

PROJECT ASSISTANCE COMPLETION REPORT

PRIVATE SECTOR PROMOTION OF FAMILY PLANNING  
OPERATIONAL PROGRAM GRANT  
532-0122-G-SS-5170-00

The Grant Agreement between USAID and the Jamaica Family Planning Association (JFPA) -- 532-0122-G-SS-5170-00 concluded as scheduled on April 30, 1990. The Project was authorized on May 1, 1985. The purpose was to promote greater understanding, acceptance and practice of family planning through collaboration of Jamaican private sector institutions.

The Project comprised of five major activities as follows:

I. Information/Education Communication

- A. Radio Dramatization
- B. Travelling Theatre
- C. IEC Materials
- D. Mass Media Campaign

II. Private Sector Network

III. Resource Development

IV. Administrative Support

Voluntary Surgical Contraception.

The objectives of the five major activities were all completed and the JFPA Project can be seen as highly successful.

- The original Life of Project (LOP) was two years (May 1, 1985 - April 30, 1987) for an amount of US\$200,000 and started with components I. Radio Dramatization for the Promotion of Family Planning; II. Private Sector Network; III. Strengthening of Resource Development Capabilities; and IV. Administrative Support.
- On August 1, 1985, the Grant Agreement was amended (Modification #1) to provide an increase of the grant total by US\$48,000 to cover additional cost of the Radio Serial.
- A delay in the implementation of the Private Sector Network resulted in a savings, therefore a "no cost grant extension" (Modification #2) was sought and approved, enabling the continuation of the project beyond the end of the grant period to October 31, 1987.

- On August 28, 1987 Modification #3 provided an increase of grant funds by US\$200,000 to revise the budget, making a new total of US\$448,000 and to extend the completion date to April 30, 1990. Component No. I. was now to be called Information/Education/Communication, and under this the headings A. Radio Dramatization; B. Travelling Theatre; and C. IEC Materials. Component No. V. Voluntary Surgical Contraception was added.
- Modification #4 provided for the purchase of a motor car for the private sector network.
- Modification #5 provided for US\$26,000 to accommodate additional funds which were needed for the Radio Dramatization Serial.
- Modification #6 provided funding of a Mass Media Campaign under the Information/Education and Communication component.

## PROJECT STATUS

### I. INFORMATION/EDUCATION/COMMUNICATION

#### A. Radio Dramatization for Promotion of Family Planning

A Carl Stone survey was conducted in 1983 and revealed that radio listenership in Jamaica was between 85% - 90% of the adult population. Radio was therefore justified as a medium for disseminating family planning information with the aim of increasing knowledge, acceptance and practice among the target audience - men and women of childbearing age, and especially teenagers and young adults. Further, radio would be used to project a strong image of the Association to the general public which would enhance its fundraising capabilities.

A well known Jamaican Author/Producer produced "Naseberry Street" in the popular "Soap Opera" style which had a very wide audience.

"Naseberry Street" centered around a family planning clinic; some of the characters were Nurse Howell, Scattershot, the macho male who lived up to his name, Nurse's son, Pluto who she tried to use to spread the message of responsible parenting to the peers; and Nana, an old midwife entrenched in family planning myths.

"Naseberry Street" was first aired on Radio Jamaica Reporting (RJP) on February 11, 1985. Three episodes per week of fifteen minutes duration were broadcast during "prime time". The programme gained immediate popularity.

The first survey undertaken by Professor Carl Stone during February 1986, twelve months after, showed an audience estimated at 70% of the female population and 42% of male population. The author/producer was aware of the findings of the survey and (1) the image being portrayed by Scattershot was that of a hero; and (2) the low listenership level of the males. JFPA requested the author/producer to revise the episodes according to the findings.

Popularity of the serial grew and favourable reviews were given in international magazines pointing to the great potential of radio in transmitting family planning messages.

Due to escalating costs of RJR, the decision was taken to change to the Jamaica Broadcasting Corporation (JBC) on April 1, 1987.

In January, 1988 a second national survey was conducted by Professor Carl Stone. The survey showed that there were declines in the rural areas by both male and female listeners in the lower classes and in the urban areas. There was a decline in listenership in the urban and rural middle class. Female listeners continue to show a higher intensity of listenership compared to males.

"Naseberry Street" was sponsored by a Jamaican private sector firm (SEPROD) from April, 1987 to April 30, 1989.

As time and the serial progressed, it was evident that it was becoming primarily a vehicle of entertainment and that some episodes contained little or no family planning information. As a result of that feeling, and the fact that the serious impact made by the family planning message had minimized, the decision was taken by JFPA to terminate the series April 30, 1989.

#### B. Family Planning Travelling Theatre

The impact of "Naseberry Street" with its soap opera format appealed to a large urban and rural audience. In order to maximize its impact on the target group, especially the male, JFPA developed the Travelling Theatre concept. The Travelling Theatre would visit rural locations, staging a play in the back of a truck. Dialogue with the audience after the play would enable hand-outs and information on the family planning services available. It was conceived that the collaboration with the private sector would be feasible.

In January, 1988, three playwrights were invited to submit proposals for the staging of the play by February 10, 1988. On September 3, 1988, Trevor Rhone, an Award winning playwright, submitted a proposal and was asked to write a script. The other two were not interested. The script was submitted in March, 1988 and "Pepper" the Musical was approved by the directorate. The strategy of mounting the play around the countryside on a truck had to be abandoned due to the size of the cast and props. The decision was taken that performances would be held first in Kingston, then St. Ann and thereafter in the major rural towns. Income derived from these performances would enable performances in the deep rural areas free of cost.

"Pepper" carried a message of male responsibility. Briefly the musical centers on Errol McIntyre, otherwise known as "Pepper", a rural mechanic, and follows him through his life of fathering numerous children and experiencing the pressure such a life style creates, especially when he is left to take care of 6 of them on his own. It ends with "Pepper" coming to the realization that family planning puts him in control of his own destiny.

The play opened at the Little Theatre in Kingston on August 22, 1989 for a gala performance under the distinguished patronage of the Prime Minister, the Rt. Hon. Michael Manley. "Peppers" ran through to February 25, 1990.

#### C. IEC Materials

This grant was approved for the purchase of audio visual and printed materials for use in all the Association's clinical and field programs.

1. The video "A Real Man" promoting male responsibility was commissioned and executed by Mrs. Cynthia Wilmot at a cost of JA\$153,500. This video is being used by all field workers and in the clinics, especially for male audiences.
2. Brochures and posters for the promotion of Beth Jacobs and Lenworth Jacobs Clinics were produced by Dunlop Corbin advertising agency for use in the Consumer Marketing programme which began June 1989. They described the full range of services offered, e.g., contraceptive methods, pap smears, counselling - other services e.g., blood pressure checks. Distribution points were Post Offices, government clinics and business places within the catchment area.

3. Booklets, pamphlets on specific contraceptive methods were procured from the Caribbean Family Planning Affiliation (CFPA).

4. The need for equipment for producing large quantities of educational material, for the IEC program as well as production of forms used by all workers was seen as necessary due to the high cost of printing. Quotations were sought from three business machine dealers and T Geddes Grant's proposal was accepted for a duplicating machine and a photocopier with additional colour at a cost of JA\$37,450.00

With these machines in hand, any number of educational material can be developed and/or reproduced at minimum cost.

D. Mass Media Campaign

The Mass Media Campaign had as its objectives:

1. To enhance the image of JFPA to facilitate its resource development capabilities;
2. To promote family planning;
3. To encourage support for the JFPA's programs and activities.

There were two components to the program

1. The advertising campaign utilizing the print and electronic media as well as outdoor advertising; and
2. Public Relations - seeking to strengthen and re-inforce the messages being promoted through the advertising campaign.
  - i. The Advertising Campaign: The JFPA secured the services of Moo Young Butler Associates to develop strategies in keeping with the stated objectives. Their presentation was based on strong visual appeal and consisted of full page advertisement in the press appealing directly to the business sector, half page press ads, strip ads, billboards at strategic locations, radio and television advertisements.

The campaign was launched with a full page colour advertisement in the Daily Gleaner on May 14, 1989. Unfortunately radio and television ads were not aired on schedule commencing two days late in the case of radio and two weeks in the case of television.

ii. Press: Half page press ads appeared in both daily and popular evening newspapers, urging responsible parenthood.

iii. Radio: Radio spots lasting 30 seconds were aired on JBC and RJR, Fame FM and JBC Radio 2.

iv. Television: A thirty second television ad showing the disastrous effect on a small boy because of his mother having too many children was shown on JBC T.V. during May and June and appeared 15 times.

v. Outdoors: Billboards carrying the message "Family Planning, A Sense of Responsibility" were erected in what were adjudged to be eight strategic locations in Kingston, Montego Bay and May Pen.

The print and electronic component ceased at the end of June, 1989 when it became apparent that serious financial difficulties would occur should the campaign continue to the end of 1989. Contracts for the bill boards however ended on December 31, 1989. At that point in time, the considerable free publicity generated by the musical "Pepper" made up for the "fall out" of the ads.

vi. Public Relations: The Public Relations Officer implemented a full program of news releases to stimulate interest in the campaign. Media coverage was arranged for all JFPA's functions - Annual General Meetings, Members Day Seminar etc. Feature articles appeared in the newspaper on family planning topics and on JFPA's co-founder, Mrs. Beth Jacobs.

There was a continuous stream of news releases on the performance of JFPA's programs and on activities being implemented. Radio was utilized for interviews with the JFPA's President and Chief Executive Officer.

Television appearances were made by Mrs. Beth Jacobs and Rev. Dr. Terence Rose, director, on the popular "Round Table Talk" on "Family Planning: Whose Responsibility?"

The Well Baby Clinic operating at the Lenworth Jacobs Clinic was televised on May 16, 1989 while the clinic itself was featured on the JIS feature "Walk and Talk" in September 1989.

Brochures and a Fact Sheet on the JFPA were produced as well as newsletters which were widely circulated.

The utilization of the advertising and public relations campaign has ensured that the JFPA's public image has been improved and up-graded.

The JFPA however has come to the conclusion that though a mass media campaign is necessary to keep the public informed, the recent Contraceptive Prevalence Survey shows that 98% of women of childbearing age are knowledgeable about contraceptives, but only 56% are contracepting, leaving a formidable gap to be reached. The considered opinion therefore is that future mass media campaigns must address specific issues, e.g., choice of methods, side-effects of methods and where these methods can be obtained.

## II. DEVELOPING A NETWORK AMONG PRIVATE SECTOR INSTITUTIONS TO PROVIDE FAMILY PLANNING EDUCATION AND SERVICE DELIVERY

Justification for the project was identified as filling the unmet need for family planning education and service delivery to supplement the efforts of the Ministry of Health (MOH) and the National Family Planning Board (NFPB). Efforts would be made to capitalize on the resources available in the private sector to deal effectively with problems related to uncontrolled population growth and unwanted pregnancies.

The large labour force of men and women in the reproductive age group formed an ideal group for this project.

The operational plan as set out in the project document is as follows:

1. Educate and motivate leaders of national-level private sector organizations with a view of soliciting their interest, commitment and participation in family planning and population activities;
2. Establish contacts with leaders of industries, unions co-operatives and other private sector institutions with a view of soliciting their support and co-operation in the project activities;
3. Provide family planning information and education at work or meeting sites or at locations decided upon by management or staff;
4. Provide contraceptive services in a form appropriate to each participating group;
5. Maintain interest and commitment through regular contacts with each participating group.

Project activities were to include: the provision of one-day seminars for leaders: a series of lectures/discussion type presentations specifically designed for the target group population: production and distribution of educational/motivational materials; and provision of contraceptive services and referral to health centers for those requiring a clinic-based method. Prior to the implementation of those activities directly involving the target population, the project staff was going to conduct baseline surveys to determine: (1) size of the target population at each participating institutions; (2) age composition and sex ratio of the population; (3) number of reported pregnancies over the past two-year period; (4) current contraceptive usage; (5) attitudes towards family planning (grouped by sex of respondent); and (6) attitude/response of respondents to the proposed project.

The Executive Director of the JFPA assumed overall responsibility for the timely and efficient implementation of the project. A full time project director was employed with the responsibility for the day-to-day operations of the project. The project director, assisted by two family planning educators and the full time clerk/typist had their offices in Kingston. The other family planning educator operated from the NFPB headquarters in St. Ann's Bay.

The project staff maintained close and frequent contacts with the institutions being serviced by the project. Monthly progress reports were submitted by the project director to the executive director. This information was incorporated into the quarterly progress reports that were submitted by the JFPA to USAID.

Implementation began after a delay caused by the inability to secure qualified staff, on January 6, 1986, with a project director and two family planning educators. One educator was based in Region I (Kingston and St. Andrew) and the other in Region II (St. Ann, Trelawny St. James and Hanover). Activities in St. James were discontinued by the end of December 1990 because of logistical difficulties, while Hanover was never attempted. The project director and one educator operated from 6 Kingsway, Kingston and the other educator from JFPA's head office in St. Ann's Bay. The office at 6 Kingsway was subsequently removed to 40 Duke Street.

Companies of varied productive activities - e.g. manufacturing, garment, hotel, printing edibles, horticulture were recruited in both regions for phase I of the project. A baseline survey was carried out by the project director and analysed by the end of June, 1986.

At this point the project director and family planning educator left and the considered decision was made to recruit one family planning educator to fill the two vacancies. Subsequently a project co-ordinator was recruited to replace the project director.

Phases II and III in both regions were implemented and a second survey in 1988 covered all three phases in regions I and II.

The activities of staff in covering the project were as follows:

1. Recruitment of companies
2. Distribution of contraceptives (orals, condoms and spermicides) and educational materials
3. Conducting counselling sessions
4. Conducting educational sessions and lectures with video film shows and rap sessions

A distribution post was established in each company and a company nurse or supervisor or other nominated person maintained a stock of contraceptives and distributed them to the workers.

On March 23, 1989, a distributors' seminar and awards ceremony was held in Kingston to:

1. Demonstrate to management the JFPA's appreciation for their involvement in the project.
2. To impart basic counselling skills to distributors and to thank them for their services and to also encourage better record keeping.

Distributors were given Certificates of Participation.

The project was plagued with staff turnover from its inception, thus disrupting implementation. At the end of the project there was no original staff member with the project. Further the chief executive of JFPA resigned in December, 1988 and was replaced in April 1989 causing further disruption. There was however a full staff complement on April 30, 1990 with the most recent appointment on September 1, 1989.

Statistical Data  
January 1986 - April 30, 1990

	1986		1987		1988		1989		1990	
Companies Serviced	32		35		43		87		90	
Labour Force	7,720		8,450		6,845		25,690		27,000	
	M	F	M	F	M	F	M	F	M	F
New Acceptors	N/A		439	601	351	374	260	808	1,048	329
Total	1,172		1,040		725		3,448		1,377	

Grand Total = 7,762

III. RESOURCE DEVELOPMENT PROJECT

This component of the OPG aimed to strengthen the resource development capabilities of the Association in light of growing decline in grants from donor agencies as well as the retirement of Mrs. Beth Jacobs who was the fundraiser since the inception of the JFPA.

The services of Robert Semple and Associates (New York) were secured to provide technical assistance in developing a scientific and systematic approach to fundraising and to train the volunteers to that end.

Mr. Robert Semple, senior partner conducted a one-day workshop with volunteers on March 2, 1986 when he gave a comprehensive overview of the various methods which could be used by JFPA.

Mr. Semple as a first priority, conducted a feasibility study during May, 1986 with interviews conducted in Kingston and the north coast among prospective donors. His report was accepted by the directors and a final workshop was proposed for September, 1986 to deal with recommendations made by Mr. Semple.

As a result of Mr. Semple's interview, the following steps were taken:

1. Training of Board Members in fundraising techniques;
2. The employment of a Resource Development Co-ordinator in September, 1986 to co-ordinate the fundraising activities;
3. The appointment of a resource development committee with Mr. Peter Myers, the then Vice President, as Chairman.

The Co-ordinator worked with the committee to implement directions initiated by the committee.

As a result of the above, the following were accomplished:

1. Seprod Limited assumed sponsorship of the radio serial "Naseberry Street" from April 1987 to April 1989.
2. During 1989 JFPA received the Fundraising Award from the International Planned Parenthood Federation (IPPF) for the Western Hemisphere for raising 82% of its 1988 budget.
3. During 1989 the amount of JA\$437,672 was raised.
4. The musical "Pepper" was used as a means of:
  - i. Enhancing the image of JFPA by having a gala premier to which captains of industry were invited;
  - ii. A means of fundraising through donations and gate receipts.

USAID funding for this component ended in September, 1987. The JFPA continues to use the approaches recommended by Mr. Semple.

#### IV. MALE VOLUNTARY STERILIZATION

Under the Voluntary Surgical component of the OPG, Male Voluntary Sterilization (vasectomy) education and service were implemented allowing for proper pre and post surgical counselling, development of motivational/educational material and medical/surgical costs.

Funding for this project commenced February, 1988. It was proposed that the project would be implemented at the Lenworth Jacobs Clinic, the primary objective being to increase the number of vasectomies performed at the clinic. A Male Counsellor was to be employed to co-ordinate the project related activities. There was no suitable office space at the

clinic, therefore it was proposed that the male counsellor would operate from the JFPA's branch offices at 40 Duke Street, Kingston in close proximity to the clinic.

There was a problem in finding a suitable candidate for the post, and not until January, 1989 was it possible for an appointment to be made. He unfortunately resigned in February, 1989. Mr. Robert Terrelonge was appointed from April 3, 1989 to April 30, 1990 when the project ended.

The male counsellor was initially attached to the Private Sector Project as a family planning educator as recommended by Mr. John Coury of USAID and charged with specific responsibility of motivating men in the various companies. However, the original concept was reverted to in June, 1989 with the proviso that he work closely with the Private Sector Programme.

The male counsellor indicated time and time again the difficulty encountered in motivating the Jamaican male to even consider vasectomy as a means of family limitation. His activities consisted of individual counselling twice weekly, community interaction and providing condoms to acceptors. Unfortunately, his contact with the Lenworth Jacobs Clinic was minimal and no vasectomies were done there by reason of his referrals.

The following statistics indicates his accomplishment during the period April 1989 - April 30, 1990.

<u>Contacts Made</u>		<u>Counselling Sessions</u>	
Male	1,348	No. of sessions	106
Female	148	Persons counselled	560
<u>Contraceptive Distribution</u>		<u>Vasectomy</u>	
Condoms	6,100	Referred for procedure	35
		Done	8

As indicated before none of the procedures was done at the Lenworth Jacobs Clinic - 2 were done at the Mandeville Hospital, 2 at the University Hospital and the other 4 were done by private doctors in Montego Bay and Kingston.

The male counsellor was unsuccessful in utilizing any of these men as motivators, as he said they wished to remain anonymous.

This component of the project was discontinued as it was not considered to be cost-effective when compared with the Lenworth Jacobs Clinic where 11 vasectomies were done simply by referrals from government clinics and other sources.

The lessons learnt from this project are:

The more creative methods of family planning outreach have made an impact through the JFPA family planning projects, which include: Radio Dramatization Serial, "Naseberry Street", Travelling musical "Pepper" and most importantly the Private Sector Family Planning Project. A critical review of documented material and field research has demonstrated that these methods of family planning intervention have been useful mechanisms for impacting on demographic factors. Appropriate messages and information about family planning have been conveyed in addition to increasing the availability of non-clinical contraception. The level of acceptance and appreciation of the philosophy of family planning is noteworthy.

Data compiled on the developmental dramas, "Naseberry Street" and "Pepper" have revealed that messages about child spacing, pregnancy prevention, family size, the value of contraceptives and responsible parenthood and other moral and family life issues have been clear and well received.

Findings from the Private Sector Family Planning Project have shown a steady increase in the number of acceptors of family planning methods offered at the work place. This project has been encouraging. It is truly an effective way of reaching females and more importantly males in their prime of reproduction. This program has been able to reach men, an elusive group in the area of family planning. The males have become involved, their attitude toward contraceptives generally has become positive and they have been adapting to the use of the condom. This underscores the urgency for the program's survival to ensure that males who represent almost fifty five (55 percent) of the work force do not get the chance to revert to their passive role previously played in the family planning sphere.

This effort aimed at reaching out to a captive audience, i.e. workers, to enable awareness building and contraceptive availability has worked but expectedly there have been some areas of weakness within the program's activities. The main ones identified have been:

- (1) Family planning information, education and motivational sessions have lagged - recruits expressed the need for more input - discussions and demonstrations.
- (2) There has been some dissatisfaction with the brand of methods distributed, especially with the condom and the pill. There are clear preferences, in regards to type, therefore some workers have been purchasing preferred type at the pharmacy.

(3) Being in an organized setting has its problems, the main one being - time constraints. Although the companies have been initially receptive to the idea of participating in family planning efforts, some companies have been inflexible with time for public education services. However, this form of resistance is not unsurmountable as even workers have come up with suggestions. "Use lunch time, after work, and the half day that some workers get off". Company managerial staff/distribution also must be sensitized in an effective way to allow for the necessary adjustments about time allotment.

(4) Recruitment has been in the region of 15-20 percent of staff. There is need for improvement in this area especially as findings indicate that some workers have not become a part of the program because they do not know about it.

This lack of knowledge is directly linked to the "lag" in sessions and also to staff turnover. Other reasons for low to moderate recruiting centre around the issue of confidentiality and the absence of trust between appointed distributors and workers, fear of side effects and sterility and the feeling that one should prove one's fertility capability before contracepting. However, barring these shortcomings this pioneer approach appears to be highly appropriate as a means of widening the avenues for the delivery of contraceptives especially to males who are not regular health clinic attendees. Continuing acceptors for the period January 1986 - December 1989 totalled 8,745 of which 4,912 are males. Drop out due to staff turnover and dissatisfaction were not taken into consideration. Although these figures are somewhat escalated, the numbers recruited remain impressive.

In regards to the Vasectomy and Resource Development Projects, project purposes have been achieved very slowly. The Vasectomy program has been plagued with problems, one main one being that the level of resistance among males about this surgical procedure is high. Nine males underwent the procedure privately and because of the taboos that surround the method, these acceptors have been ashamed to come forward and admit that they have had the procedure done. Interestingly this feeling of shame has not been documented among the males who had the operation at the Lenworth Jacobs Clinic. This conflicting information leads us to focus on the fundamental weakness of the program: the lack of co-ordination between the male family planning counsellor and the staff at the Lenworth Jacobs Clinic. Their efforts have been "united" and it is quite possible that a joint effort would have "borne more

fruit". Being an already difficult task, the centre of activities have to be placed within the confines of the Lenworth Jacobs Clinic, which means that the Family Planning counsellor's office has to be located at this Clinic. This merger would allow for better co-ordination and control over program developments.

The Resource Development Project has made some strides although actual soliciting of funds has been slow. A systematic and scientific approach to soliciting funds has been established on the recommendations of fundraising consultants: Semple and Associates. One the strategies recommended was a Mass Media Campaign which has been aimed at:

- (1) Enhancing the image of the JFPA to facilitate its development capabilities.
- (2) Projecting family planning.
- (3) Encouraging support for JFPA's activities.

Radio spots, television advertisements and out-door advertisement by means of billboards have been pursued through an advertising firm. Because of financial constraints the print and electronic component of the project ended June 30, 1989 and contracts for billboards were terminated December 31, 1989. However, the point is clear that appropriate strategies have been put in place to accommodate solicitation of funds from companies and individuals. This, as already mentioned, has been tardy, chiefly because of time constraints. It is proposed that a limited liability company "Friends of the JFPA" consisting of high profile persons should be formed. For instance members could be tapped from influential groups such as Woman Incorporated, the Lioness fraternity and Lodges to name a few. One of the tasks for the "Friends of the JFPA" could be to solicit funds for the JFPA's projects.

The JFPA's five projects have been designed in conjunction with the JFPA, as the executing agency. It is the view that the activities of the JFPA have been compatible with the overall objectives of the projects. However, the diversity of the projects have posed some problems in the areas of monitoring and relating to the variety of activities. Therefore, the trend towards the establishment of steering Committees consisting of members of the Board of Directors and other persons who are experts in the specified fields is fully supported (Committee set up in 1986 to monitor the radio drama "Naseberry Street"). This additional support system of the JFPA should more ably confront the need for the versatility of the JFPA which is demanded because of the varied emphases of the projects.

USAID/Jamaica maintains a meaningful and collaborative relationship with the JFPA to conduct projects of mutual interest. The agency plays a critical financial role in contributing to the Project's purposes through U.S. grants to conduct projects. The Director, Office of Health/Nutrition/Population undertakes the monitoring of the progress of the projects through meetings, quarterly and annual reports. Technical assistance is usually arranged by USAID/Jamaica on request of the JFPA.