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VISION STATEMENT

All Jamaicans achieving optimal sexual health in an environment where sexual rights are respected, protected and fulfilled.

MISSION STATEMENT

To provide guidance, leadership advocacy and implementation of quality equitable sexual health education and services to enable all Jamaicans to achieve optimal sexual health outcomes throughout their life course.

GOAL

The goal of the organisation is to prepare, carry out and promote the carrying out of family planning programmes in Jamaica. The organisation has been able to achieve its goal through the effective implementation of its Mission Statement.

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BBSS	Bio -Behavioural Surveillance Survey
BCC	Behaviour Change Communication
CBO	Community Based Organisation
CDA	Child Development Association
CDC	Centers of Diseases Control and Prevention
CHART	Caribbean HIV/AIDS Regional Training Network
CLMIS	Contraceptive Logistics Management Information System
CPE	Community Peer Educators
DEMSTATS	Demographic Statistic Report
DMU	Dual Method Use
DRPH/CARTTA	Doctor of Public Health/Caribbean Regional Training and Technical Assistance Programme
ECP	Emergency Contraceptive Pill
EEHR	Enabling Environment and Human Rights
ESSJ	Economic Social Survey of Jamaica
EXED	Excelsior Community College
FAA	Finance and Audit Act
FAMPLAN	Family Planning Association
FP	Family Planning
FPP	Family Planning Programme
GOJ	Government of Jamaica
HFLE	Health and Family Life Education
HWATRFMU	Hugh Wynter Advanced Training in Research and Fertility Management Unit
HIV	Human Immunodeficiency Virus
IAS	International Accounting Standards
ICT	Information Communication Technologies
IUCD	Intrauterine Contraceptive Device
JADE	Jamaican Association for Debating and Empowerment Limited

JaBCHA	Jamaica Business Council on HIV/AIDS
JADE	Jamaican Association for Debating and Empowerment Limited
JCPD	Jamaica Council for Persons with Disabilities
JIS	Jamaica Information Service
JSIF	Jamaica Social Investment Fund
JYAN	Jamaica Youth Advocacy Network
KSA	Kingston and St Andrew
LARCS	Long acting reversible contraceptive methods (LARCS)
LEAP	Learn as you Earn Advancement Programme
LMIS	Logistics Management Information System
MAJ	Medical Association of Jamaica
MARPS	Most at Risk Populations
M&E	Monitoring and Evaluation
MERG	Monitoring and Evaluation Reference Group
MCSR	Monthly Clinic Summary Report
MDGs	Millennium Development Goals
MOH	Ministry of Health
MRCS	Marge Roper Counselling Service
MSM	Men who have sex with Men
NCYD	National Council for Youth Development
NFPB	National Family Planning Board
NGO	Non-governmental Organisation
NHP	National HIV Programme
NSP	National Strategic Plan
NYS	National Youth Service
PBCJ	Public Broadcasting Corporation of Jamaica
PROMAC	Programme for the Reduction of Maternal and Child Mortality
PSAs	Public Service Announcements
RJR	Radio Jamaica Limited
SDA	Seventh Day Adventist

SDC	Social Development Commission
SERHA	South East Regional Health Authority
SRH	Sexual Reproductive Health
STIs	Sexually Transmitted Infections
STATIN	Statistical Institute of Jamaica
TBC	The Breath of Change
TL	Tubal Ligation
TOR	Terms of Reference
TVJ	Television Jamaica
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNESCO	United Nations Education Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UTech	University of Technology
VIA	Visual Inspection with Acetic Acid
VJH	Victoria Jubilee Hospital
WAD	World AIDS Day
WCJF	Women's Centre of Jamaica Foundation
WHN	Women's Health Network
YMCA	Young Men's Christian Association

PREFACE

During the financial year 2014/2015, the Board of Directors assumed full responsibility for the completion of the integration process of the Family Planning and the National HIV Programmes. While the National Family Planning Board (NFPB) awaited the approval from the Corporate Management Division (CMD) of the Ministry of Finance and Planning on the re-organisation of the NFPB, the staff benefitted from a number of training in capacity building. The training motivated and empowered the staff to embrace the challenges in carrying out the mandate of the NFPB designated authority for Sexual Reproductive Health.

The financial year 2014/2015 was another challenging year for the organisation as it tried to secure adequate resources for the programme. The organisation once again acknowledges and expresses appreciation for the funding provided by some international agencies for targeted activities/projects. In this regard, the organisation was successful in receiving funds from a number of donors including the United States Agency for International Development; Global Fund for AIDS, TB and Malaria; UN Women; UNFPA and UNICEF.

I wish to express wholeheartedly, my appreciation to all members of staff, the Integration Coordinator and the Board of Directors for their dedication and commitment throughout the year, which have allowed us to achieve our strategic objectives.

Sandra Knight (Dr.)
CHAIRMAN

THE INTEGRATION OF SRH AND HIV SERVICES

By way of the National Family Planning Act (1970), the National Family Planning Board is the Government agency responsible for preparing, implementing, coordinating, and promoting sexual and reproductive health services in Jamaica.

The Sexual Health Agency (SHA) of Jamaica was formed in April 2013 when the Jamaican Government ratified the integration of the NFPB and the National HIV/STI Programme, in response to the threat to both entities sustainability, to create the expanded entity. Ultimately the gains should include improved efficiency and effectiveness.

The Sexual Health Agency was therefore conceptualised and developed out of economic necessity and a need to ensure the sustainability and demonstrate the relevance of entities with a sound track record providing dedicated service (versus a merged/consolidated service with the MOH) to the specific mandates of HIV and AIDS and SRH with a focus on Family Planning. The anticipated efficiencies and cost savings generated through the integration of both entities was also a very important consideration in light of the public sector rationalisation plans being proposed by Government. (Source: NISP). Benefits of integration extend to the advantageous position it provides to secure, coordinate and manage donor funding and assistance for the HIV pandemic. With integration comes the opportunity to capture those most at risk through the provision of comprehensive health care that addresses unintended pregnancy and HIV infection for example those not normally reached by way of the clinic setting (youth who are either single or married, men, commercial sex workers, men who have sex with men who have female partners; and injecting drug users).

Seamless coordination of a structured holistic approach to addressing needs of vulnerable populations is recognized as important to the integration effort. Improved client satisfaction, efficiencies in human resource allocation, coordination of communications related messages, expanded services, expanded skills sets, access to training; and expanded access to audiences lead to the achievement of integration goals.

Based on the fact that an Act was already in place providing the NFPB with legal status and power, the NHP was transferred to the NFPB, requiring 'minimal legislative and other effort'. The analytic and decision making process about integration was led by an Integration Committee that was informed by the findings of consultancies (a legal and policy review, an options appraisal, organisational development and vision and strategic planning).

A consultant with expertise in health systems recommended that key reproductive health programmes remain in the MOH head office, potentially resulting in inadequate integration with NFPB.

Consultations with stakeholder groups were conducted in the early stages of the integration process. Among their expectations are the provision of funding, material resources, training opportunities (e.g. IUCD insertion, TL procedure), governance, policy guidelines, commodities (to avoid stock outs), policy direction, taking the lead on research, leading mass communication programmes to support regional activities, the provision of appropriate educational materials, and leading the opportunities to access ECP and Misoprostol. Other sexual health problems they believed the newly integrated entity should address were Pap smear/VIA training and short turn-around time for test results. The offering of HPV vaccination was another expectation. A "change for the better" in terms of the relationship that they have with the new entity was also highlighted.

Stakeholder's perceived risks from the integration of the entities were underfunding of the integration, continued recession, migration of highly trained staff, sliding dollar, failure to launch (abortion of plan) and more.

Jamaica's National Integrated Strategic Plan (NISP) for Sexual and Reproductive Health and HIV, 2014-2019 cites other stakeholder expectations around the role of the agency and the Committee charged with its implementation.

"In its Implementation and Completion Report (2013) for Jamaica's Second HIV/AIDS Project, the World Bank for example, in listing Lessons Learned, posited that:

- 'Integration of the HIV response into sexual reproductive health programmes within the ambit of the primary health care response can lead to broader reach and deeper sustained impact.
- The integration of the National HIV/STI Programme (NHP) into the National Family Planning Board (NFPB) to form one executive agency with responsibility for sexual and reproductive health will support the sustainability of the HIV Prevention Component
- The integration of the HIV response into the National Family Planning Board to create a "One Authority" will also help to ensure sustainability.'¹

Carr and McClure noted that:

Early in the integration planning, some stakeholders hoped the new entity would take a comprehensive approach to sexual and reproductive health by addressing maternal and child health, family planning, HIV and other STIs, gender-based violence, adolescent health, and more. As the integration process evolved however, it became evident the new entity would not take this approach.....Instead, the new entity would focus on sexual behaviour as it related to family planning and HIV/STI transmission.....In the [March 2013] Cabinet submission [of a concept paper].....the Ministry [of Health] used the term "sexual reproductive health" – absent the usual "and"- to connote a more narrowly defined scope than is associated with sexual and reproductive health. By October 2013, however, the integration committee determined that the term 'sexual health' better captured their vision for the new entity.²

In a presentation to the 20th International AIDS Conference in Melbourne, Australia in 2014, Harvey, Carr and McClure note that the new Sexual Health Agency absorbs the function carried out by the NFPB and the NHP except for treatment and clinical services.³

What is certain is that the integrated agency, now referred to as the National Family Planning Board – Sexual Health Agency (NFPB-SHA) is accountable to the government and people of Jamaica, other local stakeholders and international funding partners. It is accountable for solidifying and creating the synergy between the two former institutions for the provision of high quality products and services, the prudent management of scarce financial resources, coordination of the work of all agencies involved in family planning, HIV/STI, sexual health and population planning, attainment of key sexual and reproductive health targets within specified timelines and the representation of Jamaica on the international stage. The realisation of these assignments will give effect to one of the key strategies outlined in Vision 2030 Jamaica--

¹ Implementation and Completion and Results Report for Jamaica's Second HIV/AIDS Project. Document of the World Bank. September 30, 2013.

² Carr, Dara and McClure, Kathy. 2014. National Family Planning-HIV Programme Integration in Jamaica-Creating a New Sexual Health Agency. Washington DC. Futures Group. Health Policy Project. Pg 10

³ Harvey, K. Carr, D. McClure, K. 2014. Toward Greater Sustainability in Jamaica: Integrating the National HIV and Family Planning Programmes into a new Ministry of Health Agency for Sexual Health-Poster Presentation at the 20th International AIDS Conference in Melbourne, Australia

National Development Plan which is to “expand and improve integration of family planning, maternal and child health, sexual and reproductive health and HIV into primary health care”.

The NISP outlines the power that the NFPB has “to collaborate with and support programmes and initiatives implemented by various Ministries, Departments and Agencies (MDAs) and disseminate and promote information on the specific SRH areas which fall under its expanded mandate. These specific areas:

- Improving contraceptive choice and safety.
- Reducing STIs (including HIV) and reproductive tract infections.
- Promoting healthy sexuality including adolescent health and
- Reducing harmful practices in an environment where human rights are respected and protected.”

Conducting the activities outlined in the 2014/2015 Annual Report were personnel from the components of the National HIV/ STI Programme that were integrated into the NFPB -

- ✓ Enabling Environment and Human Rights
- ✓ Monitoring and Evaluation
- ✓ Prevention

and Finance and Accounts, Direction and Administration representing an expanded workforce, consisting of project (contract) and permanent staff. Their functions included

- Promoting healthy sexuality;
- Reducing STIs including HIV;
- Providing sex education and encouraging the development thereof;
- Undertaking research and dissemination of information in relation to family and population planning; and
- Improving contraceptive choice and safety.

PROPOSED TARGETS

By 2015:

- Unplanned pregnancies will be reduced by 7.5%
- Contraceptive Prevalence Rate of 75% will be achieved.
- Total Fertility Rate of 2.28 will be realized.
- Unmet need among all women 15-44 years of 6.5% will be attained.
- An increase of approximately 20% in dual method use will be achieved.

By 2017:

- Reduction by half, the number of new HIV infections
- Mother to child HIV transmission and congenital syphilis will be eliminated.
- To achieve 90% coverage of ARV treatment for those eligible will be attained.
- Increase to 95% the proportion of PLHIV on ART one year after initiating therapy.
- Reduction in the number of HIV/AIDS-related deaths by 25%.

CORPORATE GOVERNANCE

1. Board of Directors

The Board of Directors was appointed on May 07, 2012 for a period of three (3) year. It consists of twelve (12) members of whom eleven (11) are non-executive members.

The principal business considered at the Board of Directors' meetings were *inter alia* to:

1. Receive and consider reports from the Executive Director on the work of the organisation.
2. Approve recommendations from the sub-committees, which included monthly financial statements and the external auditors' report.

A total of nine (9) regular meetings were held during the fiscal year and one (1) Retreat during the month of September 2014 at which secretarial services were provided by the Personnel and Administrative Officer /Board Secretary.

2. Finance and Audit Sub-committee

The Finance and Audit Sub-committee consists of the following members:

- Chairman – Board Member
- One (1) Board Member
- A member co-opted from the Ministry of Science, Technology, Energy and Mining
- Director of Finance; and the
- Internal Auditor.

The Terms and Reference of the Finance and Audit Sub-committee are as follows:

1. To review the entity's internal system of audit and finance controls and the results of internal audits.
2. To review the annual audit plan and periodic status reports
3. To review and investigate any matter pertaining to the integrity of management, including conflicts of interest or adherence to standards of business conduct as required in the policies of the entity.
4. To discuss with management and the independent auditor, as appropriate, any audit problems or difficulties and management's response to issues raised in audit reports.

5. To discuss with management and the independent auditor the annual audited financial statements.

In accordance with the Terms and Reference of the Finance and Audit Sub-committee, ten (10) meetings were held to address the following:

1. Financial statements and other financial reports
2. Internal Auditor's report
3. Investments (in accordance with the approved Government of Jamaica Investment Policy)
4. Proposed Staff Loan Policy
5. Annual budget

See Table A below for Directors' compensation for the fiscal year 2014/2015.

TABLE A: BOARD OF GOVERNORS' COMPENSATION

Position of Director	Fees (\$)	Motor Vehicle Upkeep/Travelling of Value of Assignment of Motor Vehicle (\$)	Honoraria (\$)	All other Compensation including Non-Cash Benefits as applicable (\$)	Total (\$)
Chairman	104,500.00	9,820.00			114,320.00
Trustee	3,500.00				3,500.00
Director	9,820.00	60,500.00			70,320.00
Director	14,194.00	66,000.00			80,194.00
Director	16,500.00				16,500.00
Director	48,000.00	9,400.00			57,400.00
Director	38,500.00	9,400.00			47,900.00
Director	66,000.00	26,490.00			92,490.00
Director	55,000.00	8,000.00			63,000.00
Trustee	3,500.00				3,500.00
Director	49,500.00	10,360.00			59,860.00
Trustee	3,500.00				3,500.00
Director/Chairman Sub-committee	96,000.00				96,000.00
Director	109,953.00	68,754.00			178,707.00
Co-opted	38,500.00				38,500.00
Trustee (Chair)	7,000.00				7,000.00
TOTAL	766,453.00	166,238.00			932,691.00

TABLE B: SENIOR EXECUTIVE COMPENSATION

Position of Senior Executives	Year 2014/2015	Salary Annual	Gratuity or Performance Incentive (\$)	Travelling Allowance Or Value of Assignment of Motor Vehicle (4)	Total (\$)
Executive Director (Acting)	April –August	1,882,672.70	-	406,550.00	2,289,222.70
Executive Director (Acting)	Sept. - March	1,920,971.50	-	569,170.00	2,490,141.50
Executive Director		94,952.80 (Retro Pay)			94,952.80
Executive Director (Acting)		4,166.67 (One Off Payment)			4,166.67
Director, Policy Formulation, Monitoring and Evaluation	2014/2015	2,225,270.08		514,500.00	2,739,770.08
Director, Finance	2014/2015	2,294,896.95		514,500.00	2,809,396.95
Director Human Resource and Administration	2014/2015	2,017,478.13		514,500.00	2,531,978.13
Director Human Resource and Administration		40,404.20 (Retro Pay)			40,404.20
Director, Outreach	2014/2015	2,069,843.19		514,500.00	2,584,343.19
TOTAL		12,550,656.22		3,033,720.00	15,584,376.22

SUMMARY OF ACHIEVEMENTS

A summary of the achievements of the NFPB during the fiscal year 2014/2015 are as follows:

1. Capacity Building:
 - Eleven (11) capacity-building training workshops were held for staff.
 - Twenty (20) practitioners including Public Health Nurses and Midwives trained in the insertion and removal of Intrauterine Contraceptive Device (IUCD).
 - Eight (8) workshops were held for 272 pre-service nurses/nursing students.
2. Re-design Website. Web address remained www.jnfpb.org.
3. Empower adolescents by:
 - Supporting the HFLE school course with six (6) Rap Sessions reaching 528 students and teachers.
 - Forty (40) students at an inner city school were reached through psycho-social support.
 - Thirteen (13) episodes of 'Talk Up You!' were aired on Radio Jamaica (RJR).
4. Build and sustain strong healthy families:
 - Eight (8) workshops were held and 94 young mothers were reached.
 - One (1) workshop was held for 57 parents.
5. Three (3) conferences were held to effect the synergy between the HIV Prevention and Family Planning Programme:
 - Women's Health Network Conference
 - Medical Association of Jamaica Symposium
 - Reproductive Health Conference
6. Marge Roper Counselling Service (MRCS):
 - 5,708 persons used the MRCS.
 - 2,720 HFLE materials were distributed.
 - Eighteen (18) health fairs attended and 1,007 persons reached.
 - Nineteen presentations were made to 1,539 persons.
 - One (1) Toyota Hiace bus wrapped with artwork promoting the activities of the MRCS.
 - Seven (7) articles were placed in the newspaper.
7. Enhance and promote the visibility of the FPP
 - 245 Radio and TV PSAs were aired
 - The NFPB participated in exhibitions and Theme days/Weeks
 - Family Planning Week
 - World AIDS Day
 - World Contraceptive Day
 - World Population Day
 - Safe Sex Week.

Monitoring and Evaluation:

- Island-wide dissemination of the CLMIS findings.

- Thirty (30) service providers were trained in areas of:
 - Monitoring and Evaluation
 - The Contraceptive Logistics Management System
 - Records keeping
 - Data sources and data collection
 - Data quality in health systems.

- A formative assessment of the quality of health care was conducted in twelve (12) public clinics.

- To achieve the elimination status of mother to child transmission of HIV/AIDS and Congenital Syphilis in Jamaica by 2015 the following activities were completed/implemented:
 - Web-based data collection system
 - User guide developed for use of web-based reporting system
 - All public and private sector stakeholders trained in reporting
 - Core indicators, supporting indicators and optional indicators collected in the Private Sector
 - Onsite review of public sites completed and data collection systems validated.

- 8. Research conducted:
 - Third bio-behavioural surveillance survey (BBSS) of Men who have sex with men.
 - Third bio-behavioural surveillance survey (BBSS) of Commercial Sex Workers.

- 9. Distribution of contraceptives (donated/sold):
 - Condoms 2,410,144 (singles)
 - Microgynon 92,530 (cycles)
 - Depo Provera 140,126 (doses)
 - Copper T 3,478 (sets)
 - Jadelle 118
 - Lubricants 132,100.

- 10. Health and Wellness Programmes in two (2) Places of Safety:
 - 6 Steering Committee meetings were held
 - Pretesting of instrument and baseline survey were conducted among 60 residents
 - First staff recognition ceremony and a birthday club were launched
 - 4 capacity building seminars were conducted with staff
 - Residents were equipped with gears to participate in sports related activities.
 - Psychologist identified and screening carried out with 95 residents
 - A Desk review was conducted on out of school situation in Jamaica

- 11. UN Women Project:
 - Project Manager and Qualitative Research Consultant were recruited
 - Greenwich Farm and Hanna Town were selected as the two inner city communities
 - Six (6) empowerment workshops were held for the 21 participants

- Partnerships were developed with:
 - The Women Centre Foundation of Jamaica, which assisted with the selection of first community for intervention
 - Hope Worldwide conducted diagnostic testing among participants to ascertain readiness for entrance to HEART Trust
- Eight (8) participants were recommended to sit the HEART Entrance Test.
- Eight (8) participants were recommended for remedial studies at the Learn as you Earn Advancement Programme (LEAP)
- Five (5) participants were recommended to enroll in the Auto Skills Programme.

12. PROMAC

A Concept Paper was submitted to the European Union as the agency tried to benefit from a donation of 300,000 Euro.

REPORTS

During the fiscal year 2014/2015, the following three (3) strategies as outlined in the organisation's Corporate Plan were pursued:

1. Establish and implement a sustainable mechanism for supporting human resources
2. Maintain a stable population
3. Strengthen the health promotion approach

Strategy 1: Establish and Implement a Sustainable Mechanism for Supporting Human Resources

The Human Resource Management and Administration Unit was responsible for the human resource management functions of the organisation which included, but were not limited to recruitment and selection, performance management, training and development of staff. The Unit also managed all procurement related activities and company assets as well as ensuring a safe and health work environment to boost staff morale.

i. Staffing



The NFPB started the fiscal year under review with a total of thirty three (33) employees. With the integration of elements of the National HIV/STI Programme into the National Family Planning Board, the staff complement for project staff was 41 which brought the total number of employees to 74. At the end of the financial year, the total staff complement for GOJ staff and project staff was 34 and 42 respectively.


During the reporting period, the National Family Planning Board partnered with the Petroleum Corporation of Jamaica (PCJ), The University of Technology and the Excelsior Community College for which 11 students were awarded internships and received on-the-job training in Finance, Human Resource and Administration, Monitoring and Evaluation, Prevention and Outreach and Enabling Environment and Human Rights.

ii. Training and Development

As the organisation transitioned, capacity-building training workshops were facilitated for the staff, inclusive of information exchange sessions on family planning and on STIs/HIV. The staff also benefitted from other training courses hosted by other entities. The rapid development of the skills set within the organisation was necessary against the background of the broadening and deepening of services under the integration process. The following workshops as indicated in Table C overleaf were held with all members of staff:

TABLE C- TRAINING COURSES

Training Course	Objective/Purpose/Topics
<p>DRPH/CARTTA Capacity Building Workshop.</p> 	<p>To learn and practice:</p> <ul style="list-style-type: none"> • Change Management Techniques • Emotional intelligence in the work place • Coaching and mentoring for team building • Apply good supervisory practice. 
<p>Family Planning Essentials (Figure 1)</p>	<ul style="list-style-type: none"> • Discuss the findings of the Reproductive Health Survey • Characteristics of modern methods and how they are used • Main counselling points for modern contraceptives • Importance of offering a variety of contraceptive methods.
<p>HIV& AIDS Essentials</p>	<ul style="list-style-type: none"> • Discuss the findings of the Epidemiological (Epi) Report. • Outline the basic facts of HIV and other STIs • Explain the functions of the Redress System • Demonstrate skills in risk reduction conversations • Discuss the link between gender, sexuality and HIV, and other STIs • Discuss the development and implementation of HIV Workplace Policy.
<p>Documentation and Report Writing</p>	<ul style="list-style-type: none"> • Overview of Documentation and Reporting • Planning the Process • Bringing the Report to Life • Discussing Dissemination.
<p>Customer Service 101</p>	<ul style="list-style-type: none"> • Understand the importance of customer service to the survival of the NFPB • Be able to identify effective customer engagement
<p>Procurement</p>	<ul style="list-style-type: none"> • Sensitize staff on the Government of Jamaica procurement guidelines • Strengthen procurement skills
<p>Gender Sensitisation</p>	<ul style="list-style-type: none"> • Understanding the concept of Sex, Gender & Gender-based violence • Gender Mainstreaming • Understanding Sexual Harassment in the Workplace
<p>Computer Applications</p>	<ul style="list-style-type: none"> • Understanding Basic Microsoft Excel 101 & PowerPoint • Formatting a Worksheet • Managing your Workbooks.

Training Course	Objective/Purpose/Topics
HIV Prevention 	<ul style="list-style-type: none"> • Improve understanding of Principles of Behaviour Change Communications • Improve knowledge and understanding of HIV epidemic, the drivers and implications for programme planning for key populations • Strengthen skills in designing and implementing prevention interventions for key populations • Develop skills in conducting motivational interviews with key populations • Provide information on the treatment as prevention strategy • Maintain quality of HIV and Syphilis testing in outreach setting
Monitoring and Evaluation 101	<ul style="list-style-type: none"> • Identify and understand the basic purpose and scope of Sexual and Reproductive Health monitoring and evaluation • Understand why data quality(available, accurate, current) is important to Reproductive Health Programme • Understand the importance of quality report writing in Reproductive Health Programmes.

Other training sessions included:

- Communicating Effectively in a Diverse Workplace
- Training in Advanced Data Management & Analysis in MS Excel
- Succession Planning
- Training in Understanding the Flexi Time Legislation
- Supervisory Management
- Fire Prevention Training of Warders
- Workplace Ethics & Professionalism
- Enhancing Interview Skills
- Public Speaking.

Highlights from NFPB-SHA the Training Sessions

Fire Prevention Training of Warders



Family Planning Essentials



TABLE D- 2014/2015 – DUTY TRAVEL

Meeting/Conference	City	Dates	NFPB Representative(s)	Amount paid	Costs borne by
47 th Session of the United Nations Commission on Population & Development (UNCPD)	New York, USA	April 1-11, 2014	Mrs. Sannia Sutherland, Executive Director	J\$46,200	NFPB
Workshop – Strengthening Quality of Care in Family Planning through the Introduction of Contraceptive Technology Updates and New WHO Guidelines and Training Tools.	St. Georges, Grenada	May 22-23, 2014	Mrs. Sannia Sutherland, Executive Director		UNFPA Fund and WHO
20 th Edition of the International AIDS Conference	Melbourne, Australia	July 20-25, 2014	Mrs. Karlene Temple-Anderson, Director, Enabling Environment and Human Rights	J\$6,183,246.00 +J\$297,000 (meal & in-transit allowance) +J\$144,000 (missed flight)= J\$6,480,246	NFPB
			Mr. Joel Scott, Board Member		
			Mr. Huntley Medley, Board Member		
Regional Conference on Population and Development in Latin America and the Caribbean	Santiago de Chile	November 12-14, 2014	Dr. Denise Chevannes – Vogel, Executive Director	UNFPA: Travel and Per diem for Dr. Chevannes only.	UNFPA
			Dr. Sandra Knight, Chairman		NFPB
2 nd International Seminar on Girls Empowerment	Brazil	November 17-19, 2014	Miss Nicola Cousins, Technical Officer	J\$141,825 (airline ticket) + US\$764.50	UNICEF

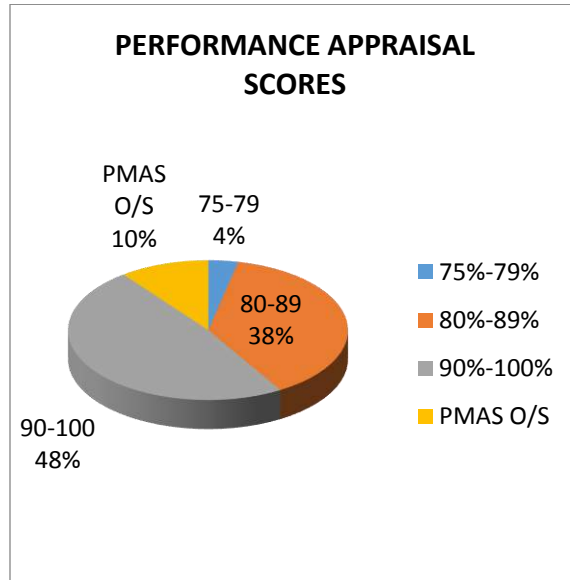
iii. Staff Loan

The organisation's staff loan scheme continued in keeping with the guidelines approved by the Ministry of Finance and Planning. During the fiscal year, a total of seven (7) loans were approved and distributed within the required timeframe at a total value of \$566,477.00.

iv. Performance Management

Performance Management Appraisals were conducted as is customary at the end of the financial year. The figure below (Figure 1) shows the distribution of scores attained in the performance appraisal exercise.

Figure 1: Performance Appraisal Scores



i. Procurement

The quantity of contraceptives donated/sold during the period April 2014 – March 2015 were as detailed in Table E:

Table E: CONTRACEPTIVES DONATED/SOLD

Item	Quantity
Condoms	2,410,144 (singles)
Microgynon	92,530 (cycles)
Depo Provera	140,126 (doses)
Copper T	3,478 (set)
Jadelle	118
Lubricants	132,100

Strategy 2: Maintain a Stable Population

(1) Strengthen the capacity of health care providers to provide quality services

(a) Practitioners trained in IUCD insertion and removal

The thrust to increase the acceptance by couples of longer term contraceptive methods/long acting reversible contraceptive methods (LARCS) was pursued as a strategy by the organisation. The benefits of LARCS included: decrease in incidences of unplanned pregnancies, improved cost savings over time for couples, no interference with sexual activity and the reversible allowing for a return to fertility.

In strengthening the capacity of health care provider to provide quality service, twenty (20) practitioners including Public Health Nurses and Midwives were trained in the insertion and removal of Intrauterine Contraceptive Device (IUCD). The decision to train the practitioners became urgent when it was realised that many of them who were trained years ago were no longer serving in the health sector for various reasons. To replenish the cadre of trained personnel in the field possessing this specialist skill, the NFPB approached the premier training institute, The Hugh Wynter Advanced Training in Fertility Management Unit at the University Hospital of the West Indies to formulate a curriculum and budget for the training of health care workers. Overall, the objective was to scale up universal access to sexual health services and commodities.

One (1) five-day workshop was conducted covering the following topics:

- Key messages related to the IUCD as a safe and effective contraceptive method;
- Mechanism of action, and effectiveness of the IUCD;
- Major advantages and disadvantages of the IUCD;
- Indications for using the IUCD and rationale for each;
- Eligibility criteria for initiating use of the IUCD, and explain rationale for each;
- Counteracting rumours and misconceptions about the IUCD raised by clients or service providers;
- Key steps of the counselling process using an approach called RESPECT;
- Client assessment and screening;
- Timing for IUCD insertion and removal;
- Describing IUCD insertion to clients;
- IUCD side effects and warning signs of complications;
- Review of six step counselling process and key elements of IUCD counselling;
- Key concepts of history taking and physical examination;
- Infection prevention in IUCD insertion and removal;
- Management of side effects and complications;
- Minimum criteria for IUCD services and record keeping;

Assistance in the execution of the workshop was provided by five (5) supervisors and four (4) facilitators.

(b) Pre-service nurses trained in Contraceptive Counselling and methods

Eight (8) workshops were held with 272 pre-service nurses/nursing students. The goal of the workshop was to equip participants with the knowledge, attitude and skills necessary to communicate effectively with clients about family planning methods. Some of the topics covered were: The importance of working with youth; Human sexual development through the lifespan; Reproductive Anatomy; Contraceptive Methods appropriate for Adolescents; Issues and concerns adolescents might have about contraceptives; Characteristics of a youth-friendly service; Service provider experiences of adolescents; Values Clarification about gender; Family Planning and other STI's; Stigma and Discrimination. The workshops had to be reduced from 5 days to 3 days because of the unavailability of participants and a limited budget.

The participants were from the following training institutions:

Institution and Number of Students

Cornwall School of Midwifery	42
Victoria Jubilee Hospital	43
Spanish Town School of Midwifery	22
Caribbean School of Nursing (UTech)	14
Kingston School of Midwifery	25
Sigma College of Nursing	38
Excelsior Community College	51
Caribbean School of Nursing	<u>38</u>
Total	272

(c) Economic & Social Survey of Jamaica (ESSJ) Submission

In March 2015, the NFPB made a submission for the 2014 ESSJ which focused on new family planning acceptors, the distribution of contraceptive commodities and the utilisation and coverage of public sector family planning services.

(d) Demographic Statistic Report (DEMSTATS) Submission

For the 2014 DEMSTATS submission, January to June 2014, data from the Ministry of Health's Monthly Clinic Summary Report was provided in April 2015 to STATIN. The data provided included information on the number of family planning visits by sex and parish, new acceptors at family planning clinics and the number of mothers receiving postnatal services.

Strategy 3: Strengthen the Health Promotion Approach

In order to enhance and promote the visibility of the Family Planning Programme, the following activities were organised and implemented:

a) Website Design

The redesign of the NFPB's website (Figure 2) was completed by the Jamaica Information Service (JIS). The web address remained www.infpb.org.

Figure 2: Screenshot from the NFPB-SHA's Website



b) Newsletter

During the reporting period, four (4) newsletters were developed and circulated to Health Care practitioners in the public sector. The content of the four (4) newsletters ***The Health Provider*** covered the following topics:

- (i) Title: End Stigma and Discrimination, Justice for All – consisted of an Editorial; News – *Vasectomy linked to Prostate cancer*; Did You Know: *There is reportedly no need for SRH window at JCPD*; Featured Research/Findings: Stigma and Discrimination: How do we get to zero?; Testimonial; Customer Service Tip for Service Providers – *Seven ways to improve patient satisfaction, experience and Customer Service from consulting in hospitals and healthcare*; Upcoming events.
- (ii) Title: Hormonal Contraception, IUDs & HIV Risk – Editorial; SRH News – *AIDS research workers died in Malaysia flight crash*; Did You Know: Key Steps in the Counselling Process; Featured Research/Findings: Hormonal Contraception, IUDs and HIV Risk; Testimonial; Health Provider Tip – *Tips for serving the needs of different groups of family planning clients*; Upcoming Events
- (iii) Title: Repositioning Sexual and Reproductive Health for the Future – Editorial; Evaluation of Contraceptive Implant Use in Jamaica; The Millennium Development Goals: Eight Goals for 2015.
- (iv) Title: Long Acting Contraceptive, Tubal Ligation - Consisted of an Editorial; News - *Jamaican charged in US for sex trafficking of minors. A look at the Government of Jamaica's National Plan of Action for combating Trafficking in Persons, 2012-2015*; Did You Know: *Births Data in Jamaica with focus on Adolescent births as at 2012*; Featured research/findings: Tubal Ligation; Testimonials; Health Provider Tip; Upcoming Events, activities and international observances

(c) Family Planning Programme Articles online and print

Several articles were printed in the reporting period and posted on-line to reach a wider audience. (Figure 3, below highlighted one of the online articles).

Figure 3: Online Article



d) Unpaid appearance/Interviews

By way of nineteen (19) unpaid appearances/interviews with several media houses, prominence was given to commemorative events such as World Population Day, held in May Pen Clarendon, Family Week, World AIDS Day by resource persons and to promote information related to contraceptives and STIs/HIV (Figure 4)

Figure 4: Appearances and Interviews by personnel



Appearances at public events and in the media kept the public informed of our activities. Policies and programmes

e) **Empower adolescents and youth to take responsibility and reduce sexual risk taking Behaviour**

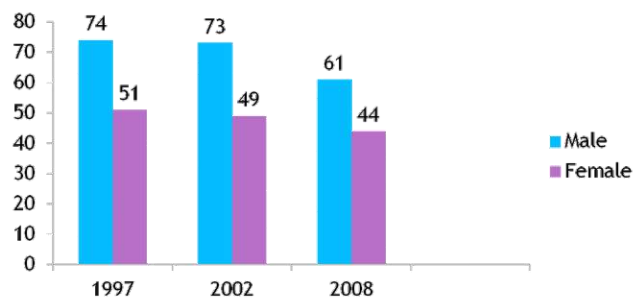
(1) **Rap sessions:**

The Health and Family Life Education (HFLE) school course was supported by six (6) rap sessions where 528 students were provided with frank responses and an understanding of the issues that might be uncomfortable for the teacher to impart. The fora ranged from the Women's Centre of Jamaica Foundation, Child Development Agency, Young Men's Christian Association (YMCA) and corporate area high schools. Subject areas *Abstinence, Time to Talk, and Your sexuality and You.*

During the raps sessions, adolescents discussed issues that affected them and their peers such as, peer pressure, poverty that drove them into early sexual activity, age-disparate relationships, intergenerational and casual sex, drug peddling, multiple partnerships and transactional relationships including prostitution. Other sexual behaviours that were seen among adolescents were age-mixing in sexual relationships, inequity in decision making regarding condom use, lack of preparedness, coerced or forced sex.

With the initiating of early sexual activity, adolescents were at a disadvantage as they invariably had little SRH knowledge, and therefore, they sought guidance and clarification from their peers rather than from an informed adult. According to the Reproductive Health Survey, see Figure 5 for the percentage of the 15-19 years old that had initiated sex.

Figure 5: Percentage of 15-19 Year Olds that have initiated sex



Source: Reproductive Health Survey 2008, 2002, 1997

****Reducing the percentage of adolescents that initiate sex will ensure that the percentage of those who engage in sexual risk taking behaviours will be reduced and will reduce their Age-Specific Fertility Rate, contributing to the reduction in the TFR.**

2) **Pilot programme facilitated and monitored quarterly**

Forty (40) students at an inner-city school were reached through psycho-social support provided by the University of the West Indies and other partners. The Project was eventually discontinued with the particular institution as members of the public were able to identify them based on a media story and this proved unfavourable with the Ministry of Education.

3) **Adolescents reached through 'Talk Up Yout'**

Talk Up Yout' is a locally produced radio and television show that formed a partnership with the NFPB. The partnership saw the provision of qualitative and quantitative SRH data to the young

producers. Sponsorship of the radio programme on Radio Jamaica (RJR) began in April 2014 for one (1) season with 13 episodes aired on Fridays from 4:30 p.m. to 5:00 p.m. UNICEF also partnered with the NFPB to underwrite the airing of the radio programme. 'Talk Up Yout' was launched on May 16, 2014 with an outside broadcast from the sidewalk of the Transport Centre in Half-Way-Tree. There was collaboration by the HIV Outreach Team, the FP Counsellor and Teen360.org team to boost the presence of the NFPB at the event. Interviews were held with other members of staff during the period of sponsorship. Figure 6 provides highlights from the launch of the Talk Up Yout' Radio Programme.

Figure 6: Scenes from the launch of Talk Up Yout' Radio Programme



Strategy 4: Strengthen the capacity of Jamaicans to build and sustain strong, healthy families.

- (a) Workshops for teen mothers and their parents with the Women's Centre of Jamaica Foundation

Through the collaboration with the UN Women Project, the NFPB was able to execute two (2) workshops with 36 young mothers. Another 29 young mothers were sourced by Hope Worldwide for an additional two (2) workshops. Subject areas covered were: STI, Goal setting, Family Planning and Contraceptives, Parenting, and Résumé Writing. A total of four (4) workshops were held and 65 young mothers were reached.

- b) Workshops targeting parents

One (1) workshop for parents was held through the collaboration with Hope Worldwide, the Methodist Church and also the HIV Unit, wherein 47 parents and 10 parents respectively were reached by the NFPB. Total number of participants was 57.

Strategy 5: Achieve more effective synergy between the HIV Prevention and FPP

Local Conferences

- a) Women's Health Network Conference

The NFPB participated in the Women's Health Network Conference on Contemporary Health issues affecting the modern woman. The organisation manned a booth and delivered a greeting

to the gathering. The evening conference was held on Wednesday, 28th May 2014 at the Knutsford Court Hotel under the theme “Blood, Pills & Sex”.

b) Medical Association of Jamaica Symposium

The NFPB participated in the locally staged Medical Association of Jamaica (MAJ) Symposium held at the Jamaica Pegasus Hotel from June 6 to 8, 2014. A booth was constructed from which the NFPB provided visitors with information, performed condom demonstrations and distributed the commodity as well as shared educational material. Inside the sponsored session, a plenary presentation on *Two is better than too many...family planning for persons living with HIV* was presented by a representative of CHART. Approximately 104 people attended the NFPB’s presentation including two (2) members of the Outreach staff. Figure 7 documents a few highlights from the conference.

Figure 7: NFPB-SHA’s participation in the Medical Association of Jamaica’s Annual Conference



Left: NFPB’s booth at the Symposium

Right: Dr. Tina Hylton-Kong presents on behalf of the NFPB

b) Reproductive Health Conference

In November 2014, the NFPB hosted a reproductive health conference at the Jamaica Conference Centre. The theme was *Repositioning Sexual and Reproductive Health for the Future*. The nearly yearlong preparation required the input of many members of the Outreach staff as well as representatives from other units within the organisation. Involvement ranged from public relations including media engagements and an outside broadcast, website development, sponsorship, and working at the two-day conference as part of the Secretariat. Highlights from the Sexual and Reproductive Health Conference 2014 constitute Figure 8 overleaf.

The conference programme included Acknowledgements; profile on the Keynote Presenter; Table of Contents; Organising Committee; Messages from the Minister of Health, Chairman of the Board of Directors and Executive Director; Workshop Schedules; Abstracts; Workshop Presentations; Poster Presentations and bio on Exhibitors.

Figure 8: Snap shots from the Sexual and Reproductive Health Conference 2014



First row: Addressing the conference attendees were Dr. Denise Chevannes-Vogel, Executive Director; Chairing a session was Miss Sacha-Marie Hill, NFPB Research Officer.

Second row: A virtual Who's Who in local Reproductive Health circles attended the conference.

Third row: NFPB Staff ensured the registration process was smooth.

Fourth row: Pharmaceutical companies representatives were on hand to update medical personnel

Strategy 6: To enhance the RH decision making skills of persons of reproductive age

In order to enhance the reproductive health decision making skills of persons of reproductive age, the following activities were initiated:

i) Promotional Activities for Marge Roper Counselling Service

The Counsellor continued to work at events, island wide and began accompanying the Training Officer to workshops to present selected topics on the agenda.

ii) Radio and Mobile ads developed and placed

One (1) of the NFPB's Toyota Hiace buses was wrapped with artwork from promotional posters (radio and mobile ads) of both the Family Planning and the HIV programmes; promoting the activities for the Marge Roper Counselling Service. Figure 9 shows the wrapped bus.

Figure 9: Wrapped bus with artwork



A brightly wrapped bus in the fleet serves to also advertise the Counselling Service

iii) Rebranding of Marge Roper

In an effort to rebrand Marge Roper, the services of the Family Planning Counsellor as a resource person was incorporated in specific radio programmes as well as newspaper supplements.

iv) Articles placed in a leading newspaper

Seven (7) articles placed in a leading newspaper. No longer was the NFPB able to afford the cost attached to paying for a column as was done in previous years. This was once done on behalf of the Counselling Service but due to reduced financial resources the entity resorted to writing articles and sending them to specific print media entities. The required number of articles were written and shared with the Gleaner and Jamaica Observer and their spin-off supplements (Teen Age, Youth Link, All Woman, Flair), for their readers.

These were no-cost placements.

v) Educational materials reviewed and rewritten and reprinted where necessary:

The content of a vasectomy brochure was reviewed. A Syphilis testing card was developed. The rewrite and printing of other material was not required.

Strategy 7: Organise and Implement activities to enhance and promote the visibility of the FP Programme

i) Radio and TV PSAs aired

In March 2015, 80 x 30 second commercials were aired on SunCity Radio and Nationwide News Network. Mello FM and KOOL97FM both aired 100 x 30 second ads. Power 106 broadcast 65 x 30 second ads and CVM TV aired 30 commercials. TVJ and RJR also were used to publicise the NFPB's messages.

ii) Participation in exhibitions and Theme days/Weeks

As the NFPB strengthens the collaboration with NGOs, CBOs, and faith-based organisations to situate health promotion at the community level, the NFPB participated in theme days such as Family Week, World AIDS Day, World Contraceptive Day, World Population Day, and Safe Sex Week. The organisation was invited to be a member of planning committees, commit to booth rental at events and to provide novelties for outreach activities. Figure 10 below highlighted the NFPB's booth at the World Population Day celebration and National Youth Service Facility in May Pen, Clarendon

Figure 10: Highlights of the NFPB's booth at the World Population Day celebration and National Youth Service Facility in May Pen, Clarendon



Interactions at the NFPB's booth included counselling, condom demonstrations, and fulfilling requests for educational material

iii) Family Planning Week

Family Planning Week was observed under the theme: ***Time to Talk***, the general public was encouraged to have conversations on:

- Contraceptive choices
- Condom Use
- HIV Testing
- Stigma and Discrimination; and
- Family Life.

The week of activities was as listed below:

- October 26 – Church Service, Church of the First Born, 95 Waltham Park Road, 8:30 a.m.
- October 27 – Jamaica Observer’s *Monday Exchange*; (See Figure 11)
- October 28 –SunCity Radio interview
- October 27-31 – Workshops at the Gateway Plaza, St. Catherine, 6 p.m.
- October 29 – Workshop for Parents of Out-of-School Youth, Heroes Circle SDA, 10 a.m. to 3 p.m.
- October 29 – Rap Session at an inner-city high school. Topic: “Time to Talk”, 10:30 a.m. to 11:30 a.m.
- October 29 - JIS Think Tank; 8:30 a.m.

Figure 11: Print Screen Image from the Jamaica Observer website



Articles in the Jamaica Observer appearing on-line

- October 30 – National Schools Debate, N1 Lecture Theatre, UWI; 2 p.m. to 5 p.m.

The planning of the National Schools Debate was in association with the Jamaican Association for Debating and Empowerment (JADE) Limited. The Motion was “*This House believes that sexually active young people should have access to contraceptives*”. The British Parliamentary format was adopted for the debate. Competitors in the Upper House were the University of Technology (opening Government) and the University of the West Indies (opening Opposition).

The Lower House consisted of high schools – Jamaica College (closing Government) and The Queen’s School (closing Opposition).

- October 31 – Health Fair, Cross Roads Car Park (across from the market), 8 a.m. – 6 p.m.

The health fair included an outside broadcast by SunCity Radio. Contraceptive methods specifically orals, condoms and the injectable were offered. The HIV testing team was on hand to do syphilis and HIV testing and counselling. (See Figure 12) Other agencies partnered with us to offer other services.

Figure 12: Health Fair, Cross Roads Car Park



Time to Talk: Clients were provided with valuable family planning and STI/HIV information at the health fair.



Knowing how to put on a condom correctly makes all the difference!

- November 7-8 - Interventions at Massage Parlours and Exotic Clubs island wide.

iv) Marge Roper Counselling Service

During the reporting period, a total of 5,708 persons used the Marge Roper Counselling Service (MRCS) and 2,720 pieces of health and family life education were distributed. With the integration process the MRCS remains a call-in, walk-in, write-in service and in the year under review 325 Calls, 48 visits, 66 letters, and 143 Facebook messages were passed to the service. An estimated 5,198 individuals tapped into the service via external engagements held by the Counsellor at health fairs and presentations – Table F

TABLE F: HEALTH FAIRS

Event	Venue	Date	Attendance/Reach
MAJ Symposium	Jamaica Pegasus Hotel	June 6	40
Nutrition Products Limited Staff Wellness Day	Nutrition Products Limited	June 12	50
NYS Orientation Day	Merl Grove High School	July 2	3
World Population Day	Clarendon	July 11	50
Wellness Day	Ministry of Industry, Investment and Commerce	August 5	45
Staff Wellness Day	Appleton Estate	August 15	45
Men's Day	National Water Commission (Head Office, KSA)	September 25	32
Family Planning Week Health Fair	Cross Roads car park	October 31	194
SERHA health fair to commemorate World AIDS Day	Comprehensive Health Clinic	November 27	80
Wray & Nephew health fair	Holland Bamboo Factory	November 28	34
World AIDS Day health fair	Mandela Park	December 1	82
Safe Sex Week activity	Rolandsfield	February 9	3
Safe Sex Week activity	Gregory Park	February 10	38
Safe Sex Week activity	Rema	February 11	78
Safe Sex Week activity	Ellerslie/Tawes Pen	February 12	69
Safe Sex Week activity	Spanish Town Road	February 13	59
CDA Health Fair	Girl Guide's Association	March 11	40
St. Catherine High School Health Fair	St. Catherine	March 27	20
TOTAL			962

The Marge Roper Counsellor served the rural and urban areas, participating in the presentations, detailed in Table G. To impart the STI/HIV information the Counsellor collaborated with personnel who came across from the NHP to broaden the information being imparted to various audiences.

TABLE G: PRESENTATIONS

Event	Attendance	Subject area
Nutrition Products Limited	75 staff members	
UTech Pre-service Nurses Workshop	12 Pre-service Nurses	<i>Characteristics of Youth-friendly services; Adolescent Psychologic and Social Development.</i>
VJH Pre-service Nurses	45 Pre-service Nurses	<i>Sexuality, STIs, Counselling Adolescents</i>
Homestead Girl's Home	20	<i>Puberty</i>
Ebony Park Academy	122	<i>Choose Two</i>
Public Sector HIV Focal Point Workshop	15	<i>Talking to your child about sexuality</i>
Three (3) Massage parlours	18 workers in massage parlours	<i>Family Planning</i>
Salvation Army School for the Blind	50 staff members	<i>Family Planning & Contraceptives</i>
Ebony Park H.E.A.R.T Academy	400 students	<i>Family Planning - Choose Two</i>
Spanish Town Pre-service Nurses	22 Pre-service Nurses	<i>Characteristics of Youth-friendly services; Understanding sexuality, STIs, Counselling adolescents.</i>
Hope Worldwide Out-of-School Youth workshop	23 Out-of-school youth	<i>Managing your sexual and reproductive health</i>
Hope Worldwide Out-of-School Youth workshop	20 parents of out-of-school youth	<i>Managing your sexual and reproductive health</i>
Massage parlours workshops	32 workers in massage parlours	<i>Getting to know your reproductive system</i>
St. Francis Primary School Parents' Day	60 parents	<i>Tips on teaching your child how to be responsible.</i>
Old Harbour High School Parents' Evening	110	<i>Building circles of involvement: Home, school, community</i>
NCYD Parish Community Tour	130	<i>Choose two</i>
Lewisville High School Parents Day	170 participants	<i>Building circles of involvement: Home, school, community</i>
SERHA hosted BCC/CPEs	50	<i>Family Planning Counselling</i>
Dundee Primary School Parents' Day	220(140 parents & 80 students)	<i>Family Planning and Puberty</i>
UWI	20 students	<i>Contraceptives and Counselling</i>
NCYD Parish Community Tour (Manchester)	70	<i>Choose two</i>
Massage parlours workshops	14	<i>Maintaining sexual health</i>
Port Antonio High	130	<i>Time to Talk</i>
EXED Pre-service Nurses Workshop	60	<i>Characteristics of Youth-friendly services. Understanding sexuality, STIs, Counselling adolescents.</i>

Event	Attendance	Subject area
Family Court Attendance Centre	26	<i>Time to Talk</i>
St. Thomas Commercial Sex Workers Workshop	15	<i>Positive Parenting</i>
KSA Commercial Sex Workers Workshop	12	<i>Taking care of your sexual and reproductive anatomy</i>
UTech Pre-service Nurses Workshop (Montego Bay)	40	<i>Characteristics of Youth-friendly services. Understanding sexuality, STIs, Counselling adolescents.</i>
Brown's Town Sigma School of Nursing Pre-service Nurses Workshop (Montego Bay)	53	<i>Characteristics of Youth-friendly services. Understanding sexuality, STIs, Counselling adolescents.</i>
King's Way High School	32	<i>How to improve your self-esteem</i>
Aabuthnott Gallimore High (Alexandria, St. Ann)	130	<i>The Benefits of Family Planning</i>
MSM Workshop	15	<i>Living in your own skin</i>
Commercial Sex Workers Workshop	10	<i>The Benefits of Family Planning</i>
IUCD Insertion Training	22	<i>Dispelling Rumours and Misconceptions about IUCD, Counselling for IUCD</i>
Bog Walk High School	80	<i>Understanding your sexuality.</i>

The strategic objectives mentioned above were met as evidenced by the following statistical data:

(a) Semi-annual and Annual Family Planning Statistical Reports

In the year April 2014 to March 2015, two Semi-Annual Family Planning Statistical Reports (January to June 2014 and July to December 2013), were prepared. Key tables which will be used in the January to December 2014 Semi-Annual Family Planning Statistical Report follow.

TABLE H: NEW ADOLESCENT ACCEPTORS 10-19 YEARS BY REGION AND PARISH, JANUARY TO JUNE 2013 AND JANUARY TO JUNE 2014

Parish	Jan-Jun 2014	Jan-Jun 2013	Percentage Change
KSA	3,388	3,338	1.50
St. Thomas	585	614	-4.72
St. Catherine	2,644	2,810	-5.91
Portland	394	446	-11.66
St. Mary	711	810	-12.22
St. Ann	872	928	-6.03
Trelawny	519	543	-4.42
St. James	1,030	1,128	-8.69
Hanover	501	513	-2.34
Westmoreland	867	1,158	-25.13
St. Elizabeth	648	888	-27.03
Manchester	783	791	-1.01
Clarendon	733	1,134	-35.36
Total	13,675	15,101	-9.44

Source: MOH MCSR, 2013 & 2014

For the January to June 2014 period, total female adolescent visits to family planning facilities declined by 9 percent from 15,101 in the January to June 2013 to 13,675. The only Parish that recorded a slight increase in adolescent visits was Kingston and St. Andrew (1.50 percent). All the other parishes recorded declines in adolescent visits. (See Table H)

For the July-December 2014 period, total female adolescent visits to family planning facilities decline to 10,368 from 13,972 in the July- December 2013 representing a 26 per cent decrease. All parishes reported a decline in adolescent visits. (See Table I)

TABLE I: NEW ADOLESCENT ACCEPTORS 10-19 YEARS BY REGION AND PARISH, JULY TO DECEMBER 2013 AND JULY TO DECEMBER 2014

Parish	July-Dec 2014	July-Dec 2013	Percentage Change
KSA	2,497	3,112	-19.76
St. Thomas	517	580	-10.86
St. Catherine	1,807	2,550	-29.14
Portland	355	428	-17.06
St. Mary	537	767	-29.99
St. Ann	785	914	-14.11
Trelawny	339	592	-42.74
St. James	823	1,232	-33.20
Hanover	461	538	-14.31
Westmoreland	558	878	-36.45
St. Elizabeth	577	812	-28.94
Manchester	537	639	-15.96
Clarendon	575	930	-38.17
Total	10,368	13,972	-25.79

Source: MOH MCSR, 2013 & 2014

As indicated in Table J overleaf, more females continued to visit Public Health facilities than their male counterparts. For the January to June 2014 period, 124,571 females compared to 12,220 males visited such facilities. Comparing the periods January to June 2013 and 2014, a decrease in female visits of 11.4 per cent was observed. However, comparing similar periods, a decline in male visits of 5 per cent was noted.

For the July to December 2014 period, 103,818 females compared to 7,135 males visited such facilities. Comparing the periods July to December 2013 and 2014, a decline in female visits of 21 per cent was observed. However, comparing similar periods, a decrease in male visits of 48% per cent was noted.

TABLE J: NUMBER OF FAMILY PLANNING VISITS BY SEX AND PARISH

Parish	January to June 2014		January to June 2013		July to December 2014		July to December 2013	
	Male	Female	Male	Female	Male	Female	Male	Female
Kingston & St. Andrew	1,406	31,346	643	32,492	771	24,962	1,135	28,628
St. Thomas	434	55,26	212	5,245	221	5,549	370	5,236
St. Catherine	198	24,905	1,023	25,624	238	17,506	628	24,413
Portland	116	4,009	202	4,571	97	4,012	192	4,418
St. Mary	788	6,432	702	6,852	243	5,032	931	6,550
St. Ann	366	8,331	496	9,632	244	8,219	567	9,375
Trelawny	1,041	5,653	1,398	5,576	567	4,161	1,563	5,717
St. James	3,656	8,355	1,988	8,936	1,826	7,077	2,721	9,368
Hanover	901	4,663	848	4,698	735	4,414	934	4,573
Westmoreland	250	6,962	229	8,733	159	4,330	282	8,057
St. Elizabeth	1,292	8,369	1,884	9,704	1,068	7,158	1,790	8,820
Manchester	736	8,028	479	8,385	279	5,920	893	7,513
Clarendon	1,036	7,084	1,483	10,156	687	5,478	1,765	9,178
Total	12,220	124,571	11,587	140,604	7,135	103,818	13,771	131,846

Source: MOH MCSR, 2013 & 2014

Table K: New Acceptors of IUCD and Implant by Age Group, January to June 2012 And 2013 and July to December 2012 and 2013

Period	Implant ⁴				IUCD			
	10-19	20-29	30+	Total	10-19	20-29	30+	Total
January – June 2013	29	54	39	122	40	259	209	508
January – June 2014	0	1	1	2	70	264	200	534
July to December 2013	1	3	3	7	3	25	20	48
July to December 2014	57	227	207	491	23	209	160	392

Source: MOH HMSR, 2013 and 2014

Table K above, revealed that the total number of new acceptors of Implant decreased significantly from 122 in the January to June 2013 period to 2 in the January to June 2014 period, which represents a 98 per cent decline. However, new acceptors of IUCD increased by

⁴ The NFPB-SHA does not procure contraceptive implants for distribution

5 per cent for the same period. The majority of new acceptors of the IUCD were in the 20 - 29 age group while the adolescent (10 -19) age group had the lowest number of new acceptors for both methods and periods. The two acceptors of Jadelle were recorded in the 20-29 age group (one person) and the 30 + age group (also one person).

The total number of new acceptors of Implant decreased from 48 in the July to December 2013 period to 7 in the July to December 2014 period, which represents an 85 per cent decline. However, new acceptors of IUCD increased by 25 per cent for the same period. The majority of new acceptors of the IUCD were in the 20 - 29 age group while the adolescent (10 -19) age group had the lowest number of new acceptors for both methods and periods.

Table L: New acceptors of Family Planning Methods for Periods 2010-2014

Methods	Jul-Dec 2014	Jan-Jun 2014	Jul-Dec 2013	Jan-Jun 2013	July - Dec 2012	Jan-Jun 2012	Jul-Dec 2011	Jan-Jun 2011	Jul-Dec 2010	Jan-Jun 2010
All Methods	15,777	19,021	20,249	20,321	20,582	20,277	21,964	18,966	19,027	20,166
Pills	4,188	3,766	3,435	3,786	3,697	3,738	3,992	3,531	4,032	4,511
Injection	6,058	10,445	11,622	11,110	11,915	11,505	11,948	9,406	10,755	10,874
IUCD	491	534	392	508	450	543	479	551	460	570
Jadelle/ Norplant	7	2	48	122	120	56	65	95	59	5
ECP	4	9	2	8	6	5	1	8	16	6
Condom	5029	4,265	4,750	4,787	4,394	4,430	5,479	5,375	3,705	4,200

Source: MOH MCSR Data, 2013 and 2014

The new acceptors for family planning methods during the period January to June 2010 and January to June 2014, varied. The total number of new Family Planning Acceptors decreased by approximately 6 per cent from 20,321 to 19,021 when the January to June 2013 and January to June 2014 periods were compared. Declines in the number of new acceptors were recorded for all the contraceptive methods when January to June 2014 was compared to the similar period from the previous year.

During the period January to June 2010 and July-December 2014, the total number of new family planning acceptors also showed sharp variation. However, new acceptors of family planning of all methods was the lowest in this period when all periods were compared. Deeper analysis revealed that, over the two periods (July- December 2014 and July-December 2013), new acceptors for Injection and Jadelle declined from 11,622 to 6,058 and 48 to 7 respectively. On the other hand, new acceptors of Pills, IUCD, ECP and condoms were increased by 21, 25, 100 and 6 percent correspondingly (see, Table L above).

(a) Contraceptive Logistics Management Information System (CLMIS)

Dissemination, Standardisation of Reporting Forms and Training of Health Providers

Following the dissemination of the Contraceptive Logistics Management Information System (CLMIS) Assessment findings in November 2013 to the Board of Directors, Heads of the Health Regional Authorities, the Family Health Unit in the MOH, interviewers in the study and key NFPB staff members, an island-wide dissemination of the findings took place in August 2014. The NFPB's M&E Unit conducted seminars in each region where the findings were disseminated to key Health Providers and forms used within the CLMIS were reviewed and comments received for form revision. Based on these findings, it was deemed necessary to train Health Providers in key areas of the CLMIS, which was facilitated by members of the M&E Unit.

A total of 30 service providers were also trained on September 30, 2014 and October 1, 2014 in the areas of:

- Monitoring and Evaluation;
- The Contraceptive Logistics Management System;
- Record keeping;
- Data sources and data collection; and
- Data quality in health systems.

b. Formative Assessment of Quality of Care within Family Planning Clinics

During the months of October 2014 and November 2014, the Monitoring and Evaluation Unit conducted a formative assessment of the quality of care within 12 public sector family planning clinics island-wide. The assessment comprised 23 interviews with family planning clients, 12 interviews with nurses at these clinics and interviews with Regional Nursing Supervisors. The aims of the assessment were to: determine guidelines for programme accountability and establish criteria for best practice in the provision and management of family planning information and service. Among other factors, the assessment explored issues surrounding the unmet need for family planning, dual method use, marital status, contraceptive method satisfaction, conditions of the facility.

Among other key findings, the assessment of the client-provider interaction at these clinics determined that:

- A total of 55% of clients stated that their desire for more children was not discussed;
- Approximately 73% stated that the timing of their next child was not discussed;
- A total of 72% stated that multiple/single sexual partners was not discussed; and
- Over 75% stated that HIV testing, HIV status and partner status were not discussed.

Stock outs of contraceptive methods were also a prominent finding. A total of 92% of the 12 clinics visited reported stock outs of Depo Provera and four (4) of the 12 were stocked out of the male condom. Major recommendations included:

- Ensuring consistent contraceptive supply,
- Increased promotion of Dual Method Use within clinics,
- Random and consistent quality checks,
- Update and revise the NFPB family planning service delivery guidelines
- Sensitisation and training exercises among potential clients and service providers among other key recommendations.

c. Global AIDS Response Progress (GARP) Report- March 31, 2014

The purpose of the Global AIDS Response Progress (GARP) was to assess the progress made against the targets of the 2011 UN Political Declaration on HIV and AIDS and the Millennium Development Goals. GARP is an opportunity for the National Response to highlight achievements and gauge what was further needed to be done to achieve the targets.

Highlights from report:

- Approximately 1.8% of the adult population or 30,265 persons were living with HIV.
- Higher HIV prevalence in populations among men who have sex with men (MSM) (32.8%), female sex workers (SW) (4.1%), and homeless persons (12%) (Ministry of Health, 2012).
- The main drivers of the HIV epidemic were closely tied to poverty and related development issues, which included the slow rate of economic growth, high levels of unemployment, low academic achievement, early sexual debut, multiple partnerships, and transactional and commercial sex.
- Approximately 74% of all reported AIDS cases in Jamaica occurred in the 20 to 49 years age group, and 86% of all reported AIDS cases between age 20 and 60 years.
- Total AIDS case rate among men continued to exceed AIDS case rate among women, though this gap has narrowed over the years. Women accounted for 37% of persons reported with AIDS prior to 1995 compared to 44% of persons reported with AIDS between 2004 and 2008 (Duncan et al, 2010) and 46% of persons reported between 2009 and 2012.
- Females accounted for the majority of cases in the 10 to 29 years age groups, and among the 15 to 19 years age group.

d. Sexual and Reproductive Health Conference (2014)

The NFPB staged its second Sexual and Reproductive Health Conference during the period November 28-30, 2014 at the Jamaica Conference Centre in Kingston. The conference proved to be a successful one with representatives from the public and private sector as well as representatives from civil society organisations.

The conference opening ceremony was presided over by a distinguished panel including:

- Dr. Sandra Knight, Chairman, NFPB
- Dr. Denise Chevannes-Vogel, Executive Director, NFPB
- Dr. Arun Kashyap, United Nations Resident Coordinator and Resident representative
- The Honourable Dr. Fenton Ferguson, MOH
- Dr. Edward Greene, UN Secretary General Special Envoy for AIDS in the Caribbean
- Dr. Kevin Harvey, Acting Permanent Secretary, MOH

Day 2 of the conference proved to be a very informative one with plenaries focused on making the link between SRH programmes and national development, the impact of SRH policies on adolescents, PLHIV and key populations. The conference also consisted of workshops throughout the day with topics such as 'Integrating family planning and HIV, are we ahead of the game?', 'Long acting reversible contraceptive technologies: guidelines for use and monitoring safety', and 'breakthroughs in fertility management: Jamaica leading the way'.

Day 3 of the conference included multidimensional plenaries including 'Healthy mothers, healthy fathers, healthy families', Exploring rights through the national abortion policy and exploring taboo and pleasure in Sexual and Reproductive Health Care. Workshops conducted explored issues such as 'parenting' and urgent SRH issues among adolescents along with several research presentations. A conference magazine was also prepared and disseminated to conference attendees. The magazine included the agenda for the conference as well as abstracts submitted, highlighting promising research in the area of SRH.

The majority of conference participants who completed evaluation forms rated the sessions as either very good or excellent.

When asked how future plenaries could be improved, of the responses received, 50 per cent stated that time management should be improved, 13.6 per cent suggested more interaction and discussion with another 13.6 per cent recommending hand-outs or copies of the presentations. Other suggestions included circulating recommendations on the way forward and presentations given in a non-technical format. The suggestions were similar for the workshops with time management and the revision of 'non-technical information' being important. Other suggestions included greater involvement of the youth, healthcare workers, more time for interaction and discussion and more data on key populations.

e. Elimination of Mother to Child Transmission (EMTCT) Initiative

The project for the elimination of vertical transmission (Mother-to-Child) of HIV/AIDS and Congenital Syphilis in Jamaica by the year 2015 was officially launched in October 2012.

Specifically, the objectives of the initiative were to ensure that between 2013 and 2015:

- the rate of mother to child transmission (MTCT) for HIV was equal to or below 2 per cent
- the incidence was 0.3 cases per 1,000 live births;
- the incidence rates of congenital syphilis were equal to or below 0.5 cases per 1000 live births in Jamaica.

The goals of the project were endorsed by the Pan American Health Organization (PAHO), Chief Medical Officers of Health for the Caribbean, PANCAP/ CARICOM, Caribbean Coalition of National AIDS Programmes (CCNAPC), CCM's, National AIDS Committees, among other organisations. As such, a database subcommittee chaired by the National Family Planning Board was established to provide strategic guidance and oversight for strengthening case-based HIV and STI surveillance in MCH services and strengthening the capacity to implement comprehensive action and monitor progress towards elimination of MTCT HIV, syphilis and other STIs.

The database subcommittee identified specific activities that should take place between August 1, 2014 and March 31, 2015. This was to support the overall objective of strengthening the monitoring and surveillance systems towards the achievement of elimination status. To date, all key activities for the project were completed as follows:

- Web-based data collection system implemented;
- User guide developed for use of web-based reporting system;
- All public and Private sector stakeholders trained in reporting;
- Core indicators, supporting indicators and optional indicators collected in Private sector;
- Onsite review of Public sites completed and data collection systems validated.

f) Recent and/or ongoing Research

The following research were conducted:

- i) Third bio-behavioural surveillance survey (BBSS) of Men who have sex with men (MSM) 2014/2015

Objectives: To establish HIV and Syphilis prevalence among MSM as well as to collect behavioural data to be used to inform HIV/STIs prevention and treatment interventions among the said population.

The protocol was submitted and was approved. Currently, the training of interviewers to conduct the formative assessment was underway, while data collection for the formative assessment was expected to be completed within the next few months.

ii) Third bio-behavioural surveillance survey (BBSS) of Commercial Sex Workers (CSW) 2014

Objectives: To establish HIV and Syphilis prevalence among Commercial Sex Workers as well as to collect behavioural data to be used to guide HIV/STIs prevention and treatment interventions among the said population and its clients.

Data collection was completed and data analysis commenced.

g) Library Period under review

The National Family Planning Board maintains a special library which offers its services to staff and the wider public in providing information and research services. Students, researchers, policy makers, staff and the wider society are welcome to use the resources and services offered to gather information pertaining to their sexual and reproductive health, including HIV/AIDS. The library is a part of the Monitoring and Evaluation Department division of the National Family Planning Board.

Many of the students from schools and other tertiary institutions that visited the library were mostly from Kingston and St. Andrew, and this trend continued throughout the year with females outnumbering the males in attendance. Parents and many care givers became frequent visitors of the library seeking information and educational materials to help with understanding and guiding them with the development of their children and for their personal benefits. The library had many promotional activities during the course of the year to attract more users, to get staff to use the services being offered and to become more aware of the new resources which were added to the collection throughout the year.

The “Brown Bag” seminar was held in house to share data on special topics and themes regarding sexual and reproductive health, where staff could communicate and share ideas during these lunch hour.

The library had displays in house during special theme days, which were also mounted by request in other entities to help educate and inform persons on various topics. The library assisted with information dissemination by attending and assisting with promotional activities put on by the organisation, for example, during Safer Sex Week, World AIDS Day and numerous others as they tried to promote the work done by the Board. Exhibitions and displays were done of library resources during workshops offered by the Board to help with the promotion of the library and also to get users’ awareness on what resources and services were available to them. Other administrative services and duties were conducted to assist with offering an efficient and timely service to clients and staff alike who used the resources of the library.

Listed below, were some of the schools and organisations that visited the library during the reporting period:

- Alpha Academy
- Excelsior Community college
- Institute of Higher Learning
- Bethel Gospel Assembly
- St. Joseph’s Teacher’s College
- Jamaica Theological Seminary
- Mico University College;
- University of The West Indies;

- University of Technology;
- Wolmer's High School for Girls and Boy's.
- St. Theresa All Age School
- Queens High School
- Bridgeport High School
- Denham Town High School
- Holy Childhood High School
- St. Hugh's High School
- Waterford High School;
- Jamaica Defense Force;
- Jamaica Constabulary Force;
- International University of the Caribbean

Provision of Library Services

A total of 181 persons visited the library between April 2014 and March 2015. The figures reflected an increase during selected periods of the year – reference is made to Table M.

Table M: Library Users Monthly, Quarterly and Annually - April 2014- March 2015

2014/2015	Number of library Users	2013/2014	Number of library Users
Quarter 1		Quarter 1	
April - 2014	22	April - 2013	47
May - 2014	20	May - 2013	7
June - 2014	10	June - 2013	10
Quarter 2		Quarter 2	
July - 2014	06	July - 2013	7
August - 2014	03	August - 2013	19
September - 2014	08	September - 2013	16
Quarter 3		Quarter 3	
October - 2014	20	October - 2013	33
November - 2014	24	November - 2013	20
December - 2014	11	December - 2013	5
Quarter 1		Quarter 1	
January - 2015	12	January - 2013	21
February - 2015	17	February - 2013	17
March - 2015	28	March - 2013	24
Total Users	181		231

Projects administered by the NFPB

(1) Global Fund

With the integration of key elements of the National HIV/STI Programme including prevention; support to treatment and care; enabling environment and human rights into the family and population planning programmes of the National Family Planning Board (NFPB), the NFPB is a critical and strategic partner in the HIV response.

The NFPB has therefore contributed to significant progress in responding to the HIV epidemic through a coordinated response with funding from the Global Fund, USAID, UNAIDS, UNICEF and several other international development partners.

The country's response to the HIV and AIDS epidemic has also matured significantly beginning with decline in AIDS deaths in 2005 and in the number of new infections in 2006. In terms of infection and mortality, it is on track to meeting MDG Target 6A - "*Have halted by 2015 and begun to reverse the spread of HIV/AIDS*". Since 2004, UNAIDS is reporting a 42% decline in new HIV infections in Jamaica (UNAIDS Gap Report, 2014). Additionally, there has been an increase in persons knowing their status which can be attributed to an increase in availability and access to testing.

Jamaica has also achieved success in reducing mother to child transmission and is on track to meeting the regional elimination goal of $\leq 2\%$ by 2015. In recent years, 90% of HIV-positive women and 98% of exposed infants have received Highly Active Anti-Retroviral Therapy (HAART) for PMTCT. The programme activities which are coordinated through an integrated service delivery system to ensure access to HIV testing of antenatal clients, provision of HAART to infected mothers and exposed infants and provision of alternate feeding for exposed infants have achieved a decline in transmission rate from over 10% in 2006 to 2.5% in 2013; and is expected to decrease even further as Jamaica scales up the implementation of labour ward testing in public and private hospitals and adopts the WHO guidelines for Options B+.

(2) PEPFAR

The target groups to benefit from the PEPFAR funds were Men who have sex with Men (MSM); Female Sex Workers (FSW); Out-of-School Youth (OSY) and Faith Based Organisations (FBO).

The Objectives were to:

- Increase access to prevention package of services for MSM and SW.
- Develop institutional capacity to implement BCC strategies for MSM and SW.
- Reduce vulnerability of children of Sex Workers and youth SW and MSM.
- Scale up OSY interventions to reach at risk youth and influentials.
- To incorporate FBOs in stigma and discrimination response.
- Sensitise key stakeholders on policy issues
- Provide policy training opportunities.
- Establish integrated HIV and sexual and reproductive health authority.
- Implementation of SRH and HIV National Strategic Plan.
- Maintenance of web-based M&E Database system for Jamaica's HIV/STI prevention programme.

- Ensure adequate and competent MOH personnel, office logistics, and administrative support to facilitate successful implementation of HIV/STI programming.
- Procure adequate supply of contraceptives for the integrated SRH authority.

Formal evaluations are yet to take place but the combined preliminary results of the USAID and Global Fund projects are shown in Table N below.

Table N: Preliminary results of the USAID and Global Fund projects

October 2014 – March 2015 Update			
Target Group	Period Target	Achievement	% of target
MSM reach	2658	3663	138%
MSM tested	800	959	120%
SW reached	6265	7914	126%
SW tested	1800	1750	97%
OSY reached	31254	15861	51%
OSY tested	7600	9375	123%
Inmates reached	750	745	99%
Inmates tested	700	745	106%
Homeless reached	500	534	107%
Homeless tested	292	479	164%

(3) Health and Wellness Programmes in two Places of Safety

Some of the activities conducted in the Granville and Homestead Places of Safety are outlined in Table O.

Table O: Activities conducted in two Places of Safety

Deliverables	Actual Achievements
Monthly steering committee meetings	6 meetings were held
Consultant to conduct baseline data for places of safety intervention	The pretesting of the instrument and a survey was conducted among 60 residents
Staff wellness programme	First staff recognition ceremony was held A birthday club was launched Four (4) capacity building seminars were conducted with staff
Life skills in places of safety	Residents were equipped with sportswear to participate in sports related activities.
Conduct psychological assessments and intervention	A Psychologist was identified and screening was carried out with 95 residents
Consultant to conduct desk review and prepare report	Desk review was conducted on out of school situation in Jamaica and the report submitted

(4) UN Women Project (January 2015 – March 2015)

The goal of the UN Women Project is to improve HIV and sexual and reproductive health of adolescent girls and young women through empowerment and reduction of gender inequalities.

The project objectives were:

1. To increase capacity among stakeholders for gender mainstreaming and policy.
2. To increase knowledge and awareness as well as to empower young mothers, adolescent girls and young women from marginalised communities to identify and adopt methods for preventing HIV, STIs and pregnancy.
3. To reduce social vulnerabilities amongst mothers (15-24) years as well as adolescent girls and young women from marginalised communities through knowledge based interventions and one and one interactions.
4. To train male partners to adequately support the young mothers to prevent HIV, STIs and repeated pregnancy.

5. To train parents to adequately support the young mothers to prevent repeated pregnancy and vulnerabilities to HIV and STIs.

Achievements under the project are captured in Table P.

Table P: Activities conducted January 2015 to March 2015

Deliverables	Achievements
Recruitment	Project Manager and Qualitative Research Consultant were recruited
Selection of inner city community	Greenwich Farm and Hanna Town were selected
Interventions	Six (6) empowerment workshops held for the 21 participants
Stakeholder Partnership	- Women Centre Foundation of Jamaica assisted with the selection of first community for intervention - Hope Worldwide conducted diagnostic testing among participants to ascertain readiness for entrance to HEART Trust
Diagnostic Results	- Eight (8) participants were recommended to sit the HEART Entrance Test. -Eight (8) participants were recommended for remedial studies at the Learn as you Earn Advancement Programme (LEAP) Five (5) participants were recommended to enroll in the Auto Skills Programme

(5) PROMAC

The NFPB was invited to submit a proposal to the European Union for funding related to the Programme for the Reduction of Maternal and Child Mortality (PROMAC). The goal is to provide support to Jamaica in attaining MDG4 “reducing child mortality “and MDG 5 “improving maternal health”.

The objectives of PROMAC are:

- To reduce the incidence of neonatal deaths due to lack of access to high dependency care;
- To reduce the incidence of maternal deaths due to lack of access to emergency obstetric care;
- To improve the quality of management of high risk pregnancies at both tertiary and primary care levels;

- To improve the population health seeking behaviour regarding maternal and child health;
- To enhance public awareness and understanding of health care processes and patients' rights and;
- To strengthen the institutional capacity of the Ministry of Health and Regional Health Authorities.

The NFPB developed a Concept Paper, which was submitted to the European Union for 300,000 Euro. The funds will be disbursed by the Family Health Unit in the Ministry of Health.

Finance

The Finance Unit ensures that the organisation abides by the relevant accounting regulations such as the FAA and the ISA Acts. Its financial statements are accurately prepared in a timely manner and its annual audits done by a government approved audit.

The Unit is responsible for managing the company's financial resources including grants provided by donor agencies.

The report of financial statements provided by the external auditors is attached.

APPENDICES

SENIOR MANAGERS

Mrs. Sannia Sutherland	- Acting Executive Director (April 1-August 31, 2014)
Dr. Denise Chevannes –Vogel	- Executive Director (as at September 1, 2014)
Miss Deandra Williams	- Director, Policy Formulation, Monitoring and Evaluation
Miss Sandrene Dunkley	- Director, Human Resources and Administration
Mr. Joseph Reynolds	- Director, Finance
Miss Dianne Thomas	- Director, Outreach Programmes