

# WestHELP Evaluation Report

Submitted to

**Youth.now**

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# WestHELP Evaluation Report

## 1. Evaluation Overview

This report illuminates the aims, strategies, and outcomes that define the Western Health Education Learning Programme (WestHELP). WestHELP was initiated in 1985, as a result of a survey documenting the needs and desires of adolescents with respect to reproductive health service availability in St James parish. It is a youth-focused programme of the St James Health Department, designed to address the reproductive and sexual health information and service needs of youth in the parish. This report summarizes the activities and findings of WestHELP evaluation conducted during October 2003.

During the 18 years since its inception, WestHELP has established a solid reputation throughout Jamaica for empowering young people as peer counsellors and promoting positive adolescent reproductive health (ARH) practices. Originally designed to address the high percentage of teen pregnancies and births in St James, WestHELP currently exists as a teen club whose members are trained as peer counsellors in ARH.

Youth.now (which is the Jamaica Adolescent Reproductive Health Project, a programme of the Ministry of Health, implemented by the Futures Group International with funding from USAID/Jamaica) was requested by the St James Health Department in 2002 to evaluate the WestHELP programme. St James Health Department is interested in strengthening the existing programme and is considering how to expand and even replicate the approach in other health centres in the parish. Furthermore, other health departments in Jamaica have expressed interest in adapting the WestHELP approach for youth in their parishes. Since the request for this evaluation fell under Youth.now's mandate to identify effective strategies that increase adolescent access to quality reproductive health care services, Youth.now engaged a two-person team to evaluate WestHELP.

In summary, the team found that WestHELP is a remarkably vibrant yet small programme that lacks strategic articulation and focus, and consistently attracts exemplary youth participants. Adult guidance is consistent, but contributed at only a voluntary level by committed St. James Health Department staffers. There is no repository for programme information or data, so there is no way to quantify programme results; however, programme supporters and participants have a clear and unified view of successes and challenges. Youth empowerment among participants appears high, but there is no means to quantifiably document the impact of the programme on the youth they are trying to reach. The main challenge seems to be getting the programme into the schools consistently. There is little discussion of reaching out of school youth or strategies to better connect with all of St James parish.

Short and mid-term recommendations from the evaluation that will strengthen current WestHELP activities include vetting the evaluation findings with programme stakeholders; a system to document and collect programme data; the development of a more intentional

and strategic operational framework for WestHELP; the development of a strategy to work more effectively with school counsellors and other key school personnel; and the identification of resources for a dedicated coordinator who can “tie the pieces together” for more effective implementation.

The information obtained by the evaluation will assist Youth.now, the St James Health Department, the Ministry of Health and other stakeholders to identify lessons learned and best practices. It will also provide guidance for consolidating the activities of WestHELP, and considering expansion to other health centres and parishes.

## 2. Background

It is useful to very briefly set the context for this evaluation by summarizing the sexual and reproductive health status of Jamaican youth.

Jamaica has a population of approximately 2.6 million people. The population is evenly distributed by gender. Approximately half reside in urban areas and 18% are between the ages of 15 and 24. Family size, as measured by total fertility rate, has dropped by about one-third over the 20 years between reproductive health surveys. Contraceptive use is common (66% of women of childbearing age in unions), but variable, with younger women and rural women less likely to use family planning methods.<sup>1</sup>

Youth become sexually active at early ages, with males engaging in first sex on average two years earlier than females – at approximately ages 13 and 15 respectively. This is earlier than other Caribbean countries.<sup>2,3</sup> Experience with contraceptive use averages nearly two-thirds among young women, but use varies and discontinuation rates are high, leaving many young people at risk for pregnancies and sexually transmitted infections (STIs).<sup>3</sup> The teen birth rate is 112 per 1000, the highest in the Caribbean. Nearly 45% of girls ages 15-19 report every being pregnant and by age 18, around one quarter of young women have had their first child.<sup>4</sup>

Males are encouraged to display their sexual prowess, initiating sex at an early age. Many young men have multiple female partners, and unlike girls are not expected to abstain from sexual activity. In addition, homophobia seems to fuel sexually precocious behaviour.<sup>5</sup> The

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<sup>1</sup> Youth.now. 2003. Fact Sheet on Youth in Jamaica: Population.

<sup>2</sup> Brown, SF 2003. Small Successes, Big Ideas – Jamaica’s Adolescent Reproductive Health Focus. Population Reference Bureau.  
<http://www.prb.org/Template.cfm?Section=PRB&template=/ContentManagement/ContentDisplay.cfm&ContentID=9523>

<sup>3</sup> Youth.now. 2003. Fact Sheet on Youth: Sexual and Reproductive Health.

<sup>4</sup> Youth.now. 2003. Fact Sheet on Youth: Pregnancy and Contraception.

<sup>5</sup> Youth.now. 2003. Fact Sheet on Youth: Men and Reproductive Health.

evaluator's informal observation of male behaviour, male/female interactions and media substantiated these findings.<sup>6</sup>

Finally, education in Jamaica, while compulsory during the early grades, is not required after grade 6. Enrolment drops off dramatically in the later half of secondary school, with many young people leaving school after grade 10. Further, the distribution of quality education is biased towards urban areas, with Kingston hosting more than half of the schools ranked in the top 25% nationwide. Boys and poor children residing in urban areas are most affected by problems with the educational system.<sup>7</sup>

### **3. Evaluation Approaches**

The evaluation was intended to elicit information about the status of WestHELP and results from programme experts, observers and young people themselves. An investigative approach was adopted to gather various programme perceptions, and determine from the review of the responses which attributes define the programme. The evaluation team relied upon one-on-one interviews with key informants, document review, observation of the WestHELP meeting and group interviews with students at St James High School and members of WestHELP. These data collection activities enabled the evaluation team to piece together the story of the WestHELP programme and the experience of participants.

#### **i) Focusing the Evaluation**

Based on the request of the St James Health Department and input from UNICEF, the original intent of the evaluation was to try to assess the impact of programme activities over time on the reproductive health status of adolescents, based on articulated programmatic goals and objectives. Specifically, the evaluation team was asked to conduct the following:

##### **Assessment of the goals and objectives WestHELP, i.e.**

Has WestHELP achieved its objectives?

To what extent has WestHELP achieved its objectives?

What has supported or constrained the achievement of its objectives?

##### **Limited impact assessment, to include any demographic impacts of programme, i.e.**

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<sup>6</sup> While not documented in background materials reviewed, observations of media content, youth behaviour in the public square in downtown Montego Bay, the use of sexist diminutives for women, the number of males soliciting commercial sex transactions and the sexual harassment directed toward both members of the evaluation team (one a local resident) seemed consistent with a culture where men appear encouraged to flaunt sexual prowess.

<sup>7</sup> Youth.now. 2003. Fact Sheet on Youth: Education

What are the specific achievements of WestHELP?  
What are the factors that will contribute to its replication (e.g. environmental as well as programmatic)?

Upon review of available documents and an initial exploration of the programme status with Youth.now, it was agreed that there was not enough existing information to support the level of rigor desired. Specifically, there were no definitive programme descriptions available, which would enable the design of an appropriate evaluation plan. Further, baseline data and ongoing programme data from monitoring activities were not in evidence.

Given the fact that verifiable impacts could not be measured, Youth.now and the evaluation team agreed to modify and proceed with the evaluation, which presented an excellent opportunity to document the programme structure and processes. At the same time, the evaluation would attempt to determine perceived programme impacts.

In consultation with Youth.now, an alternative evaluation approach was designed to:

Clarify WestHELP purpose and vision and document the programme's theory of action;  
Explore whether WestHELP activities are consistent with youth development ideals and adolescent reproductive health best practices;  
Document perceived impacts;  
Catalogue insights from observers; and  
Identify evaluation uses and match evaluation strategies to meet uses.

Overall, identifying the perceived programme vision, purpose, strategies and outcomes became the emphasis of the evaluation.

## **ii. Using an Investigative Approach**

The data collection process was developed with the intention of determining the aims, strategies, and outcomes of the programme. Since little programmatic evidence existed in the form of any documentation and collected data, the evaluation was able to gather such data while addressing the modified aims.

Three data collection strategies were employed:

- 1) document review;
- 2) interviews – including both one-on-one and group interviews with participatory research components; and
- 3) observation.

***Document Review*** Document review was conducted based on available materials provided by Youth.now staff and from informants. The following documents were reviewed:

Two proposals submitted to UNICEF in 2001 and 2003.

Two slide presentations prepared by founding WestHELP member and current St James Health Department Health Educator Marceleen Wheatle, which described programme components.

A summary document describing WestHELP history, (also provided by Marceleen Wheatle).

Materials on the status of ARH in Jamaica.

Many of the materials are cited in the background section. Two in particular were very useful for framing the evaluation:

**Adolescent Health in Jamaica**, by Pauline Russell-Brown. This document presents the working conceptual model for Youth.now. It was helpful in determining what type of role WestHELP plays in addressing ARH issues.

**Looking for...Youth.now@Jamaica.west**, by PSEARCH Associates, Ltd. This report, while not specifically on St. James parish, presented useful information regarding the influence of tourism and other cultural contexts that proved relevant in Montego Bay and St James.

**Interviews** A series of interviews were conducted based on informant availability, with the following individuals and groups:

Interviewee	Role or relationship to WestHELP	Purpose of interview
<b>One-on-one interviews</b>		
Mrs Pearlene Lee	Part of original programme	Gather programme history, purpose and results
Ms Marceleen Wheatle	Original youth member, currently supports the programme through grant writing, presentations, etc.	Gather programme history, purpose, activities, results and long-term member perspective.
Mrs Nevins	Regional coordinator of programs from the western region perspective from 1994-95.	Gather programme history, purpose, activities, results
Mrs Suzanne Gallimore	King's Chapel United Pentecostal Church- Interacts with programme to support peer activities at her church	Get community perspective on the programme aims, success and impacts
Mr Clifton Morris	WestHELP facilitator; Health Education Officer, St. James Health Department	Gather information on current programme aims, success and impacts
Mrs Jacqueline Mills	WestHELP facilitator; Assessment Officer, St. James Health Department	Gather information on current programme aims, success and impacts
Dr Sheila Campbell-Forrester	Programme founder, initiated first programme grant.	Clarify information from the interviews, Gather history. Note: Dr. Campbell Forrester was not available during the on-site visit, so her interview was minimized to fill in gaps from the data collected.
<b>Group interviews</b>		
WestHELP members (20)	Young people present at 10/23 meeting	During the observation meeting, the evaluation team was briefly invited to ask questions and focused on why young people participate in WestHELP
WestHELP members (9)	Young people with > 1 year experience with the programme	Concept map of programme aims, success and impacts
St James High School Students (10)	Attend a school where WestHELP members are present <sup>8</sup>	Perspective on WestHELP programme and on peer counselling from target youth audience

<sup>8</sup> Students were recruited from the Form Class of Ms. St. Rachel Haye, a member of the evaluation team who is a history teacher at St James High School.

<b>Interviewee</b>	<b>Role or relationship to WestHELP</b>	<b>Purpose of interview</b>
Youth.now staff – Catherine Lane and Pauline Russell Brown	Funded evaluation	To gather guidance on scope and purpose of evaluation and to gain contacts
Ministry of Health, UNICEF and Youth.now representatives (5)	Evaluation stakeholders responsible for supporting, promoting or utilizing	Information on uses and potential audiences for evaluation results gathered during preliminary evaluation report meeting.

While all of the interviews focused on the three main evaluation interests (programmatic aims, strategies and outcomes), specific individual or group interviews included questions to help clarify programme history, characteristics of student members, recruitment strategies, long term sustainability and other aspects of the programme where relevant.

**Observation** Observation was limited to one WestHELP club session. Informal observations of youth culture and lifestyle throughout Montego Bay, however, contributed to the contextual relevance of the evaluation.

#### 4. Analysis

Three approaches were employed to analyse the qualitative findings of this evaluation. First, wherever possible, data collection efforts included activities designed to engage participants in the analysis. Second, the evaluation team, with the involvement of Youth.now staff whenever practical, employed immediate synthesis of information through the construction of top-line summaries (i.e., the gathering of immediate impressions with regard to the findings from interviews and groups). Third, the senior evaluation team member reviewed all data for a more in-depth analysis.

This more in-depth analysis involved assessing the relationships between WestHELP finding, the Youth.now conceptual model and a positive youth development framework. Text files were processed using QSR NVivo qualitative data analysis software to facilitate content analysis of the data. Since the evaluation focused on a few specific interviews and group processes that included some analysis, rigorous content analysis was not conducted.

#### 5. Evaluation Insights – A Portrait of WestHELP

WestHELP exists first in the minds and hearts of its supporters and participants. After speaking with interviewees, it became clear that in many ways, WestHELP fulfils a dream of hope by and for young people that maintains its most vibrant life within Montego Bay in St James parish.

The following portrait of WestHELP primarily reflects information garnered from interviews and document review. This portrait is still only a sketch, as detailed information has not been rigorously verified. Nevertheless, the evaluation was able to better illuminate the programme in a variety of ways including:

**The WestHELP participants themselves,**  
The underlying guidance that drives the programme,  
The programme's structure, and  
WestHELP activities.

These insights are presented below.

### **i) WestHELP Guiding Principles, Operations and Practices**

WestHELP is the “little engine that could” of adolescent reproductive health programmes. The “little engine that could” is a children’s story about a little train that, despite its small size, believes in itself and accomplishes great things. WestHELP is like that little engine. Despite the small size and seeming lack of a dedicated programme staff or a strategic recruitment strategy, for the past 18 years youth and adults have committed their time to this programme to ensure its success. This is primarily due to the emotional commitment and involvement of both adult professionals and youth members of WestHELP.

The initial document review revealed several structural gaps that led to the customisation of the evaluation plan. These included:

No clear programmatic foundation, such as a theory of change, logical framework or strategic pathway for action.

A lack of clear, authoritative programme goals and objectives that would guide programme activities.

Beyond the annual training activities, other programme activities are unclear.

Programmatic activities linked to ARH outcomes are not clearly identified. With no evidence of any intentional synergy between efforts with outcomes, or any clearly stated anticipated programme impacts, it is difficult to evaluate any results.

Lack of baseline or existing data on which to base evaluation assessments.

Lack of clearly described target population.

Lack of described targets for activities.

In fact, it was difficult to capture a sense of the programme from the information that was available. The verbal descriptions and remembrances of long-time programme participants and supporters created a more complete picture of WestHELP, and the analysis of participant responses provided valuable insights about the programme operations, structure and principles.

Discussions with participants created “action pathways” that may help programme stakeholders in their work to support WestHELP. It will also assist these stakeholders to better understand which elements of the programme are most related to the desired outcomes.

A series of working diagrams are presented in the appendix, which illustrate the stakeholders’ definition of the program. Such diagrams can help programme planners,

managers and participants to see how the programme elements relate to one another and to desired outcomes.

## ii) WestHELP Purpose and Vision

Everyone that was interviewed had some sense of the purpose of WestHELP. In fact, in articulating its purpose, everyone mentioned two key aspects of WestHELP: youth development and pregnancy (and sometimes STI/HIV) prevention. Interviewees used the following terms and phrases to describe the purpose of WestHELP:

- ...To help them manage their life
- ...To develop their own life plans.
- ...Teach them skills they need to have.
- ...To involve adolescents in decision-making.
- ...A means to impact on the rates of pregnancy and sexually transmitted infections/HIV in the parish
- ...Opportunity for significant adolescent involvement

A concept mapping process helped members better describe the purpose of WestHELP. From the concept mapping, the evaluators and members articulated the following statement that attempts to capture the purpose of WestHELP:

*To educate youths and promote youth development by training peer counsellors who are accessible and acceptable, which will result in empowerment and upliftment, healthy sexuality, and advocacy.*

This statement of purpose is consistent with the descriptions provided by various interviewees.

[Figure 1](#) in the appendix illustrates the purpose (or vision statement) as articulated by youth participants. This statement originated directly from the group interview process with the “senior” (or long-time) WestHELP members (also known as WestHELPers). Interestingly, however, the elements of this statement are echoed throughout all the interviews conducted.

[Figure 1](#) also represents the process of youth development. In the broadest sense, WestHELP presumes that peer educators can positively influence developmental outcomes. Young people are all on a developmental path and their specific circumstances and inclinations dictate how successfully they will achieve the developmental milestones of the youth stage, including healthy sexuality, upliftment and empowerment.

A third envisioned outcome on the developmental path is that youth will advocate for themselves and their peers. After some group reflection, the advocacy component was removed from the routine youth development tasks (e.g. healthy sexuality, upliftment and

empowerment) because it is really a separate activity meant for WestHELP programme insiders.<sup>9</sup>

### iii. WestHELP Theory of Change

A theory of change is a tool that illustrates how a programme's aims (ie its purpose or a practical articulation of vision), strategies and activities (ie events conducted) and outcomes or intended results work together.<sup>10</sup> Theories of change are currently “state of the art” for programme design. In 1985 as WestHELP was being formed, such programme design elements were extremely rare, thus it is not surprising that no theory of change or logical framework exists for the programme. Nevertheless, it is a useful activity to construct one that reflects the current programme operations.

A broad theory of change diagram is presented as part of the evaluation results as [Figure 2](#) in the appendix. [Figure 2](#) presents a very conceptual theory of change for WestHELP. Programme strategies and activities (or efforts) appear under the categories of recruitment, training and education. Education encompasses all of the ARH information dissemination activities that youth conduct with their peers. WestHELP’s desired outcomes are shown on the right side of the figure as youth empowerment and the reduction of pregnancies and STIs/HIV.

Young people will navigate this theory diagram along two different pathways. The first is a pathway towards training and educating the WestHELP members as peer counsellors (indicated by broad, solid arrows). Recruitment and training activities lead to a cadre of trained peer counsellors, who are prepared to educate and empower their peers to reduce teen pregnancies and STIs/HIV. During this process of training, they themselves become educated with respect to healthy sexuality. The broader arrows (as compared to the narrower and broken arrows) show that all evaluation participants agreed that the greatest impact of the programme was on the WestHELP members.

The second pathway, illustrated by the narrower and broken arrows, reflects the impact of WestHELP member activities on their peers. These impacts may occur through services provided by the teen clinic, school-based activities, informal counselling, and organized activities like street talks, among other involvements. Note the broken arrow pathway between education and outcomes. This is done to emphasize both:

The lack of strategic planning for specific activities that are designed and intended to result in explicit behaviour change; and the inability of WestHELP to monitor the results along the pathway, since many of the activities are presumed to be serendipitous.

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<sup>9</sup> Note that civic responsibility and/or service are usually an implicit and sometimes an explicit component of positive youth development frameworks.

<sup>10</sup> Peak, G.L. (2003). *NHSA Evaluation Toolkit* (working title). National Healthy Start Association. (In press).

The diagram attempts to highlight and distinguish between programme efforts and programme outcomes. Additionally, training, education and empowerment boxes are represented with darker boxes, indicating the relative priority and organization of those activities compared to recruitment and reduction of pregnancies and STIs. This underscores two further points from the evaluation:

recruitment activities are informal and maintained primarily by the youth members; improvement of ARH outcomes was considered to be a secondary outcome to youth empowerment by the majority of interviewees (even though pregnancy prevention is acknowledged as a primary purpose of WestHELP).

#### iv) WestHELP Objectives

There is no one authoritative document that describes the objectives of WestHELP. Several documents and interviews suggested objectives related to reduction in pregnancies or objectives that were specific to special funding goals, such as annual training activities supported by UNICEF. A recent presentation prepared by Ms Marceleen Wheatle of the St James Health Department and (obtained during her interview) suggests three objectives that seem to be more consistent with the overall program goals than those in documents available for review. These are:

To develop the life/health skills of 30 adolescents yearly.

To provide educational experiences that will help prevent the early initiation of sexual intercourse, HIV/AIDS, STIs and unintended pregnancy.

To support teens in the development of life plans.

These objectives speak to both the members themselves and their work to educate other young people. It is important to remember, however, that all stakeholders do not collectively hold these objectives, and while they are consistent with WestHELP operations, they are not necessarily comprehensive with respect to the evaluation.

#### v) WestHELP Relationship to a Youth.now Model

One of the mandates of Youth.now is to identify a systematic and coordinated set of strategies to improve adolescent reproductive and sexual health outcomes in Jamaica. Youth.now published a strategic document in 2001, which highlights the relationship of behavioural theory to ARH outcomes.<sup>11</sup> In the document, Dr Russell-Brown summarizes the behavioural epidemiology and determinants of ARH behaviours, and presents a model for Youth.now's activities. As part of the evaluation synthesis, we attempted to fit WestHELP into the Youth.now conceptual framework. [Figure 3](#) shows an excerpt of the Youth.now model, and where WestHELP falls within the model.

**Community Support** The Youth.now model speaks to the importance of community support of individual behaviour change efforts, particularly the involvement of youth and

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<sup>11</sup> Russell-Brown, PA (2001). Adolescent Health in Jamaica: A Conceptual Model for Planning and Evaluating Futures Adolescent Reproductive Health Project. Youth.now.

parents. WestHELP's activities should influence community support at the level of peer education, youth involvement and, to a lesser extent, parent education and mentoring.

**Reproductive Health Services** WestHELP relates to the delivery of reproductive health services to adolescents by promoting a positive climate for service delivery. The four factors listed that influence adolescent use of services – accessibility, availability, appropriateness and “youth friendly” – can all be influenced to some degree by past and current WestHELP activities.

**Creating Demand for Services** WestHELP trains peer educators who can work directly with other youth to provide accurate information about ARH. The WestHELP members also have the opportunity to be involved in the teen clinic, making that venue more attractive and acceptable to youth. It is assumed that the actions of WestHELP members, according to the Youth.now model, should increase individual demand for services, which in turn should lead to individual behaviour change and improved reproductive health outcomes.

**Individual Behaviour Change** WestHELP activities seek to influence individual development by providing age-appropriate sexual and reproductive health information. This information in turn is aimed towards influencing sexual behaviour, particularly choice and protection. WestHELP activities also relate directly to individual adolescent factors, such as physical development, psychosocial development, sexual orientation, age, gender, cognitive skills, social skills and relationships (especially with parents). Primarily, WestHELP activities influence the behaviour of the peer counsellors themselves. A secondary influence relates to the impact peer counsellors might have on other young people.

## 6. Profile of WestHELP Youth Participants

Given the qualitative emphasis of the evaluation, and the lack of quantitative data, it was not possible to quantify participant characteristics. Instead, we gathered descriptions of the characteristics of WestHELP members (both past and present) during the interview process.

The original 15 members of WestHELP were selected for their potential success as peer counsellors. Recruitment was aimed at attracting two students from each of the area high schools. While there was some variation in recollections, most of the interviewees involved during the inception of the programme agreed that the initial members were a capable group who showed characteristics of or tendencies towards peer counselling.

The initial recruitment of WestHELP members was through school guidance counsellors. Reports of the recruitment strategies varied, but it does seem clear that some type of notice or flier was sent out to schools, and potential members were selected or recommended by adults. Over the years, recruitment has been sustained by an “each one, bring one” strategy among the membership.

A complete roster of current members was not made available for analysis; however, those 20 members in attendance at the 23-10-2003 meeting<sup>12</sup> were observed to have the characteristics described below:

**i) Schools Represented**

Number of WestHELP members	School	Notes
4	Herbert Morrison	Rated #3 co-ed school
3	Mt Alvernia	Rated as a second level girls school. Two of the attendees were guests
3	Cornwall College	Rated top boys' school
2	Montego Bay Community College	University prep school

Several of the members were in street clothes instead of school uniform, which suggested that they were already out of school. This was confirmed for at least three of the remaining participants; additionally two of the three were club officers.

WestHELP is clearly over-represented by the top schools, where students are likely to be better educated and more skilled. There are reportedly members from other schools, (for example, St. James High School), but these members were not in attendance. The president also stated that there has been some attrition among members, and usually a core group of members shows up each week. He urged current members to bring back old and recruit new members. It seems apparent however, that with the existing pattern of attendance, other schools in Montego Bay will almost certainly be overlooked, especially if the core members have not developed bonds with students from those schools.

**ii) Reasons for being involved in WestHELP**

Members shared why they participate in WestHELP, and overwhelmingly it was for reasons that had to do with the “heart and soul.” Simply put, the members love WestHELP. They love the opportunities to share and form a close-knit group. They love helping other youth. They can contribute their voice to important matters affecting youth, and they feel supported and validated when they attend meetings.

**iii) Adult perceptions of WestHELP members**

The current programme facilitators see the members as a very capable group. They feel that the young people are in charge of their own governance, and of informational sessions they

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<sup>12</sup> There were a total of 18 current members and two guests, plus observers from teacher's college in attendance

conduct as well. Members agree with that assessment, feeling that they are empowered and able to lead any session and that some of their best achievements involve interacting with and leading their peers.

The adults suggested the characteristics of the current members as follows:

- Supportive of one another
- Models of positive behaviour
- Strong facilitators and leaders
- Well behaved and orderly

New members are perceived as being shy, drawn back, and quiet at first. There is still the sense, however, that they come to the programme prepared to adopt the leadership qualities listed above, as evidenced from the apparent academic potential (based on schools attended), speech patterns, and social behaviour, among other things.

#### **iv) Youth perceptions of WestHELP members**

The above observations are consistent with both the members' sense of their own characteristics and the desires of their peers. According to focus group participants from St. James High School, the ideal peer counsellor should have the following attributes:

- Gives (positive) advice
- Has a positive attitude
- Understands and expresses empathy
- Is caring
- Facilitates of problem-solving
- Is willing to help others
- Is a role model

Furthermore, peer counsellors should also possess the following characteristics:

- Friendly and accommodating
- Disciplined
- Role models
- Strong self esteem
- Respectable
- Kind, loving, and compassionate

A group of "senior" WestHELP members were invited to participate in a focused group interview, as described above. Nine members attended the meeting and had the following characteristics:

- Six male and three female;
- Ages ranged from 15 to 24, with an average age of 16.5 years;
- Years of participation with WestHELP ranged from 1 to 13, with an average of 4.3 years.

Interestingly, the behavioural characteristics exhibited by the “senior” members were consistent with other groups of youth with whom the evaluation team was familiar. They were predominantly engaged, articulate, empowered, demonstrated self-control, and were actively involved in the leadership of WestHELP and implementation of activities.

## 7. Perceived Success and Challenges

Participants in the evaluation activities had strong beliefs about WestHELP and its potential impacts and successes with young people in Montego Bay. Almost all agreed that WestHELP has had the greatest impact on its members. There is also a strong belief that WestHELP must have a large impact on other youth in the parish. Several people attributed declines in teen birth rates in St James in part to WestHELP activities. This belief is, however, unsubstantiated by data or existing evidence. With only half of the parish population residing in Montego Bay, little documented WestHELP activity outside of Montego Bay, only a small cohort of peer counsellors active at any time, and no systematic way tracking evidence of this effect, it is impossible to quantify the effect of WestHELP on birth rates.

Instead of trying to substantiate the above perception, the evaluation focused on gathering information on other perceived successes and challenges from WestHELP senior members. Strategies and challenges were identified and then prioritised through voting.

### Successful Strategies

Activity	Rating	Number of Votes
Visits	1	6
Street talks	2	3
Facilitating amps	3	1
Teen clinic	3	1
Meeting activities	4	0
Camps, retreats, trips	4	0

Visits to different sites, such as children’s homes and hospices were seen as the most successful strategies, seconded by street talks. Interestingly, the discussants noted that street talks were successful not just for youth, but also because parents would seek information from peer counsellors for their children at home.

The same group noted that the strongest impact of the program was on the life skills and capacities of members, as listed below. Interestingly, there is nearly an inverse relationship between impact and strategies. Training activities are not labelled as most successful, but training is the main route to influencing members’ life skills. Also notable is that the impacts listed are almost all focused on member youth.

While the training camps were not rated as an important strategy, both youth and adults believe they are an integral and valued component of WestHELP. Primarily, they are an effective way of attracting and training new members. More importantly, perhaps, is the fact that the camps provide an opportunity for some youth to uncover a latent talent for working with and helping others. A recent study conducted in Clarendon by the Academy for Educational Development and Rural Family Support found that opportunity for meaningful participation by youth in the home, school and community protect against risky behaviours, such as early sex, unprotected sex, depression, suicide, and aggression.<sup>13</sup> WestHELP camps and activities clearly seem to offer this type of opportunity to WestHELP members.

In addition, the camps enable youth to develop skills and bonds with other youth of a similar mindset. They mutually reinforce each other with respect to the importance of the service work they perform in the schools, shelters, youth homes, etc., which further strengthens these bonds developed at camp. While the Ministry of Health adopted the WestHELP camp model at a national level, the St James Health Department seemed to realize the importance of the locally run camp, which focused on ARH, to the success of WestHELP. As a result, they opted to seek funds from UNICEF specifically for their own camp, which also enabled more youth from St James to participate.

#### **i) Perceived Impacts**

The following were discussed as the major impacts of WestHELP:

Developed member life skills and capacities

Informed peers

Modelled transformation to peers

Empowered members and peers as change agents and individuals who make positive life choices

Provided youth with a caring, informed outlet to help young people learn about themselves and build their self-confidence

Improved peer counselling skills: “Mi learn NUFF about peer counselling...”

Adult informants agreed that the main impacts of the programme were on the member youth. They raved about the capabilities of the youth members, and how they had blossomed from shy, quiet listeners to active leaders. Most felt that it was difficult to determine how target youth were reached and with what kind of impact. The original programme participants also cited the decline in teen birth rates from 32% at the initiation of the programme to the current mid-20s.

Certain adults discussed other programmatic objectives that were variably achieved, such as providing skills training opportunities for WestHELP members through work within the

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<sup>13</sup> Celebrating Youth – Uncovering those things which help prepare youth for life and its challenges, Academy for Educational Development and Rural Family Support, 2001?

health department. Such objectives, however, have not been formalized within the programme and are fulfilled on an *ad hoc* basis.

A review of interviews highlighted the following challenges to the implementation of WestHElp:

***Lack of clarity regarding recruitment:*** There were different stories about participant recruitment from the adult facilitators and a former member. Currently, recruitment occurs mainly through members, and the programme seems to sustain itself from year to year.

***Limited intentional flow between training (camp) and outreach activities*** The day-to-day activities of WestHELP do not seem to be strongly related to the training camp. At present, the camps provide an opportunity for members to acquire knowledge and develop skills. A more intentional design of the camp that considers the outcomes that WestHELPer should achieve, as well as the skills needed to achieve these outcomes within their communities may strengthen the camp as well as the outreach activities.

***Lack of funding:*** There is a lack of dedicated funds or staff persons to support activities and follow-through on coordination and management of the programme. The club members themselves manage a good deal of the programme. One observer noted that there were mixed results when members were asked to manage programme activities with outside stakeholders.

***Unreliable multiplication of efforts:*** WestHELP is not reaching secondary or tertiary audiences in a systematic way. Programme efforts such as students counselling other students, are informal, and students counsel other students and dependent on individual skill, opportunity and inclination.

***Problems with consistent engagement of guidance counsellors.*** The coverage is spotty and occurs on a school-by-school basis depending on the commitment, enthusiasm, involvement or acceptance of select individuals, such as guidance counsellors and other school staff.

***Lack of coverage of other youth populations:*** Absolutely no out of school or rural strategies were mentioned during data collection.

Overall, WestHELP lacks a clearly articulated and operationalised vision, purpose, goals, and objectives, and assessment and monitoring is limited.

## **8. Evaluation Uses and Stakeholder Groups**

The evaluation team took the opportunity during a presentation of preliminary findings to Youth.now, UNICEF and the Ministry of Health to gather a list of critical stakeholders who have some interest in the evaluation. Attendees were also asked to rank the stakeholders as a primary, secondary or tertiary target audience for the dissemination of evaluation findings. Table 1 below shows that those associated with WestHELP were universally rated as the

primary audience. Specific agencies at national and parish level were also identified as primary audiences, especially the National Family Planning Board and the Behaviour Change and Communication Unit of the Ministry of Health. The most important second tier groups were the Ministry of Education, the St James Health Department and the Red Cross. (The Red Cross is an active supporter of peer education programming in Jamaica.)

Table 1

Category of Agencies	List of Groups	Priority for dissemination			
		1°	2°	3°	Not rated
Government Agencies	National AIDS Committee IEC Subcommittee (MoH)	1			
	National Centre for Youth Development (MoE)	1	1		
	Ministry of Education		3	1	
	Ministry of Health		1		
	ARH Department of MOH	1		1	
	National Council on Drug Abuse				✓
	National Family Planning Board	2			
	Behaviour Change Communication (MoH)	2			
	Healthy Schools Programme (MoH)	1			
	St James Health Department		1		
Donors and International NGOs	USAID				✓
	UNESCO				✓
	UNICEF			1	
	UNFPA				✓
	Youth.Now				✓
	The Futures Group International				✓
Youth	(Young people themselves)				✓
Regional Health Staff	Western Regional Health Authority		3		
	WestHELP programme (including WestHELPer)	3			
	WRHA		1		
	Westmoreland Health Department		1		
Jamaican NGO's	Red Cross		2		
	Children First	1			
	Peer Counselling Association of Jamaica	1		1	
	Western Society for the Upliftment of Children				★
	Women's Centre of Jamaica Foundation		1		

The UNICEF programme officer (who arrived late to the meeting) also highlighted the potential involvement of the Western Society for the Upliftment of Children, a Montego

Bay-based NGO. This NGO has been given a star symbol, since it was not rated during the group processing.

## 9. WestHELP – Putting the Pieces Together.

WestHELP was first conceptualised as the *Teens are Terrific Club*, a component of a teen clinic, which was implemented in the Catherine Hall Health District in 1984 to address the high rates of teen pregnancy. The addition of the club in 1985 was in direct response to the desires of young people for a venue that would provide peer support, camaraderie and a place for them to “hang out.” The primary vision for the club was to empower youth, and the main reproductive health target was to reduce teen birth rates from a reported 32% of all births.

This initial group of 15 young people came from different schools around Montego Bay. These 15 youth were recruited because of their strong personal attributes and/or potential. Recruitment activities were conducted in at least two ways – through fliers and word of mouth. Youth were provided with reproductive health information from the *Life Planning Education* training material developed by Advocates for Youth, a US based NGO that focuses on adolescent sexuality and reproductive health.

As stated above, the programme was developed to reduce teen pregnancies through the promotion of positive reproductive health behaviours. A peer counselling and educational approach was adopted to grapple with prevailing sexual attitudes among teens. The peer education focus of WestHELP served two main functions, as it:

Responded to the challenges of teen pregnancies and STIs in the western region of the island  
Provided a supportive base for the peer counsellors who were trained in the initial Teens are Terrific Club in 1985.

These preliminary activities set the stage for the implementation of a peer counsellors’ summer camp, which trained additional youth in family life education, counselling, and human sexuality.

As WestHELP evolved, it developed specific strategies to achieve behaviour change. These strategies basically include the annual peer counsellor training camp, and weekly club meetings for ongoing education, peer support, and activity planning. WestHELP behaviour change strategies were aimed at changing adolescent perceptions about sex and sexuality, based largely on the dissemination of information, statistics, and research through street talks, one on one counselling, informal interaction with peers and friendship networks, and the facilitation of camps for young people. WestHELP has also used the performing arts to develop materials and disseminate information. Finally, WestHELP members have assisted in the monthly teen clinic held at the Type V Health Centre.

Initially, the programme was focused solely on St. James parish. As word of the programme spread, the other western parishes were included; new clubs were formed in the parishes of Hanover, Westmoreland, St. Elizabeth, and Trelawny. Eventually, the annual

training became a national event -- an EastHELP was even established in Kingston. As the annual training event grew, the reproductive and sexual health focus was diluted as other health issues related to youth were also addressed. At the same time, fewer St James residents were invited to attend the national training. The St James Health Department decided to return to a parish-level annual training, which is currently supported by UNICEF. Today, most of the other clubs have faded away, although there is reportedly still some activity or interest in Hanover, which was the second strongest WestHELP club.

Overall, the WestHELP programme provides an avenue through which adolescent behavioural changes can be encouraged. Notable achievements relate to the training of teens as peer counsellors, the training of youths with life skills, the facilitation of camps, and the provision of medical services to adolescents. Shortcomings relate to the difficulty to assess the programme in schools due to the shortage of officers, and uncommitted in-school guidance counsellors.

## **10. Recommendations**

This evaluation was a very small, quick assessment, and necessarily lacks the depth that a longer investigation could provide. WestHELP is also a very small programme within the St James Health Department, and there may be other programmatic and resource priorities in the parish that take precedence over WestHELP.

Remarkably, however, this programme has survived over the past 18 years with relatively few resources, but in its present state, WestHELP is a programme held in perpetual limbo. It may be the decision of all involved that the current situation simply be maintained; thus, WestHELP can continue in this way, frozen in time and functioning as many peer programs do -- satisfying young people who are involved, but doing little to meet its full potential to reach youth, and no resources to grow.

Or, WestHELP can be refined and focused, to make sure that the benefits accrued to participating members are passed on to their peers. To do that requires a reframing of the programme so that it has an intentional focus, and activities are strategically aligned with intended results. The evaluation team believes that WestHELP should be stimulated towards a more intentional design. WestHELP has a unique self-sustaining quality due to the love and commitment brought to the program by supporters and member youth. While lacking core programme guidance, funding, and dedicated staff, the program still attracts adult facilitators from within the St. James Health Department, community supporters and young people. Young people involved in WestHELP stay committed to the program into adulthood. Expert stakeholders from government agencies and non-governmental organisations alike, find something to value in this modest programme.

There are definitely lessons to be learned from the programme; however, information about the results of activities must be gathered so that quantitative data can join those of this qualitative evaluation. Quite frankly, WestHELP deserves this kind of consideration, because it has shown that it is a tenacious programme that holds true to purpose, even when

purpose is not clearly articulated. It needs guidance, however, and possibly integration into other ARH activities to yield more direct results.

Several valuable insights were uncovered during the evaluation process, but there was little time to gather collective feedback from stakeholders.

Nonetheless, the following recommendations presume that there is a desire to take moderate steps to strengthen the programme which, like the Little Engine that Could, keeps on going. If stakeholders agree to work to refine, focus and maximize the strengths and potential benefits of WestHELP, they should consider acting on some or all of the following suggested immediate and mid-term actions.

### **i). Immediate Actions**

Discussion among the evaluators, programme supporters and stakeholders suggest some immediate actions that can benefit the programme.

**Share the findings** with programme planners, WestHELP members and other stakeholders in a setting that will allow stakeholders to clarify and interpret findings. Use this as a forum to challenge and refine the findings. In the process, however, it is important to remember that the evaluation findings are what they are. It may be tempting to revise them to match preconceived expectations, but it is more valuable to accept what was shared and work from there to refine and improve the programme. At the same time, the forum will be an opportunity to welcome additional insights from stakeholders that did not take part in the evaluation.

**Identify short-term strategies** for focusing programme implementation, especially with regards to the consistency of activities and involvement with the schools. Work with youth and adults to map pathways of actions for current activities like street talks and clinical counselling, as well as any additional activities.

**Document the programme.** Find a central repository for programme documents, including this evaluation report. For example, keep records of 2003-04 school year activities. This documentation will benefit WestHELP by keeping the programme history available for supporters to promote and sustain the programme. If this is not done, the programme will continue to rely upon individuals who hold programme history like griots maintain the history and culture of a people.

### **ii) Mid-term Actions**

The following recommendations will require a more focused set of resources, time and activities to achieve.

Identify a more permanent solution for coordinating WestHELP activities.

Adopt (or adapt) programme guidance to make the programme and its activities more intentional, especially through camp activities. (This could be facilitated by a coordinator and conducted by WestHELPers.)

Review, modify and adopt a programme purpose, vision, and theory of change.

Identify appropriate programme objectives or strategies and operationalise strategies with realistic targets.

Examine current reach of activities and consider whether out-of-school youth or rural populations can become more actively engaged in WestHELP.

Track programme results. This should include:

- a) Data management using simple and accessible data tracking mechanisms
- b) Documentation of content and/or purpose of activities
- c) Documentation of relationship of activities to programme purpose or theory of change.

Seek short-term resource supports in order to accomplish these actions. (Since this will take time to organize a request, this recommendation is placed under mid-term and not immediate actions, in order to be realistic.)