

PD-AY-486

Project No.: 532-0153

CONFIRMED COPY

PROJECT GRANT AGREEMENT

Between the

GOVERNMENT OF JAMAICA

and the

UNITED STATES OF AMERICA

For

AIDS/STD Prevention and Control Project

Dated: August 29, 1988
Appropriation: 72-1181021
BPC: LDGA88-25532-KG13
Amount: \$250,000.00
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Amount: \$290,000

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PROJECT GRANT AGREEMENT

Between

The Government of Jamaica ("Grantee")

And

The United States of America, acting through the Agency for International Development ("A.I.D.") as Grantor.

ARTICLE 1: The Agreement

The purpose of this Agreement is to set out the understandings of the parties named above ("Parties") with respect to the undertaking by the Grantee of the Project described below and with respect to the financing of the Project by the Parties.

ARTICLE 2: The Project

Section 2.1.: Definition of the Project. The Project, which is further described in Annex I, consists of activities which will (1) develop and strengthen the AIDS/STD policy and program planning and monitoring systems; (2) educate the public and relevant professional groups about AIDS and STD prevention, and develop and implement prevention and intervention strategies to reach those most at risk; and (3) strengthen the institutional capability of the Ministry of Health to plan and manage comprehensive AIDS/STD control strategies.

Annex I, attached, amplifies the above description of the Project. Within the limits of the above definition of the Project, elements of the amplified description stated in Annex I may be changed by written agreement of the authorized representatives of the Parties named in Section 8.2. without formal amendment of this Agreement.

Section 2.2.: Incremental Nature of Project.

- (a) A.I.D.'s contribution to the Project will be provided in increments, the initial one being made available in accordance with Section 3.1. of this agreement. Subsequent increments will be subject to availability of funds to A.I.D. for this purpose, and to mutual agreement of the Parties, at the time of a subsequent increment, to proceed.

- (b) Within the overall Project Assistance Completion Date stated in this Agreement, A.I.D., based upon consultation with the Cooperating country, may specify in Project Implementation Letters appropriate time periods for the utilization of funds provided by A.I.D. under an individual increment of assistance.

ARTICLE 3: Financing

Section 3.1.: The Grant. To assist the Grantee to meet the costs of carrying out the Project, A.I.D., pursuant to the Foreign Assistance Act of 1961, as amended, agrees to grant the Grantee under the terms of this Agreement an amount not to exceed Five Hundred and Forty Thousand UNITED STATES DOLLARS (\$540,000)("Grant").

The Grant may be used to finance foreign exchange costs, as defined in Section 6.1., and local currency costs, as defined in Section 6.2., of goods and services required for the Project.

Section 3.2.: Grantee Resources for the Project.

- (a) The Grantee agrees to provide or cause to be provided for the Project all funds, in addition to the Grant, and all other resources required to carry out the Project effectively and in a timely manner.
- (b) The resources provided by the Grantee for the Project will be not less than the equivalent of U.S. \$850,000, including costs borne on an "in-kind" basis.

Section 3.3.: Project Assistance Completion Date.

- (a) The Project Assistance Completion Date (PACD) which is August 31, 1994, or such other date as the Parties may agree to in writing, is the date by which the Parties estimate that all services financed under the Grant will have been performed and all goods financed under the Grant will have been furnished for the Project as contemplated in this Agreement.
- (b) Except as A.I.D. may otherwise agree in writing, A.I.D. will not issue or approve documentation which would authorize disbursement of the Grant for services performed subsequent to the PACD or for goods furnished for the Project, as contemplated in this Agreement, subsequent to the PACD.

- (c) Requests for disbursement, accompanied by necessary supporting documentation prescribed in Project Implementation Letters are to be received by A.I.D. or any bank described in Section 7.1., no later than nine (9) months following the PACD, or such other period as A.I.D. agrees to in writing. After such period, A.I.D., giving notice in writing to the Grantee, may at any time or times reduce the amount of the Grant by all or any part thereof for which requests for disbursement, accompanied by necessary supporting documentation prescribed in Project Implementation Letters, were not received before the expiration of said period.

ARTICLE 4: Conditions Precedent to Disbursement

Section 4.1.: First Disbursement. Prior to the first disbursement under the Grant, or to the issuance by A.I.D. of documentation pursuant to which disbursement will be made, the Grantee will, except as the Parties may otherwise agree in writing, furnish to A.I.D. in form and substance satisfactory to A.I.D.:

- (a) An opinion of counsel acceptable to A.I.D. that this Agreement has been duly authorized and/or ratified by, and executed on behalf of, the Grantee, and that it constitutes a valid and legally binding obligation of the Grantee in accordance with all of its terms;
- (b) A statement of the name of the person holding or acting in the office of the Grantee specified in Section 8.2., and of any additional representatives, together with a specimen signature of each person specified in such statement.

Section 4.2.: Disbursement for Training. Prior to first disbursement of funds for training under the Grant, the Grantee will, except as the Parties may otherwise agree in writing, furnish to A.I.D., in form and substance satisfactory to A.I.D., a training plan that will (1) detail overseas and in-country training by year for the first two years, with general training targets outlined for the remainder of the Project and (2) outline criteria for selection of participants in both in-country and overseas training.

Section 4.3.: Notification. When A.I.D. has determined that the conditions precedent specified in Sections 4.1. and 4.2. have been met, it will promptly notify the Grantee.

Section 4.4.: Terminal Dates for Conditions Precedent. If the condition specified in Section 4.1. has not been met within 120

days from the date of this Agreement, or such later date as A.I.D. may agree in writing, A.I.D., at its option, may terminate this Agreement by written notice to the Grantee.

ARTICLE 5: Special Covenants

Section 5.1.: Project Evaluation. The Parties agree to establish an evaluation program as part of the Project. Except as the Parties otherwise agree in writing, the program will include, during the implementation of the Project and at one or more points thereafter:

- (a) Evaluation of progress toward attainment of the objectives of the Project;
- (b) Identification and evaluation of problem areas or constraints which may inhibit such attainment;
- (c) Assessment of how such information may be used to help overcome such problems; and
- (d) Evaluation, to the degree feasible, of the overall development impact of the Project.

Section 5.2.: Contact Investigators. The Grantee agrees to hire a minimum of five contact investigators each year for three years beginning in the first year of the Project, at a salary level adequate to attract qualified candidates, and to fully fund them in the GOJ budget by the end of the Project.

Section 5.3.: Pharmaceuticals. The Grantee agrees to purchase the basic minimum requirements for STD drugs in a phased manner and assume full responsibility for their purchase by the end of the Project.

ARTICLE 6: Procurement Source

Section 6.1.: Foreign Exchange Costs. Disbursements pursuant to Section 7.1. will be used exclusively to finance the costs of goods and services, including ocean shipping, required for the Project having, with respect to goods, their source and origin, and with respect to services, their nationality, in the United States of America (Code 000 of the A.I.D. Geographic Code Book as in effect at the time orders are placed or contracts entered into for such goods or services) ("Foreign Exchange Costs"), except as A.I.D. may otherwise agree in writing, and except as provided in the Project Grant Standard Provisions Annex, Section C.1(b) with respect to marine insurance. Ocean transportation costs will be financed under the grant only on flag vessels under flag registry of the U.S., except as A.I.D. may otherwise agree in writing.

Section 6.2.: Local Currency Costs. Disbursements pursuant to Section 7.2. will be used exclusively to finance the costs of goods and services required for the Project having their source and, except as A.I.D. may otherwise agree in writing, their origin in Jamaica ("Local Currency Costs").

ARTICLE 7: Disbursement

Section 7.1.: Disbursement for Foreign Exchange Costs.

(a) After satisfaction of conditions precedent, the Grantee may obtain disbursements of funds under the Grant for the Foreign Exchange Costs of goods and services required for the Project in accordance with the terms of this Agreement, by such of the following methods as may be mutually agreed upon:

- (1) by submitting to A.I.D., with necessary supporting documentation as prescribed in Project Implementation Letters, (A) requests for disbursement or reimbursement for such goods or services, or, (B) requests for A.I.D. to procure commodities or services in Grantee's behalf for the Project; or,
- (2) by requesting A.I.D. to issue Letters of Commitment for specified amounts (A) to one or more U.S. banks, satisfactory to A.I.D., committing A.I.D. to reimburse such bank or banks for payments made by them to contractors or suppliers, under Letters of Credit or otherwise, for such goods or services, or (B) directly to one or more contractors or suppliers, committing A.I.D. to pay such contractors or suppliers for such goods or services.

(b) Banking charges incurred by the Grantee in connection with Letters of Commitment and Letters of Credit will be financed under the Grant unless the Grantee instructs A.I.D. to the contrary. Such other charges as the Parties may agree to may also be financed under the Grant.

Section 7.2.: Disbursement for Local Currency Costs.

(a) After satisfaction of conditions precedent, the Grantee may obtain disbursements of funds under the Grant for local currency costs required for the Project in accordance with the terms of this Agreement, by submitting to A.I.D., with necessary supporting documentation as prescribed in Project Implementation Letters, requests to finance costs.

- (b) The local currency needed for such disbursements may be obtained:
- (1) by acquisition by A.I.D. with U.S. Dollars by purchase; or
 - (2) by A.I.D. (A) requesting the Grantee to make available the local currency for such costs, and (B) thereafter making available to the Grantee, through the opening or amendment by A.I.D. of Special Letters of Credit in favor of the Grantee or its designee, an amount of U.S. Dollars equivalent to the amount of local currency made available by the Grantee, which dollars will be utilized for procurement from the United States under appropriate procedures described in Project Implementation Letters.

The U.S. dollar equivalent of the local currency made available hereunder will be, in the case of subsection (b)(1) above, the amount of U.S. dollars required by A.I.D. to obtain the local currency, and in the case of subsection (b)(2) above, an amount calculated at the rate of exchange specified in the applicable Special Letter of Credit Implementation Memorandum hereunder as of the date of the opening or amendment of the applicable Special Letter of Credit.

Section 7.3.: Other Forms of Disbursement. Disbursements of the Grant may also be made through such other means as the Parties may agree to in writing.

Section 7.4.: Rate of Exchange. Except as may be more specifically provided under Section 7.2.. if funds provided under the Grant are introduced into Jamaica by A.I.D. or any public or private agency for purposes of carrying out obligations of A.I.D. hereunder, the Grantee will make such arrangements as may be necessary so that such funds may be converted into currency of Jamaica at the highest rate of exchange which, at the time the conversion is made, is not unlawful in Jamaica.

ARTICLE 8: Miscellaneous

Section 8.1.: Communications. Any notice, request, document or other communication submitted by either Party to the other under this Agreement will be in writing or by telegram or cable, and will be deemed duly given or sent when delivered to such Party at the following addresses:

To the Grantee

Mail Address

The Minister of Finance
Ministry of Finance and Planning
30 National Heroes Circle
Kingston 4, Jamaica

Cable Address

The Minister of Finance
Ministry of Finance and Planning
30 National Heroes Circle
Kingston 4, Jamaica

To A.I.D.

Mail Address

Director
USAID/Jamaica
P.O. Bcx 541
6b Oxford Road
Kingston 5, Jamaica

Cable Address

USAID/Jamaica

Other addresses may be substituted for the above upon giving of notice. The Grantee, in addition, will provide the USAID Mission with a copy of each communication sent to A.I.D.

Section 8.2.: Representatives. For all purposes relevant to this Agreement and its amendments, the Grantee will be represented by the individual holding or acting in the office of Minister of Finance and Planning and A.I.D. will be represented by the individual holding or acting in the office of the Mission Director, USAID/Jamaica, each of whom, by written notice, may designate additional representatives for all purposes other than exercising the power under Section 2.1. to revise elements of the amplified description in Annex I.

The names of the representatives of the Grantee, with specimen signatures, will be provided to AID, which may accept as duly authorized any instrument signed by such representatives in implementation of this Agreement, until receipt of written notice of revocation of their authority.

Section 8.3.: Standard Provisions Annex. A "Standard Provisions Annex" (Annex 2) is attached to and forms part of this Agreement.

ANNEX I
Amplified Project Description

Elements of the Amplified Project Description may be changed by written agreement of the authorized representatives of the parties named in the Project Agreement without formal amendment of the Agreement, provided that such changes are within the general scope of the Project as set forth in Section 2.1. of the Agreement.

I. Project Goal and Purpose

The goal of the proposed six-year Project is to improve the health status of the Jamaican people. The purpose of the Project is to reduce Human Immuno-deficiency Virus (HIV) transmission and the incidence and prevalence of Sexually Transmitted Diseases (STDs) in Jamaica.

II. Description of Project Components

The Project has three major components, each of which is designed to meet the Project purpose and contribute to the Project goal in the most cost-efficient manner possible, given the limited resources available to the Ministry of Health (MOH) and the private sector in Jamaica. The components also are intended to help ensure that the GOJ meets its objectives with regard to prevention of AIDS/STDs. The three components of the Project are:

1. AIDS/STDs Policy and Program Planning and Monitoring;
2. AIDS/STDs Prevention and Intervention Strategies and Activities;
3. Strengthening MOH and Private Sector Capacity to Respond to AIDS/STDs.

The types of activities to be supported in each of these are described below.

1. National AIDS/STD Policy and Program Planning and Monitoring

This component of the Project will ensure that the information needed to formulate appropriate AIDS/STD policies and programs is available. Further, strengthening the AIDS/STD surveillance system and conducting baseline and periodic surveys will assure monitoring of the Project's achievements. Information generated by this component of the Project will be used to design and implement both prevention and treatment activities.

a. Improvements in the MOH Epidemiologic Surveillance System

The MOH AIDS surveillance system will receive support from PAHO/CAREC (in the form of training and technical assistance and of funds for testing equipment and supplies), from the Canadian International Development Agency (in the form of equipment and supplies), and from the EEC (which will provide an Epidemiologist for two years beginning in October, 1988). The epidemiologic surveillance system will be strengthened through the Project in the following ways:

- (i) Purchase of microscopes and other equipment and of testing supplies for the MOH STD clinics. This critical need, identified by PAHO consultants in 1986, has yet to be met. The equipment will be purchased during the first year of the Project; testing supplies will be purchased by the MOH as a GOJ contribution.
- (ii) During the first year of the Project, the MOH STD Unit will conduct a needs assessment of STD surveillance procedures used by the MOH STD clinics, using the 1986 PAHO reports and other documents as the initial basis for problem identification. The Study will be coordinated by the Project Manager with local and expatriate technical assistance contracted as necessary and appropriate to assist in conduct of the study. The study will provide recommendations for specific improvements in STD surveillance procedures, within the context of the limited resources available to the MOH.
- (iii) Improvements in the STD Surveillance System. Based on the results of the Needs Assessment Study, the SMOH for the STD Unit will design improvements in the existing surveillance system, including, for example: a) changes in reporting formats or procedures; b) training of health providers and clerical staff directly responsible for completing, compiling, tabulating and analyzing STD reports (in the public and private sectors); c) improvements in the flow of information at all levels - from the level of the individual health unit to the central level MOH, including the private sector; and d) improvements in analyzing the information and preparation of reports for use in decision-making at the national, parish, and clinic levels. An important aspect of improvements in the surveillance system, in particular given the reported use of the private sector for treatment of STDs, will be improvements in mechanisms for ensuring compliance on the part of the private sector in reporting STDs, and changes in reportable disease classifications.

The SMOH for the STD Unit and the Operations Research Specialist will work with the SMOH for Epidemiology, with

consultation from the EEC Epidemiologist and other advisors as available (e.g., through PAHO, which has provided consultation for the STD Unit in the recent past, and CDC, if available through a centrally funded cooperative agreement.

b. Design and Implementation of Operations Research Studies

The MOH has identified the conduct of operations research studies as an important component of its AIDS and STD prevention strategy. The Ministry has initiated a study of the seroprevalence of HIV and other STDs among prostitutes in Kingston and Montego Bay, with A.I.D. centrally-funded technical assistance through AIDSCOM and AIDSTECH. The MOH is currently reviewing the protocol for this study and planning for implementation in late Summer and early Fall, 1988. The conceptual approach of the Ministry is based in "action research"; that is, in the use of data collection procedures and contacts to both retrieve information from and disseminate information to the target populations.

The MOH has identified prostitutes, migrant farm workers (who travel to the U.S), homosexual and bisexual men, and higglers as at particular risk for AIDS, and will initiate seroprevalence studies in these populations during the first year of the Project. The Project will contribute to the support of the MOH Epidemiology Unit's adaptation of the AIDS Seroprevalence Study of Prostitutes for application to other high-risk populations.

Throughout the Project, the MOH will assess its needs for additional (or continuing) studies and will set priorities accordingly. Specifically, the Project will support the following aspects of seroprevalence studies:

- (i) medical staff who are assigned (or hired) to collect data will be trained in interviewing techniques, particularly as regards the risk population members whom they will be interviewing. Conversely, skilled non-medical interviewers will receive training in basic medical information that will enable them to answer questions directly (and to refer some questions to appropriate medical personnel).
- (ii) local and expatriate technical assistance as deemed necessary by the Epidemiology Unit;
- (iii) other local costs (including, for example, payments to interviewers, transportation, and data processing and analysis).

c. Special Studies and Surveys

The Project will support updates of the National AIDS/STD KAP study, and baseline and periodic resurveys of STDs to verify surveillance data. The KAP and STD surveys will be contracted through the MOH and carried out by local contractors, with technical assistance as necessary and appropriate through AID/W centrally-funded contracts, including AIDSCOM, CDC, and SOMARC. The AIDS KAP study currently being funded by SOMARC will be expanded to include STD information to enhance the cost-effectiveness of use of study funds. The STD survey, developed by CDC, will be implemented during Year 1 of the Project and will serve as the baseline data for STD incidence and prevalence. Periodic resurveys will be supported under the Project.

2. National AIDS/STD Prevention and Intervention Strategies

The MCH will work with the National AIDS Committee, other Ministries, and the private sector to design and implement a variety of strategies that are specific to the needs of the general population and specific target groups in Jamaica. In carrying out these strategies, the MOH will to the extent possible utilize Jamaican organizations that have proven successful in carrying out health and social development projects in Jamaica. Activities in this Project component will continue throughout the life of Project.

a. Mass Communications and Prevention Strategies Directed Toward the General Public

USAID/Jamaica has funded the current mass media campaign and the related KAP study associated with the campaign. This campaign will continue through February 1989. The KAP studies will be used to revise the current campaign, including identification of appropriate messages and vehicles for information dissemination (television, radio, national newspapers, and the JIS' "Good Evening Jamaica" rural multi-media programs). Activities will include continued support for mass communications campaigns directed toward the general public. There will be strong design linkages between this activity and the Targeted Prevention Strategies outlined below, as the media messages will be targetted for mothers, adolescents, potential drug abusers, etc. These campaigns will be coordinated by the local, full time Communications Specialist. To the extent necessary (or deemed appropriate by the MOH), contracts for design and production of audiovisual and print mass media campaigns will be arranged with public and private sector organizations; short-term local and expatriate technical assistance will be contracted as necessary

Private sector organizations (including voluntary and for-profit entities) will be encouraged to participate in AIDS/STD prevention efforts; such organizations could include, for example, churches and other religious organizations, the Jamaican Red Cross, community service organizations such as Optimist Clubs, Projects for People, and the Jamaican Agricultural Society. In some cases, small amounts of funding may be provided to non-profit organizations to partially support their AIDS/STDs prevention activities.

The Project will include support for activities such as:

- the production of videotapes that can be used by a variety of public and private agencies and by community-based organizations;
- production and dissemination of brochures directed toward the general public;
- production of public service radio and television announcements;
- production and broadcast of radio programs such as the highly successful Naseterry Street, which reaches a wide audience and carries messages regarding family planning;
- the cost effectiveness of other activities, such as plays by community-based groups, conferences and health fairs, and a national AIDS/STD hotline, will be evaluated for possible inclusion as activities under the Project.

Support for all of these activities will include training of MOH and other ministry staff, and staff of private sector organizations involved in AIDS/STD education/communication; local and/or expatriate technical assistance; and purchase or production of audiovisual and/or printed materials. The GOJ contributions to these activities will include radio and television air time for public service announcements.

b. Targeted Prevention Strategies

In addition to prevention campaigns aimed at the general population, the Project will support the development and implementation of prevention strategies directed toward specific target groups, as described below.

- (i) High-risk Groups. The groups that have been identified by the MOH as most at-risk for AIDS in Jamaica include farm workers, prostitutes, homosexual and bisexual men, and informal commercial importers (higglers). As has been

described in the section on "Design and Implementation of Operations Research Studies," the MOH will utilize such studies as one mechanism to guide AIDS and STD prevention. Such preventive activities will include provision of informational materials, distribution of condoms, and counseling (individual and group). Specific additional prevention strategies have not been identified, but will be designed to address the needs of each specific population and can include and supplement those identified above for the general public. To the extent possible, members of at-risk populations will be encouraged to participate in AIDS (and STD) prevention through voluntary, anonymous activities that they deem appropriate. This can include, for example, arranging for informal discussions and distribution of condoms and of brochures discussing the importance of safe sex (for those who are likely to have multiple partners). When necessary and appropriate, contracts may be let by ACOSTRAD (Association for the Control of Sexually Transmitted Diseases) to individuals or organizations that have access to high risk populations, to facilitate outreach to these populations.

- (ii) Maternal and Child Health Prevention. Jamaica has relatively high proportions of female heterosexual and pediatric AIDS (the latter through perinatal transmission), and the escalating incidence of congenital syphilis makes AIDS and STD prevention among women of child-bearing age a high priority. Maternal and child health AIDS/STD prevention strategies will be coordinated by the Project Manager who will work with the PMO, Epidemiology Unit (to whom he/she will be responsible), the SMOH, STD Unit, and the SMOH, MCH Unit, as well as the SMOH's for the parishes. During the first year of the Project, a determination will be made regarding the appropriateness and feasibility of antenatal testing for AIDS and STDs at MOH clinics. The Communications Specialist will work with the Operations Research Specialist (and the SMOH, STD Unit, and SMOH, Maternal and Child Health) to design educational materials for distribution to women attending the MOH antenatal clinics. Throughout the Project, support will be provided to the MOH for the development and production of materials to be used by health personnel in educating women attending family planning and antenatal clinics. The health personnel at these clinics will also receive training in AIDS and STDs education and counselling.
- (iii) Adolescent AIDS and STDs Prevention Programs. ACOSTRAD, experienced in liaison with the Ministry of Education, will work with the Ministry to develop effective school-based AIDS and STDs education programs. This will include training of personnel (teachers, guidance counselors and

school health nurses) and support for development and production of educational materials. It will also include support for reproduction and expanded use of existing STD materials, evaluation, acquisition and/or adaptation of both AIDS and STD materials which have proved successful elsewhere and have been determined to be appropriate for Jamaica.

Not all adolescents can be reached through the school system, and those who can't may be most at-risk for both AIDS and STDs. In recognition of this, ACOSTRAD will work with organizations that reach adolescents through a variety of mechanisms. This will include, for example, the following:

- Funding of AIDS and STD prevention activities through the Family Life Education Series, which has already supported the work of such community-based organizations as Operation Friendship in producing and disseminating AIDS prevention information. This support has been provided by the National Family Planning Board, and involves both the Ministry of Education and the Ministry of Youth and Community Development. Funding will include, for example, publication and distribution of brochures, training of personnel and volunteers involved in AIDS/STD prevention activities, and conduct of community-based educational and outreach activities.
- Funding for AIDS and STD prevention activities directed at organizations that house or provide support for homeless or troubled youth. Financing will support, for example, training of staff and volunteers working with these organizations, and conduct of educational sessions at the homes.

The U.S. National Institute for Child Health and Development and the Office of Substance Abuse Prevention are funding demonstration projects designed to prevent AIDS among such adolescents; the experience of these projects could prove useful for this prevention activity. Importantly, the materials developed through the projects will be in the public domain and can thus be adapted at minimal cost to this Project.

- (iv) Alcohol and Drug Abuse Prevention Activities. Because of the important links that have been established between AIDS and use of alcohol and other drugs (apart from IV drug use transmission), and because of the results of studies of alcohol and drug abuse among Jamaican school students, the Project will include activities designed to prevent alcohol and drug abuse, focusing on adolescents, and linking such

prevention activities with family planning, AIDS and STD prevention and education. These activities could include, for example:

- conduct of educational sessions through community-based organizations, service organizations, and at workplaces, health centers, and schools and homes for orphaned or troubled youth (in conjunction with activities described above), and
- production and distribution of brochures, posters and other audiovisual materials.

Extensive use will be made of pertinent materials being developed in the U.S. under U.S. federal auspices, and of community-based organizations in Jamaica that have experience in working with adolescents and in health education among other populations that may be considered target groups during the course of the Project.

c. Targeted Treatment for STDs

Both the prevention strategies directed toward the general public and those directed toward targeted populations will result in increased STD clinic attendees. For example, the mass communication campaigns will include messages designed to encourage those members of the general public who believe that they may have an STD to visit an MOH clinic. Targeted programs such as the Adolescent Prevention programs will be designed to encourage specific groups to seek diagnostic and/or treatment services at the STD clinics when necessary. Importantly, the operations research study for high risk groups will also result in referrals to the MOH STD clinics.

The Project will ensure that the facilities are in place to adequately deal with this projected increase in the number of persons screened and treated for STDs by:

- (i) Equipping of eight additional STD clinics in existing MOH facilities. These additional clinics will enable each of the 14 parishes to have its own STD clinic by the end of the Project. The fifteen contact investigators hired and trained over the life of the Project will staff the clinics (see 3.a.(i) below), and the STD laboratory equipment and supplies will be provided by the Project to accomplish this (see 1.a.(i) above).
- (ii) STD Pharmaceuticals. The MOH experiences ongoing shortfalls in the provision of essential drugs for all categories of illnesses, including STDs. Since it is unlikely that the Project will succeed in reducing the incidence and prevalence of STDs without needed treatment,

this issue must be addressed. An initial activity of the Project will be technical assistance to analyze the shortfall of essential STD pharmaceuticals; provide recommendations to maximize utilization of what is available; and recommendations to USAID on financing of pharmaceuticals to treat targeted STDs. Over the life of the Project, the proportion of the identified need being funded by the the GOJ's contribution will be increased.

The STD Unit will be responsible each year for identifying the need for specific pharmaceuticals to treat high priority STDs based on STD clinic attendance, contact investigation results, and analysis of data from the prior year, including an estimate of the potential impact of education programs that could increase clinic attendance and thus increase the demand for STD drugs.

3. Strengthening the Institutional Capability of the MOH and the Private Sector to Manage Comprehensive AIDS/STD Strategies

This component of the Project is designed to enhance the capability of both the Ministry of Health and the private sector to design, implement and manage national-level AIDS and STD strategies.

a. Institutional Strengthening of the MOH

The MOH has the primary responsibility for surveillance and prevention of AIDS and STDs in Jamaica. These responsibilities include development of policies and programs, conduct of on-going and point-in-time seroprevalence studies, contact tracing of infected individuals, design and implementation of prevention strategies, and liaison with those responsible for treatment of AIDS and STD patients. Support for MOH activities in AIDS and STD surveillance and prevention activities include:

- (i) Training and salaries of Contact Investigators to be hired on contract to the MOH. During Year 1 of the Project, funds will be provided to contract for the services of 5 additional contact investigators, three of whom will be assigned to the Comprehensive STD Clinic in Kingston, and two to St. James Parish, the areas of highest concentration of STDs. They will also serve other parishes as necessary to increase surveillance capacity in rural areas. During Years 2 and 3, the Project will contract five additional contact investigators (for a total of ten the second year and 15 the third year). They will be assigned by the STD Unit to other parishes as deemed necessary at that time, contingent on trends in AIDS and STDs and resources available at each parish. After the third year of the Project, the MOH will assume responsibility for the salaries of the contact investigators on a phased basis

(i.e., five in Year 4, ten in Year 5, and all fifteen in the final year of the Project).

Training will be provided through the Project for all current contact investigators and for all those hired during the course of the Project. The training program which will be coordinated by the STD Unit utilizing local and expatriate technical assistance as needed will encompass:

- design and implementation of intensive training that will reduce the amount of time necessary to place newly hired contact investigators in the field from two years to three months;
- design of a Continuing Education training program that will be used to ensure the competency of existing and newly hired contact investigators; and
- short-term training in the U.S. in community epidemiology and in AIDS and STDs, for two contact investigators during Year 1. The training will be configured to ensure that initial trainees are capable of training additional contact investigators.

(ii) Training of MOH staff. The Project will train public and private health sector personnel in AIDS/STD surveillance, prevention and intervention (including counseling). With technical assistance from AIDSCOM and AIDSTECH, training of trainers packages will be developed for each topic area. Training programs to be supported include:

- (a) Training in appropriate infection control techniques will be provided for hospital and clinic staff,
- (b) Training in program planning and management, including the use of microcomputers and related software for program management, data analysis, etc
- (c) Other topic areas include, but are not limited to counselling, IE&C, and surveillance.

The initial training will be evaluated, and training packages will be developed or modified for use by MOH staff and volunteers in subsequent training of new personnel as well as training of additional public and private sector personnel as necessary for successful completion of the Project.

(iii) Commodity support. This includes purchase of two vehicles which will be used primarily in the surveillance of AIDS

and STDs, but which will be used in other AIDS/STD prevention/intervention activities as deemed appropriate. One vehicle will be assigned to the Epidemiology Unit, and one to the STD Unit.

In order to ensure that the MOH has the necessary computer support for use in collection and analysis of evaluation data and information, during the first six months of the Project, funds will be allocated for purchase of a microcomputer, peripherals, and software and necessary training of MOH staff in the use of software packages for word processing and data analysis. This equipment will be assigned to the Epidemiology Unit of the MOH, but will also be available for use by the STD Unit to supplement their own computer equipment. It will be an important tool for both Units in carrying out their responsibilities for data collection and analysis at the parish, community and local activity level.

Throughout the Project, funds will be provided to the MOH to purchase reference materials and current articles for use in planning, adjusting and evaluating AIDS/STD policies and programs.

- (iv) Contracts for the Operations Research Specialist and the Communications Specialist during the Years 2-6 of the Project (note AIDSCOM will be funding their contracts during Year 1). These individuals will be hired locally through AIDSCOM and will be assigned to the Epidemiology Unit, and will carry out activities related to both AIDS and STDs.

b. Support for Institutional Development of ACOSTRAD and the National AIDS Committee

Both ACOSTRAD and the National AIDS Committee will play critical roles in the development of national AIDS policies and programs, in particular by serving as a forum for public and private sector liaison regarding AIDS. ACOSTRAD will also continue its important role in prevention of STDs. Its primary role under the project will be in the areas of Targeted Prevention Strategies. It will build on its previous experience with both public and private organizations in the design and development of media interventions and the provision of resource personnel.

The Project will provide support to the organizations in several ways, including:

- (i) providing funds for local technical assistance to strengthen the management of ACOSTRAD and the National AIDS Committee; this will enable both of these organizations to be conduits for organizational and individual donor support

of AIDS activities in Jamaica. An important organizational objective of ACOSTRAD during the first year of the Project will be to develop additional sources of funding, from sources within and outside of Jamaica. This will help ensure continued support after the end of the Project.

The National AIDS Committee is a newly established organization which will coordinate all AIDS policies and prevention activities in Jamaica. During the first year of the Project, the MOH and USAID will review its activities and achievements in order to determine what type and amounts of support to the National AIDS Committee are appropriate under the Project. The National AIDS Committee Fund raising Sub-committee, during that time, will explore other funding possibilities;

- (ii) funding for contracts of a Manager, Accountant, and a Secretary for ACOSTRAD for the first two years of the Project;
- (iii) training of ACOSTRAD (and National AIDS Committee staff or volunteers, as appropriate) in AIDS/STD prevention activities and policy and program planning. Training of these staff will be incorporated into MOH training described in 3.(a)(ii) above as appropriate; and
- (iv) commodity support in the provision of a photocopier and a micro-computer.

III. Cost Estimates

Over the six-year Project, USAID will finance long and short term Jamaican TA, short term US TA, commodities, training, and local costs. Maximum possible use will be made of centrally-funded AID/W resources, including for example AIDSCOM, AIDSTECH and SOMARC. These mechanisms will be used where practical and cost-efficient for securing short-term technical assistance, equipment, and supplies. The GOJ contribution will include Administrative Support (the Project Manager and support staff), clinic supplies, pharmaceuticals and Contact Investigators (these latter two with an increasing share). To provide these inputs and carry out the Project activities will require a total of US\$3,350,000, of which US\$2,500,000 will be contributed by A.I.D. and the equivalent of US\$850,000 by the Government of Jamaica.

The following two tables present projected cost estimates for the 6-year project and the costing of Project outputs/inputs. The third table represents the Illustrative Cost Summary for the Project showing current and future obligations of A.I.D. funds.

Projection of Expenditures by Fiscal Year

COMPONENT	--FY89--		--FY90--		--FY91--		--FY92--		--FY93--		--FY94--		--TOTAL--	
	AID	GOJ	AID	GOJ										
Administrative Support		17		18		20		22		23		25	0	125
Evaluations & Audits	0		0		0		28		0		20		48	0
1. POLICY & PROGRAM PLANNING & MONITORING														
MOH/Epi Surveillance System	27	30	0	30	0	30	0	30	0	30	0	30	27	180
Operations Research Studies	35		36		28		32		25		25		181	0
Special Studies & Surveys	50		25		40		30		50		30		225	0
SUBTOTAL													433	180
2. PREVENTION AND INTERVENTION STRATEGIES														
Mass Media Campaign	70		70		70		45		45		45		345	0
Targeted Prevention	65		76		87		88		74		75		465	0
Targeted Treatment of STDs	100	0	70	30	50	50	30	70	0	100	0	100	250	350
SUBTOTAL													1060	350
3. INSTITUTIONAL STRENGTHENING														
Contact Investigators	24	0	56	0	68	0	43	22	23	46	0	74	214	142
Trained hospital/clinic staff	7		8		8		9		10		0		42	0
Commodity Support	30		4		4		4		10		4		56	0
Vehicles/O&M	24	2	0	2	0	2	0	2	0	2	0	3	24	13
Specialists	0		73		80		88		97		106		444	0
Private Sector Mgmt. Strength.	5		5		0		0		0		0		10	0
Commodity Support	15		0		0		0		0		0		15	0
ACOSTRAD staff	17		18		0		0		0		0		35	0
SUBTOTAL													840	155
TOTAL	469	49	441	80	435	102	397	146	334	201	305	232	2381	810
Contingency	23	2	22	4	22	5	20	7	17	10	15	12	119	40
GRAND TOTAL	492	51	463	84	457	107	417	153	351	211	320	244	2500	850

Costing of Project Outputs/Inputs

	Long	Short	Short	Over-	Local		Over-	Local	Local	Local	Local	TOTAL
	Term	Term	Term	seas	Local	Local	seas	Local	Costs	USAID	Local	
	J TA	US TA	J TA	Commod.	Commod.	Tring.	Tring.	USAID	SUBTOT.	GOJ		
Administrative Support										0	125	125
Evaluations & Audits		40	8							48		48
1. POLICY/PROGRAM PLANNING/MONITORING												
MOH/Epi Surveillance System						27				27	180	207
Operations Research Studies		46						135		181		181
Special Studies & Surveys		15						210		225		225
2. PREVENTION/INTERVENTION STRATEGIES												
Mass Media Campaign								345		345		345
Targeted Prevention		53	52					360		465		465
Targeted Treatment of STDs				250					250	350		600
3. INSTITUTIONAL STRENGTHENING												
Contact Investigators	180					11	23		214	142		356
Trained hospital/clinic staff							42		42			42
Commodity Support				20	36				56			56
Vehicles/O&M					24				24	13		37
Specialists	444								444			444
Private Sector Mgmt. Strength.			10						10			10
Commodity Support					15				15			15
ACOSTRAD staff	35								35			35
TOTAL	659	154	70	270	102	11	65	1050	2381	810		3190
Contingency	33	8	4	13	5	1	3	52	119	40		160
GRAND TOTAL	692	162	74	283	107	12	68	1102	2500	850		3350

ILLUSTRATIVE COST SUMMARY - AIDS/STD Prevention and Control Project Grant Agreement

(US\$000)

Line Item	Prior Obligations		This Obligation		Planned Subsequent Obligations		Total Planned Obligations	
	AID	GOJ	AID	GOJ	AID	GOJ	AID	GOJ
Administrative Support	0	0	0	35	0	90	0	125
US TA	0	0	45	0	69	0	114	0
Training	0	0	14	0	62	0	76	0
Overseas Commodities	0	0	100	80	170	270	270	350
Local Costs - Policy/Program	0	0	102	60	270	120	372	180
Local Costs - Prevention/Intervention	0	0	120	0	637	0	757	0
Local Costs - Institutional Strengthening	0	0	126	4	618	151	744	155
Evaluation/Audit	0	0	0	0	48	0	48	0
Contingency	0	0	33	6	86	34	119	40
Total	0	0	540	185	1,960	665	2,500	850

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FUNDING CITATIONS

Grant

Appropriation: 72-1181021

BPC: LDHA88-25532-KG13

Amount: \$290,000

BPC: LDGA88-25532-KG13

Amount: \$250,000

IV. Implementation

USAID will provide funds to the MOH on a reimbursement basis. The MOH, will use Host Country contracting procedures (as outlined in A.I.D. Handbooks 11 and 1B) for all goods and services provided by the grant except for those arrangements handled by USAID, such as buy-in arrangements (e.g. with AIDSTECH and AIDSCOM), direct A.I.D. contracts for audits and private sector management strengthening, pharmaceuticals procured through GSA, and overseas training. Given the limited amount of commodities to be procured and the need to expedite the procurement process, all commodities to be provided to the MOH under the Project will be procured directly by the MOH using competitive procedures. Implementation of the direct grant to the MOH will be the responsibility of a Project Implementation Unit (PIU) set up within the Epidemiology Unit. The PIU will also support activities of the STD Unit (and other units as appropriate). An MOH Project Coordinating Committee will also be established. Funding for the Project (A.I.D. and GOJ) would support:

- contracts for services of: (1) a full time Project Manager (who will be responsible for day-to-day administrative matters, including for example preparing financial and managerial quarterly reports to USAID, documentation necessary for purchase of commodities, contracting of technical assistance including Requests for Proposals and Scopes of Work, and monitoring of sub-grants and contracts); (2) an accountant; and (3) a full time secretary (who will report to the Project Manager), each of whom is to be hired for and assigned to the Project Implementation Unit;
- contracts for services of the Operations Research Specialist and Communications Specialist, each of whom would be contracted through AIDSCOM (and assigned to the Epidemiology Unit);
- contracts for services of 15 additional contact investigators (5 for the first year, 10 for the second year, and 15 for the third year of the Project), to be assigned to the STD Unit;
- office equipment and supplies (e.g., microcomputer, photocopier, etc.) and medical equipment (i.e., microscopes and supplies for the STD clinics - AIDS equipment being purchased primarily through other donor agencies).
- Certain other policy and program evaluation activities and direct surveillance activities would also be conducted by or pass through the MOH.

The MOH will enter into a Sub-grant Agreement directly with ACOSTRAD, as an organization with a history of AIDS and STD prevention. ACOSTRAD would undertake education and prevention activities and also would serve as a mechanism for awarding contracts for various preventive activities. A review of ACOSTRAD's procedures for contracting, accounting and fiscal reporting will be conducted by a Chartered Accountant (CPA) prior to signing of the sub-grant in order to assess the organization's overall competency in those areas. Guidance and training will be provided based on the results of these reviews followed by follow-up evaluations over the course of the year following sub-grant signing.

Depending on progress made by the National AIDS Committee in line with its stated purpose as the policy and programming national coordinator for AIDS, the MOH will consider entering into a sub-grant arrangement with the National AIDS Committee, or provide technical assistance to the Committee through project-funded MOH contract arrangements with other parties. The Committee could conduct (directly or through sub-contracts) selected policy studies or activities.

The Project Coordinating Committee (PCC) will meet at a minimum every three months to review the quarterly report to USAID, which will have been prepared by the MOH Project Manager (who will also attend all PCC meetings). The PCC will provide advice on the general direction of the Project (including discussion of progress and barriers to implementation of Project activities), consider the implications of Project findings for MOH policies and programs, and provide for regular policy dialogue between the MOH, USAID, and the private sector (the latter through the Chairman of the National AIDS Committee). The PCC will include the following members:

- MOH Permanent Secretary
- Chief Medical Officer
- PMO, Epidemiology Unit (Chairman of the PCC)
- SMOH, STD Unit (Co-chairman of the PCC)
- SMOH, MCH
- USAID Project Officer (ex officio)
- Representative of ACOSTRAD
- Chairman or other representative of the National AIDS Committee
- Others to be identified by the MOH

V. EVALUATION ARRANGEMENTS

The purpose of the evaluation activities will be to determine:

- the extent to which the Project's goal and purpose are being achieved;
- the extent to which the Project is having the desired impact in terms of identified outputs; and
- the extent to which the Project and its strategies and activities continue to be relevant to the objectives and needs of the GOJ with regard to prevention of AIDS and STDs.

Because of the critical nature of the AIDS/STD worldwide epidemic and of the current and potential AIDS and STD situations in Jamaica, it is considered imperative that the Project be closely monitored. In addition, it is expected that a mid-point Project assessment will be carried out in Year 2, with a final evaluation in Year 5 that will also examine the need for follow-on activities. These evaluations will be conducted by external evaluators funded by the Project. They will be selected jointly by USAID and the MOH and will be on-site in Jamaica for at least two weeks for each evaluation. The data collection and review of reports related to these evaluations will be done in collaboration with the USAID, the MOH Project Implementation Unit and the MOH Project Coordination Committee.