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JAMAICA FAMILY PLANNING ASSESSMENT/REVIEW

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## EXECUTIVE SUMMARY

The United States Agency for International Development/Jamaica (USAID) is in the third year of a five year bilateral assistance project designed to provide a five million dollar assistance package to public and private sector agencies engaged in family planning service delivery and population programs. The project, POPULATION AND FAMILY PLANNING SERVICES (#532-0069), initiated in 1982, has been extended for one year to March 31, 1987. Funding to private sector organizations is channelled with one exception, the Jamaica Family Planning Association, through the National Family Planning Board (NFPB). All funding to public sector organizations is also channelled through the NFPB.

The USAID strategy supports the Government of Jamaica population policy which seeks to achieve the following by the year 2,000:

- a total population of Jamaica not to exceed 3 million;
- an average number of two children per woman by late 1980's;
- a reduced volume of out-migration from Jamaica, particularly of skilled manpower.

This review/assessment of the current family planning component of the Bilateral Population/Family Planning Project has two main purposes:

- to assess current program implementation strategies to determine if the bilateral project as currently designed should be extended, and if so, which activities should be stressed in light of AID's priorities;

- to assess current program implementation and to suggest modes for improvement in light of new AID project experience worldwide; and
- to recommend ideas to be incorporated in any new program to be funded by a follow-on bilateral agreement.

With a contraceptive prevalence rate of 58%, according to the Contraceptive Prevalence Survey of 1983, Jamaica's family planning programs have been successful. But many feel the program will need to develop new strategies and implementation plans if the goals of the national population policy are to be achieved.

Interviews were conducted with leadership and working staff of the National Family Planning Board (NFPB), and with project directors and staff of eight of the nine other family planning sub-projects. These highly motivated, capable and committed people in each institution are dedicated to implementing the Jamaican national population policy. Each institution desires to continue and expand family planning activities and each wants continued USAID support. Each institution has improved project implementation approaches and can now contribute significantly to new project design so as to add renewed dynamism to the program. The NFPB has improved its skills in project design and implementation through experience and can contribute invaluablely to the design of a new bilateral project. Leadership and staff in the NFPB and other public and private organizations were open to suggestions and were desirous of finding ways to improve programs.

## RECOMMENDATIONS

The principal recommendations of this review/assessment are as follows:

1. Concur in the extension of the current bilateral agreement one more year to 1987. The extension allows for needed modifications in program emphasis without major rewriting.
2. Focus support on serving the "already convinced" more efficiently and effectively as follows:
  - (a) revitalize contraceptive marketing by:
    - (1) insisting that it be run by the private sector outside the NFPB (although the NFPB can still be the "owner" of the contraceptive marketing program);
    - (2) supporting improvement of marketing techniques; and
    - (3) increase support for advertising. The contraceptive marketing system should draw clients away from MOH clinics, thus reducing government costs for providing services to this target group, and "privatizing" service delivery. Clients will be motivated to transfer to private retail outlets for contraceptive supplies because of ease of access.
  - (b) to expand the clinic network for voluntary surgical contraception to include smaller MOH facilities, as well as private physicians and PVOs. As services become more readily available more males and females will have access to voluntary definitive methods.
3. Improve service delivery strategies and action plans for parts of the population not now covered. This entails improving NFPB orchestration/facilitation skills so that multiple GOJ and PVO organizations can do optimum service

4. Focus on technology transfer by assisting the NFPB, GOJ entities and PVO organizations to improve mass media, management, and service delivery through training in combination with site visits in the region. Stimulate "networking" among all the Jamaican organizations at various staff levels through retreats.
5. Focus on Mission management dialogue to reduce constraints to program, such as NFPB actions which inhibit growth of NGOs, as well as legal and regulatory constraints to commercial sales, such as pricing policies and prescription requirements. Work with Jamaican members of the Caribbean Parliamentary Group on Population and Development to move the dialogue forward.
6. USAID DH and FSN staff should become more familiar with centrally funded cooperative agencies in order to program use of those funds and organizations in ways to complement and support the bilateral program especially in areas of:
  - (a) private sector policy development through John Short Company with special attention to development of Health Maintenance Organizations (HMOs);
  - (b) funding of private sector service delivery approaches which have built-in cost recovery mechanisms;
  - (c) operations research on best methods of service delivery to increase responsible parenthood; and
  - (d) information dissemination through the Population Reference Bureau and the Johns Hopkins University.

7. The Mission should consider procedure used with great success in RDO/C and Ecuador where bilateral funds were used for cooperative agreement with a US PVO to coordinate and develop private sector groups in the country or, in the case of RDO/C, in the region.
  
8. Collaborate with other donors, especially the United Nations Fund for Population Activities (UNFPA) and the World Bank, to assist them in programming public sector resources to complement AID inputs.

## ORGANIZATIONAL REVIEW AND ASSESSMENT

### I. NATIONAL FAMILY PLANNING BOARD (NFPB)

Since its creation the NFPB has had changing roles. In its first years it maintained a clinic network throughout the island providing family planning services. In 1974 the MOH decided to integrate these clinics into its health infrastructure and to integrate family planning services as part of the overall spectrum of health services provided. This action led to a decreased emphasis on family planning services by the integrated clinics and service providers. Now the NFPB has decided to reestablish a small network of vertical family planning clinics. The first is already functioning in Clarendon Parish. Three more are planned for other parts of the island. It is perhaps this vacillation between providing services or coordinating other service providing organizations that has led to role confusion on the part of the NFPB. The NFPB needs help to see various role options and to decide upon the most appropriate.

With few exceptions, the various private and governmental organizations interviewed were confused about the role of the board. They aren't sure what it is supposed to do, or how it implements actions.

The board is fortunate in having a staff of highly motivated and capable individuals. It also has an internal organization and structure that allows for effective operation and further development.

The challenge is to help the board define an appropriate role for itself, which will enhance and optimize family planning service delivery. Two problems confront the NFPB: (1) organizationally, it

is under the Minister of Health and tends to suffer as a result from lack of strength in dealing with other GOJ agencies in fiscal matters; and (2) operationally, it has unclear approaches, goals and strategies.

There are already a large number of effective or potentially effective family planning service providers in Jamaica. The addition of services provided by the Board will not significantly enhance the quantity nor quality of services provided. Rather it will probably distract the Board from the more important role of coordinator, stimulator, and facilitator.

It is fair to describe the overall family planning program in Jamaica as well-intentioned, headed by motivated and competent people but without clearly defined strategies or action programs. Staff members give talks and teach seminars, but not as part of a coordinated program. No service delivery mechanism is created among the target group and there is no follow-up. Much of the energy exerted falls between the cracks. For example several organizations carry out activities for young people of fertile age, each developed independently and with varying degrees of effectiveness and type of approach. All were developed in the absence of an NFPB sectoral strategy. Actions therefore remain small and local. No plans exist to sort out the successful from the disappointing and to expand to a national level. Similarly, male programs of the NFPB are limited to seminars and talks given by the Male Promoter. There is no Male Program strategy and no Male Program action plan. On a broader level there is also no overall strategy to increase contraceptive use nor any action plan for doing so. If, as the NFPB states, the goal is to achieve replacement fertility by the year 2000, the development of strategies and action plans in concert with the various public and private sector participating organizations is an appropriate and important role for the NFPB. Based on these action plans, USAID could design a new bilateral project that is proactive rather than reactive and would result in more clearly defined actions to achieve the goal.

The Board may feel that as it is less and less able to count on funding from the operating budgets of the various GOJ ministries it needs to fill the void and provide services directly. It may also feel that it can protect its own institutional existence better by having tangible service programs to demonstrate its use of increasingly scarce GOJ resources.

The Chairman of the Board is a private physician who donates his time to serve the board. He is a man of strong opinions respected by the Executive Director and staff of the board. The Chairman decides board policies and direction based on his firmly held opinions. He has had little exposure to functions of similar family planning boards in other countries nor to innovative approaches to family planning service delivery. With some carefully guided observation visits and some skillful collegial technical assistance he is likely to see a more appropriate role for the NFPB.

The priority for USAID intervention in family planning in Jamaica should be aimed at refocussing the board, and once refocussed, in helping it develop national strategies and action plans for the entire family planning program and its various components (mass media, contraceptive marketing, most at-risk populations, voluntary surgical services, community based distribution). The follow-on AID bilateral project can then be designed to support the strategies and action plans with either funding centrally to the Board (for public sector institutions) or to the individual institutions (for the PVO and private sectors).

#### RECOMMENDATIONS FOR THE NATIONAL FAMILY PLANNING BOARD

- (1) arrange for observation visits in other countries for the Chairman and Executive Director to effective family planning boards or organizations

- (2) Development of a national family planning and sub-sectoral strategies and action plans should be a pre-requisite for further funding of the board. Technical assistance should also be provided as necessary to develop these plans, as well as cooperation with the World Bank in the development of their proposed loan, to accomplish this end.
- (3) discourage the board from taking on service delivery directly and deny funding of attendant personnel costs.
- (4) encourage and arrange for board staff, responsible for sub-sector activities to work with and to observe field workers of participant institutions in order to become more familiar with their programs and approaches. Encourage networking.
- (5) encourage Board Chairman and Executive Director to visit component programs to become familiar with actual operations and operation realities.
- (6) insist that contraceptive commercial marketing be turned over to a private marketing group to run and operate. The board can still be the program "owner" and benefit from any profits. But, it should not run that program which depends on business managers with instant decision skills, flexibility, ability to pay commercial market salaries, and to spend adequately for advertising.
- (7) Use centrally funded cooperating agencies (CAs) to support innovative marketing and media activities and to fund operations research to test new or most appropriate approaches for strategies and service delivery. The LAC Regional project with the Social Development Center is preparing an analysis of actions required to reach the Jamaican national policy goals by 1990. This analysis will

assist in strategy and program design. These groups provide a collegial networking relationship which strengthens technical assistance.

## II. MINISTRY OF HEALTH

If providing family planning services for the masses is the Jamaican goal, delivery of those services has indeed been accorded an important role in the MOH infrastructure in Jamaica. The Government through its nationwide network of 380 hospitals and clinics does provide family planning services to that segment of the Jamaican population which seeks them -- mainly motivated women. The program, which has been going on for a number of years, is serving only the motivated. One cannot help but feel that if these services were no longer available through Government clinics, the same motivated women would seek them from pharmacies or other private sources. Thus freed of the financial burden of serving the motivated, the government could redirect scarce resources to serving the unmet demand. Government program has not focused on reaching the more difficult groups, nor on spinning off the highly motivated groups to the private sector.

These difficult groups, such as males and young adults need easier access to contraceptives and services. With a contraceptive prevalence rate of 58% of fertile age women, it is fair to conclude that the motivated have been reached with services through the government and private networks. But it is also an indication that the government's policy for increased prevalence will require special efforts and innovative approaches, especially given the large population entering fertile age.

In 1974 the vertical clinics of the NFPB were integrated into the Ministry of Health system and family planning services were incorporated into the range of health services offered within the clinics. Several benefits have resulted from this integration.

Among them, theoretically, is the availability of family planning services at more facilities. People who go to clinics for one purpose can be reached with family planning messages and services. However, it is recognized worldwide and supported by research that integration of family planning into health clinics tends to reduce the level of attention it gets vis a vis other services. Many clinic staff are not supportive of family planning and are either judgmental in counselling those who seek service, or are reluctant to provide service.

For this reason, the NFPB has been unhappy with the services provided under the integrated system and is again planning to create vertical clinics in four areas of the island.

There are four sub-activities of the MOH family planning program supported by AID. Services are theoretically available at all 380 MOH clinics in the country. And indeed, the large majority of family planning acceptors (130,000) are served by the MOH facilities. One component of the bilateral project's support is to train 3,890 MOH personnel in family planning. Since only one trainer will do the training the process is likely to be slow and tedious. It is questionable if this training will result in greater promotion of family planning within the MOH infrastructure.

A second sub-component is aimed at young adults. Both the NFPB and the MOH are unhappy with the progress of this activity. Part of its shortcoming, according to the MOH, is due to lack of counterpart funding within the MOH. The MOH feels that the program suffered because of poor location of the facility in Kingston and because unnecessary components (such as crafts) were included in the program. The Ministry of Health official described the sub-component as "a nice idea which hasn't born fruit". It is not cost-effective for several organizations (Operation Friendship, YWCA, MOA, MYCD, NFPB and MOH) to design and implement small programs in the absence of an NFPB strategy for young adults .

A third sub-component is support to the Victoria Jubilee Hospital for a night family planning clinic. The largest OB/GYN facility of the MOH, Victoria Jubilee Hospital (VJH) delivers 13,000 babies per year (or about 25% of all Jamaican births). The VJH also performs 1,500 tubal ligations per year (out of a national total of about 4,000), on a 4 to 1 ratio post partum to interval. AID support for the night clinic grew out of an offer made by a former US Ambassador after a visit to the facility and a direct AVS subproject to create and equip a family planning center. Serious MOH financial difficulties have resulted in a reduction of funding for the family planning night clinic and in the frequent unavailability of items needed to do voluntary surgical contraception procedures. The night clinics are aimed at working women who cannot leave work during the day to seek services.

A fourth and completed sub-component is the support provided through the MOH for the Association for the Control of Sexually Transmitted Diseases (ACOSTRAD). This activity has come to an end. Its staff continue to provide assistance to the family life education programs when they require information on sexually transmitted diseases.

The MOH and the VJH both believe they can contribute to the solution to family planning needs and that only through their network can the largest number of people be reached. Those who seek FP services from MOH facilities have to be motivated to go to the facility, often spending money for bus fares in excess of what contraceptives purchased commercially closer to home would have cost. Frequently the potential user must wait for services, and must be forceful in insisiting on getting desired family planning services when confronted by reluctant MOH personnel. It is therefore reasonable to question the conclusions of MOH officials. With greater availability of contraceptives at reasonable prices in commercial outlets many indeed would abandon MOH facilities to purchase from the private sector, thus lessening the financial burden on the

public sector. It is therefore more appropriate to use scarce bilateral resources to expand the contraceptive marketing program rather than support the MOH service delivery program for temporary methods.

But as fewer options exist for voluntary surgical contraception, the MOH should be supported in expanding services. The number of tubal ligations performed at VJH is low. The bureaucratic problems of making a large government hospital function effectively and efficiently challenge solution. Additional support for outpatient VSC services should increase access to this service. USAID continued support of VSC at VJH is warranted, but there is also need for expansion of services on an outpatient basis to smaller clinics is urgent. A backlog of patients at large hospitals argues for expansion of VSC services to smaller MOH and PVO clinics to selected private physicians.

The MOH argues convincingly that there are numerous small projects funded by different US, multinational and other organizations but that there is no Jamaican national family planning plan. "Everything is piecemeal". The MOH feels strongly that the NFPB should not be in direct service delivery, but rather the orchestrator of a national plan. The Director of Maternal Child Health of the MOH also believes that paying a fee to the team that provides VSC does not facilitate doing more procedures. She believes that what is needed is funding for smaller clinic facilities, gowns, disposable items and some way to gain access to more operating theater time. The MOH also complains that it has sent names of candidates for overseas training to the NFPB but that none have ever been selected.

#### RECOMMENDATIONS FOR THE MINISTRY OF HEALTH

- (1) USAID should not devote large amounts of resources to service delivery (other than VSC) through the MOH system. An expanded contraceptive commercial marketing system

should relieve pressures on the MOH facilities and replace them as the principal source of service.

(2) VSC programs should be supported by:

a. insisting that VSC procedures be done with local anesthesia on an outpatient basis. This may require some retraining of surgeons and operating staff.

b. rehabilitating smaller clinics strategically located throughout the island to provide VSC services on an outpatient basis. Some construction equipment and staff training costs will be involved.

c. It is unfortunate that the precedent of payment to the operating staff per procedure was started. USAID should ask VSC evaluation team to review current practice in light of general AID policy and Jamaican program requirements.

(3) USAID needs to encourage the NFPB to develop a national family planning action plan with the participation of the relevant participant organizations. Costs for retreats and facilitators for the workshops to produce such a plan should be supported.

### III. YWCA "NEET" PROGRAM

Originally supported by the Pathfinder Fund, the YWCA Project, NEET, has been funded under the bilateral since 1982. The program now has two nurses (in Montego Bay and Spanish Town) and ten nurses in Kingston, who along with the Project Director, work five hours each week promoting family life education in the schools.

The program is an effort to work principally in YWCA supported schools and as possible in government schools to promote family life

education. Contraceptives are not distributed but referral to service points can be made. This program is overwhelmed by the variety of problems faced by people it serves and tries to do a little of everything to help, thus distracting from primary project objectives. For example, the Project Director believes that part of the problem is nutritional.

Therefore the project would also like to improve nutrition and provide vitamins. A more careful analysis of what AID's role should be in programs for young adults and the best ways to implement is urgently needed. Other donors can contribute to service delivery and information programs.

RECOMMENDATIONS FOR THE YWCA NEET PROGRAM:

- (1) YWCA project director and field staff should be encouraged to network with similar programs of other institutions to improve strategies and approaches.
- (2) YWCA should be encouraged to seek assistance from other donors.

IV. OPERATION FRIENDSHIP

A private voluntary organization supported by the Jamaican Council of Churches, Operation Friendship classifies itself as a "no" bureaucracy organization that is in tune with the community. It designs services to be acceptable to the community and encourages the community to participate and feel that the program belongs to them. A key difference between Operation Friendship and other programs is that it's programs are designed to fit the user. In many other groups there is the feeling that the user is supposed to change to fit program design.

Operation Friendship offers a variety of community programs, two of which are family planning. One is for the young adults. Peer counselors (8) to go out into two communities (West Kingston and Portmore) to promote family planning and provide contraceptives. The other program consists of two clinics in the same two areas which provide health and family planning services. Lecture and discussion sessions are held with target audience to discuss family life education and problems.

Everybody consulted in the public and private sectors spoke in glowing terms of Operation Friendship and its program. It is, indeed, an impressive organization. Serving some of the poorest areas of Kingston, Operation Friendship currently has 30,000 active family planning users from a catchment area of 200,000, 50% of whom are young adults. It would like to expand its peer counselling program and could certainly provide coverage beyond its current limited area. It's training program could be expanded and participants from other Jamaican organizations should continue to be encouraged to attend.

Participation from other English-speaking islands of the Caribbean should also be encouraged. If expansion goes smoothly, Operation Friendship should find ways to replicate its program through other organizations or by direct expansion to other parts of Jamaica. Operation Friendship provides a successful model for other organizations working with similar target groups and objectives.

RECOMMENDATIONS FOR OPERATION FRIENDSHIP:

1. AID should encourage Operation Friendship to expand its program, and support such expansion.
2. Participants from other English speaking islands of the Caribbean should be encouraged to attend Operation Friendship Training courses. Emphasis should be on peer

counselors, their role, the logistics of their work, how to supervise them, and the family planning content of their counselling activities.

3. Operation Friendship should be encouraged to expand its peer counselor community outreach approach to other needy areas.
4. USAID should consider an OPG directly with Operation Friendship similar to that with the JFPA to expand program.

#### V. JAMAICA FAMILY PLANNING ASSOCIATION

The pioneer family planning service provider in Jamaica, the JFPA began services through a clinic in 1939. In 1957 it became a member of the International Planned Parenthood Federation (IPPF). USAID currently provides about 50% of the JFPA budget through an OPG designed to provide services, develop and air a radio drama series, and to strengthen resource development capabilities. It's recent past has been somewhat difficult because of relationships with the National Family Planning Board. The JFPA feels that the Board wanted to limit its actions to one Parish on the North Coast. But the JFPA wishes to grow and to expand. It wants to increase its services to other parts of Jamaica and has a clinic in Kingston.

The JFPA is probably at its most reduced size now and with additional AID funding will be able to grow once again. General opinion is that the radio drama aired three times a week is very popular and effective. People stopped at random in the streets know of the radio drama, its characters and were obviously careful listeners. Staff at the NFPB believe service delivery in St. Ann's Parish is difficult and that JFPA is doing an admirable and herculean job. The NFPB Chairman stated that he "very strongly supported the JFPA although it was unclear just how active he would like to see the Association be in service delivery. The Board

believes PVO's such as JFPA have an important role in trying new approaches the government itself can't try. Certainly JFPA should be encouraged to be innovative and to try a variety of service delivery approaches to increase cost-effectiveness.

RECOMMENDATIONS FOR JFPA:

- (1) JFPA should be encouraged to try various experiments in service delivery to find the most cost-effective models. It should be encouraged and supported in efforts to become self-reliant through appropriate cost-recovery and income generation schemes. USAID should support those models which prove effective.
- (2) JFPA should continue to be supported directly through an OPG and encouraged to expand services. However, USAID support should be contingent on more people being served in a shorter time and at less cost than can be done by GOJ services.
- (3) JFPA should be encouraged to expand VSC services and make those that it currently offers most efficient.
- (4) JFPA should not be encouraged to develop an I&E department, but rather to hire an I&E Expert as orchestrator of its I&E program contracting with Jamaican firms for actual testing and production of I&E materials.
- (5) USAID should carefully watch JFPA's ability to grow and be ready to provide Technical Assistance through a variety of centrally funded programs when necessary for institutional development.
- (6) JFPA has several shelf items for funding. Once it is clear that JFPA is indeed able to effectively manage an expanded

program, USAID should consider funding those activities. There should be made clear to JFPA and IPPF-WHR that USAID funding is additive and does not replace IPPF-WHR funding. USAID may wish to consider contracting directly with IPPF-WHR for additional support to the JFPA, especially for management assistance.

#### VI. ROMAN CATHOLIC FAMILY LIFE PROGRAM

Run as a one-woman show out of the Archdiocese of Kingston, the Family Life Center started operation in January 1984 prior to the beginning of USAID support in February 1985. It offers Natural Family Planning preferably to couples but in some instances to individuals. The program currently has 100 couples participating, 3% of whom are trying to attain pregnancy while the rest are trying to space births. The program covers the eastern half of Jamaica. There is a similar center in Montego Bay (not visited) to cover the western half of the island. The Kingston-based program works in a depressed area of the city and is attempting to interest other Catholic churches in similar family life programs, but with little success.

The energetic director of the center believes that NFP "is not a method for all Jamaicans." During counselling other methods are mentioned and when there are questions about a specific contraceptive method, additional information is provided and referrals for service are made. The importance of family planning is stressed in all counselling sessions and an evaluation is made of the probable ability of the couple or the individual to practice NFP. If the counselor does not believe the method can be practiced by the couple, she refers the couple elsewhere for a different contraceptive method. Classes are taught in six schools to 14 year olds to convince them not to become sexually active. Young adults who are sexually active are encouraged to seek additional information on contraceptives. The Project Director at the Archdiocese stated that, "It's better they use contraception than become pregnant."

This is an NFP programs which its Director claims is in tune with Jamaican reality. It is woefully understaffed to do the work necessary.

RECOMMENDATIONS FOR CATHOLIC FAMILY LIFE CENTER PROGRAM:

- (1) Additional support is needed to increase staffing by one or two people to have greater outreach within the Catholic schools and churches in eastern Jamaica.
- (2) The program Director has been asked to provide training to others in other English speaking islands and because of her approach should be encouraged to do so and supported as necessary especially under the new worldwide natural family planning contract with Georgetown University. This contractor or others within S+T/POP can also provide other NFP materials which have recently been produced. .

VII. MINISTRY OF EDUCATION

The Project Director for the MOE feels that many within the NFPB are dissatisfied with the pace at which this project is going. Training guidelines and materials have now been developed and are being field tested in training sessions with teachers. Changes will be made based on field testing and then final editions will be printed. Some 1,250 teachers at all levels of the public school system will be retrained in family life education. This project could have very important long-term impact and it is critical that the materials be well developed and contain clear information on family life education and contraception. The project director holds strong opinions about how the project should be implemented and what the contraceptive content of the messages should be. USAID should review materials and course content carefully to insure that contents are in tune with AID policies and Mission program objectives.

The Project Director has innovative ideas which other donors should consider for funding:

- (1) develop programmed self-instructional texts for students on family life education. She believes the technology would be appealing, that students would be motivated and the self-learning nature would compensate for weak or untrained teachers. Open University of London programmed learning texts provide good models.
- (2) develop simple picture books and reading books for infants and primary school students with family life messages. In Thailand Mechai has developed children's songs and nursery rhymes which promote the small family. The MOE should be encouraged to do the same for Jamaica.

RECOMMENDATIONS FOR THE MINISTRY OF EDUCATION:

- (1) Seek funding from other donors for innovative ideas such as programmed self-learning texts, picture and children's books with family life messages, and children's songs and rhymes with family life content.
- (2) Review materials produced under the USAID bilateral agreement to insure that they are consistent with AID policies and Mission program objectives.

VIII. MINISTRY OF AGRICULTURE

The Ministry of Agriculture through a small staff of home economists have added family planning information and services to the list of activities carried out as part of what the MOA calls its FLIP program (Family Life Integrated Project). 30 field workers provide information to 8,000 individuals (6,000 have already been reached), provide contraceptives to 3,000 new acceptors (slightly over 900

have been served so far), provide nutrition information to 15,000 people (12,000 reached so far) and one to one family planning counselling to 2,000 individuals (project is just beginning this aspect).

The MOA feels that it can reach project targets next year if adequate MOH funds are provided for fuel. Fuel money is very scarce and is a perpetual problem for the MOA project director.

The MOA would like to expand the program to include training for 150 Agricultural Extension Officers, and devise programs for men (although the MOA readily admits it doesn't know how to do this). It would like more vehicles to be able to reach more of the Land Authorities (same as Parish) more often than once every 3 months as currently limited by vehicle shortage.

The regional project home economist for Montego Bay is very enthusiastic about the project and its potential for reaching groups of people who live in isolated areas. She has developed a small network of community residents to provide services locally.

The MOA program is important for reaching the marginal people of Jamaica who are in all likelihood the least motivated to seek family planning services elsewhere. The national policy is to discourage migration to Kingston, so from the GOJ perspective, this project has official importance. It is probably not, however, a cost effective project from AID's perspective. Apparently, support within the MOA is not strong given the constant problem of resources for fuel.

The MOA project weakness is lack of a specific decision to train (except in Montego Bay area) community workers who remain behind to continue provide services when the MOA staff are not there visiting. The problem is typical of many in GOJ family planning projects and results in lost opportunity and reduced project cost-benefit.

RECOMMENDATIONS FOR MINISTRY OF AGRICULTURE PROGRAM:

- (1) Assist NFPB to work with MOA and other GOJ entities to develop a rural CBD strategy and action plan. As strategies and action plans are developed for urban and rural CBD to reach males and young adults, provide appropriate funding.
- (2) Donated vehicles appear to be more of a headache than a solution. Projects should be designed to pay a travel allowance or mileage for use of private vehicles and not as a general policy provide projects with vehicles.

IX. MINISTRY OF YOUTH AND COMMUNITY DEVELOPMENT

The MYCD has responsibility for training out-of-school youth, non-formal education and interfaces with youth clubs and youth groups. The program focuses on two main groups using different approaches: (a) Training programs are aimed at students in residential training schools and camps by three nurses and the project director; and (b) peer counselors are trained for Youth Clubs.

- A. Residential training Centers - such as camps, children's homes and industrial training centers - the program uses an adapted curriculum developed in the US. The MYCD is pleased with the program and believes it can measure success in the reduced number of drop-outs from the courses because of pregnancy. At the beginning of the program there were 84 drop-outs due to pregnancy. One year later that number had been reduced to 70 and MYCD says that for the following year it was about 40 drop-outs -- an overall decline of 50% in the pregnancy drop-out rate.

- B. Youth Clubs. Peer counselors, one per club, have been trained for 60 clubs to date. The MYCD believes this is the best and most effective way of reaching young adults with information and services. The MYCD is committed to designing programs to fit end users. The Youth Club approach fits MYCD strategy of using peer counselors.

The MYCD is another of the projects which utilizes the umbrella of family life education as the vehicle to provide information and services. The MYCD reports that acceptance by the community, schools and youth clubs has been great. The MYCD now wishes to expand the program based on its experiences and its approach (peer counselors) to the Warieka Hills in Kingston. The MYCD also believes it has an effective and workable model for reaching communities and would like to expand to additional areas of Jamaica, but needs more funding.

RECOMMENDATIONS FOR THE MYCD PROGRAM:

- (1) Two very effective young adult programs are those run by the MYCD and Operation Friendship. There has been upper level contact by project directors and some training provided by Operation Friendship but little cross fertilization of ideas about operational and tactical aspects of each adolescent project by staff and actual project workers. USAID should encourage visits by staff and workers of each project to similar projects, with participation by the NFPB.
- (2) Once such visits have occurred, each institution should be asked to review its program and suggest improvement, under the leadership of the NFPB.

- (3) Once each project has had a chance to review its own program, the NFPB should convoke a meeting of the key project directors of like programs to work with the NFPB to develop a national program strategy, and an action plan. These will serve as the approach and road map for similar sub-sectoral activities and ensure that the best approaches are known and used by all, and that a national as opposed to a project approach is implemented. With the strategy and action plan in place, project cost can be calculated and appropriate donor support sought.
- (4) The Project Director should be sent on an observation visit to see especially innovative and successful similar programs in the region.

PRIORITIES:

Given scarce resources, USAID support should focus on three activities:

- (1) Contraceptive Marketing Program
- (2) Voluntary Surgical Contraception Programs including male responsibility and vasectomy approaches
- (3) Development of Private Sector Programs, including Health Maintenance Organizations (HMOs) and resource development programs for PVOs.

Many who currently use MOH clinics will opt to purchase contraceptives through commercial outlets or HMOs when knowledgeable about their availability and quality. Effective management of these activities combined with a massively expanded marketing/advertising program is needed to bring this about. Demand for surgical contraception currently extends beyond availability of services.

Smaller clinics should be equipped to provide VSC services. Male responsibility campaigns should begin to provide mass media information and contraceptive services including vasectomy in a way acceptable to the Jamaican man.

The growth of the private sector is a must. AID is interested in promoting HMOs, and has two new worldwide projects the Mission can utilize for technical and project assistance.

In working with the donor community, especially the UNFPA and World Bank, common strategies should be developed and national action-plans agreed upon and developed with clear understanding of achievements expected and delineation of which group has responsibility for what part of the program.

Mission priorities should follow AID's recognized ability among the donor community in technology transfer and private sector development, leaving worthwhile other activities for other donors.

CONTACTS AND INTERVIEWS

Bill Wallace	JHPIEGO and Former Population Office in Jamaica
Maura Brackett	LAC/DR/POP
Maria Mamlouk	LAC/DR/POP
Patrick Coleman	Population Communication Services (PCS)
Mary Worstell	SOMARC - The Futures Group
Edward Lucaire	SOMARC - Needham Porter Novelli
Ana Klenicki	Independent Consultant
William Joslin	USAID/Jamaica Mission Director
Julio Schlotthauer	USAID/Jamaica Deputy Mission Director
John Coury	USAID/Jamaica Health Population Nutrition Officer
Grace-Ann Grey	USAID/Jamaica Population Specialist
Ruth Brown	Operation Friendship Project Director
Kathleen Edwards	YWCA Project Coordinator
Thelma Stewart	Ministry of Education Project Director
Hermione McKenzie	University of the West Indies Sociology Dept.
Dorian Powell	University of the West Indies Sociology Dept.
Professor Roberts	University of the West Indies Sociology Dept.
David Thwaites	Chairman, National Family Planning Board
June Rattray	Executive Director, National Family Planning Board
Christopher Plummer	Male Promoter, NFPB
Judy Dowdie	Adolescent Fertility Research Center (AFRC) Project Director, NFPB
Edna May Walters	IEC Director, NFPB
Peaches McDonald	Medical Director, NFPB
Pansy Hamilton	Projects Director, NFPB
Pauline Samuels	Projects Staff, NFPB
Mrs. Davis	Projects Staff, NFPB
Deanna Ashley	Ministry of Health Project Director
Lorna Gooden	Ministry of Agriculture Project Director
Edie Gidden	Ministry of Agriculture Regional Staff
Keith Tang	Victoria Jubilee Hospital Director
Margaret V. Dean	Victoria Jubilee Hospital, FP Dir.
Doris Watts	Ministry of Youth and Community Development
Denise Kelley	RC Archdiocese of Kingston Project Director.
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Lindsay Stewart	Caribbean Coordinator, IPPF-WHR
Brenda Grey	Executive Director, Jamaica Family Planning Assoc.
Sylvia Marks	Caribbean Coordinator, Association for Voluntary Sterilization
Connie O'Connor	Family Planning International Assistance

ORGANIZATIONS VISITED

1. AID/W
2. The Future Group - SOMARC Contraceptive Marketing Contractor
3. Association for Voluntary Sterilization
4. Family Planning International Assistance
5. International Planned Parenthood Federation - Western Hemisphere Region
6. Population Reference Bureau
7. USAID/Jamaica
8. National Family Planning Board:
  - a. Male Programs
  - b. Adolescent Fertility Research Center
  - c. Projects Division
  - d. IE&C Division
9. Ministry of Health
  - a. Maternal Child Health and Family Planning Division
  - b. Victoria Jubilee Hospital
10. Ministry of Youth and Community Development
11. Ministry of Agriculture
12. Ministry of Education
13. Jamaica Family Planning Association
14. Operation Friendship
15. Young Womens Christian Association (YWCA)
16. Roman Catholic Archdiocese of Kingston
17. McCann-Erickson Advertising Company
18. Dunlop Corbin Compton Associates Advertising Co.

ACRONYMS

USAID	United States Agency for International Development Mission
AID/W	Agency for International Development
NFPB	National Family Planning Board of Jamaica
The Board	National Family Planning Board of Jamaica
GOJ	Government of Jamaica
UWI	University of the West Indies Mona Campus, Kingston
JFP	Jamaica Family Planning Association
YWCA	Young Womens Christian Association
MYCD	Ministry of Youth and Community Development
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOH	Ministry of Health
VJH	Victoria Jubilee Hospital of MOH
VSC	Voluntary Surgical Sterilization
FP	Family Planning
CBD	Community Based Distribution of contraceptives
CSM	Contraceptive Social Marketing
PCS	Population Communication Services - AID Contractor
SOMARC	Social Marketing for Change AID Contractor
Pathfinder	AID Contractor
AVS	Association for Voluntary Sterilization AID Contractor
FPIA	Family Planning International Assistance AID Contractor
IPPF-WHR	International Planned Parenthood Federation, Western Hemisphere Region
NFP	Natural Family Planning'AFRC Adolescent Fertility Research Center of the Jamaican National Family Planning Board