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End of Project Evaluation
Matching Grant 1985-1989
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Jamaica

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END OF PROJECT EVALUATION REPORT

By: Bruce Campbell Moyer, STD

I. Introduction

A. Purpose and Scope of the Evaluation

The ADRA Jamaica project has operated in Trenchtown since the beginning of Adra's first Matching Grant in 1982. This evaluation then focuses on the effects of a fairly long-term relationship with a community. The nature of that community further influences the direction of the evaluation. It is a politically volatile urban slum where government services were often suspended due to violence. This raises the question of how an NGO can or should relate to the opposing factions and continue to provide services. And is there any potential for community development to occur in such a milieu?

B. Methodology

In January, 1989, David Taylor, of the ADRA/I office, and Bruce Campbell Moyer, an external consultant, were asked to conduct an End of Project (EOP) evaluation on the Matching Grant 2 (MG2), Trench Town Project in Kingston, Jamaica. This evaluation involved, necessarily, considerable attention to the previous Matching Grant 1 (MG1) project on which MG2 was built.

Attention was given, by the evaluation team, to interviews and discussions with the community committee, previous and present personnel, to on-site inspections and a review of relevant records and correspondence. H.G. Campbell, the project director and ADRA/Jamaica representative, gave considerable and invaluable time and energy to the process of this evaluation.

C. Historical Background

Jamaica is one of the thirty-five upper-middle-income countries of the world with a free-market economy in which the dominant sector is private.

The Jamaican economy is undergoing a process of serious economic adjustment. During the years preceding 1980, the economy declined by 17%. Unemployment reached an all-time high of 31.5% which meant that more than 300,000 Jamaicans were out of work. Compounding that problem is a foreign debt of more than $1.3 billion and a trade deficit that in 1980 topped $300 million.

In 1978, production of export agricultural products decreased marginally, although price increases maintained income. Both sugar and banana exports have declined substantially over the past years. Crop diseases involving sugar, coffee, and coconut production, and a shortage of imported agricultural inputs, such as fertilizers, created by the scarcity of hard currency are but a few reasons for the decline.

Migration has for many years been a constant demographic factor also affecting the economy of Jamaica. The per capita income in 1981 was US$1,340.00. The per capita daily food intake is 2,641 calories which is 118% of the requirements.

Education is free and compulsory for eleven years, ages 6-17. The national literacy rate is estimated at 82%, but the functional literacy rate may be less than half that figure.

During the period 1980-1989, the government was in the hands of the more moderate Jamaica Labor Party (JLP) government, under Edward Seaga, following in the wake of the more radical pro-Cuba People's National Party (PNP) under Manley. While the JLP government was able to accomplish much in the eyes of the international community, the benefits did not sufficiently "trickle down" to the common people, and in 1989 the Socialist PNP, under a more moderate Manley, returned to office. This evaluation was conducted just prior to, and during the anticipation of, this election in 1989.

Hurricane Gilbert struck Jamaica in late 1988, causing widespread damage, but this was very quickly and successfully addressed by both the local and international community. By January, 1989, much of the damage had been repaired.

cf. Appendix 1 for further historical, cultural, political, etc. background. (Proposal USAID Matching Grant Program for Public Health Program, Trench Town, Jamaica. 1985-1988. Prepared by Gustavsson, S. ADRA/IAD.)

II. The Project

A. Political Background

The Trench Town area of Kingston, Jamaica, has been a highly politicized neighborhood for some time. The northern section is loyal to the PNP, while the southern section is loyal to the JLP. During the late 1970s, the Socialist PNP government spent considerable

funds, building up the northern section. During this time the southern section was allowed to decay to a large degree, becoming a classic case of urban blight, characterized by poverty, disease, and squalor.

Running gun battles between the rival political parties created a no-man's land between the two and the breakdown of essential social services. The police would not enter, garbage was not collected but was allowed to pile up on streets and lots, electricity was pirated rather than monitored or repaired, and no attempt was made to repair water service to the area.

The exodus of normal and essential social services from the community left the local Seventh-day Adventist Church and medical clinic as one of the few possible starting points for rebuilding the community. With this awareness, ADRA/Jamaica applied for and received a matching grant (MG1) for an urban development program. This first matching grant (MG1) was followed by a second (MG2) which was a continuation of MG1.

B. Overview and Social Context

The ADRA MG2 project was a continuation of an already existing, largely successful, community health program in the Trench Town area of Kingston. Built upon experiences of the first three years, the staff intensified their efforts to improve the life of the poor and undernourished people of this area. This is a community of approximately 35,000 -- 20,000 in the southern section and 15,000 in the northern section. MG1 and MG2 focused, necessarily, on the southern section.

A national doctor and two nurses provided services in a clinic five days a week offering mother-child care, family immunization programs, and health education in the area of disease prevention and improved nutrition.

Trainers employed during the project conducted environmental sanitation programs and public health education, and trained volunteer community health workers.

Emphasis was placed on table garden training, and preventative health education offered in schools. In addition, classes were offered on careers, income generation, parent/child relationships, parenting, child spacing, and nutrition for the family.

C. Project Goal

1. Project goal
   a. To increase the potential of the Trench Town community in Jamaica in determining its future, especially in the area of health.

2. Subgoals
   a. To organize the community into self-governing committees.
   b. To establish vital services that had been disrupted.
   c. To improve the social structure in the community so that law and order can be maintained.
   d. To establish a health system that will be supported by the local constituency.

D. Project Objectives

1. To decrease I.M.R. in target communities by 25% by June, 1988.

2. To decrease the prevalence of the following diseases by June, 1988:
   a. Gastroenteritis -- by 35%
   b. Ancylostomiasis -- by 40%
   c. Ascariasis -- by 10%
   d. Scabies -- by 20%
   e. Dengue Fever -- by 40%

3. To have 75% of current water standpipes operating without leaks by June, 1988.

4. To have a minimum of one functioning flushwater closet available for every five families by May, 1988.

5. To have 75% of all solid water in target communities disposed of in a sanitary manner by June, 1988.

6. To have five fire-safe incinerators constructed in target communities.

7. To have ten community members trained in maintenance of water system.

8. To offer a minimum of ten hours of instruction in environmental health and sanitary hygiene.

9. To foster consistent safe garbage disposal on all streets in target communities by February, 1988. (cf. Appendix 1, Proposal, USAID Matching Grant

Program for Public Health Program, Trench Town, Jamaica, 1985-1988. Prepared by Gustavsson, S., ADRA/IAD)

E. Objectives

These Objectives were redefined in the Logical Framework Matrix, which provided the basic criteria for the actual evaluation. (cf. Appendix 2, Logical Framework Matrix.)

F. Implementation Strategy

1. To foster the development of a Community Health Development Committee in Trench Town. Encourage the people to select their own leaders and officers and let the ADRA staff complement their efforts rather than direct it. This committee should oversee all of the planning of community activities and should be represented when there are discussions with government officials, etc. The committee should select a number of "Action Teams" that will be responsible for the community labor and manpower items of the project. They will also foster cooperation with individuals and small housing units.

2. Primary Health Care Center: Having obtained the necessary local and government permission to establish a small clinic, proceed with selected site and, with the community, prepare to renovate and equip it. ADRA may be able to assist with some of the equipment from here.

   The P.H.C. Center should include the following programs:
   a. MCH Clinics
   b. Immunizations/Vaccinations
   c. Family Planning
   d. Preventative Health Education
   e. Appropriate Curative Care

3. The P.H.C. Center will train two Community Health Promoters who will complement the present four in the community by acting as assistants during the clinics and who will act as simple Trainers in the target communities. These persons (some will be female) should be chosen by the community according to criteria selected by ADRA/Jamaica.

4. Environmental Sanitation Program: Local ADRA volunteers, plumbers, health inspectors, etc. will be mobilized to assist in helping the people repair their community. A thorough survey of the area is planned, noting and making accurate estimates on the supplies needed in order to repair things. A plan of action will be made to obtain tools in order to implement the repairs. ADRA proposes not to promise to do more than for which there is money. The target areas will be small enough to make a visible impact. The P.H.C. Center can serve a wider community.

5. Emphasis will be placed on home and community garden training. The support of existing utility services, etc. will be enlisted as often as possible and people will be trained in how to keep the environment clean. The committee should establish its own set of rules about urination and defecation outside of the places provided and should strictly enforce it. People dumping garbage improperly should be dealt with by the committee.

6. Community cooperation at all stages, and especially this one, is critical if this project is to be a success. Do not remunerate volunteer labor, either church or otherwise, as this will destroy the whole development process.

G. Process

1. MG2 began in June, 1985, with a USAID grant of $106,519.00

2. Serious financial restraints began to occur in July, 1985. Funds were not transferred to Jamaica until July 2, 1986.

3. In July, 1985,the Environmental Health/Sanitation project was initiated, but the only funds available were J$40,000 until project funds arrived.

4. By December, 1985, four public latrines and four bathhouses had been completed.

5. January, 1986: Started a second baseline survey for Trench Town and stopped because there could be no committee in the northern section and the personnel felt that no meaningful survey could be implemented in the whole of Trench Town without the organization of a community development committee in the northern section. The inability to work in the northern section was a political

constraint. It was also felt that there were insufficient funds and it was unwise to proceed until they had the proper budget. (cf. Dr. Frankson's summary report for this period.)

6. April, 1986: There is still a serious constraint due to lack of available funds.

7. June, 1986: Baseline survey finally completed for southern section of Trench Town. A breakthrough was experienced when permission was received to begin health development in the northern section during this period. There is no evidence that the project was able to follow through, due to political unrest.

   During this period, heavy floods in Jamaica wiped out the gardening project.

   June 18, 1986: ADRA/Inter-American Region received first MG2 drawdown of funds ($37,500).

8. July 2, 1986: Wire transfer of $30,000 to ADRA/Jamaica.

9. During 1987, $7,700 were transferred to ADRA/Jamaica for various expenses. The activities of the project continued as planned.

10. January, 1988: Project accounts transferred to East Jamaica Conference/SDA Office.

11. Request made for MG2 to be extended to Feb.14, 1989.

12. June to August, 1988: the project appeared to wane due to lack of funds. In August, 1987, permission was granted for MG1 obligated funds to be used in MG2.

13. October, 1988: Transition process of handing the Trench Town project over to the East Jamaica Conference/SDA was begun.

14. January, 1989: End of project evaluation by David Taylor and Bruce Campbell Moyer. A balance of $35,000 from the project was still unspent. An audit was initiated but not completed at the time this report was written.

15. Cf. Appendix 3 (Trench Town Project Timeline, prepared by David Taylor and Bruce Campbell Moyer) for further chronological details.

H. Monitoring and Reporting:

Regular reports from the project director and other personnel and relevant correspondence are included in Appendix 4.

III. Outcomes

A. Achievement: Project Goal (cf. Logframe: Project Goal)

To increase the potential of the Trench Town community in Jamaica in determining its future, especially in the area of health by December 1988.

1. One Community Health Involvement Committee has been established in the southern part of the community. The northern committee could never be achieved due to the prevailing political animosities. The degree to which this committee has impacted the entire community is conditioned by both the urban setting and the recent, disastrous hurricane that almost totally disrupted all society. The fact that any community organization in this depressed area has survived at all is a testimony to the effectiveness, strength and durability of the program.

2. During the period covered by MG1 and MG2, the project has succeeded in improving the social structure to the extent that the public services (i.e. police, electrical services, garbage collection) are now willing to enter the area which they previously refused to enter from fear of physical danger. The project manager, Pastor Campbell, was awarded high honors, by the national government, for his efforts and achievements in the Trench Town community.

3. The Health System of clinic, home visitation, and environmental health/sanitation, has been sufficiently successful that the clinic, which is the center of the system, continues to serve 500-600 patients each month. At the same time, another clinic, built and maintained by the government, in the adjacent and unfriendly northern community, only a short distance away, has been closed down due to fear on the part of clinic personnel for their personal safety, while residents of that community come to the (southern) Trench Town clinic for help.

B. Achievement : Establishing Infrastructure (cf. Logframe, Output #1)

1. An infrastructure has been established.

2. As previously noted, only one active Community Health Involvement Committee was established due to the prevailing political animosities.

3. With the exception of item number 4, all the objectives in this section were completed. While the Project called for six Community Health Auxiliaries (CHA) selected, supported, and managed by CHIC's by June 1988, only five were accomplished. (committee interview)

C. Achievement: Training of Project Personnel and leaders (cf. Logframe, Output #2)

1. Project personnel and Community leaders were trained for assigned responsibility.

2. The thirty (30) hours of training in management and leadership that was given for CHIC officers and sub-group leaders was accomplished by May, 1987. The appropriate training was given to five CHAs by December, 1986. The CHAs began implementing their training in 1987 and are continuing it beyond the premature end of the project in June, 1988.

3. Both Pastor Campbell, the Project Manager, and Dr. Frankson are continuing pursuit of the MPH degree.

4. While some effort was made to enable the project secretary/bookkeeper to successfully complete an accounting course by June, 1987, this was only minimally accomplished due to lack of funds and availability of time.

D. Achievement: Availability of Services (cf. Logframe, Output #3)

1. Fundamental Primary Medical services available are for involvement in Trench Town community.

2. Although the Project met with initial community resistance because of a natural distrust of strangers and non-governmental status, the outcome of this part of the project has met with overwhelming success. The Primary Health Clinic (PHC) was equipped on time.

3. Six (6) PHC personnel were employed by October, 1986.

4. Medical records have been developed and are utilized, with some exceptions, notably the Growth Monitoring Charts, which have been initiated, but not maintained or utilized.

5. The CHAs have succeeded in visiting the homes in the community and are delivering health care within their training. The amount of organization they have been able to accomplish is difficult to determine, especially since Hurricane Gilbert.

6. According to the interview with the Community Committee, at least 3,000 residents have been given a minimum of ten hours of instruction in environmental health in the prescribed areas.

7. The services projected to be available by December, 1986, were all accomplished.

E. Achievements: MCH activities (cf. Logframe, Output #4.)

1. MCH activities are successfully carried out in the target community.

2. More than the required eighty hours of health discussions have been conducted with women's clubs.

3. 85% of the children have been weighed at regular intervals.

4. More than 90% of target children have been fully immunized, according to the community committee.

5. The immunization of 90% of women of childbearing age for tetanus was not accomplished until June of 1988.

6. More than 90% of pregnant women have been encouraged and instructed in breast feeding, etc.

7. Family management instruction has been offered upon request and without request by project staff in clinic and home visits throughout the project life.

8. The work of the government public health nurse has been successfully complemented.

F. Achievements: Environmental Health/sanitation (cf. Logframe #5)

1. An environmental health/sanitation program has been established for Trench Town.

2. The wheelbarrows were provided by the time specified. Of the twelve provided, five are still active, but much less needed due to regular garbage pickup.

3. The five public latrine/bath facilities were constructed by December, 1987, and all are currently in use.

4. Items #3 and #4 were both accomplished by the time specified.

5. This was found to be impractical due to vulnerability to damage by vandalism. Instead, the water taps were reinforced with concrete as parts of the walls where they could not be easily damaged, thus the requirements, adapted to the context, were accomplished.

6. These campaigns were successfully conducted before June, 1988.

7. The ten residents of Trench Town were given the training in basic plumbing techniques within the prescribed time.

8. The volunteer plumbing maintenance teams were organized and the tools were provided by the indicated time.

G. Achievement: Urban gardening program (cf. Logframe #6)

1. The urban gardening program has been integrated and is complementing the Trench Town public health program.

2. This part of the total program was accomplished, but met with particular difficulties:
   a. suspected poor (old) seeds
   b. theft from open community plots
   c. Hurricane Gilbert.

H. Impact of Project

1. Infrastructure
   a. While some changes in personnel have occurred, this is to be expected.

b. The existing infrastructure survived Hurricane Gilbert and is regrouping after MG2.
c. Clinic personnel are free to walk the streets and are widely known and respected by the community.
d. While the area is still politically divided,
   (1) the clinic has raised consciousness of social responsibility in the immediate (southern) area.
   (2) people from the northern area are beginning to make use of the clinic and its total services.
   (3) northern area hostility is waning.
   (4) youth in the southern area are accepting help.

2. Primary Medical Services and MCH
   a. The clinic continues to serve an estimated 20% of Trench Town, both southern and northern areas.
   b. The clinic is regularly staffed by a Practitioner Nurse with full hospital backup support.
   c. A regular immunization program is continuing.
   d. Regular home visitation is continuing.
   e. Nutrition has improved. There are fewer malnourished babies in the area.
   f. The clinic continues to supply baby foods and cereals from Government and private sources.
   g. There has been a reduction in many common diseases.
   h. People better understand the principles of budgeting.

3. Environmental Health/Sanitation
   a. Garbage is regularly collected. Incinerators built by the project are now no longer needed.
   b. The streets and yards are cleaner now than before.
   c. Latrines and showers are regularly used and maintained by the community.
   d. The people are more health conscious.
   e. Public services have been reintroduced to the Trench Town area.
      (1) Water and Electric companies previously would not enter for fear of personal harm.
      (2) The electric company now feels free to enter, do repairs, and monitor usage.
4. Urban Gardening Program
   a. This program was much more successful in private yards than in public, community lots.

b. Hurricane Gilbert devastated much of what had been done.
c. Some attempts are being made to renew this program and there is moderate community support and interest.
d. Kitchen gardens have helped for both domestic use and as cash crops.

5. Other impact factors:
   a. Many people have been prepared for employment by the project.
   b. Project personnel not only trained and prepared people for work, but also gave recommendations to prospective employers.
   c. There is an improved attitude toward work.
   d. There are markedly better relationships among citizens of different communities, and there is a sense of hope for the future prevails.
   e. It is significant that a Government clinic, recently renovated and equipped, just a mile or two from this project, cannot be opened because no personnel can be found to work there for fear of personal harm. Some people are now overcoming political prejudices to come over to the southern section of Trench Town to the project clinic.
   f. The police, formerly fearful of entering Trench Town, now enter with some regularity and increasing effectiveness.

IV. <u>Recommendations:</u>

A. Weaknesses and Limitations:

1. There was considerable confusion about the financial arrangements between MG1 and MG2. Funds were not forwarded and available to the project regularly because of this confusion. This was finally resolved.

2. There was a lack of understanding of urban realities and demands. Considerable time was needed to overcome local community resistance to the project. This type of project requires at least three to five years simply to develop community acceptance.

3. The diversity of communities required the cooperation of local leaders, which was not always readily given, due, in part, to personality conflicts. This was also resolved in time. The local people had to learn how to build community organization from the bottom up rather than from the top down.

4. There is reason to suspect that the local ADRA/ Jamaica representative was overloaded with a diversity of projects which prevented him from giving immediate time and attention to this project.

5. More time and energy could have been given to prior training of local personal before and during the project.

B. Recommendations:

1. While this project was conceived as a Primary Health Project, it has developed into a unique program for ADRA. Rather than treating only the symptoms, ADRA/Jamaica is helping the people to solve the causes of their misery. Continued attention should be given by ADRA to the needs for Urban Projects and in dealing with the systemic problems that cause urban decay and social fragmentation. The Trench Town project can serve as a model for desperately needed urban projects throughout the developing world.

2. ADRA/Jamaica should be encouraged to continue the project, seeking local funding. Continued training should be given to the project personnel and community committee in fund raising, and urban sociology.

3. Attention should be given to using the Trench Town project as an urban training opportunity for young people at the West Indies Adventist College.

4. Serious thought must be given to the probable future of Trench Town. In all probability, this area will be bulldozed by the government and rebuilt as a lower-middle to middle-class neighborhood. If this develops, the clinic must also be upgraded to meet the needs of the community and its economic level. The future of the clinic will depend upon its ability to reflect and meet the needs of the surrounding community.

5. Continued funding problems will arise, and the people involved in the project should be instructed in the techniques of local fund raising.

6. More attention should be given to working with the young people in the area, motivating them and including them in ownership of the project and the future of the community. This is a difficult issue because it is also contingent upon the

local government in providing both job training and employment opportunities. This is a political issue and not a fault of the project, yet it seriously affects the project.

LIST OF APPENDICES:

1. Proposal USAID Matching Grant Program for Public Health Program, Trench Town, Jamaica. 1985-1988. Prepared by Gustavsson, S. ADRA/IAD.

2. Logical Framework Matrix: Matching Grant Project - Jamaica. ADRA/I.

3. Trench Town Project Timeline, prepared by David Taylor and Bruce Campbell Moyer.

4. Jamaica Matching Grant Income and Expenses (July 1, 1985 - June 30, 1988), prepared by David Taylor, ADRA/I.

APPENDIX 1
Original Proposal Summary

J A M A I C A

PUBLIC HEALTH PROGRAM IN TRENCH TOWN/PRIMARY HEALTH CARE COMMUNITY HEALTH IMPROVEMENT PROJECT

This project will provide a 5-day clinic, operated by a doctor and two nurses, offering mother-child care, family immunization programmes, family planning education on prevention of diseases and family nutrition and appropriate curative care. This project will co-operate with F.F.P, E.P.I. and O.R.T. programmes in the area.

Six trainers will be employed during the project period who will conduct environmental sanitation programmes, public health education and will train volunteer community health workers. Emphasis will be placed on house and community table-garden training. Preventative health education will be offered in schools, on careers and income generation, parent child relationships, parenting and child spacing and nutrition for the family.

The project's objectives are:

(1) To decrease I.M.R. in target community by 25% by June, 1988.

(2) To decrease the prevalence of the following diseases by June, 1988.

Gastroenteritis	-- by 35%	Scabies	-- by 20%
Ancylostomiasis	-- by 40%	Dengue Fever	-- by 40%
Ascariasis	-- by 35%	Measles	-- by 40%
Resp. Tract Inf.	-- by 10%		

(3) To have 75% of current water standpipes operating without leaks by June, 1988.

(4) To have a minimum of 1 functioning flush-water closet available for every 5 family by May, 1988.

(5) To have a minimum of 1 shower available for every f family by May, 1988.

(6) To have 75% of all solid water in target community disposed of in a sanitary manner by June, 1988.

(7) To have 5 firesafe incinerators constructed in target community.

(8) To have 10 community members trained in maintenance of water systems.

(9) To offer a minimum of 10 hours of instruction in emvironmental health and sanitary hygiene.

(10) To foster consistent safe garbage disposal on all streets in target community by February, 1988.

(11) To health educate over 75% of the target community along relevant lines that community health promoters etc. are trained in.

(12) To encourage the significant reduction of social and environmental risks of accidents in the target community.

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TARGET COMMUNITY - Trench Town, Kingston , Jamaica

Purpose: The goal is to improve the health of this community over a three-year period and this will be measured by the number of cases that will report to the Primary Health Care Centre over the period. The conditions that we will look at will be:

1. Dengue Fever
2. Gastro Enteritis
3. Hookworm (Ancylostomiasis)
4. Roundworm (Ascariasis)
5. Scabies
6. Measles
7. Respiratory Tract Infections

Outputs: These are the various important steps you need to accomplish in order to achieve the purpose:

1. Foster the development of a Community Health Development Committee in Trench Town. Encourage the people to select their own leaders and officers and let the ADRA staff complement their efforts rather than direct it. This committee should oversee all the planning of community activities and should be represented when you have discussions with government officials etc. The committee should select a number of "Action Teams" that will be responsible for the community labour and manpower items of the project. They will also foster co-operation with individuals and small housing units.

2. Primary Health Care Centre:

   Having obtained the necessary local and government permission to establish a small clinic proceed with selected site with the community and prepare to renovate it and equip it. We may be able to assist with some of the equipment from here. Carry out discussions with the community committee about security arrangements and ask the Health Director to submit to us a request for medicines with a specific list.

The P.H.C Centre should include the following programmes in its activities using these services to realize wellness objectives in planning, implementation, evaluation and realization of targets

1. *M.C.H. Clinics*
2. *Immunizations/Vaccinations*
3. *Family Planning*
4. *Preventive Health Education*
5. *Appropriate Curative Care*

3. *The P.H.C. Centre will train 2 Community Helath Promoters who will complement the present four in the community in acting as assistants during the clinics and who will acts as simple Trainers in the target communities. These persons (some will be female) should be chosen by the community according to criteria selected by ADRA/Jamaica. Make sure that they are not all Advnetists.*

4. *Environmental Sanitation Programme:*

Here is where we we propose to mobilize our local ADRA volunteers, plumbers, health inspectors, etc. to assist in helping the people to repair their community. A thorough survey of the area is planned, noting and making accurate estimates on the supplies needed in order to repair things. A plan of action will be made to obtain our tools in order to implement the repairs. We propose not to promise to do more than one has the money for. Keep our target areas small enough to make a highly visual impact will be a strategy. The P.H.C. Centre can serve a wider community.

Emphasis will be placed on home and community garden training. Enlisting the support of existing utility services, etc. as much as possible and training people in how to keep the environment clean will be done. The committee should establish its own set of rules about urinating and defaecating outside of the places provided and should strictly enforce it. People dumping garbage should be dealt with by the committee.

Community co-operation at all stages and especially this one is critical if this project is to be a success. Do not renumerate volunteer labour either church or otherwise, as this will destroy the whole development process.

<u>*Conclusion:*</u> *If changes become necessary as they surely will, for no design is perfect, then we will consult with our international office, and we will make the appropriate alteration together.*

APPENDIX 2
Logical Framework

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	Actual Achieved Project Goals and Objectives	Missing Project Goals and Objectives
Higher Goal: Improve the status of the population of Jamaica.			
Project Goal: To increase the potential of the Frenchtown community in Jamaica in determining its future, especially in the area of Health by December 1988.	1. To organize the community into self-governing committees. 2. To establish vital services that had been disrupted. 3. To improve the social structure in the community so that law and order can be established. 4. To establish a health system that will be supported by the local constituency.		
Output: 1. Infrastructure established.	1. Two active Community Health Involvement Committees (CHIC) established by June 1986. 2. Two active Mothers' Clubs established by August of 1986. 3. Four active Action/Gardening Teams performing promotion work by March 1987. 4. 6 Community Health Auxilaries selected, supported, & managed by CHIC's by June 1988. 5. CHIC and its sub-organizations interacting with relevant external sources of support by June 1988.		
2. Project personnel and Community leaders trained for assigned responsibility.	1. CHIC officers and leaders of sub-groups given 30 hrs. of training in management and leadership by May 1987. 2. Previously untrained Community Health Assistant (#) given: ~ 65 hrs. theoretical instruction ~ 100 hrs. practical instruction		

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	Actual Achieved Project Goals and Objectives	Missing Project Goals and Objectives
	by Dec. 1986 in the following areas: ~ food sanitation ~ ORT ~ growth monitoring ~ breast feeding and weaning ~ personal hygiene ~ child spacing ~ basic nutrition ~ home budgeting 3. CHA's implementing training by March 1987. 4. Two ADRA Jamaica staff successfuly completing requirements for MPH degree by October 1988. 5. Project secretary/bookkeeper successfully completing an accounting course by June 1987.		
3. Fundamental Primary Medical services available for involvement in Frenchtown community.	1. Primary Health Clinic (PHC) adequately equipped for service by October 1986. 2. (#) of PHC personnel employed by March 1986. 3. Medical records developed, completed, and utilized at homes and clinic by December 1986. 4. Community Health Auxiliaries visiting all homes and organizing groups in the community and delivering health care within their training by October 1987. 5. 3,000 communityresidents given a minimum 10 hrs. of instruction in environmental health, covering these areas: ~ food sanitation and storage ~ personal hygiene		

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	Actual Achieved Project Goals and Objectives	Missing Project Goals and Objectives
	~ diseases borne by water, filth, and vectors by June 1988. 6. The following services available and delivered in the target community through the PHC, schools, organized meetings, or individually by December 1986 ~ MCH clinics ~ Promotive health (immunization, personal hygiene/ conditioning) ~ family planning ~ preventive health education ~ curative care of common illnesses		
4. MCH activities successfully carried out in the target community.	1. 80 hrs. of health discussions with women's clubs May 1988. 2. 85% of children age 0-5 weighed at regularly accepted intervals throughout project life. 3. 90% of women of childbearing age (15-45) being immunized for tetanus by December 1987. 5. 90% of pregnant women encouraged and instructed in breast feeding, weaning practices, and basic infant care by May 1988. 6. Family management instruction offered upon request by project staff in clinic and home visits throughout the project life. 7. Complement govenment public health nurse in school health activities throughout project life.		

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	Actual Achieved Project Goals and Objectives	Missing Project Goals and Objectives
5. Environmental health/sanitation program established for Frenchtown.	1. Provide 12 wheelbarrows to CHIC to assist in proper garbage disposal by June 1986. 2. Construct 5 public latrine/bath facilities by Decembrr 1987. 3. Repair/replace 100 water taps by December 1987. 4. Provide 5,000 ft. of pipe with fittings to repair or replace damaged water supply systems by December 1987. 5. Place 20 concrete posts around existing public water taps by June 1988. 6. Conduct 5 one week campaigns to rid Frenchtown community of standing stagnant water by June 1988. 7. Train 10 residents of Frenchtown in basic plumbing techniques by June 1987. 8. Organize 3 volunteer plumbing maintenance teams by Dec. 1986. 9. Provide 3 sets of basic plumbing tools for voluntary teams by December 1986.		
6. Urban gardening program integrated and complementing the Frenchtown public health program.	1. Two Agriculture Action teams established by October 1986. 2. 40 volunteer garden promoters given 40 hours of theoretical and 40 hours of practical training by December 1986. 3. 100 community residents actively gardening on a minimum of 10 sites by May 1988.		

APPENDIX 3
Project Timeline

TRENCH TOWN PROJECT
TIME LINE

Oct. 1981	Start of MG1
Oct. 1983	Sanitation and plumbing upgrade begins (MG1)
Jan. 1984	Community Health development committee chosen by community; Dr. M.Frankson appointed as Health Director.
Jan. 1984 to March 1984	Community Health Development Committee (CHDC) recommends five (5) individuals as candidates for Community Health Workers (CHW).
	Action Team and Steering Committees organized
Feb. 23, 1984	Official opening of Primary Health Clinic (PHC)
May 9, 1984	Rioting in Trench Town, Clinic burnt down (Frankson) or damaged (Campbell)
June 1984	Permission obtained to extend MG1 to June 1985
	Nurse, Health Educator Barnes joins staff, CHW begin office orientation.
	Clinic relocates to SDA Church
June 1984	to August 1984: Intermittent gang violence, however the clinic continues to operate at new location.
Oct. 1984	Original ending date for MG1
	Practical training of CHWs begins
Jan. 1985 to March 1985:	Initial training program for CHWs accomplished with many difficulties. (By March of 1986, only three out of the five were still on board)
	CHDC still active with regular meetings and periodic rotation of members
June 1985	End of MG1 and Start of MG2
	MG1 obligated funds were spent after June 1985. The project had already obligated to spend these funds but the checks had not been written.

The total USAID portion of this grant is $106,519. The original contract period was July 1, 1985, to June 30, 1988.

July 1985 to March 1986	Mother's Club started
	Serious financial restraints occur (note that funds are not transferred to Jamaica until July 2, 1986. No funds are available) MG1 funds were no longer available after June, 1985, and MG2 funds were not received until July, 1986. (cf. Appendix 4)
	Secretary/accountant (bookkeeper) on deck and working.
	Initial efforts made for gardening component of project, which was then delayed for lack of funds.
	Environmental Health/Sanitation project initiated, but the only funds available were J$40,000 until project money arrived.
Oct. 1985	One week seminar in Miami for Frankson and Campbell, organized by ADRA/I, paid for by the project.
Oct. 1985	to Dec. 1985: forms for this quarterly report received after March, 1986. And this is the first indication the project personnel had that reports would be as detailed as they are.
	Project management expresses serious concern about the sustainability of the project because 50% of grant funds are tied up in project staff.
	One agricultural team established, eight garden sites established, with eight community residents (families) involved.
	Five CHDC meetings held. One Mother's Club established. Twelve Mother's Club meetings held
Dec. 1985	Four public latrines and four bathhouses completed.
Dec. 1985	Baseline survey undertaken but without adequate technical input.
Jan. 1986	Loma Linda University held a one-month seminar (MPH field school)

Jan. 1986	Started second baseline survey for Trench Town and stopped it because there could be no committee in the northern section and they felt that no meaningful survey could be implemented in the whole of Trench Town without the organization of a CHD in northern Trench Town. The inability to work in northern Trench Town was a political constraint. They also felt that they had insufficient funds and felt it unwise to proceed until they had the proper budget. (cf. Dr. Frankson's summary report for this period)
	Clinic attendance averages nineteen a day. Monthly community health lecture averages thirty-five. Average immunization is 10-20 a month.
Feb. 1986	Technical visit by Ken Flemmer from ADRA/I HQ
Apr. 1986	to June 1986: Three agricultural seminars held of five hours each with a total of fifteen participants in each seminar.
	Three health seminars held with a grand total of 1622 participants for all three seminars.
	Still a serious constraint for lack of funds.
June 1986	Baseline survey finally completed for Southern Trench Town
	Breakthrough in northern Trench Town. Permission received to begin health development there.
June 6, 1986	Heavy floods in Jamaica, gardening project wiped out.
June 18, 1986	ADRA/IAD received first MG2 drawdown of funds ($37,500).
July 2, 1986	Wire transfer of $30,000 to Jamaica.
Jan. 1987	Government has sponsored the garbage disposal system and maintains a fair regularity of manpower for disposal.
Mar. 20, 1987	ADRA/IAD made wire transfer of $6,500 to ADRA/Jamaica.
Apr 24, 1987	Additional $1,200 transferred to ADRA/Jamaica to cover MPH expenses for Dr. Frankson.

Apr. 24, 1987	Additional $32,500 was transferred to ADRA/Jamaica. (This was the balance of the funds, except for what Sydney Cole held back to cover MG1 if the authorization did not come through).
Oct. 1987	Request to AIDWashington (USAID) through ADRA/I to authorize inclusion of MG1 obligated funds in MG2 time period.
Jan. 1988	Project accounts transferred to East Jamaica Conference Office.
Feb. 1988	Request made for MG2 to be extended to February 14, 1989.
Mar. 1988	Because of no response to October, 1987 request, ADRA/IAD informed the project that there would be no more transfer of funds because they were being held in reserve to cover MG1 obligated funds if the authorization did not come through.
June 1988 to Aug. 1988	The project petered out for lack of funds.
Aug. 1988	Permission granted for MG1 obligated funds to be used in MG2.
Sept. 1988	Dr. Frankson separates himself from the Trench Town project.
Oct. 1988	Transition process of handing the Trench Town project over to East Jamaica Conference was begun.
Jan. 1989	End of Project evaluation by David Taylor and Dr. Bruce Campbell Moyer. $35,000 balance from project still unspent. Audit was initiated, but not completed at this point.

This Timeline was prepared by David Taylor and Bruce Campbell Moyer. February, 1989.

APPENDIX 4
Income and Expenses
IAD

IAD TREASURY RECORD OF GRANT DISBURSEMENTS

JAMAICA MATCHING GRANT INCOME AND EXPENSES (JULY 1, 1985-JUNE 30, 1988)
TOTAL GRANT US$106,519.00

FUNDS RECEIVED FROM ADRA INTERNATIONAL

06-18-86	$ 37,500.00	
04-17-87	34,000.00	
TOTAL FUNDS RECEIVED		$ 71,500.00

WIRE TRANSFERS AND EXPENDITURES

07-02-86	Wire Transfer to Jamaica	30,000.00	
07-02-86	Wire Transfer Fee	35.00	
07-24-86	Ck. #106-M. Frankson MSP Exp. P.R.	550.00	
07-24-86	Ck. #107-H. Campbell MSP Exp. P.R.	550.00	
08-15-86	Ck. #108-Motel Miami HC and MF	108.50	
03-20-87	Wire Transfer to Jamaica	6,500.00	
03-20-87	Wire Transfer Fee	35.00	
04-24-87	Ck.#109 M. Frankson-MPH Expenses	1,200.00	
04-24-87	Wire Transfer to Jamaica	32,500.00	
04-24-87	Wire Transfer Fee	35.00	
12-24-87	Wire Transfer Fee Credit	(20.00)	71,493.50
FUNDS AVAILABLE ON CURRENT MATCHING GRANT AS PER BANK STATEMENT			6.50
*FUNDS NOT RELEASED BY ADRA/INTERNATIONAL			35,019.00
FUNDS NOT USED AS OF 6-28-88			$35,025.50

*All funds were not released as Jamaica Matching Grant owes $49,000 approximately on previous matching grant.

We have $1,000 in bank from previous matching grant making a total on bank statement as of 5-31-88 $1,006.50. This is in Southeast Bank, account No. 018-378463.