

POPULATION AND FAMILY PLANNING
SERVICES PROJECT (532-0069) 1982-1986

FINAL REPORT
YEAR 1 EVALUATION

Conducted in Jamaica
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by

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I. EXECUTIVE SUMMARY AND RECOMMENDATIONS

The activities of the Population and Family Planning Project, 1982-1986, are deemed appropriate to make an impact on population growth through both clinical and non-clinical delivery of contraceptive services, associated with educational and other activities; through population policy and planning efforts; and through research and other support activities to improve population planning. More research would be useful to document and analyse the actual processes by which the above activities are able to make an impact on overall population goals.

The main emphasis of the present evaluation, conducted early in the Project life, is to consider trends which will affect the succeeding years of the Project. Progress is recorded in the number of sterilization procedures performed, in increases in contraceptive retail sales and sales outlets, and in population policy development. The areas of slow growth are in new family planning acceptors, in trained personnel for family planning services delivery, and in research and population documentation projects.

The Project was scheduled to begin in April 1982 but had an incomplete first year of activities. There were delays in meeting some of the Conditions Precedent, and implementation did not formally begin until September 1982. However, the Project represents a continuation of a series of family planning projects supported by USAID, so there were a number of carry-over activities. Also, in spite of the late start, a substantial number of targets for Year 1 were achieved. Main shortfall areas were in training for Ministry of Health personnel and for Demographers, and in availability of contraceptive supplies.

Little progress towards the overall goals of social and economic development was recorded, but this reflected economic difficulties of the society not necessarily related to population trends. There was no noticeable change in the Crude Birth Rate, but this is not necessarily a reliable measure of population change at the present time.

New family planning acceptors are slowly increasing in the clinical contraceptive delivery system. It is expected that soon there will be an increase in non-clinical contraceptive distribution from new outreach projects which are still in the start-up phase. But unless growth rates increase markedly it is unlikely that the target of 50% of increase in new acceptors will be achieved in the 2½ to 3 years remaining for the Project.

The main observable factors related to family planning acceptors which can be affected by the Project are judged to be training and contraceptive supplies. Inputs of Participant Training got off to a slow start. Local MOH training has now taken a spurt after Year 1 inactivity, with the aid of a centrally-funded JHPIEGO program. The "Training Plan" of the IE&C division of NFPB does not focus on a strong training input. Inputs of contraceptive supplies suffered some restriction during the year under review, and communication about shortages is judged to have been inadequate. There also were few channels of motivation and encouragement to

personnel providing contraceptive delivery systems.

Research and population documentation programs, needed as support for population planning and policy, also got off to a slow start mainly because of staffing difficulties. Inputs of Technical Assistance have been adequate here but need strong counterpart staffing.

A summary of Year 1 resource inputs indicates that:

- (i) Availability of Technical Assistance and Participant Training was adequate, but local arrangements could not always take full advantage of their availability.
- (ii) While Project resources remained at official rates of exchange, many costs escalated because of parallel market rates of exchange.
- (iii) Government of Jamaica inputs were somewhat restricted by overall difficulties in the economy.
- (iv) A few key NFPB staff positions remained unfilled.
- (v) Stocks of contraceptive supplies were low because of unavoidable delays in procurement.
- (vi) Co-ordination, monitoring and communication improved but continue to require ongoing efforts. Historically, the efforts to meet the Conditions Precedent are deemed to have had worthwhile effects but ongoing management review and planning would be useful.
- (vii) MOH training remained unfunded.

Other institutional factors affecting the Project were co-ordination between NFPB, USAID, and the Ministry of Health, and population policy initiatives in the society as a whole. These were all deemed to have made progress. Co-ordination between NFPB and Ministry of Health needs to be particularly pursued. The Family Planning Co-ordinator was appointed in the Ministry of Health only three months before the end of the evaluation period, so the effects of her activities could not be fully studied.

Main factors to be emphasized for the future are:

- (i) Resource inputs for NFPB staff and sub-project staff, including transportation.
- (ii) Careful support to both clinical and non-clinical contraceptive delivery.

Clinical delivery needs adequate supplies, communication, and training of personnel.

(iii)

Non-clinical delivery requires adequate supplies, supportive monitoring, and guidance in contraceptive delivery and recording systems. Some sub-projects would also benefit from additional support to their social/educational activities.

(iii) Strengthening of sub-projects undertaking research and population documentation.

(iv) In addition, research activity is needed to understand the processes of contraceptive delivery improvement, to examine other socio-economic factors affecting population growth, and to improve the use of current research findings for program design and policy guidance.

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LIST OF ACRONYMS

ACOSTRAD	-	Association for the Control of Sexually Transmitted Diseases
AID	-	U.S. Agency for International Development
AID/W	-	U.S. Agency for International Development, Washington
AHEA	-	International Family Planning Project of the American Home Economics Association
APHA	-	American Public Health Association
AVS	-	Association for Voluntary Sterilization
BUCEN	-	Bureau of the Census (U.S. Department of Commerce)
CBD	-	Community Based Distribution
CBR	-	Crude Birth Rate
CDC	-	Center for Disease Control (U.S. Public Health Service)
CDC	-	Commercial Distribution of Contraceptives
CHAs	-	Community Health Aides
CRH	-	Cornwall Regional Hospital
DAI	-	Development Associates Incorporated
DEPO-PROVERA	-	Medroxyprogesterone acetate (injectable contraceptive)
DOS	-	Department of Statistics
FP	-	Family Planning
FY	-	Fiscal Year
GOJ	-	Government of Jamaica
HMIP	-	Health Management Improvement Project
IPAVS	-	International Project/Association for Voluntary Sterilization

IBRD	-	International Bank for Reconstruction and Development
IE&C	-	Information, Education and Communication
IPPF	-	International Planned Parenthood Federation
IUD	-	Intra-Uterine Device
JAMAL	-	Jamaica Movement for the Advancement of Literacy
JFPA	-	Jamaica Family Planning Association
JHPIEGO	-	Johns Hopkins Program for International Education in Gynaecology and Obstetrics
JLP	-	Jamaica Labour Party
JPP I & II	-	Jamaica Population Project I & II (World Bank)
KAP	-	Knowledge, Attitude and Practice
KPH	-	Kingston Public Hospital
KSAC	-	Kingston and St. Andrew Corporation
LOP	-	Life of Project
MOA	-	Ministry of Agriculture
MOE	-	Ministry of Education
MOH	-	Ministry of Health
MYCD	-	Ministry of Youth and Community Development
NEET	-	Now Entering Education for Tomorrow (YWCA Project)
NFPB	-	National Family Planning Board
NIH	-	National Institutes for Health
NPA	-	National Planning Agency
NCHS	-	National Center for Health Statistics
OCs	-	Oral Contraceptives
OF	-	Operation Friendship
PC	-	The Population Council

PF	-	Pathfinder Fund
PHC	-	Primary Health Care
PHCC	-	Primary Health Care Center
PHI	-	Public Health Inspector
PHN	-	Public Health Nurse
PID	-	Project Identification Document
PNP	-	People's National Party
PP (532-0069)	-	Project Paper - Population and Family Planning Services (532-0069)
PRO-AG	-	Project Agreement
RFFDP	-	Rural Farm Family Development Program (MOA)
RGD	-	Registrar General's Department
RAM	-	Repair and Maintenance Center
SDC	-	Social Development Commission
STD	-	Sexually Transmitted Disease
TFR	-	Total Fertility Rate
USAID	-	United States Agency for International Development (Jamaica Mission)
UWI	-	University of the West Indies
UNFPA	-	United Nations Fund for Population Activity
UNICEF	-	United Nations International Children's Fund
VJH	-	Victoria Jubilee Hospital
VISTIM	-	Vital Statistics Improvement Project
YWCA	-	Young Women's Christian Association

2. Introduction and Acknowledgements

This Evaluation Report has been designed as a series of answers to questions posed by the Scope of Work. The Report summarises present activities under the Project as observed and analyzed by the evaluators, and seeks to make judgements on current levels of progress and expected achievements. Since this evaluation is undertaken early in the Project life, emphasis has been laid on making recommendations for the future; recommendations relating to existing actions as well as recommendations for future action. A brief section on research needs and possibilities is also included (p.19).

Detailed descriptive studies of the varied components of the Project have been included as Appendix IV of this Report. These studies are somewhat lengthy. They are the working documents from which we derived our answers to the questions posed by the Scope of Work. They are included to facilitate any detailed examination desired of specific facets of the Project, particularly the sub-projects.

The evaluation team sincerely thanks the many individuals and organizations, particularly the parent organizations, NFPB and USAID, who gave invaluable insights and assistance. We say special thanks to our four devoted typists who between them produced first a Draft Report and now this Final Report.

3. Background and Project Summary

The Population and Family Planning Services Project, 532-0069, which was scheduled to begin on April 1st 1982, represents a continuation of an on-going series of initiatives by USAID to support and assist family planning efforts in Jamaica through the National Family Planning Board. This program of support dates back as far as 1967. A preceding Family Planning Services Project, 532-0041, was implemented from March 1977 to September 30 1982, a total of 5½ years.

The present Project, which is designed for a 4-year period, carries over many activities of the previous Project. One of these is support for family planning services delivery through the Ministry of Health, which maintains the major clinical network for distribution of contraceptives. NFPB, a statutory body under the MOH portfolio, is the main channel through which supplies of contraceptives and equipment, and assistance with staff training, are provided to support the MOH family planning effort.

Another activity carried over is support of "sub-projects" undertaken by a variety of organizations which provide outreach and contraceptive services delivery to special target groups such as adolescents or remote rural communities. A major thrust here is the non-clinical delivery of contraceptives. Here again, the NFPB is the main channel by which support is provided for sub-projects, through disbursement of funds and through consultation and monitoring. The present Project reflects an expansion in the number of sub-projects supported, from 8 to 14.

A final ongoing activity is the support for direct services, organized by NFPB itself, such as Commercial Distribution of Contraceptives for which stocks of contraceptive supplies are provided; voluntary sterilization, carried out by Ministry of Health and other surgical teams, for which incentive payments are made to the health personnel involved; and support for some of the Information, Education, and Communication activities carried out by NFPB.

The present project represents expanded efforts in some of the above fields, compared with previous years. It also represents new efforts to encourage a central population policy and planning effort, through technical assistance to NFPB and other national planning organizations. It further represents support for sub-projects with population research and documentation components, in order to provide an adequate base for population planning.

One of the ongoing characteristics of the Project approach has been an apparent preference for channelling support through private or semi-autonomous organizations rather than through strictly governmental organizations. This approach may encourage diversity and initiative but has not always been effective. In relation to MOH family planning service delivery, for example, NFPB is not necessarily able to directly influence clinic services. An attempt was made, in the current Project, to initiate NFPB specialist family planning clinics as demonstration or resource clinics in each parish.

However, this development was not approved by GOJ policy-makers, so this aspect of the Project is in abeyance. A proposal for two mobile units, which were to have been associated with this new clinical program, is still being developed, however.

In the present Project there has been more direct input than before, into activities such as national population policy and planning through the National Planning Agency. And there has also been more support to government projects such as those located in the Ministries of Agriculture, Education, and Youth and Community Development.

The overall goal of the Project is to improve the health, social, and economic welfare of the Jamaican people by significantly reducing the birth rate. The Project purpose is to expand the coverage and improve the effectiveness of contraceptive services delivery.

The Project seeks to address major constraints on effective population control in Jamaica, such as the limitations on available contraceptive services delivery, lack of a central population policy or plan, and socio-cultural barriers. It also states the need to "expand and revitalize the national family planning program in both the public and private sectors." (p. 1. of Project paper).

Overall, the main activities of the Project are to provide financial support for sub-project activities and for some direct service activities; to provide stocks of contraceptive supplies for the Ministry of Health, for sub-project distribution, and for the Commercial Distribution of Contraceptives program; to provide Technical Assistance, mainly through consultants; and to provide Training, both local and overseas, for family planning services delivery. The above activities are also classified in the Project paper as:

- direct impact activities, designed to directly increase levels of contraceptive use;
- indirect impact activities, designed to influence family size preferences and to have a long-term impact on fertility reduction;
- support activities, which may be seen as providing the tools to reach the goal.

The main inputs of the Project, to cover 4 years, are as follows:

<u>USAID</u>	<u>US\$'000</u>	<u>Govt. of Jamaica</u>	<u>US\$'000</u>	<u>Private sector organi- zations parti- cipating in sub-projects</u>	<u>US\$'000</u>
Salaries and other local costs	1,907.0	Budgetary support for NFPB, includ- ing distribution and control of contraceptive supplies; provi- sion and main- tenance of office and warehouse space as needed; provision of all national health facilities for family planning services; train- ing of medical personnel; support for Government sub- project agencies			
<u>Commodities</u>					
(a) Centrally procured contraceptive sup- plies	1,571.0				
(b) Other commodities	1,240.0				
<u>Technical Assistance</u> *	227.0				
<u>Overseas Participant Training</u>	55.0				
(short-term overseas training for Jamaican participants)					
	5,000.0		12,246.0		174.0

* In addition to Technical Assistance provided directly by the Project, several consultant agencies which are centrally funded by USAID/Washington are often requested to give Technical Assistance. The cost of this is not shown in this Project.

Conditions Precedent

Notable features of the Project Grant Agreement of March 1982 were the Conditions Precedent to the first disbursement of funds to NFPB. In addition to the conventional legal requirements, these Conditions Precedent included the need for "a comprehensive plan to improve the Grantee's personal, financial, and resource management."

There were also Conditions Precedent to disbursement of funds to the Ministry of Health, that it would establish and fill the post of a full-time Family Planning Co-ordinator.

Finally, each sub-project was required to complete a Grant Agreement and Implementation Plan before any disbursement of funds.

To meet the Conditions Precedent, NFPB undertook a series of management planning exercises, including the use of management consultants, organizational reviews, and seminars. A 3-day Management Seminar was also held in October 1982 which involved all the organizations participating in the Project. It was not until August 1982 that USAID finally agreed that the management plan was adequate to meet the requirements set. As a result, no disbursement was made to NFPB before September 1982, and many activities planned for the Project could not begin until then. Among activities delayed were the scheduled ordering of centrally-procured contraceptive supplies, and this resulted in limited supplies being available during 1982 and 1983.

The Ministry of Health did not appoint a Family Planning Co-ordinator until January 1983, so disbursements for training and other activities were withheld until then.

The sub-projects in general met their Conditions Precedent promptly, but NFPB was unable to make disbursements to them from Project funds until the first disbursement was received in September 1982.

In summary, therefore, most activities did not begin until September 1982 although in the interim NFPB was able to eke out funding for sub-projects and other activities carried over from the previous 5-year Project. The current evaluation therefore deals with a somewhat incomplete first year of activities.

The evaluators also note that although the Conditions Precedent were outlined and agreed upon in the original Project paper, the actual execution of the terms of the Conditions Precedent appears to have created a difficult situation for those involved.

Implementation Letters

The main changes created by Implementation Letters for the period were:

- (1) Implementation Letter No. 10, August 25 1982, stating that all Conditions Precedent had been met except the

- agreement relating to the employment of a Family Planning Co-ordinator in the Ministry of Health.
- (ii) Implementation Letter No. 13, September 28 1982, transferring \$152,000 into the Contingency line item from Project activities not yet implemented. At the same time several additional activities amounting to \$261,000, which were not included in the original Project, were assigned funds from the Contingency line item. These included the Natural Methods Clinic, the Ministry of Education sub-project, and a Population Planning Workshop.

Foreign Exchange and Local Currency Costs

In January 1983, the Government of Jamaica introduced a floating exchange rate for the US dollar and other foreign currencies. A fixed official exchange rate was retained for certain transactions. Foreign aid transactions, by agreement with GOJ, remained at the official exchange rate. This means that while local costs have escalated in response to the floating exchange rate (which has generally been about 60% higher than the official exchange rate), the value of funding for the Project has remained the same as before. This has had definite effects, as discussed in Section IV, on the estimated inadequacy of resources for the remaining life of the Project.

Evaluation Schedule

The Project Data Sheet for the Project paper provided for a mid-term evaluation in July 1984 and a final evaluation in January 1986. This is in keeping with the Evaluation Plan (p. 78 of Project paper) which provides for a mini-Project evaluation between the 18th and 24th months of the Project, and for a major in-depth impact evaluation one year to 6 months before the end of the Project. However, the Implementation Schedule, Annex B-1 of the Project paper (which is perhaps not as binding), specifies a mid-term evaluation in August 1983 and an end-of-project evaluation in August 1985.

The Project Grant Agreement stipulates, on the other hand, joint annual evaluations and at one or more points after Project completion. In the NFPB Monitoring Plan developed in September 1982, joint USAID/NFPB evaluations are agreed upon for each sub-project. Given the wide scope of the present Project, yearly overall evaluations appear to be an excessively large exercise. We recommend that USAID and NFPB should jointly review evaluation needs for the overall Project and develop a written agreement on the scheduling of future evaluations, as provided for in the Project Grant Agreement, Section 5.1.

4. Scope of Work

The terms of reference of this evaluation were as follows:

For the first year of the Population and Family Planning Services Project (532-0069) to examine:

1. The extent to which the targets for Year 1 have been met.
2. The realism of the project life to meet overall project goals.
3. The current compatibility of the project goals, objectives and activities with
 - a) currently stated national policies and priorities;
 - b) baseline research and indicators of family planning needs;
 - c) the goals of the National Family Planning Board.
4. The appropriateness of the component systems to achieve the project objectives.
5. The adequacy of NFPB and USAID resources to manage and implement the project.
6. The adequacy of project coordination and monitoring provided by NFPB/USAID.
7. The adequacy of technical assistance services to date and those planned for the future.
8. The adequacy and usefulness/long term benefits of arrangements for overseas participant training.
9. An overall cost-effective analysis of the project to date if possible.
10. The extent to which a reliable administrative and financial management process has been established (systems, structures and processes) for the various project components to develop.

5. Methodology

Evaluations undertaken in the earlier stages of a project may be seen as particularly useful for:

- (a) objectively reviewing project issues and focussing on problem-solving.
- (b) reinforcing the judgements and commitments of project participants, thereby improving participation and motivation levels.
- (c) gaining information on development issues and problems.
- (d) providing evidence that there is a process available for assessing and redirecting the project, if necessary.¹

The main methodologies used in the present evaluation were interviews, observations, site visits, and examination of documents. Throughout, the attempt was made to gain objective information on project issues and to seek ideas on problem solutions from respondents. Appendix 1 contains a broad interview checklist developed for the evaluation. Since we did not conduct formal interviews, and since many respondents also had their own agendas for discussion, the checklist was not always complete. But we include this broad guide to exemplify the translation of the Scope of Work into an operational tool. Appendix 2 shows the list of persons interviewed, some having been seen more than once. Appendix 3 contains a list of some of the documents reviewed.

In addition to the above, basic project documents, financial statements, and a wide range of project files and records were examined in USAID/J, NFPB, and sub-project offices. Site visits were made to all sub-projects.

A second aspect of methodology in organizing our findings for presentation was to focus not only on targets achieved or not achieved, but on the identification of relevant factors and processes related to target achievements. We also tried to place the target concerns within the wider frameworks of population control objectives and further research needed.

Finally, we recommend that at least a summary of the relevant evaluation section should be communicated to each project participant so as to give them the opportunity to compare and if necessary contrast their judgements with those of the evaluators.

¹ Excerpt from AID Handbook 3,
Evaluation Officer, USAID/J

supplied by Mr. Art Patrick,

6. Summary of Findings and Recommendations

I. Project goals and targets achieved

Despite the late Project start, a substantial number of the output targets for Year 1 were achieved. Family Planning services were available in a large number of Ministry of Health clinics. Sterilizations and commercial distribution of contraceptives were achieved at adequate levels. The National Population Policy was prepared for adoption. The Population Policy Co-ordinating Committee was established. Research and population analysis activities were started.

Inputs of technical assistance and overseas and local training were made, although not as much as projected because of the late start. Main short-fall areas in Year 1 were in Ministry of Health training, in the non-establishment of the Population Diploma at the University of the West Indies, and in delayed arrivals of centrally procured contraceptives. Contributions of the Government of Jamaica to NFPB and to other Project areas also fell below expected levels, because of economic recession. The overall indicators of socio-economic and population growth showed little change in this first year of the Project.

II. Realism of Project life to meet Project goals

The broad socio-economic goals of the Project are subject to wider changes in the economy, outside the scope of the Project. It is unclear whether these Project goals can be achieved in the time span of the Project. Some Project targets will not be achieved within the Project life without increased endeavour. These targets are: 50% increase in Family Planning acceptors, training for 2,000 Primary Health Care workers, and research outputs as specified.

III. Compatibility of Project goals and objectives with national and NFPB objectives and priorities, and with current research findings

The Project is deemed compatible with currently stated national objectives and priorities, but there is need to further strengthen the society's commitment to population control. Also, the NFPB proposal for demonstration clinics in each parish has not yet been approved by GOJ policymakers. m. J. ... 6.6.67
W. R.

Current research findings indicate that Project emphasis on expanding the coverage and increasing the effectiveness of contraceptive distribution is appropriate. Emphases on supporting community-based contraceptive distribution, through youth projects and outreach projects, and on supporting contraceptive retail sales, are also appropriate as adjuncts to clinical distribution through the Ministry of Health. Targets for achievement by the Ministry of Health cannot necessarily be effected through NFPB.

IV. Adequacy of USAID and NFPB resources to manage and implement project

USAID resources were deemed adequate for Year 1, but many activities were undertaken for 6 months or less during that time. Rising costs may cause resources to be inadequate in future years. Centrally procured supplies may also be under-ordered.

NFPB resources derived from GOJ funds were less than projected. However, NFPB was able to maintain much of its expected contribution to the Project, through judicious budget control. Main unfilled needs of NFPB are some key staff positions, and adequate transportation for NFPB Projects staff.

V. Adequacy of project co-ordination and monitoring by NFPB/USAID

The 1982 thrust for improvement of the NFPB management structure had good effects on overall Project co-ordination and monitoring. Sub-project co-ordination, NFPB/Ministry of Health co-ordination, and NFPB/USAID co-ordination are now structured through special committees. USAID's monitoring role is now clearly specified.

NFPB monitoring of sub-projects has also been more clearly specified. We now caution against "over-monitoring" in terms of evaluation frequency. However, new sub-projects need special help in developing quantitative goals for evaluation purposes. Statistics and record-keeping of sub-projects need monitoring. NFPB Projects Officers need time for field visits, and need transportation.

VI. Adequacy of Technical Assistance

Technical Assistance was actively used and was effective. But long-term benefits do not always ensue. Consultants sometimes undertake work which should be done by recipient agencies. Some agencies have not been able to continue work at the level initiated by the consultant.

VII. Adequacy and usefulness of Overseas Participant Training

Only a small amount of participant training was undertaken, mainly because of the late start of the Project. Information on training opportunities was very good. Comprehensive selection procedures are being developed, and some 75% of past trainees are still working in Family Planning. Participant training is seen as useful for exposure to innovation or for specific skill training. In other cases, local training may be deemed more appropriate.

VIII. Appropriateness of component systems for achieving Project objectives, and extent to which a reliable administrative and financial process has been established

Project activities such as training, contraceptive distribution, research, and population policy initiatives are judged to be appropriate for the

Project purposes. But little knowledge exists on any causal links which show how these activities achieve Project purposes. Research and documentation are needed in this area.

NFPB and Ministry of Health are important institutional components. Monitoring, disbursement, and the supply of contraceptives are particularly important NFPB activities. For the Ministry of Health, training and the supply of contraceptives from NFPB are important because these are the two main ways in which MOH contraceptive delivery is influenced by the Project.

Two main sub-project emphases are (i) family life education and contraceptive services delivery to youth; (ii) research and population planning activities. These are deemed appropriate for diversifying contraceptive distribution systems and for broadening the focus of population activities. However, sub-project diversity also strains the versatility of NFPB resources, and we recommend caution in the number and variety of additional sub-projects undertaken.

The role of USAID/J is an evolving one but is judged to be appropriate for current conditions.

Administrative and management processes have been improved by recent management reviews. NFPB has moved towards a clearer recognition of its multiple roles. Prudent financial management has been maintained.

Main Recommendations

1. Expectations about Project goal and Project targets should be clarified:

- (i) Crude Birth Rates are unlikely to accurately reflect population control achievements.
- (ii) Ministry of Agriculture targets for training of extension agents are calculated incorrectly in the Project paper.
- (iii) Ministry of Health targets for provision of "a full range of family planning series" cannot be achieved completely under the present Primary Health Care structure, since over 50% of Health Centres offering family planning services are Type I, staffed only by a midwife and a Community Health Aide.

2. More intensive action must be taken in the following areas if specified Project purposes are to be met during the LOP:

- (i) Increase rate of growth of continuing family planning acceptors in the Ministry of Health clinic system. The main method of achieving this currently seems to be through improved training and motivation of MOH personnel, and efficient provision of supplies and equipment.
- (ii) Seek to increase sterilizations through:
 - (a) improved communications with surgical teams, and
 - (b) efforts to identify and support the positive factors which encourage sterilization activities.
- (iii) Continue non-clinical distribution of contraceptives, and accompany this with careful advice to clients, accurate recording, and special attention to the management of ongoing client loads.

Training is believed to be also important here.

To what extent can such client loads be transferred eventually to the Ministry of Health system?

- (iv) Ensure adequate contraceptive supplies through:
 - (a) review of current ordering levels and available funding,
 - (b) review of the distribution system, and
 - (c) improved communication with recipients of supplies.
 - (v) Increase salary provisions for population research and analysis projects such as National Planning Agency, Department of Statistics, and Registrar General's Department. This is a major stumbling block (although not the only one) in their inability to recruit staff.
3. Continue to emphasise the National Population Policy, and the need to strengthen the society's commitment to population control, through Population Policy Co-ordinating Committee and other activities.
 4. Clarify the roles of NFPB and National Planning Agency with respect to population planning. National Planning Agency has a co-ordinating role to play by including population planning in national planning. NFPB has an activist role to play, promoting population planning in national life. These roles offer much potential for fruitful collaboration and co-operation.
 5. Examine resource needs for the remainder of the Project life:
 - (i) Review estimates of sub-project expenditure for the next three years.

- (ii) Forecast expected cost escalations.
- (iii) Give priority to filling key staff vacancies at NFPB.
- (iv) Improve transportation arrangements for NFPB staff.

6. Monitoring and Co-ordination

- (i) Be cautious in not over-extending NFPB resources by undertaking more sub-projects than can be adequately monitored.
- (ii) Space out evaluations and emphasize self-evaluations to reduce sub-project feelings of being "over-monitored".
- (iii) Help new sub-projects to develop appropriate quantitative goals, for purposes of evaluation.
- (iv) Improve assistance to sub-projects in statistics and record-keeping.
- (v) Co-ordinate with Ministry of Health to obtain improved MCSR data.

7. Technical Assistance

- (i) Emphasize the provision of counterparts for all consultants.
- (ii) Encourage recipient agencies to undertake activities in collaboration with consultants rather than delegating tasks to consultants.
- (iii) USAID/J should maintain records on the Jamaica-related activities of centrally-funded Technical Assistance.

8. Component Systems

- (i) NFPB should continue the planning process begun during the 1982 Management Planning exercise by undertaking a small annual plan.
- (ii) NFPB should encourage in-house Steering Committees for sub-projects undertaken in large organizations, to develop acceptance and support.
- (iii) For the Ministry of Health, NFPB should emphasize:
 - (a) training
 - (b) contraceptive supplies

since these are the two main channels of influence on the clinical delivery system at the present time.

9. Evaluation

- (i) USAID and NFPB should jointly review the overall evaluation needs of the Project and develop a written agreement on the evaluation schedule, as provided for in the Project Agreement, Section 5.1. Annual evaluations appear excessive and there are conflicting provisions for mid-term and end-of-project evaluations.
- (ii) More acceptance and understanding of the evaluation process needs to be developed. NFPB might undertake special explanations to all component systems about the nature and purpose of evaluations.
- (iii) The relevant sections of evaluation reports, or an edited summary thereof, should be sent to each participant organization.

10. Cost-Benefit Analysis

Proposed cost-benefit analyses by Population Council consultant should be energetically pursued.

Summary and Recommendations for Appendix IV,
General Review of Project Components

National Family Planning Board

Projects and Research Division are undertaking very useful activities. Their research and evaluation activities need development.

Finance and Administration Division is dealing successfully with disbursements and procurement. In relation to these, communication between NFPB and sub-projects is a sensitive area. Management of contraceptive supply delivery was affected by shortages and inadequate communication. Records of contraceptive supplies in the hands of distributors need review. The delivery system to Ministry of Health outlets is currently being reviewed.

Commercial Distribution of Contraceptives is being expanded, and a market survey is planned. Information is needed on users of commercially distributed contraceptives. Accurate statistics on sales and sales outlets are also needed.

Voluntary Sterilization program is showing growth. Studies are needed of factors affecting differential sterilization rates at different hospitals. The level of commitment of health personnel to family planning goals may need improvement.

Information, Education and Communication. A "nationwide program of family planning and population information, education, and motivation" is partly underway through the Training Division, the Male Motivation Program, and AFRC. Some activities have been delayed in starting. There is a need to differentiate "training" from "information and motivation" activities; to improve the appeal of Male Motivation efforts; and to strengthen relationships between AFRC and sub-projects involving adolescents.

Ministry of Health

The Family Planning Co-ordinator was appointed in January 1982, and undertook activities only for three months of the period under review. Initially she has had little access to family planning service delivery levels. However, she is documenting current shortcomings with a view to initiating improvements.

The Family Planning Training Officer was unable to undertake any MOH training during the year under review because of delays in funding allocations from the Project.

The publication Family Planning Statistics continued to develop. More NFPB analysis of its findings is recommended for policy action.

Sub-Projects

Jamaica Family Planning Association has completed the second year of its "Youth to Youth" project, and continues to achieve desired targets for

acceptors. Useful lessons should be documented before the end of this project. JFPA has expanded its community outreach program, which is a house-to-house motivation and contraceptive delivery project carried out by locally recruited community workers. Initial success is reported, but relationships with MOH clinical delivery services are reported to require careful attention. JFPA proposes a cost-effectiveness study of the community outreach method of family planning promotion.

Ministry of Health/KSAC's Teen-Scene is an urban youth and health project which has barely initiated its program of contraceptive and counselling services for adolescents, using peer counsellors. A baseline study in the surrounding neighbourhoods has been undertaken.

Ministry of Youth and Community Development has begun an ambitious program in Family Life Education and contraceptive delivery to youth in MYCD organizations. These organizations include Residential Youth Camps, Industrial Training Centres, 4-H Centres, Child Care Institutions, and Youth Clubs. A baseline sample survey has been undertaken. Initial training of staff counsellors has been undertaken and FLE programs have begun. Contraceptive delivery is still in a very early stage of implementation.

Operation Friendship continued its Family Life and Maternal Health services in West Kingston, and appears to be achieving a delay in first pregnancies as well as a good level of contraceptive acceptance. A Mobile Outreach program for St. Catherine, offering general health services and youth activities, was begun in October 1982. The number of contraceptive acceptors is on target.

YWCA's NEET program is a modest project providing Family Life Education, health checks, counselling, and contraceptive distribution to YWCA youth clubs and institutes, and also to 10 affiliated secondary schools. Contraceptive delivery is limited and the program of activities needs to be better documented. An organization like Operation Friendship, which has a similar but larger scale program, should be commissioned to give technical assistance.

Community and General Outreach Sub-Projects

Ministry of Agriculture launched its Mobile Outreach program, emphasizing family life and homemaking education and contraceptive delivery, only at the end of the evaluation period in March 1983.

ACOSTRAD, the Association for the Control of Sexually Transmitted Diseases, continued its training program in teacher training colleges and to community-based health workers. It is now preparing to evaluate the teacher training program.

Research and Population Planning Activities

National Planning Agency has recruited an additional staff member for its Population and Manpower Unit and is expanding its population research activities.

Registrar General's Department conducted training seminars for District Registrars and is accelerating the processing of vital statistics.

Department of Sociology undertook field research on women's family and work roles.

Detailed Recommendations on Project Components

National Family Planning Board

- (i) Expand research and evaluation activities. Research findings need translation into program designs. (Some Research Needs are listed, p. 19).
- (ii) Need for improvement of Ministry of Health clinics' contraceptive stock records should be referred to Family Planning Co-ordinator.
- (iii) Continue present contraceptive supply delivery system for rural areas if at all feasible, since a "focal point" delivery system is still underdeveloped.
- (iv) Pursue the market survey on commercial distribution of contraceptives.
- (v) Identify priority community training needs and motivation needs, and re-arrange present "training plan" accordingly.
- (vi) Acquire improved audio-visual material to complete the planned Parish Seminars for the Male Motivation program.
- (vii) AFRC should - expand relationships with sub-projects involving adolescents, and communicate relevant research findings for program design.
 - expedite the second issue of Decisions
 - make its reference materials available through re-opening of the NFPB library
 - reactivate its Advisory Committee and employ a consultant, as originally designed.

Ministry of Health

- (i) Family Planning Co-ordinator should continue to monitor conditions surrounding clinical delivery of family planning services, and refer these to MOH and NFPB.
- (ii) Review of annual family planning statistics should be a regular task allocated to proposed research and evaluation staff in NFPB.

Sub-Projects (Recommendations/Needs)

Jamaica Family Planning Association - lessons learnt from "Youth to Youth" project should be reviewed before Project ends.

Ministry of Health Teen Scene - needs planning and implementation assistance.

Ministry of Youth and Community Development - also needs experienced assistance, particularly with contraceptive delivery procedures.

Operation Friendship - needs improved information from NFPB on contraceptive supplies

- improvement of statistical reports

- possible additional project support for South St. Catherine Outreach Project.

YWCA's NEET Project - needs improvements to program planning and to reporting system. Operation Friendship should be used as consultants for this project.

Ministry of Agriculture - needs support of a Ministry Consultative Committee, and possibly also a special Project Manager.

ACOSTRAD - needs to develop baseline data for evaluating effectiveness. An extension of this project is recommended because of its timeliness.

National Planning Agency - should develop specific population planning research projects.

Promotion of National Population Policy should be heavily collaborative with NFPB.

Registrar General's Department - should intensify efforts to fill posts of Demographer/Statistician and Data Processing Consultant.

U.W.I. Dept. of Sociology - should now develop migration component of research plans.

Research Needs/Research Questions

1. Studies of socio-economic factors affecting fertility.
2. Contraceptive delivery research:
 - (i) Why are high proportions of first attenders leaving clinics without a method?
 - (ii) What factors affect high or low levels of sterilizations performed at different hospitals?
 - (iii) Characteristics of potential sterilization clients.
 - (iv) Follow-up research on clinic drop-outs.
 - (v) Methods to strengthen the persistence of continuing acceptors in family planning.
3. Long-term implications of non-clinical contraceptive delivery: What are the patterns of client retention? Client follow-up is needed.
4. Linkages between current Project activities and desired Project goals. How effective are Project activities for achieving Project goals, and what are the paths through which these goals are achieved? For example, how effective is health personnel training in improving contraceptive delivery services?
5. Reviews of existing research and translation of current research findings into specific program designs.

I. The extent to which the targets set for Year 1 of the Project have been met

A. Overall Goal

The overall goal of the project is stated as an improvement in the health, social and economic status of the Jamaican people. Very minimal progress was documented in the selected indicators during the year under review. The lack of progress was mainly due to fortuitous external factors, primarily an international recession and failure of demand for Jamaica's main exports.

1. In real terms (1974 prices) the Gross Domestic Product per capita declined from \$853 at the end of 1981 to \$839 at the end of 1982.
2. The rate of unemployment did not show improvement. Levels of unemployment in the Labour Force were:

<u>October 1980</u>	<u>October 1981</u>	<u>October 1982</u>
27.0	25.6	27.9

3. The percentage of children enrolled in public schools increased very slightly, by 0.2%. It was noteworthy, however, that enrolment in Secondary Schools increased by almost 2% while enrolment in the lower quality All-Age Schools decreased by an almost similar amount.

Important assumptions which held good were that:

- the economy showed growth in real terms (though very slight) between the end of 1981 and the end of 1982, barely 0.2%; the decline in per capita GDP reflects the excess of population growth over economic growth;
- the GOJ expressed continuing support for National Family Planning programs, as illustrated by GOJ support for the "Statement of National Population Policy";
- levels of net emigration remained at a level of 5,900 for 1981 and 9,800 for 1982, although these were lower than the average of nearly 20,000 per year for the period 1975-1980;
- small family norms were highly publicized and made a notable public impact through the "Two is better than too many" media programs.

With respect to assumptions about continuing support for family planning from other external sources of funding for family planning, a detailed examination was not possible. A cursory inspection suggests that some fairly large programs such as the IBRD Population Projects I and II came to an end, and that there was a reduction in inputs by IPPF and AVS. These inputs do not appear to have been replaced by any comparable funding.

B. Project Goal

To significantly reduce the crude birth rate over the next 20 years, to 24 per 1,000 by 1986 and 20 per 1,000 by 1990.

In the first year of the project it cannot be said that any decline in the crude birth rate took place. The 5-year crude birth rate, 1978-82, was 27.1 per 1,000. Since 1978 the crude birth rates have been as follows:

<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>
27.4	27.1	26.9	26.8	27.4

It is difficult to forecast the pattern of future decline. Also, current achievements in fertility control may not be reflected in the CBR.

- (a) Dr. Abdel Omran, Professor of Population Epidemiology at the University of North Carolina at Chapel Hill, contends that substantial reductions after 30/1,000 has been reached, are increasingly difficult to achieve as a result of the age-structure, and early childbearing patterns, in developing countries. For Jamaica, the Appendix to the "Statement of National Population Policy" says: "Because of the increase in the number of women above age 20 during the 1980's, any decline in the total fertility rate will not necessarily translate into declines of the crude birth rate.....Only with a continued rapid fertility decline (low projection) can the crude birth rate decline to a level of 20 per thousand by the late 1980's." (p. 10).
- (b) There is doubt about the accuracy of current crude birth rates, because 12 years elapsed between censuses and there is uncertainty about the accuracy of the population base figure. To a lesser extent, there is also some doubt about the completeness of birth registrations. A population base figure derived from the 1982 census has not yet been applied to Vital Statistics.

C. Project Purpose

To expand the coverage and increase the effectiveness of contraceptive services delivery.

Targets set for the project purpose are:

- (i) To increase the rate of contraceptive prevalence from 58% in 1980 to 70% in 1986.

In mid-1983 a contraceptive prevalence study was undertaken and as soon as the results are available it will be possible to estimate our distance from the above target.

- (ii) To increase by 50% the number of new and continuing family planning acceptors by 1985.

From (a), (b) and (c) below, it is estimated that there was an overall increase of 3% in acceptors up to the end of December 1982. This increase is much too small to produce a total increase of 50% over four years.

The increase in family planning acceptors between December 1981 and December 1982 is estimated as:

- (a) New acceptors at Government family planning clinics, excluding sterilization referrals:

<u>1981</u>	<u>1982</u>	<u>An increase of</u>
32,154	32,551	1.2%

- (b) Sterilizations at Public Hospitals:

<u>1981</u>	<u>1982</u>	<u>An increase of</u>
3,062	3,858	26.0%

- (c) New acceptors in NFPB sub-projects (NEET, JFPA, and Operation Friendship)

<u>1981</u>	<u>1982</u>	<u>An increase of</u>
14,492	11,749	no increase

- (iii) A 25% increase in sales of contraceptives through the CDC program.

This target should be exceeded by 1986.

Sales of Panther and Perle have shown a steady rise over the past 6 years, and the 1982 sales data indicated a 7% increase in sales of Panther and an 8% increase in sales of Perle. Given the high cost of contraceptives on the open market and the variety of sales strategies being used by the CDC program staff, the target of 25% increase should be exceeded by 1986.

Assumptions upheld in relation to the project purpose

- (1) NFPB continued to assert a leadership role in coordinating the national family planning program.
- (ii) GOJ support continued, but was restricted by limited resources. The National Population Policy document was accepted.

D. Project Outputs

- (i) Trained indigeneous staff functioning at all levels of the family planning delivery system. By 1986:
- At least 2,000 Primary Health Care workers trained in family planning.
 - At least 16 family planning administrators to have received short-term overseas training.
 - At least 4 senior employees of the Department of Statistics and other agencies to have received long-term training in Demography at UWI.
 - 6,000 agricultural extension agents to have received training in family planning.

As at the end of March 1983, very few of these outputs had materialized.

No USAID-funded Primary Health Care (PHC) training took place during the period under review. Delays in project implementation (described on page 5) and an escalation of training plan costs above the projected amount resulted in non-approval of the overall MOH training plan. Since April 1983, family planning training for a selection of 190 PHC workers has been taking place under a JHPIEGO-funded project, NCA 39. Issues relating to MOH training programs are discussed further on pages 55 and 92.

Two NFPB staff members received participant training in September and October 1982, and four more NFPB staff members were sent for training after April 1983.

Training in Demography at UWI will not begin until October 1983. To date, RGD is the only Government Department which has released a staff member to receive training.

The target of 6,000 extension agents to be trained appears to be an error. Discussions with MOA and examination of sub-project documents reveal a training goal of perhaps 65 male extension officers plus the goal of giving family planning information to about 8,000 youth and adults in the selected communities, among other targets. 6,000 extension agents is an unrealistic total, since there are fewer than 400 extension officers in the MOA. Further, no training activity of this type has yet taken place under the MOA sub-project.

- (ii) Increased availability of family planning services through MOH and NFPB clinics and through the CDC program.
- (a) Approximately 370 MOH hospitals and clinics to offer a full range of family planning services by 1985.

This target is almost already achieved in terms of numbers, since the NFPB publication Family Planning Statistics for the calendar year 1982 reported 352 MOH clinics offering family planning services, out of a total of 386 clinics.

However, the target of a "full range of family planning services" is not readily attainable for over 50% of existing clinics. Some 53% or 186 of the MOH clinics reported to be offering family planning services at the end of 1982 were Type I clinics, staffed by a Midwife and a Community Health Aide and with limited equipment and facilities. Most Type I clinics do not have the staff or physical facilities for IUD insertions or for delivering Depo-Provera injections. While it is likely that clinic upgrading at the Type II and Type III levels will expand by 1985 the number of clinics offering full family planning services, it is important to note that the target above is unlikely to be fully achieved because full family planning services cannot be offered at Type I clinics without a major restructuring of the present PHC system.

- (b) At least 8,000 voluntary sterilizations to be performed annually by 1985.

Sterilizations rose by 26% in the year 1982. The Medical Director, NFPB, reported a level of 4,730 procedures from April 1982 to March 1983. To achieve a level of 8,000 sterilizations per year by 1985, the current rate of sterilizations would have to increase by almost 70%, or by 35% over each of the coming two years. It is generally agreed (although some concrete research findings are urgently needed) that there is a backlog of unsatisfied demand for sterilization. However, research findings from Powell's Contraceptive Use Survey, 1979, as well as observation of the age and parity of women accepting sterilization, indicate that at present mainly older women with high parities are willing to undergo sterilization. Thus the backlog will eventually be eliminated unless younger, lower parity women also begin to choose sterilization, and it therefore may not be possible to sustain high levels of sterilization procedures.

- (c) 25% increase in the number of commercial outlets in the CDC program by 1985.

The target may be already exceeded.

Because of the multiple linkages in the commercial distribution system, the CDC program has no accurate records on how many commercial outlets sell their contraceptives. However, their estimate as at March 1983 was 1,830 outlets, or an increase of 34% over the December 1981 total. CDC is developing a market research survey in association with Futures Group as consultants. CDC is also developing a number of approaches to "non-traditional outlets" to spread distribution even more widely.

- (iii) Research to be carried out on determinants of fertility, migration, and contraceptive prevalence.

This research, undertaken by the Department of Sociology, UWI, and also with the collaboration of Westinghouse Systems, Inc., is proceeding fully on schedule.

Findings are expected to give in-depth analysis of women's family roles, their work roles, and their fertility. A study of migration movements, and their effects on population structure and fertility, is currently being designed also. An interim report is projected for December 1983. The Contraceptive Prevalence Survey has completed field work (September 1983) and is now in the analysis phase.

- (iv) Population policies to be adopted at both national and sectoral levels, and policy, planning and monitoring apparatus established.

- (a) National Population Policy and plan to be developed and to be adopted by Parliament by 1983.

After 2 1/2 years of preparation and discussions by a Population Policy Task Force, convened by the Ministry of Health from July 1980 to August 1981, and by the Population Policy Coordinating Committee, convened by the National Planning Agency from January 1982, a Ministry Paper tabled by the Ministry of Finance and Planning on National Population Policy, along with the document "A Statement of National Population Policy" was laid before Parliament on July 12, 1983. Technical assistance was given throughout by consultants from the Population Council.

- (b) Population/Demographic Research Units established at NPA and Department of Statistics.

The Population Planning and Research Unit at NPA acquired additional staff, equipment and a vehicle during January - February 1983.

The Department of Statistics has not yet launched its Population Unit. It has reported inability to recruit appropriate staff at the projected salary level, and is seeking additional "top up" funds to make the Population Unit viable.

- (c) Diploma course in Demography to be established at UWI.

This course, with full academic accreditation, is to begin in October 1983.

- (d) Inter-Agency Population Policy Committee to be established.

A Population Policy Coordinating Committee was launched in January 1982 and has met at regular intervals under the Chairmanship of the Technical Director, NPA (Dr. H. Brown).

The main agencies represented by their Heads on this Committee are:

1. NPA
2. MOH
3. NFPB
4. Registrar General's Department
5. Town Planning Department
6. Department of Statistics
7. Ministry of Agriculture
8. UWI - Department of Sociology
9. USAID and UNFPA - consultant status

Main activities to date have been consideration of the National Population Policy and activities, through NPA, which led the tabling in parliament of a Ministry Paper on the National Population Policy, along with the document "A Statement of National Population Policy" on 12th July 1983.

The major functions of the Committee have been agreed upon as:

- to advise the Minister of Finance and Planning and the Minister of Health on population policy matters;
 - to monitor population movements and the implementation of the population policy;
 - to ensure consistency in the activities of different agencies involved in population matters, and to ensure that the ongoing Population Policy is in keeping with national development and economic goals;
 - to make recommendations on laws related to population matters;
 - to stimulate dissemination of information on all aspects of population.
- (e) Population analyses included in long-term sector plans for Jamaica.
- (f) Population plans produced as part of sectoral plans for Health, Education and Agriculture.

Monitoring and inputs as outlined in (e) and (f) are stated to be regular functions of the Population and Manpower Division of the National Planning Agency and are being carried out. To date, however, no production of population plans has yet begun as part of sectoral plans for Health, Education, or Agriculture.

E. Project Inputs(1) Technical Assistance

- (a) Population Policy development - Population Council.
- (b) Registration and vital statistics - National Center for Health Statistics.
- (c) Development and coordination of training programs - centrally funded - Development Associates Inc., JHPIEGO.
- (d) Family Planning management - DAI (centrally funded) also local consultants.
- (e) Program development and evaluation - centrally funded - Westinghouse Systems Inc., CDC, AVS, Futures Group, also local consultants.

 Technical assistance appears to have been readily available during the period under review, and to have been used as needed.

- (a) In Population Policy development - approximately 10 1/2 PM contracted from Population Council over the 4-year LOP - substantial assistance was gained by NFPB and NPA from PC consultants. It is estimated that 1 1/2 PM of consultant time was allocated during the first 6 months of the project.
- (b) Registration and vital statistics - approximately 8 PM contracted from NCHS over 1982 and 1983 - expert assistance was given. Although the implementation of the NFPB-funded project began only in January 1983, approximately 1 PM of consultancy time was devoted to the project between January and March, through the visits of 3 consultants.
- (c-e) Centrally funded technical assistance is estimated at a total of 2 PM during the first year of the project, excluding separate projects like the JHPIEGO training project (NCA 39) and the Westinghouse Contraceptive Prevalence Survey which are not consultancies, and the time-input of which cannot be estimated by the evaluators. A broad estimate of 15 PM was projected for centrally funded TA for the LOP.

The two centrally funded agencies mentioned above, JHPIEGO and Westinghouse, gave substantial assistance by undertaking large-scale activities which had been originally included in the Project. JHPIEGO gave assistance with planning for Ministry of Health training and funded a special training project (NCA 39) for a portion of MOH training needs. Westinghouse Systems Inc., in collaboration with NFPB, UWI Department of Sociology, and CDC, undertook the Jamaica Contraceptive Prevalence Survey as part of their world-wide centrally funded program.

Other TA included: visits from Development Associates Inc. and a management consultancy and management plan; ongoing consultative assistance to the NFPB contraceptive retail sales program from Futures Group, with whose assistance a marketing survey is being planned; and continued input by AVS into equipment and buildings for the sterilization program.

(ii) Training

- (a) Overseas participant training was utilized for two NFPB staff members during the time period under study. The supply of information on short-term courses available, compiled by central USAID sources, in addition to announcements of training opportunities from other sources, is judged to be very good. The main reason for limited use of overseas participant training was the late start to project implementation. This is discussed further on p. 57.
- (b) Local training inputs were made by NFPB, the Population Council, the Centre for Advanced Training in Fertility Management, UWI, and by local consultants and resources. The main inputs during the Evaluation Period were:

NFPB:

3-day Management Seminar for NFPB and its associates, October 1982.

Four staggered in-service training programs for 84 NFPB employees, January - February 1983.

Training seminar for 14 private doctors, March 1983.

Male Motivation Seminar, 42 participants, in Montego Bay, March 1983.

Centre for Advanced Training in Fertility Management, UWI:

Training of three Nurse - Counsellors for Ministry of Youth and Community Development Project, January - March 1983.

(iii) Commodities

- (a) Because of the late start in implementation of the project agreement, procurement schedules for centrally procured condoms and oral contraceptives were delayed. Other factors outside of the evaluation period contributed to an ongoing shortage of supplies.

- (b) Procurement activities have been prompt and efficient for other supplies and for vehicles but the documentation procedures and delivery times have often caused delays. Eight out of ten vehicles projected over the LOP have been received and allocated. The last 2 vehicles to be imported are the "Mobile Clinic" units. These have not yet been ordered because plans for the implementation of the "Mobile Clinic" project are still being developed. A small amount of equipment is still outstanding and some equipment is currently being ordered.
- (iv) Local costs amounted to just over J\$450,000 in 1982-83. Since the total amount to be spent ^{locally} mainly in the first 3 years of the project, is estimated at J\$2.5 million, it will be seen that the allocated amount was not heavily spent. However, the expenditure above represents 6-months or less of Project Implementation, for many projects. Some projects like the UWI Population Diploma, the Department of Statistics Population Unit, and the Ministry of Education FLE Project were not launched during 1982-83.

Inputs to local costs faltered in some unusual ways. The 6-month delay in implementing the Project Agreement meant that NFPB resources available to fund on-going sub-projects were severely strained.

Jamaica's local monetary difficulties since the implementation of the project have resulted in a steep increase in the local cost of all imported items and equipment, in the cost of petrol and other supplies, and in salary increases. Many projected budgets have not been adequate to cover these costs. Most of the above input demands fell outside of the evaluation period but some documentation is provided on p.40 as well as a recommendation for a financial review and forecast of inputs required over the LOP.

- (v) Host country inputs have been severely affected by the monetary difficulties outlined in (iv).
- (a) Most important has been the low level of funding available to NFPB.

The Project Paper states that for JFY 82/83, NFPB submitted a budget request for J\$7.9 million. Of this amount, over \$3.5 million was estimated to be a

contribution to the Population and Family Planning Services Project. However, the actual overall GOJ allocation to NFPB for JFY 82/83 was J\$2.0 million, about one-quarter of the original request. Similarly, to a budget request by NFPB of over J\$10 million in JFY 83/84, the GOJ allocation was J\$2.5 million.

The estimated contribution from the NFPB budget to the project was as follows:

<u>1982/3</u>	<u>1983/4</u>	<u>1984/5</u>	<u>1986/6</u>
J\$3.7M	J\$3.5M	J\$2.7M	J\$2.6M

Since the overall NFPB budget was reduced by 75%, there were also inevitable reductions in the NFPB budget contribution to the Project, but the actual reduction has not been calculated.

For those sub-projects established in GOJ Ministries and Departments, there were also budgetary constraints such as limitations in the provision of staff, equipment and petrol to carry out project activities.

- (b) Health facilities were provided and maintained, although the stringencies in the system affected the physical maintenance of some health centres. GOJ expenditure on health services was as follows (J\$M):

<u>Year</u>	<u>P H C Services (including NFPB)</u>	<u>Secondary & Tertiary Health Care Services</u>	<u>Maintenance</u>	<u>Medical Support Services</u>	<u>Training</u>
1981-82	\$25.1	\$99.5	\$1.9	\$3.7	\$3.2
1982-83	\$30.4	118.4	3.2	4.0	3.5
	<u>Central Admin-istration</u>	<u>Environmental Control</u>	<u>Total Recurrent Expenditure</u>	<u>Capital Expenditure</u>	<u>Total</u>
1981-82	\$22.3	\$0.4	\$156.2	\$6.5	\$162.7
1982-83	28.8	0.5	188.9	10.3	199.2

- (c) Warehouse maintenance and distribution and control of commodities have been improved. A review is currently being undertaken of ways of streamlining the distribution system.
- (d) GOJ inputs into training of medical/para-medical personnel were maintained. The total input for training shown in (b) above, excludes the costs of Jamaica's contribution to the UWI School of Medicine and School of Nursing, which were not obtained.

An estimated 400 persons graduated in 1982-83 with nursing, midwifery, nurse practitioner, community health and other medical and nursing qualifications. In addition, 86 Jamaican doctors graduated from the UWI School of Medicine. Another 350 MOH staff members were estimated to have received in-service training at varying levels.

- (e) Inputs of office space for counterpart and administrative support were provided where necessary.

II. The realism of the project life to meet overall project goals

The overall socio-economic goals are subject to influence by many factors outside the scope of the Project. Further, expert opinion is that the Crude Birth Rate will not necessarily reflect Project achievements. However, it is still possible to examine the realism of the Project life in contributing to these goals, through achievement of the Project purposes.

The Project purposes of expansion and increased effectiveness of contraceptive services delivery can realistically be achieved (or near achieved) in areas such as contraceptive sales and sterilization services. The infrastructure for delivery of clinical family planning services may be said to be in place. And population policy initiatives will continue to make an impact.

The overall target of increases in the number of sustained family planning acceptors in the system will realistically make a contribution only if much more immediate and intensive efforts are made in the following areas:

1. Increasing the rate of growth of continuing family planning acceptors in the MOH system. There is great need to strengthen and revitalize this system. Contact, communication and support with MOH clinic staff are also very important: for example, explanations of why there is a shortage of contraceptive supplies or of recording forms; interpretation of statistical findings; and information on current policies and reasons for specific policies. Training is a very important and needed activity, focussing on retention of clients and improvement of the quality of family planning services offered.
2. Continuation of non-clinical distribution of contraceptives. Indications from the initial sub-projects with youth and community outreach are that certain target groups are not likely MOH clinic users because of youth, travel time and costs, or disinclination. Therefore there is a case for non-clinical distribution of contraceptives, accompanied by intensive work on careful client advisory and client record systems. These outreach services appear to be also effective in identifying unexpressed sterilization demand.

Training inputs are also very important here.

It is important not to undermine the MOH systems or to poach clients from them however, because it appears unlikely that the non-clinical delivery systems can carry heavy client loads for an extended period. But the initial impact of such systems appears valuable.

3. A brief review is needed on whether the current estimates of contraceptive commodities to be ordered are adequate to service the growth of newly initiated non-clinical contraceptive distribution as well as the existing channels.
4. A great deal of follow-up research is needed in areas like clinic drop-out, why many clinic clients leave with no method, and patterns of client retention in the non-clinical contraceptive delivery systems.
5. The above endeavours will take time and energy to develop, and there are some targets which the evaluators do not believe will be achieved:
 - (a) Even with intensive effort, it is unlikely that 2,000 Primary Health Care workers can be trained in the next 2 1/2 years, simply because of the logistics of taking them off their jobs or of introducing on-the-job training programs.
 - (b) National Planning Agency, Department of Statistics, and RGD have all experienced difficulty in attracting competent staff for their research and data production projects and their progress has been therefore retarded. It is unlikely that they will be able to achieve the level of data outputs projected in the time allocated.

In summary, if goals and purposes are to be achieved, inputs into:

- (a) Training need acceleration and intensification;
- (b) Sub-projects as well as MOH contraceptive delivery systems need intensive assistance;
- (c) Commodities supply may need a brief review.
- (d) Staffing for research projects needs review.

Even with the above inputs, shortfalls are likely to occur in the following outputs:

- (a) Training.
- (b) Sustained acceptors of family planning services.
- (c) Research findings.

III. Current compatibility of the project goals and objectives with
 (a) currently stated national objectives and priorities
 (b) baseline research and indicators of family planning needs
 (c) the goals of the NFPB.

- (a) The Project is deemed to be compatible with currently stated national objectives and priorities. The National Population Policy, adopted as a Statement by the GOJ Parliament in July, 1983 states three initial goals which mirror very well the goals of the Population and Family Planning Services Project:
- (i) to achieve favourable conditions for economic and social development of the country in the coming two decades. In order to provide the most favourable conditions to accomplish this goal, the population of Jamaica should not exceed three million by the year 2000.
 - (ii) to promote a continued improvement in the health status of the nation. . .
 - (iii) to ensure access to high quality family planning services for all Jamaicans of reproductive age who wish to use them
 . . .

It is noted however that the adoption of the Population Policy was not accompanied by any Parliamentary debate, discussion, or strong commitment statements. Again, Background Document No. 3 for the Jamaica Population Policy Development Conference, 1981 comments on the proportion of "resistors" in the population, especially in rural areas. These "resistors" are women identified in the Jamaica/World Fertility Survey, 1975 who were then in a union and fecund but who had never used a contraceptive method and did not intend any future use of contraception. The above indicators suggest that there is still need to widen the society's commitment to population control.

There is also at least one area of policy non-agreement in the current project. The proposal for the NFPB to set up separate or demonstration clinics in each parish has not yet been approved by GOJ policymakers.

- (b) The current goals and objectives of the project also show good compatibility with current research knowledge, although as pointed out on page 21, there is debate about the sensitivity of the crude birth rate as an indicator of fertility changes.

The main areas of compatibility are as follows:

- (1) The latest available contraceptive prevalence study (1979) showed that about 30% of the female population had never used contraception, and current field reports

from outreach projects also reveal a high proportion of young people and older rural women who are introduced to contraception (including sterilization) for the first time.

The Project emphasizes on expanding the coverage and increasing the effectiveness of contraceptive services delivery thus appear to be still highly appropriate.

- (2) Family Planning Statistics, published by NFPB, show a very slow growth in FP acceptors in the MOH system. Therefore, the Project emphasizes in supporting alternative community-based contraceptive distribution through youth projects and outreach projects, and supplying commodities for the Commercial Distribution of Contraceptives program, also appear very appropriate.

However, our review of examples of current research also indicates a need for more systematic use of research knowledge for program development. There is also the need to continue to monitor emphases and priorities in the Project in relation to changing conditions.

Samples of research reviewed included the research summaries contained in the documents prepared for the Jamaica Population Policy Development Conference, June, 1981; Dr. Barbara Boland's 1983 dissertation on union status effects on fertility and mortality; and S. Harris-Williams and Associates' 1982 study of youth culture and its implications for family planning approaches, commissioned by NFPB.

The main findings are:

- (1) There is need to strengthen the persistence of continuing acceptors in the FP system. Although high drop-out rates have been shown in Powell's 1979 study and in more recent reports of youth outreach projects like JFPA, there is not very much in the Project design which specifically addresses this area of weakness.
- (2) As contraceptive prevalence becomes higher, there will be a need to focus more on differentials in contraceptive use and on other factors affecting fertility such as mating patterns, the incidence of abortion, infant mortality, and breast-feeding. This is pointed out in the statement on Population Growth Prospects for Jamaica, attached to the National Population Policy document for Jamaica (p.10) and is also indicated in Boland's research based on World Fertility Survey data for Jamaica. There will need to be an emphasis on changing social patterns as well as on contraceptive use.

- (3) Another change in emphasis worth noting is the increasing trend towards the concept of population and development planning, which is the theme of the World Population Conference, 1984. This means that the promotion of contraception needs increasingly to be placed in the framework of national development planning. The support for sub-projects such as the National Planning Agency research program is a useful beginning.
- (4) There is need to translate current research findings into specific program initiatives. For example, in the Harris-Williams study a selection of findings was as follows:

Youth are in general not receiving adequate education and have significant gaps in their knowledge of their country and of the world social situation; twice as many boys as girls view sexual activity as a positive and natural thing; a significant number of teenage mothers described their first pregnancy or delivery of their first child as their best experience in life; siblings (sisters and brothers) were the most preferred and admired family members, but most respondents would turn to peers first and their mothers second when they have problems.

Most youth in the study came from families of 9 or more members but most female respondents stated that they wanted only two children of their own while most male respondents wanted three or four children. Up to 84% of all respondents did not know accurately when in a woman's cycle pregnancy was most likely to occur, although the majority knew something about family planning from the following sources (in descending order of importance): radio; school; health personnel (mainly female respondents); parents.

A substantial group of male respondents stated that they would use the condom to prevent pregnancy (36%), while most females would use no method (32%) or would use the pill (22%).

Much of the above knowledge should be incorporated into the program plans of youth-oriented sub-projects. What is needed is research interpretation and program development skills. NFPB has recognized the need for a research focus, and is seeking to recruit a Research Officer. There is a pressing backlog of family planning oriented research to be done. But these evaluators also identify the need for regular reviews of current research and its implications for the conduct of various NFPB-supported activities, in more depth than could be undertaken here. In relation to youth programs, AFRC should also collaborate in research reviews and in developing youth program guidelines.

- (c) The goals of the NFPB are comprehensively stated in the National Family Planning Act, 1970: "To prepare, carry out and promote the carrying out of family and population planning programs in Jamaica, and to act as the principal agency of Government for the allocation of financial assistance. . . in the field of family and population planning in Jamaica."

Management evaluations in the past year have mentioned "considerable confusion among staff with respect to the actual role of NFPB." We did not find such confusion, and believe that the past year's work within the guidelines of the present Project, as well as the many management reviews and improvements introduced, have helped to clarify the roles performed by NFPB. The agency has begun to recognize that there is not a single task but a multiplicity of tasks, with co-operation arising through sharing of information, collaborative committees and activities, and through unified leadership.

The current project, with its blend of contraceptive delivery emphases, research, and sub-project support, is certainly compatible with the stated goals of NFPB. However, there are some project targets which are organisationally not fully under the control of NFPB. Targets for training of Primary Health Care workers, for the establishment of MOH clinical services, and for certain types of Host Country financial inputs, are not readily controllable by NFPB although the organisation is able to exert some influences.

The NFPB is a statutory body under the general portfolio of the MOH. It can influence family planning in the MOH through technical assistance and collaborative relationships, but cannot achieve MOH targets. Thus Project targets to train MOH staff for contraceptive delivery services, to improve the actual delivery of services through the MOH system, and to strengthen NFPB's own organisational system through increased financial inputs from GOJ, are not necessarily readily achievable. In addition, efforts to exert influence through Conditions Precedent (such as the non-funding of any MOH projects until the Family Planning Co-ordinator post was filled in January, 1983 as stated in Implementation Letter No. 10) are believed to have had some negative effect on the co-operative relationship between NFPB and MOH. Efforts to create avenues through which NFPB goals may be achieved are continuing, however, through activities such as the short-term JHPIEGO training program, the NFPB/MOH Co-ordinating Committee, and other efforts at co-ordination and co-operation.

The Project also sets targets for the Commercial Distribution of Contraceptives which it can only influence indirectly, since the only project input to CDC is the supply of commodities and some amount of centrally-funded Technical Assistance. Insofar as NFPB and CDC earnings are able to support CDC, the set targets may be met. But the Project actually contains no specific mechanisms for achievement of targets set for CDC performance. The balance between CDC and clinical or community-based distribution of contraceptives is also an area which has not been fully explored.

A debate also exists over the responsibilities of NFPB for population planning programs as compared with other national planning institutions. While NPA has broad integrative responsibilities, NFPB has specialised responsibilities for carrying out, or promoting the carrying out, of population planning programs. It seems quite appropriate, therefore, that NFPB should give financial support to NPA activities which should in turn produce population planning information on which NFPB can take action such as promoting national awareness and action on population issues.

On the other hand, NPA is responsible for long-term, integrated, social and economic planning. NPA is responsible for ensuring that population planning is integrated into national plans, and also for maintaining a broad overview on population activities in relation to national development. NPA also possesses the machinery for linking population planning with national planning, as illustrated in the adoption of the National Population Policy which was routed by the NPA through the Ministry of Finance and Planning.

In summary, both agencies have complementary responsibilities for population activities - NPA has a broad integrative role to include population planning in national planning, while NFPB has a specialised activist role, to promote population planning in national life. These roles offer much potential for fruitful collaboration and cooperation.

The two agencies also have reciprocal monitoring roles - NFPB must both promote and utilize NPA's population planning information, while NPA must maintain an overview of population activities in relation to national development, including NFPB activities. These reciprocal relationships, if clearly understood, should lead to close interaction rather than duplication.

In particular, NFPB should maintain a broad focus on population issues and population planning, over and above an emphasis merely on contraceptive promotion. NFPB's Board of Directors as well as staff, should gear itself to continue its current initiatives in the field of population planning and development.

Note: Item 4 in the Scope of Work, The appropriateness of the component systems to achieve the project objectives has been included in the discussion of Item 10, The extent to which a reliable administrative and financial management process has been established for the various project components to develop.

IV. The adequacy of USAID and NFPB resources to manage and implement the Project.

A. USAID Resources

- (1) The provisions of the USAID Project Grant Agreement are for an overall project budget of US\$5 million over 4 years, including the sum of US\$1.57 million for centrally procured contraceptive supplies. In the first year of the Project, the grant was US\$ 717,000 plus US\$372,000 for centrally procured contraceptive supplies, amounting to a total of US\$1,089,000. Figure 1 illustrates the expenditure of resources over the first year. Overall it may be said that resources were adequate for year 1, but it must be noted that some activities did not get underway in 1982/3, such as the Ministry of Agriculture and Department of Statistics sub-projects. Also, a substantial amount of unbudgeted items were funded out of the Contingency line item (Implementation Letter No. 13, Sept. 28, 1982), which accounts for an increase in "Other Costs".

The evaluators were also told of two significant events occurring after the first year of the Project. One was the accelerated decrease in the Contingency line item after March 1983, and the other was a centrally caused delay in the flow of resources into the second year funding of the Project. Neither of these events fall within the period of review, but the delay in second-year funding is particularly noted as having caused serious delay in completion of the orders for centrally procured contraceptive supplies and having therefore caused a disruption in local availability of supplies.

The current economic difficulties in Jamaica, particularly since January, 1982 led to many escalating costs and it is generally estimated that such increasing costs, added to possible increases in Project activities, will produce increasing pressure on the resources of the Project within the current three years. The evaluators recommend that AID should undertake both program forecasting and a financial review.

Program forecasting is necessary to estimate the likelihood of unscheduled population activities arising which will create additional demands for Contingency funds, and also is necessary to estimate future unpredicted needs of existing Project items. The evaluators' brief review of sub-projects indicated that several sub-projects had already used more than one year's budget allocation for certain line items in a few months of activities; that some sub-projects had very limited Contingency funds; and that some sub-projects had not adequately estimated their needs for personnel, equipment, or vehicles at the beginning of their activities.

Figure 1: Illustrative Financial Plan (US\$ '000)

	<u>All Years</u>	<u>1982/83 Project Agreement</u>	<u>Estimated Sub- Obligations or Expenditures, 1982/3 (as at Feb. 28, 1983)</u>
U.S. Personnel Services	227.0	227.0	221.6
Training (Overseas)	55.0	15.0	11.5
Commodities *	860.0	290.0	217.7
Other Costs	<u>2,287.0</u>	<u>185.0</u>	<u>252.0</u>
Total	3,429.0	717.0	702.8
Centrally Procured Contraceptive Supplies	1,571.0	372.0	373.0
	<u>5,000.0</u>	<u>1,089.0</u>	<u>1,075.0</u>

* Excludes sub-project commodities which are included under "Other Costs", also excludes locally procured commodities from advances to NFPB.

A financial review is needed to estimate the probable escalation of costs in different segments of the project budget.

- (ii) AID personnel are adequate in quantity and well qualified to manage and implement the Project, given the agreed levels of involvement.

B. NFPB Resources

For 1982/3, the NFPB requested GOJ support of J\$7.9 m. of which J\$3.7 m., or just under 50%, was estimated to be a contribution to the Population and Family Planning Services Project. However, the NFPB received just about one-quarter of its requested budget, J\$2.0 m. so its resources were considerably less than estimated. A brief analysis of the NFPB budget suggests, however, that the substantial reductions were made without disturbing too severely the contribution of NFPB to the USAID Project. The main reductions to the NFPB budget were in Travel and Subsistence, Utilities, Equipment (mainly for the NFPB Family Planning Clinics which were not implemented), Motor Car Loans, and Subsidies; while Personnel, Supplies and

Materials, and Other Operating and Maintenance Costs were much less affected. The NFPB is to be congratulated on maintaining its contribution and controlling its operating costs in a time of financial stringency.

The current ratio of support staff to executive, technical or administrative staff, is two to one, with an establishment of approximately 100 persons. The evaluators consider that the NFPB's resources are adequate to manage and implement the Project, but that there are some unfilled needs still existing.

The key areas of resource needs identified by the evaluators were:

- (i) Unfilled posts in certain key NFPB areas, such as Research, Projects, and (more recently) a Deputy Director. It should be noted that escalating staff costs make it difficult to attract qualified personnel at existing salary levels.
- (ii) Need for more flexible hiring of temporary support staff to deal with bottlenecks such as large scale production of training or information materials.
- (iii) Transportation for NFPB Projects Staff. Projects staff are stated to be designated as Travelling Officers and eligible for Motor Car loans. However, at present they do not operate vehicles of their own. The evaluators recommend that if Projects Officers do not own vehicles, a project vehicle should be available for field activities of NFPB staff.

C. Additional Comment: Resources for Centrally Procured Contraceptive Supplies

As shown in Figure 1, estimates of the cost of the first year's supplies were extremely close to the actual expenditure. However, the costs of future years are expected to exceed the remainder of the budget which is approximately US\$400,000 per year for the concluding 3 years of the Project. The reasons for this expectation are:

- (i) There is continuing escalation in cost of supplies, freight and other charges.
- (ii) Quantities ordered are expected to increase to meet the needs of the expanding Commercial Retail Sales program as well as the expanding community-based contraceptive delivery services. There is an overall target for a 50% increase in contraceptive acceptors over the LOP, which if even partially achieved would increase the demand for contraceptive supplies.
- (iii) In the Commodity Procurement Schedule, Annex D-1 of the Project paper, estimated expenditures on centrally procured contraceptive supplies are as follows: Year 1: US\$349,000, Year 2: 419,700, Year 3: 450,600, and Year 4: 499,000.

Figure 2 compares the quantities actually ordered over FY 1982/3 with the estimated ordering needs for the calendar year 1983. These estimated needs were computed from the Contraceptive Procurement Tables prepared for USAID/J by Jack Graves of CDC in May 1983.

Figure 2: Quantities and Costs of Contraceptive Supplies Ordered

	<u>Orals</u> <u>(cycles)</u>	<u>CIF Cost</u> <u>US\$ '000</u>	<u>Condoms</u> <u>(pieces)</u>	<u>CIF Cost</u> <u>US\$ '000</u>
Quantities ordered FY 1982/3	1.1 million	200.4	4.0 million	172.6
Estimated requirements, Calendar Year 1983	0.75 million	(136.6)*	7.5 million	(323.6)*
Difference in costs	-	-63.8	-	+151.0

* Rough estimate based on 1982/3 costs.

The above calculation suggests more needs for condoms and less need for orals than are currently being ordered. The evaluators also noted the difference between the order pattern on a Fiscal Year basis and the Procurement Tables on a Calendar Year basis and wondered why the two could not be synchronized.

This analysis is incomplete because actual estimates of the pattern of cost escalation were not obtained, and the overall total requirements for contraceptive supplies over the final 3 years of the Project were not extracted from the Contraceptive Procurement Tables. But the partial analysis indicates possible shortfalls in contraceptive supplies and in the resources available.

There are also some difficulties with the management of contraceptive supply distribution. Much of this appears to have arisen because of the unavoidable shortages of the past year. But many distributing agencies also appear to receive little information about why supplies are short or on possible schedules of re-supply. Thus one Ministry of Health clinic which undertakes numerous IUD insertions has only a shoe-string supply and undertakes constant independent search activities to obtain enough IUDs to meet client demand. At the same time it is proposed to transfer some IUDs to the Commercial Distribution program (Implementation Report, December 1982). Again, one outreach agency reports constant shortage of condoms to meet client demand.

V. Adequacy of Project co-ordination and monitoring provided by NFPB/USAID

The thrust in 1982, directed towards improvement of the NFPB management structure, appears to have had some substantial effects on the arrangements for Project co-ordination and monitoring. In general, co-ordination is receiving good attention and is showing results.

1. Quarterly meetings of the Sub-project Co-ordinating Committee have continued, and provide an opportunity for interchange of information and expertise among sub-project personnel. The evaluators also identified a good amount of informal communication between sub-projects.
2. Co-ordination between NFPB and MOH was improved by the establishment of a NFPB/MOH Co-ordinating Committee convened by the Medical Director, NFPB, and including the NFPB Executive Director and senior MOH personnel (see Figure 3, National Level, and attachment, Terms of Reference of NFPB/MOH Co-ordinating Committee).

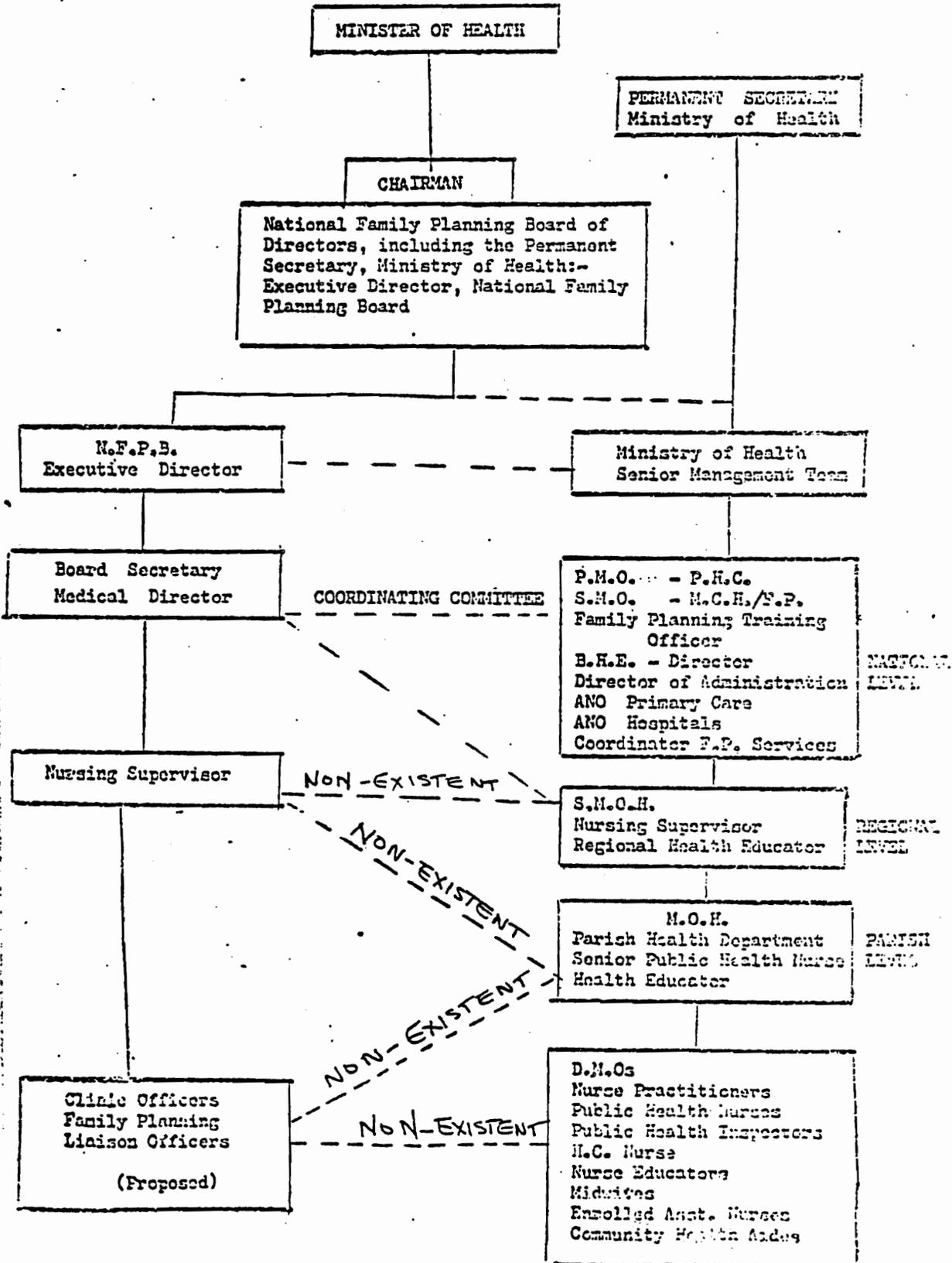
However, there are still many structural gaps in the relationship between NFPB and MOH. As shown in Figure 3, the proposed inter-relationships at the Regional and Parish levels are non-existent and there is therefore a lack of collaboration at the clinical, service delivery level.

Channels for co-ordination are adequate at higher levels, with the Permanent Secretary of MOH sitting on the NFPB Board of Directors and with good opportunities for NFPB/MOH interaction at senior management levels. But at present all Family Planning service delivery initiatives must flow downward through the MOH hierarchy. The evaluators were also made aware that some health personnel view NFPB's specialised resources as an anomaly (and perhaps a misallocation) in the overall distribution of health service resources, rather than as an additional benefit.

An area also reported to present some difficulty was the implementation of the MCSR (Monthly Clinic Summary Report) system. It was not possible for the evaluators to examine in detail the organisational arrangements through which the MCSR system was designed and implemented. But NFPB was dissatisfied by the range of Family Planning service data collected under this recording system, and some independent Family Planning clinics (for example, University Hospital) state that the records are inadequate for their own internal needs. They maintain their own detailed records. The main problem appears to be a lack of co-ordinating channels through which NFPB or other Family Planning agencies could make an effective input into the planning of MCSR.

Figure 3.

Suggested Organization of the
 Coordination in planning and
 of Family Planning Services
 Family Planning Board and the Ministry of
 Health



**Coordinating Committee -
National Family Planning Board/
Ministry of Health**

Terms of Reference

1. To review the appropriate system in the Ministry of Health to enable coordination and evaluation of the program-educational and clinical services, training and cytology.
2. To ensure that family planning in the Ministry of Health is consistent with the overall National Policy.
3. To review and make recommendations for the development of plans for producing educational materials for use in the family planning and family life education programs.
4. To monitor the implementation of family planning.
5. To make appropriate recommendations to the NFPB and Ministry of Health - and/or take appropriate action on the following:- (providing there was no infringement of policy and no additional financial commitments)
 - the reporting relationships between the NFPB and the Ministry of Health's field staff
 - clinical services
 - staff training and development
 - supplies management
 - health education

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3. The USAID role in co-ordinating and monitoring has been reviewed and clarified in the past year, especially at the NFPB Management Seminar held between October 7th and 9th 1982. At present, the evaluators believe that there is a good understanding on roles by both USAID and NFPB, although there may not be complete agreement. In general, the most important issue has been the need to maintain good communication levels and appropriate consultative relationships between NFPB and USAID.

AID's role is seen as advisory, and as assisting NFPB in program design, development, and implementation where appropriate. AID also sees its responsibility to monitor the operation of USAID Project-funded activities and to evaluate Project performance. NFPB sees itself as a national implementing agency, and therefore emphasises the need for consultation in relation to any Project-related activities by AID. An important development in the past year has been the Project Implementation Committee, established from November 1982 as a channel for joint NFPB/AID action. The evaluators were not certain that the Committee has continued to meet regularly, however, and urge persistence in this endeavour. The Projects and Research division of NFPB prepares a detailed Project Implementation Report for this Committee.

Project Implementation Committee is composed of NFPB/USAID representatives, with the following broad activities:

- to ensure compliance with agreed upon goals, strategies and objectives;
- to identify problems in project implementation and take necessary remedial action;
- to consider new strategies or activities;
- to make recommendations for re-design of Project elements including funding if required.

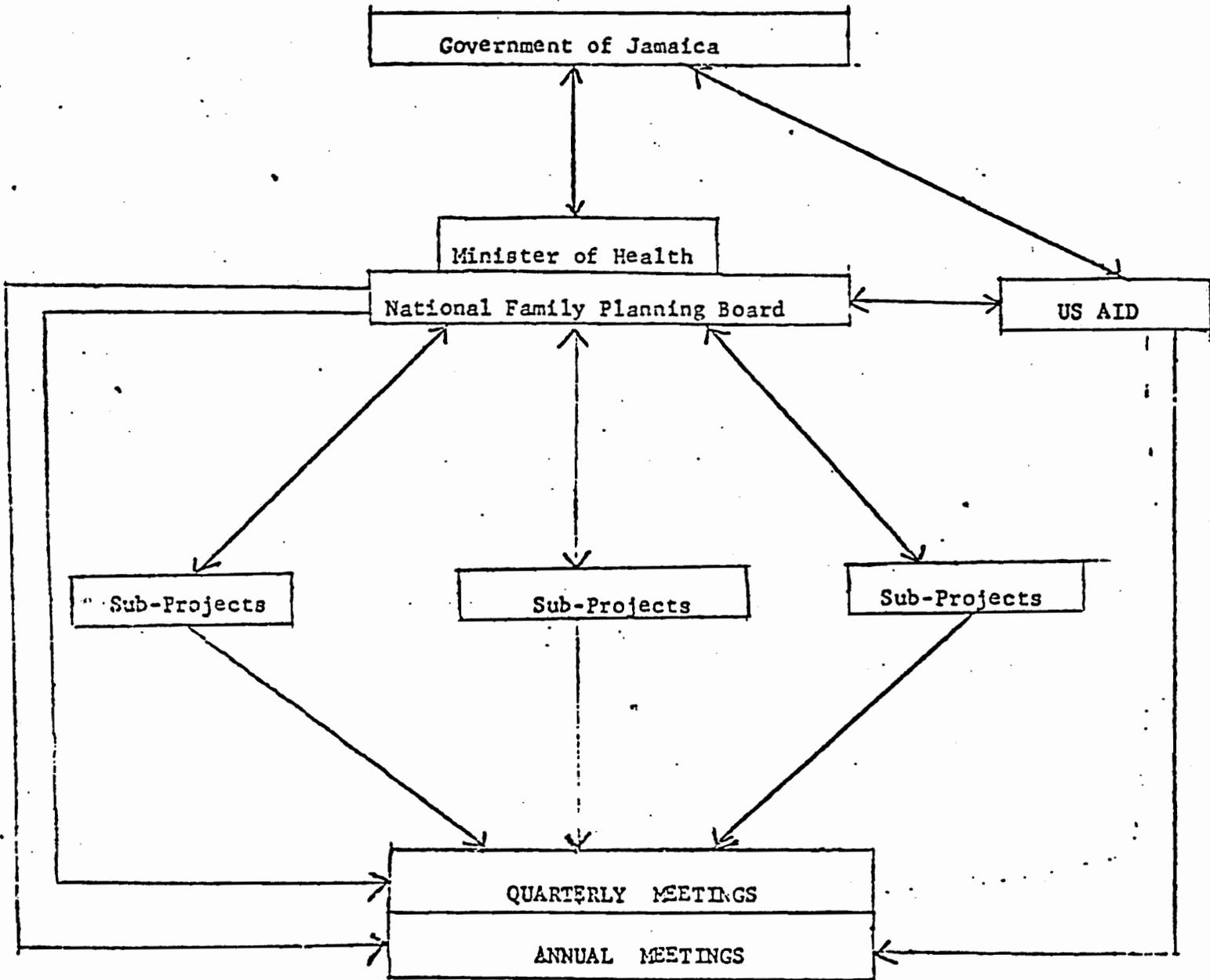
This Committee has provided a very useful channel for ongoing review and inter-communication between AID and NFPB in relation to the Project.

AID's overall monitoring role is also formally recognized through its receipt of copies of the quarterly reports of all sub-projects and through annual evaluation visits and meetings with the sub-projects. Figure 4 illustrates the NFPB/USAID/sub-project relationships as visualized at the Management Seminar in 1982.

4. Overall, the NFPB is seen by the evaluators as maintaining good monitoring relationships with the constituent parts of the Project.

Figure 4.

NFPB/US AID/SUB-PROJECTS RELATIONSHIPS



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Sub-Project Monitoring has been an area of concern, but here too the NFPB staffers are seen by the evaluators as maintaining reasonably adequate contacts. A Monitoring Plan for sub-projects was prepared in September 1982, listing the following activities:

- (i) Regular site visits.
- (ii) Quarterly sub-project reports and Directors' meetings.
- (iii) A quarterly progress report on all sub-projects, to be prepared by Projects and Research staff for the Implementation Review Committee (mentioned above as the Project Implementation Report).
- (iv) Annual evaluations of sub-projects by NFPB/USAID.
- (v) Ongoing dialogue between NFPB and sub-projects.

To a large extent, this Monitoring Plan formalized existing monitoring activities except for activities (iii) and (iv) which are new developments.

Previous evaluations have suggested that NFPB monitoring activities were not entirely adequate, but is the pendulum now swinging to over-monitoring? Some sub-project agencies viewed the present evaluators as additional burdens on top of the newly introduced annual joint NFPB/USAID evaluations which many of them had already experienced. In our view, the annual joint NFPB/USAID evaluation should be emphasized as a routine, self-evaluatory exercise for each sub-project in collaboration with NFPB/USAID. External evaluations such as the present one would then be more readily understood and accepted. Similarly, the Project Implementation Report will be most workable if it is viewed by Projects and Research as a functional summary for their own use as well as a Report to the Project Implementation Committee.

The present evaluators also perceive a need for special attention to the number of new sub-projects being fully funded for the first time under the current Project. These new sub-projects include youth activities under the KSAC Health Department (MOH), Ministry of Youth and Community Development, and Ministry of Education. They also include research and population activities under the National Planning Agency, the Registrar General's Department, and the University of the West Indies. All the above sub-projects exhibit needs for program supervision and for assistance in developing realistic objectives and targets. In general we found that many targets were vague or not systematically calculated. NFPB has a role to play in helping these sub-projects to develop:

- (i) more clearly stated overall goals and aims;

- (ii) appropriate quantitative indicators which reflect those goals and aims.

Other findings on NFPB monitoring are as follows:

- (i) There are inevitable dissimilarities between the community-based, family planning oriented sub-projects and the new research- and population planning-oriented projects. These call for considerable monitoring versatility which extends present NFPB resources to the limits of their present capability. The present size and mix of project activities appear to the evaluators to be the maximum that the present resources can cope with.
- (ii) Project Officers need more time for field visits, and need transportation.
- (iii) Statistics and record-keeping by some individual sub-projects are weak. Reports submitted contain errors or are difficult to interpret. It will be difficult to undertake any retrospective impact studies if accurate and meaningful records are not kept. Many of these pioneer efforts, whether they succeed or fail, also deserve recording and analysis.

Previous consultant assistance has been given in establishing record-keeping systems, but the main problem seems to be ongoing maintenance of record-keeping at a manageable level for the level of staff employed in many of the small sub-project agencies. What is needed is persistent, ongoing guidance and encouragement for sub-project officers concerned with record-keeping; regular monitoring of statistical reports submitted, and regular help to sub-projects in sorting out difficulties and in maintaining their statistical records.

VI. Adequacy of Technical Assistance sources to date, and those planned for the future

Technical Assistance is a vibrant area in Family Planning* and much activity is in evidence. Three main areas of assistance identified were:

- (a) Long-term consultants contracted for ongoing assistance over the LOP or some period thereof, and paid for out of Project funds.
- (b) Short-term consultants, both foreign and local, contracted for specific tasks. In some cases these are paid for out of Project funds, in other cases they are centrally funded.
- (c) Ongoing consultant services provided by centrally-funded expert groups such as DAI, CDC, AVS, JHPIEGO, Futures Group, and Westinghouse Systems Inc. Availability of these services largely depends on AID/W funding decisions and on the consultancy priorities of the groups themselves.

Evaluation of the above consultancies was largely undertaken by reading their reports, by discussions with persons with whom they had worked, and by reviews of the programs for which their consultancies had been undertaken. Our overall conclusion is that Technical Assistance is liberally available and generally of high competence. Occasionally foreign consultants may have been too unfamiliar with local issues to give effective assistance, or may have been assigned to a particular task without adequate preparation time for the recipient agency.

The recipient groups have not always been able to gain long-term benefits. In some cases they are not able to assimilate and continue the benefits of high level expertise. This seems to be the case in relation to work with statistical records, for example. In some cases the recipient agencies do not continue activities after the consultant has left, or they welcome the expertise of consultants as simply relieving them of certain responsibilities and tasks. (While we recognize that the latter effects may be indeed the exact aims of a particular consultancy, we believe in general that a consultancy should also produce more lasting effects).

Technical Assistance by centrally-funded agencies proved to be extremely valuable but seemed ad hoc in its modes of operation.

Overall we viewed Technical Assistance as being a successful and useful are of project activity. The various types of Technical Assistance are reviewed in more detail in the following sections (a), (b) and (c).

* in Jamaica

- (a) The two main long-term consultants are the Population Council, which is contracted to deliver, over the 4 years of the LOP, approximately 10 Person Months of assistance in population policy development, at a cost to the project of US\$150,000; and the National Center for Health Statistics (NCHS) which is contracted to deliver over 2 years (1982, 1983) approximately 8 Person Months of assistance in registration and vital statistics, at a cost of approximately US\$78,000.

Both of these consultancies are judged to be appropriate, well needed, and energetically carried out.

The main tasks to be undertaken by the Population Council are:

- (i) Institution building through advice and assistance to NPA, NFPB, Department of Statistics and U.W.I.
- (ii) Technical assistance, methodological and advisory, for the above agencies.
- (iii) Training as needed.
- (iv) Research assistance.
- (v) Technical consultancy to GOJ Inter-agency Co-ordinating Population Policy Committee.

During the period under review, activities were mainly concentrated on (v) above, but institution-building, through advice and assistance to the agencies mentioned above, was also given. Dr. Tomas Frejka was the main consultant, visiting in October 1982 and March 1983. Mrs. Dorothy Nortman also paid a preliminary visit in March 1983 to plan a cost-benefit analysis of family planning programs, a budgeting system for NFPB programs, and a system of ongoing evaluations for family planning programs.

The NCHS consultancy continues technical assistance to the Registrar-General's Department (RGD) begun under the Vital Statistics Improvement Project (VISTIM) which is a defunct USAID centrally-funded project. The co-ordinating and technical advisory services of Mr. S. Notzon as well as the experienced guidance of Mr. Fred King, Minnesota Registrar, and project planning assistance of Mr. J. Glasser, have been obtained so far. Assistance has been given in all areas of the management of Registration functions, including training of local Registrars, and in the key activity of processing registration data for publication. This NCHS consultancy has also been valuable in identifying further sources of technical help such as the microfilming of records being undertaken by the Utah Genealogical Society, and possible computer programming assistance from the U.S. Bureau of the Census.

However, the evaluators note that in both cases the consultants have undertaken pioneer roles, initiating new fields of action. These activities have given the consultants a great deal of scope for action, but also raise some questions. Why should consultants be used to pioneer national program issues? What counterpart staffing has been developed, and what momentum will remain when the consultants withdraw?

In the case of the Population Council, an input of training, support for training activities, and ongoing consultation with population-oriented agencies has been undertaken, so a lasting structure is being built. The RGD, however, has not been able to develop appropriate counterpart staffing such as a Demographer/Statistician, and as a result the consultants have had to undertake many independent activities in technical negotiations with other Government departments such as the Central Data Processing Unit (CDPU) and the changing Ministry settings (Ministry of Justice, Ministry of the Public Service) to which RGD has been assigned. These are much needed tasks. It is noteworthy, however, that when the consultants return on periodic visits they report that no progress has been made on certain initiatives or that in some cases they have to start all over again. This is because there is no local commitment (or even capability) to continue the activities in their absence.

The initial lesson is that an organization may actually be too undeveloped to profitably use an expert and activist consultant. Development activities need to be initiated by NFPB as the funding and monitoring agent.

Second, although the consultants are achieving some of the desired results, they are operating single-handed. The agencies to which they are attached are allowing the consultants to do all the work. In the long run, local control and input is lost and there may be no durable commitment to the solutions achieved.

- (b) Short-term consultants were used for NFPB management planning, for MOH training plan developments, and for basic research on youth culture for NFPB.

The management plan consultancies, already described in connection with the Conditions Precedent, were able to pinpoint some of the complex organizational and interpersonal issues which had led to their engagement, and a composite plan was finally accepted as meeting the specific Conditions Precedent.

The MOH training plan consultancy was mainly the development of a budget for JHPIEGO training activities. This consultancy was judged to be useful, although there was some under-estimation of costs.

The baseline research on youth culture was very informative but required further integration with existing and proposed family planning strategies towards youth.

Short-term consultancies should continue to be an important part of the Project and adequate provisions should be made for these. Component organizations in the Project should be encouraged to determine their needs for short-term technical assistance and should also be guided in using that assistance to maximum advantage. Two sub-projects already expressing such needs in the evaluation were National Planning Agency and Ministry of Education.

- (c) Technical Assistance by centrally-funded organizations is generally reported to be useful. Many agencies like AVS, Futures Group, JHPIEGO, and DAI, appear to have long-standing relationships with Family Planning activities in Jamaica and to pay regular visits when they hold consultations and renew helpful relationships. These agencies are not Project-funded but they have an impact since they offer additional areas of assistance related to the work of NFPB.

Of particular relevance at the present time are current projects of JHPIEGO, Westinghouse Systems Inc., and CDC. JHPIEGO has undertaken to fund, for one year and possibly a second, a portion of the NFPB/MOH family planning training program. This has relieved the Project of some of these costs. As a result of this expected assistance, the line item MOH Training was deleted from the Year 1 Project budget (Implementation Letter No. 13, Sept. 1982). All costs of MOH training were expected to be covered by the JHPIEGO grant. However, the JHPIEGO grant was not finalized until March 1983 and as a result no MOH Training was undertaken in Year 1. In addition, the 4-year MOH Training Plan amounted to about US\$179,000, far exceeding the 4-year budget allocation of US\$74,000. The attempt to reduce the estimated budget also delayed any effort to begin MOH Training in Year 1. The JHPIEGO grant, covering a portion of the training for one year, amounted to over US\$91,000.

Westinghouse Systems Inc. undertook to participate in and fund the Contraceptive Prevalence Survey as part of their centrally-funded activities, so this was another area where a line item was removed from the Project budget. The Center for Disease Control (CDC) also made a consultative input into the Contraceptive Prevalence Survey.

Development Associates provided one of the Management Plan consultants for NFPB, and also undertook a one-week Workshop for Outreach Workers in collaboration with Operation Friendship. This was not a Project activity but was highly relevant to the work of the Project. Futures Group continued its advisory relationship with the Commercial Retail Sales Division of NFPB, while AVS continued its support of the Sterilization Program through the provision of equipment and buildings.

Centrally-funded Technical Assistance is undoubtedly very useful but is not a certain commitment to the Jamaica Project. Its availability depends, as stated earlier, on AID/W funding decisions and on the priorities of the centrally-funded groups themselves. There also appears to be a certain informality about their decisions whether or not to assist a specific project.

It is our view that where Technical Assistance needs are known and forecast in advance, either these should be included in the local costs of the Project or reasonably firm commitments for assistance from centrally-funded groups should be obtained, rather than the somewhat ad hoc arrangements which currently exist.

As a result of these ad hoc arrangements, the evaluators also found that documentation of centrally-funded Technical Assistance was inadequate. Often a cabled mission clearance for a visit, or sometimes a follow-up letter, was the only evidence of inputs by a centrally-funded organization. We recommend that USAID/J develop a very simple recording form for itinerant consultants, to be filled out on arrival or departure as appropriate, stating purpose(s) of visit and main agencies visited, as a record of each visit from a centrally-funded organization.

VII: The Adequacy and Usefulness/Long Term Benefits of Arrangements for Overseas Participant Training

Participant training was utilized for two NFPB staff members during the evaluation period under review. Mrs. June Rattray, then Board Secretary, undertook a Supervision and Evaluation course in Washington, D.C., during August and September 1982. Carl Blackwood, NFPB Technician, undertook a special course in maintenance of hospital and clinical equipment at NIH, Bethesda, Md. in October 1982. Since April 1983 four more NFPB officers have been selected and/or sent for training. The main reasons given for the trends in participant training were the delay in implementing the Project, an emphasis on training NFPB staffers first, and the fact that many sub-projects were in the start-up phase and had not yet recruited their full component of staff or identified training needs.

A review of the adequacy and long-term benefits of arrangements indicates that:

- (a) Information on available training opportunities, provided by USAID/W and other sources, is very good.
- (b) The selection framework is good. NFPB has begun to compile profiles on sub-project personnel and other potential candidates for training. A small Selection Committee might be set up to ensure that no likely candidates are overlooked. The next step required is a plan which specifies desired aims and outcomes for each level of trainee, and the types of training desired.
- (c) Participant training is beginning to be used more selectively. Local training opportunities are in some cases more appropriate, and there also already exists a substantial reservoir of family planning personnel who have received overseas training. Of the 32 persons who received participant training or observation tours over the five years of the previous USAID Family Planning Services Project (532-0041), at least 24 were still in relevant Family Planning positions in October 1982.

The view of NFPB project personnel was that participant training is particularly valuable for exploring innovatory approaches - such as The Door in New York as an approach for youth - or for helping participants to learn particular techniques or skills. A view was also expressed that rank-and-file workers as well as senior personnel should be selected for training. Discussions with sub-project personnel revealed an interest in broadening the competence of their staff - for example for nurses to also acquire social activity skills, or for clerical workers also to be able to acquire some client-oriented skills. Many respondents felt that local training was quite adequate, however.

- (d) Jamaica is developing many innovative programs of its own, so the next stage may well be that its international participation will be on an exchange basis, with some overseas participants coming to be trained in Jamaica while Jamaicans may also visit other countries for training.

VIII. Appropriateness of the component systems to achieve the project objectives, and the extent to which a reliable administrative and financial management process has been established for the various project components to develop.

Component systems are viewed here as both the organizational entities which participate in the Project and the range of specific activities oriented towards Project objectives. Some of the component organizations are NFPB itself, the various organizations which carry out sub-projects, the Ministry of Health, and USAID. Component activities of the Project include the promotion of family planning services through the Ministry of Health; support and monitoring of sub-projects which provide community-based contraceptive delivery services and other fertility-control-oriented activities; support and monitoring of sub-project program activities such as research, population planning, and other activities; co-ordination of national population policy; support and monitoring of the voluntary sterilization program in hospitals and clinics; and related activities such as the disbursement of funds; the procurement, storage, and distribution of contraceptives; training; and technical assistance. In terms of project goals, the appropriateness of these organizations and activities are viewed as depending on the extent to which they provide a process which leads to goal achievements.

The overall Project purpose is to expand the coverage and increase the effectiveness of contraceptive delivery, and the main outputs specified to meet this purpose are:

- (1) Trained indigeneous staff functioning at all levels of the FP delivery system.
- (2) Increased availability of FP services through MOH (and NFPB) clinics, and through the commercial distribution of contraceptives.
- (3) Research on the determinants of fertility, migration, and contraceptive prevalence.
- (4) Adoption of population policies at national and sectoral levels, and establishment of a policy, planning, and monitoring apparatus.

There is at present little evidence to tell whether or not the outputs outlined above are the most effective ways of achieving the desired purposes.

- (1) While it is generally believed that improved staff training would improve contraceptive delivery, there is little local knowledge as to what are optimum levels of training for family planning, and what types of concentration on different levels of personnel or on other emphases are most productive.

- (2) Increased clinical service delivery and increased commercial distribution of contraceptives would both be expected to improve contraceptive use. But there is little knowledge of the interplay between these two approaches, and whether or not their appeal is to different sectors of the population. A market survey for commercial distribution is currently contemplated by NFPB.

The sub-project activities which undertake non-clinical contraceptive delivery should also be mentioned here. Since they are pioneer approaches, little is known about their long-term impact. At the present time, they appear highly appropriate as a means of widening the channels for contraceptive delivery and as an outreach to groups which are not regular health clinic users.

- (3) The evaluators see the need for further research as a most important activity to determine the appropriateness of current population initiatives. It is necessary to study the paths and linkages through which Project activities can be expected to achieve Project goals.

The broad question which needs analysis is: To what extent is population growth and the overall socio-economic Project goal actually affected by the types of activities undertaken by this Project? Also,

- (4) To what extent will national population policies be able to affect actual population behaviour?

The present evaluation has identified little existing documentation to answer the broadest questions about effectiveness. No new contraceptive prevalence data are yet available, the Crude Birth Rate is relatively static, and the indicators of socio-economic progress reflect crises other than population pressure. However, as indicated on page 22, project purposes are being achieved. There was a small increase in family planning acceptors in MOH clinics, and a substantial increase in sterilizations and commercial retail sales. A substantial number of new acceptors was reported from the community-based contraceptive delivery services, although they did not reflect an increase over the levels of the previous year. Two reasons are suggested for this:

- (i) The number of acceptors reported by one agency, Operation Friendship, for the previous year was unusually large. The evaluators have not been able to determine whether it was an unusual occurrence or an error.
- (ii) Outreach projects of Operation Friendship and JFPA came on stream only a month before the end of 1982. Indeed, the small JFPA Outreach totals for 1982 were omitted altogether by us since the pre-existing Outreach work had never been included in previous service statistics.

[The evaluators have made a general recommendation for improved monitoring of service statistics]

In summary, the Project activities are judged to be appropriate for the Project purposes, but more detailed analysis is needed on the mechanisms through which the Project purposes will be achieved. It is also necessary to continue to explore if there are other appropriate activities not currently being undertaken.

Appropriateness of component systems and activities

1. NFPB.

Since the project was designed in conjunction with NFPB as the executing agency, the activities of NFPB would be expected to be in tune with the overall aims of the Project, and in the view of the evaluators this is indeed so. However, NFPB has more strengths in some functions than in others. The organization has traditionally been strong in carrying out or supporting Family Planning services and contraceptive service delivery. In recent years, with a small but efficient staff, NFPB has also carried out financial allocations to other FP agencies.

A third component of the present Project is population policy and planning, which presents an opportunity for expansion in the interests and activities of NFPB, in its governing Board as well as in its organization. NFPB needs to develop a system of collaboration with other national planning organizations.

Monitoring and disbursement activities carried out by NFPB are deemed to be appropriate (pages 49 and 78). Continuing distribution of clinical contraceptive supplies is considered a vital area of activity, particularly in relation to MOH (page 62).

The linkage with commercial retail sales requires further exploration. It has been stated that the NFPB's aim is to make the program a major source of revenue. Although it is growing rapidly, the source of its clientele needs some investigation. Is it drawn from the clinic clientele? In such a case, one aspect of the overall Project is drawing from the other. The results of the market survey will be important.

Training activities cover several different aspects. Overseas participant training is still deemed to be appropriate for certain needs, but as stated in Section VII, some needs are regarded as being better locally met. NFPB local "training" encompasses both information and motivation work as well as specific training in Family Planning activities. The appropriateness of both types of activity are to be emphasized.

2. NFPB sub-projects

Sub-project organizations range from voluntary associations like ACOSTRAD and voluntary social services like YWCA, to large Government Ministries

such as Education and Youth and Community Development. The two main sub-project emphases are on family life education and contraceptive service delivery to youth, with a small number of general community outreach services; and on research and population planning activities. The main pitfalls are that small voluntary agencies may be struggling for survival and may lack capability to carry out projects effectively, while the larger agencies may view the NFPB Project as an insignificant operation in their overall scheme of priorities. The NFPB is aware of these pitfalls, and particularly in relation to the large Government Ministries it has proposed that agencies should be encouraged to see their sub-project activities as integral parts of their main responsibilities. We particularly support the trend towards establishing Steering Committees comprised of senior personnel in such organizations, which gives acceptance and legitimacy to sub-projects.

The sub-projects in smaller organizations particularly, require ongoing inputs of training, supportive consultation, and advice, and some technical assistance, as are at present being given. Care is needed in the giving of technical assistance so that it does not lead to passive dependence by the agency on the consultant and is also at a level which can be continued by Project personnel after the consultant leaves.

The setting in which sub-project activities are carried out is also important: teen-age health care, teen-age recreation, the educational and vocational training system, and home economics activities, are some of the settings in which family life education and (sometimes) contraceptive delivery are undertaken. Our analyses in this Report definitely indicate the appropriateness of sub-project efforts as a means of broadening the focus on population activities in the society and of diversifying contraceptive delivery systems. However, the diversity of sub-projects also poses problems for the versatility of NFPB in monitoring and relating to the variety of sub-projects. We recommend caution in the number and variety of additional sub-projects to be undertaken.

3. Ministry of Health

In spite of difficulties in NFPB/MOH co-ordination and Family Planning service delivery, as described earlier in this Report, MOH remains an extremely important component of the overall Family Planning effort. MOH currently recruits three times as many new acceptors as all other contraceptive delivery efforts and also provides a stable and well-recognized base for servicing the client-load of continuing acceptors.

At present, structural inter-relationships between NFPB and MOH are well organized at senior management level, but are limited at local and clinical levels, except for the two important channels: the supply of contraceptives and equipment, and training for clinical staff.

It is particularly important, therefore, for NFPB to focus on training as an area of special endeavour and also to pay special attention to contraceptive supplies delivery. Both of the above areas suffered from shortcomings in the first year of the Project, because of funding and other

difficulties. The evaluators recommend special efforts to improve and maintain these areas of endeavour in the concluding years of the Project.

4. USAID/J

USAID/J maintains a close relationship with NFPB operations. In areas such as Project expenditure and procurement of commodities, there are good reciprocal working relationships, and NFPB staff have increasingly undertaken responsibility and initiative in these areas. Technical Assistance is largely arranged by USAID/J in response to requests from NFPB or other organizations, and is deemed to be appropriate as discussed in Section VI.

The appropriate role of AID in contributing to the Project purpose is still evolving as discussed in Section V. AID staffers see themselves as having a responsibility to undertake substantial monitoring of the progress of the Project. NFPB sees itself as a relatively independent national agency, being assisted by a U.S. grant to carry out a project of mutual interest. There is no great difference between the overall viewpoints of the two organizations, but there have been times when their views on the necessity for consultation or on their autonomy of action have not been in agreement.

Management Processes

To what extent is there at the present time a reliable administrative and financial management process?

NFPB recently experienced a change in leadership with the long-established and well-respected Board Secretary assuming the post of Executive Director. A Deputy Director is soon to be appointed. In addition to leadership, however, there is also the need to look at the structure and functioning of the organization as a whole.

NFPB had an extremely exhaustive review of its management during 1982-3. The organization was analyzed and re-analyzed to the point where one consultant wrote: "NFPB has been overwhelmed by the mass of problems they have been told they have. . . where do you start when everything is wrong?" Not surprisingly, once the perceived crisis of meeting the Conditions Precedent was over, many people in the organization began to erase the entire period from their memories as rapidly as possible. The evaluators found that for many NFPB staffers, that very active period of Management Seminars, Workshops and Plans was now a blurred memory. While some of the Management Plan recommendations have been put into effect, the "Plan" or "Plans" themselves have faded into the background. The Organizational Chart (of which there have been many versions, as shown in Figures 5 - 7), is also unresolved.

The former Executive Director left in March 1983, barely six months after a "Management Plan" had been finally accepted. In the view of these evaluators, however, the efforts and insights which went into the planning exercise should not be discarded. A brief summary of some of the ideas put forward by the management consultants is recalled here:

(i) Bruce Carlson - May 1982

- Fill staff vacancies
- Upgrade staff
- Develop planning and evaluation
- Dialogue with Ministry of Health
- Make clear to private and public agencies NFPB's co-ordinating and support roles
- Use Ministry of Health medical records and specialized Family Planning data
- Prepare Operations Manual
- Develop job descriptions and responsibilities
- Hold frequent staff meetings.

(ii) Robert Gregory - July 1982

- Clarify the mission
- Rally support of staff
- Build organizational structure - predictability
 - security
 - manageability
- Train staff
- Measure and evaluate performance

It may be said that neither of the above was a "Plan" but a series of prescriptions around which a "Plan" should be designed. The evaluators suggest that an ongoing activity such as the preparation of an annual internal Mini-Plan (a real Plan rather than prescriptions such as the above) may help to keep the spirit and objectives of the 1982 "Management Plans" before the eyes of NFPB as an organization. It is recognized that some of the previous management planning has traumatic associations, but as one consultant argued, "No one should try to solve all of an organization's problem in one plan," and a series of small plans may be more productive.

There is no doubt that many benefits have ensued from the above-mentioned period of re-evaluation.

- (i) While in 1982 all consultants commented on the "lack of clarity regarding mission and objectives" and confusion about roles, we found on the contrary that the organization has moved to a recognition of multiple roles with linkages arising through information flows, collaborative committees and meetings, and a unifying leadership style at the top.
- (ii) While one consultant identified a "sharp and destructive split between management styles and personalities at the NFPB" these evaluators find a growing recognition that the structural differences at the NFPB are the result of rapid change. Some organizational groups and sectors are moving with forces for change and innovation, while others hold to traditional patterns of NFPB's operation. An understanding of the forces at work and the different groupings within the organization at least gives some manageable guidelines for operation.

- (iii) Several organizational changes have also been put in place as a result of the management improvement efforts of the past year which are judged to have been fruitful.

The Implementation Committee established in November 1982 (described in Section V), has vastly improved the ready access to information on Project activities and has helped to unify NFPB and USAID approaches.

The NFPB/MOH Co-ordinating Committee, also described in Section V, has provided channels of communication between these two organizations.

The Manuals for Personnel, Administrative and Financial Procedures have been drafted and are under review.

Improved communication between NFPB and USAID in the Management Seminar of October 1982 has led to improvements in budgetary inter-relationships, such as 90-day rather than 60-day disbursements to coincide with NFPB's 90-day disbursement schedule for sub-projects; monthly agreements of financial statements between NFPB and USAID accountants; and improved cooperation in procurement procedures between NFPB and USAID.

Prudent financial management of AID funds by NFPB has been maintained in spite of many ongoing difficulties. The central difficulty is that although the AID Project may be adequately funded, the supporting organization cannot be said to be adequately funded. Storage, maintenance and delivery of contraceptive supplies and other commodities have to be efficiently provided by NFPB. Financial allocation and disbursement as well as program monitoring and supervision for sub-projects must be provided. And support services and management supervision are necessary for all the above activities. NFPB may be said to be achieving good results on a shoestring budget.

An associated difficulty noted by the present evaluators is the relatively low level of staff remuneration in the face of rapidly rising costs; and a resulting disenchantment of staff with working conditions. This is currently a fairly general problem in contemporary Jamaican work situations, and the evaluators see the administrative challenge as the need to maintain cohesion, morale, and systematic task organization in the face of the above difficulties.

Finally, it will be noted that new initiatives in population policy and planning do not yet have a clear locus of organizational responsibility. The Chairman of the Board of Directors and the Executive Director have undertaken some major activities and the Projects and Research and Training Divisions have also been active. This area of activity will need a place in the organization.

NATIONAL FAMILY PLANNING BOARD - FUNCTIONAL ORGANISATIONAL CHART

ISSUED: MAY, 1982

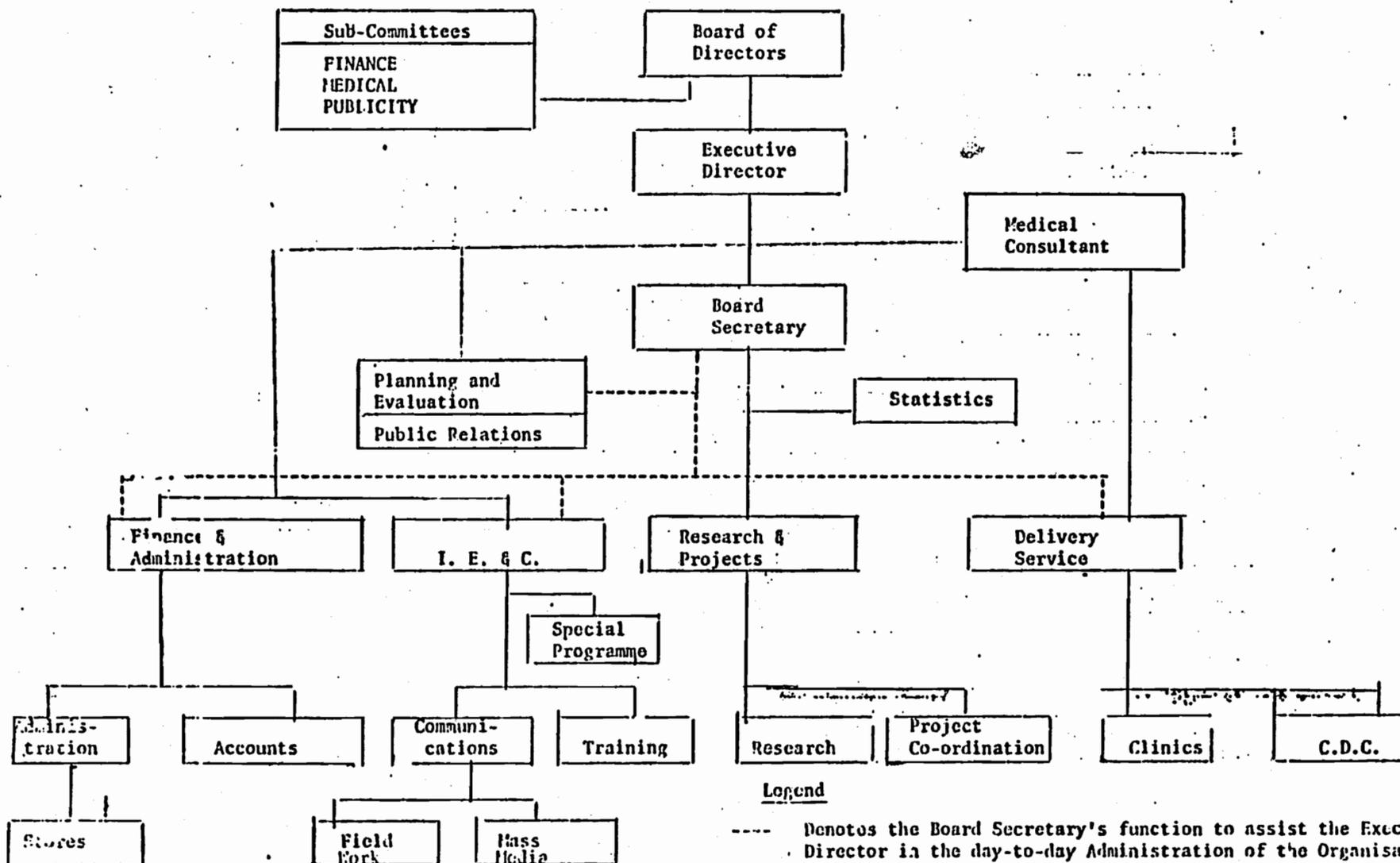


Figure 5. From: Robert Gregory Report - July 1982.

THE DESIRED SITUATION - ORGANISATIONAL

NATIONAL FAMILY PLANNING BOARD - FUNCTIONAL ORGANISATIONAL CHART

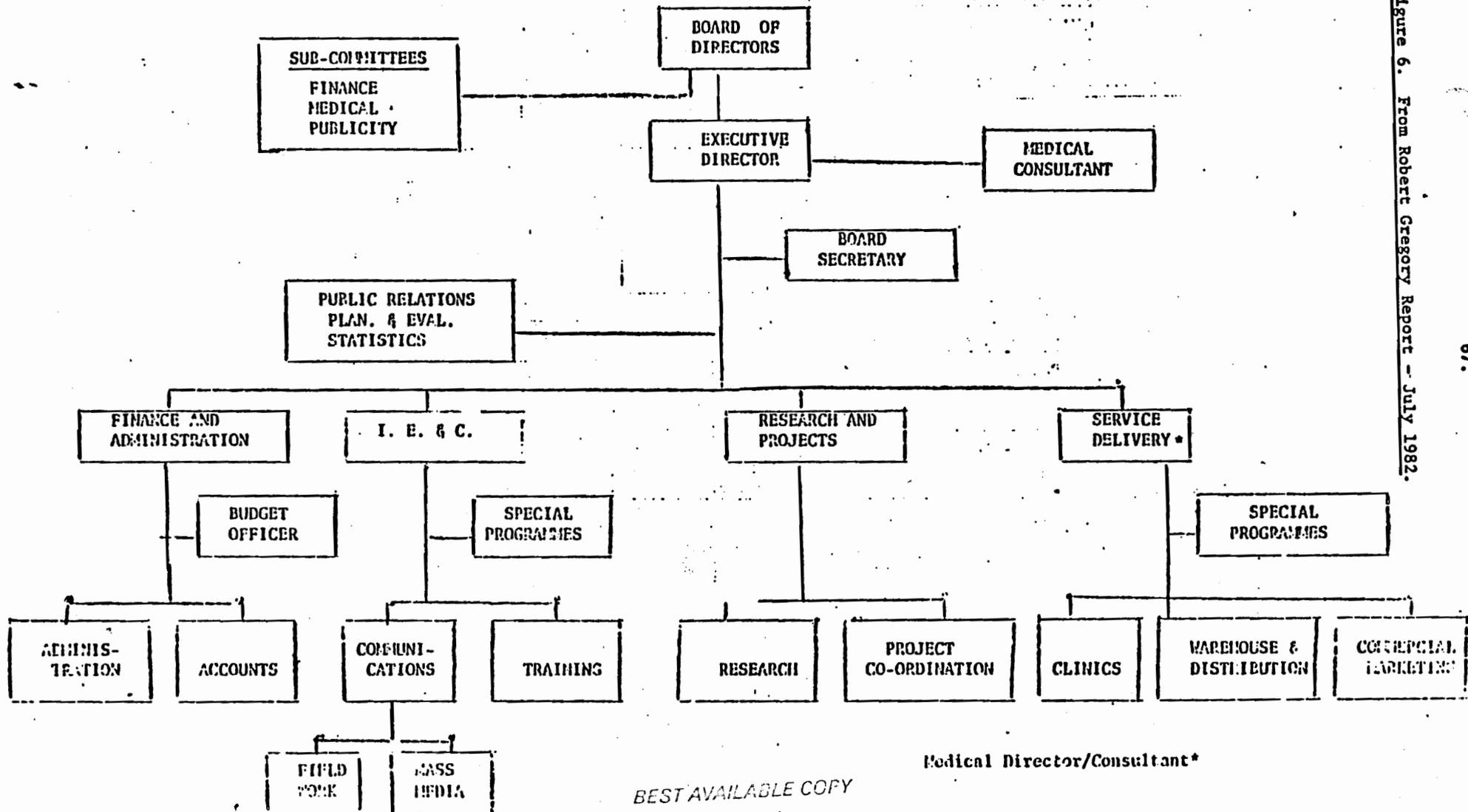


Figure 6. From Robert Gregory Report - July 1982.

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A P P E N D I X I

ORGANISATION CHART

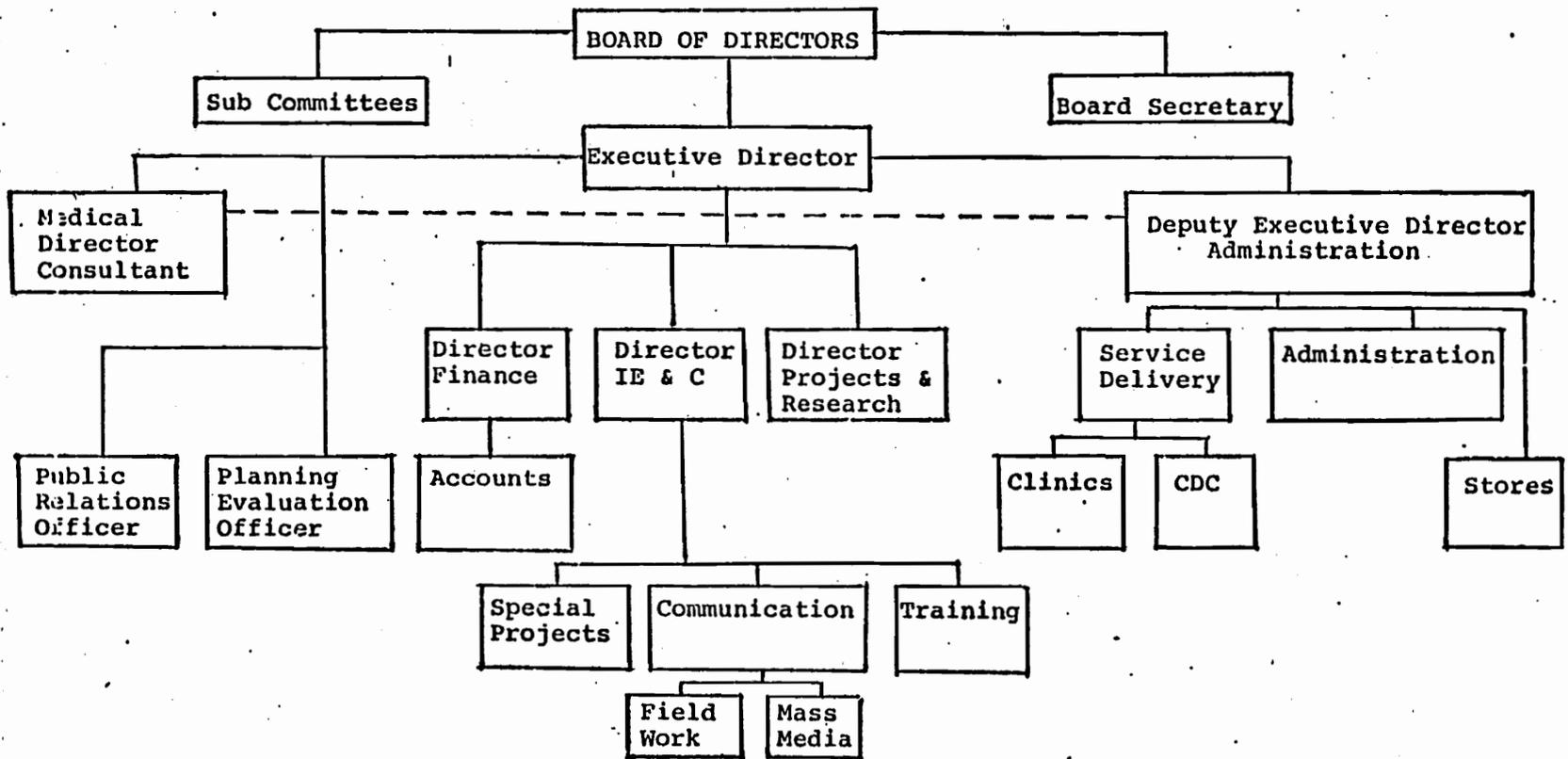


Figure 7. F. J. Bruce Carlson Report - April 1982

(IX) Cost-benefit considerations: effectiveness and efficiency

It was not possible to undertake any cost-benefit analysis as proposed in the scope of work. We note that Population Council consultants propose to undertake such a task, and we agree that it should be undertaken. As Donald Bogue points out, "Invariably discounting of costs and benefits over time produces many surprises."

One way to study performance, suggests Bogue, is to measure effectiveness - how well the service is meeting the needs of the public, and how completely it is performing the intended task; and also to measure efficiency - how productive the various units of the system are in comparison with the expenditure of personnel and money. In the following brief analysis (Figure 8) we have ranked a selection of project components in terms of annual cost and then have related this, as far as possible, to their intended tasks.

This is a very rough attempt, but some trends emerge. The five costliest projects, costing close to \$100,000 per year or more, are Operation Friendship, Jamaica Family Planning Association, Adolescent Fertility Resource Centre, Ministry of Youth and Community Development Family Planning/Family Life Project, and the Registrar General's Department. In the middle range are four projects, National Planning Agency, ACOSTRAD, the Ministry of Agriculture Nutrition/Family Planning Project, and Teen Scene (Ministry of Health). NEET (YWCA) receives the smallest grant.

We would also have liked to develop a measure such as new acceptors as a standard for the community outreach projects. (Continuing clients are shown for information, but are not used for measurement). Where such information was available, however, we felt that the data were too limited, covering only a few months. Because many projects were still in the start-up phase, they had no "acceptors". And there are some projects which produce support services which are not measurable by the same standards. We therefore have deliberately refrained from attempting to combine the data on costs with any measure of output.

Figure 8: Effectiveness/Efficiency

<u>Name of Component</u>	<u>Average Annual Grant (J\$)</u>	<u>Program Effectiveness</u>	
		<u>New Acceptors last year</u>	<u>Continuing Clients 1 Year</u>
Op. Friendship - W. Kingston - Outreach	175,280 <u>54,500</u> 229,780	3,100* 5,000*	14,000
JFPA - Youth Associates) - Outreach)	188,550	3,600* 6,000*	5,000* 11,412*
MYCD, FP/FLE Project	125,758	32,447 (potential youth contacts)	
NEET (YWCA)	16,000	328**	472**
<u>Still in start-up activities</u>			
Teen Scene (MOH)	49,212	-	-
Min. of Agriculture	41,800	-	-
<u>Community awareness (No "acceptors")</u>			
ACOSTRAD	44,470	-	-
<u>Research and other support activities (No "acceptors")</u>			
AFRC	142,300	-	-
RGD	97,800	-	-
NPA	66,400	-	-

Omitted because data not available or project not yet off the ground

UWI Research, UWI Population Diploma
Ministry of Education
Male Motivator
Dept. of Statistics

* Estimated from statistics for 5 months.

** Estimated from statistics for 3 months.

APPENDIX I: Evaluation ChecklistA. Broad Topics to be covered in Discussion

1. Name and title/job description of person being interviewed.
2. Main (a) Goals
(b) Objectives
(c) Activities of Project being described
3. Are there any special selection criteria for the participants/beneficiaries of this project?
4. (a) Are goals and objectives being achieved?
(b) What difficulties or problems arise?
(c) If there are difficulties or problems, how are they being solved?
5. (a) Proposed targets - are they on stream?
(b) What difficulties, if any, are seen for the future in meeting targets?
6. What are the quaterly reporting activities, and what work schedules exist for producing reports, statistics, and other items?
7. What management factors exist which help or hinder achievements?
8. What committees or sub-committees work with this project?
9. What links exist with (a) NFPB; (b) USAID, and what monitoring is received from these two agencies?
10. How satisfactory is the assistance you receive from NFPB/AID?
11. What additional needs would you identify?
12. Have you received any assistance from consultants? How do you rate the assistance received?
13. What training needs do you see in your organizations, and what training assistance do you need?
14. Personal views of respondent on project, and recommendations. How does respondent see his/her project as fitting in with national population objectives?

B. Data to be collected and observations to be made

1. Service statistics.
2. Staffing - shortages, apparent staff involvement and effort.
3. Quality of accommodation and equipment, accessibility of premises, apparent ease or difficulty of operations.
4. Interrelations with clients where appropriate.
5. Views of clients where possible.

APPENDIX II: List of Persons InterviewedNFPB

Mrs. June Rattray, Executive Director
 Mrs. Eldemira Daley, Director, IE&C
 Dr. Olivia McDonald, Medical Director
 Mrs. Terry Miller, Administration Officer
 Mr. Christopher Plummer, Male Motivation Officer
 Mr. Junior Grant, Assistant Male Education Officer
 Mr. Astor Evans, Marketing Manager, CDC Program
 Mr. Gordon, Director of Finance (Acting)
 Mr. Wayne Campbell, Accountant
 Miss Judy Dowdie, Director, Adolescent Fertility Resource Center
 Mrs. Ellen Radlein, Statistician
 Miss Hope Wellington, Assistant Director (Training), IE&C
 Miss Pauline Samuels, Projects Officer
 Mr. Gordon, Acting Storekeeper

USAID

Ms. Francesca Nelson, Acting Chief, Health/Nutrition/Population Division
 Ms. Marlene Tomlinson, Health & Family Planning Development Specialist
 Mrs. Grace-Ann Grey, Program Assistant, HNPD

Ministry of Health

Dr. Deanna Ashley, SMO (MCH) and Acting PMO, Primary Health Care
 Mrs. Beryl Chevannes, Family Planning Coordinator
 Miss Lucille Lindsay, Family Planning Training Officer
 Mrs. Catherine Lyttle, Health Educator and Project Coordinator,
 KSAC Teen Scene Project

Sub-Projects(i) ACOSTRAD

Dr. Braithwaite, SMO and Chairman, ACOSTRAD
 Ms. C. Drummond, Communicable Diseases Specialist and Coordinator/
 Secretary, ACOSTRAD
 Mrs. Yvonne Sinclair, Health Educator and part-time consultant to
 ACOSTRAD

(ii) Department of Sociology, University of the West Indies

Mrs. Dorian Powell, Head
 Dr. Derek Gordon, Lecturer
 Mrs. Blossom White, Research Assistant

(iii) Ministry of Youth and Community Development

Mrs. Doris Watts, Coordinator, Family Life/Family Planning
 Education Project
 Mr. Oama Givance, Nurse-Counsellor

(iv) Operation Friendship

Mrs. Ruth Brown, Coordinator, Teenage Fertility Program and Mobile Clinic Project.

(v) National Planning Agency

Dr. Barbara Boland, Head, Population Planning and Research Unit
Miss Lorna Murray, Planner

(vi) Jamaica Family Planning Association

Mrs. Brenda Gray, Administrator
Mrs. Lilieth Mullings, Coordinator, Youth Associates Project

(vii) Ministry of Education, FLE Program

Dr. Thelma Stewart, Managing Director
Mrs. Holness, Education Officer

(viii) YWCA

Mrs. J. Ellis, General Secretary and Director NEET Project

(ix) Registrar General's Department

Mrs. Winnifred Porteous, Project Manager, Vital Statistics Improvement and Evaluation Project

(x) Ministry of Agriculture

Mrs. Novlet Jones, Coordinator, Integrated Nutrition/Family Planning Project

(xi) Department of Statistics

Mrs. Carmen McFarlane, Director

APPENDIX III:

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APPENDIX IV: GENERAL REVIEW OF PROJECT COMPONENTS

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National Family Planning Board

The main tasks of NFPB in relation to this Project, as already outlined elsewhere in this Report, are overall co-ordination, and also disbursement of funds, monitoring and evaluation in relation to other institutions carrying out sub-projects. In addition NFPB carries out direct services such as procurement, storage and distribution of contraceptive supplies and equipment to the Ministry of Health and other agencies delivering family planning services; commercial distribution of contraceptives; and management of the voluntary sterilization program through hospitals and clinics. NFPB also undertakes information, education and motivation activities in relation to population awareness, family planning, and also seeks to co-ordinate national population policy in co-operation with other agencies. Several divisions within NFPB undertake the above tasks.

(i) Projects and Research

This Division, containing three specialist staff members at the time of the evaluation, plus support staff, has major responsibilities for monitoring and evaluation. The Division also plays an important role in overall co-ordination of Project activities, in co-operation with the Executive Director and the Board of Directors, and also co-operates with the Finance and Administration Division in overseeing the disbursement of funds. During the period under evaluation, the Division contained only two specialist staff members.

Activities of this Division are energetic although hampered by limited staff mobility. A Monitoring Plan developed in September 1982 (page systematized the work which was being carried out by the Division, and the activities outlined in the Plan have been undertaken, subject to manpower and other constraints.

The most important areas of activity which need to be developed in this Division are research and evaluation. We note that technical assistance in evaluation offered by Mrs. Dorothy Nortman, Population Council consultant, is being held in abeyance pending the appointment of a Research Officer. As noted in Section III, various research activities are needed to give direction to existing programs and to point the way to new areas for action. Detailed monitoring is needed for sub-project recordkeeping and quarterly statistical reports. And as noted in Section VIII, realistic evaluation of the long-term effect of Project activities is not possible until some detailed work is undertaken to document the linkages between Project activities and their population effects.

(ii) Finance and Administration, including Stores and Delivery

This Division deals successfully with disbursements and maintains an adequate financial monitoring system in relation to sub-projects. The six-month delay in implementing the Project meant that NFPB resources available to fund ongoing commitments were severely strained, especially in relation to sub-projects carried over from the previous Project Agreement. The timeliness and completeness of NFPB disbursements were affected,

so that in some cases payments were delayed or had to be made in instalments. In practice, the evaluators observed good efforts being made to maintain easy working relationships and open communication between NFPB and the sub-project agencies with respect to disbursements, although there were a few instances of misunderstanding or lack of communication on both sides. Good liaison was also evident between the Projects and Research Division and Finance and Administration.

The Finance and Administration Division also has overall responsibility for procurement, personnel matters, and Stores. Procurement was effectively undertaken during the period although after delivery was taken of vehicles and equipment there was a certain lack of adequate communication between recipient agencies and NFPB. Difficulties associated with missing parts and other problems were often unreported, although in some cases these difficulties caused non-use of the items for some time.

Stores were visited and were judged to be adequately and safely maintained. A card-based recording system shows existing stocks and reductions in stock as deliveries are made. There were shortages of certain contraceptive during the year under review, initially because the six-month delay in Project implementation caused an even greater delay in the placing and handling of Year 1 orders for centrally procured contraceptive supplies. At the time of our evaluation in August-September 1983, shortages were still being experienced, especially in the supply of condoms. Our cursory review of the Contraceptive Procurement Tables (page 43) suggests, among other things, that condoms may be under-ordered.

Stores are under the control of Finance and Administration Division while Delivery Services are under the overall supervision of the Medical Director (Figure 5, Organizational Chart, May 1982, page 66) although we were told that the maintenance of delivery vehicles and organization of delivery schedules were currently being placed under Finance and Administration.

Information from sub-project agencies and other user sources indicated to us that non-availability of contraceptive supplies, substitutions of unfamiliar products or packaging (which was one strategy used in the past year when supplies ran short), and lack of information to service delivery personnel, resulted in family planning dropouts and in frustration among service delivery personnel. Reported shortages of IUDs were puzzling. Family Planning Statistics, 1982 records under 700 new acceptors of IUDs in the entire island. And yet at least one Kingston-based MOH Health Centre reported persistent difficulty in obtaining any more than minimally adequate supplies. Overall, we observe the contraceptive supply component to be an extremely important link with the Ministry of Health family planning services, and also with some sub-project agencies. We therefore believe that the unhampered operation of this component should be a prime target. We note that a Deputy Director is to be recruited by NFPB, with Finance and Administration among his/her major responsibilities. This additional senior post may serve to focus even more attention on factors affecting contraceptive supplies. As a result of the management consultancies of 1982, local consultants have also been preparing draft manuals on inventory and other procedures, although initial reactions of NFPB staff suggest

that improvements to the manuals will be necessary before they are adopted by NFPB.

The stock systems and ordering practices of Ministry of Health clinics are also stated to be in need of review. Both the NFPB Medical Director and the Graves Report (Contraceptive Procurement Tables) state that clinic reports on stock-in-hand are not necessarily accurate and that their ordering estimates may be unsound. The evaluators recommend that the need for improved management of clinic stocks and ordering estimates should be referred to the Family Planning Co-ordinator in the Ministry of Health.

It is also noted that records for both clinic supplies and commercial retail sales are based only on the quantities issued from the Stores since there is no really accurate information on amounts actually distributed to clients, and stocks on hand in clinics or retail outlets.

Finally, the evaluators were told of the suggestion to streamline and economize on delivery costs by delivering contraceptive supplies to a focal point in each parish for re-distribution by Ministry of Health personnel. However, it is doubtful at present that MOH capabilities are equal to management of focal point logistics. The Health Management Improvement Project (HMIP) is currently being reorganized. Questions arise about secure storage of supplies at the focal point until they are distributed, and also many questions about convenient travel to and from the focal point by staff from remote rural health centres.

On the entire question of reorganizing distribution, the evaluators recommend a thorough look at the costs of the present delivery system in comparison with the probable difficulties of the proposed system, and particularly keeping in mind the prime goal of making sure that contraceptive supplies are readily available to even the most remote health centres. Rural contraceptors particularly need encouragement. Our cursory review of costs suggests that the cost of delivery is not as excessive as might be believed, and that the current delivery system, if well managed, is worth keeping at least until an effectively designed parish-based distribution system is possible.

(iii) Commercial Distribution of Contraceptives

It was not possible to undertake a detailed review of the operations of this section. The only input of the Project into this section is the supply of contraceptives. Technical assistance is given by Futures Group, a centrally funded agency.

The division is run by the Marketing Manager under the general responsibility of the Medical Director, and has two other Marketing Agents. Most of the commercial distribution is undertaken through the sales agent, Grace Kennedy Ltd., through its fleet of salesmen. Some of these are employed by the Company and some are independent salesmen. Credit sales and other distribution techniques are variable, and no accurate records are available on the number of outlets receiving supplies from these salesmen.

The NFPB Marketing staff have undertaken to identify any contraceptive retail outlets encountered by them in their marketing activities, and over 1,800 have been identified, which represents an increase of 34% over the number of retail outlets known to exist in December 1981.

A market survey, funded and advised by Futures Group, is currently being planned. The aims of the survey are summarized as:

- identifying target markets
- developing consumer profiles on attitudes and practices of contraceptive users
- providing information on the existing commercial distributive system
- developing baseline data on consumers and retail systems.

The staff of the CDC section are also undertaking expansion in non-traditional outlets such as rum bars for distribution of condoms. Training workshops for Perle retailers were planned but postponed.

The expanding sales of contraceptives and the plan to introduce a new brand of condom - Gold Coin - so as to diversify the condom offerings, reflect growth potential in the area of commercial retail sales. It is not clear whether this growth reflects any increase in contraceptive users or merely an increase in those switching from other commercially available brands to the NFPB supply because of rising costs of other brands. The market survey is therefore an urgent need.

Sales data showed some variations:

<u>Year</u>	<u>Panther (pieces)</u>	<u>Perle (cycles)</u>
1981	1,045,000 ¹ (1,063,728) ²	304,968 ¹ (308,817) ²
April 1982 to March 1983	1,112,972 ³	307,464 ³

Sources: ¹ Family Planning Services Project, End of Project Evaluation, 1982.

² Futures Group Report, USAID Files.

³ Medical Director, NFPB.

(iv) Voluntary sterilization program

NFPB support for hospitals and clinics undertaking sterilization procedures continued, through provision and maintenance of equipment and through incentive fees paid to surgical personnel undertaking this service. Funds for equipment and building improvements are provided by AVS, a centrally funded agency.

The two largest centres for sterilization are Victoria Jubilee Hospital (VJH) and University Hospital (UH) which together account for 41% of all sterilizations undertaken in 1982. Main parish hospitals undertaking sterilizations are Cornwall Regional (CRH), Savanna-la-Mar, Spanish Town and Princess Margaret. The distribution of sterilizations seems to be linked with the known enthusiasm and skills of the surgeons in charge at these hospitals, and this suggests that strengthening enthusiasm for sterilization activities among surgical personnel, and upgrading of surgical skills, are important activities to be undertaken. A simple investigation of the factors affecting differential sterilization levels at different hospitals would provide a factual basis for such an ongoing sterilization encouragement program.

According to the 1982 analysis of sterilization clients (Family Planning Statistics) 73% were aged 30 or over and 65% had four or more children. Both the 1979 Contraceptive Prevalence Survey and more recent observations from sub-projects which operate outreach services indicate that many sterilization clients have never used any previous family planning method.

Liaison with hospitals and personnel undertaking sterilization services is carried out by the Medical Director, NFPB. During the six-month period in 1982 when Project funds were not being disbursed, incentive payments for sterilization procedures were retarded and it was reported that as a result some surgical teams ceased to undertake sterilizations. This suggests a definite need to increase the commitment of health personnel to family planning goals, and also perhaps again a need for better communication between NFPB and such groups in relation to unforeseen delays or disruptions in the support program.

(v) Information, Education, and Communication

The Jamaica Population and Family Planning Services Project Paper proposed "a large-scale nationwide program of family planning and population information, education, and motivation, as well as short-term family planning training and orientation programs for allied agencies such as the Jamaica Federation of Women." So far, however, this "nationwide program" is difficult to evaluate as a whole; partly because activities are spread among several different divisions of NFPB as well as outside organizations, and partly because the delay in Project implementation retarded the start of several activities. The main sections within the IE&C Division which receive support from the Project are Training, Male Motivation, and the Adolescent Fertility Resource Center (AFRC).

Training

The Training section consists of an Assistant Director, IE&C, with special responsibility for Training, a Training Officer, and an Assistant Training Officer, with support staff. A Training Plan was prepared before the start of the Project, and before any of the present staff were recruited, with technical assistance from Development Associates Inc. The Training Plan summarizes the main activities for nationwide information, education and motivation mentioned above, so the Training section is evidently intended to be the main factor in its implementation. Some of the planned activities have been undertaken, as outlined in Figure 9. It should be pointed out that many more activities connected with the Training Plan have been undertaken in Year 2; however Figure 1 identifies only Year 1 activities. The details of the management training activities (item 4(b) in Figure 9) do not appear to have been worked out in any detail as yet.

Our overall review of the "Plan" leads us to conclude that it is a somewhat unrelated list of activities rather than a comprehensive series. Even the groupings presented in Figure 9 have been devised by the evaluators; the "Plan" as presented has no such groupings. As a result, the efforts to implement the Plan appear to be fragmented, especially since responsibility for training activities is also spread among different groups. The Male Motivation section has responsibility for Male Motivation Seminars, the Medical Director was involved in the organization of the Medical Team Contraceptive Update, and the Commercial Distribution of Contraceptives Section has been partly responsible for arranging training of retailers. The Ministry of Education sub-project will also undertake additional information and motivation of education personnel.

The concept of "training" as presented in the Plan is also elusive. A minority of the activities outlined may indeed be classified as training, in the sense of bringing persons to a desired standard of performance by instruction and practice. But many of the activities to be undertaken in the Plan relate to information and (primarily) motivation. We were unable to determine why these activities were called "training" or allocated to persons designated as "Training Officers". The actual names are not important, but the activities required are important. We did not obtain job descriptions for the Training personnel, but we noted that the diversity of training activities and the multiplicity of groups undertaking responsibility for some part of the Training Plan demanded great diversity of activities by the Training personnel. They are called upon to undertake some activities on their own, to co-operate with or support other sections in some areas of the Plan, and are generally expected to carry out a broad spectrum of organizational, informational, and motivational activities under the general term "training". We came to the conclusion that this multiplicity of roles had not been adequately clarified, and that the Plan appeared as a series of unrelated activities. Its key role in nationwide information and education was not emphasised.

We were only able to meet with the Assistant Director, IE&C. We were unable to communicate with the Training Officer or Assistant Training Officer, who were

Figure 9: NFPB Training PlanActivities Planned, 1982/31. Overseas Participant Training

4 trainees in Year 1

2. Training for NFPB staff, and staff of associated agencies

- (a) In-service training, NFPB staff (planned training of clinical staff was abandoned because of non-implementation of the clinical program).
- (b) Training for Family Planning Program Administrators/Managers.
- (c) Training for retailers in the Commercial Distribution of Contraceptives Program.

3. Community Information and Motivation(a) Information and motivation for

- education personnel in elementary, secondary and tertiary institutions;
- industrial nurses and welfare officers.

(b) Male Motivation Program4. Miscellaneous

- (a) Medical Team Contraceptive Update (family planning information for general practitioners in private practice).

(b) Training in miscellaneous areas, such as:

- adolescent program management
- project management
- family planning services management
- information and communication skills

Activities Undertaken, 1982/3

2 trainees sent overseas, August to October 1982 (see Section VII)

4. staggered 2-day training programs held, January 27 to February 9, 1983, covering 69 members of staff.

One-day seminar, NFPB Management Seminar, October 1982.

Planned but postponed.

One day parish Seminar, Montego Bay, March 1983, with 42 participants.

One-day Seminar with 13 private practitioners, March 1983.

reported to be engaged in a training exercise in St. Thomas, a parish adjoining Kingston.

We are of the opinion that in spite of the previous training plan development exercises, more work remains to be done on planning for information, motivation and training. Our discussions with sub-project agencies revealed a desire for more local staff training. And the evaluations of the Medical Team Contraceptive Update revealed that only 3 out of 7 private practitioners had any prior training in family planning and only 1 out of 7 had training in Family Life or Family Planning Education.

- (a) There should be a clearer focus on which are the main national target groups for information and motivation, and which groups require training. For example, in addition to general motivation-type activities, we see a need for systematic training in areas like peer group counselling for youth and male leadership groups.
- (b) There should be a clearer division made between activities which are to be initiated and carried through by IE&C and those in which IE&C will give support services to other divisions and organizations.
- (c) There should be a clear understanding of what is "training" as distinguished from other information and motivation activities also undertaken by this section. The management training component also needs to be worked out in detail.

Male Motivation Programme (April 1982 - March 1983)

The programme has a full-time Male Education Officer and one Assistant Education Officer, and is included in the Division of Information, Education and Communication, NFPB.

The objectives of the programme are:

- To promote positive attitudinal changes among males towards fatherhood, family life and male - female relationships.
- To encourage males to cooperate with their mates in the use of family planning methods.
- To increase outreach services and family planning information available to men.

AchievementsMale Responsibility Conference

The Programme was publicly launched with a Male Responsibility Conference, held at the Jamaica Pegasus Hotel, July 13, 1982. Participants were invited from 41 Government and non-Government agencies, including education and Church organizations, youth and community groups.

A questionnaire was administered which sought responses to the planned programme. Several organizations expressed immediate interest either in starting a Male Motivation project or in introducing it as a component to already established Family Life Education Programmes.

A role was also identified for the National Family Planning Board in terms of providing resource persons, to assist groups with Male Motivation Projects.

Male Motivation Seminars

The Programme began a series of one day parish Seminars. Four such seminars have been held but only the first falls within this reporting period. Subsequent seminars have followed the successful format of the first.

The first Seminar was held in Montego Bay and attracted 42 participants.

The format was:

- Opening Address
- Film
- Small Group Sessions

The small group discussins promoted a great deal of interest.

Evaluation

The Seminar was evaluated positively with small group discussions being the most popular part of the programme (70%).

Also from the participants positive evaluation, it would seem that the Seminar Organizer was able to adjust the programme appropriately so as to elicit a high level of response and interactions between participants and resource persons. Of tremendous importance is the level of personal commitment shown to:

- reconsider personal values (20%)
- assist in or initiate ways of getting the message into the wider community (20%)
- educate close friends and relatives about the programmes, values of male responsibility and family planning (40%)
- participate in other Male Responsibility Seminars or Workshops (80%)

Recommendations

The Male Education Programme should now hasten to

- complete the planned (13) parish seminars. Nine seminars remain to be held.
- build on the positive contacts made at each seminar.

The Programme should also be assisted to acquire a wider range of motivational audio-visuals as the films they are now using are old and have limited appeal.

The Programme should continue to place Family Planning within the wider context of Family Life Education. The Programme has vital long-term possibilities for Jamaican families and should be given all available administrative support as the importance of continuing this effort cannot be over-emphasized.

Adolescent Fertility Resource Center (AFRC)

The Adolescent Fertility Resource Center was established in July 1981, as one of the initiatives of the Adolescent Fertility Program which was developed during 1979. The Program will cover a two year period at a cost of J\$284,600.

At present the staff consists of a Director/Coordinator and an Administrative Assistant.

Main Objective

The main objective of the Center is:

- to provide a clearing-house for information, local, regional, and international on issues relating to adolescent fertility
- to build cooperation and coordination between agencies working on aspects of adolescent fertility.

Objectives, Achievements and Constraints (April, 1982 - March 1983)

Objective 1

To sponsor and coordinate workshops and conferences on various aspects of adolescent fertility

During the period under review, the Center sponsored the First Adolescent Workshop. The Workshop was held at Sam Sharpe Teachers College, Montego Bay from 4 - 10 April, 1982.

The objectives of the Workshop were:

- to increase awareness of teenage pregnancy and related issues;
- to formulate action strategies for developing community awareness;
- to develop skills for the implementation of action strategies.

Sixty-five adolescents attended from schools, Youth Community Training Centers, Police Clubs, Social Development Commission Youth Groups and Youth for Christ Clubs.

Participants were divided into eight regional groups and each group developed action plans for implementation in their respective communities.

Objective 2

To gather and disseminate information on adolescent fertility and where necessary to identify additional sources of specialist information

The Director/Coordinator for the Adolescent Fertility Resource Centre serves as a regional reporter for the International Clearing-House on Adolescent Fertility located in Washington, U.S.A.

The International Clearing-House on Adolescent Fertility operates to facilitate international interchange of ideas and experience and to promote increased youth programme efforts. The AFRC is already a part of the Clearing-House network which consists of several thousand individuals, Youth Groups, religious institutions, communications organization, family planning agencies and social service organizations actively or potentially involved in adolescent fertility research, policies and programmes.

As well as contributing to and benefitting from membership in the network of the International Clearing-House the AFRC has been building up reference material for ready consultation. This involves collecting and cataloging selected materials and abstracts. Contacts have been maintained with international sources and with local agencies to obtain reports and other information material.

Constraints

An earlier report had proposed that the reference material should be transferred to a proposed NFPB Library. This has not yet been realized as the Library is still without a Librarian.

The Centre distributes reference material to the Parish Libraries and various Agencies, however, would-be users seem to be frustrated in their attempts to find material at these sources. The problem of getting information to researchers and other interested readers need to be urgently addressed.

Objective 3

To mobilize agency interaction so that agencies can benefit from the activities and experience of each other

In March 1983, the Resource Centre published the first issue of its Quarterly Newsletter. The Newsletter is designed to keep agency personnel apprised of activities relevant to their own programmes. The Newsletter is meant to serve as a vibrant communication link between the Resource Centre and Agency personnel.

An earlier magazine Decisions was published in April 1982. Decisions is to be an annual publication for an adolescent audience.

Constraints

Due to shortage of staff, the second issue of Decisions due in April 1983, has not yet been compiled or published. A new Administrative Assistant was appointed in May, 1983 so the second Quarterly Newsletter, though late, is printed and ready for distribution.

Recommendations

1. Relationships with Sub-Projects involving adolescents seem very minimal. Now that an Administrative Assistant has been appointed, this area of work should be expanded. So far, the main requests from sub-projects have been for educational material to be distributed to their youthful clients, but the AFRC has no such service material. The magazine Decisions should be available, as should be educational material.
2. Decisions which only had one issue, should be considered a priority for publication. This publication was appropriate in mobilizing youth agency interaction and could help to meet the Centre's objective for information dissemination.
3. It is again recommended that reference material gathered by the AFRC be made available in the Library of the National Family Planning Board. This Library is at present closed and its reopening should be given priority attention.
4. This Project was designed for input from a Consultant and an Advisory Committee. An Advisory Committee was set up in July 1981. It had representatives from Government and Non-Government agencies concerned with youth representatives from the NFPB and a representative from USAID. However, since the proposal was revised, the Committee has not been functional. Further due to other commitments, the part-time Consultant has not been available to this Project since the last three months.

The Project has been handicapped by the absence of this support and it is recommended that this be remedied immediately. This support would be timely in view of the Centre's new directions and in the widening of its outreach objectives.

5. A useful strategy outlined by the Consultant from the Adolescent Fertility Resource Center, Washington, was the use of part-time workers to handle large-scale mailings and other forms of production of written materials. When the evaluators visited the AFRC, they were told that production of the mimeographed Quarterly Newsletter had been delayed through vacation leave of the duplicating machine operator. The Administrative Assistant was occupied, at the time of the visit, in compiling the Newsletter. Both of these activities could have been handled by temporary, less qualified staff so as to free the project officers for other activities.

Ministry of Health

The main personnel linkages between NFPB Project activities and MOH are the Family Planning Co-ordinator, appointed in January 1983, and the Family Planning Training Officer, appointed in 1981. Other linkages are the Family Planning Statistician who is located in the Ministry of Health Statistics Division, and an NFPB Family Planning Counsellor who is a clinical staff member working at the Glen Vincent Fertility Control Unit. The two latter persons are not connected with the USAID Project so their activities are not discussed in detail, but a brief note is included on Family Planning Statistics because of its relevance to evaluation of the family planning efforts supported by the Project. Interactions between NFPB and MOH at the policy level, through MOH representation on the NFPB Board of Directors and through the NFPB/MOH Co-ordinating Committee, have already been outlined in Section V.

Family Planning Co-ordinator

The Family Planning Co-ordinator, Mrs. Beryl Chevannes, according to her job description, is responsible for assisting in the planning, co-ordination, and implementation of family planning activities supported by USAID in the Ministry of Health. These are stated as predominantly educational services, training activities, and cytology services. Since family planning delivery services are supported by contraceptive supplies from USAID, it might be concluded that these activities would also be mentioned among her responsibilities. But there is no mention of these. The Ministry of Health has made it clear that it wishes to maintain its control over the delivery of family planning services. Many observers have argued that where family planning services are integrated with general health services, family planning takes second place to emergency services and other health services in clinical practice. The Family Planning Co-ordinator stresses the need to research and document the actual priorities in the Jamaican situation. At the present time, however, it is difficult for her to play any direct part in influencing family planning service delivery. It was stressed that MOH wishes all communication to go through their existing organizational structure.

Mrs. Chevannes works closely with Dr. Deanna Ashley, who as SMO (MCH) has direct responsibility for family planning services, and with Miss Lucille Lindsay, Family Planning Training Officer. The main activities of the Family Planning Co-ordinator have been to review existing equipment and supplies, to consult with Miss Lucille Lindsay on the training program for MOH staff, and to investigate the working conditions of the post-partum program.

Some problems identified for action are:

1. The non-reporting of family planning service delivery by certain parishes. In her first Status Report Mrs. Chevannes noted that four parishes were falling behind in the availability of services: St. Catherine, Clarendon, Manchester, and St. Ann. She noted the likely consequences for the family planning effort. The report "Family Planning Statistics, 1982" also showed substantial proportions of clinics in Clarendon and Manchester not reporting family planning services. However, there has as yet been little liaison between the Statistician and the Family Planning Co-ordinator, so this issue has not been fully explored.
2. The high drop-out rates reported by Dorian Powell's research and by other sources. Mrs. Chevannes states her awareness of this problem, and is supporting training to reduce these.
3. Shortages of clinic supplies and of reporting forms are being felt in the system. The Family Planning Co-ordinator receives complaints about these, but has not been able to explain or alleviate them.
4. Pregnancy tests and Pap smears are being limited by bottlenecks in the testing services.
5. Allocation of funds to MOH Family Planning training has been a particular area of non-communication between NFPB and MOH, and to date the MOH training plan has not been approved. The Family Planning Co-ordinator is fortunate to have excellent and long standing inter-relationships with MOH, but it has taken some months for her to gain adequate office space in the Ministry, and she lacks secretarial assistance, office equipment, a travelling budget, and other support.

Family Planning Training Officer

Year 1 of the current Project was a "year of setbacks and frustrations" (Family Planning Training Report, 1982). Most of the year was spent in developing and re-developing training plans for MOH personnel. The main difficulties, as far as we could discover, were:

- (a) The cost of the MOH training plan, even after much whittling, amounted to about US\$180,000, which substantially exceeded the budget allocation of US\$74,000.
- (b) The Conditions Precedent included a restriction on any funding of MOH activities until the FP Co-ordinator was appointed (Implementation Letter No. 10).

The Training Officer was active in developing plans and received technical assistance from a JHPIEGO consultant in June 1982. JHPIEGO undertook to fund a substantial amount of training for Primary Health Care Doctors and Nursing Personnel, with a heavy emphasis on "hands on" training in family planning services delivery. However, because of delays the JHPIEGO funding was not finalized until March 1983, so these activities do not fall within the evaluation period.

Family Planning Statistics

The publication Family Planning Statistics is produced every year in the Health Statistics Division of MOH. The Statistician directly responsible for family planning statistics is employed by NFPB and she supervises a group of 11 workers who handle MCSR data.

The Statistician, Mrs. Ellen Radlein, has been developing Family Planning Statistics into a more comprehensive publication, with more tables added each year. Apart from the NFPB Medical Director, however, there seems to be no section in NFPB which regularly reviews this report in a comprehensive fashion and draws out its policy implications. This may be another task for the Research Officer.

On the MOH side, trends in the statistics on clinic delivery of family planning services have not been discussed with the Family Planning Co-ordinator, while information on the very late processing of the 1983 MCSR data was not communicated to the Statistician.

Family Planning Statistics is not at present a complete picture of the family planning effort:

- (a) Some MOH clinics do not send in reports of family planning activities during the year. Mrs. Radlein believes that in some cases this is due to lack of reporting forms or lack of records kept, rather than actual lack of service delivery.
- (b) Some clinics (such as JFPA) are not part of the MCSR reporting system. For some of these clinics manual tabulations are done, but not for all.
- (c) Non-clinical distribution of contraceptives, such as by JFPA and Operation Friendship, is not currently included. The effort to include them is underway, however, and appropriate reporting forms have been designed.

NFPB also declare themselves to be dissatisfied with the amount of Family Planning information which is collected on the MCSR form:

Sub-Projects

As outlined in Section V, a varied mix of sub-projects currently are associated with NFPB. These components are grouped here into four broad sections:

(i) Youth-oriented projects*

- Jamaica Family Planning Association (JFPA):
 - (a) Youth Associates Program
 - (b) Community Outreach Workers
- Ministry of Health/KSAC - Teen Scene
- Ministry of Youth and Community Development (MYCD).
Family Life/Family Planning Education Project.
- Operation Friendship:
 - (a) Family Life and Maternal Health Services, W. Kingston
 - (b) Outreach Project, Southern St. Catherine
- Young Women's Christian Association (YWCA) - NEET.

(ii) Community and general outreach projects

- Ministry of Agriculture (MOA), Integrated Nutrition/
Family Planning Program
- ACOSTRAD: Association for the Control of Sexually
Transmitted Diseases.

(iii) Research and population planning activities

- National Planning Agency (NPA) Population and Manpower Unit
- Registrar's General's Department (RGD)
- University of the West Indies (UWI):
Department of Sociology Research Project.

(iv) Miscellaneous projects and projects not implemented in Year 1

- Ministry of Education
- Natural Methods Clinic
- UWI Population Studies Diploma
- Department of Statistics (DOS) Population
Research Unit.

* The activities of JFPA and Operation Friendship, which cover both youth and community outreach, are included in Section (1).

Jamaica Family Planning Association (JFPA)

- (a) Youth Associates ("Youth to Youth" Programme)
- (b) Outreach Programmes, St. Ann and Trelawny

Broad Objectives

- (a) Youth outreach to schools, youth clubs, community groups of youth and adults, and health centres, with Family Life Education, Family Planning information and contraceptive distribution.
- (b) Adult workers outreach to communities with Family Planning information and contraceptive distribution.

(a) Youth Associates

Targets are:

- (i) Approximately 2,700 adolescent acceptors per year, with at least 33% to be retained up to the end of the year as active users.
- (ii) Communication of population issues and contraceptive knowledge to 5,700 persons.

Other intermediate aims are to develop a core of trained Youth Associates, to increase the knowledge and capabilities of long-established adult outreach workers, to develop a range of information on adolescent fertility, to develop and disseminate information on contraceptive delivery, methods for adolescents, and to improve co-ordination with Ministry of Health family planning services.

Achievements and Constraints 1982/83

The "Youth to Youth" Programme, established in 1980, continued to operate in the parish of St. Ann. After some uncertainty about the continuation of the project, a new Programme Co-ordinator was appointed, evaluation recommendations were adopted, a project vehicle was finally obtained, and the Field Officer post was filled. The Youth Associates employed have remained stable since mid-1982.

Over the past two years, this project has demonstrated some notable findings on community distribution of contraceptives which should be reviewed in detail before the project comes to an end. Levels of new acceptors averaged just under 900 per quarter or about 3,600 new acceptors per year. The total number of active users recorded at the end of any quarter averaged just over 5,000. This accumulation of active users has fully achieved the desired target of retaining one-third of new acceptors as active users. Further, as the level of new acceptors has stabilized, the cumulative growth

of the active user group has increased (Figure 10). It is believed that dropouts from the active user group result from migration of the youthful age-group, and from difficulties for the Youth Associates in maintaining contact with a large case load. Assuming that every active user is seen once in 3 months, an October 1982 evaluation estimated that in addition to new acceptors each Youth Associate would need to monitor an average of 10 active users on each working day of the year.

The management and supervision of the project appear to be good, with deep personal involvement of the JFPA Administrator and the Project Co-ordinator. The new Field Officer was not seen, but a difficulty was reported with her transportation. The Project vehicle does not appear to be available for her use, although the driver is paid by Project funds. It is stated that the Project vehicle is earmarked for transportation of the Youth Associates.

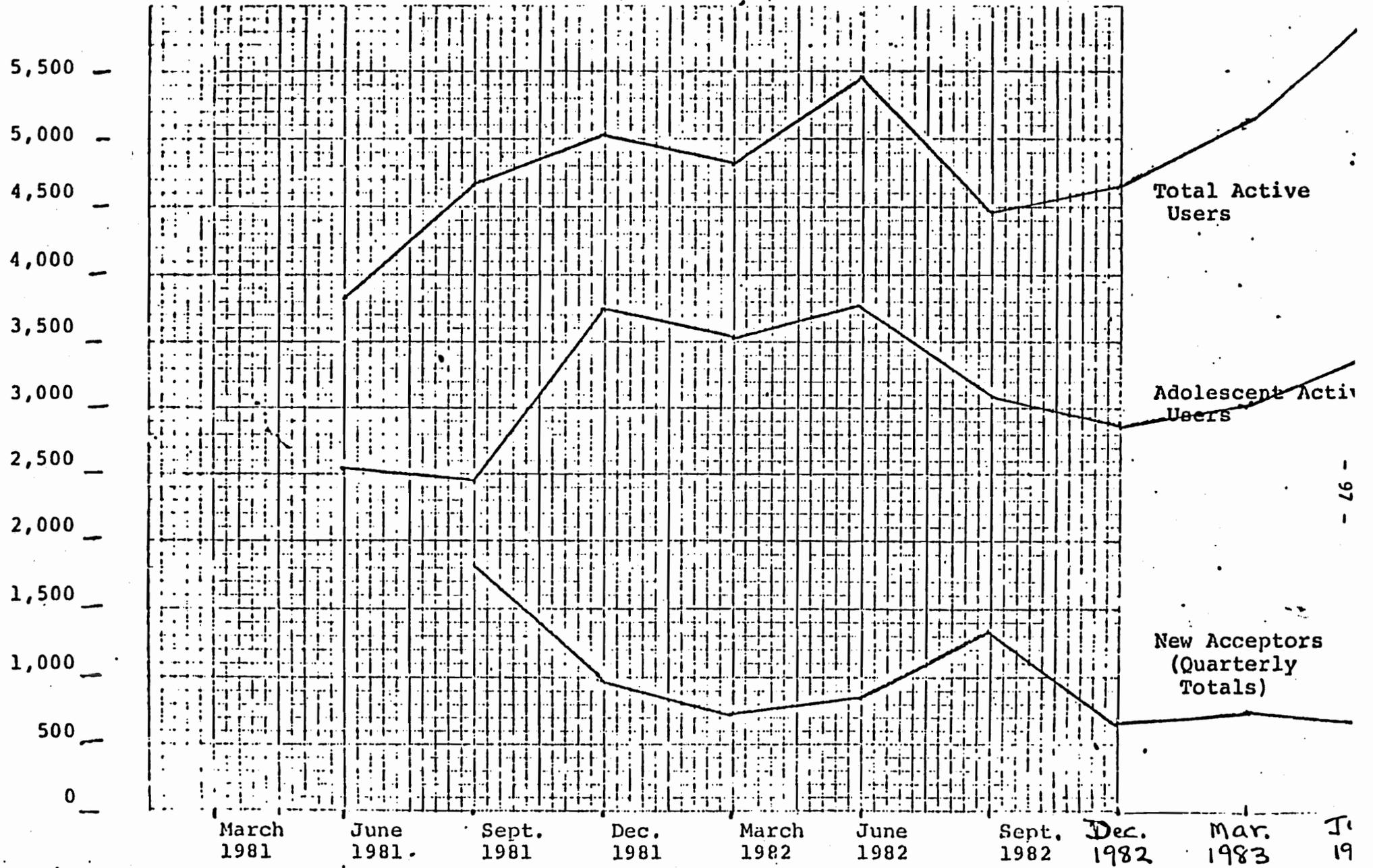
The Youth Associates project will come to an end in 1984. It is expected that their client loads will be absorbed by the Outreach Worker Programme, or that active users will be directed to other contact points for contraceptive supplies.

Lessons Learnt

The "Youth to Youth" Programme proved to be an innovatory programme for a rural parish, which revealed several unexpected aspects of response to non-clinical distribution of contraceptives.

1. It was relatively easy to recruit more than the target numbers of youthful contraceptive acceptors, particularly of condoms, but the number of continuing clients barely reached expected targets.
2. A substantial number of over-20 acceptors (about one-third of all acceptors) were also recruited by Youth Associates.
3. Parents in rural areas did not in general oppose family life counselling or contraceptive delivery; indeed, Youth Associates reported being called in by parents to counsel their children, particularly their daughters.
4. Most teachers in schools were reported to welcome the education aspects of the programme. Indeed, Youth Associates reported that the teachers were even more eager than the youth to receive project literature and information. However, school authorities were in general very insecure about contraceptive delivery in schools and this aspect was finally discontinued.
5. Working relationships with health personnel were slow to develop. Youth Associates visited some Health Centres and were able to assist with motivational activities. Their distribution of contraceptives was welcomed as sometimes the Health Centre was short of supplies. There were also anomalies such as the fact that Youth Associates deliver free supplies while the Health Centre makes a small charge.

Clients



6. Youth groups, either organized by Government agencies or by the Youth Associates themselves, proved to be ready acceptors of Family Life Education and contraceptive delivery. This is an element which has been rapidly emulated by the new MYCD project and by the Operation Friendship Outreach Project. But in St. Ann, there were organizational difficulties such as irregularity of youth club meetings, late meeting times, and general absence of strong activity programmes for youth, so Youth Club work remained peripheral in the Youth Associates programme, although there was some improvement after the Project vehicle and a driver were obtained for night travel.
7. There was opposition from PTA groups to contraceptive delivery in schools.
8. There was opposition from some church groups and from Rastafarian groups.
9. Record-keeping proved to be an ongoing problem because of the informal nature of contraceptive delivery and because of the turnover of Youth Associates. When one Associate left the programme, it was often difficult for a new recruit to reactivate former contacts.
10. The task of carrying a case-load of continuing acceptors was intrinsically more difficult for the Youth Associate concept than the task of recruiting new acceptors. The Outreach Workers may be judged as perhaps more successful in servicing an ongoing group of acceptors.
11. An absence of detailed pre-project community-level baseline information on levels of contraceptive acceptance and of the incidence of pregnancies means that the impact evaluation will be difficult. However, the Youth Associates project should be evaluated as thoroughly as possible and detailed lessons drawn from this innovatory approach to youth in relatively traditional and remote rural communities.

(b) Community-based distribution using Outreach Workers

This project continues a long-standing effort at house-to-house motivation and contraceptive delivery suitable to groups in remote areas and those who are unresponsive to other forms of family planning motivation. Since November 1982, seven new Outreach Workers have been added to the team of three long-established Outreach Workers. The three original Outreach Workers all work in the parish of St. Ann; three of the new Outreach Workers are also assigned to that parish. Four new Outreach Workers are assigned to the parish of Trelawny. The Outreach Workers are women aged 25-35 covering an area including the community in which they live.

Targets and Achievements

The emphasis is on the adult population, and a modest target of 1,500 to 2,000 acceptors is sought for the first year. From statistics obtained, targets are being exceeded. Total acceptors for the seven new Outreach Workers amounted to 600 men and 860 women over the first 5 months of the project, or about 210 acceptors per worker. The three original Outreach Workers showed higher returns, with about 330 acceptors per worker, equally divided between males and females, over the same period. The information on continuing acceptors was incomplete, but suggested a high rate of continuance. Community responses have been good, with other social service agencies welcoming the JFPA input. But the Health Team in Trelawny has expressed some doubts.

Constraints

One target area in Trelawny has proved to have high depopulation and an aging population, so new acceptors are low there. The JFPA would have liked to have done feasibility studies in advance. Religious groups in some communities also offer substantial resistance to family planning promotion.

Two major concerns are the interface with clinical health services and the cost of an individualized contraceptive delivery service. Health personnel in Trelawny believe that the Community Outreach Programme depletes Health Centre clients. However, JFPA states that a large number of acceptors in the Outreach Programme are first-time contraceptive acceptors, and that substantial sterilization referrals for non-users of contraceptives have also resulted. JFPA is making efforts to keep the Health Team informed of their project.

JFPA is also hoping in the near future to have an evaluation made of the cost-effectiveness of their community contraceptive delivery service.

A potential problem is that the outreach program has no field supervisor. This post was omitted from the Project proposal because of budget constraints. The field supervisor of the Youth Associates currently provides some contact, but this will cease when the Youth Associates Project ends in 1984.

Teen Scene

Teen Scene is a sub-project established through the KSAC Health Department to cover a two year period at a cost of J\$147,636.

Objective

It is established as a model comprehensive contraceptive, education and service program for adolescents.

The staff presently consists of a Project Coordinator, a clerk/typist and eighteen Peer Counsellors.

Main Activities

Most of the time during 1982 was spent on getting the Dell McCalla Complex, the building to house the Project, ready. Extensive cleaning, painting and grilling had to be done. A community profile was also done for the target area in which Teen Scene would operate.

A training plan was developed for the training of Teen-Counsellors to be employed in the project. On the 26th and 27th March 1983 the first training program for Peer Counsellors was held in the Conference Room of the KSAC, Public Health Department. Twenty one (21) participants attended representing neighbouring schools.

Areas covered in training were:

- Interpersonal Relationships and Communication
- The Family and Family Relationships
- Functions of the NFPB
- Interviewing and Counselling
- Understanding the Adolescent
- The Reproductive System.

Pre-test and Post-test questionnaires were done by all participants.

The sub-project has also developed an Advisory Committee that meets once every two (2) months and consists of a teacher, nurse, policeman, doctor, two (2) teens and two (2) parents, all representatives of the area.

Constraints

The project's main program and Family Planning Services, Medical Services, Craft Training, Peer Counselling, Recreational Activities and Rap Sessions are still not fully implemented due to delay in obtaining the complex accommodation. The Family Planning and Medical Services are also still awaiting the appointment of a midwife and a part-time doctor.

The Peer-Counsellors are trying to recruit members to their various groups but find that the summer vacation is greatly hampering their progress.

Other Comments

On my visit I had discussions with four of the Peer-Counsellors. Their ages range between 16-18 years and were all still attending neighbouring schools of the Centre. They were all very interested in the program and all thought that most of their counselling would be done when school re-opens. All said they benefited from the Training Program and two desired more training, in the reproductive system, in venereal diseases, and on rumours in family planning.

Recommendations

The project needs assistance from the Project Officer, NFPB, in implementing its main program activities, in developing a work plan that takes into account the school calendar of activities (since the Peer-Counsellors plan to concentrate in attracting clients from the neighbouring schools), and also in planning strategies in attracting adolescents from the neighbouring communities to the Centre.

Ministry of Youth and Community Development
Family Life/Family Planning Education Project

This Project aims to provide Family Life Education and Family Planning Services to all young people currently at the Ministry of Youth and Community Development institutions. The main youth populations are at:

1. Residential Youth Camps/Youth Development Centres: approximately 2,500 students, some undertaking 6-month HEART Programs, others taking longer courses.
2. Industrial Training Centres (some residential): approximately 930 students.
3. 4-H Centres (some residential): approximately 117 participants.
4. Child Care Institutions (residential): approximately 670 inmates.
5. Social Development Commission Youth Clubs (non-residential): average 60 members per club, about 1,200 Youth Clubs.

The proposed strategy is to train selected staff members in the first four categories of institutions, such as counsellors (where they exist), nurses attached to some institutions, and family life educators (where they exist), to provide more family life and family planning education and contraceptive distribution to the youth populations. Where none of the above professional categories of staff are present, such as in the Youth Clubs, it is proposed to train volunteer staff members or youth club members themselves to undertake such family life education and family planning services. In addition, three Outreach Workers called Nurse-Counsellors will each cover a third of the island and provide a range of services, training, guiding, and motivating the above-mentioned personnel as well as also undertaking family life education and family planning services in youth institutions which do not yet have any appropriate personnel of their own.

This project is well conceived and off to a good start.

The Agreement was signed in September 1982, Nurse Counsellors were appointed in January 1983, and training programs have been initiated.

Achievements

- (a) Delineation of a manageable initial segment of the total target youth population.

10 out of 18 Youth Development Centres;

11 out of 22 ITC's;

7 4-H Centres

5 out of 26 Child Care Institutions.

One or in some cases two members of staff have been identified at the Youth Development Centres, and an initial 5-day training seminar has been held. Reactions were extremely favourable - trainees wanted more techniques, longer training. There is some initial hesitancy about contraceptive counselling and distribution.

- (b) The three Nurse/Counsellors have received initial training and are in place. They currently serve a target population of about 2,500 youth in 22 centres, with twice monthly visits. They assist staff in some of these centres as well as providing family life education and family planning services where there are no appropriate staff.
- (c) A baseline survey has been carried out among the target population, identifying current levels of reproduction and family planning knowledge, sexual and child-bearing activities, and attitudes to sexual behaviour and contraceptive use.
- (d) A National Coordinating Committee has been set up, ensuring backing within the Ministry from officers such as the Director for Planning, MYCD; the Director for Community Development, SDC (controller of Youth Clubs); key representatives of all relevant divisions in the MYCD - SDC, ITC's, Youth Clubs, 4-H Clubs.
- (e) Two local consultants for Curriculum and for Evaluation have been identified. The Curriculum Consultant has undertaken the design of the baseline study as well as undertaking training responsibilities.
- (f) Good working relationships have been developed with JFPA - learning from their Youth Clubs experiences, cooperating with their St. Ann "Youth Associates" programme.

Constraints

- (a) Still working out smooth project relationships with NFPB - difficulties with project vehicles not adequately communicated to appropriate channels.
- (b) Very slow dribble in of equipment - typewriter has taken over a year to acquire.
- (c) Funds underestimated in certain areas:
 - no money allocated to analyse baseline survey
 - training funds short, have to be re-allocated from other areas.
- (d) Not expert in the area of contraceptive distribution. Need firm foundation of procedures, records. Individual client records will be set up soon, but they should be rescued from trial-and-error at this stage.

Summary

The concept is a very appropriate one. This is a key target group of youth who have been exposed only to relatively unsystematic or non-existent family life and sex education, and who will certainly profit from contraceptive availability.

Recommendations

1. Close advisory relations should be maintained with this project. It is wide-ranging geographically and also covers a wide range of youthful groups. It is innovative but will need experienced assistance.
2. Special support should be given to the contraceptive distribution program. This project should not have to go through a trial-and-error period at this stage of family planning service delivery experience in Jamaica.

Operation Friendship

- (a) Family Life and Maternal Health Services, Western Kingston
- (b) Outreach Programme, Southern St. Catherine

Operation Friendship is a multi-faceted organization which offers to the people of Western Kingston maternal and child-health services, family planning and family life education, particularly to adolescents, and education, training, and employment opportunities for children and youth. Operation Friendship has been serving the community since 1961.

Since October 1982, Operation Friendship has also been pioneering a mobile Outreach Project in low-income areas surrounding the massive Portmore re-development in Southern St. Catherine. In this Outreach Project, visits by a mobile clinic staffed by a doctor, a registered nurse, and a Family Life Educator are made to several locations in the Portmore area each week. Four Health Outreach Workers are also associated with the project. Medical care and contraceptive information and distribution are undertaken, as well as special educational and motivational activities for youth groups in the various locations.

The aims of both of the above projects are to reduce high rates of adolescent fertility and average family size in the designated areas, through education, counselling, and medical and other services to adolescents in particular and to the population in general. NFPB/USAID support for both projects amounts to J\$514,059 for 2 years (3 years for the Outreach Project).

Achievements

While no census figures are yet available, the age of first pregnancy in West Kingston seems to have risen, according to OF statistics. Average age of first pregnancy in West Kingston at the end of 1982 was 16.4 years, compared with a baseline figure established in 1979 of 15.2 years. A survey of Southern St. Catherine in 1981 provides a baseline age at first pregnancy of 16.7 years.

On the basis of data available for only three out of four quarters* for the year April 1982 to March 1983, we estimate that new acceptors aged 10 to 24 years in West Kingston amounted to about 3,100 persons, about 1,200 females and 1,900 males. Revisits for the year are estimated at 14,000 - 8,600 males and 5,400 females. Operation Friendship targets for West Kingston are for 5,000 new acceptors and 12,000 ongoing clients per year, so some targets are not fully met. In addition, general medical and dental services provided by Operation Friendship were used by approximately 4,000 persons during 1982/83.

In the new Mobile Outreach Project in Portmore, new acceptors for the first quarter, October to December 1982, were 1,343. Since the target

* We have had to make estimates because of some discrepancies in NFPB records.

for the first year is 5,000 new acceptors, the project appears likely to meet this target. In addition, medical services from the mobile clinic were used by 2,240 persons (babies, teens, and adults) during the first six months of the Outreach Project.

There is reported to be a shortage of available health care and of readily available contraceptive supplies from any source in the area, so the Operation Friendship Outreach has been welcomed. Several neighbourhoods have already provided a site or a building for the use of the Mobile Project. Teenagers are reported to be generally healthy, but babies exhibit nutritional and dermatological problems.

Constraints

Operation Friendship operates in a crowded and unstable urban area. Clientele are secretive about their personal details so it is difficult to keep consistent records.

Some staffing difficulties in the Operation Friendship organization were also reported over the 1982/83 period.

The Portmore youth suffer from a severe lack of vocational and economic activities. The Outreach team has begun some small activities, but the need is huge. It is difficult to be effective in contraceptive and health services when the socio-economic context is so deprived.

A severe problem, continuing up to the present, is the difficulty with contraceptive supplies. The spermizidal Neo-Sampoo, which is very popular among OF clientele, is not approved as a drug for distribution in Jamaica, so they are unable to obtain supplies. Condoms have been in persistent short supply, which causes loss of clients.

Recommendations

Adequate communication with Operation Friendship about contraceptive supplies, and collaborative efforts to eke out existing supplies, would be helpful.

Some consultation on statistical records and reporting is necessary. There is no doubt that OF is operating a very successful program, but its very success creates difficulties in maintaining adequate documentation. Their reports have many puzzling entries.

Finally, additional sources of help should be explored to strengthen Operation Friendship outreach activities in Southern St. Catherine.

Young Women's Christian Association (Y.W.C.A.)NEET Project

In April 1982 an agreement was signed for two year funding support of \$32,000 to the Y.W.C.A. project "NEET". The project had been funded during the previous year by the Pathfinder Fund. The NFPB and AID decided to continue support for the medical aspect of the programme mainly through salary support for a full-time Nurse Educator, six part-time nurses and through the provision of contraceptive supplies.

Objectives

The project aims to provide family planning education, counselling and contraceptive distribution to sexually active teen members of the six Y-Teen Centres and three Y.W.C.A. School Leavers Institutes. In addition, their services will be made available to at least 10 secondary schools affiliated with the Y.W.C.A. Teen Programme.

Main Activities

The General Secretary of the Y.W.C.A. is Director of the Project and a full-time Nurse/Health Educator has been appointed. The Project operates within the wider goals of the Y.W.C.A., to assist in the self-development of young girls ages 12 to 18 through education and recreation activities.

Activities and Statistics - January to March 1983

Clinical attendance - 86, of these 22 were new clients;

Treated - 31 Referred 17

New acceptors 82 (mostly boys)

Total Family Planning Acceptors 118

Methods - Oral Contraceptive 2; all others Condom/foam

Counselling: Individual 12; Group 10

Visits to Schools: 32 and Student Involvement 1,560

Visits to P.T.A.'s - 2 and Adult Involvement 288

Visits to Youth Clubs 1, Youth Involvement 27

Owing to inconsistent reporting comparative statistics for 1982 could not be obtained.

The project continues contact with ten Secondary Schools, five of which are in the Corporate Area.

Contact with JAMAL (Bethel Baptist) and the Y.M.C.A. Street Corner Boys project is being maintained.

Constraints

The terms of reference of the Y.W.C.A. do not allow for contraceptive delivery within the clubs. This is equally true of the Secondary Schools being visited. Hence contraceptive delivery to 500 new acceptors for year one has not been achieved.

School activities are also hampered by competing demands such as examinations, graduation and by the various vacation breaks.

Recommendations

The project needs assistance from the Project Officer, NFPB, in developing a proper reporting system and in developing a streamlined work plan that takes into account the Secondary Schools calendar of activities.

As far as reporting goes, it is obvious that activities within the Y.W.C.A. Teen Centres, and School Leavers Institute are not fully documented. Since these Centres provide a "captive" audience, NEET might be encouraged to develop their Family Life Education Project with family planning and other medical services included, specifically within their own Centres.

A regular programme of health and education activities should be instituted, with counselling and follow-up care offered. Some aspects of this programme are already in place but it is suggested that there needs to be a mechanism for:

- a systematic program of activities,
- documentation,
- monitoring,
- reporting,
- feedback and evaluation.

The project should consolidate its contacts made with the ten Secondary Schools and later seek to extend services to P.T.A.'s.

What seem to be missing are evaluation and feedback sessions, Without documentation of this kind of process it is difficult to assess whether or not the teens are being "reached" and what is the program impact.

The clinical and health care aspects seem to be very 'ad hoc' and as mentioned earlier, the nurses involved do need to set up a reporting system through which these various services can be quantified.

Ministry of Agriculture - Integrated Nutrition/Family Planning Program

The "Mobile Units in an Integrated Nutrition and Family Planning Education and Service Program" is a sub-project of the National Family Planning Board in collaboration with the Ministry of Agriculture. The sub-project covers a period of four years with a funding support of J\$167,202.

Main Objectives

The sub-project will carry out family planning training programs for Ministry of Agriculture staff (Home Economics Officers and Agricultural Extension Officers) and for adolescents in rural areas. These workers will reach elements of the population which often lack access to health services because of their physical isolation. The sub-project will provide education and contraceptive services to these farming communities.

Main Activities (April 1982 to March 1983)

The staff consists of:

- One Coordinator
- Four Regional Home Economics Staff Members
- Thirteen Parish Home Economics Officers
- Forty Extension Officers.

All these staff members are integrated in the Government Extension Program (Rural Farm Family Development Program) and are also responsible for other sub-projects such as the Basic Services Program funded by UNICEF.

The Project Agreement was signed in January 1983 and between January 18 - 25, 1983, a training course was run by the Centralised Training Branch of the Ministry of the Public Service on the use and care of the 16 mm. Sound Projector. This course was attended by 7 members from the RFFDP in preparation for the implementation of the sub-project.

To replace the four original Ford Bronco vehicles that were originally for the sub-project, four other units were ordered in mid-December 1981. Unfortunately these units suffered great delay and were only made ready for work in the communities in March 1983.

Three mobile units are now completely equipped and are functioning in the Western Region in which falls the parishes of Hanover, Westmoreland, St. James and Trelawny; Southern Region - St. Catherine, St. Andrew and St. Thomas and the Northern Region in which falls the parishes of St. Ann, St. Mary and Portland. The Central Region - St. Elizabeth, Manchester and Clarendon now awaits the fourth mobile unit which is now at Reginald Aitken Ltd., being equipped for work in the community.

The staff in the various regions are now preparing profiles of people in the communities which will take into account their ages and number of children. Tally sheets and client cards to be used in the contraceptive distribution were prepared and are awaiting approval from the National Family Planning Board so that distribution can begin.

Constraints

The delay in getting mobile units has slowed down this project considerably. The reliance on the Ministry of Agriculture for providing the mobile units with petrol and over-time payments to drivers is already a problem; owing to Government financial constraints these are usually greatly delayed.

The Family Planning Services end-of-project evaluation (532-0041) in 1982 identified these potential problems and noted that Ministry commitment to the Program was "somewhat marginal". The Program lacks a Consultative Committee or some similar interactive link to build support for it within the Ministry.

Recommendations

To achieve the main objectives

- 8,000 youth and adults to be trained in family planning information;
- 2,000 sexually active participants to be given Family Planning Counselling;
- 3,000 new acceptors in Family Planning;

it is strongly recommended that a project manager be appointed who would be responsible to see that these objectives are achieved. Presently the Coordinator has other responsibilities to the Government and other projects such as UNICEF. The current project, being all-island and already behind schedule, would definitely need close monitoring to make any realistic progress and impact.

Difficulties with petrol and other constraints could be addressed by the Project Manager so that problems like these are resolved early and do not remain as an on-going feature throughout the life of the sub-project.

Consideration should be given to building Ministry support for the Program through a Consultative Committee made up of senior officials from related Ministry areas.

ACOSTRAD (Association for the Control of Sexually Transmitted Diseases in Jamaica)

ACOSTRAD was founded in 1978 as a broad-based voluntary organization to support the Government STD programme. It is a membership organization made up of professionals such as Medical technicians, Doctors, Social Welfare personnel, Health Educators and Teachers. Their main objectives are educational and they are actively involved in forming Parish Chapters for extending information and education through community organizations.

The present project agreement was for two years commencing April 1, 1982, and funded at J\$88,937.

The sub-project operates out of the Ministry of Health Comprehensive Clinic, Slipe Pen Road. Chairman of the Project is Dr. Braithwaite who is also the Senior Medical Officer for STD control. There is a full-time Project Coordinator and a part-time Secretary; also a consultant for developing educational materials.

Objectives

Continuation of Public Education Programme for the control of Sexually Transmitted Diseases.

- To carry out a programme of education in sexually transmitted diseases in the public schools and among community groups.
- Promotion of use of condoms as a prophylactic as well as a birth control method, so as to result in
- An increase in condom usage especially among adolescents.

Main Activities

Education training through the teacher training colleges has been a dominant feature of the ACOSTRAD programme. STD education programmes are now in place in the following teacher training colleges:

Moneague
Mico
St. Josephs
Bethlehem
Shortwood

Follow-up contact is also maintained with CAST.

ACOSTRAD has also developed printed material and a Teacher's Manual.

Direct requests from schools for discussions, education sessions and exhibits were honored from several schools.

Ministry of Health

In April 1982 a 4-day training workshop for 27 Health Educators was held. Every parish participated, except St. Thomas where there was no appointed Health Educator. At the workshop, Fact Sheets were developed which were later published by the Bureau of Health Education.

Following on the workshops, Health Educators in 4 parishes conducted their own education sessions.

Community

ACOSTRAD provided training to staff members of the National Family Planning Board during their in-service training, and also provided training to:

- 42 students from the Kingston School of Nursing.
- Community Health Aides from the St. Ann's Health Department.

Achievements

The Project Coordinator should be commended for the extensive work, there has been good organization of the various target groups and also a clear reporting system has been maintained.

Recommendations

Baseline data for evaluating the objective of promoting condom usage should be developed immediately.

Evaluation on the teacher trainers' program will be necessary. This could not be done earlier because the first trainees of the program are just now graduating, but is strongly recommended later in the life of project.

Planned expansions into school and community STD awareness programs will definitely need more staff, and more financing to develop leaflets, other materials and media programs.

It is recommended that the project be extended so that there will be enough time for in-depth impact evaluations to be conducted. Project extension is also 'timely' in terms of the threats of the new STD's, Herpes and AIDS.

National Planning Agency, Population and Manpower Unit

This Unit is staffed by a Director, 5 Planners, and a Junior Demographer funded by the Project from January 1983. Another Project-funded Demographer's post is still unfilled. The aim of Project funding for the Unit, amounting to J\$199,210 over 3 years, is to strengthen the Unit so it can effectively develop and integrate population and economic policies, can coordinate population research and analysis, and can monitor and emphasize a continuing focus on population policy issues.

Overall, the Unit has a very extensive work program in data collection relating to the agricultural and industrial labour force and to training and education; data analysis relating to manpower requirements and supply and to general population data; and in coordinating, monitoring, and data dissemination tasks.

The main Project-related activities are:

1. Collection of all available population data, identification of population data sources, and strengthening of the population data base.
2. Population analysis such as economic-demographic modelling, analyses of World Fertility Survey and 1982 Census data, and publication of reports such as the Population chapter of the annual Economic and Social Survey.
3. Co-ordination of the Population Policy Committee and other population-related group activities such as the Jamaica Committee for the World Population Conference, 1984.
4. Monitoring of the implementation of the National Population Policy, and providing or monitoring population inputs for sector plans.

The Population and Manpower Unit also lists one of its tasks as dissemination of the Population Policy through the Bureau of Health Education. It seems to us that a division of labour, with major responsibility being allocated to NFPB, which has wide experience in publicising ideas on population control, would be a better alternative. In Section III we have attempted to identify and demarcate the roles of NPA and NFPB.

Again, if the Population Unit of the Department of Statistics becomes a reality, then referral of some population analysis issues to that Unit would be an appropriate division of labour. While the Population and Manpower Unit must stay abreast of all population-related information and activities in the society, it cannot necessarily undertake all the operational tasks related to population.

Achievements

Identification of data sources and an Inventory of Population Research is currently being undertaken as outlined in 1 above. Activities are also ongoing under 2, 3, and 4 above. The main outputs of Project activities are expected to be information, and policy and planning guidelines.

A major source of activity has been the Population Policy co-ordination undertaken.

Preparation of Unit staff for use of the computer to be soon acquired is also underway.

Constraints

There have been difficulties in recruiting the extra staff required to extend the population-oriented activities of the Unit. The available salary level is one problem, and the scarcity of appropriately trained personnel is another.

Constraints in availability of resources such as gas coupons have limited the use of the Project vehicle.

Dèlays in the delivery of the computer have delayed the beginning of certain aspects of data analysis.

Support for additional data collection activities is desired, but was not included in the Project design.

Recommendations

The Population and Manpower Unit should identify some specific population planning priorities and make a start with these. The Unit is making much progress, but has such a broad spectrum of activities that early results will be difficult to achieve.

Activities such as the public dissemination of the Population Policy should be heavily collaborative with NFPB. On the other hand, the Unit should actively lobby other Government sectors and agencies to consider population issues in their long-term plans as well as in their routine activities. The Unit should also provide guidelines on how the above-mentioned actions can be undertaken.

Registrar General's Department (RGD)

The Registrar General's Department is responsible for the registration of births, deaths and marriages and currently falls under the Ministry of the Public Service. The sub-project covers a two year period and is estimated to cost J\$ 195,662. It started in January 1983 and the staff consists of:

- A Project Director
- 1 Project Manager
- Project Field Supervisor
- 6 Data Processors.

Objective

The main objective of the sub-project is to improve its capacity to register, process and analyse vital statistics.

Achievements:Improve Capacity to Register, Process and Analyse Vital Statistics

The sub-project plans to train one hundred and twenty local Registrars in four two-day Seminars over the two year period. The first such two-day Seminar for Local Registrars was held in the Parish of St. Elizabeth, February 1 and 2, 1983.

The objective of the Seminar was to improve registration flow.

In attendance were 27 Local District Registrars and 6 Health Personnel on the first day, and 33 Local District Registrars and 6 Health Personnel on the second day.

The Seminar succeeded in accomplishing most of its objectives. Misunderstandings in the area of completion of the various Registration Forms and those used by the Health Personnel were cleared up. A strong commitment was made by both District Registrars and Health Personnel to cooperate more actively with the Registrar General's Department and the Public. A follow-up period was planned to begin a few weeks after to observe the level of improvement.

The next Training Seminar was held in the Parish of St. Mary, April 26 and 27, 1983 and followed the same pattern. Twenty-eight Local District Registrars attended. The third Seminar is scheduled to be held this month, however, they were not sure of the fourth Seminar because of financial constraints. The \$11,000 earmarked for training of Local Registrars has proved inadequate due to price increases over the last year.

Technical - Consulting Services

AID provided \$76,000 to be used to continue technical consultancy services of experts from the National Center for Health Statistics formerly funded under the now defunct VISTIM project.

So far the sub-project has had two Consultants - Mr. S. Notzon, Statistician from the National Center of Health Statistics, and Dr. J. Glasser from the University of Texas from 7th - 11th February, 1983.

The purposes of their visit were to:

- Initiate the Project Implementation Plan
- Make preparation for the Vital Statistics Conference
- Review Data Processing Procedures.

These goals were adequately achieved and reports were submitted to AID and the National Family Planning Board.

Their next visits are due on 12th - 24th September, 1983 and arrangements have already been made for this visit.

Vital Registration and Statistics Conference

This Conference is tentatively scheduled to be held in late November 1983. One of the objectives of the Conference is to bring together Technical Experts, Users and Representatives of Legal, Governmental, Private and Social Sectors to discuss the current state of the vital registration and statistics system and to make recommendations for future changes in the system.

Constraints

The main problem now facing the Conference is a short-fall in funds. The allocation for the Conference in the VISTIM Budget is J\$8,895, and the budget developed for the Conference by the Project Staff in consultation with the Consultants to the project total \$24,393. The additional amount required to hold the Conference is \$15,498.

Producing Vital Statistics

Data for births from 1977 to 1981 have been processed and are now at the Department of Statistics Printing Office for printing.

Data for deaths from 1973 to 1982 are now ready and they are now working on 1983. The Central Data Processing Unit is now having problems in processing the Mortality Data as they now have to be writing a new programme; this slows down the work of the Department and they have no control over such problems.

Since 1965 there have been no annual reports of vital statistics and the project is hoping to have one ready late this year.

Public Education Campaign

Posters are now being prepared for the Public Education Campaign.

Recommendations

If no additional funds are forthcoming the funds earmarked for the Conference could be used instead to complete the training for District Registrar and Health Personnel, and could also be used in the area of public education and dissemination of vital statistics. Incorrect information given to Registrars when registration of births and deaths are being done, is still very frequent and funds provided in these areas are also inadequate due to escalating price increases.

Continuing efforts should be made to fill the posts of Demographer/Statistician and Data Processing Consultant, since problems with the Central Data Processing Unit could be quickly solved with more expertise and specialists in the field. The overall working of the project would also be improved. The consultants have suggested use of part-time help for the Data Processing Consultant, and this suggestion should be adopted.

Research in the Department of Sociology - University of the West IndiesWomen's' Family/Work Roles and Fertility

The study is about women, their families and work; how women cope with both family and work; and the major problems faced by women, their men and their children. The main focus is the interaction between family role, work role and fertility.

Two communities have been selected for the study sites, and relatively small samples of one hundred households from each community have been selected. The study group contains women aged 15-50 years.

Data collection is planned to take a variety of forms, structured and semi-structured interviews, network analysis and life histories.

Achievements

In March 1983 the two communities in which the study would be taking place was visited, that is Point Hill in St. Catherine and Duhaney Park in St. Andrew. Participant observation and unstructured interviews were done. Profiles of both communities were written.

Pre-testing was also completed in March and an interview manual prepared. Training was conducted in June. The first phase of the field work begun on July 18, 1983. One hundred households were selected in the two communities. The field work took four weeks in the Rural Community and six weeks in the Urban Community.

Two University students are currently on the project full-time, editing and coding questionnaires from the field work phase.

Constraints

The only full-time member on the project, the Research Assistant, has not been keeping good health so this has curtailed progress. She plans to go on maternity leave in September and a replacement will be arranged.

A Preliminary Report on findings is due in December 1983 and the project will be able to meet that deadline.

A Survey of Internal Migration and Occupational Mobility

There has been little work done on internal migration in Jamaica, and literally nothing done on occupational mobility of the adult Jamaican population. Internal migration, particularly rural to urban migration is closely linked to problems of economic development, population growth and urban development. The study will also examine aspects of family and fertility as these relate to migration and social mobility.

Sample Design

There will be a survey of 1/100 households (approximately 5,500 households) interviewing both men and women chosen randomly, one per household.

The field-work for this study is to begin October 1983, but the NFPB funding will only cover a portion of study costs. Plans are to work in cooperation with the Department of Statistics so field work will be completed in two weeks.

The Department of Sociology will analyse data and prepare a report of the findings.

Both studies should provide information that will contribute to the design of development and population policies.

Other Sub-Projects

The following sub-projects are those which began after the evaluation period or which have not yet begun. One project (Natural Methods Clinic) has received a preliminary grant but has not yet been formally documented as a project.

Ministry of Education Family Life Education Project

The Ministry of Education Family Life Education Project was not included in the original Project Agreement, but was added by an amendment in August 1982. The agreement between the NFPB and the Ministry of Education was not signed until May 1983, and the first disbursement of funds did not take place until June 1983, so this project falls outside the evaluation period currently under review. However, the concept and future viability of the project will be considered here.

1. A good start has been made to the project, and competent personnel are in charge:

- (a) A Technical Coordinating Committee headed by the Minister of Education has been set up, and good official support has been given to the project.
- (b) A Curriculum Review Committee has been identified.
- (c) Good leadership comes from Dr. Thelma Stewart, who is an important resource in the area of Family Life Education and Adolescent Sexuality.
- (d) Activities begun: Introductory literature, written by Dr. Stewart.

Survey of Principals of schools undertaken to discover school conditions and general viewpoints on FLE.

Regional 1-day orientation meetings with groups of school personnel have been scheduled, and one regional meeting has already been held in Montego Bay.

2. Although a previous project (PDEP) was attempted in the self-same Evaluation and Counselling Unit of the Ministry of Education, during the USAID/NFPB Family Planning Services Project (No. 532-0041, FY 1977 - 1982) none of the lessons or experience of the previous project appear to have been taken into account.

Some problems, as identified in the End of Project Evaluation, October 1982, will be listed here:

- (a) Lack of clear focus on FLE and FP objectives, and ambiguity in the approach to the topic.

Current Project: Although the immediate objectives of the project are stated in the project document, February 1982, to be: "training for teachers, school nurses and guidance counsellors in the area of family planning" and "to meet the family planning needs of students" the actual emphasis of the project is that "education for family living goes beyond

sex education and family planning and includes the physical, social, and emotional aspects of living." (Statement on Education for Family Living, prepared by Managing Director, July 1983).

Public opinion and teacher opinion oppose sex education and family planning in schools, so it is strategic to express the point of view in this way. But there is real danger that like PDEP, the objectives of the project will be diluted and forgotten behind a screen of ambiguities and evasions.

- (b) Lack of support and available expertise in Family Life Education curriculum planning, and in infused curriculum planning.

In the PDEP project, it was generally found that those with expertise in curriculum planning had little experience in Family Life Education; while those with FLE experience had little knowledge of infusion techniques which could be used to incorporate Family Life and population education into several areas of the school curriculum. Development Associates, Inc., in a letter dated October 1982, had offered their expertise as consultants in both of the above areas. However, when the need has arisen, (July 1983) USAID has been unable to supply this expertise, and the Managing Director has been asked to find local resources - which have already been shown to be inadequate in the PDEP Project.

The non-supply of this consultancy is a severe misallocation of priorities. Whatever else was sacrificed, a sense of direction in the curriculum, and expertise in the infusion of FLE materials, are central to the success of this project.

- (c) Under-estimation of the time and effort needed to train school personnel to adopt FLE and FP approaches.

Reports from other sub-projects dealing with youth as well as from initial enquiries of the current Ministry of Education project indicate that youth feel that teachers do not understand their problems, are not readily approachable, or are likely to communicate their confidences to others. On the other hand, teachers and counsellors are reported to have welcomed other non-school agencies such as Youth Associates which have literature and a well thought out approach to the subject.

The current project allows an estimated 3-day residential workshop for Guidance Counsellors and School Nurses and 1-day training sessions in the infused curriculum for other teachers. It appears unlikely that any in-depth competence can be developed among the target groups in the time specified. Already the budget expenditure on preliminary

regional meetings with school personnel has amounted to \$16,100. The two year 1983-4 allocation for this item was \$18,322, so it is nearly exhausted. With the available budget allocations it may be necessary to train fewer teachers in more depth. Thus the overall targets for training of educational personnel would not be achieved.

(d) Integration of the Project into the Evaluation and Counselling Unit:

The Project Coordinator (renamed Managing Director) reports directly to the Permanent Secretary, and is provided with 2 staff (Clerical Assistant and Typist) from the Project. Other support is designed to come from Education Officers in the Evaluation and Counselling Unit - estimated as two full-time and two part-time in the original Project Document. To date 1 part-time officer has been allocated to the project, and recently a full-time officer has also been appointed. Other officers help out voluntarily, but the inter-relationship between this project and the overall work of the Evaluation and Counselling Unit seems fragile. The head of the Evaluation and Counselling Unit is currently on leave, so no detailed study was possible.

Recommendations

1. Be cautious of submerging Family Planning and Family Life Education in a variety of educational efforts with little or nothing to do with family planning or sex education.
2. Get the best possible expertise in FLE curriculum for schools - it is a particularly sensitive area.
3. Devote adequate resources to strengthening the capabilities of school personnel to adopt FLE and FP approaches. It will not be an easy task.

Hope Teaching Health Clinic, Montego Bay

An initial grant was made to the Mount Alvernia High School clinic, which provides preventive and general health care and also promotes Natural Family Planning Methods and Fertility Awareness, teaching the "Billings Method". The target group is 1,300 adolescent girls.

The sum of J\$5,000 was provided to support the activities of this clinic in December 1982, and it is proposed to develop a sub-project format to expand the promoting of natural methods of fertility control. We recommend that baseline data, for evaluation purposes, be collected at the start of any such sub-project development.

U.W.I. Diploma in Population Studies

This is another part of the AID programme for which the University of the West Indies is assuming responsibility. It is intended to be a one-year course open to workers in the field of population. A background in the social sciences, in statistics or mathematics is desirable, but the principal criterion on which selection of students will be based is a keen interest in the quantitative aspects of population. The principal aims of the course, funded for two years in the first instance, are to improve available skills in population analysis and planning, and to produce workers who can participate in population planning activities in their respective Ministries.

The course was advertised and selection of students is now in progress to begin the course in October 1983. Cost of this project is \$156,044 for two years.

It was hoped that most of the students would be drawn from Government Ministries, for example the Ministry of Health and the Department of Statistics. From the applicants who responded to the advertisement, however, it appears that few students will be sponsored from Government Ministries. This is disappointing as one of the objectives of such a course is to up-grade workers already in these areas of population. However, it is hoped that current trainees will gain employment in population-oriented occupational areas.

Department of Statistics, Population Unit

The aim of this Unit was to develop an integrated focus on population statistics derived from the varied data collection activities of the DOS such as social and economic surveys, external migration records, and the Population Census. It was proposed that this Unit would collaborate with the Registrar General's Department in analysing vital statistics data, as well as producing other demographic and social statistics.

The design of Unit operation was for leadership to be provided by a specialist/consultant Demographer with junior (trainee) staff drawn from the DOS

establishment. The appointment of such a Demographer was to be for three years at a cost of approximately J\$23,000 per year. To date, however, the specialist Demographer has not been appointed because no suitable candidate has been identified for the position. Appropriate candidates require higher remuneration than is offered. Efforts are being made to "top-up" the salary if possible. To date, therefore, the project has not been started.