

PD-ABN-990
93723

A.I.D. Project No: 532-0153

AMENDMENT NO. 12
TO THE
PROJECT GRANT AGREEMENT
BETWEEN
THE GOVERNMENT OF JAMAICA
AND THE
UNITED STATES OF AMERICA
FOR THE
AIDS/STD PREVENTION AND CONTROL PROJECT

Date:

Appropriation: 726/71021.1

BPC: LDV696-25532-CG13

Amount: \$317,000

PROJECT GRANT AGREEMENT

AMENDMENT NO. 12

AMENDMENT Number 12 between the UNITED STATES OF AMERICA, acting through the Agency for International Development ("USAID") and the Government of Jamaica ("Grantee").

The Government of Jamaica and USAID entered into the Project Grant Agreement for the AIDS/STD Prevention and Control Project (the "Project"), dated August 29, 1988, which was subsequently amended on June 28, 1989; April 24, 1990; July 25, 1990; March 19, 1991; September 30, 1991; June 9, 1992; May 28, 1993; March 31, 1994; September 27, 1995; January 26, 1996; and August 9, 1996.

The Government of Jamaica and USAID now desire to amend the Agreement to revise the project description; reflect the obligation of US\$317,000 in grant funds; reflect an increase in the Life of Project authorized level by US\$4,615,000 from US\$5,500,000 to US\$10,115,000; and extend the Project Assistance Completion Date from August 31, 1997 to August 31, 2001.

The parties agree that the Agreement be amended as follows:

- Section 1.** Section 3.1. The Grant is deleted in its entirety and replaced by the following:
- Section 3.1. The Grant. To assist the Grantee to meet the costs of carrying out the Project, U.S.A.I.D., pursuant to the Foreign Assistance Act of 1961, as amended, agrees to grant to the Grantee under the terms of the Agreement an amount not to exceed Five Million, Four Hundred Thirty-Four Thousand, Four Hundred Fourteen United States Dollars (\$5,434,414) ("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 2.** Section 3.3, Project Assistance Completion Date, is amended by deleting in paragraph (a) the date "August 31, 1997" and substituting the date August 31, 2001.
- Section 3.** Article 5: Special Covenants, is hereby amended by adding the following covenant:
- Section 5.4: EPI Staffing. In order to facilitate the institutionalization of an improved management and administrative capacity, the grantee will formally covenant to create, and establishment of the following new positions within the Epidemiology Unit:

1. National Administrator (Epi unit);
2. National BCC Program Manager;
3. Four BCC Regional Officers.

The Administrator position would be created by the end of the first year of this extension and funded by the GOJ by the end of year four. The remaining positions would be created by year 3 of this extension and funded by the GOJ by the end of year four.

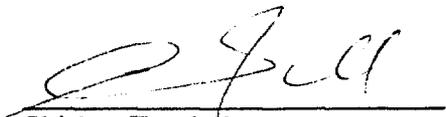
Section 4. Annex I, "The Amplified Project Description", is hereby amended by adding the attached Supplement to the Amplified Project Description, together with the revised "Illustrative Budget", appended herto as Attachment 1.

Except as amended herin, the agreement, remains in effect.

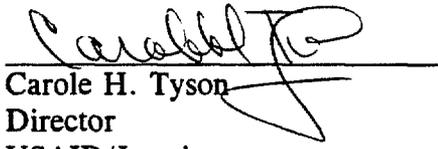
IN WITNESS WHEREOF, the Government of Jamaica and the UNITED STATES OF AMERICA, each acting through it respective duly authorized representative, have caused this Amendment No. 12 to be signed in their names and delivered as of the day and date below written.

GOVERNMENT OF JAMAICA

UNITED STATES OF AMERICA



Shirley Tyndall
Financial Secretary
Ministry of Finance



Carole H. Tyson
Director
USAID/Jamaica

20/9/96
Date

9/27/96
Date

ATTACHMENT I

ILLUSTRATIVE COST SUMMARY

AIDS/STD PREVENTION AND CONTROL GRANT AGREEMENT

ELEMENT	PRIOR OBLIGATIONS		THIS OBLIGATION		PLANNED SUBSEQUENT OBLIGATION		TOTAL PLANNED OBLIGATIONS	
	AID	GOJ	AID	GOJ	AID	GOJ	AID	GOJ
01 Administrative Support		275000			0	255000	0	530000
02 US Technical Assistance	521832				0	0	521832	0
03 Training	94867				25000	0	119867	0
04 Overseas Commodities	423279	760000			260000	0	683279	760000
05 Local Costs - Policy/Program	179749	390000			0	0	179749	390000
06 Local Costs - Prevention/Inter.	433691		75000		2433000	644000	2941691	644000
07 Local Costs - Instit/Strengthening	878335	335000	75000		891000	170000	1844335	505000
08 Evaluation/Audit	92728				0	0	92728	0
09 Contingency	53250	90000			45000	0	98250	90000
10 Condom Access					30000	250000	30000	250000
11 Public Information/Interviews					0	0	0	0
12 Mass Media Campaigns					0	0	0	0
13 STD Treatment and Counselling	512924				221000	1195000	733924	1195000
14 Epidemiological Surveillance	100000				60000	60000	160000	60000
15 AIDSCAP	1782414		0		0	0	1782414	0
16 Admin./Management T.A.	0		167000		333000		500000	0
17 Support Cost	44345						44345	0

USAID/W Obligation

382586

382586

TOTAL 5500000 1850000 317000

4298000 2574000 10115000 4424000

**Annex I Supplement
to the
Amplified Project Description**

I. Introduction

The USAID AIDS/STD Prevention and Control Project (532-0153) is currently planned to end in August 1997. The Midterm Evaluation report as well as several specific evaluation studies have identified the achievements of the program. However, these reports document areas which require consolidation and re-focus.

This Project Grant Agreement Amendment, which extends the Project to August 31, 2001, has been developed on the basis of the experience derived from the previous strategies as well as global imperatives influencing HIV/AIDS/STD Control. These include integration of programs in national health systems, sustainability, institutional strengthening and decentralization.

The project amendment has three areas of assistance interventions. Of these three, one will focus on delivery of technical services, the other two concentrate on management and organizational development. The technical service interventions to be delivered are:

1. Behavior/Communications Change
2. STD Prevention and Control
3. Condom Usage Promotion

These project interventions are complemented by two additional interventions which will institutionalize effective management and administrative capacity within the Epidemiological Unit of the Ministry of Health and the National AIDS Committee. Both interventions will provide a design for implementing a functional organizational structure and strategies for developing both organizations and their human resources.

II. GOAL AND PURPOSE

The goal of the mission Strategic Objective to which this project contributes is to promote Young Jamaicans better equipped for the 21st century. The purpose or result of the Project is for Jamaican youth, the predominate victim of HIV/STD's, to promote, on a sustainable basis, a healthier life style that slows the rate of increase of transmission of HIV and other STDs throughout Jamaica.

The Project has several end-of-project indicators that the Project purpose has been achieved:

1. Annual increase in HIV prevalence reduced to 50% over previous 5 year phase of project, 1991 - 1996;
2. Improved condom access especially by high risk groups (increased percentage of traditional retail outlets from 58% to 75% and non-traditional from 14% to 35%);
3. Condom use by general population (condom use on last sex with main partner increased from 40% to 50% and with casual partner from 70% to 80%);
4. Incidence of primary and secondary syphilis reduced to 20/100,000 from 30/100,000 of general population by 1998;
5. decrease in multiple partners by 25%;
6. risk awareness of STD/HIV infection among 95% of youth age 14-29 years of age.

III. PROJECT INTERVENTIONS

The project has three areas of assistance interventions. Of these three, one will focus on delivery of technical services, the other two concentrate on management and organizational development.

Technical Interventions:

A. Services Designed and Delivered

1. Behavior/Communications Change (BCC): will address the aspects of lifestyle issues which lead to high-risk behavior in Jamaica, such as lack of condom usage in regular relationships and a relatively high level of multiple partnerships, especially casual relations. It focuses on using small-group educational techniques and a greater emphasis on the popular culture to communicate with the target groups.

The following is an illustrative list of activities that may be carried out by various groups to achieve this output:

- a. Community-based, small-group, 'reasoning' participatory sessions to identify and educate the various informal influentials, working through existing organizations and networks; e.g., sports, friendship, church, schools, girl guides, boy scouts.

- b. Program for commercial sex workers (CSW) must be given specific focus as a distinct and special element in the BCC. It should include commercial sex workers at both the community level and at their places of work on street corners, beaches, clubs and elsewhere. This program should also target the network associated with CSWs: taxi drivers, hotel workers and others who play a critical part in this activity. This program also will be implemented through grants from Epi Unit to NGOs.
- c. Program for men who have sex with men (MWM) of preventative education, counseling and support group work. It is to include workshops and group education meetings. Training in counseling and the skills relating to the conduct of support group work will also be provided. This work is best dealt with through NGOs who have the confidence of this group and who have experience working among them.
- d. Mobilization of a group of artists, especially musicians, sound system operators, radio and other media personalities and other popular cultural figures to insert accurate cultural STD/HIV/AIDS messages on condom usage and the reduction of casual relationships into the mainstream of the popular culture using the mass media, at dances, stage shows and other popular mass cultural events.
- e. A public relations function executed by a contract with a local firm to act as the agent of the NHCP as a whole and assist in presenting the program to the nation and key interest groups in a favorable and persuasive light. This includes the preparation of brochures and other material for this purpose and the arrangement of media events.

2. STD Control Intervention: The STD control aspect of this output is to reduce STDs as a cofactor in the transmission of HIV infection to individuals at increased risk. Emphasis is given to STD control because STDs facilitate the transmission of HIV infection in addition to indicating high rates of unprotected sex. Syphilis rates are higher in women than in men which is of special concern because of perinatal transmission of both syphilis and the HIV virus.

The main tools (components) of the STD control program are:

- a. STD case management: One STD treatment center is in each of the 13 parishes and large numbers of health care providers have received training in the case management of STDs. To achieve more comprehensive and effective coverage, STD program activities must be integrated into primary health care (PHC) system of

about 350 clinic of various types throughout Jamaica, especially the maternal and child health/family planning clinics (MCH/FP). STD services should be available at point of first contact with the health system.

- b. Contact investigators program: The infrastructure of the Contact Investigator Program is to be strengthened during this extension. By 1997, an in-depth assessment of the CI program will be completed by a local firm (under the Epi Unit contract) with technical guidance provided by CDC. During the life of the project (LOP), two management training courses will be given to senior CIs and biannual workshops for CIs in the three regions will be held to update skills, particularly counseling skills. By the EOP CIs will contact, on average, three partners of each positive HIV and syphilis case, up from 1.6 in 1995.
 - c. Sentinel surveillance and reporting: Program data is kept in relational data bases for analysis, further studies and dissemination. Recently the data base was installed on an upgraded computer system and the Epi Unit Local Area computer Network (LAN). In the amendment period, the parish and regional offices will be connected to the LAN by telephone lines so that collection occurs daily and rapid feedback to the originating office. The use of the data from surveillance for planning and decision making will be strengthened by management training offered by CDC Public Health Practices division, which will be institutionalized at a local training site - UWI, MIND, MOH as is appropriate.
3. Condom Promotion Intervention: to promote sustained condom use. This is an integral part of all HIV/STD prevention and control efforts in this project.

The promotion of condom use is an integral part of all HIV/STD prevention and control efforts. Despite the seeming-intuitive nature of condom promotion, there are several dimensions of successful social marketing which would warrant the assistance of field expertise. To facilitate this, a condom social marketing staff (or contractor representative) will be engaged for two years to assist in determining how best to increase demand and supply of condoms in a manner consistent and sustained use. She or he would also assist the Epi Unit in identifying the most effective strategies and intervention points for incorporating condoms in its intervention strategies. This would also include increasing condom access and usage through the identification of nontraditional outlets and motivations which would facilitate the use of condoms by individuals at greatest risk of HIV transmission or infection.

Management and Organizational Development:

B. Epi Unit strengthened by enhanced management and technical skills

This intervention is to build the capacity of the Epidemiology Unit as the administrative and technical center of the NHCP in Jamaica, to assume full responsibility for implementing NHCP and this project. A major intended result of this capacity building activity will be the eventual certification of the Epi Unit by USAID making it eligible to directly receive and manage program funding. Project funds may be used to further support capacity building for the new organization in such areas as strategic management, management interaction workshops, change management, team building and performance management.

C. Strengthening of the National AIDS Committee (NAC)

The project will finance the services of an NAC secretariat for the first three years of the project extension with an executive secretary, clerical, data gathering and dissemination, advocacy, public relations and other support needed for the establishment of the NAC secretariat. Assistance will also be provided in the areas of policy analysis and formulation which will primarily affect the Epi Unit's NHCP operations:

1. to assist in identifying some of the key policy and legislation issues on STD/HIV/AIDS in Jamaica;
2. To identify and collect data needed to define the key policy issues;
3. To prepare, on the basis of the above, a series of option papers on the key policy issues as a means of articulating these issues to influence policy formulation and legislation.

IV. PROJECT OUTPUTS

To achieve the project purpose, the project will have three outputs which, as a package, should be of sufficient magnitude and composition to produce the purpose. The three outputs are:

Services Designed and Delivered (Output #1): The indicators that this output has been achieved are as follows:

1. Behavior Change Communications (BCC) are increased and are more effective;
2. Condom and social marketing increased;
3. STD control services expanded;

Epi Unit strengthened by enhanced management and technical skills (Output #2): The indicators that this output has been achieved are as follows:

1. Permanent staffing increased;
2. Decentralization of administration completed;
3. Research and surveillance capability increased;
4. Internal training capability strengthened.

NAC Strengthened (Output #3): The indicators that this output has been achieved are as follows:

1. Secretariat established;
2. Policy issues identified and addressed;
3. Advocacy role strengthened with greater commercial involvement in leadership.

V. PROJECT INPUTS

To achieve the above outputs, the USAID grant will finance the following planned package of inputs, which in quantity and quality should be sufficient to realize the outputs.

1. Short-term Technical Assistance
2. Research and studies;
3. Commodities;
4. In-country training;
5. Observation travel to U.S. and attendance at international conferences and workshops;
6. Salaries for personnel working directly for the Epi Unit for project purposes;
7. Materials development, public relations campaigns;
8. Behavior change communications activities.

VI. PROJECT IMPLEMENTATION PLAN

The project extension will be funded through amendments to the existing bilateral Project Grant Agreement (ProAg). The Government of Jamaica is to designate an authorized representative the Principal Medical Officer of the Epidemiology Unit.

Covenants:

In order to facilitate the institutionalization of an improved management and administrative capacity, the GOJ will formally

covenant the creation, authorization, and establishment of the following new positions within the Epidemiology Unit:

1. National Administrator (Epi Unit)
2. National BCC Program Manager
3. Four BCC Regional Officers

The Administrator position would be created by the end of the first year of this extension and funded by the GOJ by the end of year four. The remaining positions would be created by year 3 of this extension and funded by the GOJ by the end of year four.

Implementation

The Epi Unit will coordinate and manage directly all funds, through the ERTU, for operational support and implementation of all project interventions, except the PASA with CDC and contracts for audits, evaluation and USAID/Jamaica Project Officer.

Project Management

Within 30 days of the signing of this Project Grant Agreement both parties will agree to formalize a detailed plan for the administrative management of the project which will involve Epidemiology Research and Training Unit (ERTU) as the direct recipient and financial administrator of USAID funds. This management plan will be developed and executed in a Project Implementation Letter.

VII. RELATIONSHIPS

The Government of Jamaica, the Ministry of Health's/Epidemiology Unit will be the lead public sector institution for implementation of this project expansion. The Principal Medical Officer for the Epi Unit will be responsible for policy level/MOH leadership, as well as day-to-day implementation. The Epi Unit will coordinate and manage directly all funds, through the ERTU, for operational support and implementation of all project interventions, except the PASA with CDC and contracts for audits, evaluation and USAID/Jamaica project Officer. The overall administrative responsibility for the NHCP at the operational level will be carried out by the National Program Administrator supported by program managers and other personnel with responsibility for specific interventions. The Epi Unit will be responsible for the hiring and paying of salaries and related expenses for project personnel.

VIII. FINANCIAL PLAN

The total estimated cost of the project over the next five-year period is US\$4,615,000 bringing the total obligated under the project to US\$10,115,000.