strategic Elements 10-14: (Media materials and campaigns to encourage wider method mix).

Table 5 has demonstrated the present situation regarding IUDs and sterilization, which suggest the need to concentrate on Strategic Elements #4 and #6 within this strategy.

Table 6 compares the numbers and percentages of new acceptors by each method for 1991 and 1993. The final column shows the percentages of all users for each method projected for 2001 in the Strategic Plan. (The comparison is not perfect, since the reporting forms break down methods only for new acceptors, and the Strategic Plan specifies targets for all users. But despite this discrepancy, the comparison does reveal how current trends in percentages relate to the targets for 2001.)

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Table 6
New FP Acceptors by Method
1991 and 1993
and Projected Percentages for All Users for 2001

METHOD	NEW ACCEPTORS 1991	NEW ACCEPTORS 1993	TOTAL USERS 2001 (PROJECTED PERCENTAGES)
Pill	22,112 (39.3%)	17,461 (50.0%)	28.0%
Injectable	13,530 (24.1%)	5,482 (15.7%)	15.0%
IUD	684 (1.2%)	125 (0.3%)	5.0%
Diaphragm	106 (0.1%)	27 (0%)	Not listed
Sterilization	3,631 (6.5%)	870 (2.5%)	33.0%
Condom	14,636 (26.0%)	10,785 (30.9%)	9.0%
Other	1,579 (2.8%)	184 (0.6%)	2.0%
Norplant	Not listed	Not listed	8.0%
TOTAL NEW ACCEPTORS	56,278 (100%)	34,934 (100%)	100%

It is of concern that the percentage increases shown in the table are in the methods with lower protective capacity (condoms, pills), while the decreases are in sterilizations and injections, the methods with more protective power. With the exception of injectables, where the 1993 percentage virtually matches the 2001 projection, all other trends seem to be taking the program in the wrong direction.

Another way to analyze method mix is through a graphic depiction of the distribution of methods and the implications of this distribution on protection against unwanted pregnancies. Figure 4 shows the distribution of all commonly-used methods among new acceptors, and Figure 5 translates this distribution into couple years of protection (CYP) to more clearly demonstrate the true impact of method mix on the national demographic goals.

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Figure 4
New Acceptors 1993 by Method

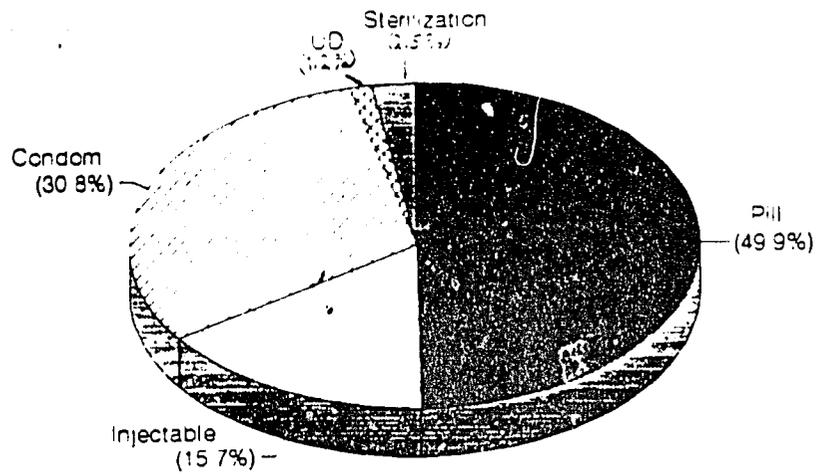
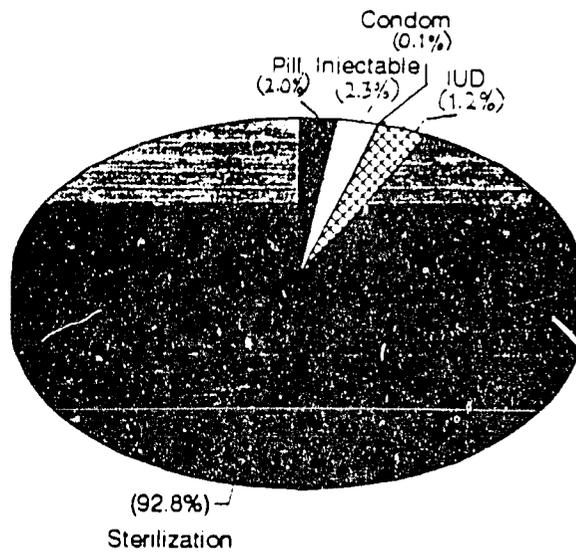


Figure 5
New Acceptors 1993 by CYP



These two figures clearly illustrate the reasons for concern about method mix. Figure 4 shows the great preponderance of the pill, condoms, and injectables, which together comprise 96% of the methods used by new acceptors. Table 5 puts this distribution in perspective by showing that these three methods together provide only 4.4% of the total CYP for new acceptors this year. Sterilization, on the other hand, which accounts for only 2.5% of the method mix provides almost 93% of the CYP.

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*Strategy 6: Delay adolescent fertility by increasing
the age of first pregnancy to over 18 years....*

All Strategic Elements

The service statistics reports presently available do not specify the ages of newly-pregnant women. However, a proxy indicator can be found in the acceptance of family planning services by adolescents. Women between the ages of 15 and 19 represent 22.5% of the total of women of reproductive age, but as seen in Table 4, they comprise just under 17% of new acceptors. Depending on the degree of sexual activity among this group, one would anticipate the need for an increase in this percentage if adolescent pregnancies are to be reduced.

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ADDITIONAL SUGGESTIONS

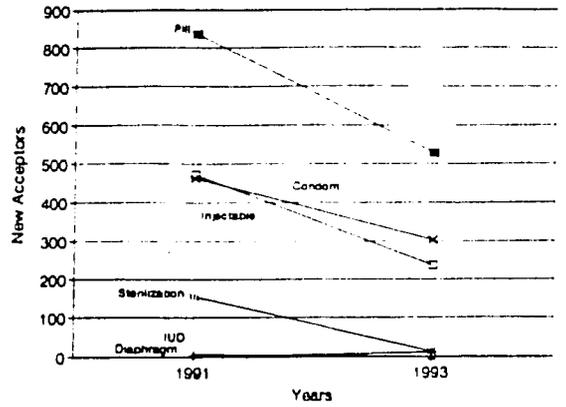
1. Since 1992 data were not available to the writer, there are only two reference points for identifying trends. 1992 data might well be added to provide a more accurate sense of how the programme is progressing.
2. In keeping the annual report brief, simple, and persuasive it is critical not to lose the raw data that are summarized and interpreted in the body of the report. Much of this material can be annexed, sequenced to match the main themes of the report for easy reference.
3. The statistics currently available through the MCSRS and other facility reporting systems lack some data that could be very useful in analyzing the progress of the family planning programme and the quality of care provided:
 - Total users and revisits by method
 - Information on births, especially among women under 20
 - Supplies dispensed differentiated between first visits and revisits
 - Revisits
 - Norplant
 - Male and female sterilization separately tallied
4. It would also be useful to have targets for various strategies for the year 2001, if these are available. They would provide a clearer context for analysis.
5. Activities in each parish can be summarized graphically, as in the example on the following page.

St. Thomas 1993

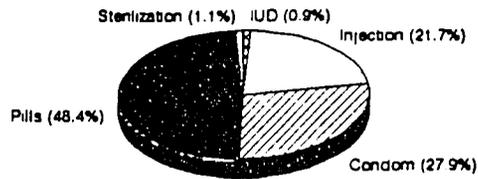
Summary 1993 Parish St. Thomas

New Acceptors	1076
Revisits	4832
Total Visits	5908
New Acceptors per 1 000 WRA	360
Couple Years of Protection (CYP)	313

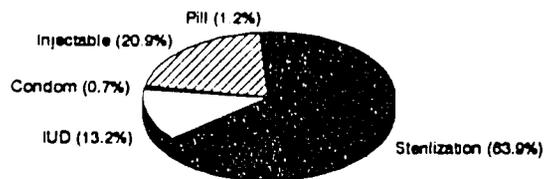
Parish St. Thomas
New Acceptors by Method, 1991-1993



Method Mix-1993
Parish: St. Thomas



CYP-1993
Parish: St. Thomas



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Appendix 3: FPIP Cooperating Agency Review & Planning Meeting,
February 14 - 15, 1994.

**Family Planning Initiatives Project
Cooperating Agency Review & Planning Meeting
February 14-15, 1994
Programme & Agenda**

Purpose:

The overall purpose of the meeting is to ensure sound and practical program planning for the Family Planning Initiatives Project.

Objectives:

The primary objectives of day one are: 1) to briefly review the framework and accomplishments of the Family Planning Initiatives Project (FPIP); 2) to discuss what scheduled activities/subprojects remain to be started or completed and what new activities should be added; and 3) to discuss what activities/subprojects the NFPB already has scheduled for fiscal year, Apr. 1, 1994 - Mar. 31, 1994 in order to determine how and when FPIP activities/subprojects can be programmed.

The objectives of day two are: 1) to review A.I.D. Population Sector and how CAs work in Jamaica to support the National Family Planning Program; and 2) to develop a one-year workplan for the FPIP, beginning April 1, 1994 and ending March 31, 1994. This workplan should be in the format of a monthly schedule (tentative), which articulates key information required for sound program planning and monitoring. Such information shall include:

1. Brief description of activity/subproject;
2. Duration (dates) of activity/subproject;
3. Cooperating Agency providing TA, with specific names, when practical;
4. Anticipated dates of Cooperating Agency travel to Jamaica; and
5. NFPB responsible counterpart.

Agenda Day 1: February 14, 1994

8:30am - 8:40am	Welcome, Introductions, and Review of Program Mr. L. Deane, Chairperson
8:40am - 9:00am	Overview & Broad Accomplishments to Date under FPIP Mrs. B. Chevannes
9:00am - 10:15am	FPIP Component Two: Developing Sustainable Services (public and private) Explanation of component - Dr. O. McDonald (5 minutes) Panel of representatives from relevant CAs: AVSC, FPLM, Local Consultant Ms. M. Tomlinson (Family Life Education subproject)
10:15am - 10:45am	National Family Planning Board - Presentation of Service Delivery Departmental Workplan for Apr. 1, 1994 - Mar. 31, 1995 Dr. O. McDonald, Medical Director
10:45am - 11:00am	Break
11:00am - 12:00pm	FPIP Component One: Policy Framework Explanation of component - Mrs. B. Chevannes (5 minutes) Panel of representatives from relevant CAs: OPTIONS II & Centers for Disease Control, and Family Health International
12:00am - 1:00pm	FPIP Component Three: Institution Strengthening Explanation of component - Mrs. E. Radlein (5 minutes) Panel of representatives from relevant CAs: OPTIONS II and FPMD
1:00pm - 1:45pm	Lunch (provided)
1:45pm - 3:45pm	National Family Planning Board - Presentation of Departmental Workplans for Apr. 1, 1994 - Mar. 31, 1995. (approx. 30 minutes each) Projects, Research/Statistics Unit, Mrs. E. Radlein IEC/Training Unit, Mrs. J. Davis [Public Relations, Ms. J. Crawford Administration/Management, Mr. L. Deane
3:45pm - 4:15pm	Ministry of Health Presentation of Maternal & Child Health Workplan Dr. Irons, SMO/MOH/MCH
4:15pm	Close

* Refreshments will be available throughout the afternoon, but no formal break is scheduled.

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Agenda Day 2: February 15, 1994

- 8:30am - 8:40am Welcome and Review of Agenda
 Mr. L. Deane, Chairperson
- 8:40am - 9:00am Overview of A.I.D./Population Sector and How CAs Work in Jamaica
 Ms. M. Clyde, FUTURES GROUP/OPTIONS II Project
- 9:00am - 10:45am Development of Workplan for FPIP Component One: Policy Framework
 Mrs. B. Chevannes, session leader
 Ms. M. Clyde, co-leader
- 10:45am - 11:00am Break
- 11:00am - 1:00pm Development of Workplan for FPIP Component Two: Developing Sustainable
 Services (public and private)
 Dr. O. McDonald, session leader
 Ms. S. Warren, co-leader
- 1:00pm - 2:00pm Lunch (provided)
- 2:00pm - 3:30pm Development of Workplan for FPIP Component Three: Institution
 Strengthening
 Mrs. E. Radlein, session leader
 Ms. N. Murray, co-leader
- 3:30pm - 4:30pm Management/Administrative Issues, Concerns and Suggestions
 Mrs. B. Chevannes, facilitator
- 4:30pm Close

* Refreshments will be available throughout the afternoon, but no formal break is scheduled.