FILE

A.I.D. EVALUATION SUMMARY PART I

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

A. REPORTING A.I.D. UNIT: RDO/C (Mission or AID/W Office)

(ISID 538-88-03)

B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN? yes ☐ slipped ☑ not here ☐

Eval. Plan Submission Date: FY 88 Q 1

C. EVALUATION TIMING: Interim ☐ final ☑ ex post ☐ other ☐

D. ACTIVITY OR ACTIVITIES EVALUATED (List the following information for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report)

Project #	Project/Program Title (or title & date of evaluation report)	First PROAG or equivalent (FY)	Most recent PACD (mo/yr)	Planned LOP Cost ('000)	Amount Obligated to Date ('000)
538-0039	Population and Development CARICOM Component	FY 82	09/87	600	600

E. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

Action(s) Required	Name of officer responsible for Action	Date Action to be Completed
The project has come to an end and the Mission does not plan any further initiative in this area. Remaining funds should be deobligated.	Neville Selman	01/31/88

(Attach extra sheet if necessary)

F. DATE OF MISSION OR AID/W OFFICE REVIEW OF EVALUATION: mo 09 day ___ yr 87

G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:

	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
Signature				
Typed Name	Neville Selman		Darwin Clarke	James S. Holtaway
Date:	01/20/88		01/20/88	2/8/88

Clearances: C/HPE:HWise Date: HW 01/21/88 C/PRM:David Mutchler Date: D/DIR:ABisset Date: AB

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

The CARICOM component was designed to increase the awareness of key leaders of the Eastern Caribbean countries and Belize, to population and development issues and to develop contraceptive medical policies and protocols in keeping with international standards and norms. CARICOM was to help:

- Establish National Population Task Forces (NPTF's) with responsibility for formulating National Population policies.
- Produce country population reports "in a readily understandable form for policy makers".
- Establish a Medical Steering Committee to review existing policies and practices.
- Convene a regional seminar for doctors, nurses, family planning administrators to propose a regional policy and protocols.
- Convene a National Medical Policy Seminar in Barbados to adapt the regional policy to a national one and to serve as a model.
- Convene other National Medical Policy seminars.

As per a mid-term evaluation recommendation, CARICOM hired a full-time consultant to work with NPTF's. All eight NPTF's produced well articulated and consistent draft population policies for their Governments. The Cabinets of three countries (St. Lucia, Dominica and Grenada) adopted national population policies. Implementation of policies has not begun, even in three countries where policies were adopted. The Evaluators noted that Caribbean Medical Policies for contraceptive services were non-existent or not documented. The document produced by CARICOM which was to have given a lead was not a policy document, was not well organised or presented, was too narrow in focus and medical protocols were never considered, as mandated by the Project Paper.

The Evaluators noted the following recommendations and lessons learned:

- CARICOM should have a small population unit to assist National Population Councils and Population Planning Units to implement population policies.
- IPPF/WHR should be given any remaining funds from CARICOM's grant to complete task of promoting medical policies and protocols.
- There was healthy collaboration among the many agencies working in the population field, with CARICOM functioning as a linking-pin. The positioning of NPTF's in Ministries of Health played a negative role in the adoption of National Policies.
- There remains continuing need for Regional collaboration on population and development issues, especially with regards to high unemployment rates.
- There was need of greater explicitness in the project design relating to medical contraceptive policy and for closer monitoring by CARICOM.

ABSTRACT

I. EVALUATION COSTS

1. Evaluation Team

Name Affiliation	Contract Number OR TDY Person Days	CARICOM Contract Cost OR TDY Cost (US$)	Source of Funds
Dr. Jean-Pierre Guengant, Demographer	26 days	7,500	Project
Mrs. Faith Wiltshire, Management Consultant	26 days	4,750	Project
Dr. O'Neall Parris, Asst. Professor Clinical Pediatrics, N.Y.	13 days	5,900	Project
Dr. Marjorie Holding-Cobham, Senior Medical Officer of Health, Jamaica	13 days	4,050	Project

2. Mission/Office Professional Staff Person-Days (estimate) 14

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

COSTS

A.I.D. EVALUATION SUMMARY PART II

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

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

Mission or Office: RDO/C Date this summary prepared: 12/28/87

Title and Date of Full Evaluation Report: Final Evaluation - Population and Development, December, 1987

The goal of the Population and Development Project was "to bring the population of the Eastern Caribbean into balance with available resources, by limiting birth rates" and the purpose was "to reduce the number of unwanted pregnancies". Underlying this was the assumption that given the limited resources of the Region the existing imbalance between population and resources is exacerbated by very rapid population growth.

The CARICOM component was to address the constraint identified as "the lack of awareness among key leaders of the consequences of the present demographic trends on the socio-economic development of the countries, in addition to out-moded procedures concerning family planning practices among the medical profession".

Purpose of the Evaluation and Methodology Used

The purpose of the final evaluation of the Demographic Policy was to assess:

(a) The effectiveness of activities
(b) Progress towards the development of sound planning regarding population issues, and
(c) The extent of improvements in the population policy environment in the Eastern Caribbean countries.

The evaluators were required to focus their assessment and provide recommendations in the following areas of the project.

(i) The formulation and implementation of National Population Policies.
(ii) The development of an institutional framework for implementation and the constraints thereto
(iii) The maintenance of awareness of major population issues.

The purpose of the final evaluation of the medical policy was to focus on whether or not the project goal of formulating national medical policies and protocol for contraceptives has been met, the extent to which such policies and protocols have been applied in the National Family Planning programs and the constraints to their formulation and implementation.

As to the methodology of the teams undertaking the evaluation (there were two - two person teams for the Demographic and Medical Policy), both teams had initial briefings at USAID, RDO/C. The team dealing with demographic policy which was first in the field visited eight of the nine participating countries. The team met members of some National Population Task Forces, statistical officers and staff of family planning associations. The team also reviewed the Grant Agreement between CARICOM and USAID, the Mid-Term Evaluation Report, reports of various conferences, workshops and seminars organised under the project's auspices, and technical documents published over the past five years.

SUMMARY

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The team evaluating medical policy interviewed key officials in the Ministries of Health, Private medical practitioners, family planning associations' personnel and personnel of regional and international health agencies. Documents made available by CARICOM and by country personnel were also used to help assess the status of the medical policy initiative.

Findings and Conclusions:

- Calculations of rough estimates suggest impressive declines of total fertility rates between 1980 and 1985. In St. Vincent from 4.2 to 3.0; in Dominica and St. Kitts/Nevis from 3.5 to 2.5/2.6; in Barbados, Antigua and Montserrat to below or around fertility replacement levels, 2.1 children per woman. In Grenada and St. Lucia, declines were more modest: from 4.0 to 3.6 and 4.2 to 3.9 respectively.
- Teenage fertility rates seem to have declined about 20 percent between 1980 and 1985.
- The declines have to be attributed mainly to increased provision and acceptance of contraceptive services under IPPF/WHR component, but also more favourable attitudes observed among leaders as a result of CARICOM component activities facilitated achievement of fertility declines.
- All nine participating countries formulated and revised draft population policies and in three countries Cabinets have adopted these policies.
- In the six countries for which population policies were formulated by Task Forces, but not presented to Cabinets for approval, detailed reasons are given at Part III of the Report (PP33/40) as to why they were not presented. These include multiple changes in Ministers and Permanent Secretaries in the Ministry of Health, the desire on the part of government not to have an explicit population policy, impending general elections and inaction by the Minister and/or Permanent Secretary, neither USAID nor the Grantee, CARICOM, has any leverage to move governments to approve population policies.
- With regard to those three governments which have approved formal population policies, all of them have indicated a need for additional funding to set up population planning units and national population councils to carry out implementation. The USAID grant to CARICOM did not envisage funding this stage of the development. CARICOM, the Grantee, has applied to the United Nations Fund for Population Activities for funds to undertake implementation activities with governments.
- Formal family planning policies and protocols are essentially non-existent, except in St. Vincent. Even in St. Vincent there was room for improvement.
- In the absence of a medical policy for contraceptives, medical staff are guided by their training, experience and interest. Personal and environmental factors have the potential for hampering current over-all project efforts of expanding family planning services.
- The draft medical policy on contraceptive services in the Caribbean community developed by the Medical Steering Committee was more a reference document than a policy document, it was not well organised, was too narrow in focus. Protocols were not coherently considered as mandated by the Project Paper.
- Montserrat was the only participating territory that developed a medical policy document out of its seminar discussions. The project objective of getting medical policy and protocols for contraceptive services formulated and disseminated was mostly not achieved.

DOCUMENTARY (continued)

The Principal Recommendations

o It was recommended that the various outcomes of the CARICOM component should be publicised in a simple form, primarily for leaders and policy makers.

o The region should capitalize on the experience gained by "institution building" both at the regional and national level. At the regional level, a small population unit of two or three professionals should be established to assist the National Population Councils and Population Planning Units (PPU's).

o Appropriate social indicators for monitoring economic and societal changes, as well as population policies, should be developed at the regional level by the CARICOM PPU using data already collected by CARICOM's Statistical Section.

o Although the Mid-Term Evaluation Report has as one of its recommendations, that CARICOM should mount a media campaign, it was not done. The Team of the Final Evaluation did not agree that CARICOM should perform this role, that it was better left to other institutions such as CFPA Ltd. with which CARICOM maintained close collaboration.

o On a generic note, it was recommended that in projects such as the CARICOM component, where there was collaboration with institutions using advanced technology, there should be provision for training of local personnel, transfer of technology and when appropriate, the transfer also of micro-computer equipment.

o It was recommended that any funds remaining in the CARICOM grant for medical policy (said to be approximately $22,000) should be made available to IPPF/WHR to provide technical assistance for the broadening and refinements of the medical policy efforts to date and the development of protocols. Cognizance should be taken of PAHO's efforts at producing a Maternal and Child Health Policy Manual to avoid any duplication of effort.

o IPPF/WHR could incorporate into its training activities, the development of a regional medical policy and protocols.

LESSONS LEARNED

o The positioning of the National Population Task Forces (NPTF's) under the Ministries of Health tended to isolate the Task Force from the mainstream of national planning and inadequate representation of planners in the Task Forces, played a negative role, not only in the adoption of national policies, but in fostering the development of sound planning regarding population issues.

o Critical population-related problems remain to be resolved (e.g. continuing high unemployment/under employment rates) and these may best be resolved by a regional approach through CARICOM.

o No provision was made in the Project Design for a full-time manager for implementation. Although the value of a full-time consultant to work with NPTF's was demonstrated, there was no provision for such assistance to cover the medical policy component. CARICOM did not explicitly interpret the project document to countries.

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

Final Evaluation Report - Population and Development Project - 538-0039 - CARICOM Component.

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

The Evaluation methodology of both teams in this final evaluation was sound, although the team dealing with the evaluation of Demographic policy should have had a greater number of days. Interviews of officials and other involved persons and a review of the project materials (Project Paper, Grant Agreement, Mid-Term Evaluation Report and other reports produced for at seminars, conferences, workshops) were the only means available to the two teams of evaluators. In the short period of their evaluations, both teams were able to fulfil their scopes of work and to make some recommendations which can be acted on.

It was also a weakness of design, although the significance of the weakness does not appear to have been fully grasped by the Grantee, until the Mid-Term Evaluation, that there was no initial provision for a full-time professional consultant to orient and shepherd along the National Population Tasks Forces (NPTF's) in their work. They were unable unaided, to perform their main task of formulating national population policies. Similarly, the medical policy evaluation team drew attention to the fact that CARICOM, in the absence of a full-time manager, failed to explicitly interpret the expected project outcome (a national medical policy on contraceptives and protocols) to participating countries, "leaving most countries uncertain as to where different responsibilities lay".

The Mission agrees with the Lessons Learned set out in the Evaluators' Report. In defence of the strategy for positioning NPTF's under Ministries of Health, was the recognition that Regional Governments more readily accepted the purpose of the project, because activities could be shown to be a natural extension of the programs of Maternal and Child Health Clinics, with immediate gains accruing to the health of mothers and young children through child-spacing. Also, Ministries of Economic Development and Planning whose focus is on economic planning, could be less easily persuaded to accept responsibility.

The Mission also supports the finding that there are still critical population related problems in the Region and that regional collaboration through CARICOM would be the best approach to a solution of these problems. The need for collaboration in developing the institutional framework for implementation of the population policies which have been formulated, is a good example of this need.

The Mission does not accept the recommendation that unspent funds from the CARICOM Grant should be given to IPPF/WHR to provide technical assistance to complete the policy efforts made to date.

ATTACHMENTS

COMMENTS IN FULL REPORT

FINAL EVALUATION REPORT

CARIBBEAN REGIONAL POPULATION AND DEVELOPMENT PROJECT

538-0039: CARICOM COMPONENT

December 1987

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FINAL EVALUATION REPORT

CARIBBEAN REGIONAL POPULATION AND DEVELOPMENT PROJECT

538-0039: CARICOM COMPONENT

EXECUTIVE SUMMARY

The CARICOM component, which is evaluated in this report, is a sub-project of the "Caribbean Regional Population and Development Project (538-0039)" initiated by USAID/RDO/C, Barbados, in 1982. The IPPF/WHR and the CARICOM Secretariat have been the main Grantees of this project. Activities to be carried out under the CARICOM component were listed under two main headings: "Demographic Policy" and "Medical Policy".

Initially planned for June 1982 to December 1985, the CARICOM component was later extended to September 1987 at no additional cost. Funding for the CARICOM component amounted to US$600,000, of which US$250,000 was allocated to the Demographic Policy activities.

The participating countries were Antigua and Barbuda, Barbados, Belize, Dominica, Grenada, Montserrat, St. Christopher and Nevis, St. Lucia, and St. Vincent and the Grenadines.

As provided for in Section 5 of the USAID/CARICOM Project Agreement, this evaluation was undertaken to assess the effectiveness of the activities carried out under the CARICOM component. The evaluation was carried out in two parts: the evaluation of the Demographic Policy was conducted from 20 July through 14 August 1987, by Dr. Jean-Pierre Guengant, demographer and Mrs. Faith Wiltshire, management consultant; the evaluation of the Medical Policy was conducted from 31 August through 12 September, 1987, by Dr. O'Neall Parris, Pediatrician and Dr. Marjorie Holding-Cobham, Senior Medical Officer of Health. Eight of the participating countries were visited; Belize was not included because of financial and time constraints.

PURPOSE OF THE ACTIVITY EVALUATED

According to the Amplified Description, the goal of the Project was "to bring the population of the Eastern Caribbean into balance with available resources, by limiting birth rates" and the purpose was "to reduce the number of unwanted pregnancies". Underlying this is the assumption that, given the limited resources of the region, the existing imbalance between population and resources is exacerbated by very rapid population growth.

The main constraints identified were: "the lack of awareness among key leaders of the consequences of the present demographic trends on the socio-economic development ~~development~~ of the countries..." and "the current

inability of the countries to deliver adequate and timely family services". The CARICOM component was to address the first constraint, while the IPPF/WHR component was to address the second.

Demographic Policy

The Demographic Policy portion of the CARICOM component was designed to increase public awareness of population and development issues, and to assist participating countries to formulate population policies. In order to accomplish this, the CARICOM Secretariat was expected to develop the following activities, as listed in the Amplified Description:

- helping to establish National Population Task Forces (NPTFs) ... responsible for spearheading the formulation and implementation of a national policy" in the participating countries.

- the production of country population reports: "in a readily understandable form for policy makers".

- the organisation of a Regional Awareness Conference to better equip leaders "to formally and informally take into account demographic processes in overall policy planning".

- the funding of "training in data collection and analysis" of individuals recommended by the NPTFs.

Medical Policy

The medical policy portion was designed to help participating countries develop contraceptive medical policies and protocols in keeping with international standards and norms. This was to be accomplished by:

- the establishment of a Medical Steering Committee to review existing policies and practices;

- the convening of a Regional Seminar for doctors, nurses and family planning administrators to propose regional policy and protocols;

- the convening of a National Medical Policy Seminar in Barbados to adapt the regional recommendations to the Barbados setting, and to serve as a model for:

- the conduct of up to twenty-two other two-day medical policy seminars in the other participating countries;

- making available short term observational training for a limited number of individuals depending on needs identified during the above processes.

It was hoped that these activities would result in the formulation and implementation of population policies, and in up to date medical policies and protocols that would liberalize and improve contraceptive services in the region. Acting in concert with the other components of the project (e.g. improvement of service delivery through training, upgrading of clinics, commodity supply and distribution), these activities would lead to the overall project aims of reducing unwanted pregnancies, and helping to bring population and resources into balance.

PURPOSE AND METHODOLOGY OF FINAL EVALUATION

The purpose of this final evaluation was to assess:

(a) the effectiveness of activities under the CARICOM component;
(b) progress towards the development of sound planning regarding population issues; and
(c) the extent of improvements in the population policy environment in the Eastern Caribbean countries."

Further, the evaluators were required to focus their assessment, and provide recommendations, on the following areas of the project:

(i) the formulation and implementation of national population and medical policies;
(ii) the development of an institutional framework for implementation of these policies and the constraints thereto.
(iii) the maintenance of awareness of major population issues";

The evaluators interviewed key Ministry of Health personnel, private medical practioners and personnel of non-governmental agencies involved in family planning. Documents provided at the briefing by USAID and CARICOM personnel, as well as documents made available by the various Ministries of Health were also used in helping the evaluators arrive at their conclusions. In addition, visits were made to Statistical Offices and the evaluators consulted various technical documents published over the past five years.

FINDINGS AND CONCLUSIONS

As far as the goal and the purpose of the overall project are concerned, i.e: "limiting birth rates", and "reduc(ing) the number of unwanted pregnancies in the region", the declines of total and teenager fertility rates registered between 1980 and 1985, indicate that significant progress has been made during the life of the project. These results have to be attributed mainly to the provision of contraceptive services under the IPPF/WHR component, but undoubtedly the more favorable population policy environment fostered by the CARICOM component activities facilitated the achievement of these quite impressive fertility declines.

Demographic Policy

The mid-term evaluation formulated five recommendations, most of which were implemented by the CARICOM Secretariat quite rapidly. The combined effect of two of these recommendations i.e. contracting a full-time person to work with the NPTFs and the extension of the project, together with the convening of two population policy formulation workshops was particularly important. As a result, the period after the mid-term evaluation witnessed the revival of the NPTFs.

Functioning of the NPTFs

In seven of the participating countries, NPTFs were established in 1983. Prior to the mid-term evaluation, the NPTFs hardly functioned. In contrast, the post mid-term period was characterised by highly motivated Task Forces, more clearly focussed on what was expected of them.

In most countries, the positioning of the NPTFs under the Ministry of Health tended to isolate the Task Force and its work from the mainstream of national planning. The role and influence of Permanent Secretaries must also be considered. Permanent Secretaries occupy sensitive positions and are therefore able to expedite, delay or stifle proposals from the Task Forces.

Contents of Population Policies

In all the policy documents, the rationale , objectives and goals, as well as policy and programme measures were clearly stated. The overall goal of the various policies is the improvement of the quality of life of citizens. In the Windward islands, the rationale for a policy is too rapid population growth. In Montserrat, the over-riding need is to increase population size.

All eight policies examined appear well articulated and consistent. While a standard outline was followed, some documents were more in-depth than others. One or two were a bit sketchy, but nevertheless managed to reflect their own country's situation.

Logically, the focus of Population Policy documents is on demographic variables. But the relationships between population and economic variables, from a socio-economic planning point of view, are quite correctly addressed in all documents. In itself, this constitutes a starting point for the development of sound planning regarding population issues, specific to each country situation.

Formulation and Implementation of Policies

All participating countries have formulated and revised draft documents. Cabinets have officially adopted National Population Policies in three countries (St. Lucia, Dominica and Grenada).

In the other countries, it is difficult to explain the delays in the submission of the policy documents to Cabinet for adoption. In none of these countries was there any major disagreement on the latest drafts. Time constraints from Ministers and Permanent Secretaries, and the need to slightly edit the document, were the only reasons given for non adoption. Moreover, all officials interviewed recognized the value of the documents.

As a result of non adoption, implementation has not really started. In the three countries which have officially adopted policies, National Population Councils (NPC) have been created, but none is really operational. The Population Planning Units (PPUs) still remain to be mounted. In fact, implementation is a long and complex process, which will present the NPCs with a demanding challenge.

Raising of Awareness

An holistic approach to population and development issues by leaders is still lacking. However, those who have been exposed to the various project activities, claimed that their views on the subject have widened. Several political leaders have made public statements on population and development issues. Also, family planning activities seem now to be more positively appreciated.

Summation.

Since the mid-term evaluation, the NPTFs have been characterised by highly motivated members, more clearly focussed on what was expected of them.

All eight policies examined appear well articulated and consistent, and it is difficult to explain the delays in submission of the documents to Cabinet for adoption.

There has been some success in raising public awareness, but awareness and knowledge are still, in many respects, superficial and limited.

It is fair to conclude that the US$250,000 allocated to the Demographic Policy has been well spent in terms of the results from the activities carried out.

Medical Policy

At the time of the mid-term evaluation in 1984, the following activities had been accomplished:

- The Medical Steering Committee had met twice and adopted a Draft Medical Policy on Contraceptive Services in the Caribbean Community;

- The Regional Seminar had been held and had proposed a regional policy; and

- Five countries (Antigua and Barbuda, Barbados, Montserrat, St. Christopher-Nevis and St. Vincent) had held their National Medical Seminars.

The evaluation team had at that time recommended the scaling back of the National Medical Policy Seminars and observed that advantage had not been taken of the funding available for observational training. But otherwise, the team had made no other substantive comments on this aspect of the overall project. As a result of this, the final evaluation, of necessity, had to review the project from its inception.

Project Justification

This portion of the project was predicated on the assumption that Caribbean medical policies and protocols were both outdated and inappropriate, that there was excessive medical supervision and a failure to delegate responsibility to the appropriate health worker.

In fact, Caribbean medical policies for contraceptive services were non-existent, or else not documented. Protocols were indeed in place in some countries with already existing public sector family planning programs and in those instances were in keeping with current international practice.

Despite the above observations, the ideal of looking at, and formalizing current practices was a meritorious one.

Project Design and Implementation

The project was designed with IPPF/WHR having the training component and CARICOM having the medical policy component as parallel activities. However, since IPPF/WHR was ideally placed to disseminate medical policy during the course of its training activities, it might have been more appropriate for IPPF/WHR to have executed both components, or else to develop formal linkages between the two activities.

Medical Steering Committee Document

This document which was called Medical Policy on Contraceptive Services in the Caribbean Community and which influenced the content of the National Medical Seminars greatly, had a number of deficiencies:

- it was not strictly a policy document;
- it was not well organized or presented;
- it was too narrow in focus e.g. non-clinical methods were not addressed.

In addition, medical protocols were never considered as mandated by the project paper. Thus, what came out of the National Medical Policy Seminars had the same shortcomings.

National Medical Policies

(a) CARICOM Secretariat Implementation

Neither the project paper nor the CARICOM Secretariat explicitly spelled out for participating countries the expected sequence of events after the National Medical Policy Seminars. This resulted in no progress being made in all except one country, specifically Montserrat.

(b) Formulation

Montserrat is the only country to date that has developed a "Summary of Policy Statements" which has been circulated. In all other participating countries, only reports or minutes of the national seminars are available.

(c) Policy Characteristics

Because of the narrow focus of the baseline document used for the national seminars, most countries did not adequately address specific medical problems relating to the delivery of family planning services.

(d) Implementation at Local Level

There was good cross sectional representation at the national seminars and this, in and of itself, guaranteed dissemination of information. In many cases the reports of these seminars also outlined a plan for implementation. However, no significant formal action was taken in any country. Most countries did claim though, that they had implemented some of the recommendations from their national seminars in their family planning programs.

Summation

The medical policy initiative was a worthwhile venture.

The Medical Steering Committee document on Contraceptive Services for the Caribbean Community should have been broader in scope.

There should have been closer monitoring of project implementation by the CARICOM Secretariat.

At the country level, more initiative should have been shown.

RECOMMENDATIONS

Demographic Policy

In order to maintain and deepen awareness of population and development issues of leaders, both at the regional and national levels, the team recommends:

First, that the various outcomes of the project be publicized in a simple form, primarily for "leaders" and policy makers. This could take the form of a monograph of the type/ or under the IMPACT Project. It should also include a review of the major events and publications which occurred during the period covered by the project.

Second, that a small population unit, with two or three professionals, be established within the CARICOM Secretariat to assist the NPCs and the PPUs in the implementation phase of the population policies. The tasks of this regional unit, would be to assist the national PPUs in research and programme design, implementation and monitoring of the national policies.

Third, that given the importance of social indicators for monitoring economic and societal changes as well as population policies, that this CARICOM Population Unit develop appropriate indicators, using the data already collected by the Secretariat's Statistical Section. These should be regularly published with short comments.

Medical Policy

IPPF/WHR, whose component of the overall project, including training was extended to 1988, should be given charge of remaining funds from the medical policy component to:

(a) assist with the completion of policies and protocols;

(b) tie in the above with their training acitivites.

LESSONS LEARNED

Demographic Policy

First, the various presentations and lectures given by Caribbean scholars and professionals at the regional conferences and at the NPTFs' meetings, were essential to the success of the project since they helped to "legitimise" population and development issues in the region.

Second, the multiplicity of institutions working in the population field in the region, resulted in healthy collaboration, with the activities of each institution reinforcing those of the others.

Third, the CARICOM Secretariat, proved to be an effective executing agency in the population field, functioning as a linking pin in the network of regional institutions, thanks to the good image the CARICOM Secretariat and its staff enjoy in the region.

Fourth, the positioning of the NPTFs under the Ministries of Health and the inadequate representation of planners in the NPTFs, has played a negative role in the adoption of national policies, as well as in fostering the development of sound planning regarding population issues.

Fifth, excessive attention to rates of growth, has caused observers to ignore the heavy legacy left by the demographic explosion period. This legacy is largely responsible for the doubling of unemployment rates observed in all the OECS countries between 1970 and 1980, despite the continuation of high emigration rates, including illegal emigration. The mounting population pressures which these countries will continue to face in the next twenty years, have yet to be fully recognised and properly addressed.

Finally, self reliance, which is the ultimate goal of development, seems to be a difficult goal to be achieved in a short time frame and for countries as small as the Eastern Caribbean. Hence the critical role which the CARICOM Secretariat needs to continue to play to foster regional collaboration - an objective which appears to be strongly desired by its members, especially the smaller ones.

Medical Policy

Explicitness in project design and close monitoring by the implementing agency of project activities are essential for successful completion of projects.

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FINAL EVALUATION REPORT

CARIBBEAN REGIONAL POPULATION AND DEVELOPMENT PROJECT

538-0039: CARICOM COMPONENT

The CARICOM component, which is evaluated in this report, is a sub-project of the "Caribbean Regional Population and Development Project (538-0039)" initiated by USAID/RDO/C, Barbados, in 1982. The IPPF/WHR and the CARICOM Secretariat have been the main Grantees of this project. Activities to be carried out under the CARICOM component were listed under two main headings: "Demographic Policy" and "Medical Policy".

Initially planned for June 1982 to December 1985, the CARICOM component was later extended to September 1987 at no additional cost. Funding for the CARICOM component amounted to US$600,000, of which US$250,000 was allocated to the Demographic Policy activities.

The participating countries were Antigua and Barbuda, Barbados, Belize, Dominica, Grenada, Montserrat, St. Christopher and Nevis, St. Lucia, and St. Vincent and the Grenadines.

As provided for in Section 5 of the USAID/CARICOM Project Agreement, this evaluation was undertaken to assess the effectiveness of the activities carried out under the CARICOM component. The evaluation was carried out in two parts: the evaluation of the Demographic Policy was conducted from 20 July through 14 August 1987, by Dr. Jean-Pierre Guengant, demographer and Mrs. Faith Wiltshire, management consultant; the evaluation of the Medical Policy was conducted from 31 August through 12 September, 1987. This report is presented in two parts: Part I: Demographic Policy and Part II: Medical Policy. Eight of the participating countries were visited; Belize was not included because of financial and time constraints.

Objectives of the Project

According to the Amplified Description of the Project, the goal was "to bring the population of the Eastern Caribbean into balance with available resources, by limiting birth rates" and the purpose was "to reduce the number of unwanted pregnancies". Underlying this was the assumption that, given the limited resources of the region, the existing imbalance between population and resources is exacerbated by very rapid population growth.

The main constraints identified were: "the lack of awareness among key leaders of the consequences of the present demographic trends on the socio-economic ~~development~~ development of the countries..." and "the current inability of the countries to deliver adequate and timely family services". The CARICOM component was to address the first constraint, while the IPPF/WHR component was to address the second.

Scope of Work of Final Evaluation

The purpose of this final evaluation was to assess:

(a) the effectiveness of activities under the CARICOM component;
(b) progress towards the development of sound planning regarding population issues; and
(c) the extent of improvements in the population policy environment in the Eastern Caribbean countries."

Further, the evaluators were required to focus their assessment, and provide recommendations on the following areas of the project:

(i) the formulation and implementation of national population policies;
(ii) the development of an institutional framework for implementation, and the constraints thereto;
(iii) the maintenance of awareness of major population issues.

PART I: DEMOGRAPHIC POLICY

A: THE CONTEXT

1: OBJECTIVES OF THE PROJECT

Under Demographic Policy, the CARICOM Secretariat was expected to develop the following activities, as listed in the Amplified Description:

First: "help to establish National Population Task Forces (NPTFs) ... responsible for spearheading the formulation and implementation of a national policy" in the participating countries.

Second: the production of country population reports: "in a readily understandable form for policy makers".

Third: the organisation of a Regional Awareness Conference to better equip leaders "to formally and informally take into account demographic processes in overall policy planning".

Fourth: the funding of "training in data collection and analysis" of individuals recommended by the NPTFs.

Clearly, the approach was population control and family planning oriented. Therefore, the assumed too rapid population growth of the Caribbean, deemed to be a major obstacle to development, was to be controlled through rapid and wide dissemination of family planning services. This is reflected in the purpose: "increase in contracepive prevalence by 25 % over life of the project" - incidentally, an unrealistic goal (see Logical Framework, Appendix 1).

2: PURPOSE AND METHODOLOGY OF FINAL EVALUATION

This evaluation was conducted from 20 July through 14 August 1987. The two evaluators: Dr. Jean-Pierre Guengant, demographer, and Ms. Faith Wiltshire, management consultant, visited eight of the participating countries. The ninth country, Belize, was not included because of financial and time constraints. Country visits lasted on average, one day and a half to two days.

The CARICOM Secretariat had advised countries well in advance of the team's visit. As the Task Forces were attached to the Ministries of

the Minister of Health, who is also the Chairman of the NPTF. Uncontrollable factors such as absence of Ministers overseas and/or at all day Cabinet meetings, prevented the team from meeting with other Ministers of Health and other key Ministers.

In addition, visits were made to Statistical Offices and Family Planning Associations. But, in Antigua it was impossible to contact either the Statistical Office, or the Family Planning Association. Attempts to contact persons in the various Planning Units, Finance and Planning, were unsuccessful except in St. Vincent. Interviews and/or meetings lasted between thirty minutes and two hours. A list of persons interviewed is given in Appendix 3.

During the evaluation, the consultants reviewed :the Grant Agreement between the CARICOM Secretariat and USAID, the mid-term evaluation report, reports of the various conferences, workshops and seminars organized in the region under the project together with documents prepared for in-house discussion in the CARICOM Secretariat.

The team also consulted various technical documents published over the past five years. These included the Population Reference Bureau's "Country Population Reports", the Futures Group publication, the reports of Contraceptive Prevalence Surveys carried out from 1980 - 1985, National Development Plans, as well as the results of the survey on the "Attitudes Towards Population and Development Among Leaders in the Eastern Caribbean" done in mid 1985 by T. Edenholm. The most recent available demographic and GDP data were looked at in the Statistical Offices and the Ministries of Health.

Consultants had a half day briefing in Barbados on 21 July by the USAID officers: Mr. Darwin Clarke, evaluation specialist and Mr Neville Selman, Population Adviser. De-briefing took place on August 14 at the USAID Office in Barbados. USAID Officers present were: Mr A. Bisset, Assistant Director; Mr D. Mutchler, Chief, Program Division; Mr D. Clarke, Evaluation Specialist; Mr N.Selman and Mrs G. Goodridge, Health and Population Advisers. Mrs Dawn Marshall, Consultant Programme Officer to the CARICOM project, also attended.

B: EVALUATION AND DISCUSSION

1: EXPECTED VERSUS ACTUAL OUTPUTS

The Logi[illegible]ramework, drafted in March 1982, of the overall "Population and [illegible]pment Project" identified seven expected outputs from the Demographic [illegible]y part of the CARICOM component. At the time of the Mid-Term Evaluati[illegible] only one had been completed: the establishment of the National Populati[illegible] Task Forces. In August 1987, 34 months later, all had been achieved, in [illegible]st cases quite satisfactorily.

First, the distribution of the nine Country Population Reports, presenting major demographic features for each country, and produced by the Population Reference Bureau, was completed by the beginning of 1985. These well-produced, 16 page documents, were used as reference documents in the preparation of some of the Draft Population Policies.

Second, the RAPID model, which complemented the Country Population Reports for six countries, using the same population scenarios, was presented first at the Population Awareness Conference, in St. Lucia, May 1984, then at the Caribbean Parliamentarians Conference in Barbados, in June 1985. Despite a sceptical first reception in St. Lucia, the RAPID presentation made in Barbados, with various Ministers from the region present, was successful.

Third, National Population Task Forces were established in all countries in 1983 and 1984 (See B: Section 3).

Fourth, by August 1987, Population Policies have been adopted officially in three countries: St. Lucia, August 1985; Dominica, August 1986; and Grenada, June 1987, as was targetted by the Logical Framework for the end of the project, initially December 1985. In the remaining countries, the NPTFs have all completed Draft Population Policies, and their official adoption, now depends on their presentation to Cabinet.

Fifth, the Population Regional Awareness Conference, planned in the Grant Agreement, was held in St. Lucia, from April 30 to May 2, 1984. In addition, a second conference was organised in collaboration with the Inter-American Parliamentiary Group on Population and Development (IAPG) in Barbados, June 14-15, 1985.

The sixth and seventh expected outputs: "informal changes occur in all countries" and "increased public dialogue" are undoubtedly the most difficult to measure. The Logical Framework indicated that "project evaluation and expert assessment" and "monitoring media" would be the means of verification of these achievements. Part II, Section 6: "Levels of Awareness" deals specifically with that subject.

2: MID-TERM EVALUATION: FINDINGS AND IMPLEMENTATION OF RECOMMENDATIONS

The mid-term evaluation basically assessed the project design and made recommendations to facilitate the achievement of Project goals

Project design

This team fully endorses the view of the mid-term team that the "Population and Development Project (was) a highly ambitious project ... (which) needs to be seen as one with long term goals with major implications for regional resources". This is all the more true for the CARICOM

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component which "focusses on institutional building and attitudinal changes". These, by nature, occur slowly.

Benchmarks

The mid-term evaluation report also mentioned that: "Benchmarks as indicators of progress in project implementation have not been established so as to provide optimal data".

In fact, between 1980 and 1985 Contraceptive Prevalence Surveys (CPS), were conducted in all eight countries (Barbados in 1980/81, Antigua, Dominica, St. Lucia and St. Vincent in 1981, St. Kitts-Nevis and Montserrat in 1984, Grenada in 1985). Although they were not all undertaken before the beginning of the project and not funded under the CARICOM component, their results provided much information. The same is true for the Male Family Planning Surveys, conducted in 1982 in Barbados, Dominica and St. Kitts-Nevis, and published in August 1985.

The follow-up CPS surveys to be conducted in a near future will provide current data which will enable us to measure more or less the progress made during the period covered by the project. However, as the publication of the survey results will take some time, such an assessment will not be possible before the end of 1988.

The conditions for undertaking the suggested benchmark surveys of awareness among political leaders were not met. What was required was full-time, qualified personnel for survey design, and for collection, processing and analysis of data. No country had, either the personnel or the computer facilities for successfully completing these surveys. Indeed, only Dominica conducted the survey, but failed to fully process the questionnaires.

Surprisingly, no one seems to have envisaged the need for the development of annual demographic and socio- economic indicators using existing routinely collected data. However, the mid-term evaluation report did recommend that "short term specialised courses and seminars, such as on Social Indicators be mounted in the region".

Recommendations of the mid-term evaluation

The mid-term evaluation formulated five recommendations Most of these were implemented quite rapidly, especially recommendations 1,4,5 which enabled the project to gain momentum.

The first recommendation was that "a full time person .. be contracted ... to monitor and work with the NPTF in each country in the completion of policy documents and their presentation to their respective governments.". This was done in October 1985 with the hiring of consultant, Mrs. Dawn Marshall.

The fourth recommendation was the recruitment and training of two demographers /statisticians to be attached to the OECS Secretariat in Antigua and the organisation of "short term specialised courses and seminars...". It was felt that it was more efficient to focus on "population formulation" training of the members of the NPTFs. Therefore, two seminars on population policy formulation were organised with the assistance of the Demographic unit of UN/ECLAC Trinidad. These served also to expose a larger number of people to regional demographic issues.

The first seminar was held in St. Kitts from October 27 to November 5, 1985. Fifteen participants from four countries: Dominica, Montserrat, St Christopher and Nevis and St. Vincent and the Grenadines attended. The second one was held in Barbados, from July 7 to 18, 1986. Eighteen participants from five countries: Antigua and Barbuda, Barbados, Belize, Grenada and St. Lucia, attended.

The fifth recommendation concerned the extension of the Project. At the time of the mid-term evaluation, the Project had operated for less than two years. The report noted rightly that: "Given the delay in the implementation of the project, the time-consuming aspect of policy dialogue, (and) consciousness raising ..." the CARICOM component should be extended by one year. Indeed, the PACD, scheduled for July 1985, was extended twice, at no additional cost, bringing it to September 30 1987.

The combined effect of these three recommendations has been so important, that the achievements of the Project have to be assessed separately for the following two periods: first from January 1983 to mid 1985; second, from mid 1985 to September 1987.

During the first period, the project progressed slowly, with minimum commitment from countries. Refering to this period the members of the NPTFs interviewed said that they did not know exactly how to proceed and that they lacked technical assistance.

In contrast, the second period witnessed the revival of the NPTFs. This was due (1) to the external stimulus provided by the frequent visits of the consultant hired following the mid-term evaluation recommendation, and (2) to the impact of the Population Policy Formulation seminars. It should be noted that although St. Lucia had adopted its population policy before these seminars, for all the other countries the first Population Policy drafts were written during these seminars.

The second and third recommendations made by the mid-term evaluation concerned the organisation of a "Regional Conference aimed specifically at policy makers" and the mounting "of a media campaign plan".

As a result of the Caribbean Parliamentarians' Conference, several Ministers made public statements on population and development issues. A follow-up to this conference was the Dialogue of Caribbean Parliamentarians in Jamaica in October 1986, with the following outcomes:

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(1) the distribution in April 1987 of 8000 copies of a poster on the issue of adolescent pregnancy containing an "Appeal for Action" from concerned Caribbean parliamentarians to teenagers, parents, educators and community leaders;

(2) the organisation in April and May 1987 of Youth Parliamentary Debates in Grenada, St. Vincent and Barbados, and hopefully later this year in St. Lucia and St. Kitts-Nevis; and

(3) a Caribbean radio link program on population issues organised by the Caribbean News Agency (CANA) in April 1987, with the participation of Ministers of Health from St. Vincent, St. Kitts-Nevis and Grenada, along with Senator Billie Miller from Barbados.

The mid-term recommendations suggested an intensive media campaign plan with the utilisation of "both television and radio spots... in addition to CANA reports". A preliminary proposal was prepared, but the CARICOM Secretariat failed to follow through. However, CARICOM's media campaign activities were indirectly achieved through the publicity given to its conferences and such activities as Population Awareness Week 1987. This enjoyed wide coverage, reaching a high point when its activities merged with the Day of the Five Billion on July 11, sponsored by UNFPA. In addition, from time to time, some NPTFs used the media to highlight their activities and so added to the sensitisation process.

As the activities of other agencies (IPPF/WHR, CFPA, IAPG) were also well covered, (see Section 6), there was quite regular media coverage of population and development issues during the period mid 1984 July 1987. Knowledge of population matters by the general public, as well as of leaders, undoubtedly increased. But certainly, the major contribution to the improvement of population policy environment in the region came from the Parliamentarians' Conference held in Barbados.

In this context, the need for the CARICOM Secretariat to mount a separate mass media plan, did not appear critical to the team. For the future, the need for such a plan must be carefully and pragmatically assessed.

To sum up, the momentum of the second period contrasts sharply with the inertia of the first. This was due to:

- the analysis, findings and recommendations of the mid-term evaluation;
- the modification of the project design made by the CARICOM Secretariat and USAID in response to the mid-term evaluation;
- the hiring of the Project consultant and her follow-through in the field;
- the receptiveness of the political leadership and the NPTFs to these activities.

3: FUNCTIONING OF THE NPTFs

In seven of the countries visited, NPTFs were established in 1983, with Barbados appointing its Task Force in 1984. Grenada appointed a new Task Force in 1985, retaining only two members from the original body.

As a result of the strong health and family planning orientation of the project, NPTFs were attached to the various Ministries of Health with personnel from these ministries having significant representation. Other respresentatives came from the Church, Trade Unions and other NGOs, as well as from the private sector.

Two Ministers, the Minister of Health, St. Vincent, and the Minister of Development, St. Christopher-Nevis, were appointed Chairmen of their respective Task Forces. Other persons appointed Chairmen included Permanent Secretaries, and Senior Medical Officers, Ministries of Health; prominent citizens: e.g. a gynaecologist/obstetrician (Grenada) and the President of the Christian Council of Churches (Montserrat).

Prior to the mid-term evaluation, the NPTFs hardly functioned, with some of them meeting sporadically. In contrast, the post mid-term period was characterised by highly motivated bodies, more clearly focussed on what was expected of them. This change resulted mainly from the combined effect of the role of the CARICOM Project Consultant and the two regional Population Policy Formulation seminars conducted in St. Kitts and Barbados to train Task Force Members in drafting population policies.

Another facilitating factor was the enthusiastic support given by some politicians to the NPTFs. This support usually came from those parliamentarians who attended the Caribbean Parliamentarians Conference held in Barbados in 1985 to stimulate awareness of population and development issues among parliamentarians.

Given a supportive policy environment, NPTFs had completed drafting Population Policies by the time of the final evaluation. However, only three countries, Dominica, Grenada, and St. Lucia succeeded in having their policies adopted.

In assessing the achievements of the NPTFs, the role and influence of Permanent Secretaries in Ministries of Health must be considered. Permanent Secretaries occupy sensitive positions and are therefore able to expedite, delay or stifle proposals from the Task Forces, and even the National Population Councils (NPCs).

Persons who were coopted to attend the Population Policy Formulation Seminars, although not members of their country's Task Force, played an important role in drafting policies. They were also instrumental, with some Task Force members in mounting special activities for the CARICOM Population Awareness Week and UNFPA's Day of the Five Billion. There is no doubt that these individuals welcomed the opportunity to expand their perspective on population issues and therefore willingly invested an enormous amount of time and energy.

Where Ministries did not give clear signs about the steps to be taken to have draft policies adopted, the lag between drafting and adoption has led to great disappointment and frustration among NPTF members. Moreover, in the event that no further action is taken, the investments made by, and in, these persons may be lost.

In most countries, the positioning of the NPTFs under the Ministry of Health resulted in several disadvantages. It tended to isolate the Task Force and its work from the mainstream of national planning, this being particularly so where a large majority of members was selected from this Ministry. Indeed, some NPTFs did not have any member from the Planning Units, and for the others there was never more than one member from these Units.

Further, since in some Ministries of Health, the reality is that they operate under a system of crisis management, the work of the Task Forces suffered when crises occurred. Several changes of Ministers or Permanent Secretaries took place in the Health Sector thus delaying the operations of some Task Forces. In St. Vincent and Antigua respectively, the Ministers of Health have only been in office for the past seven to eight months.

Overall, there is a certain correlation between the quality of leadership of the various Task Forces and the success of their efforts. Given a chairman who enjoys high personal and professional status, with easy access to the political decision makers, population policies had easy passage from drafting to adoption.

But, this does not explain all. Adoption of policies by Cabinets entails a complex process, affected by important constraints such as elections and changes in Cabinet composition.

4: THE CONTENTS OF THE POPULATION POLICIES

The assessment of: "The quality, content, and appropriateness of (either the draft or adopted) population policies in addressing specific population problems identified for each country..." as requested by the Scope of Work, can be by analysing the contents of the various countries' documents.

In all the do the rationale, objectives and goals, as well as policy and program sures, were clearly stated. In the Windward Islands, the rational a policy is too rapid population growth. In Montserrat, the ing need is to increase population size. However, the overall g various policies is the improvement of the quality of life of citizen.

The policie varied in quality, content and priority listing. All documents identified ility, mortality and migration as the demographic variables by which to e their desired population size.

BEST AVAILABLE

The goals and objectives of the eight, either draft or adopted, policies can be grouped under five headings:

First, population size and growth: only Montserrat states explicitly its goal to increase population size, although concerns about too slow population growth and possible population decline are expressed in the Dominica and St. Christopher and Nevis documents. By contrast, Grenada, St. Lucia, and St. Vincent have strategies to reduce too rapid population growth.

Antigua and Barbuda, in the absence of full census results since 1960, has stated that its goal is to obtain accurate demographic data through the following strategies: "encourage national leaders to make provision for a national census 1990" and "seek assistance to carry out a sample survey of the population by 1987" (which seems unlikely).

Second, fertility levels: further reductions of the fertility levels observed in 1980 have been targeted by four countries: Dominica, from 4.2 to 3.5 in 1991 (indeed, this goal seems already achieved); Grenada, St. Lucia and St. Vincent from respectively 3.5, 4.9, and 4.5 to 2.1 by the year 2000. On the contrary Montserrat's document states that its goal is to "encourage planned pregnancies" and "provide incentives to increase family size to 3 or 4 children" from an estimated total fertility rate of 2.4 in 1980 (and about two in 1986).

St. Kitts' document only mentions its goal "to reduce the number of unwanted pregnancies". Last, Barbados, whose total fertility rate has been around 1.8/1.9 since 1980, has stated: "any goals in fertility for Barbados must be aimed not at reducing births but at re-scheduling them". This may be interpreted as meaning the discouragement of both still-too-early and too late pregnancies, and the encouragement of childbearing within the most favorable age-bracket, i.e 20-35.

Despite these differences, it is significant that all policy documents, regardless of the country's fertility levels, have emphasized the goal of reducing the number of both unwanted and teenage pregnancies. St. Vincent's document even mentions reducing "the current fertility rate of teenagers to one half of its present rate by the year 2000."

Concern over the teenage pregnancy problem is so prevalent that specific strategies to cope with it are present in all documents. These include training of teachers in, and the introduction of, family life education in the school curriculum; improvement of the skills base of teenagers, provision of adequate recreation facilities, and the review and enforcement of laws dealing with carnal knowledge of minors.

Third, on mortality levels, all documents state that the countries want to achieve major improvement in the health and nutritional status of citizens, thus increasing life expectancies

Grenada plans to increase life expectancy at birth by one year every ten years, thus raising it from 66 and 72 years in 1980 to 69 and 75 years, for men and women respectively, by the year 2010. Antigua has targetted life expectancy in the year 2000 at 72 years from the current estimate of 69 years.

For infant mortality the need for further reduction has been emphasized in all documents even where no quantitative target has been mentioned. Again, Antigua's objective is to reduce this level further from the 1984 estimated 11.55 per thousand (a figure which probably understates the reality). Grenada hopes to reach ten per thousand by the year 2000, a target shared by Montserrat. It should be noted that the data base for infant mortality statistics leaves much to be desired in most countries. It is in this context that several policies have made reference to targets to improve data gathering especially for peri-natal deaths.

It is important to mention here two Health issues. First, Primary Health Care has been mentioned as one of the chief vehicles for improving Health. Second, with regard to aging and life style diseases, Antigua, Barbados and St. Lucia are the only three countries to have mentioned specifically that the problem of chronic, non-communicable diseases i.e. diabetes mellitus, malignant neoplasms, cerebrovascular and hypertensive diseases must be addressed. St. Kitts, although working on a programme to deal with diabetes and hypertension has not mentioned this in its draft policy.

Fourth, concerning migration, all documents discussed targets. St. Vincent did not refer to strategies for attracting back home nationals living abroad, but does recognize the importance of a favourable economic environment as a pre-condition. Seasonal emigration remains a strategy for Antigua, Barbados, St. Lucia and St. Vincent, while Montserrat seeks to attract immigrants of working age. Barbados, Dominica and Grenada wish to slow emigration.

Fifth and last, research and data collection were included in documents of Antigua, Dominica, St. Kitts, St. Lucia and St. Vincent. This includes the gathering of migration data, but where micro computers are not available, this task will be virtually impossible.

To summarise, all eight policies examined appear well articulated and consistent. While a standard outline was followed, some documents were more in-depth than others. One or two were a bit sketchy, but nevertheless managed to reflect their own country's situation. Logically, the focus of Population Policy documents is on demographic variables. But the relationships between population and economic variables, from a socio-economic planning point of view, are quite correctly addressed in all documents. In itself, this constitutes a starting point for the development of sound planning regarding population issues, specific to each country situation.

One fact remains to be explained: the delays in submitting the documents to Cabinet for adoption, in six countries. In none of these did we hear of any major disagreement on the latest drafts. Time constraints from Ministers and Permanent Secretaries and the need to slightly edit the document, were the only reasons given to us for non adoption. Moreover, all officials interviewed recognised the value of the documents. Indeed, we were told in St. Vincent, Montserrat, and St. Kitts, that adoption is likely to occur before end of 1987, and the same seems true for Belize.

The value of such promises is difficult to assess, all the more since they have been made in the past. In contrast,at least from the information we gathered, adoption in Antigua and in Barbados does not seem to be on the next month's agenda. In the case of Antigua, the reasons seem to be political and technical (the lack of data). In the case of Barbados, it seems that many people think that, over the past thirty years, the country has had quite a successful, implicit policy. Consequently, the need to have an explicit policy is not a matter of urgency.

Although all our respondents now see population policies as broader in scope than population control and family planning, the sensitivity to population problems and, consequently, the need for having a population policy, seems more evident in the countries where population growth, and/or total fertility rates, are still high. In that respect, it is not surprising that the first three countries to have adopted an official policy belong to the Windwards, and that St. Vincent might follow soon.

In the other countries, despite important population related problems, i.e unemployment, high emigration ... all a legacy of their past demographic explosion ... the concept of population policy appears less appealing. There is definitely still a long way to go, to convince politicians and planners of the contribution that population policies can make to the solution of these problems, through a truly multisectoral approach to development.

Indeed, both for the countries which have already adopted a policy, and those which have not, the problem lies not in the style of presentation nor with the details of the policies. Of greater moment is the disturbing question: how to translate these documents, once adopted, into meaningful action?

There was no indication from any of our visits that these policies would automatically become working documents, frequently referred to by those responsible for national development planning. There is some justification for this doubt when one considers that,in one of the countries visited, when the National Development Plan was drafted, no reference was made to the existence of a draft population policy, nor were comments invited from the NPTF. It is clear that the on-going task must be to develop mechanisms for integration and implementation. Hence the importance of examining what institutional arrangements have so far been made for effective implementation of the policies.

5: NATIONAL POPULATION COUNCILS AND POPULATION UNITS

Following the acceptance of the national population policies by the respective Cabinets, the second major phase in the CARICOM component of the Population and Development Project is to be the establishment of appropriate institutions responsible for policy implementation. Only the three countries which have formally adopted a population policy have so far entered into this second phase.

A letter from the CARICOM Secretariat, sent to all Permanent Secretaries of Health in Juanary 1987, reminded them of the urgency of having the Population Policy adopted by Cabinet. This was necessary so that their country could enter into the second phase, and benefit from the Workshop for Coordinators, which was organised in Dominica in April 1987. Also attached to this letter was a document entitled "Guidelines for choosing a National Coordinator: Population Planning Unit".

These guidelines specify that a National Population Council (NPC), (with a Population Planning Unit (PPU) as its Secretariat), should be established by Cabinet to monitor and implement the policy. Responsible to Cabinet, its role would be primarily advisory. Its decisions would be implemented by the PPU, headed by a technically qualified Coordinator. The composition of the NPC should be a multi-sectoral, drawing on ministerial personnel at permanent secretary level, as well as from NGOs and private sector groups. Feeding into this system, would be inputs from various desk officers from those organizations represented on the Council.

The positioning of the NPC within the government administration is critical to its successful functioning. The CARICOM Secretariat guidelines propose that the ideal location would be in the Planning Unit, Ministry of Finance/Planning. This would ensure that planning ministries play a pivotal role in the work of the Council, and in shaping and integrating population and development issues into national development plans.

Among the three countries which have appointed NPCs, variations on this model have been made.

Dominica has followed the model by appointing as its chairman the Coordinator of the Economic Development Unit (EDU), with its secretary also coming from that Unit. However, representatives from ministries are not at permanent secretary level. The Research and Evaluation activities of the NPC will be serviced by the National Planning Unit and the Department of Statistics.

In Grenada, the Chairman of the NPC is the Minister of Health. In contrast to Dominica, permanent secretaries have been appointed to the Council. To ensure the integration of NPC activities into those of the Ministry of Planning, the entire Statistical Unit has been designated as the Population Planning Unit, with the head of the Demographic Unit as Coordinator.

In St. Lucia, the NPC will function under the Minsitry of Health, with the former Chairman, Vice-Chairman and the Secretary of the NPTF holding the same posts on the Council. Other NPTF members are also on this body, with newcomers being drawn from government ministries, but not at PS level.

Among the countries which have not yet adopted a policy, St. Vincent has identified the Deputy Director of Finance and Planning as the Chairman of the future NPC. The Central Planning Division would have responsiblity for integrating its programmes into the National Development Plan.

Antigua and Barbuda, Barbados, Montserrat, and St. Christopher and Nevis have not indicated clearly what institutional arrangements will be made for their NPCs/PPUs. In their respective plans of action, it is stated that "further technical assistance may be sought from CARICOM and ECLAC to assist in the implementation of the policy".

Institutional arrangements having been decided, Dominica, Grenada and St. Lucia have expressed a need for further support from the CARICOM Secretariat. Areas mentionned are financial and technical, including further training. Need for technical assistance becomes even more important where Chairmen are new to the population field, having no exposure from either working on draft policies, or attendance at awareness raising conferences.

If the guidelines issued by the CARICOM Secretariat for establishing a PPU are met, it would seem reasonable to expect that this Unit would be required to function full time. Further, the Coordinator must be a mature and responible person capable not only of initiating action and motivating others, but also possessing "the ability to understand and use demographic and economic statistics", as well as the ability to build appropriate indicators to monitor the various programmes operating under the Population Policy umbrella. Given the shortage of trained personnel in demography in the region, demographic training will have to be provided to cope with this problem.

There is a great gap between the formulation and implementation phases of national population policies. In the three countries which have adopted policies, institutional arrangements are in place. But activity has virtually come to a halt. The NPCs are waiting for external stimuli to move them to the next phase. Specifically, they are relying on the CARICOM Secretariat to provide the leadership role. This dependence on the Secretariat is likely to continue in the near future.

It should be borne in mind that, despite the difficulties encountered, the success of the first phase °formulation and adoption' was reasonably assured given the straightforward and relatively simple preconditions. It is the the second "implementation" phase which will present the NPCs with a demanding challenge. Indeed, until the CARICOM

Secretariat takes another major step to advance this project, there can be no assurance that the policies will be implemented.

Like all other government policies and national development plans, the population policies are nothing more than statements or declarations of intent. In contrast, implementation of population policies means:

(1) elaboration of various programmes;
(2) integration of these programmes into the various activities of relevant Ministries;
(3) coordination with the Planning Units;
(4) monitoring.

This will require, as already requested by the countries, further technical, financial, and other inputs from the CARICOM Secretariat. If this is done, it should contribute to sound planning and optimal use of scare resources in the region. Failure to implement would mean that the investments made so far will be lost. However, implementation requires the mobilisation of additional resources.

6: LEVELS OF AWARENESS

Assessing increase and/or maintenance of awareness of population issues during the life of the project is not easy.

The first difficulty lies in the multiplicity and complexity of population issues. Indeed, economic growth, fertility, mortality, emigration, family planning, all constitute issues in themselves; even though they must also be considered as components in the larger issue of the relationship between population and development. The same is true for "sub-subjects" like: economic and social equity, teenage pregnancies, multiparity, malnutrition, brain drain, and macho attitudes.

The second difficulty, as far as the evaluation of the CARICOM component is concerned, is the multiplicity of events and campaigns related to population problems which have characterised the period under review. In particular, the International Population Conference (ICP) held in Mexico, in August 1984, under the auspices of the United Nations, has resulted not only in the participation, at ministerial level, of all the Caribbean countries, but also in a wide, regional media coverage of population and development issues.

The St. Lucia Population Awareness Conference, May 1984, and the Barbados Caribbean Parliamentarians Conference, June 1985 respectively, can be seen as pre and post ICP conferences, at the regional level. In addition, over the past three years, the Caribbean Family Planning Affiliation (CFPA), an affiliate of IPPF/WHR largely funded by USAID, has organised several family planning media campaigns including posters, radio spots, video productions, and press releases. It has also launched a "Caribbean Family Planning Day" in November 1985 and 1986.

The third and last difficulty lies in the concept of awareness itself. Indeed, even if the meaning of the word "awareness" is quite clear, its content may be quite nebulous. Obviously, awareness of population issues implies knowledge, but the appreciation of the extent of knowledge required varies from one individual to another. Further, whatever the extent of knowledge, awareness of population issues, especially among leaders, is useless if it is not translated into action.

It is with these limitations in mind, that the team has tried to assess the effectiveness of the CARICOM component in "raising public awareness to the relationships between population and development issues" through (1) an examination of media coverage; (2) the levels of knowledge and perception of population problems; and (3) the actions taken.

Media coverage of population issues since 1984, has progressed substantially, both in quantity and quality. Not only were the major regional events appropriately covered (e.g. the two CARICOM conferences and the CARICOM Population Awareness Week, as well as the ICP and the various CFPA , IPPF/WHR , and IAPG meetings), but also the forms of coverage were diversified. In addition to reports of conferences and activities, press releases were made, Ministers' declarations published, free columns opened to citizens, and various radio and TV panel discussions organised. But, what appears really encouraging is the on-going and self sustained coverage of population and development matters, by the media, which seems to have emerged in the region.

Although the team did not make a full review of the press during its mission, it found two articles which support this view. The first, entitled "The Impending Disaster" in The Voice of St. Lucia, July 29 1987, referred to St. Lucian Prime Minister's address to the local Employers Federation. After posing the question "Can St. Lucia sustain a population of 200,000 by year 2000?", it quotes the Prime Minister as saying: "We cannot provide jobs for the 3,500 children who seek to enter the work force annually, and unless we seek solutions to this problem we are creating a social time bomb which unless defused by bold initiatives will sooner or later explode in our faces".

The second article, entitled "Looks like smaller families in Belize", appeared in the Weekend EC News, July 24 1987. It comments on "the report, from a government-appointed task force...", that is the NPTF.

Concerning the knowledge of leaders on population issues, Edenholm's work is, as far as we know, the only survey available on the subject. Based on the 37 leaders she had interviewed in mid 1985, in Antigua, Dominica, St. Lucia and St Vincent, this survey provides some insights on the situation at the middle of the project, but after the two regional conferences. She noted that "several respondents had a rough idea of the magnitude of population trends in their countries ... " and that "all respondents could identify problems in their countries associated with patterns of reproduction and population changes". However, she noted that

"few respondents took a wholistic (global) approach to population and development".

She found that only Church leaders had negative views of family planning, but that among the Ministers and PSs interviewed, one third still had mixed opinions, while the remaining two thirds had a positive one. Overall, about two thirds of her respondents had a positive view of family planning, primarily through their perception of the programmes of their local FPAs, and of CFPA.

In the absence of follow up survey it is impossible to quantify the changes which have occurred since mid 1985. Nevertheless, the information gathered by the team allows at least two remarks.

First, even though it appears that leaders still lack a global approach to population and development issues, those who have been exposed to the various project activities, claimed that their views on the subject have widened.

Second, family planning activities seem to be more positively appreciated, with the exception of Roman Catholic church leaders, whose views have not changed. Certainly, there is still a concern about the moral aspects of family planning. But, when asked if family planning messages, campaigns, and constant media coverage were not excessive, all our respondents claimed that they did not feel so. Indeed, all of them felt that the need to expand the use of family planning was still so great, that, to quote one respondent: "bombardment of messages is necessary".

Finally, with regard to the actions taken by leaders, as a result of their increased awareness of population and development issues the most obvious are: (1) the endorsement by Cabinets of population policies in three countries, and (2) the campaign on teenage pregnancies along with the organisation of Mock Parliaments launched by Parliamentarians under the IAPG.

At a more general level, we were told that, whereas, some years ago, political leaders would not dare to take official stands on population related issues, no one is now afraid to do so. Indeed, many of them considered population and development issues to be, potentially, good "vote-catching" themes, much more so than family planning. This is not to say that family planning is still considered a controversial issue. On the contrary, there seems to be a consensus on the need for family planning despite, as noted above, a legitimate concern about the moral aspects of it.

Overall, it can be said that, the combination of on-going and self-sustained coverage by the regional and local media, a wider approach to these problems, and the public stands taken by several politicians, has considerably increased the public dialogue on population issues and created a more favorable population policy environment in the region.

However, awareness and knowledge are still, in many respects, superficial. In addition, this awareness is limited to the some one hundred persons who have been directly exposed, regionaly and locally, to the various conferences, seminars and activities of the NPTFs. This, combined with the lack of local resources and qualified personnel, and the urgency of other problems like balance of payment deficits, growing external debts and other purely political problems, largely accounts for the slow progress in population policy adoption or implementation observed in most countries. In that respect, it is significant to note that even in the countries which have established NPCs and intend to set up PPUs, no financial provisions seem to have been made in next year's budget to support these activities.

C: CONCLUSIONS, RECOMMENDATIONS, LESSONS LEARNED

1: CONCLUSIONS AND FINDINGS

The main finding/conclusion of this evaluation is that the Demographic Policy aspect of the CARICOM component, has achieved quite a lot in a short period of time.

a) Goal and Purpose

As far as the goal and the purpose of the CARICOM component are concerned, i.e: "limiting birth rates", and "reduc(ing) the number of unwanted pregnancies in the region" (see Grant Agreement: Amplified Description), there is no doubt that significant progress has been made during the life of the project. Indeed, if we accept, based on the recent CPS results, that almost half of the births occurring in the early 1980's were either undesired or unplanned, then our calculations of rough estimates of fertility rates for 1985 and 1986 suggest that important, though uneven, progress took place.

The most impressive declines of total fertility rates between 1980 and 1985 are to be found:

in St. Vincent: from 4.2 children to 3.0 !

in Dominica and St. Kitts/Nevis: from about 3.5 children to 2.5/2.6.

In Barbados, Antigua and Montserrat, the trends indicate that these three countries are now below or around fertility replacement levels, i.e 2.1 children per woman. In contrast, the declines observed in Grenada and St. Lucia, from 4.0 to 3.6 and from 4.2 to 3.9 respectively, appear modest.

Also, the teenage fertility rates seem to have declined by about 20 % between 1980 and 1985 in all countries - still too slow, but at least a significant downward trend, which should amplify, if adolescent programmes continue.

These results have to be attributed mainly to the increased provision and acceptance of contraceptive services under the IPPF/WHR component. But undoubtedly, the more favorable attitudes vis-a-vis population and family planning issues observed among leaders as a result of the CARICOM component activities have facilitated the achievement of these quite impressive fertility declines.

b). Expected outputs

The team found that all of the seven outputs expected from the project, as listed in the Logical Framework, have been completed quite satisfactorily (see B, Section 1). This is due to the two extensions, totalling 21 months, given to the project at no additional costs: a decision recommended by the Mid- Term Evaluation report. Success resulted from the effectiveness of the CARICOM Secretariat's input during the extension.

c) Scope of Work

i) Formulation and Adoption of Policy

The progress made with "the formulation and adoption of national population policies" is obvious since all participating countries have formulated and revised draft documents and, in three countries, Cabinets have officially adopted National Population Policies. In addition, it is not unlikely that three more countries, together with Belize, might adopt policies by the end of the year (see B, Section 4)).

ii) Implementation of Policy

The team found that, although policies had actually been formulated in all of the countries, policy implementation has not really started in any of them. Indeed, it was overly ambitious to expect that, within three years, the initial duration of the project, the countries would have been able to achieve formulation, adoption, and implementation of population policies. In fact, not only does the implementation phase require official adoption of the policies, but it is also a long and complex process, which was certainly underestimated (see B, Section 5).

Nevertheless, some progress has been made in "the development of an institutional framework for implementation" in the three countries which have officially adopted a policy. However, this development is recent and limited. Although three National Population Councils have been created, none is really operational. The three countries have already indicated their intentions concerning the Population Policy Units (PPUs), but time constraints and difficulties in finding suitable and available Coordinators, have delayed actual creation.

Therefore, "the institutional arrangements made in each participating state for effective implementation of the population policy ...", leaves much to be desired. Further, personnel from the national

economic Planning Units have not yet endorsed the concept of population policy. Much more regional assistance and national efforts are needed to achieve an effective articulation between population policies and socio-economic policies, as reflected in the National Plans of Development.

iii) Content of Policy

The team has reviewed the policy documents and "the quality, content and appropriateness of such policies, in addressing specific population problems, identified for each country ...", appear adequate (See B, Section 4). Both the demographic analyses and the goals and strategies to cope with the problems identified, appear thoughtful and feasible. In addition, in all documents, the relationships between population and economic variables, from a socio-economic planning point of view are, quite correctly, addressed.

iv) Raising Public Awareness

Finally, "the efforts in each participating state and in the region as a whole in raising public awareness to the relationships between population dynamics and development issues", have been reasonably succesful (see Part II, Section 6). Certainly, the fact that no politician now seems afraid to take a public stand on population and development issues, and that many of them now consider this subject as potentially "vote-catching", is undeniably positive.

However, although levels of awareness of population and development issues have definitely increased, this awareness is still fragile and superficial and limited to a few - those directily exposed to the various project activities. Expansion, and deepening, of the present levels of awareness clearly require on-going action if a favorable environment to population policy is to be sustained.

During the project, the CARICOM Secretariat initiated the production of an NPTF Newsletter to keep members of the Task Forces abreast of population and development issues in the region and to develop a communication network among participating countries. Five quarterly newsletters were issued to NPTFs via the Ministries of Health. These issues were both interesting, informative and well-written.

However, enquires about the usefulness of these newsletters suggested that they were not circulated among the members of the Task Forces. Thus their impact has been seriously limited. The CARICOM Secretariat needs to reassess the avenue for distribution as well as the need to expand the circulation of these newsletters.

It should also be stressed that, through its various activities, the CARICOM component has greatly contributed to reinforcing and widening the horizons of the Caribbean scientific community. At the regional level,

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several well known Caribbean scholars were involved in the project, noticeably as speakers to the various seminars and workshops. Similarly, a the national level, professionals were involved as members of the NPTF or of other committees. This sort of °invisible institution building' has been extremely important in legitimising population issues in the region. It has also helped population concerns, which are often seen as external or as imposed, to become "internalised". Here again, lack of follow-up activities will endanger the process of accumulation of knowledge, experience and committment which has started, thanks to the Population and Development Project.

2) SUGGESTED FOLLOW-UP ACTIVITIES

Based on its evaluation, the team arrived at three recommendations concerning possible follow up activities of the CARICOM project.

First, considering its complexity and far reaching aspects, the CARICOM project can be considered as a success story. The team recommends that the various outcomes of the project be publicized in a simple form, primarily for "leaders" and policy makers. This should include reference to:

- the raising of awareness of population and development issues;
- the reduction of unwanted pregnancies;
- population policy formulation;
- institution building;
- the generation, collection and analysis of demographic and other socio- economic data.

The publication of a monograph of the type/ or under the IMPACT Project would be ideal. Such a monograph should show the catalyst role a regional institution like CARICOM has played, directly and indirectly, in the population field during the Project. It should include a review of the major events and publications which occurred during the period covered by the project.

Publicizing may also take other forms: press releases, articles, communiques, panel discussions.

Second, the region should capitalize on, and deepen the experience gained. This may be done by institution building both at the regional and national level. At the regional level, it is recommended that a small population unit, with two or three professionals, be established to assist the NPCs and the PPUs. More specifically, the CARICOM PPU, could assist the national PPUs in:

1 - preparing and undertaking specific studies and surveys whose results could be rapidly disseminated and publicized;

2 - drawing up specific population programmes to be endorsed by the national NPCs, then submitted to Cabinets, and finally implemented by the relevant Ministries;

3 - ensuring that population factors and problems are integrated into the National Development Plans by the Planning Units, as well as in the sectoral plans or programmes of the various Ministries;

4 - monitoring the effective implementation and assessing the results of the overall population policy.

This might seem ambitious, but the team's thinking has been anticipated by the CARICOM Secretariat in its plan for a Population and Development Programme developed in June 1987. This programme encompasses a multifacetted process operating in a number of sectors. Ten programme elements have been identified ranging from the formulation and implementation of population management policies to the establishment of a data bank.

Third, given the importance of social indicators for monitoring economic and societal changes as well as population policies, the team recommends the development of appropriate indicators. This should be done first at the regional level by the CARICOM PPU, using the data already collected by the Secretariat's Stastistical Section. These indicators should be published regularly, with brief, non - technical comments. The dissemination of the corresponding publication is intended to maintain and deepen, on an on-going basis, awareness of population and development issues of leaders, both at the regional and national levels.

3) RECOMMENDATIONS

At a more general level, the team would like to share its thoughts, on two subjects.

First, concerning the use of the media. The team did not feel strongly about the CARICOM Secretariat mounting a media campaign, as was recommended by the Mid-Term Evaluation report. The levels at which CARICOM operates i.e Ministries, its own political constraints, and the fact that other institutions, noticeably CPFA, are in a better position to organise mass media campaigns, all argue against a media campaign plan for a CARICOM population and development programme. Rather, CARICOM should act on an ad-hoc basis and of course maintain close collaboration with the other agencies working in the population field.

Second, collaboration with institutions using advanced technology should always include training of local personnel and technology transfers to the region: i.e provision of software and when appropriate, of micro computer equipment.

4) LESSONS LEARNED

Several lessons can be drawn from the Demographic Policy portion of the CARICOM project.

The first lesson is that, a small project can achieve a lot provided that certain conditions are met: a favourable environment, the choice of the right persons, and implementation by an efficient institution. Indeed, the US$ 250,000 allocated to the Demographic Policy activities appears well spent when compared with what resulted from these activities, noticeably the number of public statements made by Ministers, and the follow up actions taken by Parliamentarians, both unexpected events three years ago.

Second, the participation of Caribbean scholars and professionals in the activities of the project: presentations of papers at the two regional conferences, lectures given locally and attendance of the NPTFs' meetings, was essential to the success of the project. This not only further legitimised population and development issues in the region but also, and more significantly, fostered the "internalisation" of population problems within the countries and the region.

Third, the multiplicity of institutions working in the population field was not a handicap. Rather, it resulted in healthy collaboration in the region, with the activities of each institution reinforcing those of the others. This was due to at least two factors. First, institutions in the Caribbean are quite small, with a few, dedicated professionals, who all know each other. This lessens bureaucatic constraints and facilitates informal contacts. Second, a real consensus exists between these institutions on the urgency to address population matters from a variety of angles.

Fourth, the CARICOM Secretariat, proved to be an effective executing agency in the population field, functioning as a linking pin in the network of regional institutions. This was due to the good image that the CARICOM Secretariat and its staff enjoy in the region. Indeed, the only complaints made to the team about the Secretariat, referred to the delays in mail transmission and the poor telephone system in Guyana, and the fact that all correspondence had to pass through External Affairs. Otherwise, all our respondents spoke highly of the CARICOM Secretariat, sometimes at the expense of other regional and sub-regional institutions. This is a reflection of a strong and widespread desire to further technical and cooperation at a broad regional level, in order to alleviate the constraints of smallness and lack of personnel in the OECS countries.

Fifth, the positioning of the NPTFs under the Ministries of Health, tended to isolate the Task Force from the mainstream of national planning. Further, the inadequate representation of planners in the NPTFs, has plaayed a negative role, not only in the adoption of national policies, but also in fostering the development of sound planning regarding population issues.

Sixth, in all the Caribbean countries there are still critical population-related problems. However, these take several forms. While certain countries already experience low fertility levels, and because of emigration, zero or negative population growth; others still have high fertility levels and too rapid population growth.

Certainly, the demographic transition is well underway in all countries of the region. Nevertheless, excessive attention to rates of growth, has caused observers to ignore the heavy legacy left by the demographic explosion period. This legacy is largely responsible for the doubling of unemployment rates observed in the OECS countries between 1970 and 1980. This despite the continuation of high emigration rates, including illegal emigration - a development in recent years which is also an indicator of the mounting population pressures which these countries are facing. Clearly, the formidable tensions facing the countries of the region in the next twenty years, have yet to be fully recognized and properly addressed.

Finally, self-reliance, which should be the ultimate goal of development, seems to be a difficult goal to achieve, especially in a short time frame and for countries as small as the Eastern Caribbean. Hence the critical role which CARICOM needs to continue to play to foster regional collaboration - an objective which appears to be strongly desired by its members, especially the smaller ones.

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PART II: MEDICAL POLICY

A: THE CONTEXT

1: OBJECTIVES OF THE PROJECT

The project document stated that medical protocols and policies in the Caribbean were outdated and inappropriate, that family planning protocols were inappropriately conservative, and that the Caribbean medical system required excessive medical supervision and failed to delegate responsibility to the appropriate health worker.

In an effort to overcome these obstacles to effective family planning service delivery, the strategy developed was to:

- establish a Medical Steering Committee of prominent regional medical practitioners to review existing policies and practices,
- convene a regional seminar for family planning clinicians and administrators to review and discuss regional policy,
- convene a prototype National Medical Seminar in Barbados to adapt the regional policy to the Barbados setting,
- conduct National Medical Seminars in each of the other participating countries to adapt regional policy to the needs of each country,
- make available short term observational training for a limited number of individuals, if the seminars indicated such a need.

The comprehensive mid term project evaluation of September/October 1984 revealed some progress in the conduct of specified project activities called for in the medical policy initiative. Up to that point, the Medical Steering Committee had met twice, the Regional Medical Seminar had been conducted, five national medical seminars had taken place, and two countries, Antigua-Barbuda and St. Vincent had reportedly developed national medical contra-ceptive policies. Indeed, the public health nursing staff in Antigua did develop a "Draft Family Planning Policy Manual" with assistance from IPPF/WHR but this was accomplished outside the CARICOM initiative. As for St. Vincent, there were some policy statements and protocols that predated the project but no national medical policy arising out of the project could be produced for review by the evaluators.

Recommendations by the mid-term evaluators were that the PACD be extended and that a full time person be employed to oversee the population policy aspect of the CARICOM component of the project, though significantly this person seems not to have been given similar responsibility for guiding the medical policy component.

This present evaluation constitutes the final assessment of the

medical policy component of the project and as indicated in the scope of work (Appendix I), focuses on whether or not the project goal of formulating national medical policies and protocols for contraceptives has been met, the extent to which such policies and protocols have been applied in the national family planning programs, and the constraints to their formulation and implementation.

EVALUATION METHODOLOGY

The evaluation was conducted from August 31, 1987 through September 12, 1987. The two evaluators were briefed at the US AID RDO/C in Bridgetown, Barbados, Monday August 31, 1987, by US AID officials Holly Wise, Chief, Health, Population and Education, Neville Selman, Health and Population Advisor, David Mutchler, Chief, Program Division, and Darwin Clarke, Evaluation Specialist, and by CARICOM staff Dawn Marshall, Consultant, and Cheryl France Project Assistant, Population and Development Project.

One evaluator then travelled to Dominica, Antigua-Barbuda, St. Christopher-Nevis and Montserrat, while the other worked in Barbados, Grenada, St. Vincent and St. Lucia. Belize, the ninth country in this project component was not part of the evaluation because of the lack of progress in even holding a national medical seminar.

In each country, the evaluators held interviews with key officials in the Ministries of Health, with private medical practitioners, with family planning association personnel, with personnel of regional and international health agencies where appropriate, and with any others who could possibly shed light on the status of the medical policy initiative in that country. Interviews averaged one hour. A list of persons interviewed is attached as Appendix II.

In addition, documents made available at the briefing and by country personnel were used to help assess the status of the medical policy initiative and these are attached as Appendix III.

Debriefing was held on Friday September 11, 1987 at the US AID RDO/C Bridgetown, Barbados, with US AID and CARICOM personnel, an Executive Summary submitted to CARICOM September 12, 1987, and a full report on September 22, 1987.

FINDINGS

Project Justification

The project document states that "..in many countries medical protocols and policies (were) both outdated and inappropriate."
A more accurate statement would have been that formal family planning policies and protocols were essentially non-existent except in St. Vincent which had a longstanding public sector program. Even so, there was room there for improvements in both these areas though the protocols in existence were within

the mainstream of medical practice relating to contraceptive care.

This is not to say that governments did not support family planning activities, for three of the project countries (Dominica, St. Christopher-Nevis and St. Vincent) had long standing public sector programs while others (Barbados, Grenada and St. Lucia) permitted the local Family Planning Associations to deliver services in government clinics. In neither case though did this translate into the development of clearcut medical policies and protocols either by the public or the private sector except as noted above.

With respect to the medical staff, it is generally accepted that many general medical practitioners, like their counterparts in other countries, are generally not skilled in contraceptive service delivery. As for the Obstetric and Gynecology Consultants, there is no evidence to indicate that their contraceptive practices deviate significantly from international norms. In fact, this group tends to be of fairly recent vintage, obtained training at well respected regional and international institutions and are members or fellows of specialty organizations in the United Kingdom and the United States, with all the continuing education implications that such membership implies.

In the absence of a medical policy for contraceptives though, the actions of the medical staff will be guided by their training, experience and interest, influenced strongly by personal and environmental factors which have the potential for hampering the current overall project efforts of expanding family planning services. Thus, the Antigua-Barbuda District Medical Officers (DMOs) have been reluctant to participate in the public sector program because of the drastic change in their contract terms that this would entail, apparently without additional renumeration. The opinion of a single influential physician is also not to be discounted. In one project country, an Obstetrician/Gynecologist with recently acquired ultraconservative views has been able to have a significant negative impact on the public sector program, though this is being slowly overcome.

With respect to the issue of the Caribbean medical system re-quiring excessive medical supervision and failing to delegate responsibility, this might be true for some aspects of medical care but with respect to family planning services, in those countries which did have public sector programs, it was and is the nurse who provides most of the service, since the DMOs are usually part time employees, visit their stations on an infrequent basis, and indeed are often much less skilled than the nurse in family planning service delivery.

Even though some of the above comments run counter to project document premises, it is clear that the area of medical policy needed to be explored because of the non-existence of formal policies in most cases, and that protocols for contraceptive services needed to be developed especially for those countries starting public sector programs. Thus the goals of this component of the project were laudable and necessary.

Project Design

The project design called for a number of activities to occur. These were:

- a review of current policies and practices by a Medical Steering Committee,

- a regional consensus conference,

- the development of country specific policies, and

- observational training opportunities based on deficiencies that became apparent during the course of the previously mentioned activities.

This was a reasonable approach which however did not achieve its full potential for reasons mentioned below.

The Medical Steering Committee/Draft Medical Policy

The evaluation team was given no statement of the Medical Steering Committee's findings on current policies and protocols but any findings would likely have been consonant with the comments made above. In any case, the Committee developed a Draft Medical Policy on Contraceptive Services in the Caribbean Community on the basis of an IPPF/WHR document. This draft policy however had a number of deficiencies.

1. It was more a reference document than a policy document.

2. It was not well organized.

3. It was too narrow in focus. It ignored non-clinical methods of contraception, administrative issues relating to medical policy, and controversial medical policy issues arising from the Caribbean milieu. This same narrow focus was reflected in the outcomes of the National Medical Seminars which used this document as the basis for discussion.

In addition, protocols were not coherently considered as mandated by the project paper.

National Medical Seminars

There was good cross sectional representation at the National Medical Seminars except in the case of Antigua. Despite this, not much effort was made to expand the Medical Steering Committee document. At the Barbados national medical prototype conference, one participant noted the narrow focus of the document on clinical services and suggested areas for expansion but these were not taken up.

The outcome of the national seminars were essentially reports or minutes of the seminar proceedings which were prepared by CARICOM and sent

back to the countries for comments. In most instances, these reports were filed and ignored or misplaced. In no country except for Montserrat, which produced a Summary of Policy Statements, was the next obvious step of producing their own national document carried out.

Constraining factors were operant at the CARICOM as well as at the local level.

Constraints at the CARICOM Level

1. Staff Turnover

Staff shortages at the CARICOM Health Desk for various reasons and the departure of the project manager during the course of the project led to sub-optimal project management.

2. Project Administration

It is notable that the project did not make allowance for a full time manager either from its inception or even after the mid-term evaluation suggested the need for such a person for the population policy component of the project. (It is unclear whether the mid-term evaluators intended their recommendation to cover the medical policy component of the project or not.) Given the Caribbean situation of limited human resources, stretched to the limit, it would be projects with high local priority, close implementing agency supervision and a dedicated staff position at the local level, that would have a greater chance of success. In this case, none of these situations obtained and the medical policy component suffered as a result.

In addition, CARICOM seems not to have explicitly interpreted the project document to the participating countries, thus leaving most countries uncertain as to where different responsibilities lay after the National Medical Policy seminars were held. CARICOM apparently did try to elicit post seminar action at the local level but often got no response or else vague promises.

The evaluators also got the impression that most of the participating countries accepted the reports of the seminars as local medical policy on contraceptive practice. In fact, these seminar reports were essentially minutes of what transpired at the medical policy seminars and all except for that of St. Vincent required extensive work.

The obvious approach would have been to combine the recommendations coming out of the local medical policy seminars with the Steering Committee's draft medical policy and come up with a policy that could then be submitted through the Permanent Secretaries and Ministers of Health to the cabinets if such was deemed necesssary. After approval, the policy could be disseminated and implemented throughout the medical systems by whatever means currently existed or else through a special program set up for this purpose. Unfortunately, this sort of initiative was rare, except in the case of Montserrat which did develop a policy document out of its seminar discussions.

Constraints at the Local Level

1. Staff Turnover

In most countries, there were multiple staff changes at the higher echelons of the Ministries of Health and this made for poor continuity. In many cases, the current staff had never seen the seminar reports, or else reviewed them only for the purposes of the evaluation. In some countries, committees had been appointed supposedly to advance medical policy after the national seminar, but in no case had a committee met, and in one country, persons named to the committee were unaware of their committee status.

2. Priority Factors

In most countries, this component of the project was not given high priority by the technocrats or the politicians. Some reported being busy with more pressing items but stressed that even though no formal policies had been adopted, that many of the recommenda-tions made at the national seminars were being implemented on an informal basis. This could not be confirmed because of time limitations and inability to attend functioning family planning clinics because of structural reasons.

Final Outcome

1. Inputs

A summary of expenses for the medical policy initiative is attached hereto as Appendix IV. Of the $70,000 earmarked for this activity, approximately $48,000 has been spent thus leaving $22,000.

2. Outputs

Projected Outputs	Actual Outputs
Medical Steering Committee recommendations	Draft Medical Policy
Regional Medical Seminar	Antigua, September 1973 Consensus on Draft Regional Policy
National Medical Seminars -Medical policies	Seminar Reports only except as noted
Antigua-Barbuda	March 1984
Barbados	December 1983
Belize	Not accomplished
Dominica	December 1985
Grenada	July 1986
Montserrat	September 1984 (Policy)

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St. Christopher-Nevis	August 1984
St. Vincent	June 1984
Protocols	Grenada St. Vincent (prior to project)
Observational Training	One person to International Conference on Voluntary Surgical Contraception, Santo Domingo, December 1983.

CONCLUSIONS

The project objective of getting medical policy and protocols for contraceptive services formulated and disseminated was mostly not achieved. Reasons included a draft medical policy that was too narrow, failure of the implementing agency to explicitly interpret expected project outcome to the recipients, staffing problems at both the implementing agency and country levels, low priority given the project at the country level, and lack of initiative at the country level.

RECOMMENDATIONS

Because of the evaluation process, recipients now have a clearer picture of what the project outcome should have been and in most cases expressed a desire for the project to continue to its logical conclusion. Most countries expressed the need for technical assistance to help them broaden their seminar reports and develop comprehensive policies and appropriate protocols.

It is recommended that:

1. Remaining funds be used to provide technical assistance for the broadening and refinement of the policy efforts to date, and the development of protocols. Cognizance should be taken of the PAHO efforts with respect to the development of a Maternal and Child Health Policy Manual so that duplication of effort may be avoided.

2. Given IPPF/WHR's continuing training activities under its grant extension, that it be the new executing agency for such an effort, since policy and protocol information could then be incorporated into training activities.

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PART III: COUNTRY REPORTS

DEMOGRAPHIC POLICY

ANTIGUA AND BARBUDA

The NPTF was appointed in 1983 under the Chairmanship of the Permanent Secretary (PS) Health. Other members were: the Chief Statistician; the Superintendent, Public Health Nurses; the Health Educator; the Training Officer; Consultant Obstetrician and Gynaecologist; and Representatives from the Legal Department, Antigua Christian Council, Antigua Planned Parenthood Association and the Women's Desk. Ministry of Health personnel dominated this ten membership body, and more particularly so, when in 1986, the membership was expanded to thirteen with the addition of three new members all from the Ministry of Health.

This heavy concentration of Health personnel doubtless reinforced the impression that population and development issues are primarily the concern of the Ministry of Health.

Meetings of the NPTF were held mainly in response to external stimuli. Its efforts at conducting the baseline attitude survey of community leaders were unsuccessful. Political and other leaders to whom the questionnaires were sent were in the main uncooperative. Population Awareness Week activities were mounted by a small sub-committee and generated some public discussion.

Antigua was represented at all Regional Awareness Workshops and also at the Population Policy Formulation Seminars. It was also represented at the National Population Coordinators' Workshop held in Dominica in April 1987.

In this country, progress towards acceptance of a National Population Policy (NPP) has been fraught with many problems. In spite of this, a sub-group of the NPTF continued to function and was able to submit in January 1987 an updated draft for the Minister of Health's consideration.

The sub-group comprised those persons who had attended the National Population Policy Formulation Seminar in Barbados, July 1986

Constraints under which the Task Force functioned were: lack of a secretary, two changes in PSs as well as Ministers in a short space of time, no budget and the absence of population census data.

It was not possible for the team to determine to what extent steps will now be taken to implement the policy.

BARBADOS

The NPTF was appointed in late 1984, but its performance has been plagued by problems of one kind or another. A ten member body, its Chairman is the Senior Medical Officer and its Deputy Chairman, the Chief Planning Officer. Other members are: the Director, Statistical Department and representatives from: the Ministry of Labour, Barbados Family Planning Association (BFPA), the Chamber of Commerce, the Women's Affairs Bureau and the Director of the Institute of Social and Economic Research (UWI).

Like its counterparts in the region, Barbados' NPTF was represented at several meetings with population and development issues. The Executive Director of the BFPA attended the Regional Awareness Conference in St. Lucia in 1984. The Chief Medical Officer attended the Caribbean Parliamentarians Conference in June 1985. A three member team namely: the Secretary to the Task Force, the Senior Economist, Ministry of Finance and the representative of the Statistical Department attended the National Population Policy Formulation Seminar in Barbados in July 1986. No one represented Barbados at the National Coordinators' Seminar in Dominica in April 1987, nor did Barbados participate in Population Awareness Week.

The draft policy written at the Barbados seminar was discussed at two meetings of the NPTF and has been circulated to key persons for their comments. It is hoped to pull the various comments together and to present a completed document to the Minister of Health by August 31.

The Task Force operated under several constraints. The secretary resigned in November 1986 and her replacement was not found until July 1987. The Ministry of Health, under which the Task Force falls, has had three different ministers since the formation of the NPTF. It seems, however, that one of the greatest constraints is the feeling that this project is really an imposition on the time of the NPTF members. Pressure of work on individual members has contributed to the low priority given to achieving project goals. Coupled with this, is the widely held view that Barbados has, over the past thirty years, had an effective, though implicit, population policy.

DOMINICA

Dominica is one of the three states which have adopted a National Population Policy and appointed a National Population Council.

Appointed in September 1983, it was not until November 1985, during the St. Kitts seminar, that the NPTF drafted its policy. This draft was submitted to Cabinet and adopted in August 1986. Three months later, in November, the NPC was established.

Worth mentioning is that Dominica's Task Force was the only one to have conducted the baseline study in 1985 to test the level of awareness of leaders to the formulation of a population policy. Although the data gathered were not fully processed, the results indicated that most respondents were in favour of having a policy.

The Chairman of the eight member Task Force was the PS, Ministry of Health and Education, but the Chief Statistician was de facto Chairman. The other members were from: the Economics and Development Unit, the Health Education Unit, the Womens' Desk, the Planned Parenthood Association, the Trade Union and the Church.

Regional meetings attended included: the Regional Awareness Conference, St. Lucia, 1984 to which the PS, Health and the Chief Statistician were delegates; the Caribbean Parliamentarians' Conference, Barbados 1985; the National Population Policy Formulation Seminar in St. Kitts in November 1985 attended by the Chief Statistician, the Secretary to the NPTF, and two others. Finally, at the Population Planning Unit Coordinators' Seminar, April 1987, Dominica was represented by the former Secretary of the NPTF who also coordinated the Population Awareness Week.

The NPC, which has been placed under the Ministry of Finance and Planning, is chaired by the Coordinator of the Economic Development Unit. Other members are the Chief Statistician; representatives from the Ministries of Agriculture, Education, Health, the Cooperative Department, the Women's Desk, the Trade Union movement, the Church and the private sector.

Notwithstanding the enthusiasm generated by the NPTF, Dominica's NPC has not yet met. In part, this is the result of its Chairman's reluctance to shoulder additional responsibilities for a project with which he has had no involvement, not even attending awareness raising conferences. The team has been assured, however, that the Chairman will convene the first meeting in September.

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In the meantime, the population policy environment continues to receive stimulation through the activities organised by the Ministry of Health. Most importantly, the Ministry hosted the Population Planning Unit Coordinators' Seminar in April 1987. Later, in July, a comprehensive programme was arranged and coordinated by the Ministry to mark Population Awareness Week as well as the Day of the Five Billion. While the programmes designed were excellent in content, public participation was very disappointing. The President of the CFPA and the CARICOM consultant were invited to speak on panels.

What is needed now, is that funds be allocated to set up the Population Planning Unit and for the NPC to prepare and implement an effective plan of action.

GRENADA

In contrast to the "lack of enthusiasm among Ministry of Health personnel" in Grenada at the time of the mid-term evaluation, the end of project evaluation team found highly motivated individuals ready to move on to the next phase of project implementation.

In November 1985, Grenada's NPTF was reconstituted and on this new body only the representataives from the Grenada Planned Parenthood Association and the Council of Churches were re-appointed from the original Task Force. The fourteen member Task Force consisted of representatives from: Ministries of Health, Legal Affairs, Finance and Planning; Departments of Agriculture and Labour; the Church, the Planned Parenthood Association as well as from the Trade Union Movement and the private sector.

Beginning March 1986, the NPTF met regularly bringing its programme of work to a successful end in June 1987 with the adoption of the National Population Policy by Cabinet. The NPTF was represented at several regional meetings. The Deputy Statistician and three other delegates from the Ministries of Health, Education and Finance attended the National Population Policy Formulation Seminar in Barbados, July 1986. Prior to this, in June 1985 the Minister of Health attended the Caribbean Parliamentarians' Conference in Barbados. The Executive Director, Planned Parenthood Association attended as an observer.

During its life, the NPTF organised a range of awareness-raising activities. It maintained a continuous flow of media releases about its projects; marked Population Awareness Week and the Day of the Five Billion; mounted a highly stimulating and well received Mock Parliamentary Debate for

secondary schools. Further, the Prime Minister, in his weekly broadcasts, made frequent references to population and development issues. In this he was supported by several other Parliamentarians.

Grenada's National Population Policy was adopted June 9, 1987 and the NPC as well as the PPU have been appointed. The NPC is chaired by the Minister of Health, and includes five Permanent Secretaries. The Director, Budget and Planning is also a member. Grenada is the only country, so far, to have appointed such a large number of senior civil servants to the NPC.

To ensure that the Ministry of Planning makes a significant input into the work of the NPC, Cabinet has placed the PPU under the Planning Division. In fact, the entire Statistical Unit will function as the PPU. The Coordinator of the PPU, who is Head of the Demographic Unit, is on a training programme at the US Bureau of Census.

Grenada now needs technical assistance as well as funding to make the PPU operational.

MONTSERRAT

The NPTF is Montserrat has earned the distinction of being the only Task Force to be headed by a minister of religion: the President of the National Conference of Churches.

The Task Force also had the largest membership with a total of seventeen persons. Nine members were appointed from the Ministry of Health and Education: namely the PS Health, Community Development Officer, two Principal Nursing Officers, the Health Educator, Librarian as well as representatives from the Ministry of Agriculture, Finance and Planning, and the Development Unit. The National Youth Council with one, and the Family Planning Association with two members completed the membership list.

The NPTF was represented at the St. Lucian Population Awareness Conference, and the Caribbean Parliamentarians' Conference by the Chief Statistician. No one at ministerial level attended any regional conferences dealing with population and development issues.

Among key members of this NPTF, there was considerable disagreement about fundamental principles underlying the draft document. Hence, much time was spent arriving at consensus.

The final draft was submitted in March, 1987. This was accepted in prinicple and circulated for public comment. The deadline for comments expired in June without any written

comments being submitted. However, the general impression received informally is that there is no major disagreement with the draft policy. The forthcoming general elections have temporarily suspended NPTF activities.

Population Awareness Week and the Day of the Five Billion were marked by a display of the CARICOM poster and a broadcast of the CARICOM radio programme prepared by Mr. Tim Durand of the Dominica Broadcasting Service.

NPTF members remarked that the experience of drafting the population policy was invaluable. They were forced to confront serious issues. The debate was heightened by the fact that diametrically opposed views surfaced and this led eventually to the group re-defining its assumptions.

No further action is expected from the NPTF until after August 25, Election Day.

It is noted that the leadership of the NPTF recognizes ite responsibility to renew its efforts to have the policy adopted and measures implemented soon after the new government is elected.

ST. CHRISTOPHER AND NEVIS

The following persons were appointed to the Task Force in 1983: the Director of the Planning Unit, Chairman, who is now the Minister of Land, Housing and Development; the Principal, Teachers' Training College; a Consultant Obstetrician Gynaecologist; the Supervisor, Public Health Nurses; the Executive Directors, St. Christopher and Nevis Family Planning Associations; the Assistant Secretary, Premier's Office, Nevis; and representatives from the private sector and NGOs.

The NPTF in St. Kitts has been dormant ever since 1985, when it submitted its draft population policy to the Permanent Secretary, Ministry of Health. In the intervening eighteen months no action has been taken by the Task Force or the PS to move the project on to the next stage of having the policy adopted.

It would seem that the decision makers have assumed an indifferent attitude towards the adoption of the National Population Policy. On the other hand, St. Kitts has been represented at various regional meetings dealing with population and development issues. The Minister of Health the Caribbean

Parliamentarians' Conference in 1985 together with the PS, Health; the Minister of Womens' Affairs and the Executive Director of the Family Planning Association. The Minister of Health also atended the IAPG Dialogue in Jamaica in 1986.

In contrast to this apparent attitude of indifference, the subcommittee of four which prepared the draft policy worked assiduously, putting in many long hours including weekends, to complete their task. This subcomittee comprised the Secretary of the NPTF who is the Executive Officer, Ministry of Health; the Chief Statistician; the Economist, Planning Unit; the Administrator, Family Planning Services, Ministry of Health. These attended the National Population Formulation Seminar in St Kitts in 1985.

Awareness raising activities re population and development have been minimal - a radio broadcast to mark Population Awareness Week.

Despite the assurances of the PS, Health, that he anticipates no problems, the evaluation team is not optimistic that the August deadline promised for the adoption of the policy will be met.

ST. LUCIA

Like Grenada, St. Lucia's NPTF achieved its goal of having a National Population Policy drafted and accepted by Cabinet.

The NPTF, appointed in 1983, was chaired by the Medical Officer of Health and comprised seven other members: the PS, Health; the Directors of Statistics and Health Services; a Senior Legal Officer; the Executive Director of the Family Planning Association; as well as representatives from the business sector and the business community.

The NPTF, and later the NPC, members participated in several regional meetings. The PS, Health attended the Regional Awareness Conference in St. Lucia, May 1984; the former Minister of Health was a delegate to the Caribbean Parliamentarians' Conference in Barbados, June 1985. The Chairman and the Secretary of the NPC attended the National Population Policy Formulation Seminar in Barbados, July 1986; while the Chairman attended the Population Planning Unit Coordinators' Seminar in Dominica, April 1987.

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The NPC is located in the Ministry of Health, thus maintaining continuity. However, the PPU is still to be appointed.

In 1986, St. Lucia introduced Population Awareness Week which the NPC considered a tremendous success. One interesting feature of these activities were the RAPID presentations made in both rural and urban areas. However, in 1987, Popualation Awareness Week was marked by an absence of activity.

The NPC has been meeting but it faces several constraints, two of which are: the PPU has not yet been appointed and the members of the Council all have full time jobs.

ST. VINCENT AND THE GRENADINES

The NPTF in St. Vincent experienced great difficulty in formulating the draft population policy. However, the document is now in the hands of its Chairman, the Minister of Health who has promised that it will be submitted to Cabinet for adoption by the end of August.

The present Chairman. the new Minister of Health assumed ministerial duties in December 1986. Other members of the ten member Task Force are: the PS, Health; the Senior Medical Officer; the Commissioner of Labour; the Chief Statistician; 8 representatives from: the National Council of Women; the National Family Planning Programme; the Planned Parenthood Association; the private sector and the Church.

The NPTF sent only two representatives to the National Population Policy Formulation Seminar in St. Kitts, November 1985.

A Mock Parliament, organised in April, 1987, drew favourable response from the public and stimulated awareness among secondary school students. However, Population Awareness Week was not marked by any activity, but a very impressive programme was mounted for the Day of the Five Billion.

The team is hopeful that the Chairman of the NPTF will be successful in having Cabinet adopt the policy. The Minister is open to the idea of marking the launching of the NPC with a Population Awareness Week.

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OBSERVATIONS AND RECOMMENDATIONS BY COUNTRY

ANTIGUA-BARBUDA

Since late 1984, limited Family Planning services have been available at all government health centers on a daily basis. The Antigua Planned Parenthood Association (APPA) delivers services at its St. John's headquarters and distributes contraceptives through 27 community based outlets. Formal policies and protocols were non-existent.

FINDINGS

- The National Medical Policy Seminar was held on March 3, 1984. There were only seven (7) local participants, of whom five (5) were doctors representing the APPA and the Ministry of Health. Other participants were CARICOM representatives and the visiting Ob/Gyn consultant Dr. Rotchell. A Seminar Report was produced by CARICOM. It did not address the major constraint of District Medical Officers (DMOs) refusing to provide medical backup for the nurses with respect to complications arising from contraceptive use. The participants agreed that the final draft of the National Policy document would be reviewed in six (6) weeks, then disseminated and a follow up committee appointed to monitor progress. This committee was not named.

- The evaluator was unable to make contact with any individual that attended the seminar. There had been many changes in staff assignments at both the Ministry of Health and the APPA. Most persons interviewed were unfamiliar with the CARICOM policy document. Dr. T. Jones, CMO was of the opinion that a policy had been rewritten but not ratified. He was however unable to find a copy of such a document.

- Quite apart from the medical policy initiative, the Public Health Nursing Superintendent with IPPF assistance, did produce a document called - First Draft of Family Planning Policy Manual, Antigua-Barbuda 1985, a copy of which is hereto attached as Appendix V.

- A Maternal and Child Health Manual with a Family Planning component is now being vetted by PAHO

CONSTRAINTS

- Involvement of few sectors in the National Medical Policy Seminar limited the discussion of policy issues and dissemination of information.

- Multiple staff changes in the Ministry of Health and a change in Medical Director at the APPA resulted in a lack of awareness of the policy document.

RECOMMENDATIONS

- The need for a National Medical Policy and protocols for Contraceptive Services has been recognized and the Ministry of Health should be urged to

pursue this by combining the seminar report with the draft document produced with IPPF/WHR assistance.

Constraints to service like DMO resistance to involvement in Family Planning should be tackled resolutely and re-solved.

BARBADOS

Family planning services had been provided in some government clinics by the Barbados Family Planning Association (BFPA) prior to the project. With the onset of the public sector program, the BFPA continues to provide clinical services at its headquarters and in a reduced number of government clinics but is also exploring new avenues of involvement.

The government had no formal medical policy or protocols for contraceptive services. The BFPA developed protocols in 1986.

FINDINGS

- The National Medical Policy Seminar was held on December 15-16, 1983. This was the model for the other national seminars and was attended by a wide cross section of disciplines and organizations. One participant felt that the working document was too narrow but no action was taken to expand it.

- A Seminar Report was generated but because of multiple staff changes in the Ministry of Health, the current staff was unaware of the medical policy initiative and the contents of the National Medical Seminar Report until this evaluation came up.

- The report reflects the narrowness of the draft policy on which it is based but suggested policies were in keeping with international standards.

- Plans for dissemination of the draft policy for Barbados, and to establish a committee to deal with Contraceptives and Family Life Education Policies, never materialized. However, the ministry feels that current contraceptive practice in its clinics is in keeping with seminar recommendations.

CONSTRAINTS

- Since the onset of the project there have been four Ministers of Health, two Permanent Secretaries, two Chief Medical Officers and one Acting Chief Medical Officer, and two Senior Medical Officers of Health. This lack of continuity contributed to the medical policy initiative falling through the cracks.

- The medical policy effort simply was not a priority for the ministry. It was felt that informal medical policies were in place and that Ob/Gyn Consultant visits to
the clinics served to inculcate these informal policies.

- Members of the local Ob/Gyn medical faculty of the University of the West Indies despite being at the national seminar (in two cases) and serving on the Medical Steering Committee (in one case) never made any effort to advance the medical policy initiative.

RECOMMENDATIONS

- The Senior Medical Officer of Health is about to establish a Family Life Advisory Committee. This effort, serendipitously, would be in keeping with item 53 of the Report of the Barbados National Medical Seminar which calls for a similar committee. The finalization and dissemination of policy and protocols could be accomplished through this committee.

DOMINICA

Dominica has a well organized Family Planning Program fully integrated into the Maternal Child Health Services. The Dominica Planned Parenthood Association (DPPA) carries out Information and Education (I&E) activities.

FINDINGS

- The National Medical Policy Seminar was held on December 3, 1985. Participants represented a wide cross section of disciplines. The visiting OB/Gyn consultant was Dr. Y. Rotchell. The DPPA was not represented. A decision was taken that any policy developed would need cabinet approval.

- Few additions or changes to the Medical Steering Committee's draft document were made. Mrs. H. John, Senior Health Visitor expressed the view that the draft document was similar to the Family Planning section of the recently updated Maternal and Child Health Manual.

- Dr. Sorhaindo, OB/Gyn specialist is of the opinion that a Medical Policy was re-written but evidence of this could not be found.

- A committee was established and given responsibility for advancing the medical policy initiative but this committee which should have been chaired by the Director of Health Services (DHS) never met.

CONSTRAINTS

- The influence of the Roman Catholic Church is significant. The 1986 ~~election~~ campaign by the church seems to have dampened the enthusiasm of some nurses and there has been an increase in requests for Natural Family Planning Methods. Within this context, a National Medical Policy for Contraceptive Services is of low priority. Indeed, the Government of Dominica is unlikely to fully fund a Family Planning program if external funding decreases. Patients

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might then be charged for services. (Information from Permanent Secretary, Ministry of Health).

RECOMMENDATIONS

- The policies discussed in the National Seminar and those apparently spelled out in the Maternal Child Health Manual should be examined and merged.

ST. CHRISTOPHER-NEVIS

St. Christopher-Nevis has had a longstanding National Family Planning Program. The Family Planning Association also provides clinical services and I&E activities.

FINDINGS

- The National Medical Policy Seminar was held on August 2 -3 , 1984. Attendance was wide-based with the involvement of the Ministries of Health and Community Affairs, the Teachers' Training College and others.

- A Seminar Report emerged from the meeting but no National Medical Policy for Contraceptive Services has been developed and indeed there is some ambivalence concerning the need for one. The Permanent Secretary is in favor that it be done and will pursue the matter.

- A meeting called to discuss the regional policy with the medical doctors was very poorly attended.

- The nursing staff which delivers most of the clinical family planning services also have no written guidelines or procedural manuals on family planning.

- There is strong Ministerial support for family planning.

- The nursing profession in St. Christopher-Nevis is currently experiencing problems with rapid turnover particularly at the hospital level. There have also been many changes at the School of Nursing. Morale is said to be somewhat low in general. There are fears that the community nurses may become affected by these changes.

CONSTRAINTS

- Ambivalence on the need for a policy.

- Absence of a Medical Director of the National Family Planning Program to provide strong leadership, the good work of the Administrator notwithstanding.

RECOMMENDATIONS

- The Ministry of Health should be encouraged to delineate policy and protocols especially in view of a nursing population that is experiencing significant ongoing change.

MONTSERRAT

Prior to the public sector program, the Montserrat Family Planning Association (MFPA) and private practitioners provided family planning services in Montserrat. The MFPA continues to provide services but four (4) of the twelve (12) government Health Centers now offer "full" family planning services and two (2) provide limited services. There is a CBD program.

FINDINGS

- The National Medical Policy Seminar was held on September 7, 1984. The Ministry of Health, the MFPA, Community Development, the National Youth Council and CARICOM were represented. A general practitoner was in attendance as was Dr. B. Sorhaindo as the visiting Ob/Gyn Consultant.
- A Summary of Policy Statements has been written by Dr. D. Lewis the Chief Medical Officer (CMO) and circulated. A copy is attached hereto as Appendix VI. Copies were found in various files in the Ministry of Health and at the MFPA. An expanded document should also be available.

CONSTRAINTS

- No one has been appointed to co-ordinate the public sector Family Planning Program and as a result it has had no direction for a long time. The CMO sees the MFPA as the primary provider of contraceptive services and this too contributes to the way the government's program is viewed. Such ambivalence and lack of direction is certain to affect protocol efforts and further policy information dissemination.

RECOMMENDATIONS

- A Family Planning Co-ordinator should be appointed to oversee the national program including the development of protocols and the expansion and dissemination of policy information.

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ST. LUCIA

Prior to the start of the public sector program, the government permitted the St. Lucia Family Planning Association (St. LFPA) to provide family planning services in government clinics. With the public sector program now in place, the association, while continuing to provide clinical services in its own clinic, no longer provides clinical services in the government clinics, though it does make some commodities available for sale in these clinics. There were no formal medical policies or protocols for contraceptive services.

FINDINGS

- The National Medical Policy Seminar was held on March 26, 1985 and a Seminar Report was generated by CARICOM and returned to St. Lucia for further comments and action. However, the report was returned not to the Director of Health Services or other administrative Ministry of Health personnel but to the OB/Gyn consultant who served on the Medical Steering Committee and chaired the National Medical Policy Seminar. This report was never shared with the Ministry of Health and thus Ministry officials had never seen it until the visit of the evaluator.

- The Seminar Report does mention some areas not included in the Draft Medical Policy that it was felt should be explored. However one important policy area not discussed was the Ministry's decision not to permit nurses to initiate orals, though it is unclear whether this decision predated the seminar or not.

- The recommendation on page 19 of the Seminar Report to distribute the proposed medical policy to women's groups seems unusual and unnecessary and has the potential to create unneeded complications.

- The Seminar Report names a Committee to oversee the medical policy initiative but none of those named were informed that they had been appointed to this Committee.

- The Ministry feels that despite the lack of a formal policy that they have actually put most of the seminar recommendations into effect.

- The Executive Director of the St. LFPA is strongly opposed to the idea of a formal National Medical Policy for Contraceptive Services. It is his view that the Roman Catholic Church may use it to attack family planning. In addition, he sees the possibility of the doctors structuring policy in such a way as to exclude his organization from service delivery.

CONSTRAINTS

- A lack of communication at the local level resulting in the Seminar Report

not being shared with the Ministry of Health hindered advancement of the medical policy. However, there was also a lack of initiative at the Ministry level since several Ministry officials had attended the seminar, and could have followed up on this matter with CARICOM.

. CARICOM's misrouting of the Seminar Report was unfortunate.

RECOMMENDATIONS

Now that the Ministry has copies (from the evaluator) of the Seminar Report, they have expressed interest in assistance to continue with the policy effort. The Permanent Secretary is of the opinion that once completed, the medical policy and protocols can be quickly implemented.

It is recommended that:

. Public dissemination of the policy not be carried out as plannned in the Seminar report.

. The decision not to allow nurses to initiate orals be reviewed.

ST. VINCENT

The National Family Planning Program in St. Vincent was launched in 1974, with the intention of making family planning services available to all who needed them. A medical policy unrelated to the current effort was said to exist but no comprehensive document copy could be produced, though a list of policy statements was presented at the National Medical Seminar and appears in the report. Guide-lines and protocols for contraceptive practice developed at the outset were produced. The Family Planning Association provides only I&E services.

FINDINGS

. The National Medical Seminar was held on June 1, 1984, and the Seminar Report suggests that the seminar was well organized and of a high standard.

. No follow up action was undertaken.

. The Acting Chief Medical Officer (CMO) and the Permanent Secretary, Ministry of Health were unaware of the medical policy initiative until notified of this evaluation. In addition, neither could find a copy of the Seminar Report in their files and only became aware of its contents from the evaluator.

. It is felt that cabinet approval would be necessary for any medical policy

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developed but that such approval would likely take a long time to accomplish, judging from past experience.

CONSTRAINTS

- There has been a change in Minister of Health, Permanent Secretary, Chief Medical Officer, and Medical Director of the National Family Planning Program since the project got underway. Moreover, the post of Administrator, National Family Planning Program is now vacant. This lack of continuity as well as a breakdown in internal communica-tion procedures contributed to the lack of progress on the medical policy front.

RECOMMENDATIONS

- The Ministry should be encouraged to pursue the medical policy initiative. Judging from the quality of the Seminar Report, this should not be a difficult task and the outside help that the Acting Minster of Health, the Permanent Secretary and others are requesting, may not be actually necessary except in terms of printing costs.

GRENADA

Clinic services under the Population and Development Project started in late 1986. Previously, the Grenada Planned Parenthood Association (GPPA) provided clinical services in government clinics. There were no formal policies or protocols until June 1986 when the Ministry of Health developed protocols in preparation for the start up of clinical services.

The GPPA continues to provide clinical services in its St. George's clinic and to conduct I&E activities.

FINDINGS

- The National Medical Seminar was held on July 21-22, 1986. Notable by his absence was the country's pre-eminent Obstetrician/Gynecologist who has in the past few years been advocating only Natural Family Planning. Absent from the island at the time of the seminar, he was said to have made it known that he would not have attended in any case. The Roman Catholic Church is also said to have declined to send a representative.

- No action was taken after the seminar. In fact, the Seminar Report was missing since October 1986 and only surfaced one week prior to this evaluation after an extensive Ministry search.

CONSTRAINTS

- There was a change in Minister of Health, Permanent Secretary, and Chief Medical Officer since the onset of the project. In addition, political and

other events made the medical policy a low priority issue.

- Currently, the Ministry of Health is not allowing nurses to do physicals and initiate orals. However, the Family Nurse Practitioners feel that their skills are adequate to the task of initiating orals. As a result, they have been reluctant to become involved in the national program. This issue apparently did not come up for discussion at the National Medical Policy Seminar.

RECOMMENDATIONS

- That consideration be given to allowing the nurses to initiate orals.

- That the Ministry be urged to pursue the medical policy initiative. The Ministry did express its desire to do so but is awaiting the results of this evaluation before proceeding. It is felt that further technical assistance will be needed in finalizing their policy.

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APPENDICES

I: Scope of Work

II: Persons and Agencies Interviewed

III: List of Documents Consulted

IV: Logical Framework

V: Medical Policy Project Expenses

VI: Draft: Family Planning Policy Manual, Antigua

VII: Summary of Policy Statements, Montserrat

APPENDIX I: SCOPE OF WORK

- Demographic Policy
- Medical Policy

FINAL PROJECT EVALUATION

POPULATION AND DEVELOPMENT PROJECT - (538-0039)

GRANTEE: CARIBBEAN COMMUNITY SECRETARIAT

SCOPE OF WORK

I. The Project to be evaluated is the CARICOM component of the Population and Development Project (538-0039), costed at $600,000. The Life of the Project is from FY 82 to FY 87, and the current Project Assistance Completion Date (PACD) is September 30 1987.

II. Purpose of Evaluation

The purpose of the evaluation is to assess (a) the effectiveness of activities under the CARICOM component, (b) progress towards the development of sound planning regarding population issues, and (c) the extent of improvements in the population policy environment in the Eastern Caribbean countries. The evaluation is expected to provide information to assist USAID in its ongoing population policy dialogue efforts with individual LDC Governments in order to facilitate implementation of the population sector strategy. It is also anticipated that findings and recommendations from the evaluation will be utilized by the CARICOM Secretariat for designing and implementing a long-term population development program to which that organization is committed.

III. Background

In July 1982, the CARICOM Secretariat, together with several other implementing agencies, signed an Agreement with USAID by which it agreed to participate in a Population and Development Project. Under the Agreement, the Secretariat was given the responsibility for addressing demographic and medical policy issues. This responsibility involved presenting to medical practitioners the latest medical protocols regarding family planning services; increasing the awareness by regional leaders of the major population issues facing the Region; making them aware of the impact of demographic trends on socio-economic development and assisting the countries to formulate national population policies. Since the Mid-Term Evaluation, most of the effort and resources of the Project have been channelled into assisting the participating countries to formulate population policies.

The Project commenced in January 1983 following two extensions totalling a period of 21 months, is now scheduled to end in September 1987. Nine countries are participating in the project: Antigua and Barbuda , Barbados, Belize Dominica, Grenada, Montserrat, St. Christopher-Nevis, St. Lucia and St. Vincent and the Grenadines.

IV. Statement of Work

The evaluation team will be required to focus their assessment and provide recommendations on ~~four~~ three areas of the project: (i) the formulation and implementation of national population policies, (ii) the development of an institutional framework for implementation; (iii) maintenance of awareness.

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More specifically the Evaluation should assess:

(a) The level, quality and effectiveness of project implementation by the CARICOM Secretariat since, and in light of, the Mid-Term Project Evaluation.

(b) The progress made with the formulation and adoption of national population.

(c) The quality, content and appropriateness of such policies in addressing specific population problems identified for each country as elucidated in the document.

(d) The institutional arrangements made in each participating state for effective implementation of the population policy and for continuing its efforts to achieve the long term goal of a better balance between population levels and resource levels.

(e) The degree of success of the efforts in each participating state and in the region as a whole in raising public awareness to the relationship between population dynamics and development issues.

Based on an assessment of the results of the evaluation exercise, the evaluation report will provide empirical findings, conclusions, recommendations for improvements and lessons learned.

V. Methods and Procedures

The Evaluation will commence on or about July 20 and end on or about August 14, 1987. It will involve four working weeks (five days). At the beginning of the Evaluation the team will be briefed by USAID and the Barbados-based consultant to the Project. Thereafter visits will be made to participating countries for the purposes of collecting data.

Relevant documentation, terms of reference, scope of work and travel itineraries will be sent to members of the Evaluation team before the Evaluation commences.

The main data collection and analysis methodology to the used by the Evaluation Team will be structured interviewing together with critical examination of relevant documentation. For the purpose of assessing project implementation in-country, the team will visit all participating countries except Belize, as per schedule. In-country, the team will interview relevant personnel: e.g. Ministers of Health, Permanent Secretaries Ministries of Health, Members of the NPTFs, and Members of the delegations to the Population Policy Formulation Workshops

The Team will meet in Barbados for de-briefing and writing of the Evaluation Report.

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VI. Evaluation Team Composition

The Evaluation Team will be composed of a demographer and an evaluation specialist. The demographer will be the team leader and should be an expert in population policy and statistics. This person must have at least six to ten years relevant work experience in under developed countries preferably in the Caribbean with an Advanced qualification in Demography. The Evaluation Specialist must hold a degree in management and have at least five years experience in program evaluation. Previous work in the area of population policy is desirable.

VII. Reporting Requirements

The Evaluation Team will submit a draft report and a final report to CARICOM and RDO/C. The draft report will be completed by August 14, 1987 and the final report must be submitted not later than September 15, 1987. The report will be written in accordance with AID's required format as outlined in Appendix (A).

VIII. Funding

The cost of the evaluation will not exceed US$14,500 as indicated in the Illustrative Budget in Appendix

The Evaluation will be funded under the project budget.

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Drafted by:ES:DClarke & HPA:NSelman:meb (07/13/87 1068E

Clearances

C/HPEO:HWise_____
PRGM:DMutchler_____
PPO & Mayfield [illegible]

Appendix I

Scope of Work

The evaluation team will be required to focus their assessment and provide recommendations on three areas of the project:

(i) the formulation of national medical policies,

(ii) the extent to which such policies have been applied in the national programs for delivery of family planning services; and

(iii) the constraints to the formulation of the national medical policies and/or their implementation.

More specifically, the evaluation should assess:

(a) The level, quality and effectiveness of project implementation by the CARICOM Secretariat since, and in light of, the mid term project evaluation.

(b) The progress made with the formulation and adoption of national medical policies.

(c) The quality, content and appropriateness of such policies in addressing specific medical problems relating to the delivery of family planning services, identified for each country.

(d) The institutional arrangements made in each participating state for effective implementation of the medical policy and for continuing its efforts to achieve the long term goal of raising awareness of the medical profession and informing them of up to date family planning practices and protocols.

(e) The degree of success of the efforts in each participating state to ensure the application of updated national medical policies and protocols.

APPENDIX II: LIST OF PERSONS INTERVIEWED

- Demographic Policy

- Medical Policy

APPENDIX II

LIST OF INDIVIDUALS AND AGENCIES CONTACTED

ANTIGUA AND BARBUDA:

Mrs. Olive Gardner, Principal Nursing Officer, Ministry of Health
Attended Population Policy Formulation Seminar, Barbados, July 1986.

Ms. Sheila Piggott, Chief Statistician, MInistry of Health.
Attended Population Policy Formulation Seminar, Barbados, July 1986 and Population Planning Unit Coordinators" Workshop, Dominica, April 1987

Mrs. Ineta Wallace, Superintendent, Public Health Nurses.
Attended Population Policy Formulation Seminar, Barbados, 1986.

Dr. Thomas Jones, Chief Medical Officer.
Member of subcommittee which revised the draft population policy.

BARBADOS:

Dr. Beverley Miller, Senior Medical Officer, Ministry of Health.
Chairman, NPTF.

Ms. Clora Tudor, Planning Officer, Ministry of Health.
Secretary, NPTF.

Mr. Carson Browne, Senior Economist, Ministry of Finance and Planning. Attended Population Policy Formulation Seminar, Barbados, July 1986.

Dr. Dorian Shillingford, Chief Medical Officer, Ministry of Health. Attended Caribbean Parliamentarians' Conference, Barbados, June 1985.

Mr. Keith Padmore, Deputy Director, Statistical Department.

Mr. Clyde Gollop, Information and Education Officer, Barbados Family Planning Association.

DOMINICA:

Mrs. Eudora Shaw, Permanent Secretary, Ministry of Education. formerly Permanent Secretary, Ministry of Health.
Chairman, NPTF; attended Regional Awareness Conference, St. Lucia, May 1984

Mr. Michael Murphy, Chief Statistician, Department of Statistics.
Deputy Chairman, NPTF and Member NPC; attended Regional Awareness Conference, St. Lucia, May 1984 and Population Policy Formulation Seminar, St. Kitts, November 1985.

Sister Dorothy James, Head, Health Education Unit, Ministry of Health.
Secretary, NPTF and Coordinator, Population Awareness Week 1987; Attended Population Policy Formulation Seminar, St. Kitts, November 1985 and Population Planning Unit Coordinators' Workshop, Dominica, April 1987.

Mrs. Valery Salomon, Executive Director of the Dominica Planned Parenthood Association.

GRENADA

Mrs. Pamela Steele, Permanent Secretary, Ministry of Health.
Member, NPC.

Dr. Barry Rapier, former President of the Grenada Planned Parenthood Association; Chairman, NPTF.

Mr. Allan Dragon, Deputy Statistician, Central Statistical Office, Ministry of Finance; Member, NPTF then NPC; Assistant Coordinator, Population Planning Unit.
Attended Population Policy Formulation Seminar, Barbados, July 1985 and Population Plannin Unit Coordinators' Workshop, Dominica, April 1987.

Mr. Ahmad Ali, Chief Statistician, Central Statistical Office, Ministry of Finance.

Mrs. Elsa Moore, Coordinator/Health Educator, Ministry of Health.
Member, NPC.

Mr. Winston Duncan, Executive Director, Grenada Planned Parenthood Association.
Member, NPTF then NPC; attended Caribbean Parliamentarians' Conference, Barbados, June 1985.

MONTSERRAT

Mr. James Bass, Permanent Secretary, Ministry of Health and Education. Member, NPTF.

Reverend Cecil Weekes, Representataive of the Christian Council of Churches. Chairman, NPTF.

Mr. Clarence Greer, Chief Statistician, Statistical Office. Member, NPTF; attended Regional Awareness Conference, St. Lucia, May, 1984 and Caribbean Parliamentarians' Conference, Barbados, June 1985.

ST. CHRISTOPHER AND NEVIS

Mr. Oriel Hector, Permanent Secretary, Ministry of Health. Attended Regional Awareness Conference, St. Lucia, May 1984 and Caribbean Parliamentarians' Conference, Barbados, June 1985.

Ms. Vernice Hendrickson, Executive Officer, Ministry of Health. Secretary, NPTF; Attended Population Policy Formulation SEminar, St. Kitts, November 1985.

Mrs. Marlene Liburd, Executive Director of the St. Christopher Family Planning Association.
Member, NPTF; Attended Caribbean Parliamentarians' Conference, June 1985.

Mrs. Sylvie Henry, Statistician, Department of Statistics.

ST. LUCIA

Mr. Cornelius Lubin, Permanent Secretary, Ministry of Health. Member of NPTF, then Vice Chairman of the NPC; Attended Regional Awareness Conference, St. Lucia, May 1984.

Ms. Daphne Darius, Administrative Assistant, Ministry of Health. Secretary of NPC; Attended Population Policy Formulation SEminar, Barbados July 1986.

Mr. Brian Boxill, Chief Statistician, Statistical Department, Ministry of Finance.
Member of NPC.

Mrs. Jean Isaacs, Director of Family Life, Family Planning, Adolescent and Health Services, Ministry of Health.
Member of NPC.

Mr. Clendon Mason, former Minister of Health (until May, 1987). Attended Caribbean Parliamentarians" Conference, Barbados, June 1985.

Mrs. Gordon, Administrative Assistant, St. Lucia Planned Parenthood Association.

ST. VINCENT AND THE GRENADINES

Hon. David Jack, Minister of Health, Chairman of the NPTF since December 1986.

Mr. Jocelyn Williams, Permanent Secretary, Ministry of Health. Member of the NPTF.

Mrs. Marvis Payne, Executive Derector, St. Vincent Planned Parenthood Association.
Secretary of the NPTF.

Mr. W. G. Olliverre, Chief Statistician, Statistical Unit, Ministry of Finance and Planning.
Member of the NPTF; attended Population Policy Formulation Seminar, St. Kitts, November 1985.

Mrs. Jennifer Glasgow-Browne, Assistant Secretary/Economist, Central Planning Division, Ministry of Finance and Planning. Member of the NPTF.

REGIONAL INSTITUTIONS

Dr. Tirbani Jagdeo, Chief Executive Officer, Caribbean FAmily Planning Affiliation Ltd., Antigua.

Dr. Joycelin Massiah, Head, Institute of Social and Economic Research, University of the West Indies, Cave Hill, Barbados. Member of the Barbadian NPTF.

The Librarian, OECS Statistical Office, St. Lucia.

Mrs. Dawn Marshall, Consultant, Caribbean Regional Population and Development Project, CARICOM Secretariat.

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Appendix II

Persons Interviewed

Antigua and Barbuda

Mr. H. Barnes, PS, Ministry of Health
Dr. T. Jones, CMO
Ms. S. Piggott, Statistician
Ms. O. Gardner, CNO
Ms. I. Wallace, SPHN
Ms. C. Benjamin, Ag. Health Educator
Dr. M. Joseph, Medical Director, APPA
Ms. H. Benjamin, Executive Director, APPA
Dr. G. O'Reilly (unavailable)

Barbados

Dr. Beverly Miller, Senior Medical Officer of Health
Dr. Yvonne Rotchell, Consultant Ob/Gyn
Dr. James Boyce, Consultant Ob/Gyn
Dr. Meera Bai, Medical Director, Barbados Family Planning Assoc.
Mr. Clyde Gollop, Barbados Family Planning Association
Dr. Monica Peters, Project Manager, IPPF/WHR Caribbean Office
Ms. Maria Barker, PAHO (unavailable)
Mr. C. Yarde, Permanent Secretary, MOH (unavailable)
Mr. Charles Alleyne, Exec. Dir., BFPA (unavailable)
Ms. S. Norville, Chief Nursing Officer (CNO) (unavailable)

Dominica

Dr. D. McIntyre, Director of Health Services
Ms. J. Astaphan, PS, Ministry of Health
Dr. B. Sorhaindo, Ob/Gyn
Ms. D. James, Health Ed. Officer/Asst. Secretary
Mr. M. Murphy, Statistical Officer, Ministry of Finance
Ms. H. Elwin, Director, Women's Bureau
Ms. H. John, Senior Health Visitor and FP Co-ordinator
Ms. L. Warmington, Health Statistical Officer
Dr. P. Griffin, General Medical Practitioner
Mr. J. Sallet, Chief Pharmacist
Ms. C. Solomon, Executive Director, DPPA

Grenada

Dr. H.A. Jesudason, Chief Medical Officer
Ms. Pamela Steele, PS, Ministry of Health
Dr. Doreen Murray, Senior Medical Officer of Health
Ms. Elsa Moore, FP, FL and Population Task Force Coordinator
MS. Beryl Edwards, FNP, Supervisor, Family Planning Program
Ms. Terry Dean, FNP and U of Michigan Fellow, FP Program
Ms. Cynthia Telesford, Senior Public Health Nurse and Ag. CNO
Mr. Rupert John, Chief Pharmacist

Appendix II cont.

Dr Ronald Lendore, Consultant Ob/Gyn
Dr. Bert Brathwaite, Medical Consultant
Dr Gail Friday, District Medical Officer,
Dr. Barry Rapier, Private Med. Pract. and Former President, Grenada Planned Parenthood Association (GPPA)
Mr. Winstone Duncan, Executive Director, GPPA
Ms. Teresa Killam, CNO (unavailable)

Montserrat

Mr. J. Bass, PS, Ministry of Health
Dr. L Lewis, CMO
Dr. S. Meade, Medical Director, FPA
Ms. D. Greenaway, President, Board, FPA
Mr. R. Riley, Chief Pharmacist
Ms. Catherine Buffonge, FP Nurse
Ms. I. Bramble, FNP
Ms. L. Daley-Ferage, Health Educator
Ms. B. Dewar, Executive Director, FPA
Ms. E. Perkins, PNO

St. Christopher-Nevis

Mr. O. Hector, PS, Ministry of Health
Dr. F. Lloyd, CMO
Dr. S. Claxton, Ob/Gyn
Ms. V. Hendrickson, Statistician/Executive Officer
Ms. V. Henry, FP Administrator
Ms. D. Phipps, Nursing Supervisor
Mr. Bowry, Chief Pharmacist
Ms. M. Liburd, Executive Director, FPA
Ms. Sheila Harris, Outreach Officer, Women's Affairs
Ms. D. Francis-Delaney (unavailable)

St. Lucia

Mr. C. Lubin, PS, Ministry of Health
Dr. James St. Catherine, Ag. DHS
Dr. Peter St. Rose, Ob/Gyn
Dr. Debra Louisy, Medical Officer, MCH
Ms. Una Thomas, FP/MCH Co-ordinator
Ms. Jean Isaac, Director, Bureau of Health Education
Ms. A. Parker, Matron, Victoria Hospital
Ms. Jervais, Nurse Midwife, Victoria Hospital
Mr. Gregory Cadet, Medical Supplies Officer
Charge Nurse, Gros Islet Health Center

St. Vincent and the Grenadines

Dr. F.N. Ballantyne, Ag. CMO
Dr. Herbert A. Jesudason, Former CMO (Interviewed in Grenada)
Mr. R.J. Williams, PS, Ministry of Health

Appendix II cont.

Mr. Carl Browne, Health Educator
Dr. Shirley Robertson, Medical Director, Ntl. FP Program
Mr. John Saunders, Former, Administrator, Ntl. FP Program
Ms. Elma Dougan, PNO
Mr. Alban Bowman, Supplies Officer
Dr. T. Providence, Ob/Gyn (unavailable)
Dr. D. Garraway, Ob/Gyn (unavailable)

Appendix III

List of Documents Consulted

1. Caribbean Regional Population and Development Project Paper (538-0039)

2. Project Agreement Between CARICOM and US AID

3. Mid term Evaluation Report of the Population and Development Project

4. Draft Medical Policy on Contraceptive Services in the Caribbean Community

5. Report of National Medical Seminars for

   Antigua-Barbuda
   Barbados
   Dominica
   Grenada
   Montserrat
   St. Kitts - Nevis
   St. Lucia
   St. Vincent and the Grenadines

6. Medical Protocols for Family Planning, Barbados Family Planning Association

7. Family Planning Protocols, Ministry of Health, Grenada

8. Report of One Day Seminar on Contraceptive Prevalence Survey - Montserrat

9. First Draft, Family Planning Policy Manual - Antigua-Barbuda

10. Summary of Policy Statements, Montserrat

APPENDIX IV: LOGICAL FRAMEWORK

ANNEX 14
P 1

PROJECT DESIGN SUMMARY

LOGICAL FRAMWORK

Life of Project
From FY 82 - FY 86
Total AID/C Funding: $3,920,000
Date Prepared: March, 1982

Project Title and Number: Population and Development Project (538-0039)

Narrative Summary	Objectively Verifiable Indicators	Means of Verifications	Important Assumptions
Goal: To bring population and resources into better balance within the Eastern Caribbean by reducing the birth rate.	- GNP per capita increased - reduced social service deficit	- annual statistical and economic reports.	- productive capacities to provide social services and employment remain constant or increase. - natural resource deterioration is halted.
Purpose: To reduce the number of unwanted pregnancies in the Eastern Caribbean.	Increase in contraceptive prevalence by 25% over life of project.	contraceptive prevalence surveys.	1. Policy environment will remain favourably dispose towards implementation of FP services. 2. Public health system retains current service delivery capacity. 3. Contraceptives can be introduced into the commercial sector.
Outputs: Revitalize Regional and national demographic and medical policies as the outcome of increased awareness of population problems.	✓ - Revised formal population policies in at least 3 countries. (-) Informal changes occur in all countries. ✓ - 7 National Population Task Forces established (-) increased public dialogue ✓ - country reports distributed ✓ - 2 RAPID presentations ✓ - 3 regional seminars (-) changes in medical protocols liberalizing distribution of contraceptives ✓ - 1 regional and 20 national medical seminars held.	- document examination. - project evaluation and expert assessment. - meetings, records of NPTF 's - monitoring media - publication and distribution - seminar reports. - expert review of regional and national medical protocols.	- proposed policy will have an impact on availability of FP services. - seminars and updates will have an impact on changing medical policies, protocols and services
Increased FP service availability use through public, private and marcial sectors. Training provided to doctors, nes, allied health workers.	Contraceptive acceptors increased. **Physicians** - 8 doctors trained in VSC - 70 doctors trained on-site -100 doctors trained through refresher seminars. **Nurses** (-) established local capacity for nurses in FP on a permanent basis. ✓ - 20 in advanced fertility management. ✓ - 14 FP nurses trained as FP trainers.	Service delivery records.	-IPPF and local governments continue present or increased levels of support for FP services as USAFPA phase out. Training will increase quality and quantity of services available.

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	Allied Health Workers and Others - 400 allied health workers in basic family planning - 5 administrators - 140 pharmacists		
Outputs: **Training** Continued) sex education	**Family Life Education** - 1 training-of-trainers instructor at each teacher training college within the region. - 280 trained teachers in sex education - core materials for sex education teaching developed.	- training records - materials produced.	- Governments will implement sex education component in FLE curriculum.
b) Commodity supply and distribution improved in government, commercial and community sectors.	**Government Programs** - FHS logistics capacity improved - continuous and available supply of contraceptives in 7 countries	- CDC trip reports; and - CDC reports/evaluation	- public health systems will be able to effectively utilize available contraceptives and technical assistance.
	Commercial Program - product advertising campaign implemented. - commercial distribution system established in 5 countries distributing for 6% of couples at risk	- media monitoring - sales records of contraceptives; and contraceptives prelevance surveys.	- commercial distributors and advertisers will remain interested. - no further restrictions on contraceptive advertising.
	Community Based Distribution (CBD) - 5 CBD systems established with 420 distributors and 10,000 active users by end of project.	- contraceptive prevalence surveys - service statistics	- community based systems will be utilized. - community support and volunteers will remain high.
c) Improvement of Clinic Services	- Management assistance provided to public health services in variety of areas (12 yrs). - 60 clinics provided with basic FP equipment and minimal refurbishing	- experts reports - equipment supply reports - engineering monitoring reports.	- availability of equipment and adequate facilities are essential for FP services delivery.
d) Adolescent Services Expanded	- 8 adolescent clinics established serving approximately 20,000 teenagers/year by end of project. - 10 youth outreach programs established, 60,000 youths reached. - 90% teenage mothers counselled on FP services available.	- IPPF evaluations. - clinic records.	- pilot innovative approaches currently operating can be expanded successfully - adolescents will utilize contraceptive services if made properly available.

APPENDIX V

ITEM	SEMINAR EXPENSES	CONSULTANTS	ADMIN. SUPPORT	TOTAL
1. Medical Steering Committee March, 1983	2,825.00	-	644.31	3,469.31
2. Reg. Med. Policy Seminar Sept. 1983 - Antigua	10,361.75	--	4,515.55	14,877.30
3. National Seminars:		-		
. Barbados - Dec. 1983	3,901.45 (incl. per diem for foreign participants)	-	5,282.17	9.183.62
. Antigua - Mar. 1984	304.57	461.17	1,008.27	1,774.01
. St. Vincent - June 1984	586.84	654.79	1,513.98	2,755.61
. St. Kitts - Aug. 1984	1,136.13	547.33	3,047.36	4,731.01
. Montserrat - Sept. 1984	286.45	282.51	745.72	1,314.68
. St. Lucia - Mar. 1985	516.88	318.82	1,235.72	2,071.42
. Dominica - Dec. 1984	503.07	472.64	2,935.64	3,911.35
. Grenada - July 1986	778.05	855.29	1,545.13	3,178.47
	8,013.44	3,592.55	17,314.19	28,900.18

Obs. Training - AVS. International Conference on Vol. Surgical contraception Dec. 1983 (Santa Domingo)
PDP = ½ = 449.34. UNFPA the other half.

All National Seminars included P/C. Meetings

Last year wrote to countries to ask how far they had got in drafting policy.

Steering Committee:

- Produce draft on guidelines
- Should meet at various times to update the document - intended to call a meeting last year
- Wynter reviewed document - said it was OK.

FIRST DRAFT
FAMILY PLANNING POLICY MANUAL

ANTIGUA/BARBUDA 1985

INTRODUCTION

This policy manual was initiated to assist in the integration of family planning into the Maternal and Child Health (MCH) Services. It is the intention that this policy should be revised and updated every three years and when necessary.

RATIONALE FOR INTEGRATION

Women of childbearing age come into contact with health care professionals at every level of the health care services but especially so at the pre and post natal, neonatal assessment and child health clinics. In addition, follow-up contacts are made at the community level. It is the ideal time for the woman and her family to think about the planning and spacing of future children.

PHILOSOPHY

We believe that:

1. Family planning services should be an integral part of the MCH services.

2. The client has a right to make a voluntary unpressured decision/choice regarding the control of her fertility.

3. Clients have a right to be treated with dignity and respect and to be assured confidentiality.

4. Family planning health professionals are responsible for providing a high level care and education to individuls as well as the community.

5. All individuals of reproductive age, regardless of age, race, religion, parity, marital, financial or social status, have a right to family planning services.

6. The family planning services can facilitate entry of individuals into other components of the health care system.

GOALS

1. To provide family planning services at all health clinics operated by the Ministry of Health.

2. To actively integrate the family planning concept into the MCH Services.

3. To include family planning services into the Outreach Education Services for the community.

4. To motivate family planning health professionals to be responsible in providing care and to update their knowledge regarding family planning for a high level performance.

OBJECTIVES

1. To motivate all people of reproductive age to have responsible attitudes towards their reproductive health.

2. To promote optimum family health and positive growth by assisting clients to exercise their rights to control their fertility.

3. To educate clients about the available methods of contraception with effects and side effects, so as to enable them to make an informed choice.

4. To provide these methods upon the request of the client if there are no contraindications.

5. To counsel clients on the effective use of the method chosen.

6. To have an active Outreach Educational Programme related to family planning.

7. To promote ongoing screening and physical examinations pertaining to family planning health.

8. To maintain a confidential ongoing record system.

9. To maintain an adequate referral system to all aspects of care.

10. To provide a system of evaluation at central level for ongoing accurate programe planning.

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GUIDELINES FOR FAMILY PLANNING STANDARD OF CARE

Initiation of Method

A client can be initiated on any contraceptive method by a medical doctor or a professional nurse, providing there are no contraindications. A history and physical examination must be done within three months of method initiation. A health aide may initiate only condoms and spermicides. Any change of method which requires assessment of the medical doctor must be appropriately referred.

Annual Assessments

All health profesionals and allied health professionals will be involved in the delivery of this care. All clients are to have this assessment. Presently, only the Medical doctor and Family Planning Nurse Practitioners perform total physical examinations. Upon training, all nurses will be expected to provide this care within the scope of their job description.

Annual assessments can be integrated into any aspect of the MCH Services, e.g. in the neonatal assessment of post natal clinic.

All clients are encouraged to have annual assessment regardless if supply is purchased at the pharmacy.

New Visits

After statistical information is taken, the following policy is carried out. Documentation of:

1. A family medical history and a thorough personal medical/surgical history.

2. Physical examinations as outlined in the medical record.

3. Appropriate diagnostic tests.

4. Method - as agreed upon by the client and practitioner.

5. Counselling related to method and/or other problems.

6. Referral as appropriate.

7. Appointment for follow-up.

Re-visit Annual

Update family and personal history and method satisfaction/problems then follow policy for new visits.

Re-Supply Visits

All professional nurses and health aides must be involved. This can be done at sub-centres with the information channelled to the client's main record. Only professiuonal nurses can re-supply the injectable. Health aides can distribute all other supplies upon the guidance of the professional nurse. All clients must be seen as soon as possible for interim problems.

Oral Contraceptives

After the initial three cycles, re-supply is done on a three-to-six month basis depending on circumstances. The following policy must be carried out:

1. Check weight, blood pressure and urine for sugar and protein.

2. Discuss method satisfaction/problems.

3. Refer deviations to the appropriate professional of the family planning team.

4.a. If client is taking the pills correctly and she misses a menses she may continue on her second cycle. If she has no menses after the second cycle, then she should have a pregnancy evaluation. (If client is not pregnant, she may need a different oral contraceptive).

4.b. If client is taking the pills incorrectly and misses her menses, then she must have a pregnancy evaluation without starting the second cycle. Counsel client according to findings.

If client has to stop the pills for any reason, an interim method must be given.

Caution - Early Pill Danger Signals

- Abdominal pains (severe)
- Chest pain (severe) or shortness of breath
- Headaches (severe)
- Eye problems, blurred vision, loss of vision, spots before the eyes
- Severe leg pain (calf or thigh).

Injectables

The client is screened as for oral contraceptives. After the first injection, the client is followed up at twelve weekly intervals for depo-provera. For norethindrone enanthate, the second injection is given after eight weeks, thereafter at twelve weekly intervals.

Policy for oral contraceptives must be followed at re-visits. In addition, if a client does not have a menses at twelve weeks after the injection or if she fails to keep her appointment at twelve weeks, pregnancy must be ruled out before client is given another injection.

Caution - Depo-provera Signals

- Weight gain
- Headaches
- Heavy bleeding
- Depression
- Frequent urination

Intra-uterine Contraceptive Device (I.U.C.D.)

The IUCD can be inserted at any time during the menstrual cycle providing she is not pregnant. However, it is more easily inserted during a menstrual period and at mid-cycle. Furthermore, pregnancy is most unlikely during the menses.

The client must have had a recent pap and gonorrhoea smear to rule out infection prior to insertion. Any vaginal infection must be treated prior to IUCD insertion. Appropriate screening and counselling must be done prior to initiation as with other methods. Specific guidelines if there are no

contraindications:

Post-partum

The IUCD can be inserted at the six-week post partum assessment for a normal vaginal delivery and at three months after a caesarian section.

Post-abortion

(a) Less than 12 weeks - insert at two weeks

(b) Between 12 - 28 weeks - insert at three to four weeks

(c) After 28 weeks - follow policy for normal vaginal delivery.

After insertion,. client is counselled to abstain from sexual intercourse for two weeks, thereafter she must use a back-up method for three months. A post insertion assessment is done after six weeks. (Client is then followed at three months then at six monthly to yearly intervals.

While the IUCD is in situ, any vaginal infections must be promptly treated.

When the client wishes, her IUCD can be removed, preferably during her menses. If a pregnancy occurs while the IUCD is in place, the client must be counselled on the risks and have the IUCD removed.

Caution - IUCD Danger Signals

- Late period, no period
- Abdominal pains
- Increased temperature, fever, chills
- Noticeable discharge, foul discharge
- Spotting, bleeding, heavy periods, clots.

Diaphragm

This method must be fitted after contraindications are ruled out. The client must be allowed to insert and remove the diaphragm before leaving the clinic. She is instrtucted to practice the insertion and removal of diaphragm for seven to fourteen days and is then reassessed for proper fitting/ problems/satisfaction. It can only be used as a method

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after reassessment is done. The diaphragm must always be used with contraceptive cream or jelly.

Reassessment for proper fitting must be done for the following:

(a) Weight gain or loss for 15+ pounds

(b) After any pregnancy - for pregnancy ending after 28 weeks, refitting must be made at the 4-6 week check up.

Condoms and Spermicides

May be distributed to males and females at any clinic session providing contraindications are ruled out.

Sterilization

(a) Tubal ligation - female

(b) Vasectomy - male

Clients considering sterilization must have at least two living children and be over 25 years old. Exceptions can be made at the discretion of the physician and client/guardian for the physically and mentally handicapped or other circumstances. Some physicians may require husband's consent although this is not necessary.

Thorough counselling must be done with client understanding that sterilization is not reversible. Clients are referred to a private phyician for this procedure.

Lactating Mothers and Contraception

Lactation is encouraged at all times. Mothers should be aware that lactation is not an effective method of birth control. Clients not interested in the pills must be encouraged to use another method. Follow guidelines for specific methods.

Oral Contraceptives (Pills)

A low dose of combination orals can be started [illegible] is established. This is at the end of three months [illegible] mother is breast feeding on demand. Otherwise, [illegible] started earlier upon weaning, e.g. at the post-natal examination.

Non-lactating mothers may start orals as for [illegible] post-partum guidelines.

BEST AVAILABLE

Ideally, the best hormonal contraceptive for lactating women is the mini-pill. This can be given immediately post-partum or at the post-natal examinatioon.

The injectable may be used instead of the orals.

Follow guidelines for specific methods as previously.

Fertility Awareness Method

When this is available, client will be taught by a trained person.

Adolescents and Contraceptives

Great consideration must be given to this group of people who are seeking a birth control method. The risks of pregnancy by far outweighs the risks of oral contraceptives. If at all possible, they are encouraged to consult with their parents. All information must remain confidential. Whatever method is chose, guidelines as previously must be followed.

Statistical Information and Record-keeping

A client number and statistical information are documented on all new clients. Once this is done the client is considered a new admission to the clinic. She may not necessarily be a new acceptor.

The number book should also have other information as Date, Number, Name, Address, Telephone Number, Age, Date of Birth and Parity.

A tickler file is also made up for the client. Information needed are:: Date, Comments and Return date. These are filed in monthly order accordingly to the next appointment.

An appointment register is used for annual visits and problems, change of method etc. It is not necessary to record supply visits as these will be done on a walk-in basis. Information needed are, Appointment Date and time, Name, Address, Clinic Number and type of visit, e.g. New, Revisit, Annual problem.

The daily activity log is completed on a daily basis. Information necesssary are Date, Clinic Number, Numerical Number and type and amount of method distributed. The client appointment card is kept ~~with~~ by the client and brought to each visit. It has the date seen, comments and date of next visit.

95 X

The Follow-Up System

This is to ensure that appointments are kept and is also used for statistical purposes to determine terminations of method.

The appointment register can be used to follow-up on new clients who did not keep their appointments, otherwise the tickler file is used for all others. At the end of the month, the tickler cards are pulled and the client is visited at home or a telephone contact is made to determine reason for missing the appointment. A new appointment is given and the card is is re-filed in the appropriate month. A note is made regarding results of contact. The client should be contacted at least three times for failure to keep her appointment. A temporary method can be used if the client is out of pills or missed an injection. She should not be termed as inactive unless she fails to have her annual assessment after three months of the initial date. At this time, she is placed in the inactive section of the tickler file. Her medical record can also be placed in the inactive section. When she returns she is then considered a readmission.

If upon contact she has terminated her method she is recorded as a method termination and the card placed in the month of her annual visit. Whenever the client visits both tickler file and her medical record are retrieved. Appointments should be gven for oral supplies two weeks prior to client finishing the last cycle.

All family planning statistical information must be completed upon contact with the client in duplicate. At the end of the month the original is sent to the office of the Superintendent of Public Health Nurses (SPHN.) She in turn completes a quarterly report.

Records Necessary for the Management of a Family Planning Clinic

(a) Client medical record

(b) Tickler File

(c) Registration Number Book

(d) Daily Log

(f) Client Appointment Card

Monthly Statistical Information sent to SPHN

(a) New acceptors

(b) Active acceptors

(c) All acceptors according to method used

(d) Terminations

(e) Number of acceptors from previous month

(f) New acceptors by method and Age/Parity

(g) New acceptors by age and parity

(h) Number of annual assessments.

Supplies

Supplies are ordered from the main Health Centres on a monthly basis and distributed to its sub-centres. Ideally, the amount ordered should be double the amount used previously. It is necessary to report the number of items used on a monthly basis.

MONTSERRAT WEST INDIES

SUMMARY OF POLICY STATEMENTS

1. The Health Department and the Montserrat Family Planning Association will cooperate to provide a family planning service to Montserratians. The appointed coordinator of the Health Department shall supervise this joint programme, which will include advice and distribution of contraceptive methods.

2. **Oral Contraception**

i) The following varieties were recommended as first choice preparations -

a) Low dose combined - Lo Feminol
Alternative - Nordette

b) Triphasic OC - Trequilar
Alternative - Logynon

Distribution agencies (i.e. Montserrat Family Planning Association and Pharmacies), are advised to stock these. Persons on other varieties may arrange for personal order by pharmacies.

ii) Oral contraceptives may be dispensed on prescription only. A 3 month supply may be given at one time, and treatment may be repeated without review by a doctor for a maximum of 1 year.

iii) Adequate counselling and medical examination should precede the use of the oral contraceptive.

iv) The triphasic pill should be reserved for nulliparous teenagers and persons unable to tolerate other low dose preparations.

v) Post-coital Contraception Recommended for emergency cases only (eg. rapes), and must be by doctors prescription only.

3. **Contraception During Lactation**

Injectables, intra-uterine devices and the progesterone only pill, (in that order) are the recommended methods.

4. **Injectables:**

To be available at all distribution centres.

Doses:

1. DMPA - Depo-Pivera 150 mg 12 weekly.

2. Noristerrat - 200mg vial 8 weekly for 6 months, then 12 weekly after

5. Intra-uterine Devices

The lippes loop, Copper T, Copper 7.

a). Patients must be told what variety they carry.

b). Pelvic inflammatory disease should be excluded before insertion of an IUD.

c) IUDs should not be first choice method for multiparous teenagers.

d) IUDs may be inserted by Doctors or any trained nurse.

e) Adequate counselling and information on side effects must be given to the IUD recipient.

f) The lippes loop may be left in site indefinitely (more than 15 years). Other varieties should be removed according to manufacturers recommendations (e.g. Cooper T - 3-4 yers).

6. Condoms and Spermicides

These methods to be encouraged among males for casual unplanned sex, and made more easily available at times of increased sexual activity, i.e. weekends and festivals.

7. Natural Family Planning

Accurate information on this method to be available in leaflets and/or through counselling.

8. Abortion

Abortion shall be available in accordance with local legislation for persons whose physical or mental health are at risk.

9. Sterilization

1. Must be preceded by counselling and informed consent of both partners.

2. May be offered to women over 35 who have completed their family.

3. Should not be offered to young women at time of caesarian section, or in immediate puerperium unless a medical indication exists.

4. Vasectomy will be available at the Glendon Hospital and at private surgeries.

10 Education

Public education and counselling shall take place at regular intervals, through the radio, newspapers, films, posters, pamphlets, individual counselling and discussions, and community group meetings and presentations.