



USAID
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JAMAICA

ADOLESCENT HEALTHY LIFESTYLES PROJECT

FY2005 ANNUAL PERFORMANCE REPORT



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Implemented by University Research Co., LLC

In collaboration with:

Advocates for Youth

Health Strategies International

Population Media Centre

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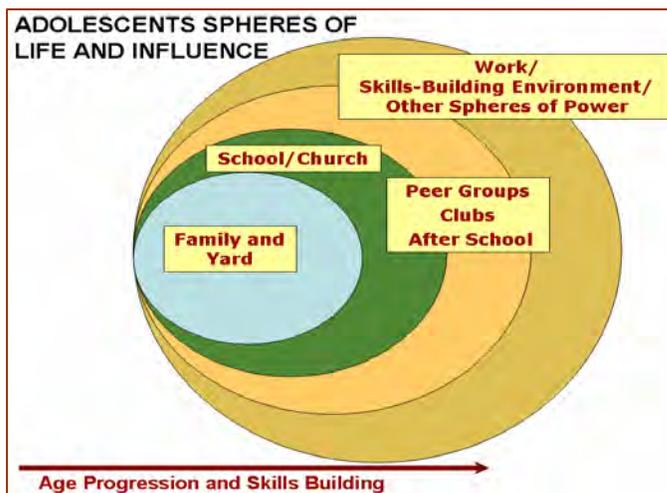
ACRONYM LIST

AIDS	Acquired Immune Deficiency Syndrome
ARH	Adolescent Reproductive Health
BCC	Behavior Change and Communication
CB	Community Based
CBO	Community Based Organization
GIS	Geographical Information System
HIV	Human Immune Deficiency Virus
HPPD	Health Promotion and Protection Division
IR	Intermediate Result
JAHLF	Jamaica Adolescent Healthy Lifestyles Project
MOEYC	Ministry of Education, Youth and Culture
MOH	Ministry of Health
NCDA	National Council on Drug Abuse
NFPB	National Family Planning Board
NGO	Non-Governmental Organization
NYS	National Youth Service
PMI	Peace Management Institute
PMP	Performance Monitoring Plan
PVO	Private Voluntary Organization
RH	Reproductive Health
TWG	Technical Working Group
URC	University Research Co. LLC
US	United States
USAID	United States Agency for International Development
YFS	Youth Friendly Services
YMCA	Young Men's Christian Association

1. INTRODUCTION

This report covers the project's activities during the first seven months of implementation, February 28 to September 30, 2005. The project contributes to USAID Strategic Objective 11: *Improve health status among youth and most vulnerable groups*, and Intermediate Result 1: *Healthy behaviors among youth increased*, and supports the Government of Jamaica in implementing the Healthy Lifestyle Policy and is mandated to work closely with the Ministry of Health (MOH), the Ministry of Education (MOE), the Ministry of National Security (MNS), the National Family Planning Board (NFPB) and other partners involved in the promotion of healthy lifestyles for adolescents. The project is implemented by University Research Co., LLC (URC), in collaboration with Advocates for Youth, Health Strategies International (HSI), and Population Media Center (PMC). Local partners include ASHE Caribbean Performing Arts Foundation and other NGOs.

JAHLP has begun at a critical time for youth in Jamaica and for Jamaica in general—the crime rate is spiraling upwards and data on young people reflect troubling trends in the areas of gangs and violence, drug abuse, sexual and reproductive health, and educational achievement. To respond, JAHLP has developed an integrated strategy to support youth in making healthy choices for themselves and to support those within their spheres of influence to provide safe and nurturing environments for adolescents aged 10-19. The project has developed a Life of Project Plan that details its approach to addressing the four sub-intermediate results of the contract that focus on improving access to youth friendly services in clinical and non-clinical settings; improving the policy environment regarding adolescents; increasing knowledge, attitudes, practices, and behaviors related to healthy lifestyles among adolescents; and mobilizing community support for healthy lifestyles among adolescents. Stakeholder consultations to validate and elicit buy-in for the Life of Project Plan have been held with the Ministry of Health, the Ministry of National Security, the Social Development Commission, the National HIV/STD Control Programme, the National Family Planning Board, the Drug Abuse Secretariat and other potential partners.



In addition to activities associated with the start-up of the project, main accomplishments during this period include:

- Development of a strategic framework, the Life of Project Plan, and the associated performance monitoring plan;
- Consultations with counterpart institutions
- Establishment of an integrated workplan
- Study tour to South Africa
- Funding of small grants for summer youth activities
- Commission of a violence prevention performance piece

The following report describes these achievements in detail.

2. PERFORMANCE REVIEW AND ANALYSIS

2.1. Sub-Intermediate Result 1:1 Expanded Access to Youth-Friendly Services in Clinical and Non-clinical Settings

Key Accomplishments

- Identification of areas of cooperation and partnerships with key youth agencies, including: the National HIV Programme, the National Family Planning Board, the National Council on Drug Abuse, and the MOH-VAP (public facilities that deal with violent related injuries)
- Contacted and informed NGOs providing clinical and non-clinical services of JAHLP's objectives, strategies, and plans for partnering
- Organized a study to South Africa for nine participants to identify models relevant for Jamaica.
- Developed an inventory of parish-based clinical and non-clinical services service access points

2.1.1. Progress achieved

Identification of areas of cooperation and partnerships with key youth agencies, including the National HIV/STD Control Programme, the National Family Planning Board, the National Council on Drug Abuse, and the MOH-VAP (public facilities that deal with violent related injuries). JAHLP established agreement from each of these partner agencies to explore possibilities for future collaboration. Particular areas of collaboration are to be further developed as the Project progresses. In most cases, the Project will work through the regional or parish mechanisms of these agencies.

Contacted and informed NGOs providing clinical and non-clinical services of JAHLP's objectives, strategies, and plans for partnering. NGOs providing clinical and non-clinical services for sexual and reproductive health, STI/HIV, substance abuse, and violence prevention were identified and contacted to build awareness about JAHLP's objectives and to gather information about existing programmes. Next steps will be to elicit participation of these NGO's in upcoming parish visits to determine their needs and outline general strategies, and to solicit their responses to the forthcoming request for proposal (RFP) for grant funding.

Organized a study to South Africa for nine participants to identify models relevant for Jamaica. A study tour to South Africa took place in September. The group of individuals who participated in the tour represented a multisectoral mix of agencies, including the Government's Anti Crime Initiative, the Regional Health Authority in the NE Region, Youth Crime Watch, Children First, Area Youth, Church Alliance, the MOH Health Promotion and Protection Department, and the Jamaica Constabulary Force.

The group met with the following organizations in South Africa: National Institute for Crime Prevention and the Reintegration of Offenders (NICRO), Centre for the Study of Violence and Reconciliation (CSVR), National Adolescent Friendly Clinic Initiative (NAFCI) South Africa, UNISA (University of South Africa) Institute for Social and Health Sciences and MRC (Medical Research Council) - UNISA Crime, Violence and Injury Lead Programme, LoveLife Media and Youth Centre at Orange Farm informal settlement (a very large squatter community), Township AIDS Project (TAP), Gun Free South Africa (GFSA), Center for the Study of AIDS (CSA), Midori Security, Business Against Crime (BAC)

The following were among the recommendations made by the study tour participants for applying models from South Africa to the Jamaican context:

- The development of youth-friendly/specific clinics with designated areas for youth to congregate and access information.
- The training and certification of health care staff at all levels to render better care to adolescents. This potentially could be a part of a broader programme tied to the standards of these facilities.
- Initiate and manage a multi-agency dialogue aimed at the development of a Jamaican youth center that is a youth specific and youth friendly site offering an integrated approach inclusive of sports, a multi-media studio, a “chill room” with beanbags, youthful colors, a multi-media projector, TV, VCR, DVD, computers; community-based VCT and associated services; basic health services; and male and female peer educators or nurses.
- Engaging in dialogue with the Ministry of National Security to address violence among adolescents through initiatives such as the following:
 - Training and deploying safety ambassadors in schools designated as safe schools. These may be adolescents who are out of school, unemployed, and/or students within each of the safe schools.
 - Offering sensitization training for police to equip them to handle youth issues, especially for victims and perpetrators of violence.
 - Developing a community-based out-of-school youth initiative.
 - Enhancing the Correctional Service’s rehabilitation program.
 - Developing gun free zones and psychological assessments of gun holders.
- Engaging the MOH Regional Authorities to :
 - Initiate the training and certification of staff at all levels in health care facilities to render better care to adolescents, which may be part of a broader program tied to the standards of these facilities.
 - Participate in a comprehensive approach to adolescents that will include violence prevention, HIV, drug abuse, and reproductive health.
- The creation of a youth accepted brand visible on billboards, radio, TV, in the media, and at service access points

A separate report has been developed detailing the models to which the group was exposed during the tour. The report also highlights many potential ways that these models can be applied

to the Jamaican context. Lessons learned from the experience also have been presented to major stakeholders. Relevant information from the study tour will be included in upcoming parish visits, and used to inform the parish-level strategies/proposal, as a means to address needs/problems.

Developed an inventory of parish-based clinical and non-clinical services service access points. This inventory of clinical and non clinical services, one of the outputs of the regional meetings, will continue to be refined through several consultative processes and will form part of the profile for the priority parishes. This information is presently archived in the Project data base.

2.1.2. Challenges Encountered and Proposed Approaches to Address Them

Challenge: Representatives from the MOH have expressed concerns about engaging in youth specific interventions in the clinics. For example, some of the interventions, such as interpersonal relations (or client relations) need to focus on all clients regardless of age, but the specific needs of youth also need to be identified and included in the interventions with public and NGO organizations providing clinical medical and counseling services.

Approach: General interventions for all clients are needed, but interventions also must address the specific needs of youth, who have special needs based on their experience. As a result, focus group discussions will be conducted with youth to identify their needs based on their own experiences. Moreover, providers will also be questioned about their own issues and about what works best with young people in a clinical setting.

2.2. Sub-Intermediate Result 1.2: National Policy and Guidelines Implemented in Support of Healthy Lifestyles

Key Accomplishments

- Completed first draft of the review of the “Legislative and Policy Environment for Jamaican Adolescents”
 - Completed a paper examining the opportunities for youth involvement in advocacy networks
 - Completed introductory meetings, and organized follow-on meetings, with key public sector stakeholders and UNICEF
 - Initiated discussions with the Ministry of National Security and the National Centre for Youth Development to facilitate development of youth-lead advocacy initiatives
 - Secured commitment from the MOH (HPP) to develop Youth Development Strategy
 - Prepared revision and implementation of Policy Environment Score (PES)
 - Initiated discussions with Grace Kennedy and Sandals, Montego Bay in framing public-private sector cooperation
 - Completed introductory policy meetings with regional stakeholders
-

2.2.1. Progress achieved

Completed comprehensive report on Background Review and Assessment of Youth Legislation and Policies Related to Health Lifestyles, including a critique of Youth Advocacy initiatives in Jamaica. The Background Review and Assessment of Youth Legislation and Policies related to Healthy Lifestyles facilitated an analysis of current policy and legislative guidelines that support issues dealing with adolescents in Jamaica. It also provided an opportunity for discussions of gaps and needs related to this area that affect the implementation of the Project. Critical issues identified included: the discrepancies regarding “age of consent” with respect to the various legal plans, the contradiction for provisions of medical services “de facto” and “de jure” [e.g., the Juvenile Act and the Law Reform (Age of Majority) Act], and the need to address the critical issue of gender specific bias in some pieces of legislation.

Completed a paper examining the opportunities for youth involvement in advocacy networks to support the introduction of supportive adolescent reproductive health policies. Key points identified during the development of this paper included the fact that young people have to be accessed both within the school and community environments; a number of youth groups already exist with the appropriate structure and mandates to support advocacy [e.g., The Police Youth Club (PYC), the National Secondary Students Council (NSSC)]; and a number of the above organizations require capacity development to meaningfully impact the identified strategic area.

Completed introductory meetings and organized follow-on meetings with key public sector stakeholders. Meetings were carried out with key partners in the Health Promotion and Protection Division of the Ministry of Health as well as UNICEF, to discuss policy priorities. The following two issues were identified: the discrepancies between the Child Care and Protection Act (CCPA) and the Policy governing Access to Contraceptives for Minors and the issue of completing the UNICEF-funded Plan of Action for Adolescent Development. Next steps include the following:

- Plan of Action for Adolescent Development: discussions will begin in October on the review and ratification of the plan.
- CCPA/Contraceptive Guidelines: The first meeting between the National Family Planning Board (NFPB), National Centre for Youth Development (NCYD), Child Development Agency (CDA) and UNICEF resulted in the following agreements:
 - The CDA and the NFPB will include the Policy Working Group in the development of the Implementation Handbook to ensure synergy in the contents.
 - UNICEF has agreed to facilitate a joint presentation by NFPB and the CDA on the teen television programmed “Teen Seen”.
 - The NFPB and the CDA have agreed to explore collaboration in the sensitization of persons about the two pieces of legislation.

Initiated discussions with the Ministry of National Security and the National Centre for Youth Development to facilitate development of youth-lead advocacy initiatives. Project staff met with Ministry of National Security, the National Centre for Youth Development and Management Strategies International’s (MSI) CIV-JAM Project to facilitate development of youth-lead advocacy initiatives to facilitate the empowerment of Jamaican youth to actively lobby for required changes in adolescent policy. In September, follow-up meetings were held with the NCYD, it was agreed that JAHLP would work with a group of seven Jamaican young persons trained in policy evaluation in July 2005. These *Advocates* have agreed to begin with a review of the existing Advocacy Kit and provide suggestions for the new tool kit.

Prepared revision and implementation of Policy Environment Score (PES) to focus on the development of an appropriate instrument to cover the identified focus areas in the Project. JAHLP is introducing a new component that will facilitate youth input into the design of the PES methodology and youth response to questions about changes in the policy environment.

Secured commitment from the MOH (HPP) to develop a Youth Development Strategy, including a policy for supporting capacity development of new and existing youth organizations. A draft paper currently is being developed in collaboration with the HPP. The strategy will speak to the capacity building of community-based youth organizations to support the delivery of programmers in support of adolescent development.

Initiated discussions with Grace Kennedy and Sandals, Montego Bay in framing public-private sector cooperation. Discussions have focused on specific community outreach initiatives in Central Kingston and Flankers. JAHLP is interested in reviewing the company's outreach strategies towards the development of a model for engaging other members of the private-sector in supporting community-based interventions, specifically in support of adolescent development.

Completed introductory policy meetings with regional stakeholders that included a review and discussion of JAHLP's policy strategies; and a discussion of policy needs, gaps, roles and responsibilities at the parish level, and recommendations for the effective dissemination of policy. The main concern of stakeholders was the levels of confusion about the reporting requirements of the Child Care and Protection Act. Their recommendations relating to dissemination focused on the development of low-literacy materials to reflect policy provisions and the use of established community-based organizations as a medium for dissemination and sensitization of community level stakeholders. This component will be addressed under JAHLP through collaboration with sub-intermediate results 1.3 and 1.4 in the preparation of materials and the sensitization processes.

2.2.2. Challenges Encountered and Proposed Approaches to Address Them

Challenge: A particular challenge for IRI.1 has been posed by the redefinition of the scope of the Childcare and Protection Act (CCPA) in relation to the policy guidelines for access to contraceptives for minors. The policy provides for the provision of contraceptives to minors sixteen years and under to prevent pregnancy and sexual transmitted infections. However, the CCPA, which is legislation, defines a child as those between zero and eighteen, and where it is found that this individual is sexually active; it should be reported to authorities. The CCPA has been passed in Parliament with this provision, despite the existence of the Age of Consent law that states that one can give consent for sex at age sixteen.

Approach: JAHLP is participating in dialogues with the committee involving representatives from the Child Development Agency, UNICEF, the National Center for Youth Development and the National Family Planning Board, which has been meeting to resolve this issue.

2.3. Sub-Intermediate Result 1.3 Improve Knowledge, Attitudes and Skills Related to Healthy Lifestyles

Key Accomplishments

- Conducted four regional consultations with key stakeholders to introduce the Project, identify issues and research the various activities taking place within the parishes relating to adolescent healthy lifestyles.
- Conducted unstructured interviews with youth participants in summer activities to determine needs
- Participation in MOH BCC Working Group and Violence Prevention Alliance meetings
- Initiated contact with media houses to discuss potential support for airing of radio serial drama and other collaboration
- Commissioned violence prevention performance piece from ASHE
- Participated in meetings on the MNS adolescent deportee initiative
- Provided funding for MNS Safe School Programme Workshop
- Development of Behavior Change Communication (BCC) Strategy

2.3.1. Progress achieved

Conducted four regional consultations with key stakeholders to introduce the Project, identify issues and research the various activities taking place within the parishes relating to adolescent healthy lifestyles. The regional consultations held in August in all four regions marked a key step in the process of identifying priority areas on which to focus JAHLP resources. In terms of BCC, much of the information gathered through the consultations corroborated much of what project staff had learned from other sources. For example, meeting participants emphasized the importance of direct interventions for youth and adults in their spheres of influence, emphasizing self esteem, leadership, parenting and counseling; and strategic partnership and advocacy with the media. However, the participatory nature of the consultations added a critical dimension by allowing for direct interface with many of the frontline workers in youth development, leading to meaningful discussions about the trends and critical issues affecting adolescents in Jamaica. Information from these consultations has been incorporated into the Life of Project Plan and the BCC Strategy and will be drawn upon during future work with JAHLP's regional counterparts.

Conducted interviews with youth participants in summer activities to determine priorities and media consumption habits. A number of interviews and focus group discussions with youth of different profiles (e.g. urban/ rural, inner-city/working/middleclass, in-school/out-of school) were conducted by JAHLP's BCC consultant. The objective of these interviews was to determine the priorities, media consumption habits and interests of youth, and to secure their input in the BCC program design. These interviews included impromptu discussions with young people in Arnett Gardens and Montego Bay, informal interviews with ten, 17 to 20 year olds at the MOH/ National Youth Service Health Promoters Camp, and review of public service announcements with youth at the University of the West Indies Change from Within Student Leadership Program from August 10 to 12, 2005. Results from these discussions have been recorded and are a useful addition to the project's information pool about youth.

Participation in MOH BCC Working Group and Violence Prevention Alliance meetings. JAHLP has shown a consistent presence throughout the past seven months at the MOH BCC Working Groups and Violence Prevention Alliance Meetings. Participation in these multisectoral and multi-agency groups is critical to establishing links and collaborative approaches with organizations working to improve the health and well-being of Jamaica's adolescent population. To date, JAHLP's attendance has focused on determining how the project can draw on the strengths of these groups, while integrating approaches and providing support for existing initiatives. In future, JAHLP envisions a more proactive role in the activities and initiatives of these groups.

Initiated contact with media houses to discuss potential support for airing of radio serial drama and other collaboration. IRIE FM and TVJ were contacted soon after the JAHLP contract was awarded to discuss the media component of the project. Waterworks is an advertising agency that was considered to be a good source for the media data needed to determine the most appropriate channels and broadcast time/format for the mass media communication activity. According to Waterworks, radio is still more powerful than TV among Jamaican youth. The major youth-oriented stations are IRIE (reggae; youth oriented), RJR and LOVE. JAHLP has received preliminary agreement from IRIE FM to air its forthcoming radio serial drama.

Commissioned violence prevention performance piece from ASHE. The project has commissioned the ASHE Caribbean Performance Arts Foundation to develop an "edutainment" piece focused on preventing and reducing violence. Building on the successful *Vibes* program, ASHE is completing the development of this 45 minute piece entitled *Curfew*. The piece is acted and produced by ASHE staff and student actors and includes a discussion guide to be used by guidance counselors, community mobilization activists and others. Once the piece is completed, it will be packaged in various forms. Final discussions are still underway, but options include the production of a DVD with associated discussion guide that can be used independently, performances at key communities and schools in garrison communities and other violence-prone arenas, and training of other NGO's to develop similar behavior-change theatre. The piece has been performed for various stakeholders, including representatives from JAHLP, USAID, MOEYC, NCYD, SDC, Police Community Relations, and MNS. Input from these stakeholders has been incorporated into the production. Next steps include testing *Curfew* with youth audiences and packaging it for use by NGO's and CBO, as well as in school and other settings.

Participated in meetings on the MNS adolescent deportee initiative. JAHLP staff has attended the first meetings on deportee issues held by the MNS. The Project has secured a permanent seat on the committee and has been asked to take an active role in this intersectoral effort by assisting adolescent deportees to successfully reintegrate into Jamaican society and to help minimize the difficulties, including stigma, that they face upon return. The first step will be to develop a protocol for receiving individuals when they arrive and to direct them to youth friendly services.

Provided funding for MNS Safe School Programme Workshop. At the request of USAID, JAHLP provided funding and participated in the Ministry of National Security's training Workshop for the Safe Schools Programme. The participants included representatives from the Safe Schools Programme, Change from Within, PALS and other groups involved in violence prevention activities. Also involved were teachers/guidance counselors, police, donor agencies, and others involved in the Safe School Programme. This activity forms a part of the JAHLP Violence Prevention strategy that focuses on improving the technical capacity of involved parties to better respond to violence in schools. One important matter that resulted from this workshop was the need to have a coordinated approach to these interventions and to identify the agency that will manage the same. JAHLP will continue to be part of that dialogue.

Development of Behavior Change Communication (BCC) Strategy. BCC is an integral part of JAHLP and thus, plays a key role in each of the intermediate results. It also is separate component of the project and as such, has its own explicit objectives and approaches. A BCC Strategy has been developed to forge an integrated and consistent approach throughout all components to ensure that communication messages and improved capacities are reinforced throughout all activities. The strategy document has been shared with USAID for review and comment. To further validate the strategy, it will be reviewed by local and international BCC experts. The BCC Strategy will be finalized in October.

2.3.2. Challenges Encountered and Proposed Approaches to Address Them

Challenge: One of the Project's driving strategies, youth involvement, is also one of its challenges. While there is a high level of commitment to involve youth in program development and implementation, actualizing this commitment has not happened to the extent desired.

Approach: Identify a creative core of youth who have an understanding of youth issues and are able to articulate their ideas. Establish a youth advisory board that represents a wide cross section of socio-economic and geographic contexts. Through an ongoing process throughout the life of the project, these youth participants can add substantial value to the project, especially to the BCC and advocacy components. Members of this group also can be called upon as youth advisors on particular issues, or under a specific sub-IR as the need arises.

2.4. Sub-Intermediate Result 1:4: Increase Community Support and Involvement in Promoting Healthy Lifestyles

Key Accomplishments

- Established contact with national umbrella organizations such as the 4-H Club, the Jamaica Red Cross, UWI HARP, and the Violence Prevention Alliance
- Identified NGOs working efficiently inclusive of those offering clinical and non-clinical services
- Researched the various databases on NGOs: Directory of NGOs (United Way/CVSS) and USAID's youth inventory
- Conducted consultations in the four regions with key stakeholders to introduce the Project, identify issues and research the various activities taking place within the parishes relating to adolescent healthy lifestyles
- Commenced the development of parish profiles for four initial parishes (St. James, St. Ann, Clarendon, and Kingston and St. Andrew) to assist in the development of parish plans regarding adolescent healthy Lifestyles
- Established a strategic partnership with the National HIV/AIDS Control Programme and the Social Development Commission (SDC) to address HIV/AIDS and adolescent healthy lifestyle issues at the community level
- Established contact with the National AIDS Committee and the Coalition for Better Parenting
- Enlisted youth inclusion in various activities such as the South Africa study tour and the Project naming contest.

2.4.1. Progress achieved

Established contact with and membership in umbrella organizations such as the 4-H Club, the Jamaica Red Cross, UWI HIV/AIDS Research Project (HARP), and the Violence Prevention Alliance. Strategic alliances and contacts have been made with organizations with national scope to ensure the project's coverage of 14 parishes through collaboration. Capabilities, strengths, weaknesses and parish-reach of these groups have been assessed. Each of these entities has reiterated their readiness to enter into some kind of an agreement with the project.

Identified and visited NGOs working efficiently inclusive of those offering clinical and non-clinical services. These visits have facilitated the identification of possible opportunities for collaboration and the range of services that are available, as well as the gaps that exist, particularly in rural areas. This information forms a part of the Project's database. Some NGOs visited displayed strong potential for partnership, including: Children First, Stella Maris/Grants Pen Community Center, and Flankers Peace Initiative.

Researched the various databases on NGOs. To be able to build on existing information, the following databases were among those researched: inventories/directories of United Way of Jamaica (CVSS), PALS, PACT, Safe Schools, National Centre on Youth Development and USAID's youth inventory. A composite of the information gleaned from these databases has been incorporated into the Project's database.

Conducted consultations in the four regions with key stakeholders to introduce the Project, identify priority issues and research the various activities taking place within the parishes relating to adolescent healthy lifestyles. The Ministry of Health's regional structure was used for these consultations in the Southern (Manchester, Clarendon, St. Elisabeth), Western (Trelawny, St. James, Hanover and Westmoreland), North Eastern (St. Ann, St. Mary and Portland) and South Eastern (Kingston, St. Andrew, St. Catherine and St. Thomas) regions. The strategic framework of the JAHLP was presented at the consultations inclusive of the thematic areas that will be covered by the project. A Rapid Assessment Tool was developed and administered to assist in identifying the issues of the adolescents, the services available, the utilization of the services, the organizations working in the parishes and basic asset mapping. All information was compiled in a database and is being used to further develop parish-based profiles. The profiles will be presented at the next series of meetings, starting in October. The project will support the development of detailed implementation plan for each parish, based upon agreed upon priorities. These priorities build upon ongoing activities and identified needs as shown from available data.

The development of parish profiles for four initial parishes (St. James, St. Ann, Clarendon, and Kingston and St. Andrew) to assist in the development of parish plans regarding adolescent healthy Lifestyles. Based on the information gathered from the regional consultations and additional information received from the government ministries and other organizations, parish profiles were developed for four initial parishes. The profile includes information on demographics, communities, schools, health centers, NGOs, CBOs, Police Stations, correctional facilities, HIV/AIDS statistics, and teen pregnancy rates.

Established a strategic partnership with the National HIV/STD Control Programme and the Social Development Commission (SDC) to address HIV/AIDS and adolescent healthy lifestyle issues at the community level. JAHLP has joined forces with the National HIV/STD Control to address adolescent healthy lifestyle issues with emphasis on HIV/AIDS at the community level. The strategy will be to engage the SDC, which is the government agency responsible for community development, by training their Community Development Officers in topics relating to adolescent healthy lifestyles. The objective of the training is to ensure inclusion of adolescent healthy lifestyles topics in overall community development activities. Targeted interventions then will be planned and executed at the community level. The training will take place in the next quarter.

Established contact with the National AIDS Committee (NAC) and the Coalition for Better Parenting (CBP). The NAC—through the Parish AIDS Committees, or PACs—and the CBP are two organizations with which JAHLP will collaborate to ensure that activities are youth inclusive and address parenting issues. Preliminary capacity building needs were identified and a review of activities implemented by both organizations was conducted. The PACs and the CBP also were involved in the regional assessments conducted.

Enlisted youth inclusion in various activities such as South Africa study tour and the Project naming contest. To increase the inclusion of youth in Project activities, youth were included as participants in the study tour to South Africa and in the Project naming contest. A gender-balanced approach was utilized in both cases and in the case of the naming contest, urban rural representation and representation of youth with disabilities was secured.

2.4.2. Challenges Encountered and Proposed Approaches to Address Them

Challenge: Expanding support to NGOs to include smaller, community-based ones that historically have not received much donor support.

Approach: Ensure an up-to-date database of NGOs and CBOs for the project so that several levels or mechanisms of support and funding can be initiated. Identify the key areas of need in the organizations and responding to them rather than a blanket institutional capacity approach for all of them.

To respond quickly to the needs of NGOs, CBOs, and FBOs, and to maintain their continued interest in working with JAHLP, it will be important to initiate the first round of grant funding as soon as possible.

3. MONITORING AND EVALUATION

Key Accomplishments

- Conducted presentations and discussions of the M&E vision and strategies to key stakeholders
- Supported expansion of Geographic Information System of Ministry of Health
- Completed M&E orientation and training for project staff
- Facilitated the start-up of the MOH Healthy Lifestyles Programme M&E Technical Working Group
- Developed USAID approved Performance Monitoring Plan
- Developed a framework for the Project Management Information System (PMIS)
- Provided M&E technical assistance to NGOs and MOH for summer projects e.g. standardized indicators and questions
- Prepared report on results of the Summer Camp Activities
- Collaboration with MEASURE Evaluation Project

3.1.1. Progress achieved

Conducted presentations and discussions of the M&E vision and strategies to key stakeholders. An M&E strategic presentation was prepared and delivered to several key stakeholders including USAID and MOH. This articulated the key vision and strategic framework for M&E that includes developing a proactive system incorporating a rapid dissemination plan. The presentation was well received by participants and several comments were incorporated into a revised strategic vision.

Supported a Geographic Information System mapping of community assets, implemented by the Ministry of Health. With project financial support from JAHLP, asset maps were developed and verified for the communities of Parade Gardens, Denham Town and Hannah Town. The mapping covered commercial assets (shops, furniture and woodwork shops, bars, restaurants, hairdressing and barber salons and funeral parlors) and social assets (churches, schools, hospitals, abandoned buildings, open lots, playfields and parks). Completion of the database will significantly enhance the use of data for monitoring program impact and eventually be used to assist parishes and communities set program priorities and monitor status. To the extent possible activities, tracked through the PMIS will have a geocode that corresponds to the MOH geocoding database. This will allow for the production of geographically targeted data representation on maps.

Completed M&E orientation and training for project staff. The M&E specialist prepared a presentation to orient the project team to M&E, emphasizing the importance of proactively identifying key impact indicators for each Sub IR and sensitizing the staff about their roles and responsibilities for building the project's M&E infrastructure and capacity. Subsequently, a consultant was hired to conduct M&E training for the project staff and introduce the project monitoring information system. The planned application of the MOH GIS system was presented and discussed.

MOH Healthy Lifestyles Programme M&E Technical Working Group. The M&E Specialist facilitated the start-up of the MOH Healthy Lifestyles Programme (HLP) M&E Technical Working Group including: reviewing and refining the terms of reference to include participation of the adolescent healthy lifestyles project; reviewing and expanding the existing membership to include other key MOH counterparts; supporting the planning, financing and implementing the first working group meeting; and presenting the scope of work of the project and draft indicators for current interventions. The meeting was effective in receiving significant input for the project indicators and establishing a collaborative working relationship with M&E counterparts.

Assisted the Ministry Health to expand the Jamaica School Lifestyles Survey. The school surveillance system was expanded to 17 schools and the dimensions of the system have been upgraded to include data gathering analysis, feedback reporting mechanism, hierarchy/lines of reporting, trigger or action levels.

Developed USAID-approved Performance Monitoring Plan. The Performance Monitoring Plan (PMP) for the Jamaica Adolescent Healthy Lifestyles Project (JAHLP) consists of two components: The first presents the indicators for the Strategic Objective, Intermediate Result and Sub-Intermediate Results. The second presents the indicator reference sheets and includes indicator definitions and methods of calculation. The PMP outlines the overall approach to performance monitoring used by JAHLP, principal data sources, data collection approach, and data verification and implementation plan. Targets in the PMP for each project year will be determined after baseline data for 2005 is collected from the MOH school-based student health survey.

Began development of the Project Management Information System (PMIS). A framework for the forthcoming information system (PMIS) was developed. The PMIS will include: 1) parish/regional level indicators based on the overall PMP (from service data), 2) project milestone tracking

indicators, and 3) other key indicators to be based on the results of parish level interventions (particularly IR 1.1 and 1.4). The latter indicators will be identified once parish visits have been made and concrete interventions have been defined or proposed. The PMIS will provide the necessary information to allow JAHLP to monitor and disseminate timely reporting on program implementation as well as outcomes to inform current and future activities, and will provide evaluation information to USAID, the Government of Jamaica and other stakeholders.

Provided M&E technical assistance to NGOs and MOH for summer projects e.g. standardized indicators and questions. JAHLP negotiated the collection of identical output and outcome indicators data with summer activities that had similar interventions. Standardized questions relating to the issues of reproductive health, HIV/AIDS/STIs, substance abuse, and violence prevention were developed and incorporated into the pre- and post-test questionnaires administered by the summer projects.

Prepared report on results of the FY2005 grants. A comprehensive report on results from the grants funded in FY2005 was prepared and submitted to USAID. The report provides information on key inputs and outputs and evidence of key results and lessons learned to inform the next round of grants provided under JAHLP. It also provides a framework for ongoing project reporting.

Collaboration with MEASURE Evaluation Project. Meetings were held with MEASURE to ensure questions to capture baseline data for the PMP are incorporated in the questionnaire to be used for the school-based survey, which is scheduled to be implemented in October 2005.

3.1.2. Challenges Encountered and Proposed Approaches to Address Them

Challenge: Facilitating monthly meetings of the MOH Healthy Lifestyles M&E Technical Working Group has been difficult due to the busy schedules of the working group members.

Approach: Facilitate quarterly meetings instead with the opportunity to call unscheduled meetings if the need arises.

Challenge: The timing of the summer project approvals provided little opportunity to proactively plan for providing training, technical assistance, capacity building and standardized M&E inputs. This is coupled with a general lack of NGO M&E capacity. This caused a critical delay in receiving the reports with the data and information required at the end of the activities.

Approach: For future grants awarded, proactive collaboration during the planning phase and inclusion in routine data collection, analysis and reporting processes will be important. This will allow adequate planning to ensure that JAHLP M&E support to NGOs matches overall M&E strategies and resources. Another key approach will be to initiate closer collaboration with the coordinators of the activities and/or the umbrella NGOs managing the activities to assess the requirement for training and technical assistance to provide JAHLP timely and reliable project data.

Challenge: Developing MIS guidelines and supporting documents and reliably identifying all potentially significant databases, and defining specific data elements and reports, both at the MOH and other agencies in order to inform the project M&E PMIS. The objective is to define specific databases that provide useful M&E information to the JAHLP to ensure that data collection efforts complement rather than duplicate current MOH or other organization efforts.

Approach: Continued campaign of advocacy and liaison with all departments that can assist in this area, as well as presenting the project and its implications to the necessary organizations.

4. GRANTS ADMINISTRATION

4.1. Grants manual

A requirement for the administration of the grants program is a grants manual approved by USAID. JAHLP prepared a draft grants manual and presented it to USAID on August 16. Feedback from USAID contracts office was received on September 21. A revised version was submitted for approval on October 3. Approval is pending. In anticipation of this approval, progress has been made on first a draft request for applications.

4.2. FY2005 Grants Funding

Twelve (12) grants were awarded from June to September to develop improved knowledge and skills related to healthy lifestyles, substance abuse, appropriate sexual behavior and improved parenting (IR 1.3), reduce the impact of violence on communities as well as increase community support and involvement in promoting appropriate sexual behavior of adolescents (IR 1.4). Together, the activities implemented under these grants reached approximately 804 youth over a four month period and included a variety of summer physical, arts, craft, musical and leadership camps. Several of the funded activities were managed by the Health Promotion and Protection Division of the Ministry of Health, while others were managed by PACT, who, through a grant mechanism, oversaw implementation and monitored outcomes for four of the programs.

The key goal of the camps was to engage Jamaican youth in out-of-school summer activities that would build self-esteem, provide innovative lifestyle alternatives, and provide knowledge and skills information about nutrition, sexuality, violence and substance abuse. The projects also aimed to expose caregivers and communities to youth activities to promote increased engagement in out-of-school activity alternatives. Following is a brief summary of each of the 12 activities funded. A comprehensive report on the activities and their results is available upon request.

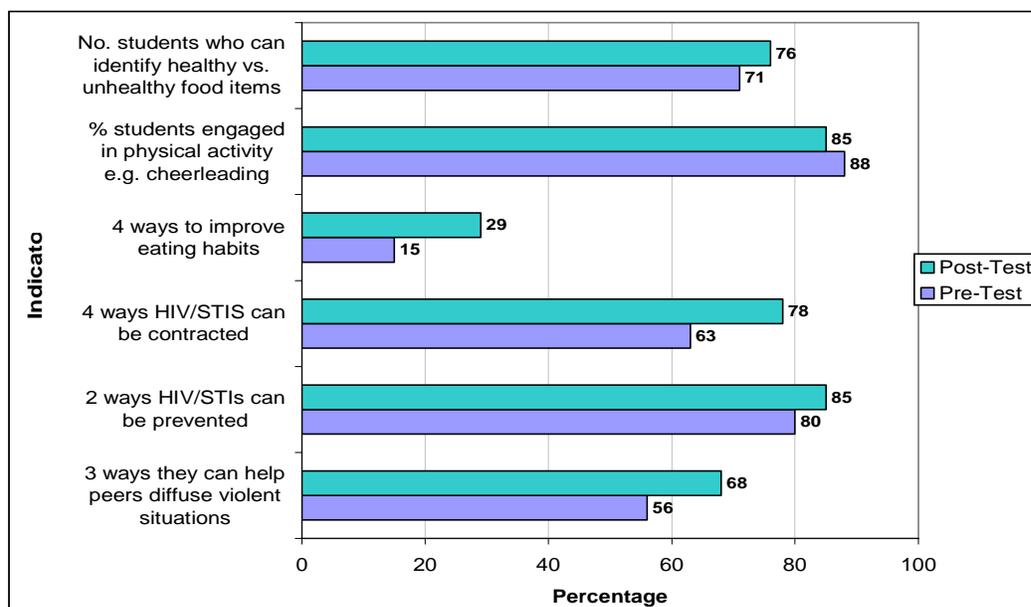
Health and Wellness for a Bright Tomorrow. This five week camp, implemented by the Stella Maris Foundation, and NGO functioning under the auspices of the Roman Catholic Church, sought to equip young persons between the ages of twelve and eighteen with knowledge and skills in violence prevention; HIV/AIDS/STIs; improve eating habits; increase a sense of self-worth and resiliency skills; and increase physical activity. A total of 60 young people (32 boys and 28 girls) attended the camp. In addition to participating in craft and performing arts activities, participants attended educational and awareness sessions on health and wellness issues.

The post training survey noted significant improvements in the participants' knowledge, particularly in the areas of violence prevention, self esteem and personal hygiene, from a high of 43% to 28% and 26% respectively. Understanding of substance abuse and HIV/ AIDS also increased between 20 and 25%, while a more modest increase in knowledge of nutrition was noted.

National Youth Service Health Promotion Facilitators Training. This project was developed to train health promotion facilitators over a four month period. The primary goal of the program was to increase the number of certified youth health promoters trained to facilitate improved knowledge, practices, attitudes and behaviors among other adolescent. The Ministry of Health's component of the training covered 55 hours of curriculum in the following areas: nutrition, environmental health, vector control, violence prevention, drug abuse, HIV/AIDS/STI and parenting. A total of three hundred and ten (310) participants were trained in the capacity of Health Promotion Facilitators. Thirty-two (32) Health Promotion Facilitators were selected and placed in selected inner-city schools, as assistants to Health Educators, and with the HPP in the National HIV/STD Control Programme.

Summer Cheerleading Camp. The objective of this camp was to encourage physical activity among youth using cheerleading as motivation. Participants also were exposed to information on other health topics, such as HIV/AIDS, nutrition, self-esteem and leadership, violence prevention, and project planning. The camp enrolled 58 participants from twelve schools. The majority (77%) of campers were female, while the average age of participants was 15 years old. The graph below shows the results of the pre- and post-tests administered at the camp.

Graph 1: Summary of Indicators, Pre- and Post-Test



The Student Leadership Building Workshop. The objective of this two-day workshop, implemented by The Change From Within (CFW) Programme of the University of the West Indies, was to build leadership capacity among students from schools enrolled in the CFW Programme. Thirty-two (32) schools were represented and fifty-eight (58) students ages 10-19. These students were exposed to information on a range of issues including self-esteem, substance abuse, conflict resolution and violence prevention, reproductive health, nutrition, exercise, mental wellness and peer counseling. Students also identified their own strengths and weaknesses as leaders and established student leadership networks (friendship groups) among schools present at workshop.

Music Camp. This four-day music camp aimed to develop skills in creating and promoting adolescent healthy lifestyles by discovering music as an avenue to enhance their capacity to build life skills. Twelve (12) schools were involved in the camp representing the parishes of St. Elizabeth, Manchester, St. Thomas, St. Catherine, and Kingston and St. Andrew. Participants received training on nutrition and violence prevention. Storytelling was used as means to promote healthy lifestyles and students learned skits, songs and drama incorporating nutrition and violence prevention messages.

Violence Prevention Community Alliance Training. Two high school graduates were selected from the community to participate in a part-time one year certificate course in Social Work at the University of the West Indies of Continuing Studies in Montego Bay, St. James. Following their

training, they will use their skills to assist with the programmes carried out by the Flanker's Peace and Justice Centre and to manage cases at the community level.

National Council on Drug Abuse-Squeaky Sequel. The NCDA developed PSAs to address substance abuse targeted toward youth with low levels of literacy. A prior review of the communication landscape indicated that there were no interventions designed to deal with this very vulnerable group of youth. This project was aimed at reducing drug abuse among vulnerable youth especially those with low education and literacy. NCDA currently is seeking funding to air the PSAs that were developed with youth participation.

Supported the Peace Management Initiative through its summer camps for corner gangs and other young people in garrison communities. The summer activities implemented under this programme included a netball competition, healthy lifestyle workshops for team members, residential retreats for at-risk males and females and income generating projects. The activities spanned fifty communities of Kingston and St. Andrew. Participants from all the activities were encouraged to become major stakeholders in the health and safety of their communities and were equipped with leadership skills. Five projects were established and strengthened under the income generating projects that included chicken farms and poultry houses, pig pens and block making equipment and facilities.

Supported a Flankers Peace Centre training workshop on parenting that led to a series of home visitation programmes. The Flanker community consists of approximately 10,000 persons; 60% of whom are estimated to be young persons under the age of 30 years. The community identified five priority areas for intervention critical to its transformation including unemployment, poor parenting, teen pregnancy, low self-esteem and lack of education. The Ministry of Health was requested to assist in developing and implementing a programme to deal with the challenge of poor parenting. The objectives of the programme included: to create resiliency in adolescents and reduce risk behaviors through parent training and to equip parents with core skills to promote caring relationships, social bonding and psychosocial life skills.

The programme identified and selected eight qualified persons to be trained as parent educators. A curriculum was developed and a 5 days workshop held on "Building on the Strengths of Adolescents through Positive Parenting". The trained parent educators each selected 8 families to attend regular weekly meetings with a social worker and half-day workshops leading to scheduled home visits. The families also participated in a parenting workshop the objective of which was to create an institutionalized process for improving parenting skills in the community.

5. PROJECT ADMINISTRATION

5.1. Project and Financial Management

JAHLP has experienced two changes in its management team during the first seven months. The Program Manager resigned in May and departed from his duty post shortly thereafter. A new Program Manager has been recruited and will be posted in early November. Following the departure of the Chief of Party in August, the Project has been recruiting a new Chief of Party. The position is expected to be filled by the end of November or early December. In the interim period, URC's Corporate Monitor and Vice President has served as Acting Chief of Party and URC's Senior Program Officer has filled the role of Acting Program Manager.

The first Intersectoral Advisory Group meeting was held in July. Presentations were made by the USAID Mission Direct, the MOH Director of Health Promotion and Protection, and by the JAHLP CTO and COP. The composition and terms of reference for the group were discussed.

A Project Naming Contest was launched in September to secure youth involvement in the Project. The Project has partnered with Cable and Wireless Jamaica with the provision of an outlet for the texting of responses, the Gleaner's Youth Link magazine and Cable Companies inclusive of RE TV in advertising the competition. The competition will close on November 4.

5.2. Staffing

5.2.1. Technical Team

As of September 30, the majority of the Project's technical positions had been filled. The technical team currently is comprised of a Violence Prevention Specialist, a Policy Specialist, a Monitoring and Evaluation Specialist/MOH Liaison, an NGO Capacity Building and Community Mobilization Specialist, and three Regional Coordinators for the Northeast, Southern, and Western Regions. A fourth Regional Coordinator for the Southeast Region and an Adolescent Services Specialist have been identified and are due on board part-time in October. They will begin full-time positions in January and December, respectively. The project continues recruitment for a technical specialist, for BCC.

A staff retreat was held in July. In September, an orientation session involving all technical staff was held for the four Regional Coordinators.

5.2.2. Administrative Team

As noted in the Quarterly Performance Report for February 28 to June 30, the administrative team was put into place in the early stages of start-up. A second driver was hired in August to provide additional support for Project-related transportation.

5.3. Procurement

Much of the equipment inherited from the previous adolescent health project was outdated and required replacement. USAID approved a disposition request to transfer the outdated equipment to the MH. Procurement of new computers and other additional office equipment and furnishings has been completed. A newer photocopier was transferred from another USAID project that ended recently. In addition to the two existing project cars, a third vehicle has been ordered.

5.4. Home Office Support and Consultant Management

Home office support from URC has been significant during this period, particularly in the absence of a Chief of Party and Program Manager and difficulty recruiting for a BCC specialist. Dr. Tisna Veldhuyzen van Zanten has made multiple trips to Kingston to support the overall planning and implementation of the technical strategy, to connect with stakeholders, liaise with USAID, and provide oversight to the Project. Ms. Tonja Cullen also has made several trips to Kingston to provide administrative and financial support and to work on the behavior change communications component of the project. Subcontractor representatives Dr. Anne Martin-Staple, President of HSI, one of JAHLP's subcontractors, also has visited Kingston a number of times to provide support for the policy and M&E components of the project. Representatives from Advocates for Youth and Population Media Center each traveled to Kingston one time during the first quarter.

Ms. Lily de Leon, a URC Project Administrator, assisted with project start-up and returned to Kingston in August to provide administrative support.

Short-term technical assistance has been provided by URC senior staff person Dr. Paul Richardson for clinical and non-clinical services; by Dr. Thomas Cook for monitoring and evaluation; and by Ms. Althea Bailey to support the development of the BCC Strategy. Additionally, Ms. Ava Gail Gardiner contributed to the IR1.3 components of the Life of Project Plan and the FY2005 workplan; Ms. Pansy Hamilton completed a background paper on policy; and Ms. Carol Williams was engaged as a consultant to develop a background paper on BCC.

6. BUDGET AND EXPENDITURES
