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Project No.: 532-0163

PROJECT GRANT AGREEMENT  
Between the  
GOVERNMENT OF JAMAICA  
and the  
UNITED STATES OF AMERICA  
for the  
FAMILY PLANNING INITIATIVES PROJECT

Dated: JUL 31 1991  
Appropriation: 72-1111021  
BPC: LDPA-91-25532-KG13  
Amount: \$675,000

Clearance:  
OHNP:RCohn M  
OHNP:KMackay 1/4  
RLA:EDragon EAD  
OPPD:LCoronado LF  
ADDR:JTennant JF  
OPPE:KDavidson 1/4

Funds Available  
Ma Lewis 7/22/91  
Marjorie Lewis, USAID/Controller

\$ 675,000.  
7/22/91

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**PROJECT GRANT AGREEMENT**

Between

The Government of Jamaica ("Grantee")

And

The United States of America, acting through the Agency for International Development ("A.I.D.") as Grantor

**ARTICLE 1: The Agreement**

The purpose of this Agreement is to set out the understandings of the parties named above ("Parties") with respect to the undertaking by the Grantee of the Project described below and with respect to the financing of the Project by the Parties.

**ARTICLE 2: The Project**

**Section 2.1.: Definition of the Project.** The Project, which is further described in Annex I, consists of the following components: Policy Framework, Sustainable Services (public and Private) and Institutional Strengthening of the National Family Planning Board. Over a seven-year period the Project will assist a variety of organizations --both public and private-- to expand effective and sustainable family planning services. The National Family Planning Board will be the major counterpart. Annex I attached, amplifies the above description of the Project. Within the limits of the above definition of the Project, elements of the amplified description stated in Annex I may be changed by written agreement of the authorized representatives of the Parties named in Section 8.2. without formal amendment of this Agreement.

**Section 2.2.: Incremental Nature of Project.**

- (a) A.I.D.'s contribution to the Project will be provided in increments, the initial one being made available in accordance with Section 3.1. of this Agreement. Subsequent increments will be subject to availability of funds to A.I.D. for this purpose, and to mutual agreement of the Parties, at the time of a subsequent increment, to proceed.

- (b) Within the overall Project Assistance Completion Date stated in this Agreement, A.I.D., based upon consultation with the Cooperating Country, may specify in Project Implementation Letters appropriate time periods for the utilization of funds provided by A.I.D. under an individual increment of assistance.

**ARTICLE 3: Financing**

**Section 3.1.: The Grant.** To assist the Grantee to meet the costs of carrying out the Project, A.I.D., pursuant to the Foreign Assistance Act of 1961, as amended, agrees to grant the Grantee under the terms of this Agreement an amount not to exceed Six Hundred Seventy Five Thousand UNITED STATES DOLLARS (\$675,000) ("Grant").

The Grant may be used to finance foreign exchange costs, as defined in Section 6.1., and local currency costs, as defined in Section 6.2., of goods and services required for the Project.

**Section 3.2.: Grantee Resources for the Project.**

- (a) The Grantee agrees to provide or cause to be provided for the Project all funds, in addition to the Grant, and all other resources required to carry out the Project effectively and in a timely manner.
- (b) The resources provided by the Grantee for the Project will be not less than the equivalent of U.S. \$2,734,000, including costs borne on an "in-kind" basis.

**Section 3.3.: Project Assistance Completion Date**

- (a) The Project Assistance Completion Date (PACD) which is July 31, 1998, or such other date as the Parties may agree to in writing, is the date by which the Parties estimate that all services financed under the Grant will have been performed and all goods financed under the Grant will have been furnished for the Project as contemplated in this Agreement.
- (b) Except as A.I.D. may otherwise agree in writing, A.I.D. will not issue or approve documentation which would authorize disbursement of the Grant for services performed subsequent to the PACD or for goods furnished for the Project, as contemplated in this Agreement, subsequent to the PACD.
- (c) Requests for disbursement, accompanied by necessary supporting documentation prescribed in Project Implementation Letters are to be received by A.I.D. or any bank described in Section 7.1., no later than nine (9) months following the PACD, or such other period as A.I.D. agrees to in writing. After such period, A.I.D., giving notice in writing to the Grantee, may at any time or times reduce the amount of the Grant by all or any part thereof for which requests for disbursement, accompanied by necessary supporting documentation prescribed in Project Implementation Letters, were not received before the expiration of said period.

**ARTICLE 4: Conditions Precedent to Disbursement**

**Section 4.1.: First Disbursement.** Prior to the first disbursement under the Grant, or to the issuance by A.I.D. of documentation pursuant to which disbursement will be made, the Grantee will, except as the Parties may otherwise agree in writing, furnish to A.I.D. in form and substance satisfactory to A.I.D.:

A statement of the name of the person holding or acting in the office of the Grantee specified in Section 8.2., and of any additional representatives, together with a specimen signature of each person specified in such statement.

**Section 4.2.: Additional Disbursement**

(a) Before disbursement of grant funds for the Contraceptive Social Marketing component (except for the supply of contraceptives), the Grantee will submit to A.I.D., in writing, within 12 months of the signing of the agreement a policy decision, satisfactory to A.I.D., to commercialize the GSM program. If the Grantee decides not to commercialize the GSM program, A.I.D. may reprogram the amounts designated for the GSM component for other private sector family planning activities.

(b) Before disbursement of grant funds for the Ministry of Education Family Life Education program, the Grantee will submit to A.I.D., in writing, a policy commitment, satisfactory to A.I.D., that the MOE agrees:

- (1) to actively integrate the subject of FLE into the curriculum, especially for Primary and All-Age schools, and will institutionalize it as an examinable subject;
- (2) to formalize FLE as a compulsory and examinable subject in teacher's colleges; and
- (3) that the FLE program will contain family planning and birth control concepts and methodologies acceptable to the NFPB.

If this condition is not fulfilled within three years after signing of the Agreement, A.I.D. may reprogram the MOE/FLE program funds for other Project activities.

(c) Before disbursement of funds for the Clinical Methods component, the Grantee will appoint and have in place a full-time Family Planning Coordinator in the Ministry of Health. The Grantee will submit written confirmation of the appointment and placement of the Coordinator to A.I.D.

**Section 4.3.: Notification.** When A.I.D. has determined that the conditions precedent specified in Sections 4.1. have been met, it will promptly notify the Grantee.

**Section 4.4.: Terminal Dates for Conditions Precedent.** If the conditions specified in Section 4.1. have not been met within 120 days from the date of this Agreement, or such later date as A.I.D. may agree in writing, A.I.D., at its option, may terminate this Agreement by written notice to the Grantee.

**ARTICLE 5:      Special Covenants**

**Section 5.1.: Project Evaluation.** The Parties agree to establish an evaluation program as part of the Project. Except as the Parties otherwise agree in writing, the program will include, during the implementation of the Project and at one or more points thereafter:

- (a) Evaluation of progress toward attainment of the objectives of the Project;
- (b) Identification and evaluation of problem areas or constraints which may inhibit such attainment;
- (c) Assessment of how such information may be used to help overcome such problems; and
- (d) Evaluation, to the degree feasible, of the overall development impact of the Project.

**Section 5.2.: Special Covenants**

(a) The Grantee agrees to provide sufficient funds for public sector contraceptives in its annual budget. The Grantee agrees further to provide written evidence to A.I.D., on an annual basis, that this covenant has been satisfied.

(b) The Grantee agrees:

- 1. That it will maintain separate accounts for the receipt of all revenues generated under the Contraceptive Social Marketing (CSM) Program as mutually agreed by A.I.D. and NFPB;
- 2. That it will use the revenues generated under the CRS Program to further family planning objectives which are mutually agreed to by A.I.D. and NFPB;
- 3. That it will provide A.I.D. with written reports, statements of income and expenditures, including specific uses of the revenues, and such other information, audit reports or other accounting as A.I.D. may reasonably request;
- 4. That it will consult with A.I.D. concerning changes in the pricing of products in the Program; and
- 5. That it will consult with A.I.D. on the introduction of new products in the Program, and observe A.I.D.'s objection to the use of products that contravene A.I.D. family planning policies.

(c) **Prohibition of Abortion Related Activities:** None of the funds made available under this Grant may be used to finance any costs related to (A) performance of abortion as a method of family planning; (B) motivation or coercion of any person to undergo abortion; (C) biomedical research which relates, in whole or in part, to methods of, or the performance of, abortion as a method of family planning; or (D) active promotion of abortion as a method of family planning.

**ARTICLE 6:        Procurement Source**

**Section 6.1. Foreign Exchange Costs.** Disbursements pursuant to Section 7.1. will be used exclusively to finance the costs of goods and services, including ocean shipping, required for the Project having, with respect to goods, their source and origin, and with respect to services, their nationality, in the United States of America (Code 000 of the A.I.D. Geographic Code Book as in effect at the time orders are placed or contracts entered into for such goods or services) ("Foreign Exchange Costs"), except as A.I.D. may otherwise agree in writing, and except as provided in the Project Grant Standard Provisions Annex, Section C.1(b) with respect to marine insurance. Ocean transportation costs will be financed under the grant only on flag vessels under flag registry of the U.S., except as A.I.D. may otherwise agree in writing.

**Section 6.2.: Local Currency Costs.** Disbursements pursuant to Section 7.2. will be used exclusively to finance the costs of goods and services required for the Project having their source and, except as A.I.D. may otherwise agree in writing, their origin in Jamaica ("Local Currency Costs").

**ARTICLE 7:        Disbursement**

**Section 7.1.: Disbursement for Foreign Exchange Costs.**

- (a) After satisfaction of conditions precedent, the Grantee may obtain disbursements of funds under the Grant for the foreign exchange costs of goods or services required for the Project in accordance with the terms of this Agreement by such of the following methods as may be mutually agreed upon:
- (1) by submitting to A.I.D., with necessary supporting documentation as prescribed in Project Implementation Letters, (A) requests for reimbursement for such goods or services; or (B) requests for A.I.D. to procure commodities or services on Grantee's behalf for the Project; or (C) requests for A.I.D. to issue Letters of Commitments for specified amounts directly to one or more contractors or suppliers committing A.I.D. to pay such contractors or suppliers for such goods or services; or,

- (2) by requesting A.I.D. to issue Letters of Commitment for specified amounts (A) to one or more U.S. banks, satisfactory to A.I.D., committing A.I.D. to reimburse such bank or banks for payments made by them to contractors or suppliers, under Letters of Credit or otherwise, for such goods or services, or (B) directly to one or more contractors or suppliers, committing A.I.D. to pay such contractors or suppliers for such goods or services.
- (b) Banking charges incurred by the Grantee in connection with Letters of Commitment and Letters of Credit will be financed under the Grant unless the Grantee instructs A.I.D. to the contrary. Such other charges as the Parties may agree to may also be financed under the Grant.

**Section 7.2.: Disbursement for Local Currency Costs.**

- (a) After satisfaction of conditions precedent, the Grantee may obtain disbursements of funds under the Grant for local currency costs required for the Project in accordance with the terms of this Agreement by submitting to A.I.D., with necessary supporting documentation as prescribed in Project Implementation Letters, requests to finance such costs. Disbursements by A.I.D. shall be in reimbursement for goods or services required for the Project or, if advances of local currency are mutually agreed upon, disbursements shall be made into a special account to ensure, inter alia, that none of the funds provided by A.I.D. may be used to finance any of the costs prohibited under Section 7.2 of this Agreement.
- (b) Local currency advanced by A.I.D. to the Grantee may thereafter be advanced by the Grantee to any other entity for purposes of the Project with the Agreement of A.I.D. only if such advances are also made into a segregated account or accounts to ensure that such funds may be used to finance any costs prohibited under Section 7.2 of this Agreement.
- (c) The local currency needed for such disbursements may be obtained:
- (1) by acquisition by A.I.D. with U.S. Dollars by purchase; or
  - (2) by A.I.D. (A) requesting the Grantee to make available the local currency for such costs, and (B) thereafter making available to the Grantee, through the opening or amendment by A.I.D. of Special Letters of Credit in favor of the Grantee or its designee, an amount of U.S. Dollars equivalent to the amount of local currency made available by the Grantee, which dollars will be utilized for the procurement from the United States under appropriate procedures described in Project Implementation Letters.

The U.S. dollar equivalent of the local currency made available hereunder will be, in the case of subsection (b)(1) above, the amount of U.S. dollars required by A.I.D. to obtain the local currency, and in the case of subsection (b)(2) above, an amount calculated at the rate of exchange specified in the applicable Special Letter of Credit Implementation Memorandum hereunder as of the date of the opening or amendment of the applicable Special Letter of Credit.

Section 7.3.: Other Forms of Disbursement. Disbursements of the Grant may also be made through such other means as the Parties may agree to in writing.

Section 7.4.: Rate of Exchange. Except as may be more specifically provided under Section 7.2., if funds provided under the Grant are introduced into Jamaica by A.I.D. or any public or private agency for purposes of carrying out obligations of A.I.D. hereunder, the Grantee will make such arrangements as may be necessary so that such funds may be converted into currency of Jamaica at the highest rate of exchange which, at the time the conversion is made, is not unlawful in Jamaica.

**ARTICLE 8: Miscellaneous**

Section 8.1.: Communications. Any notice, request, document or other communication submitted by either Party to the other under this Agreement will be in writing or by telegram or cable, and will be deemed duly given or sent when delivered to such Party at the following address:

To the Grantee

Mail Address

The Minister of Finance  
Ministry of Finance  
30 National Heroes Circle  
Kingston 4, Jamaica

Cable Address

The Minister of Finance  
Ministry of Finance  
30 National Heroes Circle  
Kingston 4, Jamaica

To A.I.D

Mail Address

Director  
\* USAID/Jamaica  
P.O. Box 541  
6b Oxford Road  
Kingston 5, Jamaica

Cable Address

USAID/Jamaica

Other addresses may be substituted for the above upon giving of notice. The Grantee, in addition, will provide the USAID Mission with a copy of each communication sent to A.I.D.

Section 8.2.: Representatives. For all purposes relevant to this Agreement and its amendments, the Grantee will be represented by the individual holding or acting in the office of Minister of Finance and A.I.D. will be represented by the individual holding or acting in the office of the Mission Director, USAID/Jamaica, each of whom, by written notice, may designate additional representatives for all purposes other than exercising the power under Section 2.1. to revise elements of the amplified description in Annex I.

The names of the representatives of the Grantee, with specimen signatures, will be provided to A.I.D, which may accept as duly authorized any instrument signed by such representatives in implementation of this Agreement, until receipt of written notice of revocation of their authority.

Section 8.3.: Standard Provisions Annex. A "Standard Provisions Annex" (Annex II) is attached to and forms part of this Agreement.

IN WITNESS WHEREOF, the Grantee and the United States of America, each acting through its duly authorized representative, have caused this Agreement to be signed in their names and delivered as of the day and year first above written.

GOVERNMENT OF JAMAICA

UNITED STATES OF AMERICA



P.J. Patterson  
Minister of Finance,  
Development & Planning



Robert S. Queener  
Director  
USAID/Jamaica

Date: \_\_\_\_\_

7/31/91

**AMPLIFIED PROJECT DESCRIPTION**

Elements of the Amplified Project Description may be changed by written agreement of the authorized representatives of the parties named in the Project Agreement without formal amendment of the Agreement, provided that such changes are within the general scope of the Project as set forth in Section 2.1. of the Agreement.

**I. Project Goal and Purpose**

The goal of the seven-year Project is to maximize the quantity and quality of family planning services in Jamaica delivered by the public and private sectors to support national development goals related to population. The purpose is to increase program effectiveness and sustainability of the national family planning system in preparation for USAID phaseout.

**II. Description of the Project**

The activities have been designed to reflect the Project's purpose of increasing program effectiveness and sustainability of the Jamaican family planning system.

The major Project components are:

- (1) Policy Framework;
- (2) Sustainable Services (public and private); and
- (3) NFPB Institutional Strengthening.

Given that the public sector is presently the major provider of family planning services, and will remain so for the foreseeable future, particularly in counseling and in the delivery of clinical services, the majority of Project activities focus on that sector. Activities targeted to the public sector include Institutional Strengthening at the NFPB; Policy Analysis and Research; Contraceptive Supplies and Logistics; Family Life Education activity with the Ministry of Education; and Clinical Methods to assure that cost- and contraceptive-effective, long-term methods are available to Jamaican acceptors.

The Project will target activities to expand sustainable effective private sector family planning services. Although the public sector is and will remain the principal provider of services, Jamaican families do seek some health care through the private sector. Many families purchase contraceptive products in the pharmacies; to supplement counseling services available in the clinics, aggressive marketing of these products and media campaigns addressing side effects of these methods are needed. The Commercial Social Marketing (CSM) component will address the sustainability and effectiveness of this program. The Project component, Private Providers, provides for education and outreach to physicians for family planning services in the private sector. Lastly, as a means to reach adolescents, a key group of hard-to-reach new acceptors, a Project component will be a sub-grant to the Women's Center, a PVO, to liaise with schools and school children to defer the first pregnancy.

## 1. Policy Framework

This component of the Project will ensure that the appropriate policy framework and programs are in place within the Government of Jamaica to support sustainable family planning services, and that relevant data are available as a basis for policy decisions. This component has the following elements:

a. Policy Analyses - (Technical Assistance, seminars, training, local costs): The policy analysis component concentrates on enhancing the sustainability of the Jamaican family planning program and the importance of an active and sustainable family planning program for the health of Jamaican women and for achieving other national development goals. Seminars and presentations will be made to the highest level of decision makers in the GOJ to convincingly demonstrate that money invested in family planning services saves the government money in the long run. This support will include such things as development and preparation of necessary presentations, and "marketing" tools (e.g. a study of the economic and social costs of rearing a child). Analyses of population policies and program issues and an ongoing policy dialog with the GOJ will ensure that the family planning program's policies are appropriate and sustainable. Under this component, it is anticipated that two marketing presentations will be developed, three seminars conducted for decision makers including a national seminar on method mix and two policy analyses will be conducted.

b. Operations Research & Surveys - (Technical assistance, local costs, seminars): This component will support operations research studies, contraceptive prevalence surveys (CPS) and the development of other research needed to evaluate and refine the family planning program's strategy.

Operations Research (OR) has proven to be an important tool for promoting changes in service delivery operations, procedures and operational policies. Potential OR topics that would be beneficial to the program include: alternative modes for delivering clinical family planning methods (like counseling) more effectively; changes in service delivery procedures to improve the effectiveness of all methods (e.g. reduce discontinuation rates); determining the appropriate pricing of services, and testing various cost recovery schemes. It is anticipated that three operations research studies will be supported by the Project.

An important element of policy analysis is reliable and current data on program performance, such as those obtained through Contraceptive Prevalence Surveys (CPSs). The most recent survey was conducted in 1989 and is providing baseline data for this project. The CPS will be the most comprehensive and reliable source on changes in prevalence and method mix, source of supply for the users, and improved program effectiveness. The CPS conducted under this project will have to pay particular attention to these three

issues. Given the changes that the program will undergo, these data will be essential to monitor response of acceptors to program changes. Utilization and dissemination of the survey findings for policy making will be emphasized under this project. Over the life of the project two CPS studies are envisioned, one in early 1993 and one in early 1997.

c. Social Marketing - (Technical assistance, local costs): In order to assist the public and service providers and consumers to accept and understand new thrusts in GOJ family planning service provision, the Project will support social marketing efforts to educate and motivate concerned persons. Examples include media campaigns to inform women of sources of family planning services; and method specific promotions or campaigns to educate and address fears and side effects of various family planning methods. Where appropriate this component can also support the collection of qualitative data from beneficiaries and providers to ensure that the social marketing activities achieve their objectives.

## 2. Sustainable Services

This component of the Project addresses the sustainability of family planning services in both public and private sectors.

a. Public Sector - Project activities addressing the Public Sector are Contraceptive Supplies and Logistics, Family Life Education, and Clinical Methods.

### 1. Contraceptive Supplies and Logistics -

o Contraceptive Supplies - (Technical assistance and commodities): A.I.D. supplies all condoms and IUDs and all but a few of the orals used in both the public sector and social marketing programs. In 1990 alone, A.I.D. supplied over \$560,000 worth of contraceptives.

A.I.D. will phase-out its support for contraceptives to the Jamaican family planning project over the life of the Family Planning Initiatives Project. There are two schedules to this phase out: one for the social marketing component and one for the public sector NFPB/MOH program. Part of the rationale for moving the social marketing activity into the commercial sector is that a local distributor can assume responsibility for providing an adequate supply of contraceptives, so neither A.I.D. (or other donor), nor the GOJ will have to indefinitely supply subsidized commodities. But to minimize the disruption to the CSM clientele, the Project will continue to provide up to two years of contraceptive support (Condoms and Orals) to the social marketing program.

The contraceptive phase-out for the public sector program will take place over a five year period beginning in 1993. During this period, A.I.D. will gradually reduce its financial support for public sector condoms, orals and IUDs, while the GOJ increases its contribution commensurately. Assuming no other donor will shoulder the GOJ share, the contraceptive phase-out plan follows. It should be noted that this applies to A.I.D. financed commodities only and does not include those already financed by the GOJ (i.e. Ovral).

<u>Year</u>	<u>AID Contribution</u>	<u>GOJ Contribution</u>
1992	100%	0%
1993	80%	20%
1994	60%	40%
1995	40%	60%
1996	20%	80%
1997	0%	100%

With this schedule the GOJ will be fully responsible for procuring all condoms, oral contraceptives and IUDs used in the public sector program by the time the project ends in 1998. The percentage figures refer to the proportion of the contraceptive requirements that each party will finance each year. For example, in (FY) 1992 AID will finance all public sector condom, oral and IUD needs; by (FY) 1996 A.I.D. will be financing only 20 percent of the commodity requirements and the GOJ 80 percent. The phase out schedule is gradual enough that the GOJ should have sufficient time to undertake the necessary budgetary allocation to ensure little disruption in availability of public sector contraceptives. While the overall level of contraceptive support is fixed, the actual annual allocation of funds for contraceptive procurement, will depend on the yearly Contraceptive Procurement Tables (CPTs) and the contract cycles of A.I.D.'s contraceptive suppliers.

Although A.I.D. will not be supplying the Jamaican family planning program with any donated contraceptives by the end of the project, A.I.D. will make, through this project, a significant investment in providing the GOJ with the institutional capability to handle contraceptive procurement.

o Contraceptive Logistics - (Technical assistance, workshops and commodities): The NFPB, in conjunction with the MOH, has already begun to assume more responsibility for forecasting its contraceptive requirements. It is anticipated that early in the project the NFPB and the MOH

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should have the capacity to project public sector contraceptive needs, including the financial and budgetary requirements, with sufficient lead time to allow for the purchase and delivery of commodities in a routine and timely manner. The assistance provided under this project component will be targeted to the public sector MOH and NFPB program.

This activity will provide targeted technical assistance and training to increase the efficiency of the public sector logistics system. Since the existing NFPB logistics vehicles will require replacement in the next several years, the Project provides funds to purchase four replacement vehicles thereby ensuring continuation of the current system.

ii. Family Life Education - (Technical assistance, training and local costs): Assistance for the Ministry of Education's Family Life Education program is contingent upon the Ministry's adoption of certain policy reforms. The conditionality for this component results from USAID's experience in financing a FLE project under the previous bilateral Agreement, and an analysis of lessons learned which was recently completed. If the Ministry of Education takes the policy decisions to: 1) actively integrate the subject of Family Life Education into the curriculum, especially for Primary and All-Age schools, and institutionalize it as an examinable subject; 2) formalize FLE as a subject in teacher's colleges, making it compulsory and examinable; and 3) revises the methodology for communicating family planning and birth control concepts and messages in the FLE curriculum, the Project will support activities which will build on past experiences and emphasize the sustainability of FLE. Areas of potential support include the development of new attractive FLE books for primary and secondary students, reprinting of "Curriculum Guidelines" and "Teachers' Handbook, purchase of audiovisual materials for teachers colleges and secondary schools, training, and technical assistance.

iii. Clinical Methods - (Technical assistance, training and commodities): The main thrust of public sector clinical methods is to assure that cost- and contraceptive- effective methods are widely available. The purpose of the clinical methods component is twofold--first to establish a process by which program leadership can systematically look at clinical methods and method mix improvement, and second, to provide funding and technical assistance to implement changes recommended by that process in clinical service delivery. Through this Project component, the Medical Subcommittee of the NFPB will become an active leader of a process to address method mix and constraints to clinical methods service delivery.

This component of the Project will provide technical assistance, training and commodities to increase the public sector's capability to provide clinical methods of family planning. With technical assistance, the first step in implementing this component is to identify the ideal method mix and to plan for its implementation. The component will provide clinical training for medical personnel and counselling training needed to achieve the method mix targets. For example, training for IUD insertion is particularly important, since lack of trained personnel has been suggested as a major contributing factor in the decline of this method. Achievements in shifting the contraceptive method mix can be monitored through the monthly MOH clinic report and the two Contraceptive Prevalence Surveys to be undertaken by the Project.

b. Private Sector

Three activities will be undertaken: first changes in the sustainability and effectiveness of the social marketing program, second is work with private providers, and third is a small grant to the Women's Center for work with adolescents.

i. CSM Program - (Technical assistance, training and local costs): Part of the FPI Project's strategy to strengthen the NFPB's role in national advocacy of family planning and coordination of the national program is to identify ways of diminishing the NFPB's responsibility for direct implementation of services delivery programs. Additionally, it is part of the FPI Project strategy to identify and support ways in which private sector resources can be substituted for GOJ resources in funding existing and even expanded family planning services delivery.

Shifting the operational and commodity procurement responsibilities of the CSM contraceptive social marketing program from the NFPB into the commercial sector acknowledges the need for the NFPB to use its own resources maximally for advocacy and coordination of the national family planning effort as well as the economies/ efficiencies of operation which the commercial sector can offer the CSM program. These economies include procurement of contraceptives for the CSM program without use of NFPB or other GOJ funds as well as other in-kind contributions to program costs such as detailing to physicians and pharmacists, staff participation in marketing planning, promotions to the trade, public relations activities, and contributions to future advertising campaigns.

If the GOJ elects to move the program to the commercial sector, under the policy guidance of the NFPB with input from USAID, agreement will be reached with local representatives of manufacturers for provision in the marketplace of

contraceptives -- initially oral contraceptives and condoms -- which are price accessible to C and D class consumers, the traditional CSM target market. Provision of the products to the marketplace will be undertaken by the manufacturers and their representatives as a strictly commercial transaction.

It is anticipated that once agreements with commercial firms have been reached, a two-year, phased transition from NFPB to commercial operation will begin. During this period, USAID-supplied Perle and Panther will continue to be sold as usual by the NFPB; but the price of each product will be periodically raised to the price level at which the commercially provided products are being sold. Simultaneously during this two-year transition period, the commercially provided social marketing products will be introduced to the market and sold.

At the end of the two-year transition, USAID-supplied contraceptives will no longer be available for the CSM program. Commercially provided, low-priced contraceptives for the CSM target market will remain in the marketplace as the social marketing program's offerings.

A responsive monitoring system and program of market and consumer research will be critical to ensure that any adverse program impacts are quickly recognized and ameliorated. Accordingly, it is anticipated that the Project will undertake a program of research to periodically assess the impact of CSM price increases on the sales of CSM products, and undertake activities to minimize any negative impact on the overall program.

It is anticipated that the FPI Project will provide other significant support for CSM product sales during the two-year transition period (and to a lesser extent during Year 3 of the Project), if commercialized, in the form of 1) budgets for mass media advertising, promotions to the consumer and to the trade, training/seminars for physicians and pharmacists, public relations, and market research and 2) technical assistance in marketing management and planning. It is anticipated that participating commercial sector entities will make in-kind contributions in these same areas of support for product sales. These contributions will be documented in the firms' Letters of Agreement with the NFPB.

Advertising, promotional, and public relations support from the Project will help ensure a smooth transition from public to private sector provision of social marketing products and minimize any possible negative impact on product sales and usage.

ii. Private Providers - (Technical assistance, commodities and local costs): The private providers activity is designed as a flexible vehicle to encourage the participation of private providers in education, referral and delivery of family planning services. It is anticipated that this activity will forge direct links to private providers through public relations, mass media, and training.

Private providers are not yet serving as a source of counseling and methods to women. Visits to private physicians are a great missed opportunity for reinforcing the family planning message and providing another avenue for referral and possible service delivery. Under this component it is anticipated that private providers will have access to training in family planning methods (both counselling and clinical methods application) and to IEC materials for use in private settings. It is anticipated that Jamaica Family Planning Association, a PVO, will implement this component under a sub-grant from NFPB.

iii. Women's Center - (Commodities and local costs): The Project will make a sub-grant to the Women's Center for work with adolescents to delay the first pregnancy. The Women's Center, founded in 1977, has had a successful program to help school girls after their first pregnancy. The methodology is to identify young women who have become pregnant and who may leave school because of the pregnancy. The Women's Center works with these adolescents to keep up their studies and gives them practical skills to re-enter school after the baby's birth. Through the process of arranging for these adolescents to re-enter school, the Women's Center has developed excellent relations with the schools.

Based on these pre-existing relationships, the Women's Center will develop a pilot program in the Kingston area to work with younger adolescents to defer the first pregnancy. The program will 1) liaise with the schools to get their ideas about approaches, and to build relationships in support of the program; 2) work with PTAs, school nurses, etc. to solicit their involvement; 3) approach the Ministry of Education for permission to offer the services of program staff in Primary and All Age schools; and 4) offer a program to all Grade 7 students in New Secondary schools who did not gain entry into traditional high schools, and may be demoralized and open to early sexual experience and parenthood. Therefore, the program will seek to rebuild self image and redefine personal goals. Successful graduates of the Women's Center's established program will be used to the fullest in making presentations to this group.

The Women's Center will also conduct programs in the community with 10-13 year olds for "homework" evenings. During these periods of supervised study, it may be possible to bring up

such topics as boy-girl relationships. Teachers from the relevant communities will be involved in these evenings on a part-time basis as will successful graduates. As part of the sub-grant, the Women's Center will also open an adolescent clinic on the grounds of the main center in Kingston. The spacious site has ample space for the clinic, and a simple, prefab building will be installed there.

### 3. NFPB Institutional Strengthening

The issues of sustainable financing, private sector involvement, policy analysis and marketing are new areas to be addressed by the Family Planning Board. Assistance to the National Family Planning Board under the Family Planning Initiatives Project is designed to facilitate the NFPB's shift in its primary focus from that of implementation of sub-projects to one of advocacy of population and family planning issues and coordination of the national family planning program. This component will ensure that the National Family Planning Board is able to serve as an advocate for family planning and to act as manager and coordinator of the national family planning program.

There are three major parts to this Project component: institutional development of the NFPB, development and implementation of a Management Information System, and training of NFPB staff.

a. Institutional Development - (Technical assistance): Technical assistance will be provided to collaborate with NFPB in determining an institutional strategy for the Board and how best to implement it. A wide variety of technical assistance and training relevant to advocacy and coordination of a multi-participant national family planning program can be provided to the NFPB by the Project. Technical assistance will also be made available to assess the management and organizational capability of the organization to operate effectively, and to further develop the organization as required. To successfully implement the initiatives planned under the Project the NFPB will require an active, visible presence advocating the allocation of substantial resources and attention to family planning needs as well as creative, innovative leadership in the coordination of services delivery activities nationwide.

b. Management Information System - (Technical assistance, training and commodities): Once a strategic plan has been developed, the Project will provide technical assistance to the NFPB in its implementation. This assistance will include support in the development and use of a management information system (MIS) for monitoring the flow of services and the achievement of quantitative goals, forecasting commodity needs, procurement, quality control, and distribution flow; and set-up of cost-center budgeting systems. An appropriate management information system, particularly for collection of service statistics in both private and public sectors will be required for the NFPB to take policy decisions based on adequate information. The MIS will also be linked to the Policy

Framework and Contraceptive Logistics Components to ensure that a comprehensive MIS is developed and implemented and the collected information is utilized for improved decision making. This component will finance required hardware and software, technical assistance for systems design, and training costs for staff.

c. NFPB Training - (Training): It is anticipated that staff at headquarters will be provided with training and technical assistance in the areas of market research, marketing, cost recovery, private sector development, strategic planning and other areas relevant to the new approaches of the program. This component will support training in the U.S. for selected NFPB managers and peer development through internships "matching" U.S. and NFPB professionals. Funds for the international air travel of participants are included.

### III. Cost Estimates

Over the seven-year Project, USAID will finance long and short term Jamaican and US TA, training, commodities, and local costs (including sub-grants). The GOJ contribution will include public sector contraceptives and administrative and contraceptive distribution costs. To provide these inputs and carry out the Project activities will require a total of US\$9,734,000 of which US\$7,000,000 will be contributed by A.I.D. and the equivalent of US\$2,734,000 by the Government of Jamaica.

The following Illustrative Budget shows current and future planned obligations of A.I.D. funds for the Project.

18.

ILLUSTRATIVE COST SUMMARY - FAMILY PLANNING INITIATIVES PROJECT GRANT AGREEMENT

(US\$000)

Line Item	Prior Obligations		This Obligations		Planned Subsequent Obligations		Total Planned Obligations	
	AID	GOJ	AID	GOJ	AID	GOJ	AID	GOJ
TA	0	0	300	0	1190	0	1490	0
Training	0	0	50	0	595	0	645	0
Commodities	0	0	200	300	1907	1440	2107	1740
Local Costs	0	0	100	100	1205	894	1305	994
Private Providers Adolescents	0	0	0	0	575	0	575	0
Evaluation/Audit	0	0	0	0	250	0	250	0
Contingency	0	0	25	0	603	0	628	0
Total	0	0	675	400	6325	2334	7000	2734

FUNDING CITATIONS

Grant

Appropriation: 72-1111021

BPC: LDPA-91-25532-KG13

Amount: US\$675,000

#### IV. Implementation

##### 1. Project Management Responsibilities and Organization

Project Management/Implementation will be the responsibility of the National Family Planning Board (NFPB) for the Government of Jamaica through the existing Projects & Research Department. This Department will be headed by the NFPB's Director of Projects & Research with the support staff of two (2) Project Officers and one Secretary. The Director of Projects and Research will be responsible for the day to day administrative functions of the project for the GOJ, including documentation necessary for the purchase of commodities, contracting of technical assistance including Requests for Proposals and Scopes of Work, preparation of the quarterly reports to USAID, liaising with the NFPB accountants to ascertain that the financial and managerial reports are submitted to USAID on time, and liaising with the NFPB procurement officer in the timely forecasting, logistics management and clearing of project commodities. The Director of Projects & Research will also be responsible for providing assistance to subgrantees in project design and preparation, project approval (jointly with USAID), project monitoring, financial review and evaluation.

##### a. Steering Committee

The current Sustainability Committee already constituted by the NFPB will continue to function as the Steering Committee for the Project. Representatives of this Committee include NFPB Chairman, Executive Director, Director of Projects and Research, Medical Director, Marketing Director, Ministry of Health, Planning Institute of Jamaica, USAID and UNFPA. The Steering Committee will meet quarterly to review the progress of the NFPB's program particularly as it relates to implementation and formulation of policies affecting the program and Project, the privatization of the Commercial Social Marketing Program, overall sustainability and financing of the national family planning program, and the role of the NFPB as advocate for family planning.

##### b. Resident Advisor

The Project will finance the services of a Resident Advisor. The Resident Advisor will be responsible for providing technical oversight of project activities. It is anticipated that the Resident Advisor will be placed at the NFPB for the first three years of the Project when the bulk of the expert Technical Assistance will be provided and while the system is undergoing the most extensive change. The Resident Advisor will liaise with USAID and report to the Executive Director of the NFPB.

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c. USAID/Kingston Organizational Responsibilities

The implementation responsibility with USAID will be held by the Office of Health/Nutrition and Population (OHNP). The USAID Project Officer will be a FSN Program Specialist, who will be responsible for preparing all earmarking and committing documentation, drafting of Project-related correspondence, preparing quarterly and semi-annual reports, and making all arrangements for foreign technical assistance and training. USAID will also review and approve all contracts and sub-grants to be funded by the Project. Mission support will be provided by other USAID offices as appropriate (i.e., to include Office of Economic and Enterprise, Office of Contract Management, Office of the Controller, and Office of Program and Project development).

d. Procurement

AID-funded commodities will be procured in accordance with AID and host country contracting procedures and requirements. Project procurement will be in accordance with A.I.D.'s Buy America policy. An assessment of NFPB's contracting capabilities will be completed and their capabilities certified as acceptable prior to NFPB undertaking contracting actions or awarding sub-grants. All commodities including vehicles (4 are planned for the Logistics component) will be U.S. source and origin except where U.S. sourced commodities cannot obtain local warranties and service (i.e. computers). Detailed procurement information will be provided to the National Family Planning Board as an attachment to implementation Letter No. 1, the text of which will also explain the application of AID requirements.

The NFPB, with the assistance of USAID, will be responsible for all local procurement under the project, whereas USAID will procure directly for U.S. commodities and technical assistance. Coordinators of sub-grants implemented through other agencies will assist the NFPB in carrying out procurement actions for their special projects including formulation of specifications and obtaining quotations from at least three suppliers for all local procurement.

The NFPB will arrange for port clearance of all imported commodities and for delivery of commodities to the sub-grantees.

All overseas procured commodities will be checked by the National Family Planning Board Storekeeper or Assistant Storekeeper on arrival at the NFPB stores, who will verify the amounts received against the prepared procurement (PIO/C or Contract Award) document and submit to USAID a Receipt of goods form within two days after arrival. In the case of large scale local procurement, copies of all quotations must be submitted to the NFPB and USAID.

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Over the life of the project four vehicles, computer equipment, minilap kits and replacement equipment will be bought to enhance the delivery of contraceptives; to improve the contraceptive forecasting and logistics Management Information System; and the voluntary surgical contraception program of the NFPB. Also office and clinical equipment will be bought for the Women's Centre sub-project.

e. Training

As a significant step toward sustaining of the family planning program, training is an important component supported by this 1991 to 1998 project. This includes training in the areas of:

Contraceptive Forecasting, Logistics Management Information System, Autonomous Procurement, and Logistics Management for NFPB, MOH and JFPA personnel;

the use of clinical methods such as the VSC minilap procedure and IUD insertion for MOH, JFPA personnel and possibly for the private physicians; and

the strengthening of the full range of family planning services delivered by both the public and private sector providers especially in the area of effective counselling.

By the latest six months after the start of the project the NFPB will be responsible for submitting to USAID a two year training plan, and biannually thereafter.

f. Local Currency

The Project Agreement, in Article 5, Section 5.2 (b), specifies the terms and conditions relating to the generation of local currency from the sale of oral contraceptives and condoms through the Contraceptive Social Marketing Program. These include: the revenues generated from the sale of Perle and Panther will be deposited into a separate bank account by the NFPB; the revenues will be used to further family planning objectives which are mutually agreed to by A.I.D. and NFPB; and that it will provide A.I.D. with written reports, statements of income and expenditures, including specific uses of the revenues, and any other information A.I.D. may reasonably request. The annual audit report to be submitted to A.I.D. by NFPB will include the CSM sales revenues income and expenditures, including the specific uses of the revenues.

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g. Host Country Contribution

The Host Country Contribution consists of contraceptives commodities and non-A.I.D. financed operating costs of NFPB as outlined in Table 5. As A.I.D. will be receiving annual audited statements of NFPB, the operating costs will be easily identifiable. The NFPB records on contraceptive commodity procurement will also be available to verify the GOJ contribution to the Project.

V. Monitoring, Evaluation and Audit

1. Monitoring

The USAID population project officer will be responsible for overall USAID monitoring of the Project. For day-to-day management and technical oversight of project activities, a resident advisor will be placed at the NFPB. This individual will be assigned for the first three years of the Project when the bulk of the export TA will be provided, and while the system is undergoing the most extensive change. The division of labor between the USAID project officer and the resident advisor can be illustrated as follows:

USAID project officer—financial monitoring/approvals; preparation of PIO/Ts, PIO/Cs, PIO/Ps; clearance of cables, memos, travel concurrences.

Resident Advisor - preparation of scopes of work; briefing and debriefing of TA consultants; preparation of quarterly and semi-annual review material, in conjunction with the USAID Project Officer; technical input to cables, memos, etc.; and collaboration with counterparts and TA consultants in the preparation, monitoring and revision of workplans.

2. Recipient Reporting Requirements

Sub-Grantees will provide (1) semi-annual implementation reports covering activities initiated or completed during the reporting period, major decisions/problems or developments, and plans for the next reporting period; (2) quarterly financial reports; (3) annual implementation plans, including annual budgets; and (4) a final report summarizing accomplishments.

3. Evaluation

Evaluations will be carried out at various stages of project implementation.

1993 - Contraceptive Prevalence Survey  
1994 - mid-Project evaluation  
1996 - in-depth Project evaluation  
1997 - Contraceptive prevalence survey.

The two contraceptive prevalence surveys carried out during the life of the project, one in 1993 and the other in 1997, will measure the achievement of project goals, including maintaining contraceptive prevalence rate at 55 percent, declines in the total fertility rate, declines in unmet need for appropriate family planning services, and increased participation of the private sector in family planning service education, referral and delivery.

Up-to-date data on utilization of family planning clinics, birth rates, sales of contraceptives, etc. will be readily available through the NFPB and MOH and other agency records and used to monitor program performance.

An overall project evaluation will be carried out between the 18th and 24th month of the project. It will be especially important that the evaluation assess the following:

- o progress in implementing user fees for family planning within the context of primary care user fees in the Ministry of Health;
- o impact on sales and client profiles of privatized CSM program;
- o potential and performance of private providers delivering family planning services;
- o whether sufficient improvements have been made to MOH pharmaceutical system to recommend combining it with NFPB for procurement and distribution of public sector family planning commodities;
- o performance of GOJ in allocating adequate budget for public sector family planning commodities; and
- o degree to which NFPB has assumed meaningful role as advocate and leader of national family planning program.

The evaluation will also investigate technical, administrative and managerial matters that have a bearing on the project.

In addition, a major in-depth impact evaluation will be carried out in Year 5 of the Project. The evaluation will assess the success of efforts to sustain and finance the program during the period of donor phaseout. Emphasis will be placed on lessons learned, what worked and did not work, to provide a "case study" for other countries which may be facing the same challenges as Jamaica and to allow for final mid-course correction of the Project's activities.

It is anticipated that the evaluations will be conducted by teams consisting of Jamaican and U.S. experts with Terms of Reference jointly agreed upon by USAID and NFPB.

4. Audit

The National Family Planning Board will be the GOJ implementing agent and will be responsible for all host country accounting and financial reporting and contracting for goods and services. USAID will make disbursements directly to NFPB based upon approved requests for advances of funds to meet local currency costs of goods and services included in the approved project budget. Such advances may not exceed 90 days estimated expenditure. Expenditures must be properly reported and documented to USAID on monthly financial reports in form and substance acceptable to AID before further advances are approved. Monthly financial reports to be submitted by NFPB to USAID with supporting documentation three weeks following the end of each month.

NFPB's accounts are audited annually by the Jamaican accounting firm of Horwarth & Horwarth. The scope of the NFPB's annual audits will be expanded to include the USAID Project, CSM sales revenue account, and GOJ expenditures to monitor host country contribution to the Project. Project funds may be used to offset the increased cost of the annual audit to cover these additional USAID requirements.

The NFPB is currently implementing the Population and Family Planning Services Project and their accounting and reporting capabilities were reviewed on several occasions by the Mission's Financial Analyst staff. Prior to NFPB undertaking any contracting actions, USAID will utilize the existing Mission IQC with Coopers and Lybrand to assess NFPB's host country contracting capability and certify that it is adequate.