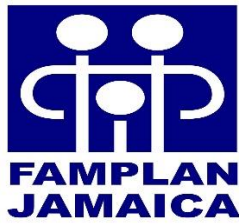




JULY 25, 2019

ANNUAL REPORT
REPORT TO THE 2018 ANNUAL GENERAL MEETING



Founded in 1940, the Jamaica Family Planning Association (JFPA) is the oldest provider of sexual and reproductive health services in Jamaica.

JFPA is an approved charitable organisation, registered under Section 2 and Section 17 of the Charities Act 2013 of Jamaica and a member of the International Planned Parenthood Federation.

The JFPA collaborates with the Jamaican government, as well as regional and international partners and funding agencies to inspire, resource and empower volunteers and voluntary organisations across Jamaica.

MISSION

To respond to the need and demand for family planning and reproductive health services for adolescents, women and men, in particular those in under-served in rural and urban areas, working in partnership with the Government of Jamaica and all interested non-government agencies, in order to achieve a better quality of life for all.

GOVERNANCE (2018)

FOUNDERS:

Drs. Lenworth Jacobs and Beth Jacobs

DIRECTOR EMERITUS

Dr. Hugh Wynter, O.J, C.D., J.P.

BOARD OF DIRECTORS

President - Shakira Maxwell,

Abigail Creighton

Toni-Shae Freckleton

Jherane Padmore

Derven Patrick

Elizabeth Phillips

Pauline Pink- Bond

Cynthia Pitter

Heather Silvera

Joan Stephens

Shelly-Ann, Weeks

Secretary- Christopher Harper

GOVERNANCE (2019)

FOUNDERS:

Drs. Lenworth Jacobs and Beth Jacobs

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BOARD OF DIRECTORS

President - Shakira Maxwell,

Vice President - Joan Stephens

Abigail Creighton

Derven Patrick

Elizabeth Phillips

Pauline Pink- Bond

Cynthia Pitter

Secretary- Christopher Harper

Chief Executive Officer- Pauline Russell-Brown

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MESSAGE FROM THE PRESIDENT

Dear Members,

It is my great pleasure to bring warm greetings on behalf of the Board of Directors at this our 55th Annual General Meeting.

The past year has been one of changes for the organization, but despite obstacles, FAMPLAN remains committed to its mandate to provide affordable sexual and reproductive health services to all Jamaicans. During the year, we saw a change to the composition and leadership of the Board and new governance at the executive level, with Dr. Pauline Russell-Brown now heading the organization as the Chief Executive Officer.

Additionally, several changes have been taking place at the global management level, most notably with the International Planned Parenthood Federation (IPPF), our main donor. The major implication of this is directly related to the funding of the organization and during this coming year JFPA will re diversify its funding base to ensure sustainability. To this end, the Board has had several meetings over the past few months and remains committed to strategies that will reposition the organization in the shifting market. You will be seeing some changes in the coming year, all with the intention to lift the brand of the organization and the services that we provide.

I wish to extend sincere appreciation from the Board to all the hard working employees of JFPA for their continued commitment and dedication to upholding the vision of our pioneers, Lenworth and Beth Jacobs. They have been the force behind all you see and do. I especially thank Dr. Russell-Brown for all that she has done over the past six months, since coming on Board, to ensure the stability and vitality of the organization.

As we move towards 2020, the organization will be even more aggressive in its levels of advocacy, service provision and research. I urge everyone to continue to support our work as we strive to make sexual and reproductive health a priority for all.

Shakira Maxwell
President
July 25, 2019

REPORT TO THE ANNUAL GENERAL MEETING OF THE ASSOCIATION

PERFORMANCE

Service Delivery Performance (2018)

In 2018, JFPA provided sexual and reproductive health (SRH) services to men, women and youth through its two clinic facilities – Kingston (Lenworth Jacobs Clinic -LJC) and St. Ann’s Bay (Beth Jacobs Clinic - BJC). The SRH services provided include – contraceptive supplies and counselling, cancer (uterine and breast) screening, HIV/STI testing and referral, pregnancy testing, and DNA paternity testing.

Contraceptive service delivery represented some 28 percent of services provided in the clinics. Between 25% (LJC) and 30% (BJC) of all persons using the JFPA clinics requested contraceptive services. New users of contraceptive services represented some 15% of all users of the clinic services. This represents a 6.6% increase over 2017.

Fifty-nine percent of the total contraceptive visits in 2018 and 56% of the new contraceptive user visits were reported at BJC. However, 77% of the HIV/STI testing and 69% of well-baby clinic visits were reported at LJC. See Table 1.

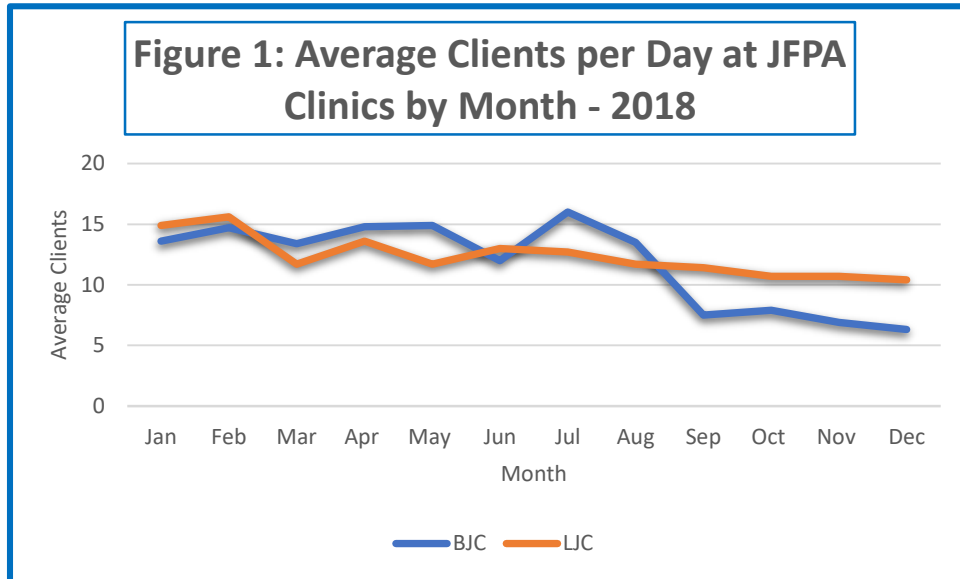
In addition to sexual and reproductive health (SRH) services, the JFPA’s clinical and counselling staff provided maternal and child health (MCH) care in 2018. Antenatal and postnatal care is provided to pregnant women and new mothers and immunizations for children attending the well child clinics. Delivery of maternal and child health (MCH) services is guided by Ministry of Health protocols and guidelines.

Table 1: Users of JFPA Clinical Services - 2018

Visits	Beth Jacobs	Lenworth Jacobs	Total
New contraceptive user visits	125 (56%)	99 (44%)	224
Total contraceptive visits	1037 (59%)	734 (41%)	1771
HIV/STI testing	169 (23%)	555 (77%)	724
Well baby (immunization visits)	821 (31%)	1850 (69%)	2671
Total visits (All services)	3396 (54%)	2920 (46%)	6316

The Associated Clinic programme – the Association’s initiative to supply private sector gynaecologists island-wide with Long Acting Reversible Contraceptives (LARC) - was continued in 2018. During the year, 10 providers were supplied.

The usual seasonal variation in service use volume was observed at the two fixed service sites. See Figure 1.



In 2018, the Association continued to provide SRH services through health fairs. The number of fairs was reduced in 2018, however, for good reason. While participation in health fairs increases service volume, it is a burden on the Association in terms of the investment in time, human resources and cost. The decision was made to participate in only 3 fairs.

Advocacy

The Association had several media appearances in 2018 to address key SRH issues. It was also included in country delegations to international and regional meetings. The Association played a leading role within a network of CSOs that is attempting to keep on the public agenda, issues related to SRH and rights and advocate for the same. These include: establishing a curriculum that adequately addresses SRH issues and rights for all; ensuring adequate training for teachers; and pressing forward on addressing the gap between the age of consent (16) and the age of access to contraceptives (18).

The Association also submitted to parliament a list of recommendations for changes to the Sexual Offences Act. These efforts have not yet resulted in changes to the law and will require continued advocacy.

Right Here Right Now: The Association continued its efforts to advocate for the rights of the marginalized in 2018. In May 2018, JFPA held a public forum, in collaboration with partners from the faith based community and the LGBT community to address the framing of LGBT rights in the UN system.

The Association was commended by Rutgers of the Netherlands as being one of the most effective managers of the Right Here Right Now (RHRN) Initiative in the Region. Based on this performance the Association was selected, again, as the lead agency for the implementation of the RHRN work with regards to abortion rights and LGBT rights.



Participants in RHRN event: Photo: courtesy of FAMPLAN

Comprehensive Sexuality Education

With a grant from IPPF, the Association conducted qualitative research to determine the level of need for comprehensive education on human sexuality in Jamaican schools and communities by measuring the current state of knowledge, ability, interest, and attitude of Jamaican adolescents around Sexual and Reproductive Health and Rights (SRHR). This research is expected to contribute to the Association's in-country advocacy on the relevance of comprehensive education on human sexuality to meet the needs of youth and fulfil the Sustainable Development Goals (SDGs).

A sample of 216 students aged 12 to 16 years enrolled in Grades 7-9 of public high schools across the 14 parishes participated in the focus group discussions. A draft report was submitted to the MOEYI at the end 2018. The final report is pending.

CSE trainers and activities manuals, and presentations were developed and finalized between August and December 2017. CSE training of trainers' workshops were facilitated in January 2018 to transfer CSE knowledge and skills in human and sexual rights, gender, advocacy, sexual and reproductive health, puberty and reproduction, interpersonal and decision-making skills, communication, and sexuality to members of the Youth Advocacy Movement. In April 2018 there was training of YAM members in HIV rapid testing and counselling skills. A partnership arrangement was established with the Social Development Commission to identify community-based organizations that would support the implementation of CSE end-user workshops. Six communities were identified in Kingston for executing workshops and preliminary schedules were

developed for undertaking the interventions. End-user workshops are scheduled to commence in September 2018 and to be completed by December 2018. Each community should have received 8 workshops, however, this work is currently on hold.



One of participating schools in the Association’s CSE research project (2017). Photo courtesy FAMPLAN Jamaica

Human Rights: The Association, through a small grant from Caribbean Vulnerable Communities Coalition (CVCC), introduced the “Strengthening KPs One Parish at a Time” project. Grant implementation was effected in July 2018.

The goal of the project was to improve legal and policy environments that support delivery of and



access to health and justice services for key populations (KPs). The project has 2 outputs: (1) Improved documentation of key populations (KP) human rights violations using the CVC shared incident database; and (2). Improved access of key populations to legal aid services.

The grant enabled the Association to conduct

four community fora – one each in Kingston and St. Andrew (KSA), Manchester, St. Ann and St. James. Two of the 4 community fora (KSA and St. Ann) were completed in 2018. The other 2 were scheduled for the first quarter on 2019. These fora are providing an opportunity for individuals to report incidents of perceived human rights violations. These reports are logged in a special database established for the project and flagged for investigation and remedial action by CVC.

Youth Advocacy Movement

Youth are a vital component of the growth and sustainability of the Association. The Youth Advocacy Movement (YAM) was one key strategy for engaging directly with youth to build a cadre of advocates for sexual and reproductive health and rights as well as for enabling individual behavior change in a cohort of their peers.

The YAM experienced several changes in 2018. These changes suggest that much more effort is going to be required if we are to meaningfully reengage with youth.

Accreditation

Every four years, IPPF reviews the overall performance of its Member Associations (MA) to assure they are in compliance with established standards. Accreditation of the Association was completed in 2018. IPPF accreditation is based on 10 Principles using 48 standards and more than 200 criteria.

The Association performed well, achieving full compliance on one Principle - Principle 10: A Leading SRHR Organisation. The Association was also in compliance on 35 of 48 (73%) standards.

Recommendations for achieving compliance on the 13 standards on which the Association was not compliant are to be addressed by end August 2019. At that time a review will be scheduled and the Association’s accreditation status determined.

Table 2: Summary Results of 2018 Compliance Review of JFPA

	IPPF PRINCIPLE	NUMBER OF STANDARDS	COMPLIANCE ACHIEVED
1	Open and Democratic	6	5
2	Well governed	7	4
3	Strategic and Progressive	4	3
4	Transparent and Accountable	3	2
5	Well Managed	4	3
6	Financially healthy	5	4
7	Good Employer	5	4
8	Committed to Results	3	2
9	Committed to Quality	8	5
10	A Leading SRHR Organisation	3	3 (Full compliance)

Financial Performance (2018)

The Association's sources of income are unrestricted grant from IPPF, the sale of SRH services including laboratory services, sale of contraceptives, and rental income. Funds from two restricted grants were available to conduct specific projects.

A total revenue of \$31 million was collected for 2018 which comprised of \$18.8 million grant income, \$2.4 million from rental and \$10.7 million from sales. Beth Jacob Clinic produced \$6.1 million in 2018 vs \$5.9 million in 2017, with Lenworth Jacobs at \$4.4 million in 2018 compared with 3.1 million in 2017.

Expenditures totalled \$26.2 million – 51% was directed to personnel expenses and 41% to operating expenses.

PARTNERSHIPS

By the end of 2018, regrettably, the Association had lost two of four key partners – The Women's Centre of Jamaica Foundation and Eve for Life.

The partnership with AIDS Health Care Foundation (AHCF) continued to flourish. The Memorandum of Understanding signed with AHCF established that the Association would warehouse and distribute Love condoms received from AHCF to NGO partners.

A new partnership was established with the Women's Resource and Outreach Centre's (WROC) in 2018. Through this partnership, the Association was invited to participate in the convening of the Civil Society Collaborative Forum (CSCF) in October 2018 and subsequently became a member of a small working group volunteered to work with the Visibility Action Programme – a small grant programme of the Maternal, Neonatal and Infant Health (MNIH) project.

HUMAN RESOURCES

CSOs have a special vulnerability regarding their human resource capacity. The literature suggests that the human resource issues observed in CSOs are connected to the project-based nature of CSO funding and work. Globally, CSOs consistently emerge as very vulnerable to high staff turnover, including loss of staff to governments, political parties, the private sector and international agencies. CIVICUS¹ reports that 43 percent of CSOs in the Latin America Region, for example, have no paid staff. This average is higher than the global average of 35 percent (CIVICUS, 2011). The voluntary nature of employment in CSOs brings about a high level of turnover, with people moving from small to bigger CSOs or international and donor agencies for more attractive conditions of service.

¹ CIVICUS is a global alliance of civil society organisations and activists dedicated to strengthening citizen action and civil society throughout the world. The organisation has headquarters in South Africa.

(<https://www.civicus.org/downloads/Bridging%20the%20Gaps%20-%20Citizens%20Organisations%20and%20Dissociation.pdf>)

JFPA is not spared in this regard. During 2018, 5 staff separated from the organisation. That included the CEO, the Operations Officer, 2 Clinic Administrators from the Beth Jacobs Clinic, 1 nurse from the BJC and the part time accountant.

The positions have been filled and so the organisation started the new year 2019 with a full complement of staff – a CEO, a Clinic administrator, a trained nurse midwife in each clinic, an executive administrator/youth officer; and an added fulltime accountant.

Staff Development



During 2018, Association staff benefited from local (in-house) and international development opportunities.

Clinic and administrative staff benefited from an Association planned training in HIV Testing as well as Customer Service. The CEO benefited from IPPF/WHR arranged staff development activities and the Youth Officer benefited from capacity building arranged and sponsored by the Right Here Right Now Initiative.

PLANS AND PROJECTIONS

At the end of 2018, the IPPF Member Association Analysis Process (MAAP) concluded that:

“in the final analysis, while the JFPA has registered some program improvements in recent years, given the changing financial trajectory toward a reduction of unrestricted funding in the Federation, the MA is encouraged to redouble its efforts toward increasing its long-term sustainability. This should include the creation of innovative strategies for cultivating the youth population which is the incoming market, while also defining strategies for expanding and building client loyalty ... Support from the board will be essential in ensuring the organisation’s survival and growth.”²²

It is the Association’s intention to continue to build on momentum gained from its work in 2018. As such, we will endeavour to keep reviewing, reinventing, rehabilitating, retooling, and fine tuning the growth pillars of our short-term and long-term strategies in 2019. The growth pillars, as we see

²² IPPFWHR. Jamaica (JFPA) MAAP Feedback Letter 2018.

them, are: Communication and Marketing, Service Expansion, Human Resources Management (Staff, Volunteers, Membership and Youth), and Governance.

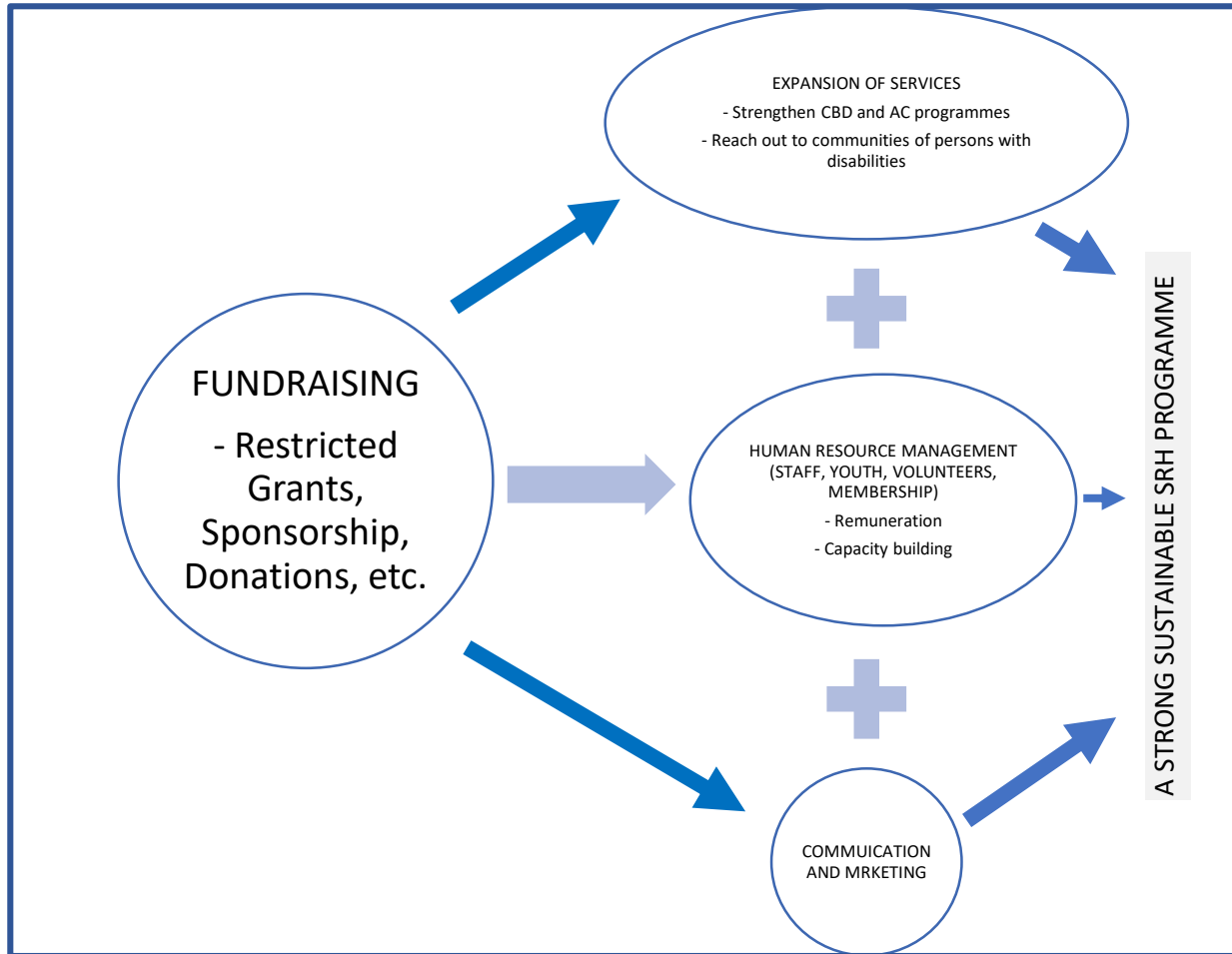


Figure 2: Proposed Pillars of Growth for JFPA in 2019-2021

None of these pillars can be strengthened unless funds are available. One of the challenges, therefore, for the Management and Board of Directors of the Association as well as the staff must be to become actively engaged in raising funds. Responsive and responsible governance is required to guide the processes.