



*Bill
Bhc
Jamaica*

Jamaica Family Planning Association
YOUTH ASSOCIATES PROJECT

AMERICAN PUBLIC HEALTH ASSOCIATION
International Health Programs
1015 Fifteenth Street, N.W.
Washington, D.C. 20005

Jamaica Family Planning Association

YOUTH ASSOCIATES PROJECT

A Report Prepared By:
SUZANNE OLDS

During The Period:
FEBRUARY 21-27, 1980

Under The Auspices of:
AMERICAN PUBLIC HEALTH ASSOCIATION

Supported By The:
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
OFFICE OF POPULATION, AID/DSPE -C-0053

AUTHORIZATION:
Ltr. AID: 1/3/80
Ass. No.: 582-025

C O N T E N T S

| | <u>Page</u> |
|---|-------------|
| LIST OF ACRONYMS | iii |
| THE PROBLEM | 1 |
| PROJECT BACKGROUND | 3 |
| PROJECT DESCRIPTION | |
| A. Year I: March 1, 1980 - March 1, 1981 | 7 |
| 1. Objectives. | 7 |
| 2. Activities | 8 |
| 3. Information and Education | 11 |
| 4. Service Delivery | 12 |
| 5. Outreach Worker Strategy | 15 |
| a. Follow-up of 1979 Adolescent Acceptors | 15 |
| b. Follow-up of 1979 Adult Acceptors and Recruitment of New Acceptors. | 16 |
| 6. Youth Associates Strategy | 16 |
| a. Recruitment of New Acceptors and Follow-up | 17 |
| b. Education and Recruitment of New Acceptors (In and From Schools) | 17 |
| c. Evaluation | 18 |
| B. Years II and III: March 1, 1981 - March 1, 1983 | 19 |
| 1. Objectives | 19 |
| 2. Activities | 19 |
| 3. Resources | 20 |

2

Contents, cont.

APPENDICES

- Appendix A: Number of Adolescent Contraceptive Users in Parish of St. Ann
- Appendix B: Number of Adolescent Acceptors (By Outreach Workers and Comparative Acceptors)
- Appendix C: Estimated Number of Contacts, 1979 (By Outreach Workers)
- Appendix D: Outreach Workers Records
- Appendix E: Youth Associates and Outreach Workers Activity Projections
- Appendix F: Work Plan Year I
- Appendix G: Project Budget
- Appendix H: JFPA Program Coordinator Job Description, Youth Associates Job Description, and Organization Chart
- Appendix I: Project Implementation Plan

LIST OF ACRONYMS

| | |
|--|-------|
| Community Health Aide | CHA |
| International Planned Parenthood Federation | IPPF |
| Jamaica Family Planning Association | JFPA |
| Ministry of Health and Environmental Control | MOHEC |
| Ministry of Health and Social Security | MOHSS |
| National Family Planning Board | NFPB |

JAMAICA FAMILY PLANNING ASSOCIATION

YOUTH ASSOCIATES PROJECT

The Problem

Dorian Powell and others have documented in numerous published and unpublished documents the magnitude of the adolescent fertility problem in Jamaica.* Although the adolescent fertility rate decreased slightly in the last three years, it is still among the highest rates in the developing world. It continues to have a negative impact on the health and economic and social well-being of the adolescent, the family, Jamaican society, and the country.

The primary causes of the high adolescent fertility rates are:

- early maturation of women;
- early sexual activity (one study shows that one-third of all adolescents initiate sexual intercourse before age 15);
- large numbers of sexually active adolescents (two-thirds of all adolescents initiate sexual intercourse before age 16, according to one study); and,
- low rates of contraceptive usage and fertility regulation among Jamaican adolescents (reported at 7 percent in 1971; the World Fertility Survey should give a more valid estimate of contraceptive prevalence).

While these data are peculiar to Jamaica as a whole, there is no reason to believe they are not valid for the parish of St. Ann, the target area for the proposed project.

Among the secondary causes of the high fertility rate in Jamaica are:

*Report on Assistance to YWCA of Jamaica: Draft Proposal for a National Adolescent Fertility Education/Service Project, Jo Ann Cannon, Ph.D., APHA, 1979.

- lack of knowledge about costs and benefits of adolescent childbearing;
- lack of knowledge about the availability and methods of contraception;
- lack of real and perceived options to early parenthood;
- lack of self-esteem and other psychosocial attributes;
- family support for adolescent mothers;
- economic incentives for pregnancy, including a 4-month paid maternity leave; and,
- social developmental lag.

Unfortunately, data on how these factors inhibit contraceptive use are not available. A recent report states that adolescent fertility rates will not be significantly lowered until there are viable employment options for young Jamaican women. The Jamaican Family Planning Association (JPA) believes that a significant number of adolescents would become contraceptive users if easy access to contraceptives and education about the benefits of family planning were provided. The high rate of acceptors per contact by JFPA outreach workers lends credence to this theory.

Given the low rate of contraceptive use, cultural sanctions which affect use of contraceptives by adolescents, and the comparative costs of and difficulty in implementing family planning programs, the most effective and efficient way to lower the adolescent fertility rate is to increase contraceptive use among adolescents. Some inhibiting factors are not amenable to change. Interventions designed to affect them are costly, the knowledge required to implement them is not yet available, and results are not evident immediately. Nonetheless, attempts to control the adolescent fertility rate are being made. The reasons for increased and early entry into sexual activity are revealed as these efforts proceed.

Data on the parish of St. Ann are limited. The Department of Statistics reported a 1977 population of 134,300; 35,052 (26.1 percent) were in the 10- to 19-year-old cohort.* Fertility and birth rates for this cohort are not available. The birth rate for the entire parish, 24.12, is lower than that for Jamaica.

According to a recent study, in 1978, the population of St. Ann Parish was 135,941.* In 1980, the population of 10- to 19-year-olds is expected to be 24 percent of the total population. The percentage decline of the cohort is improbable, even given the out-migration. The 10- to 19-year-old cohort in Jamaica increased 2.1 percent between 1975 and 1976, and then another 2.1 percent between 1976 and 1977; it dropped 100 percent, to 1.0 percent, between 1977 and 1978. Males comprise 49 percent of the 10- to 19-year-olds, females 51 percent.

Since no other local data are available, the 1977 Department of Statistics percentage of 26.1 percent was used to calculate a population of 36,052 10- to 19-year-olds in the parish of St. Ann; of this figure 17,176 are males and 17,876 are females.

Complete and reliable data on contraceptive use by this population are not available. A list of the known sources of contraceptives for adolescents and of the number of adolescents these sources served is attached. (See Appendix A.)

Project Background

The JFPA, a private non-profit organization and an affiliate of International Planned Parenthood Federation (IPPF), first offered family

*Demographic Statistics 1978, Bureau of Statistics, Jamaica.

7

planning services in 1956 at a clinic in St. Ann's Bay. It now provides services at a second clinic in Kingston. The association operates a mobile unit and employs four outreach workers in the parish of St. Ann who distribute and educate persons in the use of orals, condoms, and foam.

The outreach workers distribute oral contraceptives, condoms, and neo-sampoons door-to-door to adults and adolescents in four geographical areas of St. Ann Parish. They have been covering the same areas for several years. The total number of contacts and acceptors has decreased since its peak in 1976 and 1977. (See Appendix B.) The number of continuing clients has decreased since 1977. In fact, the entire outreach program seems to be stagnant.

The effort to reach adolescents has had a remarkably different effect. Since 1977, the total number of new and continuing adolescent acceptors has risen dramatically while the number of adult acceptors has fallen. The sufficient data on continuing acceptor rates indicate that the JFPA has not been concerned particularly about retaining new acceptors.

There are two possible explanations for these unusual service statistics. One, the service statistics system is inadequate. It is not meeting the needs of the project and data output is not reliable. Two, the definition of the term "acceptor" and the method used to distribute contraceptives may be affecting data. In most clinical-based programs, an acceptor is defined as a person who accepts pills, condoms, sterilization, etc. Usually, it is assumed women are interested in using pills, for example, because they often make a considerable effort to get to the clinic to which they often must pay a fee. Staff are confident that these women at least will begin to use the method even if they do not continue with it. Follow-up statistics on many clinic-based programs indicate that 65 percent of the women who accept oral

contraceptives continue to use them a year later.

In this outreach program, an adolescent does not have to make any effort to receive a package of pills, condoms, or neo-sampoons. A worker goes door-to-door issuing a free three-month supply of pills or a one-month supply of condoms. Few adolescents reject the offer. Some accept contraceptives because they want to use them; others give them to friends, sell them, throw them away, try them once, or save them for the day they may need them. This is not a criticism of the distribution method because the easier it is for adolescents to obtain contraceptives, the more likely they will use them. Nonetheless, adolescents who have no intention of using contraceptives are a problem; they should not be called "acceptors." Their inclusion in the group skews data.

Service data for 1979 include approximately 1,916 male and female adolescent acceptors.* A comparison of the number of acceptors with estimated in-need figures for the four geographical areas the workers cover reveals that the JFPA meets 18 percent to 34 percent of need. Considering that Ministry of Health and Environmental Control (MOHEC) clinics and commercial outlets also serve adolescents, even the lower range is impressive. However, continuation rates for all but one worker seem very low. (See Appendix C.) Unfortunately, an accurate count of the number of continuing patients is impossible.

Outreach workers' service data for 1979 show that the four geographical workers distributed contraceptives to 80 percent of their contacts. In one

*Four months of service statistics data on adolescents are not available; the figure was derived by averaging. (See Appendix B for 1979 service statistics for outreach workers.)

analyzed quarter, only 136 (2 percent) of the individuals contacted expressed no interest in or objected to using a method. Given the high rate of "acceptors," low continuation rates, and the low number of uninterested contacts, many adolescents apparently accept pills and condoms but have no intention of using them, at least not regularly. That contraceptives are distributed free is incentive enough to accept them.

The number of acceptors projected for 1979 is almost 100 percent above the figure for the last half of 1978. This is unreasonable, considering that program methods, environmental factors, and staff have not changed. Detailed records are kept on outreach workers, but they are not corroborated. Data suggest that validation of the records is necessary.

According to the JFPA, after the World Bank evaluated the outreach program (which has been operating in St. Ann since 1977) and its one-to-one, person-to-person approach, it recommended that Jamaica implement it nationwide. MOHEC adopted the program known as the Community Health Aid (CHA) Program. CHA program staff are not permitted to distribute contraceptives. For this reason, the JFPA has retained its outreach workers, a wise decision, given the level of required effort and the number of acceptors. Although the association believes the outreach workers, all of whom are over 30, are effective, it thinks the successful community-based contraceptive distribution approach should be expanded and priority given to adolescents. It assumes that the most effective and efficient way to motivate youth to use contraceptives is through one-to-one contact with their peers.

A note about the Ministry of Health and Social Security (MOHSS) is necessary. The roles of the JFPA and the MOHSS have been documented in previous reports. Excepting the community-based distribution of contraceptives by field

workers, they serve a similar audience and deliver contraceptives by like methods. Coordination between the agencies is essential, as this proposed project makes clear.*

The Commercial Distribution of Contraceptives Project of the National Family Planning Board (NFPB) will initiate soon a new advertising campaign and increase the number of its outlets. Coordination with this project is also essential.

Project Description

The Jamaica Family Planning Association is proposing a three-year, three-phase project to increase significantly the number of adolescent contraceptive users in the parish of St. Ann. The approach that will be used to accomplish this objective will be community distribution of contraceptives to sexually active youths. Efforts will be made to educate adolescents and adults in the costs of adolescent pregnancy and the benefits of family planning. These education activities will be carried out by trained youths, aged 18-21, using new strategies, and through the adult outreach workers. A well designed evaluation will be made to determine the effectiveness of the various strategies.

A. Year 1: March 1, 1980 - March 1, 1981

1. Objectives**

The objectives for Year I will be to:

1. Ensure to the end of the project year continued use of contraceptives by 33 percent of all adolescent acceptors recruited by youth associates; to increase by 20 percent

*The activities that might be coordinated are identified in other sections of this report.

**Project staff will be serving adults but their services are not listed as objectives because of the nature of the project. Numerical goals for adults will be identified and service statistics included in project reports.

the continued use of contraceptives by 1979 acceptors.

2. Recruit 2,717 adolescent acceptors through youth associates to increase by 209 the number of adolescent acceptors recruited through outreach workers.
3. Create a deeper understanding of the benefits and costs of adolescent pregnancy and to enhance the knowledge of contraceptives among the 5,740 people in projected target areas.

The intermediate objectives for Year I are to:

1. Develop a core of trained youth associates, three males and four females, capable of discussing with their peers family planning and population growth; of distributing contraceptives; and of motivating continuing contraceptive use.
2. Increase the three outreach workers' knowledge of adolescent fertility and to upgrade the skills they need to motivate sexually active adolescents to continue to use contraceptives.
3. Acquire and use to the extent possible wide-ranging knowledge of adolescent fertility.
4. Design a successful contraceptive delivery approach for adolescents and to communicate the results to pertinent agencies, especially the MOHSS and NFPB.
5. Improve coordination with MOHSS family planning services.
6. Modify project goals to reflect project experience and evaluation results.

2. Activities

The project requires a number of allied services, including training, coordination, and information and education.

The program coordinator will recruit, hire, and coordinate and assist with the training of the field officer, the youth associates, and the outreach workers. Top priority has been given to the distribution of contraceptives to sexually active adolescents, who must also be motivated to continue using

effective methods. Initial training of youth associates will focus primarily on these distribution and service skills. Both youth associates and outreach workers will be trained to:

- provide adolescents and adults with information on the costs of adolescent pregnancy;
- motivate adults to use and distribute contraceptives and use and understand the service statistics system; and,
- coordinate with MOHEC family planning services.

The program coordinator will provide practical and theoretical training for the field officer, outreach workers, and youth associates. Field staff will accompany the program officer on contact visits to schools and youth clubs and door-to-door. Activities will be discussed at weekly staff meetings; feedback from the field will be presented to the program coordinator and new information gathered by the program coordinator will be shared with field staff. In-service training activities will be held during the staff meetings which will also be useful to the project evaluation team.

Follow-up training will be conducted toward the end of the first year of Phase II. Knowledge acquired by youth associates during the first year, knowledge about other programs, and research in adolescent fertility will be incorporated into the learning sessions. Participants will learn how to motivate the hard-to-reach, how to form coalitions with other agencies, and how to use effectively and efficiently available community resources.

Training in monitoring, tabulating, analyzing, and using service statistics data is essential. The lack of a reliable service statistics system hinders efforts to evaluate the success or understand the problems of the current JFPA-approved community-based project. Service statistics have not

been tabulated every month, nor have they been tabulated consistently in the same categories. It is impossible to determine the number of community acceptors. Management does not have the data it needs to determine whether or not acceptors are followed-up regularly.

Data are not analyzed or used for management -- a serious problem. If data are analyzed and used, acceptors who do not continue to use contraceptives can be identified; their reasons can be determined, and action taken to alleviate the problem. Obvious inconsistencies in classifying visits can be corrected. Useless categories of data can be eliminated and useful categories added. Differences in acceptor and user rates recorded by outreach workers can be examined and adjusted. Each of these actions would improve the program.

A new service statistics system must be designed, and the research and evaluation officer, all field personnel, the program coordinator, and the field officer must be trained to use it.

Certain key MOHSS staff from the parish of St. Ann and JFPA clinic staff will be invited to attend training sessions. In addition to the knowledge MOHEC staff will acquire, coordination will be enhanced.

Coordination with all agencies concerned with adolescent fertility, and especially MOHSS staff and YWCA "NEET" program staff in Ocho Rios, is necessary. Formal contact will be initiated at three levels:

- o The program coordinator will meet monthly with his/her MOHSS counterpart in the parish of St. Ann to discuss service statistics, training activities, and possible joint activities.
- o The field officers will meet monthly with staff at MOHSS clinics to discuss JFPA and MOHSS services, referrals, problems, successes, and cooperative efforts.

- o Outreach workers and youth associates will maintain contact with community health aides and clinic personnel to make and receive referrals, discuss services, and coordinate efforts to prevent duplication.

3. Information and Education

The JFPA has few educational or promotional materials designed specifically for adolescents and adults. The identification and review of educational materials, relevant research, and successful program approaches and the incorporation of significant findings into the project are essential to the project's success. Staff must learn not only how to deliver contraceptives effectively, but how to motivate nonusers, how to ensure continuation, and how to use their knowledge of secondary causes of fertility to improve project performance and youth services. The benefits of information and education activities will not be realized fully until the second and third years of the project.

During Year I, films and materials will be identified for use in staff training and client education. These materials must be obtained, catalogued, maintained, evaluated, and incorporated into the training and service delivery sessions. The careful planning and documentation of program approaches, staff reports on services, and meaningful evaluations of activities should result in the identification of the project's most successful program approach.

The coordination activities of the program coordinator and field officer and the strategies and responsibilities of youth associates in educating youth groups or providing family-life education in schools will lead to increased community knowledge of adolescent fertility. (See Appendix E.)

4. Service Delivery

Effective service delivery is another important activity. The implementation of the service delivery approach will follow the steps described below.

The program coordinator and field officer will visit each new target area to secure community support and cooperation for the project. The community leaders -- the mayor, the school principal and guidance counselor, clergy, health and social service personnel, and social and church club leaders -- will be contacted. The program coordinator and field officer will visit school principals, guidance counselors, and youth club leaders in the target areas to obtain permission for youth associates to provide services in these settings. The outreach workers, who have been canvassing selected districts in their target areas for four years and are well known, will contact community leaders to discuss new project objectives.

The program coordinator will prepare a detailed workplan with the assistance of the field officer, outreach workers, and youth associates. This plan will identify specific areas, schools, and clubs to be canvassed and include specific timeframes for activities. The plan will be modified as necessary.

The youth associates and outreach workers will provide education and contraceptives to individuals in their target area; their priorities will be to:

- provide contraceptives to sexually active adolescents who are current users;
- provide contraceptives to sexually active adolescents who are new acceptors;
- provide contraceptives to sexually active adults who are able to bear or father children and who are current users;

- provide contraceptives to sexually active adults who are new acceptors and able to bear or father children;
- educate individually sexually active adolescents;
- educate individually sexually active adults;
- educate groups of sexually active adolescents;
- educate groups of sexually active adults; and,
- educate community leaders and others.

The two most important objectives for this first year are to ensure continued use of contraceptives among sexually active adolescents who are already acceptors and to increase the number of contraceptive acceptors (male and female) among the sexually active adolescent population. Given the data on the JFPA program, two different strategies should be employed.

Although the reliability of the data can be questioned, it seems that large numbers of adolescents are contacted by JFPA outreach workers and accept a contraceptive method. There may be no more effective program to contact and recruit acceptors.

Apparently, none of the outreach workers have been successful in maintaining a respectable number of acceptors as continuing users, although one has had more success than the others. (The reason for this is unknown but should be determined.) Outreach workers have distributed three-month supplies of oral contraceptives, but not even a one-month supply of condoms.

The decrease in the number of adult acceptors and continuing users indicates that service to adults has suffered while adolescents have received increased attention. There are no data on the number of adolescent contraceptive users who are attending school, but JFPA staff indicate that the most effective way to contact and follow-up both out-of-school and in-school youths is through organized settings where youths gather.

The 73 schools in the parish of St. Ann each enroll 10 17- and 18-year-olds. As reported at the Jamaican Adolescent Fertility Conference held in January 1980, no more than 50 percent of all adolescents now attend school. The 48 Social Development Commission and Police Youth Clubs in the target areas of St. Ann Parish are attended only by out-of-school youth. Almost every church sponsors a youth group, but the number of youths who are members of these clubs and church groups is not known.

Given the above constraints, the proposed project will use two distinct strategies to recruit and retain sexually active adolescents as contraceptive users. The strategies will be evaluated and discussed at the end of the first year of implementation, and revised if necessary. By using the two strategies, project staff will be able to:

- effectively and efficiently contact and follow-up two different audiences: out-of-school and in-school youth;
- evaluate the skills and achievements of the outreach workers;
- recruit appropriately; and,
- define as acceptors those who do not just accept contraceptives as gifts but who intend to use them.

To properly identify acceptors, outreach workers and youth associates will use the following terms (or similar designations) when classifying contacts:

- Contact:** Any face-to-face contact with a prospective or current acceptor or user for the purpose of education, distribution, or supply.
- Provisional:** An adolescent or adult who accepts a contraceptive method for the first time. (Provisionals will never receive more than a one-month supply of a contraceptive.)
- Acceptor:** An adult or adolescent who accepts a contraceptive method a second time during the field worker's regularly scheduled visit.

User: An adult or adolescent who has received contraceptives three or more times from a field worker.

If a provisional does not accept a contraceptive method during the next regularly scheduled visit, the person will not be considered a "dropout" but will be entered into the records as a "non-acceptor." If, in the same year, the provisional decides to accept a method again, he will be entered again as a provisional. If a user does not accept a method during a scheduled visit, he will be considered a dropout. Readmissions will be handled according to IPPF rules.

5: Outreach Worker Strategy

a. Follow-up of 1979 Adolescent Acceptors

The outreach workers' first priority will be to follow-up all adolescents who become acceptors in 1979 or earlier. Through door-to-door visits, they will attempt to remotivate and supply those who are sexually active but who have dropped out of the program; resupply those who are continuing users; obtain permission for other adolescents or youth groups who want to participate; give referrals to youth groups, clinics, etc.; and motivate and/or supply sexually active adults in the home. They will inform the adolescents of the youth associate's schedule so the users can obtain additional supplies through a youth group or in-school youth associate.

Oral contraceptives, condoms, and neo-sampoons will be distributed. Acceptors who are still using contraceptives will be given a three-month supply. Acceptors who have dropped out (i.e., who were not using program-supplied contraceptives) will be given an initial one-month supply, and subsequently, two- and three-month supplies.

b. Follow-up of 1979 Adult Acceptors
and Recruitment of New Acceptors

The second priority will be to follow-up adults who become acceptors in 1979 or earlier and to recruit new acceptors. The number of adult acceptors rose less than 10 percent between 1978 and 1979; the number of continuing acceptor contacts declined 8 percent. A two-month supply will be given to new acceptors and a three-month supply to continuing acceptors. A two-month supply will be given to those 1979 acceptors who no longer use program-supplied contraceptives, and a three-month supply to continuing users. New adult contacts who have never before accepted will receive initially a one-month supply of a contraceptive, and subsequently, as much as a three-month supply.

In using this strategy, program staff aim to increase the number of new recruited adult acceptors and during the project year, to increase by 20 percent the adult continuation rate. The exact continuation rate and the number of new acceptors for 1979 will not be known until data have been analyzed. (See Appendix E for a list of goals and target areas for outreach workers.)

6. Youth Associates Strategy

At the beginning of the project, youth associates may not be able to canvass the community using a random home-to-home approach without arousing suspicion about their motivation. Furthermore, it is logical to assume that the most effective and efficient way to recruit and retain adolescent acceptors is in organized settings. Therefore, at least during the first year, youth associates will work mainly in schools obtaining referrals and organizing youth club settings.

a. Recruitment of New Acceptors and Follow-up

Each youth associate will be assigned approximately 10 youth groups, which will be selected on the basis of population, need, area, and receptivity. (S)he will visit each group twice a month. The youth associate will educate, motivate, supply, and resupply sexually active adolescents, and supply provisionals with a one-month supply of contraceptives and acceptors with a two-month supply. Users will be given a three-month supply.

The youth associates will also recruit door-to-door, particularly to follow-up referrals or to supply or resupply students contacted in schools and youth clubs. The supply schedule will be the same as that described above.

The goal is for each youth associate to contact 20 adolescents aged 10-19 each day. Of this number, five will be eligible for contraceptives; three will be acceptors; and one will be a user by the end of the project year. The projected number of total acceptors for the first year of the project is 2,717, 797 of whom will be users by the end of the year. (See Appendix E.)

Both outreach workers and youth associates will accurately tabulate the number of acceptors; record continuing users' ages and sex; note where the acceptors were recruited and supplied; record the types and amount of supplies; and register the number of hours worked. (See Appendix D.) A consultant will design and finalize by May 1980 a complete recordkeeping system.

b. Education and Recruitment of New Acceptors
(In and From Schools)

During Year I, each youth associate will be assigned eight schools, each solicited by the program coordinator. The youth associates will work closely with the guidance counselor, making or requesting referrals

and providing family-life education to students twice a month to educate and motivate them. Youth associates will visit the homes of those referred by the guidance counselor.

c. Evaluation

In consultation with NFPB and USAID, the JFPA will prepare a comprehensive evaluation plan. The youth associates' and outreach workers' success in making contacts and attracting provisional acceptors, acceptors, and continuing users will be evaluated and compared each month; necessary changes will be made and training provided.

The number of contacts made through schools and youth groups should be evaluated quarterly and necessary changes made to improve effectiveness. The progress toward achievement of education and information goals should be evaluated monthly. Data should be discussed monthly with all project staff and community acceptance of youth associates evaluated. (The evaluation consultant should address this problem.) A cost-effectiveness evaluation should also be made. Training activities should be evaluated through simple testing upon completion of the two major training activities. Effective evaluation requires valid, reliable data; the importance of designing an adequate record system cannot be overstated.

A major evaluation will be made at the end of the project year. This evaluation will require an in-depth analysis of all monthly data and data analyses and recommendations on project revision. The evaluation should be made by an external evaluator with the assistance of appropriate JFPA, USAID, and NFPB staff.

B. Years II and III: March 1, 1981 - March 1, 1983

1. Objectives

The objectives for the second and third years will be to:

1. Expand the number of adolescent acceptors and users by 20 percent over Year I.
2. Increase staff knowledge of adolescent fertility.
3. Increase the knowledge of adolescent fertility of other agency staff, community leaders, and government officials.
4. Establish formal and informal coalitions to address the problem of adolescent fertility.
5. Promote the adoption by MOHSS of a successful community-based contraceptive distribution strategy.

The objectives will be quantified during the first year. (The lack of an adequate data base prohibits the specification of precise targets at this time.)

2. Activities

Major allied service activities will be performed. Training will be expanded and new materials designed to reflect the expansion of geographical areas covered and to make use of new knowledge acquired during Year I. More detailed knowledge about adolescent fertility, the agencies concerned with the subject, research findings, effective approaches, and other agency resources available to adolescents will be emphasized.

Other agencies, individuals, and government institutions will be contacted to obtain information, enlist support, and form coalitions.

Information about the project will be disseminated through individuals, educational materials, at seminars, and with the help of other contractors and agencies.

The program coordinator will meet frequently with NFPB and MOHSS staff at the central level to discuss service data and the success of the community-based contraceptive distribution project in attracting adolescent contraceptive users.

The same basic services (modified as necessary) will be delivered to selected Year I target areas in St. Ann Parish and to new target areas in other parishes. The selection criteria will include need, receptivity, and geographical location.

An evaluation similar to that for Year I will be made. The effectiveness of contacts with other agency and government officials and of coalitions with other youth-related agencies will be evaluated.

A prototype system for the delivery of services to adolescents should be one outcome of the project. The MOHSS is expected to adopt a community-based contraceptive distribution system.

3. Resources

The budget will be prepared and presented at the end of Year I.

Appendix A

NUMBER OF ADOLESCENT CONTRACEPTIVE USERS IN PARISH OF ST. ANN

Contraceptive Services Sources, Parish of St. Ann

Number of Adolescents 10-19 Receiving Contraception

- | | |
|---|--|
| 1. Commercial outlets providing orals, condoms and spermicides | 1. No information available |
| 2. Eight Ministry of Health clinics in eight of the 10 target areas | 2. No information available |
| 3. One JFPA clinic in one of the 10 target areas | 3. 128 acceptors (1978 estimate) ¹ No information on number of old acceptors 104 acceptors projected for 1979 No information on number of old acceptors |
| 4. Four outreach workers in four of the target areas | 4. 1,200 acceptors (1978 estimate) No reliable information on visits to old acceptors 2,373 acceptors (1979 estimate) ² No reliable information on visits to old acceptors |
| 5. The JFPA's Mobile Clinic | 5. No information available |

1. In the first quarter of 1979, 19 percent of the new patients were adolescent. This percentage was used to estimate the number of adolescents served in 1978.

2. Records are incomplete; figures are based on four months of service data.

26

Appendix B

NUMBER OF ADOLESCENT ACCEPTORS, 1979
(By Outreach Workers and Comparative Acceptors)

NUMBER OF ADOLESCENT ACCEPTORS, 1979*
(By Outreach Workers and Comparative Acceptors)

| <u>Month</u> | <u>St. Ann's Bay</u> | <u>Lime Hall</u> | <u>Claremont</u> | <u>Moneague</u> |
|--|----------------------|------------------|------------------|-----------------|
| January | 56 | 102 | 49 | 69 |
| February | 7 | 77 | 63 | 60 |
| March | 19 | 57 | 63 | 40 |
| April | 41 | 66 | 30 | 60 |
| May | 41 | 66 | 30 | 60 |
| June | 41 | 66 | 30 | 60 |
| July | 41 | 66 | 30 | 60 |
| August | 41 | 66 | 30 | 60 |
| September | 50 | 38 | 5 | 54 |
| October | 79 | 113 | 28 | 101 |
| November | 69 | 57 | 9 | 69 |
| December | <u>26</u> | <u>23</u> | <u>5</u> | <u>23</u> |
| TOTAL Acceptors 10-19 | <u>511</u> | <u>797</u> | <u>372</u> | <u>716</u> |
| | | | | |
| TOTAL Popula- tion 10-19** | 2,029 | 2,446 | 1,987 | 2,083 |
| | | | | |
| Percent of Ac- ceptors in Popu- lation 10-19 | 25 | 33 | 19 | 34 |

*Estimates

1. Total 1970 census figures for each area are increased by 14 percent (the percent increase in population from 1970 to 1978); 21.6 percent of this population figure is used to calculate the 10-19 cohort. Comparisons cannot be made between target area population figures presented here and those in Appendix E; boundaries have been changed.

**Estimated, 1978

COMPARATIVE PATIENT STATISTICS
(1974 - 1979)

| | <u>1974</u> | <u>1975</u> | <u>1976</u> | <u>1977</u> | <u>1978</u> | <u>1979</u> |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <u>New Acceptors</u> | 1,612 | 2,659 | 4,065 | 3,668 | 3,557 | 3,904 |
| Males | 1,040 | 1,558 | 2,507 | 2,256 | 2,010 | NA |
| Females | 572 | 1,101 | 1,558 | 1,412 | 1,547 | NA |
| <u>Old Acceptors</u> | 1,865 | 4,496 | 7,194 | 10,770 | 10,352 | 9,698 |
| Males | 785 | 2,074 | 4,140 | 5,848 | 5,628 | NA |
| Females | 1,080 | 2,422 | 3,054 | 4,922 | 4,724 | NA |
| <u>Other Costs</u> | | | | | | |
| TOTAL Contacts | 4,569 | 8,916 | 12,733 | 16,053 | 15,604 | 15,114 |
| (10-19 year olds) | (570) | (850) | NA | (1,157) | (2,162) | (7,011) |

198

Appendix C

ESTIMATED NUMBER OF CONTACTS, 1979
(By Outreach Workers)

ESTIMATED NUMBER OF CONTACTS, 1979
(By Outreach Workers)

| | ADOLESCENT CONTACTS | | | ALL CONTACTS | | |
|-------|---------------------|----------------------|---------------|------------------|----------------------|---------------|
| | <u>Acceptors</u> | <u>Old Acceptors</u> | <u>Others</u> | <u>Acceptors</u> | <u>Old Acceptors</u> | <u>Others</u> |
| Jan. | 276 | 275 | 110 | 510 | 1,189 | 188 |
| Feb. | 207 | 231 | 70 | 394 | 840 | 124 |
| Mar. | 166 | 259 | 104 | 366 | 697 | 156 |
| Apr. | 197 | 280 | 107 | 325 | 808 | 126 |
| May | 197 | 280 | 107 | 345 | 913 | 184 |
| June | 197 | 281 | 107 | 300 | 986 | 172 |
| July | 197 | 281 | 107 | 254 | 842 | 133 |
| Aug. | 197 | 508 | 107 | 346 | 1,027 | 187 |
| Sept. | 147 | 209 | 100 | 245 | 443 | 117 |
| Oct. | 316 | 302 | 193 | 456 | 787 | 251 |
| Nov. | 199 | 292 | 122 | 261 | 715 | 147 |
| Dec. | <u>77</u> | <u>161</u> | <u>47</u> | <u>102</u> | <u>448</u> | <u>71</u> |
| TOTAL | <u>2,373</u> | <u>3,359</u> | <u>1,281</u> | <u>3,904</u> | <u>9,695</u> | <u>1,856</u> |

TOTAL ADOLESCENT CONTACTS = 7,011

ALL CONTACTS - 15,114

1 Adolescent statistics from April through July were not available; averages were used.

2 No statistics for April were available; an average was used.

Appendix D
OUTREACH WORKERS RECORDS

INDIVIDUAL FIELD WORKER MONTHLY SUMMARY SHEET

NAME: _____

MONTH: _____

| Audience and Method of Contact | No hrs | Total Con-tacts | Sex | | Prov | Acc | Users | | | Non Acceptors | | | Dropouts | | | Ed Only | Method Given | | | No. Units | | | Referrals |
|--------------------------------|--------|-----------------|-----|---|------|-----|------------|------------|---------|---------------|-----------|--------|----------|----|-----------|---------|--------------|-------|-----|-----------|-------|-----|-----------|
| | | | M | F | | | Cont visit | Cont visit | Not Int | PG | Meth Prob | No Sex | Not Int | PG | Meth Prob | | No Sex | Orals | Neo | Cond | Orals | Neo | |
| ADOLESCENTS | | | | | | | | | | | | | | | | | | | | | | | |
| • School | | | | | | | | | | | | | | | | | | | | | | | |
| • Youth Groups | | | | | | | | | | | | | | | | | | | | | | | |
| • Door-to-Door | | | | | | | | | | | | | | | | | | | | | | | |
| • Other | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | |
| ADULTS | | | | | | | | | | | | | | | | | | | | | | | |

33

GOAL PROGRESS

| | ACTUAL CONTACT | GOAL CONTACT | PERCENT OF GOAL | ACTUAL ACCEPTORS | GOAL ACCEPTORS | PERCENT OF GOAL | ACTUAL CONTINUERS | GOAL CONTINUERS | PERCENT OF GOAL |
|------------------|----------------|--------------|-----------------|------------------|----------------|-----------------|-------------------|-----------------|-----------------|
| NO. ADOLESCENTS | | | | | | | | | |
| No. Schools | | | | | | | | | |
| No. Youth Groups | | | | | | | | | |
| No. Door-to-Door | | | | | | | | | |
| No. Other | | | | | | | | | |
| T O T A L | | | | | | | | | |
| NO. ADULTS | | | | | | | | | |

25

INDIVIDUAL CONTACT RECORD

DATE: _____

LOCATION WORKED: _____

HOURS WORKED: _____

WORKER: _____

SCHOOL: _____

YOUTH CLUB: _____

HOME: _____

OTHER: _____

| I.D. No. | NAME | ADDRESS | Age | Sex | | Prov | Accep | Users | | Non Acceptors | | | | Dropouts | | | | Ed Only | Method | | | Place S.H.Y.C. | Referral/ Remark | |
|-------------|------|---------|-----|-----|---|------|-------|-------------------------|-------------------------|---------------|----|--------------|-----------|------------|----|--------------|-----------|------------|--------|-----|--------------|-------------------|---------------------|--|
| | | | | M | F | | | First Cont. Visit | Other Cont. Visit | Not Int | PG | Meth Prob | No Sex | Not Int | PG | Meth Prob | No Sex | | Type | | | | | |
| | | | | | | | | | | | | | | | | | | | Oral | Neo | Unit Cond | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |

35

GROUP CONTACT RECORD

DATE: _____

WORKER: _____

| LOCATION | HOURS WORKED | NUMBER IN GROUP | NUMBER OF INDIVIDUALS CONTACTED | | SUBJECT DISCUSSED | FOLLOW-UP NEEDED* |
|----------|--------------|-----------------|---------------------------------|--------|-------------------|-------------------|
| | | | EDUCATION ONLY | METHOD | | |
| | | | | | | |

* Specify follow-up

36

FIELD WORK SUMMARY SHEET

MONTH: _____

| Audience and Method of Contact | No hrs | Total Con-tacts | Sex | | Prov | Acc | Users | | Non Acceptors | | | | Dropouts | | | Ed Only | Method Given | | | No. Units | | | Referrals | | |
|--------------------------------|--------|-----------------|-----|---|------|-----|----------------|------------|---------------|----|-----------|--------|----------|----|-----------|---------|--------------|-------|-----|-----------|-------|-----|-----------|-----|--|
| | | | M | F | | | Cont 1st visit | Cont visit | Not Int | PG | Meth Prob | No Sex | Not Int | PG | Meth Prob | | No Sex | Orals | Neo | Cond | Orals | Neo | | Con | |
| ADOLESCENTS | | | | | | | | | | | | | | | | | | | | | | | | | |
| • School | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Youth Groups | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Door-to-Door | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADULTS | | | | | | | | | | | | | | | | | | | | | | | | | |

37

GOAL PROGRESS

| | ACTUAL CONTACT | GOAL CONTACT | PERCENT OF GOAL | ACTUAL ACCEPTORS | GOAL ACCEPTORS | PERCENT OF GOAL | ACTUAL CONTINUERS | GOAL CONTINUERS | PERCENT OF GOAL |
|------------------|----------------|--------------|-----------------|------------------|----------------|-----------------|-------------------|-----------------|-----------------|
| NO. ADOLESCENTS | | | | | | | | | |
| No. Schools | | | | | | | | | |
| No. Youth Groups | | | | | | | | | |
| No. Door-to-Door | | | | | | | | | |
| No. Other | | | | | | | | | |
| T O T A L | | | | | | | | | |
| NO. ADULTS | | | | | | | | | |

25

Appendix E

YOUTH ASSOCIATES AND OUTREACH WORKERS ACTIVITY PROJECTIONS

YEAR I PROPOSED PROJECT OUTPUTS

| | <u>May</u> | <u>June</u> | <u>July</u> | <u>Aug.</u> | <u>Sept</u> | <u>Oct</u> | <u>Nov</u> | <u>Dec</u> | <u>Jan</u> | <u>Feb</u> | <u>TOTAL</u> |
|---|------------|-------------|-------------|-------------|-------------|------------|------------|------------|------------|------------|--------------|
| <u>Youth Associates (7)</u> | | | | | | | | | | | |
| Number of Schools | - | - | - | - | 56 | 56 | 56 | 56 | 56 | 56 | - |
| Number of Youth Groups | - | 14 | 28 | 42 | 70 | 70 | 70 | 70 | 70 | 70 | - |
| Number Contacts* | - | 700 | 1000 | 1250 | 1800 | 1800 | 1800 | 1800 | 2240 | 2240 | 14,630 |
| Number Acceptors ** | - | 175 | 250 | 313 | 450 | 450 | 450 | 450 | 560 | 560 | 3,658 |
| | | 116 | 165 | 205 | 297 | 297 | 297 | 297 | 370 | 370 | 2,414 |
| Number Continuing Users*** | - | - | - | - | - | - | - | - | - | - | 797 |
| <u>Outreach Workers (3)</u> | | | | | | | | | | | |
| Number Contacts (Priority 1979 and 1978 Acceptors) | 936 | 936 | 936 | 936 | 936 | 936 | 936 | 936 | 936 | 936 | 9,360 |
| Number Acceptors | TO | BE | DETERMINED | | | | | | | | |
| Number Continuing Users | " | " | " | | | | | | | | |

ASSUMPTIONS

Youth Associates

1. The Youth Associates will make 20 contacts/day when fully operational four days per week. The fifth day of each week will be used for staff meetings and training.
2. Approximately 25 percent of the contacts will result in provisional acceptors.
3. 33 percent of the acceptors in the first project year will still be active at end of the project year.

Outreach Workers

1. The Outreach Workers will continue to make 19 contacts per day, four days per week.
2. They will contact all 1979 adolescent and adult acceptors.
3. Numbers of acceptors and continuing users will be determined after 1979 data are analyzed. It will be 20 percent higher than the figure for 1979.

PROPOSED TARGET AREAS SHOWING POPULATION,
NUMBER OF SCHOOLS, CHURCHES, AND CLUBS

| <u>Worker</u> | <u>Target Areas</u> | <u>Number</u> | <u>Total Population 1970</u> | <u>Schools</u> | <u>Churches</u> | <u>Clubs</u> |
|---------------|--|---------------|------------------------------|----------------|-----------------|--------------|
| YA | St. Ann's Bay Priory/Windsor | 1 | 7,672 | 6 | 7 | 6 |
| OR | Lime Hall) Higgin Town) | 2 | 3,635) 1,000) | 2 | 7) 2) | 2 |
| OR | Claremont | 3 | 6,433 | 4 | 10 | 2 |
| OR | Moneague Golden Grove | 4 | 4,398) 2,198) | 6) 1) | 8) 2) | 2 |
| YA | Brown's Town Bamboo | 5 | 6,682 | 8) 1) | 12) 4) | 5 |
| YA | Ocho Rios | 6 | 8,092 | 3 | 9 | 3 |
| YA | Exchange | 7 | 5,196 | 2 | 4 | 2 |
| YA | Runaway Bay) Beverley) | 8 | 3,574) 1,000) |) 2) | 5) 1) | 3 |
| YA | Alexandria) Cave Valley) | 9 | 2,883 2,000 | 7) 1) | 8) 4) | 4 |
| YA | Discovery Bay) Farm Town) Queenhythe) Dunbarton) | 10 |)))) | 1)) 1) | 2)) 3) | 3 |
| | | | | <u>45</u> | <u>88</u> | <u>32</u> |

Note: St. Ann Parish has 92 Youth Clubs and 73 schools enrolling 10-17-year-olds.

YEAR I PROPOSED PROJECT OUTPUTS
EDUCATIONAL PRESENTATIONS*

| | <u>June</u> | <u>July</u> | <u>Aug</u> | <u>Sept</u> | <u>Oct</u> | <u>Nov</u> | <u>Dec</u> | <u>Jan</u> | <u>Feb</u> | <u>TOTAL</u> |
|----------------------------|-------------|-------------|------------|-------------|------------|------------|------------|------------|------------|--------------|
| <u>Program Coordinator</u> | | | | | | | | | | |
| Talks | - | - | - | 2 | 2 | 2 | 1 | 2 | 2 | 11 |
| People | | | | 30 | 30 | 30 | 15 | 30 | 30 | 165 |
| <u>Field Officer</u> | | | | | | | | | | |
| Talks | - | - | - | 2 | 2 | 2 | 1 | 2 | 2 | 11 |
| People | | | | 20 | 20 | 20 | 10 | 20 | 20 | 110 |
| <u>Youth Associates</u> | | | | | | | | | | |
| Talks | - | 7 | 7 | 14 | 28 | 28 | 14 | 28 | 28 | 154 |
| People | - | 70 | 70 | 580 | 1,120 | 1,120 | 560 | 1,120 | 1,120 | 5,760 |

*141 presentations to 1,465 individuals

42

Appendix F
WORK PLAN, YEAR I

WORK PLAN, YEAR I

A. Orient Program Coordinator

- . History of JFPA
- . Operational procedures of JFPA
- . Clinic
- . Outreach
- . Office and administration
- . Materials review, including educational materials, laws and regulations in Jamaica, successful programming strategies, research on adolescent fertility
- . Field trips with Outreach Workers
- . Field trips to Kingston
 - NFPB
 - UWI
 - Kingston Clinic
 - MOHEC
 - AID
 - Operation Friendship
 - YWCA
 - Chicago PP Management Training Course, Sears and Program the Door, Washington, D.C., PP

1. Leadership Responsible: Secretary/Administrative Aide, Directors, others as listed above
2. Time Frame: February 18 - August 1980
3. Project Resources: Transportation, meals, and per diem; materials

B. Refine Need Data, Analyze, and Validate Service Data

- . Identify necessary need and service statistics data
- . Obtain need data from the Parish of St. Ann; review census reports, local surveys, MOHSS records
- . Complete service statistics analysis for 1978 and 1979 from clinic and outreach workers records
- . Analyze need and service statistics data
- . Validate 1979 service statistics by spot checks

1. Leadership Responsible: Program Coordinator, Field Officer, Research Evaluation Officer
2. Time Frame: March 1 - April 1
3. Project Resources: None
4. Other Resources: CDC or other suitable consultant

C. Design Evaluation System for Project

- . Determine data needed for evaluation of project goals and strategies
- . Define all terms, such as acceptor, user, etc.
- . Design service statistics and other data collection forms
- . Train project staff in use of forms
- . Test data collection forms
- . Evaluate system and revise, if necessary

1. Leadership Responsible: Program Coordinator, Field Officer,
Research and Evaluation Officer
2. Time Frame: Design and Field Testing: March 15 - May 1
Evaluation and revision
of forms: May 1 - June 1
3. Project Resources: None
4. Other Resources: CDC or other suitable consultant

D. Solicit Candidates (2) for Each Position for Youth Associates

. Sources of Candidates

- . School Principals
- . Clinic Staff
- . Community Leaders
- . Youth Groups

. Selection Criteria

- . Age: 18-21
- . Education
- . Personal Qualities: Able to communicate about sexuality, family planning, population; inspire confidence; maintain client confidentiality; is personable; seeks responsibility; is acceptable to the adults in the target area
- . Sex: Male (3)
Female (4)
- . Residence: Readily accessible to assigned area
- . Other: Involved in a stable relationship and a successful contraceptive with not more than one child

1. Leadership Responsible: Program Coordinator and Field Officer
2. Time Frame: March 1 - March 30
3. Project Resources: Transportation, meals

E. Gather and Use Data on Adolescent Fertility

The dearth of data about the problems associated with adolescent fertility is obvious from the problem statement. The JPFA proposes to gather

and distribute information on this subject to staff, policymakers, community leaders, parents, and particularly adolescents to educate this audience to the costs and benefits of adolescent pregnancy. The recent conference on Adolescent Fertility sponsored by the NFPB, the UWI, and USAID has contributed greatly to the awareness and knowledge in this area; the published proceedings will be a valuable resource. Increased awareness should lead to more informed and, therefore, more rational decisions by adolescents about the use of fertility regulation methods and increased community support for the project.

In addition, the JFPA will obtain as much information and as many materials as possible on service strategies, educational methods, and resources available to improve its own services and training.

This activity will continue throughout the life of the project.

1. Leadership Responsible: Program Coordinator
2. Time Frame: February 18, 1980 - End of project
3. Project Resources: To be determined

F. Plan First-Year Training for 7 Youth Workers, 1 Field Officer, and 3 Outreach Workers (General Family Planning/Population and Contraceptive Information)

. Design Content

- . Demographic facts about adolescent fertility and consequences
- . NFPA structure and services, CRS projects
- . JFPA structure and services, especially outreach
- . Reproduction and basic sex education
- . Contraceptive methods and side effects
- . Pills, condoms, foaming tablets, etc. (how to distribute)
- . Recordkeeping
- . Motivation and communication
- . Conflict resolution
- . Identification and review of currently available films and educational materials
- . Other community resources
- . Trainee input on project
- . How to work with community leaders and groups
- . Group process skills

. Recruit Staff

- . Local training staff

. Design Evaluation

1. Leadership Responsible: Program Coordinator

2. Time Frame: March 1 - April 1
3. Project Resources: None
4. Other Resources: Development Associates Training Staff; IPPF Sex Education Manual and staff; proceedings of Jamaican Adolescent Fertility Conference.

G. Provide Initial and Follow-up Training Field Officer, Outreach Workers, and Youth Associates, and Educate Same

It is anticipated that training will be a continuous effort for the duration of the project. It will be empirical and practical. For example, learning the record keeping system, facts about contraceptives, how to approach adolescents about birth control, etc., can be facilitated not only by presentation of the conceptual and factual knowledge in a classroom setting using written materials, films, lectures, role playing, but through simultaneous practice of this knowledge on the field.

Subjects will not be introduced that cannot be utilized in the field immediately. For example, youth associates will not be making formal family life presentations or presenting material about the costs and benefits of adolescent pregnancy until they have worked in the field for six to eight months. The training for this responsibility will not be implemented until just before they are ready to make such presentations and can reinforce their empirical knowledge with practical experience. There will be two major training efforts in Year I.

The preliminary classroom training should include:

- Demographic facts about adolescent fertility and consequences
- NFPB structure and services, CRS projects
- MOHSS " " "
- JFPA " " "
- Reproduction
- Contraceptive methods and how to supply
- How to motivate and educate adolescents for family planning
- How to keep records (this includes how statistics used by JFPA)

Field trips should be made to:

- JFPA Clinic
- MOHSS Clinic
- Youth Clubs and Church Groups and Schools
- Operation Friendship

Practical experience should be acquired through Youth Associates who accompany the Outreach Workers and Field Officer on observations and field practices and through all who accompany the Program Coordinator.

The Field Officer and Program Coordinator of Outreach Workers and Youth Associates should monitor activities.

The initial empirical field training can probably be completed within three weeks for the Outreach Workers and two months for the Youth Associates and Field Officer. This will be augmented by the weekly staff meetings, particularly for reviewing problems, retraining, and review of records and recordkeeping methods.

Written evaluation by the trainees and observation notes by the Program Coordinator and Field Officer should be analyzed by the Program Coordinator and required corrective measures taken.

1. Leadership Responsible: Program Coordinator
2. Time Frame: April 7 - April 30 (Outreach Workers)
April 7 - June 7 (Field Officer and Youth Associates)
3. Project Resources: Meals, written materials, film rentals, consultant fees
4. Other Resources: Development Associates, Inc. consultant, UWI consultant

The second major training effect will occur 6-8 months after completion of the initial training. The purpose of this training will be to prepare the Youth Associates for formal presentations to schools and other community groups and to increase all of the program staff's ability to motivate and recruit adolescent contraceptors.

Training contents will include the following subject areas:

- Review of contraceptive technology
- Costs and benefits of adolescent fertility
- Strategies and activities of other adolescent-related services
- Conflict resolution skills
- Group process skills
- How to work with community leaders and groups
- Other community resources
- Identification and review of currently available films and other educational films
- Motivation and communication skills
- Recordkeeping

MOHSS personnel and school guidance counselors will be invited to selected sessions.

1. Leadership Responsible: Program Coordinator
2. Project Resources: Meals, written materials, film rentals, consultant fees
3. Other Resources: Development Associates, Inc. consultant, UWI consultant

H. Assign Target Areas and Develop Individual Workplans for each Outreach Worker, Field Officer, and Youth Associates

- Assign target area for each Outreach Worker and Youth Associate
- Select schools, youth clubs, and church groups for initial contact and identify possible visitation schedule
- Each Outreach Worker identifies 1979 acceptors for revisit and resupply and presents schedule (weekly basis)
- Individual worker monthly numerical goals for acceptors and continuing users identified

1. Leadership Responsible: Program Coordinator; Field Officer or Research/Evaluation Officer provides necessary needs and service statistics data
2. Time Frame: April 5 - April 30
3. Project Resources: None

I. Contact Schools and Youth Clubs in Target Areas to Obtain Cooperation

The Program Coordinator will send letters to all schools and youth clubs selected for coverage by the Youth Associates and Outreach Workers.

The Program Coordinator and Field Officer, accompanied by the Outreach Worker or Youth Associate assigned to the school and Youth Agency, will make a personal contact.

1. Leadership Responsible: Program Coordinator
2. Time Frame: May 1 - June 15
3. Project Resources: None

J. Conduct Service Delivery Activities

These activities and goals are described in other sections of this proposal.

K. Conduct Allied Service Activities

- . Maintain regular contact with MOHSS Personnel

The Program Coordinator should maintain regular continuous contact (i.e. once every month or two) with her counterpart at MOHSS: Progress reports, problems, referrals should be discussed.

- . Maintain regular contact with community leaders, other agency personnel

Relationship should be established by the Program Coordinator with other youth serving agencies to facilitate understanding of the project,

receive feedback, and to improve services and enhance referrals. After the first six months of the project, three to four such contacts should be made per month.

Provide I&E materials, talks, film to community organizations; provide news, stories, radio spots

The Program Coordinator should provide materials and presentations to community organization. After the first six months of the project, two such presentations should be made per month.

The Field Officer, Outreach Worker, and Youth Associates should contact their counterparts in MOHSS on a regular basis (i.e., once every two months).

L. Prepare and Submit Program Reports

Each quarter the Program Coordinator will issue a report to the Executive Director, NFPB and USAID. The report will include:

- Identification of quarterly numerical service goals and budget goals
- Identification of actual service provided and expenditures
- Listing of major activities provided in training, community activities
- Constraints or problems encountered
- Changes in goals or strategies and reasons

This is not meant to be a long narrative report; rather, it should be brief and to the point. It need not be more than 3-4 pages. Data for the report will be prepared by the Field Officer and Research/Evaluation Officer.

1. Leadership Responsible: Program Coordinator
2. Time Frame: March 10 - End of project
3. Project Resources: None

M. Coordination with NFPB and other Adolescent Fertility Programs

The Program Coordinator will maintain regular contacts with the NFPB's staff on a once-a-month basis to inform staff of general progress and activities and obtain pertinent information on activities of NFPB.

1. Leadership Responsible: Program Coordinator
2. Time Frame: March 10 - End of project
3. Project Resources: None

N. Prepare and Submit Proposal for Years II and III of the Project

- . Analyze service data to date
- . Obtain approval of Board of Directors for submission
- . Discuss and obtain input for proposal goals and strategies with project staff
- . Prepare proposal

1. Leadership Responsible: Program Coordinator
2. Time Frame: December 1 - February 1
3. Project Resources: None
4. Other Resources: None

O. Conduct End-of-Year Evaluation of year I Project

- . Analyze data and discuss recommendations with project staff
- . Retain consultant
- . Conduct evaluation
- . Revise proposals for Year II and Year III

1. Leadership Responsible: Program Coordinator
2. Time Frame: March 1 - March 15
3. Project Resources: None
4. Other Resources: APHA or CDC consultant; USAID staff; NFPB staff

Appendix G
PROJECT BUDGET

PROJECT BUDGET
(March 1, 1980 - March 1, 1981)

| <u>Salaries</u> | <u>Base</u> | <u>Trans</u> | <u>NIS</u> | <u>NHT</u> | <u>S/a</u> | <u>Total</u> | <u>Percent Time</u> | <u>Project Cost</u> |
|-----------------------------------|-------------|--------------|------------|------------|------------|--------------|---------------------|---------------------|
| *Program Coordinator | \$9,500 | \$2,520 | \$195 | \$285 | \$475 | \$16,335 | 100 | \$16,335 |
| Field Officer | 5,080 | 2,520 | 126 | 153 | 254 | 10,653 | 100 | 10,653 |
| Secretary | 4,840 | | 120 | 145 | 242 | 5,347 | 50 | 2,673 |
| 7 Youth Associates (11 months) | 3,000 | 1,040 | 75 | 95 | - | 4,205 | 100 | 26,982 |
| 3 Outreach Workers (11 months) | 2,500 | 1,040 | 62 | 75 | - | 3,677 | 100 | 10,112 |
| | | | | | | | | <u>\$ 66,755</u> |

Educational Materials

Film - "Future Shock" \$ 1,750

IPPF Materials

Birth Control Pamphlets (4,000 x \$0.25) 1,000
Sex Education Pamphlets (4,000 x \$0.25) 1,000

Equipment

Umbrellas (10 x \$35) 350

Training (2 per year = 15 days x 21)

Meals (300 x \$5.5) 1,650
Travel and Consultant Fees (6 x \$50) 300

**Evaluation

Office Supplies

Forms, Stationery, Postage 1,000

Mobile Unit Maintenance and Repair

1,500

Telephone and Maintenance (½ of total)

600

Remodelling (new office space for personnel)

12,000

\$ 87,905

* Program Coordinator has been on salary since February 18. An additional two weeks salary should be added to the budget for this position.

** It is assumed APHA can pick up the expense for the UWI consultant who will assist in this phase of the project.

Appendix H

JFPA PROGRAM COORDINATOR JOB DESCRIPTION,
YOUTH ASSOCIATE JOB DESCRIPTION,
AND ORGANIZAION CHART

Jamaica Family Planning Association
JOB DESCRIPTION FOR PROGRAM COORDINATOR

Status: Full Time

Salary Range:

Responsible to: Executive Director

RESPONSIBILITIES:

- I. Association Operational and Programmatic Management and Administration:
 - Maintains a close liaison-advisory relationship with the Clinic Coordinator.
 - Maintains a liaison-advisory relationship with the Research/Evaluation Coordinator.
 - Is responsible for the successful execution of all JFPA field or non-clinical programs.
 - Develops and recommends new programs and projects to the Executive Director; develops proposals and plans of action for all new program directions.
 - In conjunction with Executive Director, recruits and supervises all field or non-clinical program staff.
 - Evaluates the performance of all field or non-clinical program staff and makes recommendations on them.
 - Assumes the supervision, direction, and delegation of all functions of Information and Education Coordinator until such time as JFPA may expand these functions into an Information and Education Department.
 - Makes recommendations for non-clinical program changes, if needed, to the Executive Director.
 - Works closely and cooperatively with the Research/Evaluation Coordinator in accumulating and maintaining clinical records and data for their subsequent use in research, statistics-reporting to the public, and to funding agencies and in developing grant proposals.

II. Monitor Services Delivery and Allied Service Activities:

1. Each week, at least for the first 6-8 months of the project, the Outreach Workers and Youth Associates will meet with the Program Coordinator, Field Officer, and Research and Evaluation Officer.

The following activities will take place:

- Discussion of the previous week's activities, presentation of the analysis of data, review of recordkeeping, progress towards goals, discussion of problems and feedback for solutions, discussion of future week's schedule, presentation of new information on JFPA's programs or policies events, changes in workplan.
 - Completion of recordkeeping by the Outreach Workers and Youth Associates for the week just ended.
 - Completion of future week's proposed schedule by each Outreach Worker and Youth Associate and approval by the Program Coordinator and Field Officer.
 - In-service training. This will be some sort of formal presentation by a JFPA staff member. Other agency staff member on a topic outlined in the training plan. (This may not occur every week)
2. For the first 6 months of the Project, the Field Officer will accompany each field worker every other week for portion of a day. There will be a regular schedule prepared in advance. The purpose of this observation is to provide assistance to the field workers in areas of weakness and a learning experience for the Field Officer.
 3. Each week the Program Coordinator will meet with the Field Officer and Research and Evaluation Officer to discuss service statistics and project activities to determine if project is on target or if changes in goals or strategies should be made.
 4. The Program Coordinator will make periodic visits to the target areas to obtain feedback from schools, youth clubs, and community leaders on the project and the work of the staff.

Leadership Responsible: Program Coordinator, Field Officer

Time Frame: March 1 - End of project

Project Resources: None

Other Resources: Consultant, as may be necessary, for redesign of evaluation system, assistance in data analysis, or project revision

II. To the Community:

- Obtains information about governmental and other agency policies, other program strategies and donor agencies relative to program management, development, and expansion.

- Maintains a close liaison with NFPB, MOHEC, etc., for the coordination of outreach field work.
- Makes public appearances and uses all available media in the explanation and promotion of JFPA programs.

III. To JFPA Board and Board Committee Activities:

- Meets with the Board and Board Committees, when requested, to provide information on non-clinical programs.

QUALIFICATIONS:

Personal:

- Possesses strong management skills, especially in the areas of program-planning, budgeting, and personnel management.
- Understands and is committed to the goals of JFPA.
- Has knowledge of and a sensitivity to the history and culture of all peoples served by JFPA.
- Is able to work with staff in a way that recognizes and develops each member of the non-clinical program staff.
- Has imagination and initiative that are necessary for effective program fulfillment and development of new programs.
- Has ability to distinguish between what is non-clinical program, what is overall administration, and what is policy making.
- Has knowledge of and appreciation for professional ethics, and ability to relate to other professional groups. Also committed to right of clients to assume the responsibility for own choices.
- Likes and respects other people and is able to work well with all kinds of people, both individually and collectively.
- Has knowledge of and ability to use public relations skills.
- Has good written and interpersonal skills.

Academic:

Undergraduate Preparation:

- A baccalaureate degree from an accredited college or university should be considered minimum preparation for the Program Coordinator. A variety of majors are appropriate; most advantageous among these are social or physical sciences.

Graduate Education:

- Graduate education in such fields as public administration, public health, or social work are Courses in public relations,

group process, statistics and various aspects of health and medical care would be valuable.

Experience:

- In addition to academic background, the Program Coordinator should have at least five years of professional employment in health or social service field. Extensive experience in management, program planning, and evaluation would be an asset.

Jamaica Family Planning Association Ltd.

JOB DESCRIPTION FOR OUTREACH WORKERS

1. To be knowledgeable of the different methods of family planning, their effectiveness and side effects, and screen prospective acceptors effectively.
2. To motivate and educate and supply adults and adolescents concentrating on the low socioeconomic groups working in their communities; to ensure follow-up of those who accept a family planning method and encourage long-term use.
3. To operate at a person-to-person, face-to-face, and house-to-house level whenever and wherever within the community meeting and talking to prospective acceptors informally (e.g., in homes, barber shops, bars, clubs, institutions, work places and other places of contact anywhere and at any time convenient to both parties).
4. To work under the supervision of the Field Officer and to help in studying local conditions and needs in relation to family planning within the community and develop a workplan to meet needs.
5. To keep proper records and to submit weekly reports on time.
6. To carry out all such duties as may legitimately fall within the scope of an Outreach Worker.

QUALIFICATIONS

1. Respected in the target area.
2. Able to communicate effectively about family planning with adults and adolescents.
3. Able to maintain confidentiality.
4. Able to keep records.

JOB DESCRIPTION FOR YOUTH ASSOCIATES

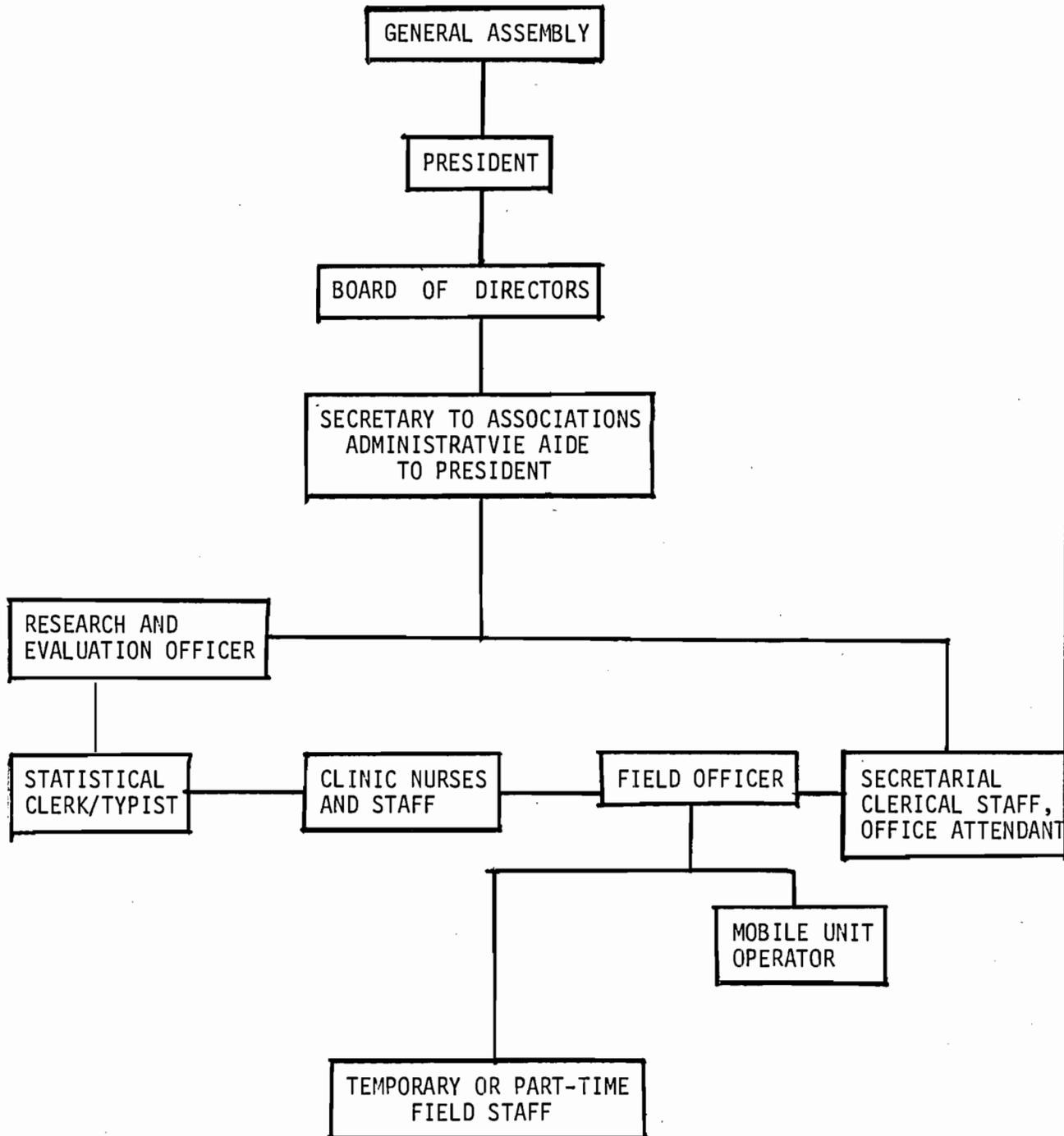
Under the direction of the Field Worker and after successful completion of the Youth Associates training course.

1. To assist in the design of a plan of work.
2. To identify and provide family planning education and methods to youth aged 10-19, particularly out-of-school youth, in the assigned community. This will be accomplished through:
 - a. Door-to-door canvass to locate and educate adolescents, providing them with oral contraceptives, neo-sampons, or condoms after screening and as requested.
 - b. Informal approach to youth in neighborhood gathering places for education and provision of contraceptives as described above.
 - c. Contact with youth clubs and other groups to arrange and provide educational sessions and provide contraceptives as described above.
3. To educate youth aged 10-19 in the school setting, assisting the Field Worker.
4. To educate adult community leaders and others to the goals of the Youth Associates with the assistance of the Field Worker, and to the benefits of planned parenthood for all couples. This will be accomplished through:
 - a. Contact with adult clubs and other groups to arrange and provide educational sessions.
 - b. Identify and contact on a one-to-one basis community leaders and educate them.
 - c. Provide education to those adults met on an informal basis in the assigned community area.
5. To educate and provide contraceptives (described in "2a") to those in child-bearing years over the age of 19. This will be accomplished through the same methods described in "2a, 2b, and 2c."
6. To obtain from adolescents in particular and adults information on services provided by the JFPA and suggestions on types of services needed for adolescents, and to report findings to designated JFPA staff. This can be carried out during day-to-day contacts on an informal basis and/or through a formal survey.
7. To maintain accurate records on adolescents 10-19 in need of and receiving education and contraceptives, and such other data obtained by the Field Worker.
8. To participate in regular staff meetings with the other Youth Associates, Outreach Workers, and Field Workers, Program Coordinator, Research and Evaluation Coordinator, and the Secretary/Administrative Aide.

9. To participate in conferences, seminars, meetings as necessary.
10. To maintain monthly contact with the MOHEC clinics, the nurse, and the community health aide in each target area to make referrals, accept referrals, and generally coordinate activities.

Jamaica Family Planning Association Ltd.

ORGANIZATION CHART
(DECEMBER 1978)



62

Appendix I
PROJECT IMPLEMENTATION PLAN

PROJECT IMPLEMENTATION PLAN

Month

Activity

F M A M J J A S O N D J F M

Orient Program Director



Define and Analyze 1979 Data



Design and Test Evaluation System



Recruit and Select Youth Associates



Gather and use Adolescent Fertility Data



Plan and Implement Training

Review Individual Workplans



Contact Schools and Youth Clubs



Conduct Service Delivery (see attached)



Conduct allied Service activities



. Contact with MOHEC

. Community Leaders

x x x x x x x x

. Provide I & E

x x x x x x x x

Monitor Activities

x x x x x x x x

Prepare and Submit Progress Reports



Coordination with NFPB

x x x

Prepare Year II and Year III Proposals



Conduct First-year Evaluation



64

PROJECT NUMBER: _____

PROCESS: _____ ACTION: _____ DATE: _____ INITIALS: _____

CATALOGUE

X

ABSTRACT

FICHE

✓

COMMENTS:

700 105

DEPT

