Sexual and Reproductive Health
EC/ACP/UNFPA Programme 2003-2006
Project No. 8 ACP TPS149

JAMAICA
JOINT PROGRAMME OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH
JAM/03/01/301-03/PO1

QUARTERLY REPORT
MARCH 2006

March 2006
TABLE OF CONTENTS

PART I. TECHNICAL REPORT

CHAPTER I. INTRODUCTION .................................................................4-7

CHAPTER II. DESCRIPTION OF IMPLEMENTATION..................................7-12

A. PROGRESS IN IMPLEMENTATION

B. MONITORING & EVALUATION

C. PROJECT COORDINATION, MANAGEMENT, AND PARTNERSHIPS

D. MAIN CHALLENGES AND LESSONS LEARNED
   - Facilitating Factors
   - Constraining Factors
   - Strategies to Address Challenges

CHAPTER III. ASSESSMENT AND CONCLUSIONS....................................12-13

PART II. FINANCIAL REPORT ...............................................................13

ANNEXES
Annex 1 Picture Highlights
Annex 2 News clip – Handing over of Medical Equipment to Victoria Jubilee
Annex 3 News clip – SRH window and handing over of vehicle for the Disabilities Sector

ATTACHMENTS
Attachment 1 Draft content of Flip Chart for Guidance Counselors
Attachment 2 Draft content of Comic Books for persons with disabilities
Attachment 3 Draft manual and facilitators guide for Parents
Attachment 4 Draft manual for the training of Disabled Peer Counselors
Attachment 5 Report on follow up workshops with males in St Ann and Portland
Attachment 6 Draft Manual and facilitators guide for guidance counselors, social workers and health care professionals
Attachment 7 Workplan Monitoring tool January to March 2006
Attachment 8 Service statistics and list of indicators
Attachment 9 Financial Report
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACP</td>
<td>African Caribbean and Pacific Region</td>
</tr>
<tr>
<td>AFS</td>
<td>Adolescent Friendly Services</td>
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<tr>
<td>AWD</td>
<td>Adolescent with Disability</td>
</tr>
<tr>
<td>AV</td>
<td>Audio Visual</td>
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<tr>
<td>BCC</td>
<td>Behaviour Change and Communication</td>
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<td>EC</td>
<td>European Commission</td>
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<td>EMOC</td>
<td>Emergency Management and Obstetrics Care</td>
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<td>ECP</td>
<td>Emergency Contraceptive Pill</td>
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<td>HIV/AIDS</td>
<td>Human Immune Virus/ Acquired Immune Deficiency Syndrome</td>
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<td>IEC</td>
<td>Information Education and Communication</td>
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<td>IUD</td>
<td>Intrauterine Device</td>
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<tr>
<td>JAD</td>
<td>Jamaica Association for the Deaf</td>
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<tr>
<td>JAMR</td>
<td>Jamaican Association on Mental Retardation</td>
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<td>JCPD</td>
<td>Jamaica Council for Persons with Disabilities</td>
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<td>KVAP</td>
<td>Knowledge Values, Attitudes and Practices</td>
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<td>MMR</td>
<td>Maternal Mortality Rate</td>
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<td>Ministry of Health</td>
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<td>National Family Planning Board</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>PIOJ</td>
<td>Planning Institute Of Jamaica</td>
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<td>PLA</td>
<td>Participatory Learning and Action</td>
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<td>PPIUD</td>
<td>Post Partum Insertion of Inter-Uterine Device</td>
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<td>PSA</td>
<td>Public Service Announcement</td>
</tr>
<tr>
<td>PWD</td>
<td>Persons with Disability</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>World Health Organisation</td>
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<td>WCJF</td>
<td>Women’s Centre of Jamaica Foundation</td>
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<td>YFS</td>
<td>Youth Friendly Services</td>
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CHAPTER I : INTRODUCTION

The Government of Jamaica (GOJ) and the United Nations Population Fund (UNFPA) through a grant from the European Development Fund embarked on a joint project in Sexual and Reproductive Health (SRH) [project: JAM / 03/01/03-03/PO1] in 2003. This project is part of a larger programme of cooperation between the UNFPA and the European Commission Umbrella Sexual and Reproductive Health programme in selected countries in the African, Caribbean and Pacific (ACP) regions.

After consultation with key stakeholders the project was signed with the Planning Institute of Jamaica on October 31, 2003. Start up project activities began with the recruitment of the project coordinator and the establishment of the project management structure. Programme activities commenced in May 2004, subsequent to the receipt of funds in March and the finalization and approval of annual work plans. The project builds on the foundation laid by the UNFPA supported VIP Youth project by expanding the range of beneficiaries to include persons with disabilities and males who have traditionally been underserved by past SRH programmes.

The project focuses on three priority issues adolescents and youth, SRH, STIs/HIV/AIDS, and Maternal Mortality and Morbidity in its contribution to achieving ICPD targets and the Millennium Development Goals such as poverty reduction, gender equality, the reduction of maternal and infant mortality, combating HIV/AIDS and improving access to reproductive health services. The main strategy centres on the development of sustainable national capacities for operationalizing reproductive health (RH) and reproductive rights especially at decentralised levels, including community mobilization and partnership with civil society to ensure that the programme directly benefits neglected, marginalized underserved communities living in poverty. The project will also contribute to the outcome of the UNFPA Country programme, which seeks to strengthen policy, and programme frameworks in support of sexual and reproductive health and reproductive rights, with special emphasis on adolescents.

The project’s goal is to contribute to the Government of Jamaica’s efforts to reduce poverty and promote sustainable development, by providing universal access to integrated, gender-sensitive rights-based sexual and reproductive health services.

The outcome is to have contributed to building institutional capacity to implement preventative activities ranging from making available appropriate information, counselling and training as well as improving the quality of SRH services. The use of networks to effectively influence the enabling environment (legal, social, and cultural) will also be explored.

The project will seek to improve knowledge of and provide tools for behaviour change in order to enable the full exercise of the sexual and reproductive rights by three of the most vulnerable segments of the population; it will also seek to build the institutional capacity to deliver high quality Sexual Reproductive Health services to three vulnerable groups through partnerships between the public sector and civil society groups; and to increase accessibility and quality of SRH services to improve the status of adolescents and males in the long term, while reducing the vulnerability of women and girls to unwanted pregnancy, STI’s and HIV/AIDS.
By the end of year three the expected results of the programme will be to increase awareness and exercise of the sexual and reproductive rights by targeted individuals, through better knowledge of issues and risks; greater health seeking behaviour; an increase in the use of services by the target group; an improvement in institutional capacity to provide greater access to SRH services as well as to improve the quality of SRH services, through training programmes, provision of equipment and materials as well as the strengthening of research, monitoring and evaluation systems.

The main target groups to benefit from the project are:

- males and females 10-24 years old,
- males aged 20 and over,
- women with disabilities;
- health care providers; guidance counsellors, Social Workers,
- Parents of adolescents with disabilities (AWD’s).

Specific beneficiaries will include pregnant women screened through antenatal clinics, adolescent mothers-to reduce the risk of unwanted second pregnancies; an estimated 420,000 adolescent girls and boys in secondary schools who will be served by school guidance counsellors and teachers, persons with disabilities, especially adolescents, their parents, as well as health care workers, and social workers working with them and impacting their SRH status; 15-19 year old adolescent males participating in the Women’s Centre of Jamaica Foundation’s programmes as well as adult males including police officers, taxi drivers and soldiers.

The project’s outputs are:

1. Increased awareness of SRH issues and rights (especially HIV/AIDS) among adolescents, men and PWDs;
2. Increased institutional capacity to provide greater access to and delivery of high quality SRH services.

The project is executed by the National Family Planning Board (NFPB) in collaboration with a number of project partners. NFPB is a statutory agency under the Ministry of Health with over 40 years experience in identifying, developing, promoting and coordinating national policies and programmes that recognize the right of the individual to high quality family planning services appropriate to their reproductive health needs and status.

Project partners include: the Women’s Centre of Jamaica Foundation (WCJF)-a non-governmental organisation (NGO) addressing the problem of interrupted education due to adolescent pregnancy; the Jamaica Council for Persons with Disabilities (JCPD)-the government agency under the Ministry of Labour and Social Security with the mandate to carry out the government’s programmes and policies for PWDs in Jamaica; The Jamaica Association for the Deaf (JAD), which serves the deaf community and provides a range of services including audiological assessments, hearing enhancements the fitting of adaptive devices and social support services including community development and advocacy; the Jamaican Association on Mental Retardation (JAMR)- promotes advocacy and provides leadership in the field of mental retardation; the McCam Child Development Centre (McCam)- is an integrated early childhood programme that serves the needs of children 6 months to 6 years and also includes assessment, therapeutic intervention, special education and educational workshops; the Family Health Unit (FHU) of the Ministry of Health (MOH); and the National Centre for Youth
Development (NCYD)—whose main aim is to integrate programmes and services for youth as well as advocacy.

As part of the monitoring and evaluation process a Project Steering Committee, chaired by the Planning Institute of Jamaica (PIOJ) provides policy and programmatic oversight. The PIOJ is mandated to lead the process of policy formulation for the GOJ on social and economic matters and also provides external cooperation management in the pursuit of sustainable national development.

This framework enables the collaborative participation of key government and non-governmental agencies towards innovative solutions and ownership in support of policy initiative and project output. In addition, ownership is strengthened by the fact that the programme is linked to the Government’s strategic framework for reproductive health for 2000-2005 and the mid-term development framework. Positioning the project-coordinating functions within the NFPB further enhances this integration. In addition, the Jamaica Council for Persons with Disabilities, the Government arm with responsibility for addressing the needs of the disabled, facilitates the implementation of crosscutting activities among disabilities partners.

Through the PIOJ and MOH’s involvement on the Project Steering Committee, links are forged with the Reproductive Health Policy Working Group, which enables the project to provide information and facilitate policy dialogue on SRH, support strategies and policies related to Adolescent SRH, Youth Policy, as well as strategies for STI’s and HIV/AIDS prevention.

**SUMMARY HIGHLIGHTS**

BCC and SRH materials distributed to date include approximately 900 pamphlets, 1,814 brochures and 15,750 posters distributed to implementing partners, collaborating agencies, NGOs as well as schools and clinics across the island. In addition, the content of the draft flip chart for use with guidance counsellors to supporting health and family life education in schools is completed. Draft manuals for the training and sensitization of parents, peer educators, guidance counsellors, social workers and health care professionals have also been completed.

In February, NFPB benefited from the receipt of 95 cartons of microgynon and 140,000 depo provera for distribution to the target population. The Victoria Jubilee Maternity Hospital received medical equipment in support of the Ministry of Health’s Safe Motherhood initiative. The handing over of the equipment received print media coverage from the Jamaica Gleaner, the local newspaper with the largest readership in Jamaica, featuring dominantly on page 4 of the daily.

Additional media coverage was received from the ceremony for the handing over of the vehicle to the Disabilities Sector and the opening of the Sexual and Reproductive Health Window at the Jamaica Council for Persons with Disabilities. The Ceremony was attended by the Minister of Labour and Social security and covered by the news media receiving front page mention in the Daily Observer, the new paper with the second largest coverage in the Island.

The project benefited from the visit of Mr. Koffi Kouame, Programme Manager of the SRH EC/ACP/UNFPA programme in Dakar, who facilitated a Strengthening Monitoring and Evaluation Workshop for project personnel and implementers from March 13-17.
Among other items of the agenda, Participants were introduced to Results Based Management (RBM), and guided the revision of the logical framework for the project.

CHAPTER II. PROGRESS TOWARDS IMPLEMENTATION

A. Progress in implementation

The section below summarizes project achievements against each Project Output.

Output 1: increased awareness of SRH issues and risks (especially HIV/AIDS) among adolescent, disabled and men

Indicator 1: % of targeted population with improved knowledge of reproductive rights
prevention of unwanted pregnancies, prevention of STI and HIV/AIDS, knowledge of at least two methods of contraceptive

This indicator has only been partially achieved with the training of forty eight (48) males in 2005. However preliminary work including the development of manuals to facilitate training and sensitization of the target group is at draft stage.

The training manual to facilitate the training of parents of adolescents with disabilities for example, was pretested in February 2006 among a group of twelve (12) parents representing all four disability groups. The manual, with accompanying facilitators guide, is now at the stage of publication. A contract has been signed with the communications specialist to do the illustration, layout and type set the completed manual to be delivered by May. The draft module for the training of disabled peer educators is still in the process of review by members of each disability group.

Feedback on the training module and facilitators guide for the training of health care providers, guidance counselors and social workers was received. The main concerns were the accuracy of the information especially as it related to the chapter dealing with sexual behavior and sexual health, as well as the user friendliness of the document and the design and layout. The decision was therefore taken to field test the manual with the target groups for their input in its finalization.

Indicator 2
Improved knowledge of service providers of the special needs of person with disabilities

The sensitization of guidance counselor, social workers and health care professionals continued into 2006. McCam was invited by the Nurses Association of Jamaica to make a presentation to the 45 participants at their Executive Meeting in February. Bringing the number of service provider’s sensitized to 345 persons.

Their presentation included an overview of the project and its activities and some key findings from the KVAP studies as they relate to improving service delivery to persons with disabilities. Mccam has also been invited to address members of the Medical Association of Jamaica at their conference in June.
Indicator 3
# of adolescents, men and PWDs reached with information on SRH issues and rights

The distribution of the BCC and SRH materials to implementing partners, collaborating agencies, NGOs as well as schools and clinics across the island continues with approximately 900 pamphlets, 1,814 brochures and 15,750 posters distributed to date. Organizations who received materials included the National Centre for Youth Development (NCYD), which is responsible for the Youth Information Centers across the island serving approximately 120,0001 youth per annum, the Jamaica Constabulary Force (JCF) - Community Relations Department, which works closely with the police youth clubs and community relations officers island-wide, Children First “Bashy Bus” - a mobile clinic covering the island, the Jamaica Council for Person with Disabilities (JCPD) who has responsible for distributing materials to the disability sector, Bureau of Women’s Affair- the government agency with responsibility for research and policy development as it relates to gender issues, and the Jamaica Family Planning Association (FAMPLAN) - servicing an average of 1700 adolescents per annum.2

Posters were also distributed to the forty eight (48) male participants who attended the SRH workshops held in Portland and St Ann last year. At this juncture however, data is unavailable to confirm the number of males that were sensitized by the aforementioned activity. This information will however be available in the next quarter. Other agencies to which materials are scheduled to be distributed in the next quarter are the National AIDS Committee (NAC) who will be responsible for distributing materials to their Parish AIDS Committees, as well as the National STI/HIV Control Programme of the Ministry of Health, Young Men Christian Association, Red Cross Society of Jamaica, and the Universities Halls of Residence and Colleges all established agencies working with adolescents and young persons in Jamaica. The Parenting Partners Caribbean have revised their ‘Parenting Manual’ and have requested 500 copies of the booklet ‘As you Grow’ to be printed at their expense for use with this manual.

There have been a great number of requests for more copies of the BCC material, as the service providers, counselors and teachers find them to be very useful. Approval was therefore given by the NFPB to use savings generated to facilitate the printing of additional brochures and posters for distribution.

In addition to the Posters, brochures and pamphlets produced the second draft of the text for the flipchart to support health and family life education in schools is in the process of review by members of the Women’s Centre technical working group for material development.

Concerning the development of audio visual materials for PWDs, the draft script for SRH interactive game was received and reviewed by all disability groups. Arising from this, priority was placed on making the game accessible to the deaf adolescents while recognizing that the visual approach will also be useful for other groupings. They are now awaiting the final copy of the script from the consultant in May.

With regards to the development of printed materials, the script for the comic books have been drafted and circulated to all four (4) disabilities grouping for review by the end of

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1 Statistics provide by the National Centre for Youth Development
2 Statistics provided by FAMPLAN
May. Once this is finalized audio tapes and large print copies of the document will be completed.

**Output 2 Increased institutional capacity to provide greater access to and delivery of high quality SRH services.**

**Indicator 1:**
**Increased SRH services being provided to targeted population**

In 2005 the Jamaica Council for Persons with Disabilities proposed the opening of a contraceptive window to offer contraceptives such as the pill, including the emergency contraceptive pill, and condoms at their offices. The Window would expand access to contraceptives among persons with disabilities owing to the negative attitudes and perceptions of the general public and professional when delivering SRH services to PWDs.

The National Family Planning Board was approached to formulate an implementation strategy including the training of personnel and the establishment of the station as part of the NFPB’s outreach which would include regular visits by the NFPB nurse and their provision of contraceptives.

As JCPDs provided service to 1,283 PWDs in 2005 alone, it was envisioned that the Window would exceed this number once it is made public. Nineteen (19) persons, including representatives from the JCPD and each disability group, were therefore trained including representatives from the agencies working within the disability sector to facilitate the eventual expansion of the programme to other parishes.

The Window was opened in April and named the Sexual and Reproductive Health Window to better represent the expanded scope of services to be offered include referral and the offering of other sexual and reproductive health information. The opening was attended by the Minister of Labour and Social security and covered by the news media receiving front page mention in the Daily Observer, the new paper with the second largest coverage in the Island. The opening was also used as an opportunity to hand over the vehicle purchased for the disability sector to facilitate public education and outreach.

In support of the Ministry of Health’s safe motherhood initiative, the Family Health Unit received and subsequently distributed the following equipment to the Victoria Jubilee Hospital: Two (2) Antepartum foetal monitor, one (1) central monitoring system for approximately nine (9) foetal monitors, ten (10) examination lamps, twelve (12) foetal heart dopplers and one (1) portal patient monitor. Still the event markers, itemized on the packing list, were not received and the cables for portable patient monitor were not correct. In addition the Infant Incubator is still outstanding. The matter was however reported to UNFPA for their follow up. On April 5 the ceremony for the handing over of the equipment was held at the Jubilee Hospital, the site at which the equipment will be located. The ceremony received print media coverage from the Jamaica Gleaner, the local newspaper with the largest readership in Jamaica, featuring dominantly on page 4 of the daily.

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3 Ministry of Labour Quarterly Performance Reports for 2005
Strengthening the National Family Planning Board’s efforts to ensure timely availability of contraceptives; NFPB received 93 cartons of Microgyon and 140,000 vials of Depo-Provera in February which are being distributed to clinics and centers island wide.

**Indicator 2**

### # of targeted facilities offering PPIUD

The PPIUD intervention sites, and number of PPIUD insertions to date are as follows:

- Victoria Jubilee Hospital - 0
- Spanish Town Hospital - 4
- Mandeville Regional Hospital - 3
- Savanna La Mar Hospital - Data unavailable

Previously the Victoria Jubilee in Kingston had no one trained in PPIUD however the two (2) doctors from the Spanish Town Hospital, who were previously trained in PPIUD insertion, relocated to the Victoria Jubilee. Therefore they are able to facilitate its implementation in Kingston which is expected to commence in May. Prior to their relocation however, they were able to conduct four (4) insertions.

A proposal from the Family Health Unit was submitted to the National Family Planning Board requesting the expansion of the PPIUD sites to include Annotto Bay as one of the PPIUD sites to facilitate the implementation of the PPIUD programme in the Northeast Health Region. A response is pending from the Family Health Unit to enable acceptance of the revised proposal.

The North East Region is without qualified personnel to implement the programme due to the migration of the nurse trained in PPIUD from St Anns Bay. However, the recently employed Consultant Obstetrician in Annotto Bay is qualified to conduct PPIUD insertion and therefore the North East Region would now have a site with the necessary qualified personnel. The proposal was reviewed and additional information requested. A response is pending from the Family Health Unit to enable the acceptance of the revised proposal.

Parishes commenced sensitization sessions for primary and secondary care staff on the PPIUD programme and protocol for implementation. These include Victoria Jubilee, Spanish Town and Annotto Bay Hospitals.

**Indicator 3:**

### Number of adolescent females accepting IUCD in the immediate Postpartum period

Data on this is unavailable at this time however, data capture forms developed at the strengthening monitoring and evaluation workshop held in March will be used to collect the information for the next quarter. Nonetheless, the Family Health Unit has developed a form to gather data on the number of clients counseled and their ages but this information but this information too is unavailable.

**Indicator 4**

### # of adolescents using the ECP

This statistic is unavailable however, a data capture form has since been developed to enable the collection of this information in the next quarter. Plans were instituted to provide training for the public health nurses and midwives on the use of the ECP to equip them with the knowledge and skills to counsel clients. The chief nursing officer is in support of this activity and nurses are anxiously awaiting the training which should be conducted by June. This training has already been included in the workplan of the NFPB.
Indicator 5

# 0f Maternity hospitals using the partograph

Most hospitals with maternity wards are now using the Partograph on patients in labour but not on all clients and not routinely as this is subject to the doctor. The partograph which was originally implemented at the St Ann’s Bay, Cornwall regional, and Mandeville hospitals, sites with the largest number of deliveries in Jamaica and the largest regional coverage, was expanded to include the University Hospital of the West Indies. This hospital is both a teaching facility and a tertiary care institution with approximately 2,500 deliveries per annum. The Victoria Jubilee Hospital in the south each region, was originally scheduled to be one of the sites for implementation it was excluded as it already had an in-service programme.

Monitoring of the maternal and prenatal outcomes will be on-going but is not expected to show significant change for at least another 2-3 years as the use of the Partograph is gradually institutionalized.

B. Project Monitoring and evaluation

From March 13-17 project personnel and representatives from implementing partners participated in a Strengthening Monitoring and Evaluation Workshop held at the Jamaican Association on Mental Retardation and facilitated by Mr. Koffi Kouame, the Programme Manager of the SRH EC/ACP/UNFPA programme in Dakar.

The objectives of the meeting were to:

1. To increase knowledge of participants on the use of RBM in programme monitoring and evaluation
   This was a presentation by Mr. Koffi Kouame, Manager, Dakar Management Unit on Results Based Management.

2. To revise the project logical framework based on the knowledge of the RBM
   Logical framework was revised with input from participants. Key outcome and output indicators were identified. The list of indicators is attached to this report.

3. To identify best practice themes for documentation
   Themes identified for documentation, besides the printing and dissemination of project materials, included the Process of meeting the needs of Adolescents and Men with Disabilities; a 15 minutes Audio Visual Documentary on DVD covering the various components of the project including interviews with beneficiaries, stakeholders, implementers, policy maker, service providers, etc. as well as showing processes and effect on beneficiaries.

4. To develop a monitoring and evaluation action plan for the project
   The monitoring and evaluation action plan and items budgeted

5. To introduce EC programme M&E service data base: content and application
   The data base was introduced to participants for their input. It was agreed that the M&E service data base would be adjusted to facilitate the data collection requirements of the project; the requisite data collection forms would be drafted by the Project Office in collaboration with Implementers for incorporation into the data
base and the Project Office will have responsibility for the collection and input of data into the database.

C. Project Coordination, Management, and Partnerships

The Government body with responsibility for executing the project is the National Family Planning Board. A Project Coordinator and Assistant are employed to the Board to manage the day-to-day coordination of activities. The responsibility of the Coordinator is to prepare reports to UNFPA and partners, ensure that all sub-contractual arrangements are in keeping with both Government and UNFPA guidelines, manage inter-sectorial and interagency linkages and oversee the disbursement of funds to implementing partners and sub-contractors in accordance with UNFPA procedures. However, financial reporting rests with the NFPB Director of Finance. The Project Coordinator also reviews and monitor implementers’ work plans and ensures that programme activities are being executed in accordance with funding guidelines. A Project Assistant also provides administrative and secretarial support. Both the Coordinator and NFPB Director of Finance received some exposure to the new Atlas, financial reporting system.

Through an open tender process, Implementing partners were identified to undertake various aspects of the project implementation process. Project partners were assessed and selected on the basis of their proven work with the target groups and their capacity to implement.

The JCPD oversees the integration of programme activities among the disabilities partners. This Committee comprises representatives from Government and NGOs with expertise in the development of SRH materials. Its primary purpose is to oversee the work of the technical working groups. Working groups comprise representation from a wide cross section of agencies including Fathers Inc., Coalition for Better Parenting, the Jamaica Society for the Blind, Early Childhood Stimulation Project, Combined Disabilities Association, and Mona Rehab just to name a few.

KPMG Chartered Accountants were successful in their bid for the audit of the 2005 financial statements for the project. The audit commenced on February 13 however, due to no fault of the National Family Planning Board (NFPB) to provide the necessary documentation in a timely manner when requested, the final audit report could only be submitted to UNFPA when it was received on April 18.

D. Main Challenges and Lessons Learned

Facilitating Factors
- Illustrated commitment by Government to improve SRH service delivery to PWDs with the opening of the SRH Window at the JCPD office.
- The strengthening monitoring and evaluation workshop was instrumental in stream line the M&E processes of the project.

Constraining Factors
- Difficulty collecting service data from implementers.

Strategies to Address Challenges
- The development of data collection forms in line with output indicators.
CHAPTER III ASSESSMENT AND CONCLUSION

Although the project document was prepared for signature early 2003, the document was only signed on October 31 when funding became available. The proceeding months allowed for project start up which included the recruitment of Project Personnel and the formal establishment of the project implementation structure. Activities began in May of 2004 after acceptance of annual work plans. The project has been operational 20 of its 42 months duration.

Addressing for the first time the SRH needs of persons with disabilities, knowledge, value, attitudes and practices KVAP studies were conducted among service providers and persons with disabilities to guide the development of appropriate interventions to effect behaviour change among adolescents with disabilities and service providers. The baseline studies were delayed because of the voluntary termination of the key researcher who became ill during the process. Efforts to recruit a replacement were constrained by difficulties in recruiting suitable qualified candidates with the combination of technical skills and familiarity with disability issues. On identification of a replacement, these persons had to be provided with additional support by the Sector. In addition, the Implementer’s lack of knowledge in navigating the relevant bureaucracies to collect data from health care providers also served to hinder the process.

Being a pilot there was no template to guide the process which meant that disability partners had to learn from their actions utilizing their collective knowledge base and experience to design and implement the studies resulting in the process taking longer to complete than anticipated and thus affecting the timeline for material development.

Additionally, data gathering was constrained by an unusually active 2004 and 2005 hurricane season which resulted in damage and dislocation of every sector of Jamaican society. Data collection schedules were affected and some implementers suffered infrastructural damage.

In light of these factors and their impact on the rate of implementation, the project requested a no cost extension for two years until September 2008. The extension will facilitate the achievement of project outputs by enabling

1. The evaluation and documentation of the process of developing SRH for persons with disabilities
2. The review and further dissemination of educational materials for guidance counsellors and social workers as well as the evaluation and documentation of the training
3. The roll out of the training manuals for health care professionals as well as the evaluation and documentation of the work done to improve male participation in Sexual and Reproductive Health Issues in their own right as men.
4. The training and sensitization of health care professionals, parents and person with disabilities.

The extension would also facilitate the documentation of best practices and the final evaluation of the project.

FINANCIAL REPORT
See attachment 9