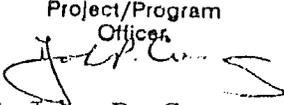
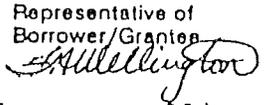
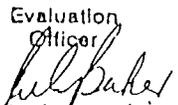
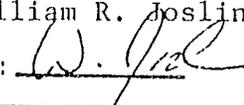


# A.I.D. EVALUATION SUMMARY PART I

(BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS)

<b>A. REPORTING A.I.D. UNIT:</b> <u>USAID/Jamaica</u> <small>(Mission or AID/W Office)</small>  (ES# _____ )	<b>B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN?</b> yes <input checked="" type="checkbox"/> slipped <input type="checkbox"/> ad hoc <input type="checkbox"/> Eval. Plan Submission Date: FY <u>87</u> Q <u>4</u>	<b>C. EVALUATION TIMING</b> Interim <input checked="" type="checkbox"/> Final <input type="checkbox"/> ex post <input type="checkbox"/> other <input type="checkbox"/>			
<b>D. ACTIVITY OR ACTIVITIES EVALUATED</b> (List the following information for project(s) or program(s) evaluated; If not applicable, list title and date of the evaluation report)					
<b>Project #</b>	<b>Project/Program Title</b> <small>(or title &amp; date of evaluation report)</small>	<b>First PROAG or equivalent (FY)</b>	<b>Most recent PACD (mo/yr)</b>	<b>Planned LOP Cost ('000)</b>	<b>Amount Obligated to Date ('000)</b>
032-0122	Private Sector Promotion of Family Planning	1985	5/90	448	448

<b>E. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR</b>  <p style="text-align: center;">Action(s) Required</p> <p>and the Grant Agreement with the JFPA in order to:</p> <p>(a) Extend the PACD to May 1, 1990;</p> <p>(b) Provide additional funds in the amount of US\$200,000;</p> <p>(c) Provide for a Project Director for the Private Sector Network Component;</p> <p>(d) Introduce new activity of family planning travelling theater.</p> <p style="text-align: center; margin-top: 20px;">BEST AVAILABLE</p>	<b>Name of officer responsible for Action</b>  John P. Coury Project Officer	<b>Date Action to be Completed</b>  Grant was Amended August 28, 1987
(Attach extra sheet if necessary)		

<b>F. DATE OF MISSION OR AID/W OFFICE REVIEW OF EVALUATION:</b> mo <u>7</u> day <u>7</u> yr <u>87</u>			
<b>G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:</b>			
Project/Program Officer  Signature Typed Name <u>John P. Coury</u> Date: <u>12/16/87</u>	Representative of Borrower/Grantee  Signature Typed Name <u>Florence Wellington</u> Date: <u>12/22/87</u>	Evaluation Officer  Signature Typed Name <u>Ruby Baker</u> Date: <u>12/22/87</u>	Mission or AID/W Office Director 12-31-87  Signature Typed Name <u>William R. Joslin</u> Date: <u>12-31-87</u>

**H. EVALUATION ABSTRACT (do not exceed the space provided)**

The purpose of the project "Private Sector Promotion of Family Planning" is to deliver family planning education and services through the innovative involvement of private sector entities. The three components of the project were evaluated in order to assess the ability of the private sector to deliver family planning education and services, and to provide guidance to USAID regarding continued support and suggested areas for activity.

The implementing agency is the Jamaica Family Planning Association (JFPA) which is an indigenous private voluntary organization dedicated to family planning. The major project components are (1) a radio dramatization serial ("Naseberry Street") with family planning messages; (2) development of a network of family planning education and services to private sector institutions (industries and hotels); and (3) strengthening of resource development capabilities of the JFPA.

The major findings and conclusions are:

- The project is well conceived and in line with the national family planning program.
- The three components, though moving at varying rates of implementation, have strong potential for achieving interrelated effects which would contribute to the success of each, and the project as a whole.
- The radio dramatization component has been particularly successful in reaching the target audience and in communicating a strong message on responsible family life behavior.
- Workers and management of the companies currently involved under the private sector network consider the services useful. However, the JFPA needs to provide greater motivation and take steps to expand the number of participating firms.

Lessons Learned

- An indirect approach to delivering family planning messages can be very effective.
- The planned involvement of volunteers, such as those working on the fundraising component, may not be fully realized.
- Communication and interaction between JFPA and the National Family Planning Board (NFPB) is highly desirable, particularly in terms of avoiding conflicting messages.

**I. EVALUATION COSTS**

**1. Evaluation Team**

Name	Affiliation	Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (US\$)	Source of Funds
Hermione McKenzie	P.S.C.	Host Country Contract	\$2,300	Project #532-0122

2. Mission/Office Professional  
Staff Person-Days (estimate) 7

3. Borrower/Grantee Professional  
Staff Person-Days (estimate) 20

# A.I.D. EVALUATION SUMMARY PART II

## J. SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Try not to exceed the 3 pages provided) Address the following items:

- Purpose of activity(ies) evaluated
- Purpose of evaluation and Methodology used
- Findings and conclusions (relate to questions)
- Principal recommendations
- Lessons learned

Mission or Office: USAID/Kingston, Jamaica Date this summary prepared: December 16, 1987

Title and Date of Full Evaluation Report: Review of "Private Sector Promotion of Family Planning" Project, USAID OPG Agreement #532-0122-G-SS-5170-00

The purpose of the Project is to strengthen the capabilities of the Jamaica Family Planning Association (JFPA) to deliver family planning education and services through participation of other private sector entities. The Project supports innovative approaches through the use of mass media communication (radio dramatization serial "Naseberry Street"), development of a network among selected private sector institutions, and strengthening the fundraising and resource development capabilities of the JFPA through provision of U.S. technical assistance and training of JFPA volunteer fund raisers. The Project, begun in May 1985, required an interim evaluation to allow USAID to consider the JFPA's request for expansion of Project activities and additional funding.

Methodology: The evaluation team examined Project documents including reports, baseline survey, financial records and a listenership survey of "Naseberry Street". Personal interviews were also conducted with USAID and counterpart Project management personnel and beneficiaries. Following are the highlights of the evaluation report, presented by Project components.

### 1. RADIO DRAMATIZATION SERIAL:

"Naseberry Street", successfully broadcast with USAID financial support for 24 months, gained a large and approving audience, estimated at 70% of females and 42% of males in the target population. The principal messages conveyed by the program were:

- (1) birth control should be used to avoid unwanted pregnancies;
- (2) young people should postpone having sexual relations;
- (3) men need to behave more responsibly in sexual matters.

Listeners have been influenced to think positively about family planning and its values in relation to family life behavior. The program was considered highly cost effective at a rate of J 37 cents (less than U.S. 15 cents) per head. A commercial sponsor has readily been found, thus achieving a major Project goal and realizing significant savings on the budget for this element of the Project.

#### Major Strengths

- A talented and sensitive writer/producer and cast;
- Use of an indirect approach whereby subtle emphasis on improved emotional relationships, fidelity, and responsible parenthood and family planning are presented in a familiar and culturally relevant context;
- Organizational inputs from the JFPA team.

#### Major Weaknesses

- Lacks ability to influence significantly groups whose situations (for example, unemployment, dependence on male support) dictate other fertility patterns;
- Relatively low impact on men;
- Limited linkage with other JFPA outreach activities;
- Scheduled hour of broadcast hinders reach to the widest possible audience.

SUMMARY

Lessons Learned

- It is necessary to maintain audience appeal and not to adopt too heavy-handed an approach to the family planning message;
- Communication and interaction with the NFPB is essential. However, it seems undesirable that they should review or seek to authorize the series before broadcast.

Major Recommendations

- Promote JFPA on the program in a positive but not over-obtrusive way;
- Selected representative(s) of JFPA should communicate and interact with the script-writer on a regular basis in relation to family planning concerns and themes;
- In the absence of a change of time-slot, develop cassette recordings and mini-plays of "Naseberry Street" for distribution to schools and other counselling groups, for listening and discussion;
- Develop strategies to influence economically disadvantaged young women.

2. DEVELOPMENT OF PRIVATE SECTOR NETWORK:

In the first year of the Project some 36 companies received services. Several others were contacted and agreed to a phased input. Up to the end of November 1986, about 3,300 workers received family planning education and more than 700 became acceptors. Contraceptive distribution points were established in companies contacted, and referrals made for clinic based methods. Analysis of a baseline survey revealed a gap between knowledge and use of contraceptives by workers. Use was lower among males than females in Kingston, but was particularly low among females in the North Coast (tourism) areas. Workers reported small families and companies reported low numbers of pregnancies. However, these findings call for more detailed study to determine Project impact. JFPA was found to be well promoted throughout the companies, at both management and worker level, at a very rough cost of JA\$42 per worker contact.

Major Strengths

- The program is appropriate. A very high proportion of the target population is reported to be in the reproductive ages 18-35 years and a significant proportion are males. The need for personal counselling in family planning, emotional relationships, and reproductive health all appear to be great, and the contraceptive distribution points and referral services are considered useful.
- Company Managers think the project is highly needed and are in support of it.
- "Snowball Effect": Many workers report sharing information with relatives and friends.
- Opportunity provided for Family Planning Educators to develop valuable skills.
- Recording and reporting systems have attained a good level.

Major Weaknesses

- Need for more attractive presentation techniques and materials.
- Low frequency of contacts with companies.
- Limited implementation of proposals to interest private sector leaders, trade unions, cooperatives and other influential groups, in population issues.
- Need for more feedback to top management on the progress of the family planning education program in their companies.
- Lack of compensation to operators of contraceptive distribution points.
- Need to ensure an adequate supply of the contraceptives which are most in demand.
- Need for more detailed preparation work in companies: Identification of suitable venue, advance notices to workers, documentation of number of workers in the company, levels, sex, and availability of workers for sessions.
- Need for JFPA supervisory personnel in the Project.

Major Recommendations

- Re-hire a Project Director whose responsibilities should include addressing major weaknesses stated above.
- In collaboration with NFPB, commission a more comprehensive inventory and baseline survey of the private sector to gain information on which to base decisions on future family planning interventions.
- Conduct re-analysis of current baseline survey and conduct brief re-survey of 14 companies involved to determine change in family planning behavior.
- Outline an expected time frame for this expanded Project and the target achievements expected within this time frame. Will it continue indefinitely?
- Seek collaborative approach with NFPB to private sector outreach program.

3. STRENGTHENING JFPA RESOURCE DEVELOPMENT CAPABILITIES:

The input of the consultant has been valuable as a catalyst and as a resource, but the group processes have developed somewhat differently from what was outlined in the consultant's original approach. Accomplishments to date include:

- completion of a very useful Feasibility Study;
- conducting two workshops with the Board members;
- recruitment of the Resource Development Coordinator;
- preparation and implementation of a Resource Development Plan;
- preparation of a list of prospective donors;
- collaboration of a technical assistance team with the Coordinator in developing support documents such as organizational profiles and a Case Statement for Support.

Other fund-raising-oriented activities have included the preparation of an illustrated Brochure on the history and work of the JFPA, and several activities associated with special events and special projects. Among associated achievements has been the successful approach to a manufacturing company to sponsor "Naseberry Street".

Major Strengths

- Variety of approaches to fund-raising.
- Individual responsibility accepted by varying Board members for components of the Resource Development Plan .
- Versatile support given by Resource Development Coordinator.

Weaknesses

- Slow implementation of the actual fund solicitation activities.
- Need to maintain a group process among the fundraisers as well as the individual activities.

Recommendations

- Technical assistance to the JFPA administration should continue.
- The Board should decide whether, as a group, they desire more technical inputs from the consultant.

**K. ATTACHMENTS (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier)**

1. Review of "Private Sector Promotion of Family Planning" Project USAID OPG Agreement No. 532-0122-G-SS-5170-00, January - February 1987 (Full Report).
2. Review of "Private Sector Promotion of Family Planning" Project USAID OPG Agreement No. 532-0122-G-SS-5170-00, January - February 1987 (Executive Summary and Summary of Recommendations).

**L. COMMENTS BY MISSION, AID/W OFFICE AND BORROWER/GRANTEE**

The Mission concurs in the findings of the Evaluation and has met with representatives of the JFPA in order to incorporate recommended changes into the Revised Project Grant Agreement. Of particular note, the Revised Grant includes funding for the recommended supervisory personnel for the Private Sector Network component. This will provide for the effective implementation of the other recommendations made by the evaluator.

The evaluator not only exhibited a keen knowledge and familiarity with the programs of the JFPA, but also took into consideration the broader national family planning program, of which the JFPA activities form a part. The evaluator was very impartial and made reasonable and feasible recommendations. The major weakness was the extremely long delays on the part of the evaluator between her initial work and the final submission of the report. Interviews were begun in the fall of 1986, the writing of the report in February 1987, and the delivery of the report to USAID in June 1987.

Most of the concerns identified in the Evaluation Report had been raised prior to the Evaluation in discussions between the USAID Project Officer and the JFPA Executive Director. Therefore, the findings and lessons learned, as cited in the Report, were not unexpected and are in line with conclusions already reached by the parties involved.

REVIEW OF  
"PRIVATE SECTOR PROMOTION OF FAMILY PLANNING" PROJECT  
USAID OFG AGREEMENT NO. 532-0122-G-SS-5170-00  
JANUARY - FEBRUARY 1987  
(FULL REPORT)

Hermione C. McKenzie,  
Jamaica.7

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The following is an interim review of the project entitled "Private Sector Promotion of Family Planning" conducted under the USAID Operational Program Grant (OPG) Agreement No. 532-0122-G-86-5170-00 with the Jamaica Family Planning Association. The period covered by this review is broadly from May 1985, when the Agreement became effective, to December 1986.

After several different proposed periods of review, this study was carried out between 8th January and 12th February 1987. Some preliminary contacts and interviews were undertaken before 8th January and a final visit to St. Ann's Bay to study the Private Sector Family Planning Education activities there, as well as concluding interviews with the Chief Executive, Mrs. Brenda Gray, and other respondents, were carried out after that date.

#### AIMS OF THE REVIEW, AND SCOPE OF WORK

The main purposes of this interim review are to examine

1. The extent to which the Project aims have been achieved up to now;
2. The potential for further successful achievement of the Project aims, and the need for any modifications.

The Scope of Work presented by the Jamaica Family Planning Association outlined the following tasks:

1. To examine Project Documents, reports, baseline survey, and financial records.
2. Interview project personnel, author/producer of "Naseberry Street".
3. Interview JFFPA'S Board of Directors (for the purpose of the Resource Development Component).
4. Interview clients currently receiving service.
5. Interview USAID staff.
6. Prepare a Working Paper to facilitate discussion. The paper should contain the following:
  - (a) History of the project to present
  - (b) Accomplishments
  - (c) Strengths and weaknesses identified
  - (d) Identify lessons learnt
  - (e) Suggest alternate activities in which the JFFPA could become involved with the Private Sector.

## DESCRIPTION AND HISTORY OF THE PROJECT

The Project Grant Agreement was signed in May 1985, relating to three major program components and a supporting Technical Assistance component, all of which were expected to continue until April 30 1987:

1. A Radio Dramatization Serial, "Naseberry Street", which had already begun on a trial basis in February 1985;

2. A program in Family Planning Promotion and Education for the Private Sector/"Development Of A Network Among Private Sector Institutions To Provide Family Planning Education And Service Delivery" ("Private Sector Network"), which began in January 1986;

3. Strengthening of Resource Development Capabilities of the executing agency, the Jamaica Family Planning Association (JFPA), for which preliminary activities began in July 1985.

4. Technical Assistance from the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR), a JFPA associate, which would act as the procurement agent abroad and would also give specific assistance to the Private Sector Network and Resource Development activities. This Technical Assistance would be valued as a counterpart contribution to the project.

As at May 1, 1985, the amount of US\$200,000 was obligated for the above activities, distributed as follows:

COST ELEMENT	USAID	JFFA	Other	TOTAL
	US\$	US\$	IPPF US\$	
1. Radio Dramatization Serial	59,000	8,000	-	67,000
2. Private Sector Network	90,000	15,000	10,500	116,000
3. Resource Development	41,000	27,000	7,500	75,500
4. Administrative Support	10,000	-	-	10,000
<i>Total</i>	200,000	50,500	18,000	268,500

As at August 30 1985 a Grant Modification was introduced, increasing the Grant total by US\$48,000. The new Financial Plan was as follows:

COST ELEMENT	USAID	JFFA	Other	TOTAL
	US\$	US\$	IPPF US\$	
1. Radio Dramatization Serial	85,000	8,000	-	93,000
2. Private Sector Network	95,000	15,000	10,500	121,000
3. Resource Development	58,000	27,000	7,500	92,500
4. Administrative Support	10,000	-	-	10,000
<i>Total</i>	248,000	50,500	18,000	316,500

As can be seen above, the JFFA also made a counterpart contribution.

The Grant Modification was occasioned partly by the increase in transmission costs for the Radio Dramatization Serial. Its main effects were as follows:

1. Radio Dramatization Serial:

The amount available for production and broadcasting was increased by approximately 53% over each of the two years of the project, from a total of US\$49,000 to a total of US\$75,000;

2. Private Sector Network:

The amount available for audio-visual equipment, films, and purchase or production of print material was increased by 62%, from US\$8,100 to US\$13,100, of which the entire amount was available in the first year of the project,

3. Resource Development:

The amount available for U.S. Technical Assistance was increased by 60% overall, from US\$25,000 to US\$40,000, and the amount available for local salaries and miscellaneous expenses by 12.5%, from US\$16,000 to US\$18,000.

The actual use of the funds as at the end of December 1986, with four months left for the end of the Grant Agreement, was as follows:

	BUDGET	EXPENSES	BALANCE
	US\$	US\$	US\$
1. Radio Dramatization Serial			
A.,C. Production and Broadcasting (including Pilot Airing)	82,000	79,630	2,370
B. Marketing Evaluation	3,000	2,036	964
<i>Sub-Total</i>	85,000	81,666	3,334
2. Private Sector Network			
A. Personnel Costs	55,100	17,769	37,331
B.,C.,D. Operational Expenses, Equipment, Materials	28,400	9,455	18,945
E. Contraceptives	4,500	-	4,500
F. Training	4,000	3,038	962
G. Evaluation	3,000	-	3,000
<i>Sub-Total</i>	95,000	30,262	64,738
3. Resource Development			
A. U.S. Technical Assistance	40,000	22,793	17,207
B. Local Personnel Costs	13,700	2,520	11,180
C. Workshops, miscellaneous	4,300	457	3,843
<i>Sub-Total</i>	58,000	25,770	32,230
4. Administrative Support	10,000	4,772	5,238
<i>Totals</i>	248,000	142,470	105,530

The main areas of unused funds have occurred under the Private Sector Network activity, where there has been a scaling-down of the personnel complement of the project, and where equipment and materials expenditure also appear to have been less than was projected; and under the Resource Development activity, where only Year I activities may be said to have been completed. In October 1986, the Director of the Jamaica USAID Office of Health/Nutrition/Population conducted a review of the financial status of the project and estimated that a balance of approximately US\$71,000 would remain at the end of the project. Since then the Radio Dramatization Serial has been taken over by private sponsorship, resulting in the saving of another US\$6,000 to the project.

The Director also wrote: "We realize that considerable savings have accrued to the OPG during the recent years, owing to the devaluation of the Jamaican dollar. We also recognize that there had been some delay in the contracting of the staff for the Private Sector Network Component, and therefore the amount of available funds has not been spent as originally budgeted."

In the following sections, detailed analyses of each component of the project are presented.

RADIO DRAMATIZATION SERIAL, "NASEBERRY STREET"

The aims of the Radio Dramatization Serial were

- to increase knowledge, acceptance, and practice of family planning among men and women of child-bearing age, with special emphasis on teenagers and young adults;
- to change values and practices affecting fertility.

It was also proposed that the JFPA, the executing agency, should at a later date seek private sponsorship for this program.

The implementation of the project was designed as follows:

Phase I

- (1) A three-month pilot series to be aired nation-wide, three times per week, at 15 minutes per episode;
- (2) An evaluation of listener acceptability, to be conducted within 10 weeks of the first broadcast.

Phase II

- (1) Twenty-one months of broadcasting of the series nationwide, three times per week, at 15 minutes per episode;
- (2) JFPA to approach private sector companies who would be interested in purchasing sponsorship of the series. As such sponsorship is obtained, the funding originally targetted for "Naseberry Street"

could be utilized for other communication activities in support of family planning promotion.

Other provisions were that USAID/Jamaica would review all radio scripts and materials prior to broadcasting, and that no mention of USAID's sponsorship of these radio programs would be made over the air.

Finally, it was anticipated that by the end of Phase II, the radio series would be receiving sufficient sponsorship from the private sector to assure continuation without further USAID assistance.

"Naseberry Street" started on a three-month trial basis in February 1985. From then up to the time of the present review, a total period of some 24 months, it has continued on the basis of a 15-minute presentation three times a week, at 9.15 a.m. on Mondays, Wednesdays, and Fridays, on RJR (Radio Jamaica and Rediffusion), one of Jamaica's two radio stations.

Since the end of the review activity now being reported on, a manufacturing firm has undertaken the entire sponsorship of "Naseberry Street", and the program is now broadcast on JBC (the Jamaica Broadcasting Corporation) the competing radio station, at 10.00 a.m. on Mondays, Wednesdays, and Fridays. The proposed private sector sponsorship has therefore been fully achieved within the projected time frame. In spite of this development which means that the

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program's continuance is now no longer dependent on the USAID OPG, it is still necessary to examine the implementation of the "Naseberry Street" project, and to document the lessons learnt.

#### Purposes and their achievement

From reading the correspondence and from discussions with several respondents, the broad purpose of this activity seems to have been to find an innovative outreach vehicle which promoted Family Planning and which formed a worthwhile and publicly recognized activity for JFPA. Radio was regarded as a useful vehicle because recent surveys have indicated that radio has an audience of between 85% and 90% of the Jamaican population aged 15 years and over. (S)

The aims of the project are judged to have been admirably met. "Naseberry Street" communicates a variety of family planning messages by depicting the lives of characters associated with a fictional family planning clinic. Among the characters is Nurse, who seeks to promote Family Planning and better living in the community; Scattershot, a confident and amorous male who lives up to his name; Bethune, his former live-in companion who has borne three of his children; and Nana, a traditional midwife who is an expounder of fatalistic folk-beliefs about the number of children a woman should bear. And so on.

The evaluation originally proposed for 10 weeks after the first broadcast was finally carried out by Professor Carl Stone, a

well-known pollster, approximately eleven months after the inception of the programme. The time lapse in the implementation of the OPG resulted in the airing of the radio series for some months before the evaluator could be selected. Professor Stone's evaluation gave the following broad findings:

Approximately 70% of all female respondents in his national sample of 2,000 persons and approximately 42% of all male respondents in the sample were listeners to the program.

Young persons, under age 30, consistently had highest listenership rates. The most regular listeners among females were those who were young and poor and/or unemployed.

Older (30+) lower-income women, both in urban and rural areas, also revealed fairly regular listenership, and so did some young, middle-income, rural women.

Among males, the most regular listeners were urban and middle class, of all ages. Urban unemployed males, most of whom are young, also revealed a moderate regularity of listenership. In rural areas, young low-income males reported fairly regular listenership, but were closely matched by rural middle-income males of all ages.

A summary of Professor Stone's findings, published in "Population Report", September - October 1986, says:

"Listeners were more likely than non-listeners to use contraceptives, although of course the difference may not result from the program. Both men and women reported that their view of family planning improved because of the program, but women said so more often than men. Among the urban middle class, for example, 42 percent of young women and 34 percent of young men said that their views had changed. Also, more women than men reported learning from the program.

Among the lessons:

- birth control should be used to avoid unwanted pregnancies;
- young people should put off having sexual relations;
- men need to behave more responsibly in sexual matters.

About half of all listeners discuss the program with friends and relatives. Ironically, some 34 percent of male respondents chose Scattershot as their favorite character, although another 35 percent chose him as their most disliked character. (Of course, the men who chose him as their favorite character might not necessarily approve of his behavior.) Only 16 percent of women chose Scattershot as their favorite...."

From the above information, the most irregular listenership patterns seem to be found among poorer males and among better income urban females. In actual practice of contraception, young unemployed women and male listeners, taken as a whole, report the lowest levels of contraceptive use.

On the young unemployed women, Stone comments, "These younger persons enjoy the drama and entertainment of the programme but appear to be not significantly influenced by its message ... The unemployed women also have by far the highest average number of children in the sample ..." In relation to the lower impact of the program on males, the author Mrs. Elaine Perkins says that she goes after "women of child-bearing age. If I can convince the women, the men will get the message."

Other observations suggest that the popularity of the programme has even increased in the subsequent months since the Stone evaluation. The Executive Director of JFPA writes in a report, "The serial is a popular topic for discussion in restaurants, supermarkets, offices, and petrol stations... Nearly everyone who comments on the programme refers to the value of radio in disseminating the family planning message, the way in which the incidents highlighted in the series are true to the Jamaican way of life; and the awareness which the program arouses about the dangers of having too many children." Other statements noted include a comment by a female Security Guard, "It gives me experience about life." Said a female office attendant, "I never miss it!" A 14-year-old schoolgirl writing about the program said, "I find it is very good for children," while another wrote, "It shows what can take place in your life." The schoolgirl writer went on to identify with the radio characters as if they were real people, advising a young man about to marry that she would prefer him to marry his girl-friend of the past six years rather than the new girl he had just met. She concluded, "Say hello to Nurse!"

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Few persons interviewed actually stated that they had adopted contraception as a result of the program, but it is widely spoken of as "the Family Planning program", and this indicates that there is a definite awareness of the Family Planning message.

### "Naseberry Street" And The Family Planning Message

Two key issues which have arisen in relation to this program are, one, the nature of the Family Planning message being portrayed, and two, the amount of control which should be exercised over a presentation of this type. The author Mrs. Elaine Perkins is of the view that resistance to a formal Family Planning organization may be still a problem for some listeners, and is cautious about a too specific "Family Planning message". In her view the lives of the people in the series are all about family planning, and her emphasis is on improved emotional relationships, fidelity, and responsible parenthood, rather than just "take a pill".

The purpose of the radio series, as stated by the author, is to promote greater understanding and acceptance of selective child-bearing as a means to a better life. "The way in which indiscriminate and irresponsible child-bearing impinges on the lives of all the characters is the most powerful theme in "Naseberry Street" ".  
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She considers the creation of believable situations on radio to be the greatest challenge, and the entertainment aspect and audience appeal to be the most outstanding achievements of the series. "If ("Naseberry Street") is to serve its purpose, it must bring new techniques to bear on the problem ... It cannot preach. It cannot bore people. The moment it does, our listeners will tune out mentally or switch off their radios."

Again, in response to requests that Scattershot be reformed, after Carl Stone's evaluative study revealed his popularity (although one must also be careful to note that in Stone's study, equal numbers of men liked or disliked Scattershot!), Mrs. Perkins wrote, "Scattershot will change and become more responsible but ... the serial is to run for at least two years, and if I destroy my villains now, what will become of the dramatic life of the programme? Please trust me. I believe I have some experience in the field ..." She also comments that it is difficult to document the impact of a series like this in a short time.

Mrs. Perkins is the author of several previous radio dramas including the well-known "Dulcimina and Her Life In Town", a daily radio series which ran for 14 years.

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Monitoring The Family Planning Message

Mrs. Perkins says that she bases her series on information gained from visits to health clinics, conversations with health personnel, experiences in rural courts listening to juvenile and family cases, and other community experiences. The JFPA Chief Executive states that she supplies Mrs. Perkins with literature, news clippings, suggestions and ideas, and "sends her the Board's concerns from time to time."

The National Family Planning Board (NFPB) has expressed concern that the messages portrayed should be in keeping with the national goals and objectives, and fears that the program may be confirming and reinforcing outdated and negative beliefs and ideas in the society. They do not monitor the program regularly, stating that they lack the resources to do so.

Synopses of the series have been submitted to USAID but there is no detailed review of the scripts prior to broadcasting.

Given the popularity of the program and the obvious carefulness of this creative writer, it seems desirable to give this program a relatively free rein and to offer consultation on the "Family Planning message" only in an indirect and informational manner. NFPB have indicated that they send all their research findings such as Contraceptive Prevalence Surveys and Male Attitudinal Survey to the JFPA, and suggest that JFPA might distill some of this information for briefing the author of the series. As outlined above,

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however, if the program is to retain its popular appeal it should not be seen as a vehicle for disseminating overt family planning exhortations.

#### Image Building For JFPA

"Naseberry Street" has not always been accurately attributed to JFPA. The very first episode of "Naseberry Street" was promoted by RJR as a presentation of the "National Family Planning Board", and some of the letters flowing in about the program have been addressed to NFFB or to "Marge Roper", the fictional name of the NFFB counsellor who answers telephone calls, gives radio advice, and receives personal callers.

In keeping with the idea of not over-emphasizing the Family Planning sponsorship of the program, sponsor identification on the radio program has been fairly low-key. Family Planning Educators in the Private Sector Network Program have suggested that if their program was mentioned on "Naseberry Street", workers in the factories might be more familiar with JFPA as an organization and would be more receptive to their Family Planning education activities.

On the other hand, people who now recognize the name JFPA state that they do so because of "Naseberry Street". The success of the program has also attracted international attention and several articles have been published on it. The Population Information Service of Johns Hopkins University has taken an interest in the

program, and other Caribbean islands have been encouraged to attempt similar programs.

#### Timing Of The Program

The popularity of the program occurs despite the inconvenient hour of transmission. School pupils cannot listen during the school term, and many workers cannot listen at their workplace. To give an example, at one North Coast hotel, only workers in the Laundry, some distance away from the actual hotel building, are permitted to listen to radios. While at this hotel I noticed two or three gardeners/handyman at the Laundry door, also listening!

Again, at a Kingston garment factory, policy is that only FAME, a radio transmission which provides almost continuous music, is beamed to the workers on the public address system. I gained the impression that this was to avoid any distractions. At the same factory, I observed a female Security Guard standing outside the factory listening to "Naseberry Street" on the security vehicle's radio. She could not listen inside the factory.

Although the sponsorship of the program has now been taken over by a manufacturing company, as stated above, and the program has now been transferred to JBC, the time has only been changed from 9.15 a.m. to 10.00 a.m. - still mid-morning. Mrs. Perkins states that she considers the periods between 7.00 and 7.30 p.m. or between 8.30 and 9.00 p.m. to be the best possible times.

Policies and Organization of the Program

"Naseberry Street" has been simply and effectively organized. Mrs. Perkins was paid J\$1,000 per episode, increased to J\$1,200 in May 1986, to cover all fees for creating, writing, and producing each episode; typing and copying of scripts for actors; studio rental for recording of episodes; and any other incidental costs. Mrs. Perkins thus has functioned as the sole controller of all aspects of the production process, and she normally has pre-recorded episodes about four weeks in advance, so there is time in hand. Her cast comprises a selected group of free-lance actors, and she comments that they need to find the activity artistically as well as financially rewarding.

"Naseberry Street" has been generally hailed as being well-written, well produced, and of excellent technical quality (Population Report, Sept.-Oct.1986).

Mrs. Perkins finds her relations with the JFPA Board of Directors to be good, and the ongoing smoothness of the arrangement is a credit to the steady and efficient efforts of Mrs. Brenda Grey, JFPA Chief Executive, Mrs. Jean Lowrie-Chin, a public relations specialist and member of the JFPA Board, and Mrs. Perkins herself as well as her organization, Creative Productions Ltd.

Expenditure On The Project, Listenership In Relationship To Cost, And  
Use Of Remaining Resources

Total expenditure on "Naseberry Street" over the twenty-month period reported on by JFPA was J\$437,962.89. Based on Professor Stone's analysis, it is estimated that 42% of all adult males in the population and 70% of all adult females in the population listen to the program. By this it is calculated that some 380,000 females aged 14 to 49 years (the main reproductive ages) have heard the program at some time, and that some 221,000 males aged 15 to 54 (hopefully, the main reproductive ages) have heard the program. This amounts to a total of about 601,000 listeners, or a cost of about J\$0.73 per head for conveying the Family Planning message.

One proposal for the use of any resources saved on this project might be to commission Mrs. Perkins to prepare mini-"playlets" on recording cassettes, based on the Naseberry Street characters, and encompassing a complete story or event in the space of twenty minutes or half-an-hour. These could be used by school counsellors and others for pupil listeners, followed by discussion of the implications of the story. A set of 10 or 12 such recordings might be considered.

SUMMARY:

Accomplishments:-

- "Naseberry Street" was successfully broadcast for 24 months and gained a large and approving audience, estimated at 70% of the female population and 42% of the male population".
- The program successfully conveyed the messages that
  - (1) birth control should be used to avoid unwanted pregnancies
  - (2) young people should put off having sexual relations
  - (3) men need to behave more responsibly in sexual matters.
- Listeners have been influenced to think positively about family planning, and about their values in relation to family behavior.
- A commercial sponsor has readily been found for the program.

Strengths:-

- The talented and sensitive writer-producer and her cast.
- The compact, integrated organization of the production process for the series.
- Organizational inputs by Chief Executive, Mrs. Brenda Grey, and JFPA Board member, Mrs. Jean Lowrie-Chin.
- The indirect approach: Believable cultural situations and an emphasis on improved emotional relationships, fidelity, and responsible parenthood, as well as on Family Planning.

Weaknesses:-

- The program attracts listeners by its drama and entertainment but may be unable to influence significantly some groups whose situations (for example, unemployment, dependence on male support) dictate other

fertility patterns.

- The program has a low impact on men. More women than men report learning anything from the program, and many fewer men listen regularly.

- There is little linkage with the Association's other Family Planning outreach activities.

- The time of the day that the program is broadcast does not reach the widest possible audience.

#### Lessons Learnt

- It is necessary to keep audience appeal and not to adopt too heavy-handed an approach to the Family Planning message.

- Communication and interaction with the NFPB is essential. However, it seems undesirable that they should review or seek to authorize the series before broadcast.

#### Recommendations

- Promote JFPA on the program in a positive but not over-obtrusive way.

- Selected representative(s) of JFPA should communicate and interact with the script-writer on a regular basis. No detailed monitoring should be undertaken, but mainly contact and consultation in relation to Family Planning concerns and themes.

- In the absence of a change of time-slot, some cassette recordings of brief "mini-plays" with Naseberry Street characters might be prepared and distributed to schools and other counselling groups, for listening and discussion.

- Strategies to influence young unemployed women: Since there is an apparent lack of influence by the series on contraceptive use by young unemployed women, some alternative economic possibilities for such women - ideas for employment, for freeing themselves from over-dependence on the fathers of their children, and for improving their social and economic advancement - might be introduced into the plot.

APPENDIX: Guidelines For Commercial Sponsorship Of "Naseberry Street", By The USAID Office Of Health/Nutrition/Population:

"The commercial sponsor or co-sponsor for "Naseberry Street" should meet the following conditions:

(1) Allow for the continued inclusion of family planning messages within the radio programs;

(2) Allow for the recognition of the JFPA and include the messages encouraging women to go to the JFPA family planning clinics and to the Government health centers;

(3) Be a reputable company;

(4) Give assurance of a long-term commitment to sponsorship of the "Naseberry Street" program, for no less than one year."

Development Of A Network Among Private Sector Institutions To Provide Family Planning Education And Service Delivery

The target groups for this project are private sector institutions such as factories, hotels, and insurance companies, or related groups such as trade unions, credit unions, cooperatives, business associations, and professional associations.

From the documentation and from discussions with key personnel, it is evident that multiple aims exist for this project such as

- recognizing the interests of the private sector in participating in efforts to deal effectively with problems of national development, including efforts to control population growth, and taking the initiative to involve the efforts and resources of the private sector in addressing population issues;

- expanding the role of JFFPA as a focal organization for mobilizing support for the cause of Family Planning among private groups and individuals;

- addressing private sector employees as an important target group for family planning information, education, motivation, and contraceptive services. This is seen as one strategy for bridging the reported gap between contraceptive knowledge and practice which currently exists in Jamaica. Some additional aims expressed are to

influence male employees, since males are least likely to be reached through existing clinic-based programs, and since males are estimated to comprise some 55% of the employees of private firms and companies; and to reduce absenteeism from work due to pregnancy.

The main strategies and activities proposed were to:

- (1) Educate and motivate leaders of national level private sector organizations, and solicit their interest, commitment and participation in family planning and population policy activities;
- (2) Establish contacts with leaders of industries, unions, cooperatives, and other private sector institutions, with a view to soliciting their support and cooperation in the project activities.

(The main project activity proposed in relation to (1) and (2) above is the provision of one-day seminars for leaders.)

- (3) Provide family planning information and education at work or meeting sites or at locations decided upon by management or staff;
- (4) Provide contraceptive services in a form appropriate to each participating group;
- (5) Maintain interest and commitment through regular contacts with each participating group.

Project activities proposed in relation to (3), (4), and (5) above include:

- as a preliminary to any activities involving the target groups above, baseline surveys to be conducted by the project staff to determine (i) the size, age composition, and sex ratio of the target population at each participating institution; (ii) number of pregnancies over the past two years; (iii) current contraceptive usage; (iv) attitudes towards family planning, disaggregated by sex of respondent; and (v) views of the respondents on the proposed project.

- a series of lecture/discussion-type presentations specifically designed for the target groups identified above;

- production and distribution of educational/motivational materials;

- provision of contraceptive services and of referrals to health centers for those requiring a clinic-based method.

#### History

Activities in this project began in January 1986, with a Project Director and a Family Planning Educator appointed to work in Kingston, and a Family Planning Educator based at the St. Ann's Bay office to work on the North Coast. As one of the by-products of this project, an uptown office and a JFPA presence in Kingston was established, in

addition to the existing and well-known Lenworth Jacobs Family Clinic on East Street. As outlined in the Project Document, the Executive Director assumed overall responsibility for the implementation of the project, and a part-time clerk/typist was also installed at the Kingston office:

The first major activity was a series of contacts with company managements to propose the provision of contraceptive information and services to their employees. By the end of March, ten companies in Kingston had been included in a Phase I trial period, with a total of nearly 2,500 workers. Six companies had been included in Phase I on the North Coast, with a total of over 1,500 workers. Several other companies had been contacted on the North Coast but because of seasonal activities in the hotel and sugar industries it was not possible for them to participate at that time. Implementation of the project in the parish of Hanover was also postponed.

Phase I was proposed to be completed by the end of March (Kingston) and the end of May (St. Ann's Bay). The Project Director, Miss Claire Bernard, prepared a "Project Implementation Strategy" including a baseline survey to be carried out in the companies included in Phase I.

Information on the project was also sent to the Private Sector Organization of Jamaica (PSOJ), and was published in its weekly newsletter, entitled "PSOJ News & Views", on March 4 1986.

Later, in April, Miss Bernard sent out a general "Progress Letter" in which managers were informed of the progress of the project in their companies and in some instances were asked to assist in improving the quality of project delivery by ensuring that workers were released on time and in an organized manner.

By the end of April, some 1260 workers in the Kingston region had participated in lecture/discussion sessions, and approximately 560 in the St. Ann's Bay region. These represented about 52% of all workers in the Kingston group of Phase I companies and a little under 40% of all workers in the St. Ann's Bay group of Phase I companies. Some of the reasons for the fairly low rate of contact with workers were:

- Reluctance of some workers, especially males, to participate. One Family Planning Educator wrote, "The men will request condoms but will not attend lecture sessions." Again, some workers were reluctant to participate in any group activity, but would waylay the Family Planning Educator before or after the meeting to discuss problems, questions, and contraceptive needs.

- Reluctance of some supervisors, in spite of management directives, to release workers.

- Reluctance of piece-workers, in garment factories in particular, to lose any production time.

- Variations in company approaches to lecture/discussion sessions:

.Some companies scheduled the sessions as part of the working day, either arranging for the release of workers on a phased basis so that sessions could be held with a series of groups, or in the case of one company, stopping the entire production line for an hour so that workers would be freed to attend.

.Several companies arranged for sessions early in the morning, where workers were expected to report at the usual time for work, but the start of the work day was delayed until the family planning session was completed.

.Some companies issued a directive that all workers should attend the sessions.

- In all the above cases, attendance and participation were good.

.But other companies scheduled lectures for the workers' lunch-hour, for after work, or left attendance to the personal choice of the worker, or to whether the worker could afford to leave his or her task, and here the attendance was inevitably lower.

An additional aspect of the project was the establishment of a contraceptive distribution point in each company. In some cases the company nurse, a supervisor, or the manager him- or herself undertook to maintain a stock of contraceptive supplies provided by the Family Planning Educator and to distribute them to workers as requested.

Acceptance of contraceptives appeared to be successful, based on the distribution of contraceptives to companies and their requests for replenishments. Some workers were not necessarily new acceptors, but

transferred from their former source of contraceptive supplies to this company-based distribution point because of greater convenience or because of reduced costs. On my visit, one company in a rather inaccessible Trelawny location stated that such a transfer was of benefit to the company because it reduced the necessity for time off or absenteeism for the worker to visit a clinic. A similar statement was made by a Kingston company.

But some workers also resisted this company-based distribution because they desired privacy. Some stated to the Family Planning Educators that they used contraceptives, but preferred to obtain them elsewhere. Again, some workers preferred to contact the Family Planning Educator directly to obtain supplies.

By the end of June the baseline survey conducted by the Project Director, Miss Claire Bernard, had been analysed. The findings are outlined and discussed on page .

In July the Project Director, Miss Bernard, left the project, and in August the Family Planning Educator for Kingston, Mr. Irwin Gregory, also left the project. Both later stated in interviews that they had received other job offers, but that an important reason for leaving was that the project had become less challenging and less interesting. Before she left, the Project Director also indicated to the Chief Executive that she felt the present level of activities in the project did not require such a large staff, so only one Family Planning Educator was recruited to fill these two Kingston vacancies.

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In September, a former teacher, Miss Letitia Grant, was recruited to continue as the Family Planning Educator in Kingston, and continued in this post up to the time of the present review.

With the virtual completion of Phase I, the selection of a group of 11 (eleven) Phase II companies in the Kingston region was begun by Miss Bernard and completed by Miss Grant. Programs are being undertaken in these companies, in addition to continuing contacts with and re-supplies to the contraceptive distribution points established in Phase I. Some refresher sessions have also been undertaken in a few Phase I companies, and these have reportedly been highly welcomed.

In the St. Ann's Bay region, similar activities continued with 6 (six) Phase I companies, and work started with 5 more companies. In addition, contacts with 7 (seven) further companies, and scheduling of sessions to begin later with these companies, also continued.

The two following schedules summarize some of the activities and achievements of the period, based on available reports. The information is not complete, but it gives at least an outline of some of the activities. It is estimated that sessions were held in 36 companies, including hotels, supermarkets, farms and sugar factories, newspaper and printing companies, and manufacturers of food products, furniture, footwear and sewn products, building products, packaging, pharmaceuticals, and tobacco products.

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MONTHS	NO. OF COMPAN- IES VISITED		NO. OF SES- SIONS HELD		NO. OF ATTENDEES		NO. OF ACCEPTORS	
	Kgn.	St.A.	Kgn.	St.A.	Kgn.	St.A.	Kgn.	St.A.
Jan/Feb.	7	4	11	4	272	200?	N.A.	23
Mar/Apr.	10	6	35	8	737	324	33*	41
May/Jun.	7	4	13	7	401	236	5	25
Jul/Aug.	N.A.	5	N.A.	5?	N.A.	148	N.A.	67
Sept.	2	3	7	3	219	90	80	38
Oct/Nov.	5	5	5	5	550	110	296	45
Totals	32	27	71	32	2,179	1,108	414*	239

\* Incomplete data.

? Estimate based on available reports.

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MONTHS		CONTRACEPTIVES ISSUED:			CLINICAL REFERRALS:			
		Condoms (Units)	Orals (Cyc.)	Foams (Tub.)	T/L's	Diaph.	Inj.	IUD
Jan/Feb.	K.	2,000	139	30	8	2	-	-
	St.A.	N.A.	"	"				
Mar/Apr.	K.	3,700	261	75	17	3	1	-
	St.A.	507*	45*	3*	1	-	-	-
May/Jun.	K.	4,300	401	143	-	1	-	-
	St.A.	628	48	10	1	3	-	-
Jul/Aug.	K.	-	-	-	-	-	-	-
	St.A.	1,212	271	31	-	-	-	-
Sept.	K.	600	73	15	1	-	-	3
	St.A.	623	64	12	-	-	-	-
Oct/Nov.	K.	4,950	539	59	-	-	-	-
	St.A.	1,670	36	46	1	-	-	-
Totals		20,190	1,877	424	29	9	1	3

\* Incomplete data

The information on the two preceding schedules indicates a moderate level of performance. One hundred and three sessions were held in ten months, an average of little more than one session per week by each of the two Family Planning Educators. However, there were start-up delays and breaks in service caused by staff resignations, so this average should improve. Contacts were made with almost 3,300 workers, and contraceptive "acceptors" amounted to 700 persons or more. This estimate is a conservative one, as it may be noted that no complete records of acceptors have been included for Kingston over the first seven months of the project.

As a source of comparison, it may be noted that the average number of new clients registered in either of the JFPA's two clinics is about 900 persons per year.

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### Cost of the Project Per Recipient Of Services

The overall cost of the project for 1986 is recorded as J\$166,440. Since there were many start-up costs, it may also be useful to consider only the personnel and travel costs, which amounted to J\$97,730. Also, because information on company visits for the year is incomplete (no information for December, no information from Kingston for July and August), the number of attendees at company sessions has been increased by a factor of 0.2 ( $3,287 \times 12/10$ ).

Estimated Overall Cost per Worker Contact: J\$42

Estimated Personnel and Travel Cost per Worker Contact: J\$25

Because the information on acceptors is not complete, no attempt has been made to calculate the cost per acceptor.

Other benefits also accrue to JFPA from this project such as the increased awareness of company managers and supervisors of the identity and activities of the Association, as well as more widespread worker awareness. There is also a 'snowball' effect where workers state that they share their newly gained knowledge with relatives and friends, and may even assist them in obtaining contraceptive supplies.

The value of such benefits might be calculated by comparing the costs of an alternative public relations campaign.

Again, JFPA benefits by having another Kingston location as well as by becoming better known along the North Coast.

## RESULTS OF THE BASELINE SURVEY

The baseline survey carried out between February and June covered 14 companies, including 12 of the 14 original Phase I companies, and two additional companies. The survey was carried out in conjunction with introductory activities in these companies. The total number of workers in these 14 companies was 2,709, and approximately 5% of all workers in these 14 companies were surveyed, on a randomly selected basis.

## MAIN FINDINGS OF THE SURVEY

**Age Distribution:** In the Kingston companies, 40% of all workers were aged 18 to 25, and another 50% were aged 26 to 35. Thus 90% of all workers fell into youthful and highly reproductive age-groups, a prime target for the program. In the St. Ann's Bay region, 57% of all workers were aged 18 to 25, and another 37% were aged 26 to 35. Thus the workers in this region were even younger than the Kingston workers, and 94% of all workers surveyed were 35 years of age or younger.

**Sex Distribution:** Males formed 58% of all workers in the Kingston region, and 32% of all workers in the St. Ann's Bay region.

**Knowledge And Use of Contraceptives:** In the Kingston companies, 84% of all workers reported knowledge of contraception and 50% had ever used contraceptives. Knowledge was higher among females than among males (89% to 78%), and reported use was twice as high among females

as among males (64% to 32%). In the St. Ann's Bay region, 76% of all workers reported knowledge of contraception and 30% had ever used contraceptives. Here, in contrast to Kingston, knowledge was higher among males than among females (81% to 73%), and reported use was almost twice as high among males in comparison to females (44% to 23%).

In keeping with the general trends already recorded (see page ), workers showed relatively high levels of knowledge about contraception, although many of these had gained their knowledge from the mass media or from friends, which might reflect a lower level of accurate knowledge than those who reported gaining their knowledge from the clinic or from doctors. In particular, 65% of all males had gained their knowledge from mass media or from friends, as compared with 22% of all females; while 55% of all females had gained their knowledge from clinic or doctor, as compared with 17% of all males. The expected knowledge - use gap could also be clearly seen, although current sexual activity was not recorded.

The most commonly used contraceptives were the condom among men and the pill among women. A few men reported using the withdrawal method while the IUD and the injection were the other main methods reported by women.

Number Of Children Ever Born And Number Of Pregnancies Reported Over Past Two Years: The average number of children per worker was 1.4, well below the national average of 3.5. From company records, the

average number of pregnancies recorded among female employees over the previous two years was 2.6 pregnancies per company, although it was noted that pregnancies occurring among casual workers might not be included in company records, since such workers did not qualify for maternity leave. In relation to the total number of female employees reported by these companies, the above number of pregnancies reflected an annual rate of approximately 18 pregnancies per 1,000 female workers in the Kingston region, and 6 pregnancies per 1,000 female workers in the St. Ann's Bay Region.

Attitudes To Birth Control: Although some questions were asked about respondents' views on birth control, no report was presented on these questions. The only report presented is on the respondents' views on the proposed JFFA program, to which the response was very positive. Overall, 79% of all respondents supported the idea of such a project coming into their work-place.

Commentary:

The survey is not necessarily exactly representative of the private sector since the companies appear to have been selected for Phase I on a somewhat ad hoc basis relating to their accessibility and their willingness to participate. However, it gives an acceptable insight into the conditions of the workers.

The survey reveals that the age-groups of the workers form a very appropriate target group for the project, and that the aim of reaching male as well as female workers could be well realized. The

urban male workers reported lower knowledge and much lower use of contraceptives than did female workers, indicating the need to develop much increased awareness among males. In the St. Ann's Bay region, the lower levels of knowledge and particularly low levels of contraceptive use reported among female workers may indicate the need for special emphasis in this area. In addition, males reported their knowledge as being gained largely from the media and from friends, which are probably less reliable sources than the clinic and the doctor which were the main sources for females.

Numbers of children reported per worker and rates of pregnancies among female workers were very much lower than the national average, however. This suggests that the workers are a group with strong incentives to keep from child-bearing. These findings do not mean that workers are not still an important target group in terms of contraceptive education and supplies. Rather, they indicate that the results of the project will not necessarily be reflected in heavily reduced pregnancy rates, since pregnancy levels are already low and since many of these workers are in the family-building age group, (particularly the rural workers) and will probably want to space their pregnancies rather than to avert all further births. What would be expected to be reduced as a result of this project would be:

- accidental or unwanted pregnancies;
- recourse to abortions;
- levels of fatherhood among male workers;
- misconceptions and health-related problems in relation to contraceptives.

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## Views Of Managers And Workers On The Project

Discussions with individual companies indicate that they are aware of the issues outlined above. Several managers interviewed felt that the contraceptive distribution point in their company was a boon, and it was noted that in one company workers who were laid off still returned to the company representative to collect contraceptive supplies. Managers also believed that improved levels of knowledge among their staff would be helpful in the long run. Young male workers in particular stated that the information received had encouraged them to use contraception. One young man who had become an acceptor said that he had been surprised to hear "some big men asking such uninformed questions." He also stated that although he had received some family life education in school, the present program had been much more helpful.

Another manager commented, "Given the questions they ask, there are amazing levels of ignorance even among women and men who already have children." This manager also commented that although his firm, when located elsewhere, had been visited by a National Family Planning Board (NFPB) factory outreach worker, that was a "one-shot thing. JFPA gave a more detailed presentation, with more visits, and a more broad-based approach."

An important hope of managers was that workers would plan and space their pregnancies, because they believed that many of their workers became pregnant mainly because of peer pressure. "There is a

lot of pressure to get pregnant ... some get pregnant because their friend is pregnant." "You are not a big woman until you have a baby", said another. One manager also commented on the need to help women to adjust to contraceptives. "Sometimes they start, then after complications they stop. Then they get pregnant again."

In summary, then, individual managers see value in the program for increasing education and awareness of workers and for giving ready access to contraceptive supplies, and hope that it will pay off in the long run in more responsible and controlled reproductive behaviour. Managers also see the program as helpful in controlling sexual relations at the workplace: "It is a Peyton Place in here," said one, and attributed improvement in interpersonal relations to the Family Planning program.

Workers in general spoke very favourably of the informative presentations they had heard, the useful information gained on health as well as contraception, and the personal counselling that many had also received. Some contacted the Family Planning Educator by telephone if necessary. Months after former staff had left the project, many workers still asked for them by name. The advice and counselling which they gave obviously made a deep impression, and also seemed to indicate long neglected needs for personal health and contraceptive advice.

Some of the problems dealt with by the Family Planning Educators included sexually transmitted diseases, pelvic inflammatory

disease, miscarriages, and other lingering health problems. One company, on the Educator's recommendation, began <sup>its own</sup> a weekly staff development program on health and personal development.

## PROGRAM ORGANIZATION AND ACTIVITIES

The program was well-conceived and was implemented with enthusiasm by the persons recruited. There was good teamwork, good reporting on a bi-monthly and quarterly basis, and there were regular meetings among the staff working on this project and with the Chief Executive. There was initial weakness in documentation of acceptors in the company settings, and in documentation of contraceptive distribution, but this improved with time. However, some organizational difficulties affected the overall effectiveness of the project.

### Understanding of the Scope of the Project:

First, the Project Director never seemed to be fully aware of the wide interaction possibilities of the project for the Private Sector. She seemed to have focussed only on contraceptive education for workers. She tackled this task with all her management abilities and skills, and sought to organize it well, but it is perhaps not surprising that she ceased to find it challenging.

### Training Needs:

In spite of the above organizational efforts, some key problems lay in the lack of family planning experience of all those recruited for the project. Two of those recruited were experienced educators, one was a senior social assistance officer, and one, the Project Director, an administrator with good management training. But all felt the need for orientation to field of family planning and for "some basic training as to how best to promote a family planning

programme" ... "communication strategy ... which has proved to be productive" ... "effective contraceptive techniques. It is believed that although the staff has managed fairly well without training, its effectiveness could be improved if it were exposed to some of the tried and proven methods employed by others in the field..." All the preceding quotations are from successive bi-monthly Reports of the Project Director.

Interviews with both past and present staff members indicate that by reading as much as they could and by using ingenious solutions (the Project Director took to consulting COSMOPOLITAN magazine, and she and the others consulted with doctors and other experts whenever they could) they were able to cope with the demands of the job.

Finally, in December 1986, there was a three-day training program in collaboration with IPPF/WHR, with the theme of Interpersonal Communication in Family Planning, covering the following broad areas:

1. Improvement of interpersonal communication of Family Planning Educators for initiating increased use of Family Planning Services;
2. Family Planning in Jamaica - Unmet Needs;
3. Communication in Family Planning - the special role of interpersonal communication and counselling skills;
4. Contraceptive Technology update;
5. Role-play: interpersonal communication between Family Planning Educator and client;
6. Family Planning education in the group setting;

7. One-to-one communication skills;
8. Dealing with myths and fallacies relating to Family Planning.

The above outline reflects most of what was much needed from January 1986, and also reflects an ongoing need for refreshing and reinforcing these knowledge areas from time to time. With hindsight, it may be regretted that no basic orientation program was designed as part of the start-up activities of this project, and it may also be noted that the budgetary allocation for training was too small, since this single training activity appears to have exhausted almost the entire training allocation of the project.

#### Need For Audio-Visual And Other Materials:

A third broad problem area, as yet not fully resolved, lay in the unavailability of appropriate audio-visual materials, literature, and other teaching aids. The team improvised what they could, borrowed what they could from other agencies such as NFPB, the Jamaica Cancer Society, the Bureau of Health Education, and the Association for the Control of Sexually Transmitted Diseases (ACOSTRAD). But initially, only a small amount of locally produced literature was available, and although some literature and posters were later obtained from NFPB and the Caribbean Family Planning Affiliation (CFPA), the few films available are dated, (and in some cases only one copy is available to be shared between Kingston and St. Ann's Bay), the supply of literature and visual aids remains very limited, and basic demonstration kits were received only in May 1986.

The needs are reflected in some of the comments received by this reviewer:

"The attention span of the workers is short, so they need interesting material" (Family Planning Educator)

"It is recommended that each Project Office be equipped with at least two (2) films on each of the following topics

- (a) the importance of Family Planning
- (b) methods of contraception
- (c) sexually transmitted diseases.

These would have the twofold effect of motivating workers to attend the session (they love films) and of serving as teaching aids." (Report of the Project Director, May-June 1986).

"I would have liked to get some reading material and some samples" - female participant employed at a supermarket chain - "All the materials were left with the manager, and I don't wish to go to him to get them."

"The sessions need more literature" - Personnel Manager at a North Coast hotel - "They look at the films, but you should put pamphlets in their hands to take home!"

"A variety of posters and small stickers would be useful" - Company Nurse - "As soon as a poster becomes stale, no one notices it. It becomes 'part of the furniture'."

"We need a Public Relations budget, to put on special events and perhaps have T-shirts with a JFPA slogan" - Family Planning Educator.

The above comments are more than enough to indicate the scope of the problem. Although posters were distributed, in all my visits I

saw only one Family Planning poster displayed in a company. Many companies change their notices every week, so posters are readily taken down. They need a special replacement program. Also, very little of the material distributed or displayed carried the JFPA imprint. It was pointed out to me that it might be duplication for JFPA to create materials which were already available from other sources. But as the Company Nurse pointed out, at least a JFPA sticker could be added to such materials to familiarise the public with the name and image of the Association.

It could have been the Project Director's task to identify appropriate skills and to commission the production of such materials, if, as it appears, there is only a limited amount of locally appropriate materials available. But Miss Bernard stated that she was never aware of what funds were available or of the possibility of her undertaking such an effort. Similarly, she noted that she found it difficult to utilize guest lecturers in her programmes since she was unaware of any resources which could pay expenses or small honoraria to such lecturers.

In relation to availability of materials, there were also some initial difficulties with limited supplies of the most popular brands of oral contraceptives. Having decided on which brand they liked, many females were reluctant to use any other brand and this represented a real stumbling block for the company-based distribution program.

#### Leadership, Direction, Communication:

Direction and leadership were judged to be adequately given to this project by the Chief Executive, and, in turn, by the former Project Director to her staff. But this Project Director, when interviewed, felt that she would have liked to receive more communication and feedback, for example, reaction to her Baseline Survey Report, from the Chief Executive.

It also took some time for the new Family Planning Education staff and the well-established East Street clinic staff to become aware of each other and to build a collaborative relationship, which would have been of particular importance for the referrals generated by the Family Planning Educators. However, interrelations and collaboration between these two centres are now very good.

Telephone communication also was a problem for some time, as it was not until late March that a separate telephone was installed in the Kingston (Kingsway) office.

#### Constraints To Family Planning Education At The Workplace:

A fourth important issue in the organization of this project is the adaptation of the workplace to family planning education. The original project proposal suggested that the workplace would provide "an organized setting" for the provision of services. And so it does.

But there are also inherent conflicts, as already mentioned briefly on page , between work-oriented activity and the time needed for family planning education and service delivery. As stated by the

Office Manager at a North Coast garment factory, "The boss does not want babies, but he also wants production. It is hard to make time for the sessions."

In industries such as the hotel trade, interaction with workers by the Family Planning Educator has proved to be extremely difficult for several months during the busy season, and many companies will cancel or postpone sessions whenever there is a production rush. Where management scheduled family planning sessions in the workers' lunch hour, some workers conversed very loudly during the session to show their displeasure. Where a session was scheduled for after work, and the company transport was postponed for half-an-hour to facilitate this, some workers angrily left and found alternative transportation.

A related issue is worker-management friction. Some workers feel suspicious of a management-supported program, and at least one union delegate expressed dissatisfaction that he had not been consulted. As one hotel worker stated, "When I was recruited for this job, no one asked me about Family Planning. Why do I have to hear about Family Planning while on the job?" (In other words, Family Planning was not part of my terms of employment. I am under no obligation to cooperate.)

There is also much variation in the arrangements for the Family Planning sessions in the work setting. In some companies, administration and production workers were separated into different groups for education sessions, and in one case the session for the

administrative staff was held in the Company Board Room while the session for production workers was held in an outdoor shed. In other cases, administrative and production workers were all grouped together, and in yet other cases, the segregation was by sex. Staff canteens or, in hotels, regular conference rooms were often used, but at the other extreme, one company scheduled a session in a disused and derelict kitchen on the premises.

In one session which I attended for supermarket staff, held in the cashiers' area of the supermarket before the store was open, all the males found chairs while the female employees, whose arrival time was slightly later, stood for the better part of an hour. Showing a film was particularly difficult in this open supermarket setting.

One avoidable pitfall of this program may be a too heavy dependence on liaison persons within the company. Several Family Planning Educators noted that they sometimes arrived to find that their contact person within the company had forgotten to give notice of a scheduled session, or to find that no venue was available for the session. In one case, the employee designated to handle the contraceptive distribution point proved to be opposed to contraceptive distribution from a religious standpoint.

The collection of a token payment for contraceptives may also present problems. Many workers are used to paying .50c in Government Health Centres and are willing to make the same donation if there is a contraceptive distribution point at the workplace. But during the initial distribution of contraceptives, some distribution points gave

contraceptives freely while others collected this token sum. Some company representatives are conscientious about this collection, others regard it as a nuisance or as an extra responsibility since they will have to account for the money. At the present time there is no consistency of practice, and one company representative commented that the Family Planning Educator had never taken over from her the money collected. This issue needs some standardization.

An additional issue to be addressed is the proposal that companies should be asked to contribute or to pay for the family planning education service now being offered in their companies. No action has yet been taken on this.

As a final important point in relation to Family Planning Education at the workplace, the variety of levels of worker has proved to be a particular challenge in designing appropriate education approaches. All the Family Planning Educators experienced unruliness from some production workers, or, as one Educator expressed it, "Those crude men at Company X". What programs would have held their interest? The interests of white collar workers also varied considerably, and they wanted information on cervical and breast cancer, and on relationships with their teenage children, for example. The challenge seems to be one of carefully assessing the composition of each individual company before introducing a program there, and of choosing from a range of well designed approaches, the particular level and approach necessary. In particular, given the relatively high proportion of men at the work place, and given the noted difficulty of

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contacting men in other settings, it is important to focus on attractive and arresting materials for male Family Planning education.

#### Future Development Of The Private Sector Network Project

The implications and commitments of this program are broader than may be immediately recognized. First, although the project got off to a very slow start and the agreement of companies to participate appears to have been very gradual, the number of private sector firms to be dealt with is large.

Brief checks with the Jamaica Manufacturers' Association, (JMA), the Jamaica Chamber of Commerce, (CC), and the Small Business Association, (SBA), suggest a large number of businesses. The Chamber of Commerce indicated about 450 businesses in their membership, mainly Kingston-based since many other parishes in the island have their own Chambers of Commerce. The JMA identified about 500 members, although it was recognized that there might be some overlap with CC membership and also with SBA membership, since anyone with 5 or more manufacturing employees can belong to JMA. Most important, the SBA claims some 3,500 members, consisting of companies with up to 25 employees. When one compares these numbers with the 42 companies involved in the project over the past year, it is evident that there is still enormous potential for expansion.

On the other hand, however, an analysis of the conditions under

which the project operates suggests that expansion may rapidly become unworkable. First, there is a continuing need to monitor and replenish contraceptive distribution points in companies. Thus as the project expands to more companies the cumulative load will grow larger and larger. There may well be a case for adding a clerical worker to keep track of contraceptive distribution and to receive distribution queries and complaints (as contrasted with user queries and complaints, which would require higher skills).

Second, there will be a cumulative need for ongoing counselling and education in all companies. Kingston companies visited indicate that they do not see any need for a continuous program, but would value a once-per-year refresher session to renew family planning motivation and to reach new employees. North Coast companies, on the other hand, see the program as a continuous one in which ongoing efforts need to be made to deliver the family planning message. To quote a supervisory staff member of a North Coast hotel: "It is a hell of an education task! You just have to keep on out there making the effort." Obviously in the latter case, if the Family Planning Educator is continuing to give intensive service to all the companies contacted since the start of the project, he cannot expand to take in new companies.

The geographical spread of the project is also likely to become unmanageable without additional staff. Already companies in St. Catherine, St. Thomas, and Rural St. Andrew receive or have requested services from the Kingston office. On the North Coast, companies being serviced or under consideration range from St. Mary to Hanover.

Time, energy, and costs of travelling should be considered in delimiting the areas to be covered by one staff member.

#### NFPB Factory Outreach Program

The existence of this program will also affect any projected developments in the JFPA Private Sector Network project. From discussions with Mrs. June Rattray, Executive Director of NFPB, it is evident that mutual information sharing will be necessary to permit effective planning and to avoid unnecessary overlap. As stated by Mrs. Rattray, NFPB has a program in 17 Corporate Area factories, conducted by Mrs. Norma Allen, Nursing Supervisor. However NFPB's emphasis is planned for the garment industry, and with a special focus on women. A survey has been completed and it is also proposed to examine the needs for such a program in Montego Bay. Mrs. Rattray commented that in her view, there is more to do than two organizations could cope with.

Summary: Private Sector Network

Some 36 companies received services in the first year of the project, and several more were contacted and agreed to a phased input. Companies contacted included hotels, sugar factories, supermarkets, large farms, a newspaper company, a printing company, and manufacturers of food products, furniture, footwear, building products, packaging, pharmaceuticals, tobacco products, and sewn products.

Up to the end of November 1986, about 3,300 workers received family planning education and more than 700 became acceptors. Contraceptive distribution points were established in companies contacted, and over 20,000 condoms, 1,900 cycles of oral contraceptives, and 400 tubes of foaming agents were distributed. Referrals for Tubal Ligations, Injectibles, and fitting of diaphragms and IUDs were also made.

Awareness of JFPA has spread among these companies, among both management and workers. A baseline survey was carried out in 14 companies, as projected, and relevant information was obtained. Males formed 58% of the workers in the Corporate Area companies, and 32% in the North Coast companies. Over 90% of the workers were aged between 18 and 35. The expected gap between knowledge and use was found. Use of contraceptives was lower among males than females in Kingston, but was particularly low among females in the North Coast areas. Workers reported small families and companies reported low numbers of pregnancies, however. These findings call for more detailed study,

for the purpose of determining what impact the current project can be expected to make.

#### Costs and Benefits

JFFPA was found to be well promoted by this project, at a (very rough) cost of \$42 per worker contact.

#### Strengths

The program is appropriate. A substantial proportion of men may be reached in the work setting, and many of them are currently reported to be not using contraception. A very high proportion of both male and female workers are reported to be in the reproductive ages 18 to 35 years.

There is useful delivery of Family Planning Education in a face-to-face setting. The needs for personal counselling in family planning, emotional relationships, and reproductive health all appear to be great.

Company Managers think the project is highly needed, and are in support of it.

Contraceptive distribution points are viewed as very useful.

Referrals for tubal ligations and other clinic-based methods also ensue.

There is a "Snowball effect": several workers state that they share advice with relatives and friends, or assist them in obtaining contraceptive supplies.

The developing skills of the Family Planning Educators are valuable for occasional presentations to the wider community such as clinic attenders, service clubs, and youth groups.

Recording and reporting systems have attained a good level.

#### Weaknesses

Need for more attractive presentation techniques and materials; need to produce more original local materials, JFPA identification stickers.

Low rate of contact with companies.

Limited implementation of proposals to interest private sector leaders, trade unions, cooperatives, other influential groups, in population issues and support for family planning education.

Need for more feedback to top management on the progress of the family planning education program in their companies.

Lack of compensation to operators of contraceptive distribution points - an award, or recognition of some sort, would probably make the task more attractive.

Need to ensure an adequate supply of the contraceptives which are most in demand.

Need for more detailed preparation work in companies: identification of suitable venue, advance notices to workers, documentation of number of workers in the company, levels, sex, and availability of workers for sessions.

Need for special attention to displays of posters in companies, frequent replacement.

Need for "middle management" (a Project Director?) to handle some of the developmental activities outlined above for this project.

#### Recommendations

1. Re-hire a Project Director, with responsibility for:
  - (a) Identifying or commissioning attractive materials and equipment for company-based presentations.
  - (b) Developing seminars on population issues and family planning education at the workplace, for private sector leaders and managers, also for trade union leaders, cooperatives managers, and other such

groups. The NFPB and the Population Policy Coordinating Committee might wish to collaborate in such activities.

(The findings of the current baseline survey and of this review, among other materials, could serve as useful materials for such seminars. In addition or alternatively, interesting literature on population issues and JFFA experiences in family planning education at the workplace could be circulated to private sector leaders and others.)

(c) Organizing training seminars for JFFA staff, perhaps twice per year, in innovative techniques of family planning communication, particularly for different levels of audiences. Again these seminars might valuably be undertaken in collaboration with NFPB and their resources.

(Such seminars would produce a skilled group of communicators who would form a much needed community resource, and would also serve as a source of career development for the trainees.)

(d) Addressing the issue of encouraging companies to make a contribution to the cost of the family planning services now being supplied to their workers. Regular feedback to top managers on the progress of the Family Planning Education program in their companies would also be valuable here.

(e) Maintaining motivation of company employees operating contraceptive distribution points.

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(f) Supervising schedules and itineraries of Family Planning Educators and ensuring an intensified program of contacts with companies, so as to make the program as cost-effective as possible.

(g) Recommending expansion of staff if necessary, as the cumulative load of the program increases.

2. In collaboration with NFPB, commission a more comprehensive inventory and baseline survey of the private sector, to gain definitive information on:

- number of companies in the sector;
- number of workers in different categories (administration, production, etc.) by age and sex;
- family size and birth rates. The low fertility obtained from worker responses and company records in the existing baseline study is dubious and does not match with the comments of managers interviewed. It may be, as suggested in the baseline survey report, that workers drop out of the labour force when pregnant, without taking maternity leave, so their pregnancy is not recorded.

3. It is also important to review the family size of workers, by age group. Perhaps where there are many very young workers, they have not yet started their families? Also, did the men give accurate statements on the number of children they had fathered? It is recommended that if still possible, a re-analysis should be undertaken of the family size information in the baseline survey, by age of respondent, to try to understand the true levels of fertility.

4. Undertake a brief re-survey of the fourteen companies included in the baseline survey, to determine if there has been any change in knowledge and/contraceptives since the previous survey.

5. Outline an expected time frame for this project and the target achievements expected within this time frame. Will it continue indefinitely?

6. Seek a collaborative approach with NFFB to private sector outreach, and clarify the allocation of responsibilities for approaching different groups within the private sector.

7. Specific operational recommendations for the worker education program:

- A portable screen
- Regular and generous distribution of posters to companies and pamphlets to workers
- Ensure adequate supply of popular contraceptive brands
- Continue regular monitoring of companies already visited.
- Ensure adequate documentation of the numbers of workers, male and female, who are contacted and/or become acceptors.
- Emphasize health and family planning education and motivation skills in training educators for this programme.

## STRENGTHENING OF RESOURCE DEVELOPMENT CAPABILITIES OF JFFA

Purposes and Activities

The aim of this activity is to improve JFFA's ability to solicit resources from the local community. It could have some useful links with "Naseberry Street", in so far as that radio serial develops greater public awareness of the image and activities of JFFA; and also with the Private Sector Network, if dynamic family planning education in those companies gives encouragement to such business firms to contribute resources to the ongoing programs of JFFA.

The immediate objective of this project is to secure technical expertise specializing in the field of resource development. The main tasks of such an expert, in Phase I, would be to

- (1) conduct a feasibility study in Jamaica;
- (2) prepare a plan of action for the JFFA fund-raising/resource development component.

In addition to the above tasks, estimated to require some six to eight months, some workshops would be held for relevant JFFA groups - volunteers, Board members, fund-raisers - where improved skills in fund-raising/resource development could be developed.

At the end of Phase I, the technical assistance person should make recommendations to JFFA in relation to appropriate strategies, scope of work, and selection criteria for the person(s) needed to

implement the resource development activities.

In Phase II, JFPA would select and employ the person required for development and implementation of the the project. Evaluation would be undertaken in the 23rd month, examining resources secured since the beginning of the project, and comparing donors achieved with those committed before the project began.

The long-term aim is that by the end of the project, fund-raising capabilities of the JFPA should be ongoing and institutionalized "on a scientific basis".

#### Activities

Important technical assistance was received from IPPF/WHO from mid-July 1985, in soliciting proposals from several fund-raising consultants. Finally, in February 1986, Mr. Robert F. Semple was appointed to give the required assistance. Mr. Semple had previous experience in consultancies for Family Planning Associations in the United States, Latin America and the Caribbean. His proposal stressed that this was not "just a feasibility study .. but a comprehensive program including technical assistance during the implementation stage."

In March 1986 Mr. Semple conducted a one-day workshop including seven members of the Board of Directors, and briefed them on his role and on the tasks to be undertaken. In particular he involved the

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Board Members in identifying a list of prospects to be interviewed for the Feasibility Study, in preparing a "Statement of Need" (ultimately prepared by the JFFPA President), and in setting up a schedule of interviews for the Feasibility Study which he and associates, including the Resource Development Director of IPPF, Mrs. Wesley-Furke, would undertake in Jamaica.

The Feasibility Study was undertaken in May 1986 as scheduled and the report was produced in June 1986. The study reviewed:

- (1) The current image of JFFPA
- (2) The public's understanding of JFFPA's need for funds
- (3) The availability of gifts
- (4) The availability of support from those who might be potential participants in a fund-raising campaign
- (5) The economic outlook in Jamaica and the appropriate timing for a fund-raising effort.

Thirty-five interviews were conducted.

Main findings of the Feasibility Study were:

- (1) There was a broad understanding of the work of JFFPA, although some desired more specific details on JFFPA programs.

(2) Many respondents saw an urgent need for effective family planning services, and 74% viewed the JFFPA's work as important or very important, although only 39% rated the Association's programs as good.

An equal number of respondents did not know what were JFFPA's programs, and there was much confusion between JFFPA and NFPB.

(3) Respondents were cautious about the economic climate but identified other successful fund-raising ventures based upon good leadership and organization, face-to-face solicitation, and practical, tangible programs.

(4) JFPA's public image was unclear.

(5) The need was stated for members of the Board of Directors to undertake personal fund-raising, and to make themselves known.

(6) A large majority said that they would be willing to contribute to JFPA, and the potential for donations was judged to be high. Gifts-in-kind emerged as a popular form of giving.

(7) In an overview of JFPA's fund-raising efforts, the Consultant noted that there was at present no structured system for solicitation of funds, and that support staff would be needed to coordinate a fund-raising program.

(8) The Consultant's recommendations included

- Identification of key Board members or new members or a Resource Development Committee who would solicit large gifts;
- Organization of a professional fund-raising effort, including a Resource Development Manager (75% fund-raising, 25% Public Relations), and a permanent Resource Development Office in Kingston;

- Improvement of the Statement of Need and other information about JFPA;
  - Careful cultivation of present and past donors, local and abroad;
  - Continued interaction with PSOJ and NFPB to meet national population goals;
  - Collaborative writing of a detailed fund-raising/public relations plan, involving JFPA staff, Board members, and Consultant.
- Priorities and target dates for achieving the recommendations made above should be included in such a plan.

The above report and recommendations were discussed with the Board of Directors on June 14 1986, and the groundwork was laid for a fund-raising program. The main proposals were:

- (1) No general solicitations to be undertaken until a fund-raising program is organized.
- (2) Specific individual approaches might be made if there was a potential offer of a large donation.
- (3) Board membership to be increased by three persons with specific solicitation responsibilities (by Sept.15 1986).
- (4) Some Board members to be assigned to draft a fund-raising plan.
- (5) Employ a full-time Resource Development Manager.
- (6) Form a Speakers Bureau (by Oct.15 1986)
- (7) Some Board members to be assigned to consult with Mrs.Beth Jacobs, President Emeritus and former fund-raiser for JFPA.
- (8) Continue to work closely with PSOJ and NFPB.
- (9) Clarify national Mission and image of JFPA.

(10) Review further need for U.S. Technical Assistance after Resource Development Manager is employed.

(The above is Mr. Robert Semple's summary of the meeting).

In September 1986 Mrs. Enid Williams-Burke was employed as Resource Development Coordinator and was assigned to develop a draft fund-raising plan. This was presented to the Board at a meeting with the Consultant in December 1986. The Coordinator was not at that meeting and I have not seen this plan. From discussions with Mrs. Williams-Burke and from Mr. Semple's notes, the following are the main components of the plan:

- Service Clubs
- Corporations
- Public Relations
- Membership
- Special Events
- Special Project
- Administration

Individual Board members, including the President (Service Clubs) and the Chief Executive (Administration) are each responsible for one specific component of the Plan. Mrs. Williams-Burke is working simultaneously on a number of these components, as a resource for the individual Board members, and has reported good progress. As from January 1987 she has been presenting a Monthly Report on the above activities.

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My enquiries about the progress of this Resource Development activity are incomplete. Mr. Semple's evaluation is that he had hoped to make more progress within the time-frame (I interviewed him in December). He stated that the Board members have been receptive and cooperative but need more orientation to tasks and techniques of solicitation. He proposed six visits over the next year.

Mr. Semple's approach called essentially for the development of a structured program, with donor records, organizational profiles of prospective donors, personal profiles of key donors or influential, and in general strong organizational supports for the efforts of the Board. His approach also called for collective activities and group agreements, mainly in relation to solicitation of funds from corporate sources. This methodology has been adopted to a certain extent, but a wider spectrum of approaches has been developed by the Board than was initially envisaged. This has good points but also potential difficulties. The good points are the energy, innovation and action which the Board has infused into this endeavour. Mr. Semple is regarded as having served as a useful catalyst. The difficulties may lie in fragmentation and diffusion of the Board's efforts. Thus there is need for communication and for linkages and also for much versatility from the staff working with Board members on this project, namely Mrs. Gray and Mrs. Williams-Burke.

## Summary:

Accomplishments

The input of Mr. Semple has been valuable as a catalyst and as a resource, "giving a clear outline of what needed to be done", as stated by the President. But the group processes have developed somewhat differently from what was outlined in the consultant's original approach.

Main tasks completed up to the time of my review were

- completion of a very useful Feasibility Study;
- conducting of two workshops with the Board members;
- recruitment of the Resource Development Coordinator;
- preparation and implementation of a Resource Development Plan;
- preparation of a list of prospective donors;
- collaboration of the technical assistance team with the Coordinator in developing support documents such as organizational profiles and a Case Statement for Support (expansion of the Statement of Need originally prepared by the President for the Feasibility Study);

Other fund-raising-oriented activities have included the preparation of an illustrated Brochure on the history and work of the JFPA, and several activities associated with special events and special projects. Among associated achievements has been the successful approach to a manufacturing company to sponsor "Naseberry Street". Additional activities are underway which have taken place after the period of this review.

Strengths

- Variety of approaches to fund-raising
- Individual responsibility accepted for components of the Resource Development Plan by varying Board members.
- Three new members to be added to the Board to participate in fund-raising activities
- Versatile support given by Resource Development Coordinator.

Weaknesses

- Project still in initial phases, few results yet documentable in terms of increased resources gained.
- Need to maintain a group process as well as individual activities.

Recommendations

- Mr. Semple should continue to advise Mrs. Williams-Burke and Mrs. Gray on technical approaches.
- The Board will have to decide whether as a group, they desire more technical input from Mr. Semple.

Technical Assistance

The main records of technical assistance inputs by IPPF/WHR which have been identified are in relation to:

1. The identification of the Resource Development Consultant, which was effectively undertaken between July 1985 and March 1986; and

2. A three-day training workshop on Interpersonal Communication In Family Planning, held in December 1986. The workshop was led by Dr. Everold Hosein, program support director of the IPPF/WHR.

Both inputs are noted here for the record.

REVIEW OF  
"PRIVATE SECTOR PROMOTION OF FAMILY PLANNING" PROJECT  
USAID OP6 AGREEMENT NO. 532-0122-G-95-5170-00  
JANUARY - FEBRUARY 1987

EXECUTIVE SUMMARY  
AND SUMMARY OF RECOMMENDATIONS

Hermione C. McKenzie,  
Jamaica.

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EXECUTIVE SUMMARY:

1. OVERVIEW

The three components of the "Private Sector Promotion of Family Planning" Project were studied. These components were:

I. A Radio Dramatization Serial, "Naseberry Street";

II. Development Of A Network Among Private Sector Institutions To Provide Family Planning Education And Service Delivery ("Private Sector Network");

III. Strengthening Of Resource Development Capabilities of the JFPA.

Viability of the Project

It is judged that the Project was well conceived and that the three components have good potential for interrelated effects which would contribute to the success of each. However, the actual implementation of the three components has proceeded at varying speeds, so all the benefits of interrelatedness have not yet been gained.

So far, one or more referrals of companies contacted through the Private Sector Network have been made to the Resource Development component, and the Radio Dramatization Serial has improved the overall recognition of JFPA in relation to its activities in the other two components. As part of the Resource Development activities, a commercial sponsor also was gained for "Naseberry Street".

Implementation of Each Component

Individually, the Radio Dramatization Serial and the Private Sector Network Project have made greater progress in activities. The Resource Development component has required process implementation at the level of the JFPA Board of Directors. That process has been effectively introduced and is well underway, and many foundation activities have been undertaken. But the results in actual Resource Development will take longer to be produced.

Cost-Effectiveness

"Naseberry Street" delivered the Family Planning message at a cost of J\$0.73 (seventy-three cents) per listener, and the Private Sector Network cost approximately J\$42 per worker contacted. However, substantial start-up costs as well as very low rates of worker contact in the introductory stages of this project are reflected <sup>in</sup> this latter figure.

2. EXECUTIVE SUMMARY OF EACH COMPONENT OF THE PROJECT:

I. Radio Dramatization Serial, "Naseberry Street".

Extent To Which The Project Aims Have Been Achieved:

The Radio Dramatization Serial has proved to be successful and has met its aim of increasing knowledge and acceptance of family planning among men and women of child-bearing age. No strong documentation is available on actual increases in the practice of family planning.

A particular strength of the program is that the series communicates strong values about responsible family behavior.

Highest listenership is reported under age 30, which meets the aim of a special emphasis on teenagers and young adults. The serial appears to have less appeal for males than for females, however.

Public recognition of JFPA has increased as a result of this program, and a commercial sponsor has been gained.

Potential For Further Successful Achievement Of The Project Aims, And The Need For Any Modifications:

The continuation of the Radio Dramatization Serial for at least one year has been ensured by private sponsorship. It may be noted that a previous local radio serial by the writer of "Naseberry Street" ran for fourteen years.

No major modifications are suggested; in particular, no heavy-handed attempt should be made to promote "Family Planning". The program attracts listeners by its drama and entertainment and its success lies in its believable presentation of cultural situations and its emphasis on improved emotional relationships, fidelity, and responsible parenthood, as well as on Family Planning. However, an ongoing arrangement for regular informal contact (say three times per year?) between a JFPA representative and the creative writer/producer of the series is recommended.

Strategies to influence young unemployed women:

Since there is an apparent lack of influence by the series on contraceptive use by young unemployed women, some alternative economic possibilities for such women - ideas for employment, for freeing themselves from over-dependence on the fathers of their children, and for improving their personal social and economic advancement - might be introduced into the plot.

Mini-plays using "Naseberry Street" characters:

Some cassette recordings of complete "mini-plays" with Naseberry Street characters might be distributed to schools and other counselling groups, for listening and discussion.

Promotion of JFPA on the program:

JFPA should ensure that its identity continues to be clearly presented in association with "Naseberry Street".

## II. Development Of A Network Among Private Sector Institutions To Provide Family Planning Education And Service Delivery.

### Extent To Which The Project Aims Have Been Achieved:

.Private sector interest has been stirred by the Project, but only limited activities have been undertaken in relation to the aim of involving top management and private sector leaders in population control issues.

.Awareness of JFPA has spread among workers and management, thus partially meeting the aim of strengthening the image of JFPA as a mobilizing organization for gaining private sector support for Family Planning. But this needs further expansion.

In the first year of the Project, some 36 companies received contacts and services, encompassing over 3,000 workers. Other companies have been contacted and have agreed to program inputs at a later date.

.Contraceptive education and contraceptive services have been well received and appear to fill a real need at the workplace. The expected gap between knowledge and use of contraceptives has been documented.

Contraceptive distribution points at the workplace are viewed by both management and workers as being very useful.

More documentation is needed on how much contact is being made with workers of each sex.

More attractive presentations on family planning education and motivation, especially directed towards men, are necessary. Health and family planning advice are most popular.

Potential For Further Successful Achievement Of The Project Aims, And The Need For Any Modifications:

The Private Sector Network Project has a reasonable potential for success. It should produce results in

- increased family planning knowledge and motivation, especially for males;
- involvement of the private sector in population issues.

This component has been underway for only one full year and has covered only a fraction of the companies which could be addressed. Expansion of coverage of companies is necessary.

The service provided has been found to be highly valued by workers and management, but it has not been possible, in this review, to assess its impact on fertility levels among workers. A careful re-analysis of existing fertility patterns among workers is needed.

A re-survey of the fourteen companies included in the baseline survey should also be undertaken to determine any changes in knowledge and use of contraception.

Is this program appropriately targeted, and could the resources be better used elsewhere?

1. The population seems to be already a low-fertility one, but there are expressed needs for the program.

Fertility and pregnancy levels among the working population are reportedly low, but need more careful analysis. The views of managers are that the program is needed to avoid unplanned and unwanted pregnancies, and to give ongoing health and family planning education and motivation. The program appears to provide valuable face-to-face input in a situation where Government and other services are obviously not meeting the need. Such personal services may be a luxury in a poor country, but they seem to be important in reinforcing family planning practices.

The views of some JFPA leaders are that the program should be reduced or eliminated in the Corporate Area and should be focussed on rural companies, but this reviewer found no evidence of a lack of support in the Kingston area.

2. Contraceptive distribution points are useful.

The volunteer distributors in each company need careful attention, however. In some cases the Company Nurse is responsible, and this is ideal. But in other cases a manager, a supervisor, or a worker/volunteer is responsible, and these situations need careful evaluation and support.

3. Unmet needs for clinic-based methods are identified and referrals are made. Company employees also spread the family planning message to relatives and friends.

4. There are many companies in the private sector which have not yet received service.

The number of manufacturing companies is estimated at over 400, and in the small business sector (up to 25 employees) the membership is in the thousands. To date, only about 42 companies have been involved.

5. To improve cost-effectiveness, the program must cover more companies and gain more contacts and more acceptors.

6. If the program is valued by the business sector, they may be willing to allocate resources to it.

Since companies value the health, family planning, and human relations inputs of the program for their employees, these should be marketed to companies and their contributions should be solicited.

Main modifications suggested are:

1. To revitalize the program by re-hiring a Project Director who could undertake responsibilities for
  - (a) improving presentation materials and presentation skills, with special emphasis on male interests;
  - (b) soliciting contributions to the program from companies, in collaboration with the Resource Development component of the overall Project;
  - (c) expanding the understanding of population issues among private sector leaders (again in collaboration with the Resource

Development component, as well as possibly with NFFB and the Population Policy Coordinating Committee;

- (d) overseeing the day-to-day implementation of the Family Planning Education Program, including the monitoring of contraception distribution points, increasing the number of companies visited, and careful documentation of the numbers of employees, male and female, contacted or becoming acceptors.

2. A re-analysis of the fertility data from the baseline survey is suggested, as well as a more comprehensive inventory of private sector companies, their numbers of workers and the prevailing fertility patterns, to ascertain the whether this is indeed already a low fertility population.

3. A re-survey of the fourteen companies included in the baseline survey should be undertaken, to find out whether any increased knowledge or use of contraception is recorded, especially among males.

4. Some carefully calculated projections of how long the program might continue, and target levels of contacts and acceptors, are also suggested. These projections should be based on the suggested inventory of private sector companies.

5. Finally, a careful approach to collaboration and information exchange with NFFB should be incorporated into this component.

### III. Strengthening Of Resource Development Capabilities Of JFPA.

#### Extent To Which The Project Aims Have Been Achieved:

A valuable process of involvement of the JFPA Board of Directors in Resource Development has been undertaken, in association with a Technical Consultant. This process began in March 1986 and at the time of this review had been progressing for ten months.

Initial activities have begun to meet the aim of linking resource development with increased public awareness through the Radio Dramatization Serial and through the Private Sector Network Project.

A wide range of developmental tasks has been completed, including the appointment of a Resource Development Coordinator and the preparation of a Resource Development Plan, and the aim of improving JFPA's ability to solicit resources from the local community appears to be in the process of being well achieved.

#### Potential For Further Successful Achievement Of The Project Aims, And The Need For Any Modifications:

The Board of Directors has taken a variety of approaches to fund-raising and individual members have accepted responsibility for various components of the Resource Development Plan, plus three new

members added to the Board to participate in fund-raising activities. The activism of the members is very encouraging, and the Resource Development Coordinator is working in support of these individual activities.

The project is still in its initial phase, however, and has just entered a high activity phase. It is judged that at least some of the proposed approaches will be successful.

No modifications are suggested, but it is noted that it will be important to maintain group consultation and a group process as well as individual activities. The future role of the Technical Consultant needs to be examined further. (I have not completed my review in this area.)

## SUMMARY OF RECOMMENDATIONS

Radio Dramatization Serial, "Naseberry Street":

1. No heavy-handed attempt should be made to promote "Family Planning". The program attracts listeners by its drama and entertainment, and its success lies in its presentation of believable cultural situations and in its emphasis on improved emotional relationships, fidelity, and responsible parenting, as well as on Family Planning.
2. An ongoing arrangement for regular informal contact (say three times per year) between a JFFA representative and the creative writer-producer of the series is recommended.
3. Strategies to influence young unemployed women: Alternative economic possibilities for such women - ideas for employment, for freeing themselves from over-dependence on the fathers of their children, and for their social and economic advancement - might be introduced into the plot.
4. Mini-plays using "Naseberry Street" characters: Cassette recordings of short "mini-plays" with Naseberry Street characters might be distributed to schools and other counselling groups, for listening and discussion.
5. Promotion of JFFA on the program should be emphasized.

## Private Sector Network:

1. The strengths of this program lie in its health, family planning, and human relations guidance to workers. It should be emphasized as such, and appropriate skills emphasized among the staff recruited to work in this project.
  2. In the long term, the usefulness of the program to workers should be marketed to companies, and contributions should be solicited.
  3. To improve cost-effectiveness, the program must cover more companies and gain more contacts and more acceptors.
  4. More attractive presentations on family planning education and motivation, with special emphasis on male education, should be developed.
  5. Contraceptive distribution points need careful support.
  6. Careful documentation should be maintained of the numbers of workers of each sex contacted and/or becoming acceptors.
  7. A re-analysis should be undertaken (if still possible) of the family size information by age of respondent in the baseline survey, to try to understand the true levels of fertility among workers.
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8. Alternatively or in addition, a more comprehensive inventory of private sector companies, their numbers of workers, and the prevailing fertility levels, should be undertaken, to ascertain whether this is indeed already a low fertility population.

9. A brief re-survey of the fourteen companies included in the baseline survey should also be undertaken, to find out whether any increased knowledge and/or use of contraception is recorded, especially among males.

10. Projections of how many companies are expected to be contacted, how long the program may be expected to continue, and target numbers of contacts and acceptors, should be developed.

11. A Project Director should be re-hired especially to assist in implementing some of the above recommendations.

12. A careful approach to collaboration and information exchange with NFPB in relation to their Factory Outreach Program should be made..

#### Strengthening Of Resource Development:

1. The Technical Consultant's assistance may still be useful in this Project.

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