



# **Monitoring, Evaluation and Research Unit Newsletter**

Reporting period: October 2015-July 2016

# All about the Monitoring Evaluation and Research Unit

The Monitoring, Evaluation and Research (MER) Unit is one of eight (8) units at the National Family Planning Board (NFPB). The unit comprises ten well qualified individuals, namely Tazhmoye Crawford, Director of Monitoring, Evaluation and Research; Joulene Martin, Monitoring & Evaluation Officer; Andre Black, HIV Research Officer; Damion Grant, Biostatistician; Garth Watson, Research Officer; Dorrett McLean, Librarian and Research Assistant; Claudette Grant-McLeish, Administrative Assistant; Marvin Joseph, Data Entry Clerk and Ghanesh Graham, Data Entry Clerk.



From left, Andre Black, HIV Research Officer; Dorrett McLean, Library/Research Assistant; Sacha-Marie Hill, Research Officer; Claudette Grant-McLeish, Administrative Assistant; front centre: Tazhmoye Crawford, Director, Monitoring Evaluation & Research, back centre, Marvin Joseph, Data Entry Clerk; Ghanesh Graham, Data Entry Clerk; Joulene Martin, Monitoring & Evaluation Officer; Sheldon Whorms, Database Manager; Damion Grant, Biostatistician.

Recently departed from the team are Sacha-Marie Hill and Sheldon Whorms now employed at the USAID and MOH respectively. We were recently joined by Garth Watson Research Officer whom we welcome wholeheartedly.

## The work of the M.E.R Unit involves

As part of the responsibility of the dynamic team, the unit, through very hard work continues to fulfill the mandate of the GOJ under the performance monitoring and evaluation strategic management; the USAID and the Global Fund work plans and other IDPs. Some of these tasks include: The Contraceptive Logistics Management Information System Survey; The 2015 Men's Health Survey Formative Assessment; The 2014 Place Study: Commercial Sex Workers and Patrons; World AIDS day Activities; Safer Sex Week Activities; the national roll-out of the Unique Identification Code; the Monitoring and Evaluation Reference Group; Strategic Business Planning ; operational planning; quarterly reporting; development of pertinent M&E instruments for EEHR and HPP to capture primary information effectively; and Brown Bag Seminars.

The Unit also continues to build capacities of Health Care Providers (including Clinicians), Behaviour Change Coordinators and in-house Staff in disciplines such as M&E, Qualitative and Quantitative Research, hands on MS Excel and Gender Mainstreaming. For these trainings participants are awarded certificates with CME credits.

The team also builds the NFPB's capacity in data collection, reporting, analysis, using the SPSS; M&E tidbits; and the art of note/Minute-taking. In addition, through it's monthly Brown Bag Seminars, the Unit make presentations on crucial topical issues (sometimes delivered by specially invited experts). Another of its remarkable contribution, is that the MER team, which demonstrates a performance results-based mentality, continues to meet and surpass its targets. Of importance, is that the M.E.R. Director continues to make tireless contributions to the Ministry of Health's Adolescent Policy Working Group, and the Essential National Health Research Committees (development of a National Health Research Agenda and Policy, including weighting of health priorities); the Health and Population Thematic Working Groups of the Planning Institute of Jamaica, among others.

Lets succinctly look at some of our august work:



MER Unit executing training with health care professionals (including Clinicians and Behaviour Change Personnel) at the Southern Regional Health Authority (SRHA) on July 29, 2016, Mandeville Baptist Church in Manchester.

## CONTRACEPTIVE LOGISTICS MANAGEMENT INFORMATION SYSTEM SURVEY

The MER Unit steered and managed the CLMIS assessment which was conducted during the last week in November 2015 and the first two weeks in December 2015. Data collection was achieved through the use of the Logistics Indicators Assessment Tool (LIAT) with the data collection team comprising NFPB staff and Health Care Workers. Approximately 47 sites were visited during the assessment with data collected assessing the number and duration of stock-outs at family planning clinics, methods of record keeping and the functioning of the CLMIS.

All assessment forms were received during the week of December 14, 2015. Data entry and analysis were completed between January and February 2016 and a report was prepared by the end of February 2016.

The 2015 assessment of the Contraceptive Logistics Management Information System (CLMIS) in Jamaica confirmed that the system remains challenged regarding the duration and frequency of stock-outs of contraceptive commodities and in the utilisation of standard reporting instruments.

Of concern were:

- stock-outs throughout the Regional Health Authorities represented 17 per cent overall;
- shortage in stock books for commodity management
- failure of some facilities to record all methods in their stock books

Given the standardization of contraceptive logbooks and family planning registers in 2015, the NFPB envisions a strengthened CLMIS system with improved accountability and transparency.

Going forward, the Monitoring, Evaluation and Research Unit of the NFPB recommends that:

- reporting instruments; be revised
- national standards for minimum stock levels of contraceptive commodities be established;
- condoms procured through donor funds targeting HIV/STI clients and those procured for family planning clients through the Government of Jamaica funding must reach the populations intended;
- there be rigorous training of data collection team in the 2017 CLMIS survey;
- there be engagement in contraceptive forecasting method so as to be able to accurately predict and alleviate stock-outs; and
- the Service Delivery Guidelines of the NFPB be updated.

## THE 2015 MEN'S HEALTH SURVEY FORMATIVE ASSESSMENT

Through a consultancy service arrangement, the Formative Assessment for the Men's Health Survey was completed. This was executed with the collaboration of the National Family Planning Board (NFPB), the National Alliance of State and Territorial AIDS Directors (NASTAD), Centres for Disease Control and Prevention (CDC), the University of California San Francisco (UCSF) and the Ministry of Health, Jamaica (MoH). The Formative assessment determined key sites for the second phase of the survey to be administered, to determine potential gaps or challenges for the survey and to identify appropriate seeds (recruiters) to increase the survey population.

This activity, having been a part of the MER's portfolio, noted the findings:

- ⇒ *"Differences such as gender identity, perceptions of masculinity/femininity, being 'out' versus 'closeted', and social class—based on education, income and family background—were identified as dividing factors between groups of people."*
- ⇒ *"The class barriers that exist in Jamaica are heightened among MSM and transgender because of the need to be discreet and the perception of unequal risk is outed."*
- ⇒ *"Class division seems to affect social interactions more so than sexual interactions, as persons from the high socioeconomic group routinely engage partners from the lower socioeconomic group."*

## 2014 PLACE STUDY— COMMERCIAL SEX WORKERS AND PATRONS

The Priority for Local Control Efforts (PLACE) methodology which was introduced to Jamaica in 2003, became the responsibility of the MER unit and was executed via consultancy arrangement. The PLACE is a rapid assessment tool to monitor and improve HIV prevention programme coverage in areas where HIV transmission is most likely to occur. In 2014 a similar survey utilizing the PLACE methodology was undertaken among female sex workers and patrons at venues identified as places where people go to find new sex partners. The 2014 worker and patron survey yielded 1009 survey participants 702 reported exchanging cash for sex. The distribution of sex workers include 270 from the street, 305 from clubs, 41 from other places (massage parlour, bar etc.) twenty nine female workers selling sex and 57 patrons selling sex.

HIV/STI prevalence in the 2014 survey of PLACE workers and patrons' survey indicate a continued decline in the HIV prevalence among female sex workers. The overall prevalence was 2.9% a decline from 4.1% in 2011. Five percent of participants were Syphilis reactive and 0.5% of the participants had HIV and Syphilis co-infection. Among sex workers 14.6% had been told by a health care worker that they were infected with an STI in the past 12 months.

Condom use remains inconsistent among sex workers. Condom use at last sex with main partner remains below 50% at 32.7% while 63.8% did not use a condom. The main reasons given for non- use with main partner were love and trust partner (45%), partner does not like to use condoms 10% and using another contraceptive method 10%. Condom use with regular client was reported at 73.8% and condom use in the last ten sex acts was only 50.3%. Use of the female condoms in the past year was approximately 18.5%.

## WORLD AIDS DAY ACTIVITIES

The MER unit developed instruments that could accurately capture important data from the WAD activities.

The objectives of World AIDS Day 2015 were to:

1. Test 1,000 persons for HIV and Syphilis at both the Comprehensive Health Centre and KPH (500 per site).
2. Administer contraceptive methods to at least 100 women at each site.
3. Conduct 200 pap smears (100 per site).
4. Administer PSA testing to 200 men age 40 and over (100 per site).
5. Conduct 100 blood sugar tests per site.
6. Conduct 100 blood pressure tests per site.
7. Expose at least 500 attendees (per site) to sexual and reproductive health information at the information booths.



A review of the findings indicates that while the services offered were executed to the general satisfaction of the participants, the NFPB did not achieve majority of its targets for World AIDS Day. With the exception of one objective which surpassed its target by 13.5% being (Objective 6). For Objective 1, NFPB achieved 85.76% of its target and just under a third of the target for contraceptive methods distribution was achieved. Glucose tests and pap smears came close to meeting their targets, but still fell short by 7% and 16% respectively. Only a half of those targeted for PSA accessed the service and due to lack of personnel, the NFPB was not in a position to determine whether Objective 7 was achieved.

The shortfall in the achievement of the objectives is possible due to several factors. The sites chosen for the activities may not have been congruent with the number of persons targeted. For example, the fact that Comprehensive Health Centre is a Type 5 clinic meant that many of the walk-ins would most likely be on a contraceptive method. This would have a direct impact on the uptake of services for conceptive methods. The same could be said for the other services provided by NFPB at that site. Additionally, it appeared that sufficient advertisement was not done for World AIDS Day. This was discerned from the comments made by the participants. This no doubt would have impacted the influx of persons on both sites.

The condom demonstration and distribution activity met with relative success as the findings show that for the most part, people received the amount of condoms desired while increasing their knowledge about condoms and their proper use. Improvements were observed in their knowledge of storage, expiration, checking of the package and the inch technique. However, persons still needed more information on how to open the package, the rolling technique and how to properly dispose of the condom. Over-confidence by some of the participants may have impacted social learning and could explain why some participants could not execute proper demonstrations even after being guided. Additionally, gender role issues could explain the disparity in scores as some women felt it was exclusively their partners' responsibility to know how to use the condom properly. The lack of exposure to condom usage ultimately limited their ability to execute the task.

It can reasonably be discerned that the most successful activity for World AIDS Day was the VCT. Participants were highly satisfied with the quality of services they received and the information provided. Both the presenters and their content were rated highly and the majority expressed receiving excellent service. The findings showed that persons benefitted from the risk reduction counselling and willingly expressed their appreciation for the new information received. This implied that the service delivery in this area is of a high quality and the NFPB should continue to give the requisite support for this service so that the Outreach officers can effectively and efficiently execute this activity.

The HIV/STI and Family planning information, whether through verbal or IEC materials, were also well received. Majority of the participants took both HIV/STI and Family Planning pamphlets from the booths, which they rated highly in terms of quality. When examined individually, persons collected more HIV/STI IEC materials than they did family planning. This was due in part to a greater quantity of HIV/STI materials when compared to its counterpart as well as it could be an indicator of the participants' true area of interest. Nonetheless, the findings speak to persons' willingness to accept HIV/STI and Family Planning information.

## SAFER SEX WEEK ACTIVITIES

### *Members of the M.E.R Team at Safer Sex Week Activity*



Left - Right Andre Black, Sacha-Marie Hill, Marvin Joseph, Joulene Martin, Romario Foster (temporary Research Assistant), and Dorrett McLean.

The NFPB observed Safer Sex Week (SSW) during the period February 8-16, 2016. The week was used to promote dual method use (a condom plus any other method) while capitalizing on the romance and pleasure-seeking behaviour during the Valentine's Day period. The activities were executed under the theme: *'Lovin tun up, when condom show up!!!'*.

The MER Unit led the evaluation of this week's activities. The evaluation team comprised 8 staff members (5 males and 3 females) from the Unit, two of whom were temporary employees. Two persons were deployed to the voluntary counselling and testing (VCT) area; shifts of two persons each were deployed to the information booth, a female team member was stationed at the family planning booth, while two team members conducted the anecdotal observations and the other collected data using the risk assessment tool.

Four instruments were developed and used to conduct the evaluations: the Safer Sex Day Information Booth Form, the Safer Sex Day Evaluation Form, the Safer Sex Day Family Planning Evaluation form and the Family Planning, Syphilis, HIV, STI Risk Assessment and Awareness Form.

## THE UNIQUE IDENTIFIER CODE - UIC

As part of a programme to meet the United Nations Millennium Development Goal number 6, the Fast Track targets and other related HIV elimination targets, the Ministry of Health saw the need to establish a National Unique Identifier Code to enable universal access to HIV prevention, treatment, care and support for individuals of the key population (transgender, MSM, and SW) and to eliminate or significantly reduce multiplicity in counting.

The MER Unit was entrusted with the responsibility (under the auspice of the Global Fund and then later, the USAID) to be the lead for the national roll-out. The Director of the MER chairs a 17-member UIC Committee. In collaboration with the Population Service International (employed by the MoH), and the NFPB's Health Promotion and Prevention, island-wide sensitization and training has been done by the PSI, involving key MoH personnel, the Regional Health Authorities and Civil Society Organizations. A UIC-related Outreach Form was also developed. To-date, 376 UIC collected throughout the island over a two-week period (the majority from WRHA – 123; followed by the NFPB – 67; then CSOs – 62 & SRHA – 60; NERHA – 49; and SERHA – 15).

The findings revealed that the probability that two individuals share the same UIC was estimated at 1.17%. Of the 141 MSM whom were contacted 2 individuals were reached multiple times. In regards to the 25 Transgender individuals who were contacted, one was counted more than once, and 5 of the 208 female sex workers were reached multiple times.



A UIC training in the Southern Region, May 2016

## THE JAMAICA MONITORING AND EVALUATION REFERENCE GROUP (J-MERG).

The Jamaican Monitoring and Evaluation Reference Group (J-MERG) was established in 2006 to strengthen the development of the national M&E system and support the implementation of the first M&E Plan for 2007 – 2012. Currently, Jamaica has a new National Integrated Strategic Plan (NISP) for 2014-2019, with M&E included as one of its six strategic areas. The MERG is an independent national advisory body of influential partners, policy experts and key thinkers in SRH (with key emphasis on Family Planning and the HIV/STI response) and M&E, which provides guidance to the Sexual Health response in the generation, dissemination and use of strategic information and fosters functional M&E performance in Jamaica. The chair for the MERG is the Director of Monitoring, Evaluation and Research. The MERG's main functions are

1. Definition, endorsement, dissemination and follow-up of the national M&E Agenda, based on best practices and international standards.
2. Strengthening M&E alliances, coordination and harmonisation mechanisms among government, civil society, private sector and development partners, for knowledge sharing, analysis and use of M&E information products.

The four technical working groups of the MERG are Data Sharing and Data Use, Research Agenda, Evaluation and Guidelines for Key Population.

Meet the key MERG lead:

Tazhmoye Crawford (Chair), Zahra Miller (Vice Chair and Director of Monitoring and Evaluation, Ministry of Health), Erva-Jean Stevens (UNAIDS Technical Personnel).



Left -Tazhmoye Crawford, Centre- Zahra Miller, Right- Erva-Jean Stevens



## BROWN BAG SEMINARS



In an effort to share the latest findings from M.E.R activities, the Unit hosted 'Brown Bag Seminars' where staff are invited to attend and participate in various discussions.

The above photos highlighted dimension regarding matter pertinent to GOJ's standards and regulations in terms of rights, customer care complaint management and quality service delivery. It was delivered by Miss Tameka Clough, Director of Investigations and Enforcement in the Ministry of Health. On some occasions, guest speakers made presentations on key topics of interest. The M.E.R Unit's next session was scheduled to be held on March 15, 2016 when guest speaker Dr. Natalie Medley from the University Hospital of the West Indies (UHWI) had also presenting on Long Acting Reversible Contraception in Jamaica.

## MERITS OF THE M.E.R UNIT

**The M.E.R team, referred to as the Magnificent, Efficient and Resilient Researchers,** celebrates on a quarterly basis, Employee (s) of the Quarter. The criteria for such a tremendous and honourable position are high-level professionalism, distinctive competencies, good interpersonal relationship, inter alia. The first holder of this prize was Sacha-marie Hill.



From left– Sacha-Marie Hill (Research Officer– M.E.R unit) collecting her gift from Tazhmoye Crawford (Director– M.E.R unit)

This was followed by Ghanesh Graham and again Sacha-Marie Hill



Ghanesh Graham—Data Entry Clerk receiving his gift from the Director of the M.E.R unit.

The following quarter, being April-June 2016, the M.E.R unit again witnessed a tie, whereby Damion Grant and Claudette Grant-McLeish became the champions.



**Photo 1** : Centre— Recipient Claudette Grant-McLeish receiving her gift from the Director of the M.E.R unit. **Photo 2**: Damion Grant receiving his gift from the Director of the M.E.R unit.