



## **2007 Country Office Annual Report**

### **Jamaica**

**2007 COAR submission in the i-Track Remote Data Entry Facility (RDEF)**

**Control Centre > Narrative**

The narrative section is a succinct, analytical, and focused assessment of major factors in the countries' development environment that have strategic implications for positioning UNFPA and for influencing the role it plays in the country. It should not exceed two (2) pages in total length.

This section aims to:

- a. provide significant and relevant information on country-specific processes that have implication for UNFPA's work,
- b. highlight strategic opportunities for UNFPA to better position itself for contributing to ICPD goals and MDGs, and 2005 World Summit agreements
- c. present lessons learned and good practices in strategic positioning of UNFPA in the country of your assignment.



1. National Context

2. Partnerships in development

**Control Centre > Narrative > 1. National Context**

## 1. National Context (maximum 1 1/2 pages)

**1.1. Three UNFPA focus areas:** Briefly analyze key trends and issues in the country related to three focus areas of the UNFPA Strategic Plan: population and development, reproductive health and rights, and gender equality.

In the area of Population and Development Strategies some countries (Belize, Dominica, Guyana, Jamaica, and Netherlands Antilles) are now in a better position to integrate population in national development policies, thanks to UNFPA support. Likewise, UNFPA has played a catalytic role in bringing together countries and international donors in support to the 2010 round of censuses. The dearth of quality statistics is a major factor hindering the ability of countries to enact evidence-based policies. Only two countries, Belize and Jamaica, have conducted DHS surveys since 2000, with most countries having no data on SRH since the late eighties. The problems associated to SIDs character of the Caribbean like the high migration of skilled labor force- and the high vulnerability to natural disasters still pose significant challenges to development. Sexual and Reproductive Health issues continue to be high in the agenda of Caribbean countries, particularly with regards to HIV/AIDS and Adolescent pregnancy. Some countries have begun to institutionalize their approach to youth health, like in Guyana, where the Ministry of Health has established a Youth Wellness Unit building on a previous initiative with UNFPA. In the area of HIV and AIDS, the Caribbean has made significant strides in the fight against it and mortality rates and new infections seem to have reached a plateau in most countries. However, the under-running factors such as gender inequality, poverty and homophobia are pervasive and much needs to be done in order to adapt legislation to modern, human rights standards. Safe motherhood is being affected largely by the increased recourse to abortion by adolescents and by the incidence of AIDS and lifestyle-related conditions. Attempts are now underway in many countries for having men, and more importantly young men, involved in sexual and reproductive health and HIV prevention activities. The Region has witnessed a significant institutional strengthening of RHCS due in part to the support from UNFPA. Gender policies and programmes are still affected by the insufficient political clout and limited institutional capacity among gender bureaux. Gender inequality remains pervasive and, coupled with age discrimination, results in high vulnerability to poverty and to HIV by young girls, who are 3 to 6 times more likely to be infected by HIV. Young boys however are highly vulnerable to violence and school drop out, raising significant amount of attention among policy makers. Patterns of socialization and expectations put on boys and girls are changing rapidly in the Caribbean. Gender-Based Violence too remains pervasive and, while highly prevalent, very much invisible due to lack of adequate legal frameworks and enforcement capacities. An overarching challenge however is the capacity of stakeholders to develop and implement effective programmes at times due to constraints in human, technical, financial or organizational capacity. This is an area that UNFPA has done and will continue to expend a significant amount of efforts as capacity building is one of the key strategies that will ensure the success of the programme and the attainment of National development Goals.

### 1.2 External environment:

Analyze the external environment with the focus on trends and issues that affect UNFPA's role and performance in the country. In particular you may analyze and report on the following:

1.2.1 Key political, socio-cultural (including religious), and economic developments in the country that have affected and/or may affect UNFPA's agenda, including trends in government, political parties, religious organizations, civil society and other influential groups.

1.2.2 Factors that have affected and/or may impede or facilitate the progress and positioning of UNFPA agenda in the coming year. Please describe briefly the CO strategy to mitigate, overcome, and/or leverage and enhance these factors.

1.2.3 Expected resources for development, including aid to the country, as well as trends related to donors, the government and UN reform. Analyze strategic opportunities for UNFPA to ensure that ICPD priorities are addressed through increased funding and new aid modalities.

2007 has been a year of political changes in the region, elections in Bahamas, Jamaica and St. Lucia resulted in the opposition parties regaining power. Common to all these countries, concerns over economic development and crime and violence have led citizens to opt for a change, oftentimes breaking several decades of political continuity. While the region has witnessed a generalized economic growth for most countries, income distribution is highly skewed. The level of indebtedness of the majority of Caribbean countries results in low social spending

and an exacerbation of social inequality. At the same time, there has been a growing influence of religious groups in public life, media appearances and in political life. The most important factors that may affect the progress and positioning of UNFPA agenda have to do, on one hand, with the weak state capacity to invest in social programmes and policies, due to the high debt burden of many of these countries; on the other hand, religious groups with conservative positions on issues such as Health and Family Life Education or on Condom use have gained significant influence among policy makers, hence making it harder to implement policies and/or to review and upgrade legislation. The CO has engaged with Ministries of Finance and Planning in the development of econometric models that position population issues as critical elements of social spending, hence making the case for further investments in family planning, safe motherhood, HIV prevention. Such are the cases of Jamaica and its T21 model, Dominica, with its Growth and Social Protection Strategy and Guyana with its PRSP, all of which have benefited from UNFPA recent input. The CO is also working with religious groups to adapt ICPD messages to their audiences. In this regard, activities in Guyana with the Christian, Hindu and Muslim communities are yielding some very interesting results and opening new ways for collaboration. Resources for population, and in general for development, remain stagnant in the Caribbean. Most countries are middle- to high-middle income countries and highly indebted. Neither multi-lateral nor bi-lateral donors place any priority on to the Caribbean for resources, without perhaps in the case of Guyana, which counts with a PRSP. As stated before, and because funding is one of the major factors hindering the implementation of the ICPD, partnering with the Ministries of Finance and planning is critical and is what the office is pursuing in a very pro-active manner by using models that demonstrate the cost-effectiveness of investing in sexual and reproductive health and gender equality. For the first time, the CO is planning to test the provision of Direct Budget support to the Guyana MoH for the implementation of its Adolescent/Youth Wellness Unit workplan.

**Control Centre > Narrative > 2. Partnership in development**

## 2. Partnerships

2.1 Report on progress regarding UNFPA's involvement in partnerships to promote ICPD PoA and MDGs within national development frameworks, including PRS, SWAps, and Health Sector Reform, and contribute to UN Reform. Assess how UNFPA is positioned to adequately contribute to elaboration and implementation of major national development frameworks and/or humanitarian interventions. Describe support COs would need from the CSTs, GDs and other HQ divisions and units to better position themselves in pursuing ICPD goals and MDGs. Highlight lessons learned, including facilitating and constraining factors. Comment on new opportunities for partnerships with non-traditional partners.

UNFPA has successfully collaborated with partners in the government, civil society, private sector and faith-based community to promote the attainment of ICPD goals. Through participation in the Health Sector and Population task forces, the CO has promoted the incorporation of reproductive health and rights, population issues and gender equality into the National development Plan currently being drafted. This Plan is envisioned to guide Jamaica in achieving developed country status by 2030, and is therefore a key planning tool for the country. Thus, UNFPA's involvement in the development process has been quite strategic. Through its membership in the UN Theme Group on HIV/AIDS, participation in the UNDAF process and its involvement in the Multiple Indicator Cluster Survey, UNFPA has been playing an active role in the process of UN reform, by leading on some occasions, and at other times supporting UN system efforts at harmonization. The CO will require assistance from technical units in UNFPA, in order to strengthen support in the three programme areas. New opportunities for partnerships are indeed emerging and given the dynamics of the society and the need to reach the most vulnerable populations, there is need for innovative thinking and relationships to achieve the requisite goals. For example, efforts will be made to partner with football coaches in promoting SRH among male youth, given that football is a popular sport and can be used as a mechanism for mobilizing young men. Creative solutions have now become critical to addressing challenges faced at the local level.

2.2 Analyze UNFPA's involvement in UN system initiatives (CCA/UNDAF, Consolidated Appeals Process (CAP), Common Humanitarian Action Plan (CHAP), and MDG reporting) and UN Reform and assess achievements and constraints in respect to common and/or joint programming and streamlining programme and financial procedures (OECD/DAC).

UNFPA has played an active role in the CCA/UNDAF processes. As the co-chair of the HIV/AIDS Theme Group in conjunction with the Ministry of Health, UNFPA was instrumental in promoting the development of this component in the UNDAF development process. The CO also participated actively in the UNDAF review process which highlighted various contributions made by UNFPA in this area. The CO was also an active participant in the CAP which took place in the immediate aftermath of Hurricane Dean which affected Jamaica in 2007, and provided RH kits to the Jamaica Red Cross for dissemination to persons housed in shelters during this period. While several discussions were undertaken on the issue of joint programming in 2007, only one such programme materialized through the safe motherhood component in partnership with UNICEF and PAHO. Greater efforts will be made by the CO to embark on joint initiatives with other UN agencies. The introduction and adoption by HACT will also simplify the process of coordination, particularly where the EXCOM agencies are concerned.

**Section II**  
**Strategic Plan 2008-2011 Development Results Framework**

## POPULATION AND DEVELOPMENT

## OUTCOME 1

Population dynamics and its interlinkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks.

Population dynamics, RH, HIV/AIDS and gender incorporated into national development plans (NDPs) and poverty reduction strategies (PRS)

RH, HIV/AIDS and gender equality incorporated in health sector policy, planning and budgeting

CO's overall contribution to this outcome

## Population dynamics, RH, HIV/AIDS and gender incorporated into national development plans (NDPs) and poverty reduction strategies (PRS)

## National Development Policy

<b>Type</b>	Policy: Development
<b>Name</b>	Development Plan 2030 (T21)
<b>Cycle</b>	1
<b>Status</b>	Exists: not yet implemented or functional
<b>Validity</b>	Approved/Adopted: 2007 (year) Effective From: 2008 (year) To: 2030 (year) Document Date: (dd/mm/yyyy)
<b>Description</b>	Jamaica has embarked on a 25-year National Development Plan - Jamaica 2030, which is expected to put the country in a position to achieve developed country status by the year 2030. It is a macro-economic model based on the T21 (WB) methodology. The draft Jamaica Development Plan 2030 is expected to be prepared over a 1-year period (January 2007 - March 2008). This draft Plan will be tabled in the House of Parliament in April 2008. The final Plan will be completed after island wide consultations on the draft.
<b>Comments</b>	Since 1955, Jamaica has had a series of Five-Year Development Plans, the last one undertaken being for the period 1990-1995. Subsequently, priority policies of Government have been embodied in the National Industrial Policy and in a series of 3-year roll-over Medium Term Policy Framework (MTF) which articulated the Government's socio-economic policies, anchored in the Public Sector Investment Programme (PSIP).

## Incorporation of Population dynamics, RH, HIV/ AIDS and Gender equality

Key elements	Situation Analysis	Policy Document	M & E Plan	Comments	
<b>Population Dynamics</b>					
Population size/growth	Yes	Yes		Since the National Development Plan is currently being drafted, it is difficult to comment on some of the information requested.	
Fertility	Yes				
Mortality					
Internal migration	Yes				
Population and poverty linkages	Yes				
<b>Reproductive Health</b>					
ICPD Goal - Universal Access to RH	Yes				
Family Planning	Yes				
Maternal health	Yes				
HIV/AIDS prevention	Yes				
RH indicators					
<b>Gender</b>					
Gender analysis of poverty	Yes				
Gender analysis of Reproductive Health					
Gender based violence	Yes				
Sex-disaggregation of indicators					
<b>Young People's Needs</b>					
Adolescent Reproductive Health	Yes				
HIV/AIDS prevention	Yes				
Education, including vocational					

training  
Employment and other  
income-generating opportunities

#### UNFPA's contribution to incorporating population dynamics, RH, HIV/AIDS and gender into NDPs and the PRS in 2007

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Promoting policy dialogue and providing technical support for the incorporation of population dynamics and population-related indicators	Major	Through the CO's involvement in the Health and Population Task Forces, UNFPA contributed to the inclusion of issues such as reproductive health and rights, gender equality and PDS in the National Development Plan.
Promoting policy dialogue and providing technical support for the incorporation of RH issues and indicators	Major	
Promoting policy dialogue and providing technical support for the incorporation of HIV/AIDS issues and indicators	Moderate	
Promoting policy dialogue and providing technical support for the incorporation of gender issues and indicators	Major	
Developing and using models (costing estimates, pilot interventions etc) to advance the incorporation of population dynamics, RH, HIV/AIDS and gender priorities	Major	
Providing technical support for the formulation of specific interventions/programmes in RH, HIV/AIDS and gender	Major	
Advocating for increased investment to tackle RH, HIV/AIDS and gender priorities	Moderate	
Building capacity of, and partnering with, civil society groups to advocate for the incorporation of population dynamics, RH, HIV/AIDS and gender priorities	Moderate	
Promoting the involvement of, and partnering with, youth in policy development, monitoring and evaluation	Moderate	
<b>Overall</b>	Moderate	

#### RH, HIV/AIDS and gender equality incorporated in health sector policy, planning and budgeting

No health sector policy or SWAp was identified by SPO for this indicator.

##### Budgeting in the health sector

Total health sector budget:(\$)

Total Government budget allocated to RH:(\$)

UNFPA's contribution to total health sector joint budget:(\$)

Is there any information on RH expenditures in the health sector budget?

(x) YES ( ) NO

If yes, specify amount in USD and time period

Comments on health sector budgeting:

##### UNFPA's participation in health sector-related committees

In 2007, did UNFPA participate in any committees related to the health sector policy/plan or SWAp (steering, management, technical, etc.) ? ( ) YES (x) NO

Details of UNFPA's participation :

##### UNFPA's participation in other coordinated initiatives

In 2007, did UNFPA participate in any initiative (that was closely coordinated with the government and bilateral/multilateral donors in the framework of a national RH/ P&D/ Gender programme), other than SWAp). If yes, please specify

UNFPA participated in the Safe Motherhood Programme along with the Ministry of Health, UNICEF and PAHO geared towards the development of a National policy on safe motherhood and the development of manuals and protocols on obstetric care. UNFPA also supported the development of the National Strategic Plan on HIV/AIDS through the auspices of the UNTG on HIV/AIDS.



framework used to manage the coordinated initiative

(X) YES ( ) NO

**UNFPA's contribution to incorporating RH, HIV/AIDS and gender equality in the health sector policy, planning and budgeting in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Promoting policy dialogue and providing technical support for the incorporation of RH issues and indicators	Major	UNFPA's contribution to this goal can be described as significant. Through the CO's participation in various technical meetings and working groups, it was able to promote the ICPD agenda and advocate for increased prominence of these issues on the national agenda. Additionally, through partnerships with the Ministry of Health, the Bureau of Women's Affairs and various NGO's, significant efforts were made to ensure that plans and budgets reflected the ICPD goals,
Promoting policy dialogue and providing technical support for the incorporation of HIV/AIDS issues and indicators	Major	
Promoting policy dialogue and technical support for the incorporation of gender issues and sex-disaggregated indicators	Major	
Developing and using models (costing estimates, pilot interventions etc) to advance the incorporation of reproductive health and HIV/AIDS	Moderate	
Providing technical supports to formulation of specific interventions/ programmes in RH and HIV/AIDS	Major	
Advocating for increased investment in RH and HIV/AIDS	Major	
Building capacity of, and partnering with, civil society groups to advocate for the incorporation of RH and HIV/AIDS and gender mainstreaming	Major	
Building capacity of, and partnering with, civil society groups for proper health sector monitoring and evaluation	Major	
<b>Overall</b>	Major	

CO's contribution to Population dynamics and its inter-linkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks

The CO has made a significant contribution to this outcome through the partnerships established with government and civil society as well as the advocacy efforts made in respective programme areas. Through participation in various theme and working groups, UNFPA has successfully contributed to the integration of the ICPD agenda into the National development Plan for Jamaica, and has supported the development of the National gender Policy. Additionally, the CO has successfully contributed to the integration of RH issues, gender equality and PDS into the programmes of several entities.

**OUTCOME 2**

Young people's rights and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend.

Young people's needs incorporated in emergency preparedness, crisis response and recovery programmes

CO's overall contribution to this outcome

**Young people's needs incorporated in emergency preparedness, crisis response and recovery programmes**

(I)	Is there a national emergency preparedness plan/document?	(x) Yes ( ) No		
	If yes, to what extent are young people's SRH needs reflected in the plan/document?	Partial		
(II)	Is there a situational analysis on the overall humanitarian situation in the country?	(x) Yes ( ) No ( ) Not applicable		
	If yes, to what extent are young people's SRH needs reflected within the analysis?	Partial		
(III)	Is there age and sex disaggregated data on populations of humanitarian concerns in the country?	( ) Yes (x) No ( ) Not applicable		
(IV)	Did the country experience any humanitarian crisis and/or post-crisis situation in 2007?	(x) Yes ( ) No		
If yes, for each humanitarian crisis and/or post-crisis situation, please report on the incorporation of young people's needs:				
Crisis start	Crisis end	Population affected	young people's needs incorporated	Crisis type
August	August 2007	Thousands	Partial	Natural disaster
(V)	Was there a DDR (Disarmament Demobilization and Reintegration) programme/operation in 2007?	( ) Yes (x) No		
	If yes, was the DDR programme/operation responsive to young men and women's SRH needs?	( ) Yes ( ) No ( ) Cannot assess		
	Was UNFPA involved in/support any DDR programme in 2007?	( ) Yes ( ) No		
	If yes, please specify:			

**UNFPA's contribution to addressing young people's multisectoral needs in post conflict transition programmes in 2007:**

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Promoting effective programme design and development to incorporate young people's need into emergency preparedness, crisis response and recovery programmes	Minor	While the CO has supported the development and integration of young people in it's programmes through the Youth Advisory Group, little has been done with respect to incorporating the needs of young people in emergency preparedness. In the aftermath of Hurricane Dean however, UNFPA partnered with the Jamaica Red Cross in the provision of emergency supplies to vulnerable populations, which included young people. Additionally, UNFPA has been working closely with youth-based organizations such as the Peer Counselling Association to build the capacity of partners to effectively address the needs of young people.
Partnering with youth groups/networks in development and implementation phases of national emergency preparedness plan/document	Minor	
Advocating for adequate allocation and expenditure of resources for SRH services for youth people in emergency preparedness, crisis response and recovery programmes	Minor	
Promoting implementation of DDR programme/operation to address young people's multisectoral needs, including SRH/HIV	Not applicable	
Building the capacity of international and national partners to addresses young people's SRH needs in emergency preparedness, crisis response and recovery situations	Moderate	
Promoting young people's participation in regular program implementation monitoring and evaluation	Major	
Promoting SRH coordination system with national partners, civil societies and	Minor	

uniformed services in the conflict and post-conflict situation		
<b>Overall</b>	Minor	

CO's contribution to Young people's rights and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend

The CO has made tremendous efforts to ensure that young people's rights are incorporated into public policies and national development plans. Through consultation with its Youth Advisory Group, the CO has ensured that the concerns and needs of young people are represented in national fora and has advocated on issues of concern to young people. As a result, the need for more youth-friendly spaces, the issue of access for minors to contraceptives, and issues relating to adolescent sexual and reproductive health are effectively represented on the national agenda. Additionally, the CO has partnered with various youth-related organizations, and has sought to build capacity of the young people to advocate for issues that concern them.

**OUTCOME 3**

**Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and subnational levels to develop and monitor policies and programme implementation.**

- Availability of data on ICPD related issues through the 2010 round population/household census
- Availability of data on ICPD related issues through household/thematic surveys
- Vital Statistics
- National and sub-national databases
- UNFPA's contribution to improving the availability of data on ICPD related issues
- Disaggregated data from national and sub-national databases used for evidence based decision making and NDP monitoring
- CO's overall contribution to this outcome

**Availability of data on ICPD related issues through the 2010 round population/household census**

Is there a 2010 round population/housing census?	(x) Yes ( ) No
If yes/being developed, Please supply the following information:	
(1) Name:	2010 Census
(2) Census taking (year/date):	2010
(3) Stage:	Planned, being prepared
(4) Is the census on schedule?	On schedule
(5) To what extent is the census data accessible?	Access to some data is restricted
- Are there any restrictions on the access by civil society groups to the data?	Yes
- If yes, please specify:	Data sets are confidential, but the outputs would be accessible to civil society.
(6) Who are the key donors for 2010 round census, if any:	UNFPA, DFID

**Availability of data on ICPD related issues through household/thematic surveys**

Have any household/thematic surveys been undertaken since 2000 that provide data on ICPD-related issues? Yes

Please report on all surveys that have been undertaken since 2000

**Household/ thematic survey**

<b>Name:</b>	Survey of Living Conditions
<b>Status of the survey:</b>	Completed, data fully disseminated
<b>Survey period</b>	From year: to year:
<b>At which Level was the survey?</b>	National
<b>Brief description of the linkages between the survey and ICPD related issues:</b>	The survey examines issues dealing with health, education, housing and the demographic characteristics of the society which are integrally linked with the ICPD agenda.
<b>Who are the main administrators of the survey:</b>	
<b>Were the following topics included in the survey:</b>	<input type="checkbox"/> Maternal health <input type="checkbox"/> Infant & child health <input type="checkbox"/> Modern family planning <input type="checkbox"/> Adolescent Reproductive Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> GBV <input type="checkbox"/> FGC <input type="checkbox"/> Mortality <input type="checkbox"/> Fertility <input type="checkbox"/> Migration <input type="checkbox"/> Women's status <input type="checkbox"/> Poverty
<b>To what extent is the data in the database accessible?</b>	<input type="checkbox"/> Restrictions exist on the access by civil society groups
<b>Who are the key donors for survey, if any:</b>	

Comments

**Vital Statistics**

Please briefly comment on the data availability from vital statistics (e.g. birth and death registration) and sentinel surveillance in your country:

Challenges exist in the registration of deaths., particularly in relation to coding of data and data sharing. However significant progress has been made in the registration of births and plans are underway to modernize the vital registration system. UNFPA is exploring the possibility of providing support in this area.

**Databases of population-related data****Is there a National database of sex-disaggregated population-related data?**

(x) Yes ( ) Being developed ( ) No

Comments:

In Jamaica, the DEVinfo system has been customized to the Jamaican context in the form of JAMstats.

**Database in your country:****Population Database**

<b>Name</b>	CPS and MOH
<b>Status</b>	In place
<b>Level</b>	
<b>Year Established</b>	2002
<b>Where is it housed?</b>	National Family Planning Board/ MOH Policy Unit
<b>Who is responsible for maintaining/updating the database?</b>	MOH and NFPB
<b>How often is the database updated?</b>	Triennially
<b>To what extent is it computerized?</b>	Partially
<b>Does the database include data on the following?</b>	<input type="checkbox"/> Maternal health <input checked="" type="checkbox"/> Modern family planning <input type="checkbox"/> Abortion <input checked="" type="checkbox"/> Adolescent Reproductive Health <input checked="" type="checkbox"/> HIV/AIDS <input type="checkbox"/> STIs (other than HIV/AIDS) <input type="checkbox"/> GBV <input type="checkbox"/> FGC <input type="checkbox"/> Nutrition <input type="checkbox"/> Infant & child health <input type="checkbox"/> Population projections <input type="checkbox"/> Migration <input type="checkbox"/> Mortality <input type="checkbox"/> Fertility <input type="checkbox"/> Poverty <input type="checkbox"/> Unemployment <input type="checkbox"/> Education <input type="checkbox"/> Ageing
<b>To what extent is the data disaggregated?</b>	Sex Age Urban-rural Income Ethnicity Geographical region
<b>Comments</b>	Data is available on request but is usually a year late.

**UNFPA's contribution to improving the availability of data on ICPD-related issues in 2007**

Please indicate whether the CO has been working towards the following aims:

<b>Aim</b>	<b>Scope of CO intervention</b>	<b>Impact/ Progress assessment/ Good practice examples</b>
Promoting the 2010 round census and ICPD-related surveys	Major	UNFPA has taken the lead role in preparing countries for the 2010 round of censuses. The CO has supported several training exercises at the regional level and has provided technical support to various partners in this area. UNFPA has also been mobilizing resources for the activity in collaboration with other partners and will scale-up its intervention as the census period approaches.
Building and sustaining commitment of national counterparts in improvement of national vital statistics	Major	

Providing technical support to strengthen national statistical capacities	Major
Advocating for adequate resources allocation/ expenditure for data collection	Major
Mobilizing resources for the 2010 round census and ICPD-related surveys	Major
Promoting and improving data dissemination and usage in policy making	Major
<b>Overall</b>	Major

**Disaggregated data from national and sub-national databases used for evidence based decision making and national development plan monitoring**

**National Development Policy**

<b>Type</b>	Policy: HIV/AIDS
<b>Name</b>	Strategic Plan on HIV/AIDS/STIs
<b>Cycle</b>	3
<b>Status</b>	Exists: not yet implemented or functional
<b>Validity</b>	Approved/Adopted: <i>(year)</i> Effective From: 2007 <i>(year)</i> To: 2011 <i>(year)</i> Document Date: <i>(dd/mm/yyyy)</i>
<b>Description</b>	The Strategic Plan examines four main areas including the creation of effective governance structures, prevention, treatment and care.
<b>Comments</b>	

What is the extent of inclusion of time-bound indicators and targets?

Comprehensive

To what extent are these time-bound indicators and targets monitored by disaggregated data?

Sex:  
Age:  
Urban-rural:  
Income:  
Ethnicity:  
Geographical region:

Which databases will supply data for the monitoring?

[ ] CPS and MOH

When is progress reviewed?

If a review occurred in 2007, to what extent were indicators reviewed with updated data?

**National Development Policy**

<b>Type</b>	Policy: HIV/AIDS
<b>Name</b>	National HIV/AIDS Policy
<b>Cycle</b>	
<b>Status</b>	Exists: currently being implemented
<b>Validity</b>	Approved/Adopted: <i>(year)</i> Effective From: 2005 <i>(year)</i> To: <i>(year)</i> Document Date: <i>(dd/mm/yyyy)</i>

<b>Description</b>	Approved by Cabinet in 2004 and Parliament in 2005.
<b>Comments</b>	

**What is the extent of inclusion of time-bound indicators and targets?**

**To what extent are these time-bound indicators and targets monitored by disaggregated data?**

Sex:  
Age:  
Urban-rural:  
Income:  
Ethnicity:  
Geographical region:

**Which databases will supply data for the monitoring?**

[ ] CPS and MOH

**When is progress reviewed?**

**If a review occurred in 2007, to what extent were indicators reviewed with updated data?**

### National Development Policy

<b>Type</b>	Policy: Development
<b>Name</b>	Development Plan 2030 (T21)
<b>Cycle</b>	1
<b>Status</b>	Exists: not yet implemented or functional
<b>Validity</b>	Approved/Adopted: 2007 (year) Effective From: 2008 (year) To: 2030 (year) Document Date: (dd/mm/yyyy)
<b>Description</b>	Jamaica has embarked on a 25-year National Development Plan - Jamaica 2030, which is expected to put the country in a position to achieve developed country status by the year 2030. It is a macro-economic model based on the T21 (WB) methodology. The draft Jamaica Development Plan 2030 is expected to be prepared over a 1-year period (January 2007 - March 2008). This draft Plan will be tabled in the House of Parliament in April 2008. The final Plan will be completed after island wide consultations on the draft.
<b>Comments</b>	Since 1955, Jamaica has had a series of Five-Year Development Plans, the last one undertaken being for the period 1990-1995. Subsequently, priority policies of Government have been embodied in the National Industrial Policy and in a series of 3-year roll-over Medium Term Policy Framework (MTF) which articulated the Government's socio-economic policies, anchored in the Public Sector Investment Programme (PSIP).

**What is the extent of inclusion of time-bound indicators and targets?**

**To what extent are these time-bound indicators and targets monitored by disaggregated data?**

Sex:  
Age:  
Urban-rural:  
Income:  
Ethnicity:  
Geographical region:

**Which databases will supply data for the monitoring?**

[ ] CPS and MOH

**When is progress reviewed?**

**If a review occurred in 2007, to what extent were indicators reviewed with updated data?**

### UNFPA's contribution to improving the useage of data in policy making and monitoring in 2007

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
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Building technical capacity of national counterparts to use data, indicators and targets	Moderate	UNFPA has advocated in 2007 for the use of evidence-based decision and policy-making, which must be founded on sound data. However, the country faces the challenges of inadequate data and the absence of M & E systems to adequately track progress in various programme areas. Efforts have been made to build the capacity of national counterparts to use data, indicators and targets, however these need to be scaled-up significantly in the upcoming year.
Building and sustaining commitment of national counterparts to develop and update databases and to use data, indicators and targets	Minor	
Promoting the participation of civil society groups in M&E	Minor	
Advocating for adequate resource allocation/ expenditure to ensure comprehensive monitoring of national policies with data	Moderate	
<b>Overall</b>	Moderate	

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CO's contribution to Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analyzed and used at national and sub-national levels to develop and monitor policies and programme implementation

CO has made considerable progress in contributing to data in various programme areas including SRH, HIV/AIDS and gender equality. Through various research studies undertaken, and collaboration with the national statistical body to strengthen capacity in data collection and analysis techniques, there has been some impact on the national development context. Additionally, support to monitoring and evaluation is an area of increasing importance, to which the CO accords priority and will scale up its efforts in the coming period.

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**OUTCOME 4**

Emerging population issues - especially migration, urbanization, changing age structures (transition to adulthood/ageing) and population and the environment - incorporated in global, regional and national development agendas

Studies on population issues and emerging issues identified

Results of studies on emerging population issues reflected in national development plans and poverty reduction strategies

CO's overall contribution to this outcome

**Studies on population issues and emerging issues identified**(1) Studies on population issues

- Have any studies (e.g. research, review and assessment) been undertaken on population issues since 2000?

Yes

Please report on each major study:

(2) Emerging population issues identified

If any population studies have been undertaken, please indicate which of the following issues were identified as emerging for your country:

Issues:	Identified?
International migration	<input checked="" type="checkbox"/> yes
Urbanization	<input checked="" type="checkbox"/> yes
Ageing	<input checked="" type="checkbox"/> yes
Population and the environment	<input type="checkbox"/> yes
Depopulation	<input type="checkbox"/> yes

**Results of studies on emerging population issues reflected in national development plans and poverty reduction strategies**

You confirmed this policy is no longer used for reporting under this indicator.

**National Development Policy**

<b>Type</b>	Policy: Development
<b>Name</b>	Development Plan 2030 (T21)
<b>Cycle</b>	1
<b>Status</b>	Exists: not yet implemented or functional
<b>Validity</b>	Approved/Adopted: 2007 (year) Effective From: 2008 (year) To: 2030 (year) Document Date: (dd/mm/yyyy)
<b>Description</b>	Jamaica has embarked on a 25-year National Development Plan - Jamaica 2030, which is expected to put the country in a position to achieve developed country status by the year 2030. It is a macro-economic model based on the T21 (WB) methodology. The draft Jamaica Development Plan 2030 is expected to be prepared over a 1-year period (January 2007 - March 2008). This draft Plan will be tabled in the House of Parliament in April 2008. The final Plan will be completed after island wide consultations on the draft.
<b>Comments</b>	Since 1955, Jamaica has had a series of Five-Year Development Plans, the last one undertaken being for the period 1990-1995. Subsequently, priority policies of Government have been embodied in the National Industrial Policy and in a series of 3-year roll-over Medium Term Policy Framework (MTF) which articulated the Government's socio-economic policies, anchored in the Public Sector Investment Programme (PSIP).

**Inclusion of emerging population issues:**

Population issues	Discussion in main policy document	Policy response/ inclusion in action plan?	Comments
Ageing		<input type="checkbox"/>	
Depopulation		<input type="checkbox"/>	
International migration		<input type="checkbox"/>	
Urbanisation		<input type="checkbox"/>	
Population and the environment		<input type="checkbox"/>	

**UNFPA's contribution to improving the incorporation of the results of studies on emerging population issues in NDPs and the PRS in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Improving the knowledge base to better respond to national emerging population issues	Major	
Promoting the dissemination and usage of the results of studies on emerging population issues	Moderate	
Advocacy with national counterparts to include population issues in planning and monitoring	Major	
Building capacity of civil society groups to advocate for population issues	Moderate	
Partnering with civil society groups to advocate for including population issues in planning	Moderate	
<b>Overall</b>	Major	

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CO's contribution to Emerging population issues - especially migration, urbanization, changing age structures (transition to adulthood/ageing) and population and the environment - incorporated in global, regional and national development agendas

The Office for the English and Dutch Speaking Caribbean has provided support to several countries in defining population policies that integrate population issues -mostly migration- as a central element of the policies (Such as Suriname), something similar has happened with building up evidence linking population and poverty and undertaking well targeted advocacy interventions with technical cadres and political level supporting the need for investing in SRH. This has been done in Jamaica, Dominica, Guyana, Suriname, Belize and the Netherland Antilles. Aging has also received attention, particularly through partnering with UN ECLAC and HelpAge International in areas such as empowerment and participation and HIV/AIDS of the elderly. The CO has successfully tested an innovative approach developed by the Istituto Promundo in the area of masculinities with young, out of school, males from inner city communities, trying to deconstruct gender stereotypes and promote gender awareness and HIV prevention attitudes. This programme is now set to reach out similar groups of young girls.

## UNFPA's support to health systems

How does UNFPA support health systems in your country?	Please provide details of support
Technical assistance for policy development and financing	UNFPA has provided support to the Ministry of Health in the development of its National Strategic Plan on HIV/AIDS as well as technical support in its application to the Global Fund. The CO has also supplied the Ministry with reproductive health commodities and equipment to assist in obstetric care. In collaboration with UNICEF and PAHO, support was provided to the safe motherhood programme in the development of the National Policy and manuals and protocols on obstetric care.
Regulatory mechanisms (e.g. pre-qualification, certification of skills etc)	The CO has contributed to skills building and strengthening the capacity of health care professionals. The provision of training in the use of the partograph is one example.
Technical support for human resource planning (doctors, midwives, nurses/nurse midwives, and other categories of staff)	The CO has provided technical support to midwives through a regional training exercise geared towards strengthening their capacities, particularly in the area of pre- and post-natal care.
Capacity building in SRH technical competencies (e.g. training of health providers)	Health care providers have been trained in addressing the needs of persons with disabilities through interventions by the CO.
Infrastructure	
Commodities, supplies and equipment	The CO has provided the government with training in reproductive health commodity security as well as training materials and supplies of male and female condoms. The Ministry of Health was also provided with equipment including partographs to assist in promoting safe delivery.
Health information system(s)	
Other support	

## REPRODUCTIVE HEALTH

## OUTCOME 5

Reproductive rights and sexual and reproductive health (SRH) demand promoted and the essential SRH package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks

Essential health package includes SRH and covers young people, including marginalized and excluded groups

Minimum Initial Service Package was implemented in humanitarian crisis and post-crisis situations.

Multi sectoral coordination systems from GBV prevention and response in humanitarian crisis and post-crisis situations

UNFPA's contribution to implementing the Minimum initial service package and establishing and strengthening multi sectoral coordination systems for GBV prevention and response within humanitarian crisis and post-crisis situations.

Reproductive health commodity security (RHCS) information

CO's overall contribution to this outcome

## Essential health package includes SRH and covers young people, including marginalized and excluded groups

Does your country have an essential/ basic health package?

(x) Yes ( ) Being developed ( ) No

Comments:

UNFPA's contribution to improving the incorporation of SRH, increasing resource allocation to SRH, and ensuring the coverage of young people, including marginalized and excluded groups, in the essential health package in 2007

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Promoting policy dialogue for the inclusion of SRH in the essential health package	Major	UNFPA has made significant contributions to the incorporation of SRH into the essential health package in 2007. Through close collaboration with the Ministry of Health and the provision of technical support in the areas of reproductive health commodity security, adolescent sexual and reproductive rights and SRH for disabled persons, UNFPA has promoted the inclusion of vulnerable groups into the health package.
Advocating for special consideration of young people, including marginalised and excluded groups, in the essential health package	Moderate	
Advocating for and leveraging adequate resources from various national funding mechanisms (e.g. SWAps, bilaterals) for the SRH components of the essential health package	Minor	
Providing technical assistance to define/expand the SRH components of the essential health package	Major	
Providing technical support to strengthen national capacity to implement, monitor and evaluate the SRH components of the essential package, and the coverage of young people, including marginalised and excluded groups	Moderate	
<b>Overall</b>	Moderate	

## Minimum Initial Service Package was implemented in humanitarian crisis and post-crisis situations:

Did the country experience any humanitarian crisis and/or post-crisis situation in 2007?

(x) Yes ( ) No

If yes, for each humanitarian crisis and/or post-crisis situation, please report on the implementation of MISP elements:

1. Type of the crisis:	Natural disaster If other, please specify:		
2. Duration:	From: August To: August 2007		
3. Estimate of the size of population affected?	Thousands		
Please indicate which elements of the MISP were implemented:			
Elements	Implemented		
	Yes	No	Cannot assess
Basic demographic and SRH information collected or estimated	( )	( )	( )
Health service able to manage cases of sexual violence in place	( )	( )	( )
Staff trained (retrained) in prevention and response systems for cases of sexual violence	( )	( )	( )
Materials, including condoms, procured and distributed to adequately prevent HIV transmission	( )	( )	( )
Health workers trained/retrained to provide maternal health care and prevent HIV transmission	( )	( )	( )

Clean delivery kits distributed and available	( )	( )	( )
Referral system for obstetric emergencies functioning	( )	( )	( )
Sites identified for future delivery of comprehensive RH services	( )	( )	( )
Overall RH Coordinator in place and functioning under the health coordination team- RH focal points in camps and implementing agencies in place	( )	( )	( )
Comments			

### Multi sectoral coordination systems from GBV prevention and response in humanitarian crisis and post-crisis situations

Is there a functioning GBV coordination system? ( ) Yes ( ) Being developed (x) No

Does UNFPA lead coordination efforts for GBV prevention and response initiatives? ( ) Yes (x) No

If yes, please give details: UNFPA plays a role in coordination efforts, but is not the lead partner.

### UNFPA's contribution to implementing the Minimum Initial Service Package and establishing and strengthening multi-sectoral coordination systems for GBV prevention and response within humanitarian crisis and post-crisis situations in 2007

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Advocacy to ensure inclusion of and funding for Minimum Initial Service Package (MISP) in humanitarian response	Minor	UNFPA has played a role in promoting multi-sectoral coordination in the area of gender-based violence through its participation in inter-agency working groups and technical meetings with partners on the issue of GBV.
Strengthening of coordination of partners and providing technical support for MISP implementation	Minor	
Strengthening national capacity to ensure the availability and access of RH commodities	Major	
Provision of RH commodities, including RH kits	Major	
Catalyzing the formation /strengthening of inter-agency, multi-sectoral GBV coordination groups at national, regional, and local levels	Moderate	
Leading the effort to develop a multi-sectoral and inter-agency GBV prevention and response programmes, to include referral and reporting mechanisms, information sharing and monitoring/evaluation	Minor	
Promoting the undertaking of participatory analyses of GBV in the country	Moderate	
Promoting/facilitating the inclusion of GBV into Consolidated Appeals Process (CAP), Flash and other appeal processes and documents	Moderate	
<b>Overall</b>	Moderate	

### Reproductive Health Commodity Security (RHCS) related questions

#### Are strategies to improve RHCS included in the following:

- UNDAF  
 CPAP  
 Annual Work Plan  
 Country Programme  
 National Poverty Reduction Strategy/ PRSP  
 National Development Policy  
 Other National Development Policy. Please Specify:

#### Is there a National Strategy / Action Plan for RHCS:

- (x) Yes. Please, provide timeframe: 2007-2011  
 Being developed  
 No

#### Are RH commodities included in the essential SRH Service package

- (x) Yes  
 No  
 No data

#### Is UNFPA spearheading RHCS in the county:

- (x) Yes ( ) No

If yes, please specify:

UNFPA is among the lead agencies in the issue of RHCS. The CO has collaborated with the Ministry of Health, the National Family Planning Board and other

particularly those whose programmes target vulnerable populations.

#### What important developments in RHCS took place in your country in 2007

The CO provided training to representatives of the Ministry of Health, the Bureau of Women's Affairs and other key stakeholders in the area of reproductive health commodity security. Training was also provided in the area of male and female condom programming as well as CHANEL, the system for monitoring RH commodities.

#### Coordination of RHCS activities

##### Are there any mechanisms for coordination of RHCS activities?

- Yes  
 Being Developed  
 No

Please report on all mechanisms:

#### National budget for contraceptives:

##### Is there a government budget line dedicated to contraceptives:

- Yes (year established: )  
 No

##### What is the latest available data on government allocation to contraceptives

Amount USD:

Year:

##### Trends in the allocation from 2006 to 2007:

- Increase  
 Decreased  
 No Change  
 Not sure  
 Not applicable

##### Are contraceptives included in the Essential Drugs List:

- Yes  
 No  
 No data

##### Comments on RHCS and national budget for contraceptives:

#### UNFPA's contribution to improving coordination, policy support and national capacity for ensuring RHCS:

Please indicate whether the CO has been working towards the following aims; if so, specify the results/progress achieved in 2007

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Building national partnerships to effectively develop/implement multipartite RHCS coordination mechanisms	Major	UNFPA has made significant efforts in improving coordination and national capacity for ensuring RHCS. In collaboration with the Ministry of Health, training has been provided in terms of national forecasting, and the CO is currently in the process of supporting the development of a procurement plan that will allow the organization to sufficiently plan for the commodities.
Advocating for, and leveraging, adequate resource allocation and expenditure for RH commodities	Major	
Advocacy to establish a budget line for contraceptives and increase the allocations over time	Moderate	
Policy dialogue for the inclusion of RH commodities, including female and male condoms, in the essential drugs list	Major	
<b>Overall</b>	Major	

CO's contribution to RRs and SRH demand promoted and the essential SRH package, including RH commodities and human resources for health, integrated in

public policies of development and humanitarian frameworks with strengthened implementation monitoring

CO has made significant contributions to promoting the demand for RR's and SRH through it's work with the Ministry of Health, the Jamaica Council for Persons with Disabilities and the National Family Planning Board, among other partners. Through the provision of training in the area of reproductive health commodity security as well as male and female condom programming, the CO has contributed to the development of significant interest and demand for commodities. Additionally, the CO's work with vulnerable populations such as persons with disabilities has led to an increased understanding of the SRH needs of this community, and technical support has been provided to the development of results frameworks to monitor the impact of these interventions.

**OUTCOME 6**

**Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications**

Percentage of SDPs offering at least 3 RH services

Caesarean sections as proportion of all births

UNFPA's contribution to improving access to, and utilization of, quality maternal health services

CO's overall contribution to this outcome

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**Percentage of service delivery points (SDPs) offering at least three RH services**

(Maternal Health; Prevention and management of STIs/ HIV/ AIDS; Management of the consequences of unsafe abortion; Management of the consequences of GBV; Prevention and management of infertility; Reproductive cancers)

**At the National Level**

Latest Indicator Value	Greater than 80.0 %
Year of data	2005
Source of data	National Family Planning Board
Comments	This is a more accurate presentation of the situation than the official position. In practice all service delivery points (324 health centres and 18 maternity hospital) should provide primary health care services (ante-natal, post-natal and FP services), but due to shortage of staff not all of these services, or at least three RH services, are provided consistently. The official position will be at least 95%.

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**Caesarean sections as a proportion of all births**

**At the National Level**

Latest Indicator Value	Greater than 11.0 %
Year of data	2006
Source of data	
Comments	

**Urban**

Latest Indicator Value	= %
Year of data	
Source of data	
Comments	

**Rural**

Latest Indicator Value	= %
Year of data	
Source of data	
Comments	

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**UNFPA's contribution to improving the access to, and utilization of, quality maternal and health services in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Advocacy for increasing national investments in maternal health services	Major	Through UNFPA's partnership with UNICEF and PAHO in the safe motherhood programme, technical and other support has been provided to promote the development of the Safe motherhood strategy, the implementation of the partograph, the introduction of PPIUD as an additional service for adolescents. The CO also supported the development of educational materials, brochures, posters, and manuals. The office has also conducted research on adolescent delivery patterns which has informed the background research for discussion of a draft policy on termination of pregnancy.
Technical support to improve national capacity to provide the continuum of quality maternal health care, through services for family planning, skilled attendance at birth and emergency obstetric care	Moderate	
Technical support to improve national capacity to manage the complications of unsafe abortion and provide quality post-abortion care	Major	
Technical support to improve national capacity to treat obstetric fistula	Minor	
Technical support to improve national capacity to monitor maternal health services implementation and performance	Major	
Support for community advocacy to increase demand for maternal health services and promote sexual and	Major	



reproductive health	
<b>Overall</b>	Major

CO's contribution to Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications

CO has done a tremendous job with the promotion of maternal health services and the provision of training to national partners. Through partnership with the Ministry of Health, PAHO and UNICEF, a policy on safe motherhood was developed and the CO is in the process of assisting with the development of manuals and protocols relating to obstetric care. Through the EC project training and implementation of partograph was instituted and research was conducted to guide policy development.

**OUTCOME 7**

**Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention**

Percentage of SDPs offering at least 3 modern methods of contraception

Family planning included in protocols for the provision of post-partum and post-abortion care

UNFPA's contribution to increasing the access to, and utilization of, quality voluntary family planning services

CO's overall contribution to this outcome

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**Percentage of service delivery points (SDPs) offering at least three modern methods of contraception**
**At the National Level**

Latest Indicator Value	Greater than 93.0 %
Year of data	2005
Source of data	Ministry of Health
Comments	FP has been integrated in PHC since 1970s. Three or more FP methods are available in Type 2 - 5 health clinics and in maternity hospitals. In Type 1 clinics only condoms are available. There are some 363 health centres'. UNFPA does not have service delivery points that it supports directly but complements governments efforts.

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**Family planning included in protocols for provision of post-partum and post-abortion care**
**Post-partum care:**

Protocol Status	Exists with widespread use
Protocol includes family planning?	<input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No
Comments:	

**Post-abortion care:**

Protocol Status	No Protocol
Protocol includes family planning?	<input type="checkbox"/> Yes   <input type="checkbox"/> No
Comments:	No protocol has been developed on post-abortion care, as abortion is still illegal in Jamaica.

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**UNFPA's contribution to improving the access to, and utilization of, quality voluntary family planning services in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Increased national capacity to expand the range of contraceptive methods and promote new methods	Moderate	The CO has played a key role in terms of promoting access to quality voluntary family planning services . By increasing the range of family planning options available to persons, and advocating for increased access by vulnerable populations, the CO has contributed effectively to the attainment of this objective. Additionally, there has been some work with service providers to sensitize them on various aspects of relations with these vulnerable groups.
Promote condoms and support to their provision	Major	
Increased national capacity to develop/update family planning protocols/guidelines and integrate them within the health system	Moderate	
Increased capacity of service providers to deliver quality, comprehensive family planning counselling, including HIV/AIDS prevention	Moderate	
Promote voluntary counselling and testing (VCT) and prevention of mother-to-child (PMTCT) transmission within health services	Moderate	
<b>Overall</b>	Moderate	

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CO's contribution to Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention

Through increasing the family planning options available to couples and individuals and increasing the accessibility of reproductive health commodities, the CO has contributed significantly to this outcome. The CO has also ensured that vulnerable groups such as persons with disabilities and adolescents have special interventions targeted at increasing their individual access to family planning services.

**OUTCOME 8**

**Demand, access to and utilization of quality HIV and STI prevention services, especially for women, young people, and other vulnerable groups, including populations of humanitarian concern increased**

UNFPA's contribution to improving the demand, access to, and utilization of quality HIV/AIDS and STI prevention services

HIV/AIDS Information

CO's overall contribution to this outcome

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**UNFPA's contribution to improving the demand, access to and utilization of quality HIV/ AIDS and STI prevention services in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Advocacy for policy and programme actions for rights-based SRH for people living with HIV	Moderate	UNFPA provided the Ministry of Health with support to the development of the National Strategic Plan on HIV/AIDS. Within this context, UNFPA has organized forum specifically targeting youth to ascertain their views on key issues related to HIV prevention services. Partnerships with various NGO's and other key stakeholders were significantly strengthened as the CO sought to strengthen their capacities in integrating HIV/AIDS in programmes and health service delivery.
Increased national capacity for condom programming	Major	
Increased national capacity to develop/update HIV/AIDS protocols/guidelines and integrate them within the health system	Moderate	
Advocacy for the inclusion of young people into HIV/AIDS policies and programmes at national, regional and grassroots levels	Major	
Expanding partnerships with, and building the capacity of, networks involving women, young people, sex workers and people living with HIV	Moderate	
Increased capacity of community-based organisations working with sex workers for addressing harm reduction and vulnerabilities	Moderate	
Promoting the integration of SRH and HIV/AIDS in programmes and health service delivery	Major	
<b>Overall</b>	Moderate	

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**HIV/AIDS Information****Is there a National HIV/AIDS Policy/ Strategy?**

(x) Yes ( ) Being developed ( ) No

## Comments:

National HIV/AIDS Policy of 2005 and the National Strategic Plan on HIV/AIDS, 2007 -2011

**Policies****Policy**

<b>Type</b>	Policy: HIV/AIDS
<b>Name</b>	National HIV/AIDS Policy
<b>Status</b>	Exists: currently being implemented
<b>Cycle</b>	
<b>Validity</b>	Approved/adopted: (year) Effective From: 2005 (year) To: (year)
<b>At which level is the Policy operative ?</b>	National
<b>Description</b>	Approved by Cabinet in 2004 and Parliament in 2005.

## Does the Policy cover the following areas:

Area	Covered			Comments
	Yes	No	Cannot assess	
Young people	(x)	( )	( )	
Sex workers	(x)	( )	( )	
Indigenous peoples	( )	(x)	( )	
Condom Programming	(x)	( )	( )	
Linking SRH and HIV	(x)	( )	( )	

Comments	
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## Policy

Type	Policy: HIV/AIDS
Name	Strategic Plan on HIV/AIDS/STIs
Status	Exists: not yet implemented or functional
Cycle	3
Validity	Approved/adopted: (year) Effective From: 2007 (year) To: 2011 (year)
At which level is the Policy operative ?	National
Description	The Strategic Plan examines four main areas including the creation of effective governance structures, prevention, treatment and care.

## Does the Policy cover the following areas:

Area	Covered			Comments
	Yes	No	Cannot assess	
Young people	(x)	( )	( )	
Sex workers	(x)	( )	( )	
Indigenous peoples	( )	(x)	( )	
Condom Programming	(x)	( )	( )	
Linking SRH and HIV	(x)	( )	( )	

Comments	
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## Government HIV/ AIDS allocations for young people

What was the total government allocation for HIV prevention, treatment, and care for young people aged 15-24 in 2007? (USD)

Data not disaggregated to determine expenditure on young people

Allocation as a proportion of the total HIV/ AIDS budget(%)

If you cannot provide the above data, is there any other information available on national resource allocation / expenditure on HIV/ AIDS and young people

Expenditure on young people in HIV/AIDS has increased over the past few years. Significant attention is now being paid to the establishment of youth-friendly spaces and to adolescent SRH.

Comments

## UN Joint Programming on HIV/AIDS:

In 2007, was joint programming (among UNFPA and other UN partners) under implementation?

(x) YES ( ) NO

If yes, please state in what area(s): Prevention within vulnerable populations

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Is the UNFPA country office represented within the UN Joint Team on HIV/AIDS? (x) YES ( ) NO

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If yes, in what area(s) is UNFPA the lead or main partner per the country-level adapted Division of Labour:

Lead: Prevention against vulnerable populations

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Main partner: Provision of technical support on the one M&E authority

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Please indicate if the Joint Programme of Support to the national response addresses the following areas:

- HIV prevention and young people
- Vulnerability reduction and HIV prevention for women
- Strengthening/operationalizing SRH and HIV linkages
- Support for comprehensive condom programming
- HIV and sex work

CO's contribution to Demand, access to and utilization of quality HIV and STI prevention services, especially for women, young people, and other vulnerable groups, including populations of humanitarian concern increased

The CO has worked with key government and NGO partners to improve accessibility to various HIV and STI prevention services. In the case of the disabled population, significant efforts have been made to educate and build capacity of these individuals on issues of HIV prevention. The CO has also supplied male and female condoms to various partners, thereby facilitating accessibility to persons who require use of these commodities.

**OUTCOME 9**

**Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education improved as part of a holistic multisectoral approach to young peoples development**



Percentage of secondary schools that have adopted gender-sensitive RH curriculum

CO's overall contribution to this outcome

**Percentage of secondary schools that have adopted gender-sensitive RH curriculum, including HIV/AIDS**

**At the National Level**

Latest Indicator Value	= 100.0 %
Year of data	2005
Source of data	Ministry of Education
Comments	HLFE curriculum has been approved by MOEYC in 1994 but has been implemented at different levels and schools [MOEYC, 2005.

**UNFPA's contribution to increasing the access to gender-sensitive, life skills-based SRH in secondary schools in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Policy dialogue to promote young people's access to gender-sensitive, life skills-based SRH education	Moderate	UNFPA's work in 2007 was geared specifically towards out of school youth, and the promotion of access to gender sensitive , life skills-based SRH among this population.
Technical assistance to increase national capacity to develop/ update gender-sensitive SRH school curricula	Moderate	
Technical assistance for increasing national capacity for human resource planning and gender-sensitivity training of teachers and school administrators	Moderate	
Technical assistance to increase national capacity to monitor and evaluate SRH education in schools	Moderate	
<b>Overall</b>	Moderate	

CO's contribution to Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education improved as part of a holistic multisectoral approach to young people's development

The programme of the CO has focussed much of it's efforts in promoting access by young people to SRH, HIV and GBV prevention-services. Through work with various local NGO's, UNFPA has provided training to young people in SRH and access to services, as well as knowledge on HIV prevention. The establishment of youth-friendly spaces has also been an important item, as it allows young people a forum in which they can gather and access information on various components of SRH services and service delivery. UNFPA has been committed to the establishment of these facilities.

**GENDER EQUALITY**

**OUTCOME 10**

**Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws**



Reproductive rights of women and adolescent girls incorporated in national human rights protection systems

Reproductive rights of women and adolescent girls incorporated in laws, including in emergency and post emergency contexts

Implementation of Resolution 1325 in conflict and post conflict

UNFPA's contribution to incorporating/ enforcing reproductive rights in laws, including in conflict and post conflict

Reproductive rights incorporated in CEDAW and related protocols reporting

CO's overall contribution to this outcome

## Reproductive rights of women and adolescent girls incorporated in national human rights protection systems

Do government agencies promote and protect the reproductive rights (RRs) of women and adolescent girls? Yes

Is RRs protection explicit in the mandate of courts, judiciary and law enforcement as well as ombudsman, national human rights commission? Some/Partial

Do judicial procedures exist for individuals to effectively claim their RRs and adequately address RRs violations? Some/Partial

Are there civil society groups, plus an independent media, strongly supporting RRs protection? Yes

Details:

Some efforts have been made to promote and protect the reproductive rights of women and girls through the establishment of the Domestic Violence Act (1994), the Offences Against the Person (Amendment) Act and the Incest Punishment Amendment) Act. All of these are geared towards promoting and protecting women and children, and the latter two are currently being revised in order to further address the vulnerability of this group. However, further advocacy needs to be done around these issues to increase awareness, and to ensure that these are firmly incorporated into legislation. UNFPA will continue to support advocacy around these issues.

## Laws that incorporate the reproductive rights of women and adolescent girls, including in emergency and post-emergency contexts

**Are there any laws that incorporate the reproductive rights of women and adolescent girls, including in emergency and post-emergency contexts?**

Yes  Being developed  No

Comments:

The Domestic Violence Act of 1995 ad the Offences Against the Person (Amendment) Act, and the Incest (Punishment) (Amendment) Act attempt to incorporate the rights of women and adolescent girls.

### Laws

#### Law

<b>Type</b>	:
<b>Name</b>	
<b>Status</b>	Exists: currently being implemented
<b>Validity</b>	Approved/adopted: (year) Effective From: (year) To: (year)
<b>At which level is the Law operative ?</b>	
<b>Description:</b>	
<b>What are the main achievements and main obstacles for the implementation of the law?</b>	
<b>Does the law guarantee the access of SRH information and services for the marginalized/ excluded/ minority populations?</b>	

How effective is the Law overall in promoting reproductive rights	
Comments	

**Law**

Type	Law: GBV
Name	Domestic Violence Act
Status	Exists: partially implemented or functional
Validity	Approved/adopted: (year) Effective From: (year) To: (year)
At which level is the Law operative ?	National
Description:	The Domestic Violence Act provides legal redress for women who are being abused or battered. The law has been amended recently to include visiting relationships, which allows women in these circumstances to seek legal recourse as well.
What are the main achievements and main obstacles for the implementation of the law?	The main challenge is ensuring the enforcement of the law - which is difficult because the law is perceived as having no 'teeth.'
Does the law guarantee the access of SRH information and services for the marginalized/ excluded/ minority populations?	The law does not speak specifically to guaranteeing access to SRH information and services.
How effective is the Law overall in promoting reproductive rights	Ineffective
Comments	

**Implementation of Resolution 1325 in conflict and post conflict**

- Was your country in a situation of conflict or post-conflict in 2007?  Yes  No

If yes, please supply the following information:

1 Was the implementation of the SC Resolution 1325 led by the Resident Coordinator and the UNCT?  Yes  No

2 Was the implementation of the SC Resolution 1325 promoted by the Government and the NGOs in the country?  Yes  No

3 To what extent was the implementation of SC Resolution 1325 respected during the conflict and post-conflict:

Respect for international law, as applicable to women and girls, including protection of Human Rights

Special measures to protect women and girls from gender-based violence and other forms of violence in situations of armed conflict

An end to impunity, including for those responsible for committing sexual violence against women and girls

Respect for the civilian and humanitarian character of refugee camps

The integration of the SRH needs of women and girls into the design of refugee camps

Comments:

Jamaica did not experience conflict or post-conflict circumstances in 2007.

**UNFPA's contribution to incorporating/ enforcing reproductive rights in laws, including in conflict and post conflict situations in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
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Strengthen national capacity to implement/enforce policies and laws to guarantee reproductive rights	Moderate	While the office in Jamaica did not operate within an environment of conflict or post-conflict in 2007, several interventions were designed to promote capacity-building of NGO's and women's organizations to advocate for reproductive rights and lobby for incorporating them into law. UNFPA worked with the Peace Management Initiative, the Jamaica Red Cross and the Peer Counselling Association to assist them in incorporating reproductive health issues into their programmes with young people. This included training on sexual and reproductive health, and increasing knowledge on gender-based violence and the promotion of human rights for women and girls. In the case of the Jamaica Red Cross, UNFPA also provided support in the delivery of emergency kits in the aftermath of Hurricane Dean which had a major impact on some vulnerable populations in Jamaica. UNFPA also supported the Bureau of Women's Affairs in hosting workshops which were geared towards sensitizing stakeholders on the issue of gender-based violence.
Promoting the formulation of special interventions/programs to integrate reproductive rights into the national human rights protection system	Moderate	
Building the capacity of, and partnering with, civil society groups to advocate for reproductive rights	Major	
Advocating for adequate resources allocation/ expenditure to implement/enforce policies and laws	Major	
Promoting reproductive rights and GBV prevention in preparedness, emergency and post-emergency situations, including as part of follow-up to SC Resolution 1325	Moderate	
Promoting the involvement of, and building the capacity of, grassroots women's organisations in programme formulation, monitoring and evaluation in situations of conflict and post-conflict	Moderate	
<b>Overall</b>	Moderate	

### Reproductive rights incorporated in CEDAW and related protocols reporting

Please report on the incorporation of RRs in the latest CEDAW report prepared since 2000:

#### Report

<b>Type</b>	CEDAW REPORT
<b>Name</b>	Fifth periodic report
<b>Status</b>	Prepared
<b>Report Date</b>	18/02/2004

#### Discussion of reproductive rights issues in this CEDAW report:

	Extent of discussion	Comments
Origin of funding (public/ private) of SRH services	Partial	
Policies/ strategies for maternal health and family planning	Partial	
Rights in accessing SRH information and services	Comprehensive	
SRH service provision for married and unmarried adolescents	Partial	
Gender based violence	Comprehensive	
Harmful traditional practices, including female genital mutilation/ cutting	None	
Other		

Was there sound discussion of where insufficient progress has been made in ensuring universal access to SRH, and the efforts needed to improve the SRH of women and girls? (x) Yes | ( ) No

Please explain:

#### Report

remove

<b>Type</b>	CEDAW REPORT
<b>Name</b>	Bahamas 1st CEDAW report
<b>Status</b>	Under Preparation
<b>Report Date</b>	31/03/2008

#### Discussion of reproductive rights issues in this CEDAW report:

	Extent of discussion	Comments
Origin of funding (public/ private)		Report preparations are currently underway and therefore, it is difficult to elaborate on the issues mentioned



of SRH services		in this indicator. The first draft of the report will be submitted during the first quarter of 2008, at which time, the office will be in a better position to comment on the issues raised.
Policies/ strategies for maternal health and family planning		
Rights in accessing SRH information and services		
SRH service provision for married and unmarried adolescents		
Gender based violence		
Harmful traditional practices, including female genital mutilation/ cutting		
Other		

**Was there sound discussion of where insufficient progress has been made in ensuring universal access to SRH, and the efforts needed to improve the SRH of women and girls?** (x) Yes | ( ) No

Please explain:

Work is ongoing, therefore it is difficult to elaborate on that issue at this time.

**UNFPA's contribution to promoting the incorporation of reproductive rights in CEDAW and related protocols reporting**

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Providing technical support during the preparation of the CEDAW report to ensure adequate inclusion of SRH and reproductive rights	Major	UNFPA is currently in the process of supporting the Bahamas in the preparation of its first CEDAW report and is ensuring that SRH and reproductive rights are adequately included. Additional support will be provided to countries such as Dominica and Jamaica in the coming year.
Partnering with civil society groups to ensure full dissemination CEDAW concluding comments	Moderate	
Advocacy, in partnership with the UNCT, to promote the government's action to address the CEDAW concluding comments	Moderate	
<b>Overall</b>	Moderate	

CO's contribution to Gender equality and the human rights of women and adolescent girls particularly their reproductive rights integrated in national policies development frameworks and laws

The country office has contributed significantly to the attainment of this outcome by worked closely with Bureaux of women's Affairs in the Caribbean region, including the Turks and Caicos islands, the Bahamas and Dominica in support of their efforts to promote gender equality and the human rights of women and adolescent girls. More specifically, the office is supporting the Government of the Bahamas in the preparation of its first CEDAW report, and has been involved in sensitization exercises among various partners in the Bahamas in order to raise awareness on the reproductive rights of women and girls. In the Turks and Caicos islands, UNFPA has supported an exchange visit to Jamaica to promote increased understanding of issues surrounding violence against women and girls. UNFPA has also provided support in training staff of a crisis centre being established in the Turks and Caicos to address the needs of women and girls who are victims of violence. In Jamaica and Grenada, UNFPA has supported campaigns protesting violence against women during the period of 16 Days of activism. In both countries, national campaigns were held to raise awareness levels of these human rights abuses among partners including the government, civil society and other stakeholders.

**OUTCOME 11**

**Gender equality, reproductive rights and the empowerment of women and adolescent girls promoted through an enabling sociocultural environment that is conducive to male participation and the elimination of harmful practices**

UNFPA's contribution to eliminating harmful practices and promoting male participation in gender equality and reproductive rights

CO's overall contribution to this outcome

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**UNFPA's contribution to eliminating harmful practices and promoting male participation in gender equality and reproductive rights in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Developing good practices and models for effective male participation in SRH and reproductive rights programming	Moderate	In 2007, UNFPA partnered with several NGO's throughout the Caribbean including Jamaica, Belize, and St. Lucia to provide training on promoting effective male participation in SRH and RR programming. With the assistance of the NGO PROMUNDO, UNFPA localized an initiative in Jamaica, which provided training to 200 males from inner city communities on sexual and reproductive health, including HIV prevention and preventing gender-based violence. Sports was used as a major vehicle to mobilize the young men, and UNFPA sponsored a football competition as one of the key activities to bring the young men together. UNFPA also partnered with a grassroots NGO with skills in conflict prevention and mediation to create a wholistic intervention that provide the male youths with SRH and peace-building skills. Plans are underway to scale-up this intervention in 2008 and include other dynamics such as an income generation component.
Building capacity of, and partnering with, civil society groups including faith-based organisations (FBOs) for the formulation/implementation of programmes that involve working with men and boys	Moderate	
Building capacity of, and partnering with, civil society groups including faith-based organisations (FBOs) for the promotion of women's rights and elimination of harmful practices, including FGM/C	Major	
Advocating for adequate resources allocation/ expenditure by the government in support of national programmes/actions to promote women's rights and eliminate harmful practices, including FGM/C	Moderate	
Promoting regular data collection on FGM/C prevalence	Not applicable	
Promoting the involvement of, and partnering with, civil society in the monitoring and evaluation of national programmes/actions that involve working with men and boys, promoting women's rights and eliminating harmful practices	Moderate	
<b>Overall</b>	Moderate	

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CO's contribution to Gender equality, reproductive rights and the empowerment of women and adolescent girls promoted through an enabling socio-cultural environment that is conducive to male participation and the elimination of harmful practices

The CO has contributed significantly to the attainment of this objective by partnering with civil society organizations and gender machineries and providing them with technical support and knowledge to advocate for the promotion of gender equality, reproductive rights and the empowerment of women. The CO has also collaborated with NGO's to promote male participation in SRH activities, and has raised awareness levels among various stakeholders on the importance of eliminating harmful practices, including violence against women. At the programme level, the CO has worked with NGO's to ensure that the principles of gender equality and reproductive rights are adequately incorporated into activities and that NGO's have the capacity to advocate for these issues within their spheres of influence. The CO has also supported the Bureau of Women's Affairs in the development of the National Gender Policy and plans are underway to assist with its dissemination during the course of 2008.

**OUTCOME 12**

Human rights protection systems (including national human rights councils, ombudspersons, and conflict-resolution mechanisms) and participatory mechanisms are strengthened to protect the reproductive rights of women and adolescent girls, including the right to be free from violence

Civil society partnerships actively promoting the inclusion of reproductive health, gender equality, women and girl's empowerment and reproductive rights in human rights protection systems

CO's overall contribution to this outcome

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**Civil society partnerships actively promoting the inclusion of reproductive health, gender equality, women and girl's empowerment and reproductive rights in human rights protection systems**

Are there any civil society partnerships actively promoting SRH, RRs, and gender issues in your country?

(x) Yes ( ) Being developed ( ) No

Comments:

The Jamaica Red Cross and FAMPlan have been successfully undertaking programmes geared towards actively promoting the inclusion of reproductive health, gender equality, women and girl's empowerment.

### Partnerships

#### UNFPA's contribution to building civil society partnerships to promote SRH, RRs and gender issues in human rights protection systems in 2007

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Building capacity of civil society groups to advocate for reproductive rights and gender equality	Major	UNFPA has collaborated very closely with civil society organizations in 2007 and has made tremendous progress in supporting these entities to promote SRH, RR's and gender issues. Through work with the Peer Counselling Association of Jamaica and the Peace Management Initiative, UNFPA has strengthened the incorporation of RR into the programmes and activities of these organizations by providing them with materials, technical support and reproductive health commodities required to carry out various interventions. These partnerships have been quite successful and issues such as conflict prevention have also been incorporated into the interventions, thereby expanding the coverage of issues and creating a more wholistic package of support.
Expanding coverage of issues addressed by partnerships	Moderate	
Advocating for adequate resources allocation/ expenditure to partnerships promoting reproductive rights and gender equality	Moderate	
Promoting the inclusion of civil society partnerships in policy making, monitoring and evaluation	Major	
<b>Overall</b>	Moderate	

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CO's contribution to Human rights protection systems and participatory mechanisms are strengthened to protect reproductive rights of women and adolescent girls, including the right to be free from violence

The CO has made contributions to this outcome through partnerships with both government and non-governmental institutions geared towards building the capacity and knowledge of stakeholders who are a part of the human rights protection system. By collaborating with the Bureau of Women's Affairs, training on prevention against gender-based violence was provided to representatives of the justice system, including the police and social workers.

**OUTCOME 13**

Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations

National and sub-national mechanisms in place to monitor and reduce gender-based violence

GBV Information Management Systems (IMS)

Access of GBV Survivors to support services (including health, psychosocial, security and legal support)

UNFPA's contribution to promoting mechanisms to monitor and reduce GBV and promote the enforcement of laws against GBV

Gender based violence included in pre- and in-service training of health service providers

CO's overall contribution to this outcome

**National and sub-national mechanism in place to monitor and reduce gender-based violence**

Are there mechanisms to monitor and reduce GBV?  
(e.g. policies, programmes, law enforcement mechanisms, ombudsman's office)

(x) Yes ( ) Being developed ( ) No

Comments:

The Domestic Violence Act, Offences Against the Person (Amendment) Act, and the Incest (Punishment) (Amendment) Act have all been established to protect the rights of women and children. Over the last year, there have been discussions about reforming the latter two pieces of legislation, in light of the increase in the number of reported cases of sexual molestation of women and children, cases involving child prostitution and child pornography, and the vulnerability of Jamaica's women and children.

**Mechanisms****Mechanism**

<b>Type</b>	Other: Other			
<b>Name</b>	The Women's Crisis Centre			
<b>Status</b>	Exists: currently being implemented			
<b>Validity</b>	Approved/adopted: (year) Effective From: (year) To: (year)			
<b>At which level is the mechanism operative ?</b>	Community			
<b>Description, including the way in which the mechanism monitors and/or reduces GBV</b>	The Women's Crisis Centre in Jamaica provides an environment in which victims of gender-based violence or domestic violence may access counselling and support. The Centre also operates a 'hotline' on which victims may telephone and report incidents of abuse. This assists in the monitoring process.			
<b>How effective is the mechanism overall in monitoring/reducing GBV ?</b>	Somewhat effective			
<b>Does the mechanism cover the following areas:</b>				
<b>Area</b>	<b>Covered</b>			<b>Comments</b>
	<b>Yes</b>	<b>No</b>	<b>Cannot assess</b>	
Sexual Violence	(x)	( )	( )	
Domestic Violence	(x)	( )	( )	
Trafficking	( )	(x)	( )	
Harmful customary or traditional practices	(x)	( )	( )	
<b>Comments</b>				

**Mechanism**

<b>Type</b>	National machinery: Ombudsman Office
<b>Name</b>	Office of the Ombudsman

<b>Status</b>	Exists: currently being implemented			
<b>Validity</b>	Approved/adopted: (year) Effective From: (year) To: (year)			
<b>At which level is the mechanism operative ?</b>	National			
<b>Description, including the way in which the mechanism monitors and/or reduces GBV</b>	The office is not geared specifically towards addressing the issue of gender-based violence, and would require additional support in terms of being equipped to deal specifically with this issue.			
<b>How effective is the mechanism overall in monitoring/reducing GBV ?</b>	Cannot assess			
<b>Does the mechanism cover the following areas:</b>				
<b>Area</b>	<b>Covered</b>			<b>Comments</b>
	<b>Yes</b>	<b>No</b>	<b>Cannot assess</b>	
Sexual Violence	(x)	( )	( )	
Domestic Violence	( )	(x)	( )	
Trafficking	( )	(x)	( )	
Harmful customary or traditional practices	( )	( )	(x)	
<b>Comments</b>				

**GBV information management system (IMS)**

Is there a GBV information management system in the country? ( ) Yes ( ) Being developed (x) No

If yes or being developed, please answer the following questions:

Please give a brief description of the information management system (IMS), including the name of the managing/administrating agency:

In the IMS, is the GBV incident data compiled into a centralized system for analysis of trends and patterns? ( ) Yes ( ) No

Does the IMS use a standardized incident report form for cases of GBV? ( ) Yes ( ) No

Is data held in the IMS anonymous, and not able to be tracked back to individual survivors and/or service providers? ( ) Yes ( ) No

Is the IMS used to generate information on trends and patterns to improve GBV prevention efforts and enhance support services for survivors? ( ) Yes ( ) No

Comments:

While there is a Crisis Centre which assists in monitoring the incidence of GBV, there is no central information management system in Jamaica. There are also other agencies such as the Women's Resource Centre which may play a role in the monitoring, but an information management system has not yet been developed.

**Access of GBV Survivors to support services (including health, psychosocial, security and legal support)****GBV Support Services**

Are there qualified health providers in screening, care, and referrals for GBV survivors? TO SOME EXTENT

Are there comprehensive and appropriate psychosocial support programs for GBV survivors? TO SOME EXTENT

Are police officers and other security/ law enforcement agents trained and able to respond appropriately to GBV survivors' needs? NO

Comments:

GBV support services need to be significantly strengthened in the Jamaican context. In many cases, health providers are not trained to adequately provide support to survivors of GBV. The police and other security or law enforcement agents also require significant sensitization and training to deal with GBV survivors, and to identify and respond to their needs.

**UNFPA's contribution to promoting mechanisms to monitor and reduce GBV and promote the enforcement of laws against GBV in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Technical support to ensure effective design of GBV-related mechanisms	Major	While the CO has been supporting gender machineries to design GBV related programmes and mechanisms, little work has been done in promoting the GBV IMS. Nevertheless, efforts have been made in collaborating with CSO's such as the Peace Management Initiative in Jamaica to include GBV in their programme activities.
Promoting civil society's involvement in GBV-related mechanisms	Moderate	
Expanding coverage of issues addressed by GBV-related mechanisms	Moderate	
Promoting full implementation of GBV-related mechanisms	Moderate	
Technical support to ensure effective design and implementation of GBV information management systems (GBV IMIS)	Minor	
Promoting the usage of the GBV IMS for GBV prevention programme design, monitoring and evaluation	Minor	
Advocating for adequate resources allocation/ expenditure the GBV IMIS	Minor	
Promoting availability of, and access to, support services (health, psychosocial, security, legal) for the survivors of GBV	Moderate	
<b>Overall</b>	Moderate	

**Gender based violence included in pre- and in-service training of health service providers**

	Extent of incorporation				Comments
	Comprehensive	Partial	None	Cannot assess	
GBV included in the national health institute curriculum for SRH service providers	( )	(x)	( )	( )	While gender-based violence is included in some of the training curriculum for the national health institute, the health providers themselves have not been adequately trained in dealing with survivors of GBV. An area for future programming therefore, should be training and sensitization of service providers with respect to survivors of GBV.
GBV included in the national training plan for SRH services providers	( )	( )	(x)	( )	
GBV included in the standard training materials designed to improve skills of SRH service providers	( )	(x)	( )	( )	
Other (please specify: )	( )	( )	( )	( )	

CO's contribution to Responses to GBV, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and SRH and HIV prevention services, including emergency/post-emergency situations

The CO has contributed significantly to advocacy around gender-based violence and has worked with institutions locally to improve policies that address GBV including the National Gender Policy in Jamaica. The CO has also partnered with NGO's in expanding the availability of SRH and HIV prevention services through the supply of reproductive health commodities and technical support to the National AIDS programme and the Bureau of Women's Affairs. These efforts have successfully strengthened the responses to GBV.

## Supplementary of assessment of potential for changes of the SP 2008-2011 outcome indicators

## Supplementary of assessment of potential for changes of the SP 2008-2011 outcome indicators

Indicator	Trends in the period of 2008-2011	
<b>Focus area: Population and Development</b>		
1. Will a NDP, other than PRS, be developed/ updated during 2008-2012? <i>If yes, please assess the potential/possible changes in the following areas:</i>	Yes	
1a. Incorporation of population dynamics	Increase	If "cannot assess", Please explain:
1b. Incorporation of reproductive health	Increase	If "cannot assess", Please explain:
1c. Incorporation of HIV/AIDS	Increase	If "cannot assess", Please explain:
1d. Incorporation of gender equality	Increase	If "cannot assess", Please explain:
1e. Addressing young people's multisectoral needs	Increase	If "cannot assess", Please explain:
1f. Incorporation of results of studies on emerging population issues	Increase	If "cannot assess", Please explain:
1g. Allocating resources for an essential SRH health package	Increase	If "cannot assess", Please explain:
1h. Using disaggregated data for monitoring	Increase	If "cannot assess", Please explain:
2. Will a PRS, be developed/ updated during 2008-2012? <i>If yes, please assess the potential/possible changes in the following areas:</i>	No	
2a. Incorporation of population dynamics		If "cannot assess", Please explain:
2b. Incorporation of reproductive health		If "cannot assess", Please explain:
2c. Incorporation of HIV/AIDS		If "cannot assess", Please explain:
2d. Incorporation of gender equality		If "cannot assess", Please explain:
2e. Addressing young people's multisectoral needs		If "cannot assess", Please explain:
2f. Incorporation of results of studies on emerging population issues		If "cannot assess", Please explain:
2g. Allocating resources for an essential SRH health package		If "cannot assess", Please explain:
2h. Using disaggregated data for monitoring		If "cannot assess", Please explain:
3. Resources allocation to ICPD activities	Increase	If "cannot assess", Please explain:
4. Incorporation of young people's needs in emergency preparedness, crisis response and recovery programmes	Increase	If "cannot assess", Please explain:
5. Will the country undertake household/thematic survey with ICPD related data in 2008-2011?	Yes	If 'yes, please specify time-frame/ year(s) of survey undertaking: The National census is scheduled for 2010 and this will capture ICPD related data. If "cannot assess", please explain:
<b>Focus area: Reproductive health</b>		
1. Implementation of Minimum Initial Service Package in humanitarian crisis and post-crisis situations	Increase	If "cannot assess", Please explain:
2. Proportion of SRH/RR assistance in the overall ODA and humanitarian assistance	Increase	If "cannot assess", Please explain:
3. Demand for family planning	Increase	If "cannot assess", Please explain:  If 'increase', please specify: 5 - 10%
4. Proportion of births attended by skilled health personnel	Increase	If "cannot assess", Please explain:  If 'increase', please specify:
5. Caesarean sections as a proportion of all births	Increase	If "cannot assess", Please explain:  If 'increase', please specify: Less than 5%
6. Contraceptive prevalence rate - modern methods	Increase	If "cannot assess", Please explain:  If 'increase', please specify: Less than 5%
7. % of SDPs offering at least 3 modern methods of contraception		If "cannot assess", Please explain:  If 'increase', please specify:
8. % of SDPs offering at least 3 reproductive health services	Increase	If "cannot assess", Please explain:  If 'increase', please specify: Less than 5%
9. Family planning included in protocols for provision of post-partum and post-abortion care	Increase	If "cannot assess", Please explain:  If 'increase', please specify: 5 - 10%
10. % of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Increase	If "cannot assess", Please explain:  If 'increase', please specify: More than 10%
11. Condom use at last high risk sex	Increase	If "cannot assess", Please explain:  If 'increase', please specify: 5 - 10%
12. % of most-at-risk populations reached with HIV prevention programmes	Increase	If "cannot assess", Please explain:

			If 'increase', please specify: 5 - 10%
13.	% of HIV positive pregnant women who receive anti-retrovirals to reduce the risk of mother-to-child transmission	Increase	If "cannot assess", Please explain:
			If 'increase', please specify: 5 - 10%
14.	Provision of essential service package for young people including marginalized and excluded groups	Improvement	If "cannot assess", Please explain:
15.	% of secondary school curricula including gender sensitive, life skills based SRH and HIV prevention	Increase	If "cannot assess", Please explain:
			If 'increase', please specify: 5 - 10%
<b>Focus area: Gender equality</b>			
1.	Will there be any laws acted/amended that incorporate the reproductive rights of women and adolescent girls?	Yes	If "cannot assess", Please explain:
2.	Implementation/enforcement of policies and laws in line with the SC Resolution 1325 in conflict and post conflict	No change	If "cannot assess", Please explain:
3.	Will be there CEDAW and related protocols reporting?		If "cannot assess", Please explain:
			If "yes", please assess potential/possible change in the incorporation of RRs: No change
			If "cannot assess", Please explain:
4.	Female genital mutilation/cutting prevalence rate	Cannot assess	If "cannot assess", Please explain: This is not applicable in the country context.
			If 'increase', please specify:
5.	% of women who decide alone or jointly with their husbands/ partners/ others about their own healthcare	Increase	If "cannot assess", Please explain:
			If 'increase', please specify: Less than 5%
6.	Incorporation of reproductive rights in national human rights protection system	Increase	If "cannot assess", Please explain:
7.	Civil society partnerships actively promoting inclusion of RH, gender equality, women and girls' empowerment and reproductive rights in human rights protection system	Increase	If "cannot assess", Please explain:
8.	Will there be any new national and sub-national mechanisms to monitor and reduce GBV?	Yes	If "cannot assess", Please explain:
9.	Inclusion of GBV in pre- and in-service training of health service providers	No change	If "cannot assess", Please explain:



**Section III**  
**Strategic Plan 2008-2011 Management Results Framework**

Control Centre > Section III- Managing for Results

- Country Programme Formulation/ Implementation
- Monitoring and Evaluation
- Human Resource Management
- Knowledge Sharing/ Management
- South-South Collaboration and Joint Programming
- Management and Accountability
- Resource mobilization

Control Centre > Section III: Managing for Results > Country Programme Formulation/ Implementation

1. (a) Was your country office (CO) engaged in formulation of a new Country Programme (CP) in 2007?  
 YES  
 NO
  
- (b) If Yes, please indicate if the following strategic planning tools were used in the formulation process:  
 Causality analysis/Problem tree  
 Analysis of Risks and Assumptions  
 Chain of results
  
2. (a) What proportion of output indicators in your CP logframe or Results and Resources Framework (RRF) currently has baseline data?  
 (For countries without CP, please report on your project)  
 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%
  
- (b) What proportion of output indicators in your CP logframe or RRF currently has targets?  
 (For countries without CP, please report on your project)  
 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%
  
- (c) If less than 50% for (a) and/or (b), please report on the key factors that constrained the establishment of baseline data and targets:  
 Difficulty of establishing baselines in a multi-country context with very limited data available. Baselines are being built at present.
  
3. For countries with CP, please report on progress achieved in 2007 in CP outputs

**CP Output:**

Increased and more effective networking among womens government structures and civil society, including the promotion of common agendas within the context of the CARICOM regional plan on gender, and follow-up of the ICPD PoA and the MDGs

CO's assessment of progress achieved in this output		
<b>Annual progress achieved</b>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> Significant progress was achieved in attaining this goal in 2007. The UNFPA CO acted as a broker between the Bureau of Women's Affairs and NGO's in order to facilitate training activities and sharing of knowledge between these entities. Additionally, at the regional level, the CO strengthened the capacity of the national gender machineries to promote gender equality within their respective countries through a gender training workshop which examined the development, dissemination and implementation of National Gender Policies.
<i>Progress achieved in 2007 against what was planned</i>		

<b>Cumulative progress achieved</b>  <i>Overall progress since beginning of CP</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> Overall progress has been significant as outlined in the response above.
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**CP Output:**

Advocacy for and policy design on human rights and gender equality use evidence gathered from testing innovative approaches, models and experiences that operationalize the gender approach

**CO's assessment of progress achieved in this output**

<b>Annual progress achieved</b>  <i>Progress achieved in 2007 against what was planned</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> Progress towards this output in 2007 was substantive and was particularly evident in initiatives such as the Youth Zoom competition which promoted advocacy through photography. This activity encouraged young males and females to highlight issues of concern to them, and which told a story (usually) of human rights concerns through images. This initiative was undertaken in conjunction with the Jamaica National Building Society Foundation, a private sector entity, and other national partners. Other innovative approaches included the pilot project on masculinities that was initiated in 2007 and geared towards increasing knowledge and awareness of young inner city males on issues related to gender equality and human rights. Sports was used as a force for mobilizing young men in this activity, and a partnership was established with a grassroots NGO with skills in conflict prevention in order to create a more holistic programme.
<b>Cumulative progress achieved</b>  <i>Overall progress since beginning of CP</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> Overall progress has been significant as highlighted in the response above.

**CP Output:**

Improved access to comprehensive, gender-sensitive SRH services, including HIV/AIDS prevention, safe motherhood and RH commodities, within the context of health-sector reform and with a focus on vulnerable populations

**CO's assessment of progress achieved in this output**

<b>Annual progress achieved</b>  <i>Progress achieved in 2007 against what was planned</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> Significant progress was made towards the attainment of this goal in 2007. Training was provided to health care professionals, as well as representatives from the national gender machineries in condom programming and reproductive health commodity security. The RH commodities were also distributed to key NGO's and service providers to ensure accessibility by various persons, and in particular, members of vulnerable populations. The CO also provided technical support to the safe motherhood programme by assisting with the development of manuals on obstetric care and providing support to the dissemination of the National policy on safe motherhood.
<b>Cumulative progress achieved</b>  <i>Overall progress since beginning of CP</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> Progress has been significant as outlined in the response above.

**CP Output:**

Improved understanding of the interlinkages between gender relations, poverty, masculinities, women's empowerment, GBV and SRH, with an emphasis on HIV/AIDS, geared towards informing national policy design and programme implementation

**CO's assessment of progress achieved in this output**

<b>Annual progress achieved</b>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>
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<i>Progress achieved in 2007 against what was planned</i>		Significant progress was made towards the attainment of this objective in 2007. Through partnerships with several NGO's, technical assistance and training were provided to stakeholders to increase their knowledge and understanding of issues related to gender-based violence, masculinities and gender equality. Sensitization exercises carried out in conjunction with the Bureau of Women's Affairs in Jamaica and capacity-building exercises with NGO's such as the Peace Management Initiative and the Jamaica Red Cross contributed significantly to this output.
<b>Cumulative progress achieved</b>  <i>Overall progress since beginning of CP</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> Since the country programme was developed in 2007, significant progress has been achieved with respect to this goal, as outlined above.

**CP Output:**

Increased adolescent and youth development and well-being

**CO's assessment of progress achieved in this output**

<b>Annual progress achieved</b>  <i>Progress achieved in 2007 against what was planned</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> A great deal of progress was made by the CO with respect to increasing adolescent and youth development. Through programmes such as the Youth Zoom competition which strengthened the capacity of young people to advocate through photography on issues of concern to them; work with the Peace Management Initiative and Peer Counselling Association of Jamaica which provided training to young people on gender equality and SRH, including HIV prevention; and consultations with young people on the development of youth-friendly spaces in Jamaica, significant progress has been made towards this output.
<b>Cumulative progress achieved</b>  <i>Overall progress since beginning of CP</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> Significant progress has been made as outlined in the response above.

**CP Output:**

Regional capacity exists to complement national efforts to overcome scale and human resource limitations and to support capacity-building through technical assistance and South-South cooperation

**CO's assessment of progress achieved in this output**

<b>Annual progress achieved</b>  <i>Progress achieved in 2007 against what was planned</i>	50-74%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> Through the support of technical officers in the CST and other Units, a great deal of progress has been made towards the attainment of this objective. Regional capacity has been accessed for a RHCS workshop, and technical assistance provided in the area of population and development strategies.
<b>Cumulative progress achieved</b>  <i>Overall progress since beginning of CP</i>	50-74%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> Progress has been outlined in response above.

**CP Output:**

Strengthened willingness and national capacities to address stigma and discrimination that prevent universal access of vulnerable groups to HIV/AIDS prevention, treatment and care

**CO's assessment of progress achieved in this output**

<b>Annual progress achieved</b>  <i>Progress achieved in 2007 against what was planned</i>	50-74%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>
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<b>Cumulative progress achieved</b> <i>Overall progress since beginning of CP</i>	50-74%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>
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**CP Output:**

More countries adopt conceptual and policy frameworks, integrating population, gender and RH issues into national poverty reduction strategies and sectoral plans/strategies, ensuring commitment to the ICPD PoA in policy formulation and decision-making

CO's assessment of progress achieved in this output		
<b>Annual progress achieved</b> <i>Progress achieved in 2007 against what was planned</i>	50-74%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> In the case of Jamaica, SRH, population and development strategies and gender equality have all been integrated into the country's National development Plan with support from UNFPA. Increasing importance and visibility is also being given to the ICPD agenda which is reflective of the tremendous advocacy efforts undertaken by UNFPA.
<b>Cumulative progress achieved</b> <i>Overall progress since beginning of CP</i>	50-74%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> Progress is similar to that identified in response above.

**CP Output:**

Greater commitment and institutional capacity to collect, manage and use data, and conduct demographic, social and gender analyses for policy development and planning, and for planning and implementing the 2010 round of population censuses

CO's assessment of progress achieved in this output		
<b>Annual progress achieved</b> <i>Progress achieved in 2007 against what was planned</i>	50-74%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> Significant progress was made in building institutional capacity of stakeholders to collect data through the provision of technical support to countries in the region, and partnerships with local Statistics office. Additionally, support will be offered to countries in standardizing statistical data.
<b>Cumulative progress achieved</b> <i>Overall progress since beginning of CP</i>	50-74%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i> Progress is similar to that identified in response above.

4.

As of January 1 2008, for countries that had completed UNDAFs, please indicate the extent to which the UNFPA CO promoted the inclusion of RH and rights, HIV/ AIDS and gender equality in the context of the UNDAF formulation.

- (x) Major  
( ) Moderate  
( ) Minor  
( ) None

5. (a)

In 2007, did the CO have a plan of regular field monitoring visits by programme/ project managers?

- ( ) Yes  
(x) No

(b)

If yes, what was the implementation rate of the field monitoring visit plan?

If yes, what was the implementation rate of the field monitoring visit plan :

- 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%  
 Not sure

(c)

If the field visits plan implementation rate is below 75%, please provide the key factors that constrained fully implementation of the monitoring field visit plan :

Need for strengthening and enforcing M&E culture. Monitoring visits take place regularly but they are not necessarily planned (i.e. no annual plan) and there is room for improved documentation and dissemination.

(d)

In 2007, what proportion of field visit findings did the CO take follow-up action on?

- 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%  
 Not sure

6.

In 2007, did the CO conduct an annual UNDAF and CP review?

- Yes, CP review was conducted as part of UNDAF review  
 Yes, but CP and UNDAF reviews were conducted separately  
 Yes, but review was conducted for the CP only  
 No

7. (a)

In 2007, did the CO conduct a CP end line survey for CPs ending in 2007/08?

- Yes  
 No  
 Not applicable

(b)

If yes, what proportion of data for CP output indicators was obtained?

- 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%

8. (a)

In 2007, did CO have an Annual technical assistance (backstopping) plan?

- Yes  
 No

(b)

If yes, what percentage of the activities in the plan was implemented?

- 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%

(c)

If no, please explain why the plan was not developed

9. (a)

In 2007, what type of programmatic support did your CO receive from the Geographic Divisions:

- Strategic guidance on CCA/UNDAF, Country Programme formulation and implementation  
 Technical contribution to the programming process  
 Coordination of inputs from other HQ Divisions (TSD, DOS, HRU, other) for improved quality of programming  
 Joint review of the CP and projects in terms of their relevance and effectiveness  
 Support to CP monitoring and evaluation activities  
 Political support to help better position the CP vis-a-vis the government in the national development context  
 Support to the UN Country Team  
 Other

(If other, please specify:)

(b) Please provide an overall assessment of the support by the GD as follows:

GD Support	Poor	Satisfactory	Good	Excellent
Relevance of support	( )	( )	(x)	( )
Quality of support	( )	( )	(x)	( )
Timeliness of support	( )	( )	(x)	( )
Impact upon overall quality of CP and programme delivery	( )	( )	(x)	( )

## Comments

## Control Centre &gt; Section III: Managing for Results &gt; Monitoring and Evaluation

10. (a) In 2007, please indicate whether CO staff used the [Programme Manager's Monitoring and Evaluation Tool Kit](#)

(x) Yes  
( ) No

- (b) If yes, Please rate the usefulness of the tool:

Tool	Useful	Somewhat Useful	Not Used
1) Glossary of planning, Monitoring and Evaluation Terms	(x)	( )	( )
2) Defining Evaluation	(x)	( )	( )
3) Puposos of Evaluation	(x)	( )	( )
4) Stakeholder Participation in Monitoring and Evaluation	(x)	( )	( )
5) Planning and Managing an Evaluation	(x)	( )	( )
6) Programme Indicators	(x)	( )	( )

- (c) If CO staff is not using the Tool Kit, please explain why:

11. Please report on all evaluations conducted in 2007:

- (a) Country Programme (non-pilot project) Evaluations

Title	Type	Independent Eval?	Evaluators				DocuShare
			Nat.	Int.	CST	Joint (partners)	
CP4 Evaluation	End of Programme/ project	Yes	3				No

- (b) Pilot Project Evaluations:

Did CO conduct pilot project in 2007? (x) Yes ( ) No

If yes, please report on pilot projects and evaluations:

Pilot Project Name	Start Date	End Date	Eval conducted?	Eval title	Independent eval?	Evaluators				DocuShare
						Nat.	Int.	CST	Joint (partners)	
Programme M	01/01/2008	ongoing	No							

12. For the following programme or project evaluations carried out in 2006, please estimate what percentage of evaluation recommendations accepted in the management response were implemented by the end of 2007:

**"No 2006 evaluations identified for your country"**

13. (a) Did the CO support the development of results- oriented monitoring frameworks and systems in the following national counterpart organizations in 2007: (Paris -related indicator)

[x] The Ministry of Health  
 [ ] Other line ministries  
 [ ] In the context of sector wide approach (SWAp)  
 [ ] In the context of a Poverty Reduction Strategy (PRS)  
 [x] Other M&E systems

(If other M&E systems, please specify:)

NGO's in the country

- (b) If you have supported M&E systems, what was UNFPA's specific contribution?

UNFPA supported at least 4 NGO's in developing a results and resources framework geared towards more rigorous management and monitoring of outputs and outcomes. Assistance with the development of indicators was also provided.

## Control Centre &gt; Section III: Managing for Results &gt; Human Resource Management

14. Please provide the following information regarding the vacancies of the national professional and support staff posts (100 and 200 series) in your office in 2007

Post	Total number of vacant posts in 2007	Duration of each vacancy	If vacancy was advertised and filled in 2007, provide the duration from vacancy announcement closure to provisional offer to a selected candidate
Professional staff posts	1	Vacancy 1: months	months
		Vacancy 2: months	months
		Vacancy 3: months	months
		Vacancy 4: months	months
		Vacancy 5: months	months
		Vacancy 6: months	months
		Vacancy 7: months	months
		Vacancy 8: months	months
		Vacancy 9: months	months
		Vacancy 10: months	months
		Vacancy 11: months	months
		Vacancy 12: months	months
Support staff posts	0	Vacancy 1: months	months
		Vacancy 2: months	months
		Vacancy 3: months	months
		Vacancy 4: months	months
		Vacancy 5: months	months
		Vacancy 6: months	months
		Vacancy 7: months	months
		Vacancy 8: months	months
		Vacancy 9: months	months
		Vacancy 10: months	months
		Vacancy 11: months	months
		Vacancy 12: months	months

15. (a) Did your Country Office prepare a staff development training plan for 2007?

(x) Yes  
( ) No

- (b) If no, please explain why it was not developed:

- (c) If yes, please indicate to what extent the plan was implemented:

Proportion of training activities completed	International staff	National professional staff	General support staff
0-24%	( )	( )	(x)
25-49%	( )	( )	( )
50-74%	(x)	(x)	(x)
75-99%	( )	( )	( )



100%	( )	( )	( )
If less than 50% of training activities were completed, please explain why:			

16 (a) In 2007, did CO staff participate in one or more learning or training initiatives on results-based management and programming?  
 (x) Yes  
 ( ) No

(b) If yes, please indicate the organizer of the programme or the initiative (including learning afternoons):

- UNFPA HQ (including Geographic Divisions)
- UNFPA CO
- UN Country Team
- UN Staff College in Turin
- Non-UN Training institution
- Self-learning by accessing UNFPA and UNDG resources
- Other

(If other, please specify:)

17. Please indicate the level of implementation of the Caring for Us - Minimum Standards on HIV/AIDS in your office:

10 Caring for Us Minimum Standards on HIV/AIDS in the Workplace			
The rights of staff and dependents to have:	Full	Partial	Not yet
Information about UN policies, staff rights, entitlements and benefits, regarding HIV/AIDS and the workplace	( )	(x)	( )
Information on the facts about HIV/AIDS and how to prevent it, including discussion on stigma and discrimination related to the epidemic	( )	( )	(x)
Interactive learning/training activities conducted annually	( )	(x)	( )
Free access to male and female condoms	( )	(x)	( )
Access to voluntary counseling and testing (VCT)	( )	( )	(x)
Confidentiality in the management of medical information, including HIV status, in processing of health insurance claims (MIP), improvement of reimbursement procedures	(x)	( )	( )
Good-quality, confidential medical care, including Anti-Retroviral (ARV) and prevention of parent-to-child transmission (PPTCT) therapy, as indicated, if HIV-positive, access to vaccination as soon as it is available	(x)	( )	( )
First aid assistance using universal precautions	( )	(x)	( )
Rapid access to HIV Post-Exposure Prophylaxis (PEP) kits	(x)	( )	( )
A supportive and caring office environment	(x)	( )	( )
Comments			
The Caring for Us Programme has not been officially implemented in the CO, however elements of the principles have been reflected in relations among and between staff members. Attempts will be made to strengthen the Caring for Us programme in the coming year.			

Control Centre > Section III: Managing for Results > Knowledge Sharing/ Management

18 (a) In 2007, did CO staff use any of UNFPA Knowledge Assets:  
 (x) YES  
 ( ) NO

(b) If Yes, please indicate whether this was to support the following functions:

- CCA/UNDAF/CP/CPAP/AWP development
- Advocacy
- Training
- Research
- Discussion with partners (UN and external)
- Programme/project implementation
- M&E
- Other

(If other, please specify:)

(If other, please specify.)

19. In 2007, please indicate the extent to which CO used the Development Gateway and Reproductive Health Portal for the following purposes:

CP activities	Sometimes	Frequently	Rarely	Never
Programme planning	( )	(x)	( )	( )
Programme implementation	( )	(x)	( )	( )
Programme M&E	(x)	( )	( )	( )
Advocacy	(x)	( )	( )	( )
Research	( )	(x)	( )	( )
Resource mobilization	(x)	( )	( )	( )

20. What proportion of CO documents (2006 and 2007 OMPs, mission reports, consultants' reports, programme management documentation, strategic reviews) and publications has been uploaded into DocuShare?

( ) 0 - 24%  
 ( ) 25 - 49%  
 (x) 50 - 74%  
 ( ) 75 - 99%  
 ( ) 100%

21. Please provide the number of professional staff in CO who installed Internet Supermarket on their desktop or laptop:

None

22. Please provide the number of staff who used the Knowledge sharing CD ROM and received the certificate:

5 staff members have used the knowledge sharing CD rom, but none has received the certificate.

### Control Centre > Section III: Managing for Results > South-South Collaboration and Joint Programming

23. (a) In 2007, did the CO support any south-south initiatives for the national capacity development activities in the host country?

(x) Yes  
 ( ) No

(b)

Initiative Name:							
Area of cooperation:	( ) Population & Development ( ) Reproductive health ( ) Gender equality						
Brief description of the nature of the cooperation:							
Brief description of the role of UNFPA							
For each institution that provided cooperation, please provide the following information:	<table border="1"> <thead> <tr> <th>Name</th> <th>Type - Government/ Academic/ NGO/ Other (specify)</th> <th>Country</th> </tr> </thead> <tbody> <tr> <td>Name:</td> <td>Type</td> <td></td> </tr> </tbody> </table>	Name	Type - Government/ Academic/ NGO/ Other (specify)	Country	Name:	Type	
Name	Type - Government/ Academic/ NGO/ Other (specify)	Country					
Name:	Type						
Details of institutions <i>receiving</i> the cooperation in your country (up to 3 major institutions)							
Brief description of evidence and good practices that the initiative has contributed to strengthened national capacity.							

Initiative Name:	South-South Cooperation
Area of cooperation:	(x) Population & Development ( ) Reproductive health ( ) Gender equality
Brief description of the nature of the cooperation:	South-South Initiative launched with CARICOM Secretariat to cover UNFPA's area of responsibilities initially, i.e. SRH, PDS and gender. South-South cooperation as a strategy is being institutionalized within the various projects.

Brief description of the role of UNFPA	Support to CARICOM in the establishment of the South-South initiative within the Technical Assistance Support Unit (TASU) . A roster developed with a database of consultants. UNFPA has facilitated visits between Suriname and Jamaica, and there are plans for technical support going from Jamaica to St. Lucia.		
For each institution that provided cooperation, please provide the following information:	Name	Type - Government/ Academic/ NGO/ Other (specify)	Country
	CARICOM	IGO	Regional
	Women's Centre Foundation of Jamaica	NGO	Jamaica
	Jamaica Council for Persons with Disabilities		Jamaica
Details of institutions receiving the cooperation in your country (up to 3 major institutions)	Name:	Type	
	Registrar General's Department		
Brief description of evidence and good practices that the initiative has contributed to strengthened national capacity.	The expansion of SRH services for persons with disabilities and heightened awareness of the logistics management information for RH commodities are two good practices that the initiative has strengthened.		

(c) Does your office plan to increase number of south-south initiatives over the next four years:

- Yes  
 No  
 Cannot Assess

24.

Please provide information on UNFPA participation in active joint programmes with other UN Agencies in 2007.

#### UNFPA participation in joint programmes

<b>CP Outcome to which JP relates:</b>			
Improved access to comprehensive , gender-sensitive sexual and reproductive health services, including HIV/AIDS prevention, safe motherhood and reproductive health commodities, within the context of health-sector reform & with a focus on vulnerable popul			
<b>Title:</b>			
Safe Motherhood Programme			
<b>Brief description:</b>			
The programme has contributed to the development of the policy on Safe Motherhood in Jamaica. Other activities being implemented in the programme include the development of protocols and manuals on safe motherhood including emergency obstetric care and reproductive health commodities.			
<b>Status:</b>			
<input type="checkbox"/> Planned <input type="checkbox"/> Being developed <input checked="" type="checkbox"/> Being implemented (Start date: 01/07/2006 <input type="checkbox"/> Completed in 2007 (Completion date: )			
<b>Funding modality:</b>			
<input checked="" type="checkbox"/> Parallel <input type="checkbox"/> Pooled <input type="checkbox"/> Pass-through <input type="checkbox"/> Other			
<b>Managing /Administrative Agent:</b>			
UNFPA			
<b>Total Budget:</b>			
35000 US \$			
<b>Main UN Agencies/donors participating, their percentage share and contribution (US \$)</b>			
	<b>Name</b>	<b>Share (%)</b>	<b>Contribution (US \$)</b>
	UNFPA UNFPA	29.00	10,000
	PAHO/WHO	29.00	10000
	UNICEF	42.00	15,000
<b>Names of implementing partners:</b>			

<b>Government partners:</b>	
	Ministry of Health
<b>NGO partners:</b>	
<b>UN Agency partners:</b>	
	PAHO/WHO UNICEF

**Control Centre > Section III: Managing for Results > Management and Accountability**

25. (a) Please indicate if the following reviews of the Office Management Plan (OMP) were undertaken in 2007:
- Mid-Year review  
 Annual review
- 
- (b) Please indicate what percentage of the CO OMP outputs were fully achieved in 2007:
- 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%
- 
26. Please indicate whether the CO OMP was:
- (a) Reviewed and approved by the GD  
 Yes  No
- (b) Monitored by the GD during the year  
 Yes  No
- (c) Feedback provided by the GD  
 Yes  No
27. Briefly list the measures taken by the CO Management to familiarize the CO staff with the new UNFPA Accountability Framework approved by the Executive Board at its second regular session in September 2007 (ref: DP/UNFPA/2007/20):
- Disseminated by email
- 

**Control Centre > Section III: Managing for Results > Resource mobilization**

28. (a) Did the CO have a resource mobilization plan for 2007?
- Yes  
 No
- (If no, please explain why:)
- (b) Please indicate the proportion of extra-budgetary resources mobilized in 2007?
- 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%
-