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JA-STYLE FY2006 ANNUAL PERFORMANCE REPORT



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JA-STYLE FY2006 ANNUAL REPORT

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JA-STYLE, or Jamaica's Solution to Youth Lifestyle and Empowerment, is a technical assistance programme to support the Government of Jamaica's Ministry of Health. JA-STYLE is managed by University Research Co., LLC (URC) in collaboration with Advocates for Youth, Health Strategies International, LLC (HSI) and Population Media Center. The programme is funded by the United States Agency for International Development (USAID), under contract No. 532-C-00-05-00029-00.

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ACRONYMS

AFY	Advocates for Youth
AIDS	Acquired Immune Deficiency Syndrome
AOC	Association of Clubs
ARH	Adolescent Reproductive Health
BCC	Behaviour Change and Communication
CBO	Community Based Organisation
CCAM	Caribbean Coastal Area Management Foundation
CDC	Community Development Committees
CPE	Community Peer Educator
CURE	Church Urban Renewal Enterprise
DJ	Disc Jockey
FBO	Faith Based Organisation
FHI	Family Health International
FO	Field Officers
FY	Fiscal Year
GSAT	Grade Six Achievement Test
HEART	Human Employment and Resource Training
HIV	Human Immune Deficiency Virus
HPP	Health Promotion and Protection
HSI	Health Strategies International
ILO	International Labour Organisation
IPR	Interpersonal Relations
IR	Intermediate Result
IYLC	International Youth Leaders Council
JA-STYLE	Jamaica's Solution to Youth Lifestyle and Empowerment
JIS	Jamaica Information Service
TV	Television
LLC	Limited Liability Company
M&E	Monitoring and Evaluation

MOEY	Ministry of Education and Youth
MOH	Ministry of Health
NCDA	National Council on Drug Abuse
NCTVET	National Council on Technical Vocational Education and Training
NCYD	National Centre for Youth Development
NFPB	National Family Planning Board
NGO	Non-Governmental Organisation
NYC	National Youth Council
OAT	Organisational Assessment Tool
OCA	Office of the Child Advocate
PARADOF	Paraplegic Development and Outreach Foundation
PCV	Peace Corps Volunteer
PEAS	Policy Environment Assessment Score
PEAT	Policy Environment Assessment Tool
PIOJ	Planning Institute of Jamaica
PMC	Population Media Center
PMI	Peace Management Initiative
PMIS	Project Management Information System
PMP	Performance Management Plan
PSAs	Public Service Announcements
PSCC	Petersfield Sports and Community Club
QTR	Quarter
RETV	Reggae Television
RFA	Request for Applications
SDC	Social Development Commission
SERHA	Southeast Regional Health Authority
STI	Sexually Transmitted Infection
TOT	Training of Trainers
UNGASS	United Nations General Assembly Special Session
UNICEF	United National Children Fund

URC	University Research Co., LLC
US	United States
USAID	United States Agency for International Development
UWI	University of the West Indies
VCT	Voluntary Counselling and Testing
VPA	Violence Prevention Alliance
YAB	Youth Advisory Board
YAM	Youth Advocacy Movement
YIC	Youth Information Centre

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I. INTRODUCTION

JA-STYLE, or Jamaica's Solution to Youth Lifestyle and Empowerment, was awarded on February 28, 2005. The project contributes to USAID Strategic Objective No. 11: Improve health status among youth and most vulnerable groups and supports the Government of Jamaica in implementing the Healthy Lifestyle Policy and works closely with the Ministry of Health (MOH), Ministry of Education and Youth (MOEY) and other partners involved in the promotion of healthy lifestyles for young people. The prime contractor for JA-STYLE is University Research Co., LLC (URC). As subcontractors, Advocates for Youth (AFY) provides support on non-governmental organisation (NGO) strengthening and community mobilisation; Health Strategies International, LLC (HSI), supports JA-STYLE's work in policy and advocacy, and monitoring and evaluation; and Population Media Center (PMC) contributes to JA-STYLE's behaviour change communications component.

This annual report covers the fiscal year 2006 corresponding to the period October 1, 2005 to September 30, 2006.

The highlights of this year's activities include:

- Two "Prime Time Awards" presented by USAID to JA-STYLE for outstanding efforts in promoting USAID's visibility and key messages in Jamaica and the Caribbean.
- Interpersonal relations (IPR) curriculum developed and launched, with full participation of the Ministry of Health at central and regional levels.
- Assessment of potential youth-friendly sites in the Northeast Region conducted.
- Policy Environment Assessment Score (PEAS) determined and disseminated to stakeholders in youth policy. Abstract accepted for presentation of the PEAS process and results at the Caribbean and Child Research Conference to be held in Kingston in October 2006.
- Technical assistance provided to support the National HIV/AIDS Management in Schools Policy awareness campaign and the successful staging of the Debating Competition among secondary schools.
- Partnership finalised with National Family Planning Board (NFPB) to provide joint training programmes for community health aides and service providers. Four hundred thirty-five public health nurses, community health aides, and service providers covering five parishes were trained in understanding the provisions and content of the access to contraceptive for minors policy.
- Presented policy advice and support to Office of the Child Advocate on institutional and protocol operations in dealing with children and adolescents at risk based on the provisions of the Child Care and Protection Act.
- Partnership finalised with National Centre for Youth Development aimed toward establishing integrated systems for developing and disseminating youth-friendly versions of the National Youth Policy.
- Advocacy Strategy, youth advocacy toolkit and training manual completed and pre-tested with youth trainers. Conducted youth advocacy and networking training of trainers workshop with 42 youth from seven parishes.
- Sponsored two national youth advocates to represent Jamaica at the United Nations Summit on HIV/AIDS in New York in May 2006. Paper presented on the Feminisation of HIV/AIDS.
- Presented youth policy advice to Planning Institute of Jamaica on School to Work Transition study and policy implications for adolescents and youth.

- *Outta Road*, a radio serial drama produced by JA-STYLE, aired nationally.
- Youth Advisory Board established, launched and operational.
- Print materials on reproductive health and HIV/AIDS adapted and disseminated among government agencies, NGOs, FBOs and CBOs.
- Developed video skits and job aids to complement IPR Learning Programme.
- Commissioned ASHE to produce DVD of violence prevention performance piece, *Curfew*.
- Awarded 17 grant agreements to organisations from the parishes of St. Ann, St. James, Clarendon, St. Mary, Manchester, Westmoreland and St. Catherine.
- Developed a Youth Development Organisation strategy and awarded grants to three such organisations; Girl's Brigade, Jamaica 4-H Clubs and the National Youth Council of Jamaica.
- Developed the Organisation Assessment Tool and administered the tool to all seventeen grantees. Implementation of capacity building activities for grantees based on the OAT results.
- Developed a parenting curriculum with support of Family Health International.
- Partnership established with the Social Development Commission in collaboration with National HIV/STI Control Programme to implement a sensitisation and in-depth training of field officers and the implementation of specific interventions within the parishes of Kingston and St. Andrew, St. Ann and St. James.
- Commenced violence prevention activities in Flanker, Brown's Town, and Rose Town. Proposal for Duhaney Park submitted and under review.
- PMIS logic framework document completed and distributed. PMIS database developed and implemented.
- Baseline data and targets established for sub IRs 1.1.1; 1.2.1, 1.2.2, 1.3.1, 1.4.1, and 1.4.2.
- Reporting formats and instructions (M&E toolkit) for the grantees and activities receiving direct support were developed and implemented. Grantees and organisations receiving direct support trained in M&E reporting formats.
- Data collection tools and instructions (data collection toolkit) for all the sub IRs developed and distributed to all Technical Specialists and Regional Coordinators for IRs 1.2, 1.4 as well as other output data for cross cutting (i.e. violence prevention)

The following report describes these and other activities in detail (see also Appendix G – Summary Table and Map of Project Activities for FY06).

2. PERFORMANCE REVIEW AND ANALYSIS

This section begins by describing the cross-cutting activities implemented this year, then goes on to present major activities by Intermediate Results.

2.1 Cross Cutting Activities

Integration with MOH and other Government Institutions. JA-STYLE worked closely with several units of the Ministry of Health (MOH). These are the Division of Health Promotion and Protection, the National HIV/STI Control Programme, as well as the Family Health Service Unit. A number of activities were jointly programmed, implemented and funded. Of particular note was the training of SDC officers, which was co-funded with the National HIV/AIDS Control Programme. Forty-five field officers from three parishes were offered a one-day awareness workshop, which focused on sexual and reproductive health, HIV/AIDS, substance abuse, and violence prevention. Based upon the very positive response, a follow-on four-day training was organised and implemented. This partnership includes the National HIV/STI Control Programme, the National Council on Drug Abuse, Dispute Resolution Foundation, and JA-STYLE. Violence Prevention activities were implemented in close collaboration with the Chronic Disease and Injury Prevention Unit of the MOH, the Violence Prevention Alliance, the Office of the Prime Minister, and the National Council on Drug Abuse.

Youth involvement initiated through project naming and logo development contests. The project naming contest was concluded in November 2005 with the selection of JA-STYLE, which stands for Jamaica's Solution to Youth Lifestyle and Empowerment, and was approved by USAID. Approximately 120 submissions were received in response to the call for name ideas. A selection committee of four youth from throughout the island was convened in Kingston to select the winning name from a shortlist of submissions. Jason Diggs Whyte, 16, from Clarendon submitted the winning name and was awarded a cell phone. Sponsors for the contest included: Cable and Wireless, the Jamaican Gleaner, and Reggae Television (RETV). On February 8, 2006, JA-STYLE hosted a press briefing at the Ministry of Health to present the results of the naming competition. The briefing included musical and dramatic performances by youth; remarks from John Junior, Minister of Health, and Ms. Karen Turner, USAID Mission Director, as well as the awards to Mr. Diggs Whyte and other youth for their contributions in the naming competition and the project identity. Area Youth Foundation, RISE Life Management, Children and Communities for Change, and ASHE Performing Arts Foundation presented performances on reproductive health, HIV/AIDS, substance abuse, and violence prevention, respectively. Children First presented positive messages for youth in the form of a dramatised peaceful demonstration. Public service announcements, funded by USAID through JA-STYLE and developed by the National Council on Drug Abuse, were also unveiled. The PSAs highlight the plight that young people face with regard to substance abuse. Local media representatives attended the event, including JIS TV and JIS Editorial, The Observer, The Gleaner, and Jamaica News Network.

Students from Edna Manly Design School and Holy Trinity High School were invited to submit logo designs to compliment the new project name. Three designs were presented to youth in the regions and they unanimously selected one particular design. Following submission for approval, USAID notified JA-STYLE that, due to new branding guidance, a separate logo for the project would not be approved.

USAID Prime Time Award. During this year, USAID presented two “Prime Time Awards” to JA-STYLE for outstanding efforts in promoting USAID’s visibility and key messages in Jamaica and the Caribbean. As a result of the press briefing in February, JA-STYLE generated the most publicity for USAID during the month. There were several newspaper articles highlighting the press briefing event, USAID, and the JA-STYLE project. The USAID Mission Director appeared on local television and radio shows to answer questions about USAID and JA-STYLE’s objectives. JA-STYLE again generated the most publicity for USAID during the month of May. There were several newspaper articles highlighting USAID, JA-STYLE, the “National Policy for the Management of HIV/AIDS in School’s Debating Competition” (see details under IR 1.2) and the formation and selection of members for the Youth Advisory Board (see details under IR 1.3).

Flanker activities launched in July 2006. USAID, JA-STYLE and The Flanker Peace and Justice Centre jointly hosted the official launch of the Flanker activities which demonstrated that the ownership of this initiative ultimately is a collaborative one. JA-STYLE is working through the Flanker Peace and Justice Centre to implement a violence prevention program in the community of Flanker. Activities under the violence prevention program has focused on areas such as parenting workshops with specific emphasis on adolescent parents; after school activities for youth to include a homework programs and summer activities; and performing arts and sporting activities for unattached youth inclusive of drama, dance, a community marching band and netball, football, basketball. Keynote Speaker for the occasion Dr. Jennifer Stuart-Dixon discussed the strong need for efforts to build resiliency among youth, and commended USAID for supporting such an innovative, comprehensive approach to finding solutions to the challenges that Flanker’s youth face. Deputy Mission Director of USAID, Jim Harmon, noted that “young people are one of the most significant assets to Jamaica’s development, and it is imperative to develop interventions to help them become resilient.” To complete the event, each agency representative was paired with a community youth and placed a large and small hand respectively on the Youth Partnership Commitment Circle to symbolise the commitment being made by the partners. USAID, SDC, NCDA, PNP Caretaker, Sandals Montego Bay, Chamber of Commerce, Coral Gardens Police Station, Flanker Faith Baptist Church made commitment statements as they placed the hands in the circle.

Jim Harmon Deputy Director of USAID/Jamaica stated, “USAID hereby makes a commitment to help improve the conditions in the lives of youth-club members, leaders, youth mediators and peace-makers” as he placed a hand in the Youth Partnership Commitment Circle.



Youth partnership commitment circle completed at Flanker launch

The launch event generated extensive media coverage not only for the Flanker community activities but also for USAID and JA-STYLE. Eighteen different spots were carried by every media house in Jamaica both print and electronic. The impact of this on the community of Flanker has been significant and has resulted in additional private sector interest and support for the community. More so it has achieved the desired effect of helping to shift the consciousness about the Flanker from being a “bad” community to being a community in which good things are happening.

Safer Sex Week. As part of Safer Sex Week activities, JA-STYLE staffed a booth at Devon House on February 17, 2006 to disseminate healthy lifestyle information and the JA-STYLE fact sheet. JA-STYLE staff who managed the booth interacted with parents, youth, and school children, about JA-STYLE and potential assistance in their communities. Approximately 1200 people attended the event, with 326 persons receiving HIV testing. JA-STYLE funded the production of Safer Sex Week tee-shirts, which carried a message encouraging early testing for HIV.

Collaboration with US Peace Corps/Jamaica. JA-STYLE held several discussions with the US Peace Corps/Jamaica to foster collaboration on our mutual objectives in Jamaica. Peace Corps visited the Regional Coordinators in the Southern, Northeast, and Western regions and specific job descriptions for volunteers were defined for volunteers to be assigned to JA-STYLE. In June, the Regional Coordinators attended the Peace Corps training held for agencies preparing to receive PCVs placement. This training provided an overview of Peace Corps, prepared supervisors for site visit week, and presented best practices in supervision and management of PCVs. Three PCVs were assigned to JA-STYLE in August 2006: Jodie Unger - Northeast region; Catherine Fairhead - Western region; and Camille Constan-Toth - Southern region.

Intersectoral Advisory Group Meetings. USAID hosted two Intersectoral Advisory Group meetings this year on November 21, 2005 and September 21, 2006. JA-STYLE's strategic framework, accomplishments to date, and next steps planned for the upcoming year were presented. The group discussed the strategic focus and priorities of the project, and creating alliances and strengthening linkages among partners.

2.2 Sub-Intermediate Result 1.1: Expanded Access to Youth-Friendly Services in Clinical and Non-Clinical Settings

Key Accomplishments

- Interpersonal relations curriculum developed and launched, with full participation of the Ministry of Health at central and regional levels.
- Rapid facility assessment focusing on counselling conducted.
- Assessment of potential youth-friendly sites in the Northeast Region conducted
- Collaboration with the Northeast Region’s Child and Adolescent Mental Health Officers
- Survey completed for sub IR 1.1.1 and the baseline and targets established.

2.2.1 Progress Achieved

Interpersonal relations curriculum developed and launched, with full participation of the Ministry of Health at central and regional levels. The Interpersonal Relations (IPR) curriculum was successfully launched on September 21, 2006 at the Maxfield Park Health Centre in Kingston in the presence of Jim Harmon, Deputy Mission Director, USAID, Barbara Turner, President of URC, and scores of stakeholders. All four regional health authorities were presented with baskets containing the curriculum, facilitator’s manual, job-aides, video clips, and other resource materials. After months of consultation, the experts though divided in their approach to improving adolescents’ access and use of the traditional and non-traditional health services were satisfied that the curriculum, based on quality experiential learning was sufficiently “people-friendly” and focused on adolescents.

Dr. Sheila Campbell-Forrester, Acting Chief Medical Officer in her guest speech at the IPR launch stated “we pledge to make this manual come alive. It is an invaluable resource to build skills and competencies in interpersonal relationships and prepare us through certification for the Caribbean Single Market.” (See Appendix A for entire speech.)



Dr. Shelia Campbell-Forrester, Mr. Jim Harmon and Ms. Barbara Turner at the IPR Launch

After reviewing the lessons learned from previous adolescent reproductive health projects and consulting with key experts in the reproductive health field it was determined that the negative attitudes and behaviours of health providers as well as poor interpersonal relations and communication were related to adolescents' low use of health facilities. The reports from these key experts and reports were validated by formative research conducted in Jamaica with adolescents. As a result of the evidence, JA-STYLE decided to develop the Interpersonal Learning Programme accompanied by three video clips and other job aids. The learning programme was guided by findings from similar interventions in countries such as Trinidad and Cambodia, formative research in Jamaica, the suggestions of key experts such as Dr. Karen Lewis-Bell, Director for Family Health, and lessons learned from existing customer service programs. Behaviour Change Communication strategies were used throughout the process in order to strengthen the content of the curriculum. Young persons from a cross section of the Jamaican society participated in the process. The content of the curriculum was pilot tested in the four health regions of Jamaica with a diverse group of health care providers and staff. At the completion of the curriculum, over 85 health care providers and staff contributed to the curriculum by selecting the critical and important topics to be included. JA-STYLE used this collaborative approach because of the foreseen challenges with behaviour change, ownership and sustainability of the programme in public health facilities. The contributors listed in the manual may also be contacted as resource persons.

One thousand three hundred twenty Learning Manuals and 120 Facilitator's manuals have been delivered to the regions. Regional Training Managers will use the opportunities presented by regular meetings of staff of varying categories to promote and roll out the learning programme. Early next year, and following through on meetings already held with HEART-NCTVET, JA-STYLE plans to have that institution validate the manuals and provide certification for various levels the staff in the health centres.

The following table summarises the information gathered through the PMIS. See Appendix E – PMIS Generated Reports for Non-PMP Indicators.

No.	Non PMP Indicators	Total for FY06
IR 1.1: Expand Access to YFS in Clinical and Non Clinical Settings to Promote Healthy Lifestyles and Improve Appropriate Sexual Behaviour		
1.	The number of IPR manuals disseminated (an additional 50 were distributed to stakeholders in the MOH and other interested organisations)	1320
2.	Number of individuals trained in IPR	78

Rapid facility assessment focusing on counselling conducted. A rapid assessment of public and private (those run by NGOs, FBOs, and CBOs) health care facilities serving adolescents was conducted in July. The assessment focused on health facility reviews, provider/client interaction observations, adolescent client interview and staff interviews.

Assessments were conducted at the following facilities:

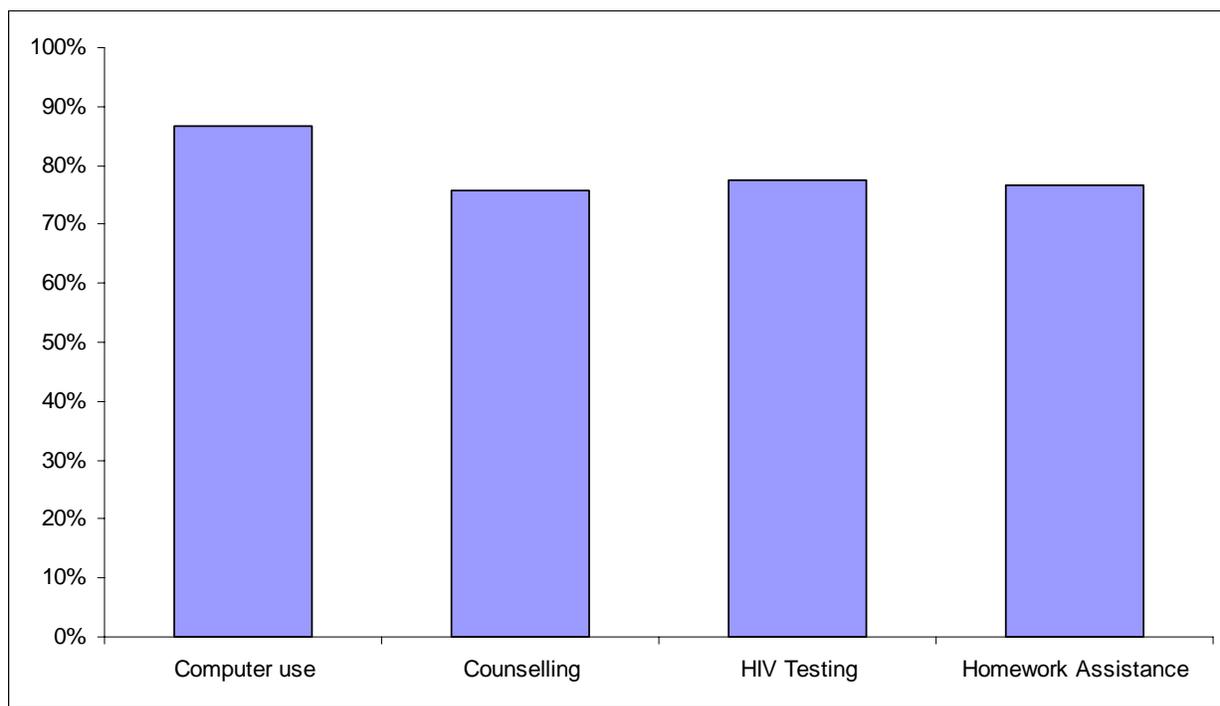
- Government: Balaclava Health Centre, St. Elizabeth; St. Jago Health Centre, St. Catherine; the Comprehensive Health Centre, Kingston and Pharmacies attached to the clinics.
- Non-Governmental: FAMPLAN, St. Ann; CURE, Rose Town, Kingston, Mary Issa Clinic run by Hope Worldwide, Kingston.

Findings from the assessment indicated that most providers recognised the need for enhanced counselling for adolescents, but noted that providers are faced with many challenges in providing better counselling for youth. Challenges included the lack of appropriate skills and training, insufficient time available to devote to counselling young people, and provider bias regarding issues related to adolescent sexuality.

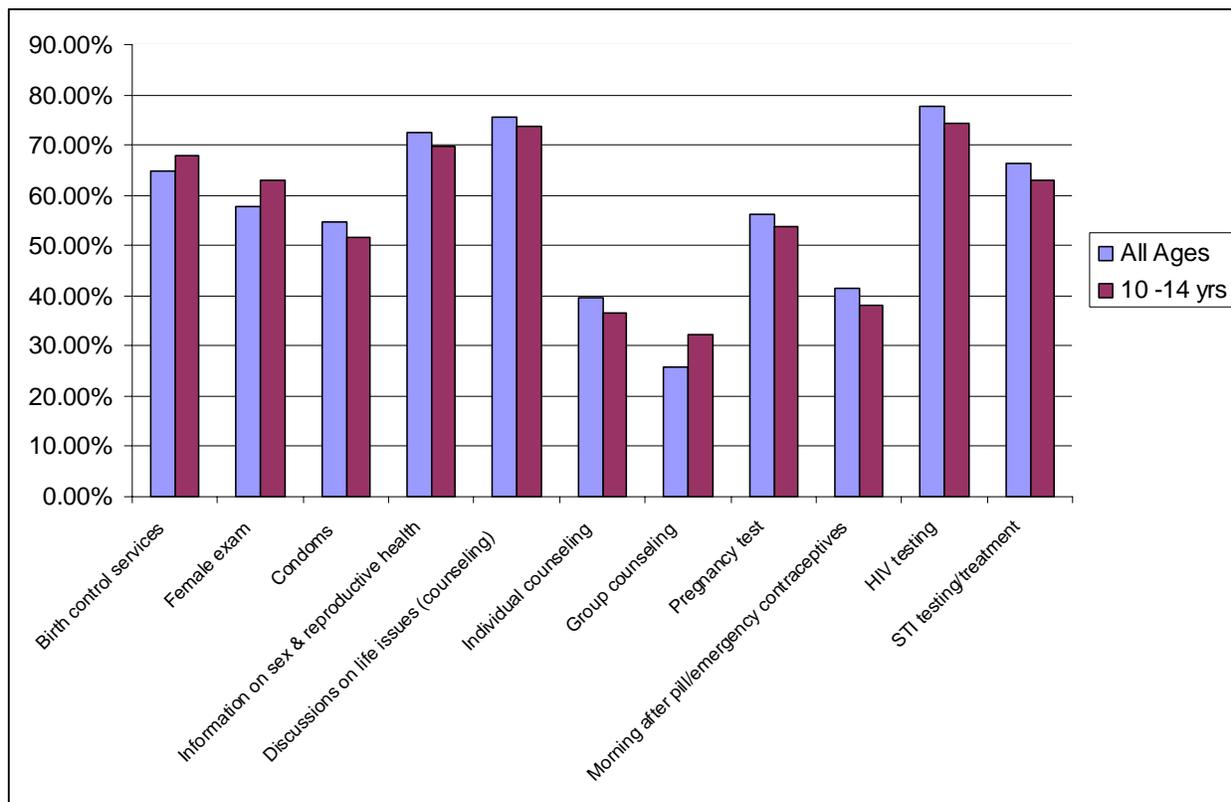
In addition to these findings, specific recommendations were made to improve counselling. These include developing appropriate counselling materials that would appeal to adolescents, improving record keeping ensuring client confidentiality and continuity of care, and empowering adolescent patients to participate in their own treatment and care. Health care providers and staff should show increased sensitivity to the needs of adolescents.

As a follow-on to this assessment, discussions are being planned with the Ministry of Health to decide on the most sustainable way to expose health care workers to counselling skills. Several models are being considered including using the instructional design method so successfully used in the development of the Interpersonal Relations curriculum to develop a similar curriculum for providers on counselling; developing a series of job aids and informational materials for both providers and young people either to accompany a curriculum or as stand-alone. The present thinking is that JA-STYLE would engage a consultant to prepare a counselling curriculum less detailed than the IPR curriculum but with appropriate reference and resource materials for use in targeted clinics and communities, such as violence prone communities and in locations where grantees exists. Decisions on the scope of this activity will be made in the next year.

Assessment of potential youth-friendly sites in the Northeast Region conducted. Jamaica's Northeast Region has undertaken the task to develop two major adolescent health facilities. Both clinics are NGO-based; one (FAMPLAN) is a clinic-based facility with a non-clinical, community component, while the other (Claudia Williams Life Centre) is a non-clinical facility also with a community component. The Regional Technical Director, Dr. Michele Roofe, who serves as the chief medical officer for the region is familiar with the work being done in South Africa through the National Adolescent friendly Clinic Initiative and the LoveLife programme and would like to emulate these programmes in the region, albeit within the context of scarce financial and human resources. A survey conducted in August among 210 adolescents attending public clinics for back to school physicals in the St. Ann's Bay area confirmed the need for such a centre. Ninety-three percent of the adolescents surveyed said that they would use the centre with the majority showing interest in counselling (75.7%), HIV testing (77.6%), homework assistance (76.7%) and computer use (86.7%). From evidence with the established YICs computer availability attracts youth to the centres. Consideration should be given that any adolescent friendly sites should have computer/internet access, see chart below.



10-14 year old respondents when compared to all ages showed more interest in birth control services and female examinations, see chart below.



JA-STYLE project engaged an international consultant to assist the project and multi-agency teams in the North East to develop sustainable adolescent health facilities. The consultant reviewed the proposals and reports of meetings held to date in the Northeast Region, met with the organisations involved to assess services currently being offered, and determine challenges and potential ways to address those challenges. Standards developed by Youth.Now were the benchmarks used by the consultant to maintain consistency and to formalise efforts. The overall framework for assistance to develop sustainable adolescent-friendly programmes developed reflects the integrated approach and conceptual framework of JA-STYLE, that is the facilities' services will be closely integrated with community-based activities aimed at strengthening healthy lifestyles of youth and involving groups and people who interact with young people, such as schools, churches, and parents. A draft Institutionalisation Plan, Implementation Time Table and Youth.Now Standards & Criteria for Youth-Friendly Health Centres were completed.

Support for FAMPLAN at the Beth Jacobs Clinic will be predicated on clarification on whether application of the Mexico City Policy would prohibit JA-STYLE from providing assistance to FAMPLAN.

The Claudia Williams Life Centre in Port Antonio, Portland would occupy a historic building together with the Portland AIDS Committee. It is large enough to host youth events organised by the PAC, a Youth Information Centre (an initiative of the Ministry of Education and Youth), and a clinic. A technical team has been assembled using members of contributing organisations to oversee the development of this site, and they have designed a floor and décor plan for the building.

The task of identifying sources of funding from public and private sector entities is in progress and one of the recommendations from the draft report from the consultant is that we should involve all interested parties, very early in the planning, to ensure continued support and a sense of ownership.

JA-STYLE, recognising that adolescent-friendly clinics situated in the public sector are expensive to establish and difficult to sustain is now ready to support the Northeast Region in this community based, multi-agency, youth participatory approach. The Project will proceed cautiously with the establishment or strengthening of any other adolescent-friendly clinic in Jamaica and is recommending that other parishes/regions be guided by the framework developed for the Northeast Region.

Survey completed for sub IR 1.1.1 and the baseline and targets established. The survey to establish the baseline for sub IR 1.1.1 - percent of traditional and non-traditional organisations/facilities providing healthy lifestyle services was completed. Two hundred and six (206) health centres, NGOs/FBOs and pharmacies participated in the survey. The survey revealed that 56 out of the 206 facilities/organisations surveyed offered adolescent healthy lifestyle services. The baseline for sub IR 1.1.1 was 27%. The target for FY07 for the percent of traditional and non-traditional organisations/facilities providing health lifestyle services was set at 29% an increase of 2%.

Indicator Code	PMP Results Indicator	Baseline			Target	
		Year	Value	Source	FY06	FY07
IR 1.1: Expand Access to YFS in Clinical and Non-Clinical Settings to Promote Healthy Lifestyles and Improve Appropriate Sexual Behaviour						
IR 1.1.1	% of traditional and non-traditional facilities/organisations providing adolescent healthy lifestyle services	2006	27%	Rapid Assessment Survey		29%

Established collaboration with the Northeast Region’s Child and Adolescent Mental Health Officers. In recognition of the contribution of this group of health workers, JA-STYLE is developing a process to assist young clients, especially those with issues related to violence, sexual issues, and substance use, to access necessary treatment. JA-STYLE has also opened dialogue between health professionals and the National Council on Drug Abuse to assist in identifying appropriate treatment for adolescent substance abusers. The ways in which JA-STYLE can assist these adolescents in need of attention are still under discussion and will be dictated by budgetary constraints.

2.3 Sub-Intermediate Result 1.2: National Policy & Guidelines Implemented in Support of Healthy Lifestyles

Key Accomplishments

- Evidence-based Policy Environment Assessment Toolkit developed, pre-tested and implemented. Policy Environment Assessment Score of 46.2% determined through baseline research. The number of respondents increased and respondent response rate increase to 74%. Stakeholder review meeting conducted with partners in the youth policy sector. Abstract accepted for presentation of the PEAS process and results at the Caribbean and Child Research Conference to be held in Kingston in October 2006.
- Technical assistance provided to support the National HIV/AIDS Management in Schools Policy awareness campaign and the successful staging of the Debating Competition among secondary schools. Two hundred and fifty students participated in the Debating competition from 48 targeted secondary schools.
- Finalised partnership with National Family Planning Board (NFPB) to provide joint training programmes for community health aids and service providers. Four hundred thirty-five public health nurses, community health aids, and service providers covering five parishes were trained in understanding the provisions and content of the access to contraceptive for minors policy.
- Presented policy advice and support to Office of the Child Advocate on institutional and protocol operations in dealing with children and adolescents at risk based on the provisions of the Child Care and Protection Act. Policy advice and support has resulted in agreement to collaborate in a public education campaign of the Child Care and Protection Act 2004 among adolescents and youth.
- Presented youth policy advice to Planning Institute of Jamaica on School to Work Transition study and policy implications for adolescents and youth.
- Finalised partnership with National Centre for Youth Development aimed toward establishing integrated systems for developing and disseminating youth-friendly versions of the National Youth Policy.
- Baseline of five advocacy networks determined based on research. Three additional networks established and are to be institutionalised for sustainability.
- Advocacy Strategy, youth advocacy toolkit and training manual completed and pre-tested with youth trainers. Recommendations effectively incorporated in the production of advocacy toolkit. Advocacy toolkit designed and developed by young people. Conducted youth advocacy and networking training of trainers workshop with 42 youth from seven parishes. Produced advocacy campaign material for publication as part of training exercise.
- Two national youth advocates sponsored to represent Jamaica at the United Nations Summit on HIV/AIDS in New York In May 2006. Paper presented on the Feminisation of HIV/AIDS.
- Intersectoral collaboration and public-private partnerships established.

2.3.1 Progress Achieved

Policy Environment Assessment Toolkit developed, pre-tested, and implemented. The Policy Environment Assessment Survey is an evaluative tool, intended to measure changes in the policy environment using a set of items that are rated by respondents. It has been applied in several countries and to a variety of programmes. To better serve the needs of JA-STYLE and the Government of Jamaica with regard to youth policy, the Policy Environment Assessment Tool (PEAT) was modified to provide a baseline assessment of the youth policy environment targeting those related to reproductive health, STIs/HIV/AIDS, violence and substance abuse. This was done through a comprehensive review of the past Jamaican PES instruments and methods as well as those carried out in other countries. This PEAS was carried out to meet three objectives:

- Examine the current status of the youth policy environment (formal and operational) at all levels (central to parish) and stages (legislative to implementation) from the perspective of key stakeholders;
- Provide baseline information to apply in monitoring the effectiveness of adolescent/youth policy interventions including those carried out under Sub IR 1.2;
- Promote institutionalising a youth policy assessment within the Jamaica MOH and provide a toolkit for future assessments.

A key objective for this baseline survey was to increase the breadth of respondents to include experts, providers, and youth from national, regional and parish levels. The PEAS included 110 participants including 63 interviewees and 47 youth focus group respondents. A total of 106 program area responses were provided from the 63 questionnaire respondents out of 90 contacted (response rate = 70%). The following provides a breakdown of the survey expert and provider respondents.

Program	Sexual/RH	HIV/AIDS	Violence	Substance Abuse	TOTAL
Geographic level	National - 30	Region - 17	Parish – 16	NA	63
Respondent type	Elite expert- 26	Youth NA	Provider - 37	NA	63
Questionnaires completed	39	28	25	14	106

Almost half of the respondents were from the national policy level (47.6%). The other half (52%) were from the lower levels of policy with 27% from regional and 25% from parish levels. Unlike past surveys, health service providers provided significant input into the PEAS representing almost 60% of all PEAS interviews and self-administered questionnaire completion. Experts made up the remaining 40%. Youth respondents participating in focus group discussions were counted separately.

All respondents completed at least one program area questionnaire while others completed two or more programme areas culminating in a total of 106 completed questionnaires. The majority of respondents (62%) completed the adolescent sexual and reproductive health questionnaire. Fewer respondents completed the HIV/AIDS, violence, and substance abuse questionnaires (44%, 40%, and 22% respectively).

The total PEAS baseline youth policy environment score is 46.2% (this means that out of a possible 100% the respondents gave an overall score of 46.2%). Table 1 below shows the total 2006 PEAS baseline score for each of the policy output components.

Consistent with past Jamaican PEAS, political support was the highest ranked policy output component at 57.7 %. Examining the raw data also showed political support to be consistently rated the highest across programme areas with the exception of reproductive health. Not surprising, respondents rated the HIV/AIDS policy environment to have the highest political support.

Policy development is the second highest ranked category at 49.7% of the maximum, 8% less than political support. Implementation is ranked third at 47.9% of the maximum.

Table 1 2006 Adolescent PEAS Baseline Scores for policy output components

Policy Output Component	2006 Score
All Components	46.2 %
Political Support	57.7 %
Policy Development	49.7 %
Organisational Structure	42.2 %
Legislative and regulatory environment	41.6 %
Programme resources	41.9 %
Implementation	47.8 %
Evaluation and Research	42.5 %

Note: Values can range from 0-100.

Table 2 below shows the total 2006 PEAS baseline score for the four programme areas. The policy environment score for HIV/AIDS is the highest ranked programme area component at 52.8% followed by sexual and RH, ranked at 47.4%. The variable scores across programme areas were consistent with respondent comments about the need for improved violence and substance abuse policies and programmes. The score for HIV/AIDS, for example, is 12% higher than for violence, 53% compared to 41%.

Table 2 2006 Adolescent PEAS Baseline Scores for Programme Areas

Programme Areas	2006 Score
All Areas	46.2 %
Sexual and RH	47.4 %
HIV/AIDS	52.8 %
Violence	41.1 %
Substance Abuse	43.6 %

Following the research work a stakeholder meeting was held on July 18, 2006. Approximately thirty partners and stakeholders were involved in the process. The presentation of findings was well received and suggestions were made to improve additional policy research.

The main recommendations made were:

1. The institutionalisation of an inter-sectoral committee to coordinate policy implication. Support an integrated approach to raise the other programme levels (violence etc.) to that of HIV/AIDS.
2. Engage youth in youth policy planning and implementation at all levels but especially at the national level. Improve youth awareness and access to national policies and guidelines.
3. Promote an integrated approach across programmes to raise level of approval to HIV/AIDS.

4. Examine policy framework of access to condoms in school and youth centres.
5. Promote action through evidence-based research concerning guidance counselling in schools.
6. Promote effective strategies to improve involvement and responsibility of churches, parents, and communities.
7. Policy priority target areas should focus on increased youth information and education in schools and communities, improved parenting skills and responsibilities, and improving the socio-economic status and empowerment of youth.

Technical assistance provided to support the National HIV/AIDS Management in Schools Policy awareness campaign. JA-STYLE provided technical assistance in the design and implementation of the National HIV/AIDS Management in Schools Policy debate competition which was held from March 13 to April 30, 2006. The aim of the competition was to increase awareness of the key provisions in the National HIV/AIDS Management in Schools Policy among adolescents in secondary schools. The competition involved a cross-section of 48 secondary schools from rural and urban Jamaica; 257 students participated in the process. JA-STYLE's participation created the opportunity to present video cassettes, posters, and other IEC materials on HIV/AIDS as part of the awards package to participating schools. Margaret Sancho-Morris, Director, Office of General Development, USAID/Jamaica, presented the awards at the finals, which took place on April 26, 2006. The final debate competition was announced in the Gleaner and aired on CVM television station on May 10, 2006. (See Appendix E – PMIS Generated Reports for Non-PMP Indicators)

Partnership established between National Family Planning Board (NFPB) and JA-STYLE to provide training to community health aides and service providers regarding access to contraceptives for sexually active minors. The access to contraceptives for sexually active minors policy has been a sore point in the effective delivery of reproductive health service to adolescents because the policy was not clearly understood. The NFPB and JA-STYLE collaborated to sensitise health professionals about the specifics of the policy. A formal partnership agreement was established between the National Family Planning Board (NFPB) and JA-STYLE to provide training to community health aides and service providers regarding access to contraceptives for sexually active minors. This partnership accomplished the following results:

- Fourteen workshops were held this year in the parishes of St. Ann, St. Thomas, St. James, Hanover, Westmoreland, Trelawny, Clarendon, St. Elizabeth, and Manchester.
- One hundred and eleven service providers participated in the workshops.
- Three hundred and twenty four community health aides were trained in the correct interpretation of the policy.
- Over 75% of public community health centers were involved in the training sessions.
- A total of 314 policy documents have been disseminated throughout the island. Before this intervention many of the service providers and health professional had only heard of the policy document but had never seen or read it.

By the end of this intervention in December 2006, the NFPB and the Ministry of Health are confident that the misunderstanding and misinterpretations associated with this policy will have been reduced if not eradicated. Post test analysis will reveal the true extent of the intervention in the coming months.

Presented policy advice and support to Office of the Child Advocate on institutional and protocol operations in dealing with children and adolescents at risk based on the provisions of the Child Care and Protection Act. Policy advice and support has resulted in agreement to collaborate in a public education campaign of the Child Care and Protection Act 2004 among adolescents and youth. JA-STYLE supported the establishment of the Office of the Child Advocate (OCA) as a direct fulfillment of Part I, Sub-section IV of the Child Care and Protection Act, which speaks to representation of children by the Child Advocate. Under the Child Care and Protection Act, the OCA shall be established “for the purpose of protecting and enforcing the rights of children”. The implementation of this section of the Act was a major triumph for youth advocacy in Jamaica.

JA-STYLE continues to support the institutionalisation of the office through strategic planning advice. This technical support has resulted in a framework for action and organisational design that will serve to empower the newly instituted office. As a result of the technical support a three year strategic plan and an operational plan was produced.

Partnership established with the National Centre for Youth Development regarding the dissemination of the National Youth Policy and the development of youth-friendly versions of the policy. Consultations were held with the National Centre for Youth Development and a decision was reached to formally partner with the Centre to disseminate the National Youth Policy and the development of youth-friendly versions of the policy. The National Youth Policy (2004) outlines the Government’s overall vision, goals and objectives for the development of the nation’s youth. Disseminating the policy among the main beneficiaries will provide a foundation for advocacy; provide an understanding of the service providers and their roles and responsibilities to youth; and articulate the rights and responsibilities of youth.

Presented youth policy advice to Planning Institute of Jamaica on School to Work Transition study and policy implications for adolescents and youth. JA-STYLE participated as a member of the technical steering committee that guided the development of the School-to-Work Transition Study. This study focused on the factors that account for the large size of unattached and at risk youth in the population. The unattached youth population negatively impacts the reproductive health indicators and reducing the unattached out of school, out of job population of youth is a priority of government. The study presented policy recommendations that will reduce the risk factors that impact on adolescent behaviour. The School-to-Work Transition Survey was commissioned by the International Labour Organisation (ILO) in collaboration with the Planning Institute of Jamaica (PIOJ). It was designed to collect and analyse information on the various challenges, attitudes, and situations that impact on youth in Jamaica while they make the transition from school to work. The Survey findings are intended to guide the designing of new policies and programmes, increasing the effectiveness of existing programmes and improving holistic youth development. This study will form the principal information resource that will guide the youth advocate network focusing on education, and it’s relationship to youth healthy lifestyle.

The partnerships established through the intervention of the project will be incorporated into a policy coordination committee to be established in the new fiscal year. The establishment of a coordinating body should some sustainability to the existing relationships.

The number of policy activities supported by JA-STYLE this year:

Name of Policy	Activity
National Youth Policy	
Under Focal Area: Youth Participation and Empowerment	The development of a culture that allows the full participation of youth in the social, spiritual economic and political processes of the society. Support provided through the provision of feedback and recommendations for establishing youth role models.

Name of Policy	Activity
Under Focal Area: Living Environment	The development of a supportive community that provides youth with an environment conducive to their positive development and wellbeing. Support provided through written recommendations of the professionalisation of youth work sector.
Under Focal Area: Education and Training	Facilitating the strengthening of an environment that allows youth (16-19) to acquire the skills to enable them to be prepared for livelihood and self development while staying away for unhealthy lifestyles. Support provided through written policy recommendations to Research paper on “School to Work Transition for Youth”.
Guidelines for the Access to Contraceptives for Sexually Active Minors Policy	
Dissemination of Policy	<p>Training of community health aides and public health nurses to encourage a better understanding of the Policy guideline for service providers.</p> <p>Support provided through participation in a panel discussion with public health nurses in Portland and dissemination of the Access to Contraceptives for Minors Policy Document.</p>
National HIV/AIDS Policy	<p>Technical Support to the Education Subcommittee – to create a project proposal targeting parents with for training in HIV/AIDS.</p> <p>Supported youth participation at the United Nations General Assembly Special Session (UNGASS) AIDS 2006 Review meeting.</p> <p>Technical and financial support for the schools debating competition. (See above)</p>
Child Care and Protection Act (Orphan and Vulnerable Children)	Reviewed report on the status of children with HIV and offered policy recommendations. Recommendations included the creation of operational plans for stakeholders and service providers, and to sharpen and focus general objectives into measurable outcomes.

Baseline of five advocacy networks determined based on research. Three additional networks established and are to be institutionalised for sustainability. A key JA-STYLE objective was to develop advocacy training material, train, and empower youth leaders to advocate for healthy lifestyle, and establish youth advocacy networks within targeted geographic areas. In order to track developments in our advocacy work it was important to gather baseline data that would guide the implementation of our advocacy strategy. The baseline data served as an important step in the design of the longer term advocacy strategy. The Youth Advocacy baseline survey was completed and targets were established for FY06 and FY07 (see table below). Seventy respondents participated in the survey which revealed that there were five networks that met JA-STYLE’s nine criteria of effective networks. These were the National Secondary Student Council, the Seventh Day Adventist Federation of Youth, St. Ann Advocacy Network (YAM), the Jamaica Labour Party Youth Arm, and the Peoples National Party Youth Organisation.

The key finding of this survey was that while many youth networks have been organised capacity building is necessary before the substantial advocacy work will be accomplished. This process was conducted by youth advocates themselves from design to reporting.

Indicator Code	PMP Results Indicator	Baseline			Target	
		Year	Value	Source	FY06	FY07
IR 1.2: National Policies and Guidelines Implemented in Support to Healthy Lifestyles (focus on youth sexual behaviour)						
IR 1.2.2	Number of advocacy networks established to promote adolescent healthy lifestyles	2006	5	Rapid Assessment Survey	3	4

Advocacy Strategy, youth advocacy toolkit and training manual completed and pre-tested with youth trainers. Conducted youth advocacy and networking training of trainers workshop with 42 youth from seven parishes. Produced advocacy campaign material for publication including letters, messages, poetry, dance and posters as part of training exercise. Media engaged regarding youth advocacy issues. A key resource of the advocacy component was the development of an advocacy toolkit and training manual. The advocacy manual is the advocacy training guide for the project and was shared with partners (government, NGOs, CBOs) for capacity building in youth advocacy. The manual and toolkit was prepared for youth advocates at all levels (community, parish, regional, and national). The advocacy toolkit was disseminated among youth advocates as a handbook that serves to develop and expand the scope and nature of youth advocacy in Jamaica. The manual and toolkit filled the knowledge and information gaps in the local youth advocacy environment; key areas such as understanding the policy development process in Jamaica, establishing and maintaining advocacy networks, and implementing select advocacy tools and strategies are covered in the material. This resource was shared with national and regional bodies to serve as a model for youth advocacy training. The creation of the toolkit was youth led and youth focused including the language, reading aids, training style; the examples used were intentionally chosen as appropriate for the targeted youth. These documents serve as the key resources in advocacy training and advocacy network establishment for national youth advocacy organisations (e.g. National Secondary Students Council and the Jamaica Youth Ambassadors Programme), and will be shared with youth coordinating bodies for sustainability.

JA-STYLE conducted an advocacy training workshop from August 8-13, 2006. Forty-two youth from NGOs, CBOs, FBOs, inner city communities (Flanker, Grants Pen), the National Youth Council, the Jamaica Youth Ambassadors programme, and youth from the disabled community participated in the workshop. (See Appendix C – Youth Attending Advocacy Training). The highlight of the workshop was when the youth presented advocacy campaigns to the press through drama, speeches, dance, messages, letters and poetry. One local radio station, Power 106, hosted the trained youth advocates on their programme. The TOT workshop completes a significant component of JA-STYLE’s advocacy strategy. The youth formed four advocacy networks around the issues of access to education for Jamaican youth; reproductive health policies; policy support for youth with physical challenges; and the impact of crime and violence on the Jamaican youth. The advocacy networks involve already established youth organisations at either the parish or the national levels. These networks were formed with sustainability as a primary concern. To this end JA-STYLE has sought collaboration with MOH and the NCYD to institutionalise the establishment and maintenance of the networks.

Comments from participants in the advocacy training workshop:

“...the experience has opened my eyes to see that my efforts can change public opinion and influence policies and decisions in my country.”

“The advocacy training for me has been a life changer...”

(Inner-city Youth Advocates, August 2006)

Emerging from the advocacy training workshop, two of the trainees were selected to represent Jamaica at the annual retreat of the International Youth Leadership Council (IYLC). The IYLC was first formed in October

2000 and designed to provide a youth voice to policies on family planning and HIV/AIDS. The IYLC works to educate policy makers, the media, and the public about these issues.



Participants in the JA-STYLE Advocacy Training Workshop – August 2006

Two national youth advocates sponsored to represent Jamaica at the United Nations Summit on HIV/AIDS in New York one of which presented a paper on the Feminisation of HIV/AIDS. JA-STYLE sponsored two youth advocates to attend the Youth Summit and High Level Meeting on HIV/AIDS of the United Nations General Assembly Special Session (UNGASS) 2006 AIDS Review to represent Jamaican youth from May 29 – June 2, 2006 in New York. JA-STYLE, in collaboration with the National Centre for Youth Development (NCYD), selected Ms. Keesha Effs, Jamaica's Youth Ambassador for Positive Living, and Mr. Andrew Francis, youth representative in National Youth Parliament, to attend the Youth Summit.

They participated in a youth summit that served as the platform for 60 young HIV/AIDS and sexual and reproductive rights advocates from around the world. The summit allowed space for advocates to discuss and identify key issues related HIV/AIDS in different regions. The youth were also trained to participate in high level strategic meetings and media advocacy.

The objective was to empower these youth leaders to influence governments with regards to funding, programmes and/or policies for youth and HIV/AIDS. Ms. Effs presented on Panel 3: The Feminisation of HIV/AIDS (paper available upon request). As a member of this panel, along with two Ministers and other renowned presenters, Ms. Effs delivered her statement with confidence and professionalism.

Inter-sectoral collaboration and public-private partnerships. JA-STYLE has been successful in establishing strong working relationships with our key government partners including the Social Development Commission, the National Centre for Youth Development, the National Family Planning Board, and the National Council on Drug Abuse. Cable and Wireless, the *Gleaner*, and Reggae Television (RETV) partnered with JA-STYLE in providing public relations support for our naming competition and Digicel sent out free text messages with peace slogans to all its subscribers during March, Peace Month.

The following table summarises the information gathered through the PMIS. See Appendix E – PMIS Generated Reports for Non-PMP Indicators.

No.	Non PMP Indicators	Total for FY06
IR 1.2: National Policies and Guidelines Implemented in Support to Healthy Lifestyles (focus on youth sexual behaviour)		
1.	The number of youth in advocacy activities	299
2.	The number of youth advocates trained	42
3.	The number of policy activities supported	13
4.	The number of advocacy manuals/toolkits disseminated	42
5.	The number of private/public partnerships established	14
6.	The number of youth represented on policy decision making bodies	4

Comment: Four youths represented on policy decision making bodies is providing a voice for youth at higher levels and increasing their visibility. In the South-East two youths are on the International Youth Leaders Council. In the southern region one youth has been appointed to the Parish Development Committee and in the Western Region one has been appointed to the Good Samaritan Inc. board.

2.4 Sub-Intermediate Result 1.3: Improve Knowledge, Attitudes and Skills Related to Healthy Lifestyles

Key Accomplishments

- *Outta Road*, a radio serial drama produced by JA-STYLE, aired nationally.
- Youth Advisory Board established, launched and operational.
- Print materials on reproductive health and HIV/AIDS adapted and disseminated among government agencies, NGOs, FBOs, and CBOs.
- Developed video skits and job aids to complement IPR Learning Programme.
- Commissioned ASHE to produce DVD of violence prevention performance piece, *Curfew*.
- Public service announcements (PSAs) on drug use/abuse prevention aired.
- Reproductive health and HIV/AIDS information delivered through MOH Healthy Lifestyles Music Programme.
- Continued regular collaboration with in MOH BCC team.
- Sensitised approximately 200 youth about sexual reproductive health, STI awareness, HIV/AIDS, and violence prevention.
- Analysis for establishing the baseline and target for sub IR 1.3.1 was completed

2.4.1 Progress Achieved

Outta Road, a radio serial drama produced by JA-STYLE, aired nationally. The development of JA-STYLE's radio serial drama, *Outta Road*, has been the focus under the BCC component this year. These efforts began in January with a formative research study to inform the content of the drama and culminated with the airing of the first episode of the drama on IRIE FM on September 19, 2006. *Outta Road* is now airing every Tuesday, Wednesday, and Thursday at 5:45am. The radio serial drama has drawn the attention of a few groups of adolescents who have begun promoting the drama through word-of-mouth. Listening groups have been established in Kingston and Hanover, four of which are school-based and one of which is hosted by a community youth group. JA-STYLE's Youth Advisory Board also serves as a listening group. Initial feedback has been positive, particularly with regard to the level of suspense and drama of the episodes.

The radio serial drama is a behaviour change communication strategy using an entertainment-education methodology pioneered by Miguel Sabido of Mexico. The strength of the strategy lies in its ability to engage the audience as participants in the process. The strategy takes advantage of the influence of media on decision-making and behaviour to promote, guide, and reinforce positive behaviour.

To adapt the Sabido methodology to the Jamaican culture, a formative assessment of the customs, norms, and values of the target audience was completed by a University of the West Indies researcher. Twenty focus group sessions were conducted involving 200 young people aged 10-19. The young people were segmented by geographic area (rural, urban, and sub-urban), socio-economic background, in school and out of school status, and gender; and the results obtained are believed to be a good representation of the views of adolescents in Jamaica.

Specifically, the focus group discussions concentrated on identifying factors related to the lives of individuals, groups, and communities; identifying the types of persons young people emulate, are influenced by, and would listen to; analysing these factors to provide producers and scriptwriters of the serial drama with relevant and accurate information upon which to base their characters, settings, and story lines; and assessing the relevance of radio as the communication medium.

On March 13, 2006, 20 organisations, including the Ministry of Health's Health Promotion and Protection Division; Ministry of Education and Youth; UNICEF; USAID; Children First; RISE Life Management; Area Youth Foundation; Hope World Wide; the National Student Council; and interested young people, provided feedback on the results of the formative research. The youth attending this meeting were convinced that the radio programme would engage young listeners if there were enough drama, or "mix-up", and it were promoted well. This feedback further reinforced the results of the research.

Following the presentation of the formative research, a three-week scriptwriters training workshop was held from March 13-31, 2006. Thirty-eight persons took part in the training. Participants were trained in the use of the Sabido methodology and worked together to establish a moral framework, characters, and story arcs. Based on participation in the training and the quality of a written test script, six scriptwriters, 12 voice actors, and a producer were identified at the end of the second week of training. Of special note is that the youngest scriptwriter is 17 years old and lives in Jones Town, an inner city community in Kingston, which is divided into war zones and is currently at war with neighbouring communities.

Since the completion of the training in March, the writers have written 60 episodes and 15 episodes have been produced and are ready for air. The first five pilot episodes of the radio serial drama were pre-tested with the target audience through focus groups held in early May. Feedback from these focus group discussions was extremely positive, particularly among the lower socio-economic group, which is a key subgroup of the intended target audience.

The scriptwriting team has begun to call upon technical advisors representing organisations such as the National Council on Drug Abuse (NCDA), Hope Worldwide, and JA-STYLE to provide support on the technical aspects of JA-STYLE's four thematic areas: sexual and reproductive health, HIV/AIDS, substance abuse, and violence prevention. These individuals support the writing team by ensuring that information used is technically sound.

IRIE FM initially had intended to provide free airtime to JA-STYLE for the serial drama by securing sponsorship to pay for the airtime. However, they were not able to secure such sponsorship in time for the drama to be aired in September, so JA-STYLE and PMC agreed to undertake the costs of the broadcast for the period September to December 2006. JA-STYLE has since embarked on a mission to secure sponsorship for airing of the radio serial drama beyond December. Discussions have commenced with private companies overseas and locally to solicit financial support for future broadcasts.

In the meantime, JA-STYLE is developing a promotional campaign for *Outta Road*. This is particularly important in light of the following:

- IRIE FM did not provide two weeks of on-air and web promotion prior to the airing of the drama as originally planned.
- The drama airs at a very early hour and must be promoted to encourage listenership. Originally, IRIE FM has agreed to air the drama at 5:55am. However, due to IRIE's tight programming format, they could not honour that agreement and it is being aired at 5:45am instead.

The following table summarises the information gathered through the PMIS. See Appendix E – PMIS Generated Reports for Non-PMP Indicators.

No.	Non PMP Indicators	Total for FY06
IR 1.3: Improved Knowledge and Skills Related to Healthy Lifestyles And Appropriate Sexual Behaviour		
1.	The number of radio drama episodes broadcasted	6
2.	The number of listening groups formed	6
3.	The number of short spots presented in mass media	163

Youth Advisory Board established, launched and operational. JA-STYLE's Youth Advisory Board was officially launched on August 23, 2006 at the Terra Nova Hotel in Kingston, Jamaica. The twelve board members were presented with their Certificate of Election and were given the charge by Ms. Ann Marie Campbell, JA-STYLE Chief of Party to carry out their roles and responsibilities. Kamar Brown, the Board's Chairman accepted the charge on behalf of the board members and reiterated the importance of youth in decision-making and governance and implored his fellow members to take full charge of ensuring that JA-STYLE project and activities remains youth-friendly and realistic through the provision of meaningful advice and guidance.



Youth Advisory Board Members with Ms. Karen Turner, USAID Mission Director at Launch

The Youth Advisory Board engages youth to draw national attention to the troubling trends affecting them in the areas of sexual and reproductive health, HIV/AIDS, gangs and violence, and drug and alcohol abuse. Speaking at the launch ceremony, Betty Anne Blaine, Convener of Hear the Children Cry, an advocacy group in Jamaica, praised the young people present and stressed the importance of their becoming advocates for the range of issues that affect young people in Jamaica today.

The Youth Advisory Board was created to give Jamaican youth a direct voice in JA-STYLE. The board's members, ranging in age from 12 to 19 years and representing five parishes across the island, serve in an advisory capacity to the project. (See Appendix B – Vignette on George Newman, YAB Member)

The members were selected from a large group of applicants based on their leadership skills and potential as well as their participation in school, church, or community organisations, and their interest in healthy lifestyle issues and in advocating for young people.

JA-STYLE has provided training to Youth Advisory Board members in team building, work planning, advocacy, and media relations, as well as guidance in defining the board's roles and responsibilities.

The opportunity to be a member of JA-STYLE's Youth Advisory Board is presenting young people who are already demonstrating their leadership skills with opportunities to develop those abilities even further. Members also have had opportunities to participate in international conference and training activities as representatives of the JA-STYLE Youth Advisory Board. One member served as a youth delegate to the International HIV/AIDS Conference in Toronto in August and another attended the Advocates for Youth-sponsored Urban Retreat, a comprehensive informational and skill building workshop for youth advocates.

Since the launch in August several agencies, such as "Hear the Children Cry" and the media (KLS Radio, The Gleaner) have extended invitations to the Youth Advisory Board to participate in meetings, seminars and radio programmes to speak on issues regarding reproductive health, HIV/AIDS, substance abuse and violence.

In September, KLS Radio invited six youth who are associated with JA-STYLE project and activities to participate in a programme entitled "Teen Jam" which is aired for one hour on the station. Three members of the Youth Advisory Board, Jodie Ann Marshall, Simone Holness and Latoyah Gordon participated in this programme, along with a member from the Rose Town community. The members demonstrated exemplary media relations skills as they handled the media interview in a professional manner substantiated with concrete knowledge on JA-STYLE activities, role and responsibilities and issues affecting youth in Jamaican and the Caribbean region. They made reference to the fact that there is a high rate of teenage pregnancy among girls within the age group 15-24 and the fact that the rate of HIV infection is highest within this adolescent population. The members used the opportunity on air to identify reasons why young girls engage in early sexual activities, and the high incidence of violence in the country. They cited peer pressure and socio-economic conditions such as unemployment and the 'get rich syndrome' among adolescents as some of the factors driving the social ills within Jamaica.

Print materials on reproductive health and HIV/AIDS adapted and disseminated among government agencies, NGOs, FBOs and CBOs. JA-STYLE adapted existing posters and radio spots developed by its predecessor project, Youth.Now. Feedback on the materials was obtained from the target audience to determine what types of adaptations were necessary. Eight young persons were invited to review six posters and provide their reactions to radio spots on adolescent sexual and reproductive health and HIV/AIDS prevention. This group's comments were recorded and shared with Dunlop Corbin Communications, the company that developed the original materials and assisted JA-STYLE with adapting them. The age-appropriate messages carried by these materials address sexuality and reproductive health issues, namely, delay in sexual initiation and condom use. This year, 7,400 posters were distributed among government agencies, NGOs, FBOs and CBOs.

The various stakeholders and partners were very receptive to the posters and were quite impressed with the messages, layout, colour scheme and overall design. Some have expressed the desire for more and thus has visited the JA-STYLE office for additional posters. They feel that youth absorb the messages presented and express the desire to move towards self-efficacy in reducing their risks to STIs/HIV/AIDS and teenage pregnancy.

Developed video skits and job aids to complement Interpersonal Relations (IPR) Learning Programme. The BCC component of JA-STYLE supported the services component in the development of video skits and job aids to complement the IPR curriculum.

Video Skits

Based on priorities identified in a series of focus groups, three scripts were developed and used by the Area Youth Foundation to develop videos that are incorporated into the IPR training curriculum. The videos portray different types of scenarios that occur along the spectrum of health seeking behaviour by young people, from the decision to seek or not to seek health services to the provision and outcomes of those services.

Eleven focus groups were conducted with adolescents aged 10-19 and a cross section of health care providers from the four health regions in Jamaica. Efforts were made to ensure that focus group participants were representative of all parishes in each region; both genders; urban and rural settings. The groups included in- and out-of-school youth, teen mothers, lower literacy individuals, and mentally and/or physically challenged youth.

Participants of the clinical and non clinical staff focus groups were nurses (including dental); midwives; doctors; mental health nurses; social workers; counsellors; contact tracers; and health communication/promotion officers.

Interpersonal Relations Job Aids

A set of job aids has been developed to support the Interpersonal Relations Learning Programme through promotion of services to youth and promotion of improved interpersonal relations among providers. The job aids—a ruler, two posters, and a brochure—utilise URC's photo to graphic image technology and, thus, portray individuals that hold Jamaican physical characteristics. The primary audience of the ruler is health clinic staff and the messages on the ruler seek to remind health care providers and clinic staff of the important steps in effectively communicating with their clients. The primary audience of the posters and the brochure is youth, while the secondary audience is health clinic staff. The posters focus on sending the message to youth that health clinic staff are available and willing to help them with their health care needs; and also on reinforcing the idea among health clinic staff that youth are in need of their services offered in a youth-friendly manner.



Sample of IPR Job Aids

A field testing plan and focus group guide have been developed to ensure that these job aids are tailored to meet the needs and specifications of the local environment. At the beginning of the next year, field testing will be carried out across the four regions. The focus group composite includes adolescents and the adult group will comprise health educators, BCC coordinators, public health nurses, doctors, social workers, community health aides, community peer educators among other health care service providers.

Commissioned ASHE to produce DVD of violence prevention performance piece, *Curfew*. During the previous fiscal year, JA-STYLE commissioned ASHE Caribbean Performing Arts Foundation to develop *Curfew*, a violence prevention performance piece targeted towards youth audience. A youth-specific viewing of the ASHE violence prevention piece, *Curfew* took place in early November. The purposes of the viewing were to test audience participation in determining different conclusions for the drama; and to verify the ability of the content to trigger audience dialogue about violence prevention. Invitees included a cross-section of youth from the inner-city; rural areas; faith based organisations; youth with disabilities; youth living with HIV; gay and lesbian youth; tertiary, secondary and primary school youth. The audience totalled approximately 100.

ASHE has now undertaken the task of developing a DVD *Curfew* to be disseminated widely and used as a cost effective learning tool and discussion stimulator. The musical aspect of the filming of the DVD *Curfew* will involve speech into music focusing on the four thematic areas: reproductive health, violence, HIV/AIDS and substance abuse. The sites chosen for filming are within St. Andrew, Kingston and St. Catherine and include the communities of Gordon Town, Mountain View, and Portmore. ASHE plans to complete production of the DVD in November 2006.

Public service announcements (PSAs) on drug use/abuse prevention aired. The National Council on Drug Abuse developed public services announcements (PSAs) on drug use/abuse prevention as part of JA-STYLE's funding of 2005 summer activities. A planned soft launch in 2005 was postponed while the PSAs were being reviewed. This year, JA-STYLE continued to dialog with USAID to facilitate the finalisation of the PSAs. The PSAs have been revised, edited and approved and are currently being aired on the electronic media including, Zip 103, CVM TV, TVJ, HOT 102, Nation Wide News Network and IRIE FM, for a duration of three months, at which time NCDA plans to conduct an evaluation to determine the effectiveness of the PSAs to reach their intended audience.

Reproductive health and HIV/AIDS information delivered through MOH Healthy Lifestyles Music Programme. JA-STYLE supported the MOH Healthy Lifestyles Music Programme, which is in its second year of implementation. The Healthy Lifestyles Music Programme seeks to bring healthy living messages to in-school youth and infuse them in the popular culture. This year, the programme focused on schools in the Western and Northeast regions. JA-STYLE regional co-ordinators in those regions attended the introductory workshop apprising principals and health educators of the programme. The regional co-ordinators are now working with these two groups by giving presentations on reproductive health and HIV/AIDS in schools, developing lesson plans, and scheduling school visits. The programme involves two schools in each parish within these regions.

As part of the MOH Healthy Lifestyles Music Programme, JA-STYLE spoke to 160 students in grades one through six (7 to 13 year olds) at the Black Hill All Age School and Skibo Primary School in Portland about sexual and reproductive health and HIV/AIDS. Additionally, 13 members of the Skibo Parent-Teacher Association participated in a discussion with JA-STYLE about the content of the presentation to the students.

At each school, students have auditioned to take part in a big Rising Star-type competition sometime before Christmas. School staff are working with these students to hone their talent and to help them develop original pieces, using the information taught during the educational sessions. In addition, the principal at each school has selected six students to make up a healthy lifestyles children's choir. Each school has its own six-member choir, and they combine (84 students in all) to make a regional choir. This programme was used in the southern and south-eastern health regions last year and was a huge success. The student bodies of the schools became involved in helping the competitors and in working with the choir.

All the participating students are sent to a summer camp where they work on both their music and their knowledge on a more intense basis.

Continued regular collaboration with in MOH BCC team. JA-STYLE has shown a consistent presence throughout the life of the project at the MOH BCC working group meetings. Participation in this multi-sectoral and multi-agency group is critical to establishing links and collaborative approaches with organisations working to improve the health and well-being of Jamaica's adolescent population. JA-STYLE's participation has focused on determining how the project can draw on the strengths of this group, while integrating approaches and providing support for existing initiatives.

A separate discussion also has been held with the National HIV/STI Control Programme and the Violence Prevention Alliance (VPA). This discussion focused on identifying areas of overlap between JA-STYLE's work plan and the work plans of these two entities. Under the HIV/AIDS team, an area of overlap is the rollout of its mass media campaigns. This includes the abstinence campaign, material development, development of a strategy for working with faith-based organisations, and development of a National Anti Stigma and Discrimination Campaign. With the VPA, there is an opportunity to fast-forward the work JA-STYLE had hoped to do with the music industry. VPA and JA-STYLE both hoped to influence musicians to make meaningful contributions as positive role models and allowing the organisations to review and comment on the lyrics of their songs. An advantage of working with the MOH's VPA is that its strategies work heavily with musicians through Stampede and Mario, a team that manages many Jamaican popular artistes.

Sensitised approximately 200 youth about sexual reproductive health, STI awareness, HIV/AIDS, and violence prevention. JA-STYLE was invited to several schools and conducted three sensitisation sessions on issues related to sexual reproductive health, HIV/AIDS awareness, personal development, self esteem, and career development. These sessions were held with 200 youth at both primary and secondary level institutions in the Kingston and St. Andrew parish. These sessions provided an opportunity to introduce the JA-STYLE programme and disseminate information on STI's and violence prevention. JA-STYLE collaborated in one session with a HIV/AIDS Outreach Officer, MOH, in an interactive session.

Analysis for establishing the baseline and target for sub IR 1.3.1 was completed. The analysis for establishing the baseline for sub IR 1.3.1 – the percent of adolescents possessing knowledge about healthy lifestyles behaviour (reproductive health, HIV/AIDS, substance abuse, and violence prevention) was completed. Presently there are no national surveys providing this information. The National Family Planning Board has been approached to incorporate questions in their National Reproductive Health Survey instrument that will address this information along with information for sub IR 1.3.2 – percent of primary caregivers of adolescents possessing knowledge about healthy lifestyle behaviour. The next National Reproductive Health Survey is scheduled for FY07. In the interim a proxy value will be used for establishing the baseline for the percent of adolescents possessing knowledge about healthy lifestyle behaviour. This baseline was obtained from the healthy lifestyle clubs established in twenty-two (22) schools where a pre-test assessing knowledge of the students was administered to one hundred and forty-eight (148) students at the beginning of the programme in November 2005. The data was analysed by the Health Promotion and Protection Division of the Ministry of Health which indicated that 34% of the adolescents who completed the pre-test possesses knowledge of healthy lifestyles (reproductive health, substance abuse, violence prevention and HIV/AIDS). A target for FY07 was set at 50% an increase of 16%.

Indicator Code	PMP Results Indicator	Baseline			Target	
		Year	Value	Source	FY06	FY07
IR 1.3: Improved Knowledge and Skills Related to Healthy Lifestyles and Appropriate Sexual Behaviour						
IR 1.3.1	% of adolescents possessing knowledge about healthy lifestyle	2006	34%	Analysis of Existing Data	-	50%

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

Key Accomplishments

- Awarded 17 grant agreements to organisations from the parishes of St. Ann, St. James, Clarendon, St. Mary, Manchester, Westmoreland and St. Catherine.
- Developed a Youth Development Organisation strategy and awarded grants to three such organisations: Girl's Brigade, Jamaica 4-H Clubs, and the National Youth Council of Jamaica.
- Developed the Organisation Assessment Tool and administered the tool to all seventeen grantees. Implementation of capacity building activities for grantees based on the OAT results.
- Survey completed for sub IR 1.4.1 and the baseline and targets established for IR 1.4.1 and 1.4.2.
- Developed a parenting curriculum with support of Family Health International.
- Partnership established with the Social Development Commission in collaboration with National HIV/STI Control Programme to implement a sensitisation and in-depth training of Field Officers and the implementation of specific interventions within the parishes of Kingston and St. Andrew, St. Ann and St. James.
- Collaborated with the National HIV/STI Control Programme and SERHA to prepare for the SERHA Community Peer Educator (CPE) Training. Working jointly on targeted community interventions.
- Commenced violence prevention activities began in Flanker, Brown's Town, and Rose Town. Proposal for Duhaney Park submitted and under review.
- Partnership established with PARADOF to conduct healthy lifestyle sessions and violence prevention activities for youth with disabilities
- Assessment, consultation and proposal completed for the Grant's Pen community.
- Intersectoral collaboration continued and private public sector partnerships developed.

2.5.1 Progress Achieved

Awarded 17 grant agreements to organisations from the parishes of St. Ann, St. James, Clarendon, St. Mary, Manchester, Westmoreland, and St. Catherine and activities commenced. Parish consultations were held in eight parishes this year. These meetings had two main objectives: identify priority issues specific to each parish; and, consultatively select the issues to be addressed through the grants mechanism to increase the healthy behaviours of adolescents. The priority issues that emerged included building parenting skills for parents of adolescents and for adolescent parents, educating adolescents on healthy sexual behaviour and reproductive health, preventing crime and violence by or against adolescents, and life skills training for adolescents in two separate target groups: 10–14 year olds and 15–19 year olds.

The grants manual was approved by USAID. The grants application packet was finalised and the selection criterion was established in collaboration with USAID. JA-STYLE issued two RFAs this year in December 2005 and February 2006 and the topics were selected using the outcomes of the parish consultations. The grant agreements were issued between April and June 2006.

The first sets of grants, six-months in length, are in St. James, St. Ann, and Clarendon. The second sets of grants, one year in duration, are in St. Mary, Manchester, Westmoreland, and St. Catherine.

A summary of the grant activities conducted this year are as follows:

Parish	Organisation	Objective	Activities
St. James	Family and Parenting Centre	To train youth leaders to develop coping mechanism, to manage stress, to promote improved interpersonal skills among the youth in their communities, and to understand discrimination and stigma against persons living with HIV/AIDS	Six workshops conducted on action planning, anger management, conflict resolution, peace building skills, stigma and discrimination regarding HIV/AIDS, and sexual and reproductive health reaching 28 youth.
	The Good Samaritan Inc	To teach parents of adolescents, adolescent parents, and youths parenting and life skills	Conducted 39 training sessions in craft skills and infused sessions on reproductive health, substance abuse, parenting and HIV/ AIDS reaching 110 adolescents Counselling was offered to individuals on demand in the areas of parent-child relationships, sexuality, and conflict resolution
St. Ann	Women's Centre of Jamaica Foundation	To promote healthy parent/child relationships among adolescent mothers and their parents To reduce myths and misconceptions of parenting among parents/guardians To increase parenting skills among adolescent mothers and their parents	Conducted 12 training sessions consistently with 17 parents (twenty-seven parents from 26 communities participated, in at least some of the sessions) covering: Child Development; Growing Up Today – Rights of the Child; Discovering Your Own Parenting Style and Your Child's Personality Type; Motivating Children for Positive Results; Gender Roles and Responsibilities; Setting Boundaries and Disciplining Children; Communicating With Your Child; Child Abuse; Conflict Resolution; How to Talk to Your Child About Sex, HIV Aids and STIs; Teenage Pregnancy and Pregnancy Prevention; and How to Cope as a Parent.
	St. Ann Parish AIDS Association	To improve life skills for adolescents by preparing adolescents for real life decisions with the hope to reduce high risk behaviours, reduce teen pregnancy, and to decrease STIs and HIV/AIDS	Two fora reaching 39 youth from eight schools held to increase knowledge and awareness regarding HIV and AIDS, as well as the young people's vulnerability to the infection.

Parish	Organisation	Objective	Activities
St. Ann (cont'd)	Family Counselling Centre of Jamaica	To redirect and refocus adolescent males (10 – 14 year olds) from at risk communities toward life skills that will foster resiliency, and promote healthy emotional, relational and physical development.	Identified adolescent boys who will be included in the programme, recruited mentors in the schools, and completed other preparatory work. A major training event for the adolescent participants is scheduled for October 2006.
Clarendon	4-H Club	To develop and implement an Issue Recognition and Coping Skills Programme for 1200 students aged 10-19 years from six primary and six high schools and a Parenting Skills Programme for as many of the parents of these children	Identified and engaged institutions, and selected the Peer Educators to be trained. Completed the sensitisation of the Junior Leaders within the parish. Eighteen leaders from twelve schools were introduced to a comprehensive overview of the programme.
	Bethany Apostolic Fellowship (umbrella organisation for Kids Camp Foundation),	To provide training for adolescent parents and parents of adolescents through the use of music, speech, drama and dance coupled with on site interaction between the parents and children	Nineteen adolescent parents and fifteen parents of adolescents have participated in sessions covering decision making skills, healthy lifestyle areas. The parents have been undergoing routine counselling and life skills education.
	Caribbean Coastal Area Management Foundation (umbrella organisation for Our Gems Parenting Association)	To provide a support mechanism for parents of adolescents which is sustainable, ongoing, effective, and has the potential to grow.	A total of 103 parents were reached through a workshop covering parent-child communication and a subset specific to the father; the anatomy of a father; discipline and behaviour in the home; and building confidence and self esteem in our children using the performing arts.
St. Mary	International Schools of Jamaica	To address healthy lifestyle issues through an after-school and youth leadership programme for adolescents, mostly boys, who experience difficulty with the traditional school setting.	Preliminary work was completed in training youth leaders and resource people in youth-friendly education techniques, identifying participants, and holding orientation sessions for the youth and their parents.

Parish	Organisation	Objective	Activities
St. Mary (cont'd)	Annotto Bay Health and Environment Association	To provide youth outlets for their energies as alternatives to involvement in crime and violence, opportunities to learn the values of commitment, discipline, and respect, and enhance the self-esteem and motivate at-risk youth so they are better equipped to stay out of unhealthy, violent, and criminal pursuits.	Summer camp called "Youth on the Move" was held with 140 youth from three communities in St. Mary participating. As planned, most of these participants were males (106 males and 34 females). In all activities, emphasis was placed on the values of commitment, discipline and respect.
Manchester	Manchester 4-H Club	To develop a cadre of youth capable of influencing their peers on the virtues of healthy sexual behaviours and reproductive health.	Conducted training sessions covering the areas of decision making and sexuality which engaged 646 youths between the ages of 10 to 19; 378 were from primary school and 215 from high schools, plus 53 community members.
Westmoreland	Rotary Club of Westmoreland	To develop parenting skills of parents of adolescents who are experiencing problems raising their children	A total of 40 parents were trained through session covering the topics of self-esteem and parent-child communication.
	Association of Development Agencies (umbrella organisation for Association of Clubs)	To establish a football competition that will incorporate sessions on HIV/AIDS, STIs, proper parenting, substance abuse, crime and violence prevention, teenage pregnancy, and other issues that the community feels it needs to discuss	A sensitisation of the parenting programme was conducted within the Parents Teachers Association of 5 schools and the Logwood Citizens Association reaching 138 parents. Sessions were held covering parenting, substance abuse, and sexual reproductive health through the Galloway and Petersfield Citizens Associations. The Petersfield Youth and Sports Club facilitated sessions with 20 adolescents on parenting, self-esteem, child abuse, substance abuse, and violence in the community.

Parish	Organisation	Objective	Activities
St. Catherine	Children First	To address the issue of violence by implementing a violence prevention project through targeted community interventions, training sessions, and recreational activities targeting young people, especially those at risk, from the seven most volatile communities in Spanish Town, St. Catherine	Reached approximately 200 adolescents through workshops and rap sessions which included discussions with police officer examining the impact of violence and conflicts on youths and in communities; the consequences of “wrong doings”; and the risk of being involved in crime and violence. The youths were also exposed to ways to resolve situations that can result in conflict in their homes, schools, and communities, as well as violence among their peers, teachers, and parents.
	Holy Ghost Power Ministries	To promote awareness and education about the risks of teenage pregnancy, HIV/AIDS, and non-violent ways of solving disagreements and handling anger.	In McCooks Pen, conducted rap session on crime and violence with assistance from the Bashy Bus Crew, Children First, with 50 youth participating. Began forming Youth Groups in the targeted communities responsible for implementing the project activities. Conducted capacity building seminar in Dela Vega City for the Youth Group involving 11 youth.

Lessons learned by some grantees are as follows:

- Workshops conducted for adolescents must be activity driven to keep that target population engaged.
- Workshops for adolescents must allow some time for group interaction and bonding especially if adolescents are from different communities.
- The gun culture is seen by youngsters as a mark of power and it is difficult to change that perception.
- Underestimation of the number of persons interested in discussing and learning about parenting issues.
- Workshops for adolescents should provide an environment that will allow participants to feel at ease in order for them to participate freely.

Challenges encountered by some grantees are as follows:

- It was difficult for some adolescents to participate freely in the workshops especially if they came from different communities that were at odds with each other. Some of the adolescents from the different communities were interacting for the first time and did not feel comfortable voicing their opinions.
- The first parenting workshop conducted by the Women’s Centre of Jamaica only had 16% of the targeted participants attending. For all subsequent workshops 35-40% of the participants did not attend. There was also the lack of male participants attending the parenting workshop.
- The different levels of education among the adolescents attending the workshops.

Comments from participants in Women’s Centre grant activities:

“I have been a changed single parent, to be more calm and humble to my children. I can correspond more with them and give punishment in a more gentle way. Thanks for the workshop.”

“I enjoy every moment of this workshop; give thanks to the Women’s Centre for uplifting my spirit after a great fall from one of my daughters. It helps my other children to get better support and attention. It calms my spirit, mind and emotion. For this I give thanks.”

- The participants lack funds necessary for travel to access the programmes.
- There is the lack of books and materials for activities.
- Keeping the groups formed before the summer vacation together during the summer vacation.

Opportunities for improvement in some activities are as follows:

- Maintain contact with participants to ensure their attendance at the parenting workshop.
- Increase the discussions and role playing for positive resolution of conflicts in the conflict resolution sessions.

JA-STYLE had not planned to hold a consultation in Portland, however due to the overwhelming demand from the stakeholders and their commitment to the process, JA-STYLE felt compelled to conduct one. JA-STYLE highlighted the point that financial assistance would not be available to Portland through the grants mechanism, but that efforts would be made to provide other means of assistance to the parish to work with parenting issues, which was identified as a priority during the consultation. The consultation participants suggested establishing a youth-oriented Healthy Lifestyle Committee to pursue efforts in the areas of parenting improvement and opportunity development. A steering committee was established to further explore the issue and to develop a series of parenting interventions across the parish. A proposal was developed with each partner agency pledging support to specific areas of the parenting programme.

Developed a Youth Development Organisation strategy and awarded grants to three organisations: Girl’s Brigade, Jamaica 4-H Clubs, and the National Youth Council of Jamaica. As part of its work to strengthen youth development efforts, JA-STYLE developed the Youth Development Organisation Strategy. The strategy focuses on providing financial support to youth development organisations for their existing youth development activities that integrate one or more of the JA-STYLE focal areas therein and providing technical support to selected organisations through materials, training and site visits, as needed. Applications were received and reviewed based on the selection criteria set forth in the request of applications (RFA) and USAID approved the final selection. JA-STYLE issued grant agreements to three national youth development organisations: Girls’ Brigade, Jamaica 4-H Club, and the National Youth Council of Jamaica. Given that these are national organisations, there is great opportunity for reach and ultimately systematic integration of one or more of the focal areas at the national level and down through their chapters. A key strategy for the sustainability of these integrated activities is the creation of healthy lifestyles badges that youth will earn through competition.

Activities to date are as follows:

Organisation	Objective	Activities
Jamaica 4-H clubs	To integrate life skills on HIV/AIDS, adolescent sexual and reproductive health, violence prevention, substance abuse into the Junior Leaders Programme.	National Junior Leaders Camp was held in July under the theme “Skills for life”. There were representatives from all 14 parishes and 87 adolescents in attendance. Junior Leaders are acting as peer educators and conducting activities with their clubmates.
Girl’s Brigade	To integrate adolescent sexual and reproductive health and HIV/AIDS into their existing Brigader programme.	Conducted two workshops in July and August covering ASRH and HIV/AIDS. Trained 8 officers and 11 leaders in these topics. Delivery of sessions commenced within the companies across the island. Programme is being implemented in the parishes of Kingston and St. Andrew, St. Catherine, St. Ann, St. Mary, Manchester and Hanover.

Organisation Assessment Tool developed, administered to grantees, and commenced implementation of capacity building assistance. JA-STYLE developed the Organisational Assessment Tool (OAT), which was used to assess the capacity building needs of grant recipients. The OAT served two main purposes: 1) to identify grantees’ organisational and technical strengths and weaknesses for developing tailored assistance and 2) to use as a baseline for grantees to ascertain changes in capacity resulting from the project’s assistance over time.

The OAT consists of a self-assessment survey instrument with closed and open ended questions. The survey was administered to all seventeen grantees. The analysis of the OAT was completed for each grantee and capacity building activities are underway for the organisations.

Grantees varied from less established entities such as Good Samaritan Inc. and CCAM/Our Gems to more developed community and faith-based organisations, such as SOS Children and Clarendon 4H Club. Areas of technical assistance that emerged among a majority of grantees included life skills education and sexual and reproductive health. JA-STYLE commenced the implementation of capacity building activities for grantees based on the OAT results.

JA-STYLE has disseminated a number of resource materials on life skills, adolescent reproductive health, and parenting to the grantees in tandem with the areas of needs identified. These materials were requested and will provide the organisations with the requisite resource/reference, complete with facts and activities to improve their projects and the overall programmes within them.

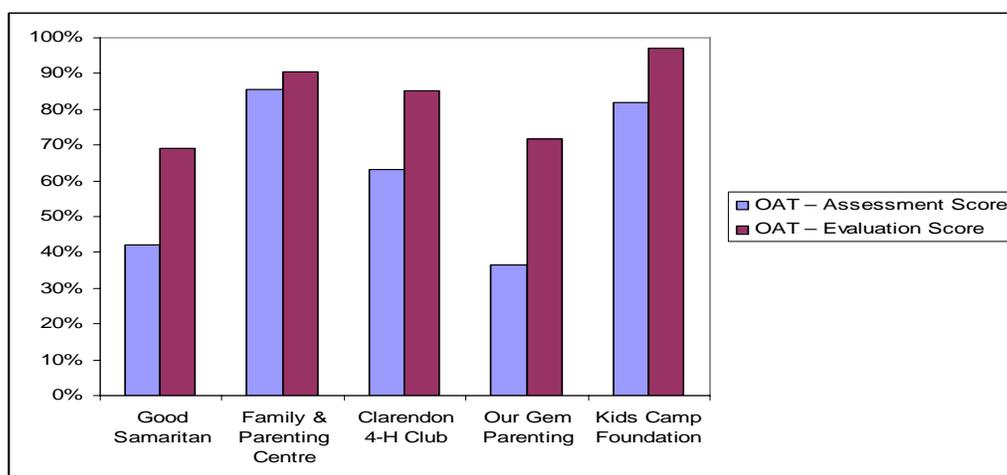
Grantee helping each other: Two grantees, Women’s Centre Foundation and Children First Agency, have provided some materials for dissemination to the other grantees including the Bashy Bus Baseline Assessment which informed the establishment of a mobile unit that provides HIV/AIDS/STI information and testing, skills based counselling and services to vulnerable adolescents in communities through out Jamaica and a series of materials that support adolescent sexual reproductive health.

JA-STYLE also conducted its first capacity-building workshop for eight grantees that focused on the most salient topics and skills identified as areas of need by the grantees through the Organisational Assessment process. Each participant identified three action steps that they will take in the next three months whereby they will apply information and skills acquired through the training.

Results of the training indicate that the novelty of the training methodology (its participatory nature) was highly appreciated as well as many of the content areas, such as contraception and youth-adult partnerships. Numerous participants gave examples of how they were going to immediately use the information and methods provided during the training in their work. The outcomes of the training include the action steps identified by each participant for applying the information, tools and skills acquired during the training as well as the improvements in knowledge and skills resulting from the training. Results from the pre and post test showed an increase in overall knowledge of 32 percentage points between the beginning and end of the training. Most notable improvements visible from the pre and post test results were in the areas of the stages of adolescent development and youth-adult partnerships. Participants showed important improvements in understanding of training and facilitation skills as well as the types of life skills exercises that they can use with youth. Also of note was the increased comfort level and confidence with which participants facilitated life skills sessions that was observed by the training facilitators.

Please table below (OAT Scores) which depicts the assessment and evaluation scores of five first round grantees. Grantees showed marked improvement in the areas where JA-STYLE provided technical assistance and trainings.

Grantee Organisations	OAT – Assessment Score	OAT – Evaluation Score	Percentage increase in Scores	Areas of marked improvement
Good Samaritan	42.2%	69%	25.8%	Training, ASRH, Life Skills Education, Parenting
Family and Parenting Centre	85.5%	90.5%	5%	Board Development, Monitoring and Evaluation
Clarendon 4-H Club	63.2%	85.2%	22%	ASRH, Parenting, Training, Health Services
CCAM/Our Gems Parenting	36.6%	71.6%	35%	Training, Parenting, ASRH, Health services
Bethany Apostolic/Kids Camp Foundation	81.9%	97.2%	15.3%	ASRH, Training, Parenting, Life skills, Health Services



Survey completed for sub IR 1.4.1 and the baseline and targets established for IR 1.4.1 and 1.4.2. The survey to establish the baseline for sub IR 1.4.1 – percent of communities supporting adolescent healthy lifestyle was completed. Two hundred and eleven communities were assessed in the parishes of Kingston and St. Andrew, St. Ann and St. James. In summary, 15% or 32 communities in the three parishes supported adolescent healthy lifestyle events. The baseline for sub IR 1.4.1 was 15%. The target for FY07 for the percent of communities supporting adolescent healthy lifestyle was set at 20% an increase of 5%. The baseline for sub IR 1.4.2 - number of NGOs/CBOs/FBOs receiving project support that demonstrate improved organisational capacity was established at zero and the target for FY06 was set at 2 and for FY07 the target is 4. See table below.

Indicator Code	Results Indicator	Baseline			Target	
		Year	Value	Source	FY06	FY07
IR 1.4: Increased Community Support and Involvement in Promoting Appropriate Sexual Behaviour of Adolescents						
IR 1.4.1	% of communities supporting adolescent healthy lifestyles	2006	15%	Rapid Assessment Survey	-	20%
IR 1.4.2:	Number of NGOs/CBOs/FBOs receiving project support that demonstrate improved organisational capacity	2005	0	OAT	2	4

Developed a parenting curriculum with support of Family Health International. During the parish consultations, JA-STYLE consistently received feedback from local stakeholders that there was a great need to build parenting skills. Consequently, a number of the grants issued were under the parenting theme. To address the need of the grantees to implement parenting activities it was agreed with USAID that FHI/Youth.Net would collaborate with JA-STYLE on the development of a parenting curriculum. A preliminary review of the materials on parenting and life skills was done, indicating that the majority of materials were for parents with higher levels of literacy/education. To broaden the materials and make them more applicable to a key sub-group of at-risk adolescents and for adolescent parents, there was a focus on the development of materials for lower literacy audiences. FHI contracted a local consultant, who was supported by JA-STYLE in the development of the parenting curriculum.

Once the draft parenting curriculum was completed, Dr. Kim Scott-Fisher was contracted by FHI to conduct a detailed review of the curriculum and provide her expert advice given her extensive experience with the subject matter. Dr. Scott-Fisher then worked with the local consultant to make the necessary enhancements to the parenting curriculum.

Currently the manual covers seven broad areas, with different lessons to support the overall objectives of each unit:

- What Kind of Parent do I want to be?
- Social Development of Adolescents
- Helping My Adolescent to Understand Sexuality
- STI/HIV Prevention
- Preventing Abuse and Violence at Home and in the Community
- Helping My Adolescent Resist Drugs and Alcohol
- Handling Grief and Building Resiliency

A training of trainers workshop on the “Curriculum for Parents of 10-19 Year Olds” (the “Parenting Curriculum”) was held in September 2006. Fourteen participants from seven grantees who are focusing on building parenting skills attended the workshop to begin to strengthen their capacity in parenting knowledge.

The workshop served as an initial pretest of the parenting curriculum. During the workshop it became apparent that the HIV/AIDS section will need revision to enhance its effectiveness with the target group. The participants of the workshop are now field testing the curriculum through their activities. It is expected that through the field testing additional recommendations will be made to strengthen the content. Recommendations have already been made that it be formatted with pictures and easy-to-read text, and each section broken into modules (in a pull-out binder format). JA-STYLE will also undertake the production of additional materials for the parents themselves to accompany the curriculum (e.g., calendars, magnets, posters).

Partnership established with the Social Development Commission in collaboration with National HIV/STI Control Programme. The MOH and JA-STYLE shared a common goal of working with communities to integrate the response to Adolescent Healthy Lifestyle and reduce the risk to vulnerable groups of adolescents. The SDC, with its mandate of community development and its network of field officers (FOs) was seen as the best partner to assist in realising the goals in the community mobilisation and enhancement programme between USAID and MOH. The partnership was extended to other organisations working in the healthy lifestyle areas of substance abuse and violence prevention.

Through consultation meetings between the three critical organisations, a three tiered approach was designed to introduce the pilot partnership in the parishes of St. Ann, St. James and Kingston and St. Andrew: basic training of field staff in the four thematic areas; advanced training of select group from stage 1 to impart skills to promote good lifestyle practices in selected high risk communities and engagement of communities by the SDC to develop community interventions. The consultation meetings also facilitated the definition of roles and responsibilities as it related to the technical and financial aspects of the programme.

The partnership has resulted in basic training of 45 field officers; advanced training of 37 FOs with thirty demonstrating practical application of the training. Interventions were conducted impacting 26 communities within the three target parishes and over 3,000 community members engaged in targeted interventions, half of whom were adolescents. The partnership has created a foundation for effective networking among partners and has built capacity of field officers resulting in the decentralisation of the information flow. Additionally, there has been an increase in awareness of the multi-sectoral approach needed to effect change. All partners shared best practices and opportunities were provided to bridge the gap between theory and practice.

Sustainability is evident through the increased technical capacity of field officers to implement community based healthy lifestyle interventions; broadening of the overall community develop process from physical infrastructure to social investment to integrate healthy lifestyles; development of resource materials to guide future interventions; integration of healthy lifestyle into the SDC corporate plan; immediate application of capacity building to the World Cup Cricket work plan; and the inclusion of the Parish AIDS Committee within the local governance structure. The interventions that took place this year are listed below:

Parish/Communities	Objective	Interventions
<p>Kingston and St. Andrew</p> <p>Rae Town, Tivoli Gardens, Trench Town, Allman Town, Port Royal Grants Pen, Swallowfield, Tower Hill, Waterhouse, Denham Town, Seivwright Gardens and Papine.</p>	<p>To prepare communities for Destination Kingston during and after World Cup Cricket 2007</p>	<p>Series of workshops within the communities covering healthy lifestyle areas.</p> <p>Workshops as part of the drama and arts component as a strategy to disseminate information and to effect behaviour change.</p> <p>A total of 30 groups (5 drama groups, 6 singers, 11 DJs, and 8 dance groups) consisting of 139 participants registered for the arts component of the project</p> <p>Sports Extravaganza - football, netball, basketball, drama, singing, dancing and 'vibin' an onsite VCT for HIV/AIDS.</p>



Winners of the Basketball Sports Extravaganza Competition in Kingston & St. Andrew

Parish/Communities	Objective	Interventions
<p>St. James</p> <p>Glendevon, Paradise, and Norwood</p>	<p>To have adolescents in the communities more aware of the benefits of a healthy lifestyle and to make them more comfortable in discussing matters related to sexuality.</p>	<p>Glendevon Health Fair held reaching 235 adolescents and 110 adults and offered:</p> <ul style="list-style-type: none"> ▪ Onsite HIV pre and post counselling and testing with results in 30 minutes conducted ▪ Syphilis and pap smear tests with results to be forwarded offered ▪ Talks on healthy lifestyles such as stress management, nutrition, responsible sexual behaviour, proper condom usage and demonstration on how to put on and take off the condom along with condom distribution ▪ Display booths by the Immigration Department, National Youth Service, the Health Department, Red Cross, Jamaica Aids Support, National Council on Drug Abuse, and National Centre for Youth Development for distribution of healthy lifestyle information.



Peace Corps Volunteers at SDC Healthy Lifestyle Educational Activity in St. James

Parish/Communities	Objective	Interventions
St. Ann Ocho Rios, St. Ann's Bay, Runaway Bay, Brown's Town, Bensonton, Moneague, Cave Valley, Bohemia, Gibraltar, Cascade and Alexandria	To build community capacity through the engagement of leaders and local partners to promote holistic approaches to healthy lifestyle of youth.	Training/workshops covering thematic areas – 450 participants of which 274 were adolescents STYLES tour, rally, walk through was a public sensitisation on thematic areas. This attracted approximately 520 individuals. STYLES sports extravaganza was used to highlight the different alternatives to sex, such as, games (football, netball and dominoes), music, and dance where 116 adolescents were engaged.

The following table summarises information gathered through the PMIS. See Appendix E - PMIS Generated Reports for Non-PMP Indicators.

No.	Non PMP Indicators	Total for FY06
IR 1.4: Increase Community Support and Involvement in Promoting Appropriate Sexual Behaviour of Adolescents		
1.	Number of proposals received through requests	53
2.	Number of grants awarded	20
3.	Total number of communities reached through SDC intervention	26
4.	Total number of adolescents reached through SDC intervention	1619
5.	Number of NGOs/CBOs/FBOs trained in healthy lifestyle	11
6.	Number of SDC officers trained in adolescent healthy lifestyle	37
7.	Number of NGOs/CBOs/FBOs assessed using the organisational assessment tool	17
8.	Number of adolescents involved in adolescent healthy lifestyle activities with NGOs/CBOs/FBOs receiving grants	698
9.	Number of communities involved in adolescents healthy lifestyle activities with NGOs/CBOs/FBOs receiving grants	126

Collaborated with the National HIV/STI Control Programme and SERHA to prepare for the SERHA Community Peer Educator (CPE) Training. The Community Peer Educators training took place in July 2006. This training was a collaborative effort between the National HIV/STI Control Programme in Ministry of Health, South East Regional Health Authority (SERHA), and JA-STYLE. The training strengthened the capacity of CPEs to increase service delivery to adolescents and develop a strategy incorporating JA-STYLE's thematic areas: sexual and reproductive health, HIV/AIDS, substance abuse, and violence prevention.

Specifically, CPE interventions will be focused in our targeted violence prevention communities as a part of their targeted community intervention strategy. Forty-five persons were trained, including Peer Links who are representatives from the targeted communities. The Peer Links attended additional training to become qualified CPEs. The interventions began this year in Brown's Town and will begin early next year in the Duhany Park community.

Commenced violence prevention activities initiated in Flanker, Brown's Town, and Rose Town. Proposal for Duhaney Park submitted and under review. This year, JA-STYLE completed its Violence Prevention Strategy which details the strategy to mitigate and reduce violence to which adolescents are exposed and/or in which they participate. JA-STYLE hosted a meeting to finalise the selection of four high-risk communities in which the project will implement an integrated approach. Predicated on the JA-STYLE spheres of influence, these will include all project components and bring together resources, partners, donors, other divisions of USAID, and other Ministries. Participants included representatives from Ministry of Health, PMI, USAID, Church Alliance, Ministry of National Security, Prime Minister's Office and UWI. Using a multiple criteria voting matrix involving all participants, the following four communities were selected: Duhaney Park, Brown's Town, and Rose Town in Kingston; and Flanker in Montego Bay. Asset mapping in the selected communities were completed with the assistance of the Health Promotion and Protection Department in the MOH.

This year activities were initiated in the community of Flanker in St. James; and in the communities of Brown's Town and Rose Town in Kingston. Duhaney Park's proposal is currently being reviewed and revised before implementation commences in October 2006. Activities conducted this year are reported below and illustrated in the Spheres of Influence Diagram.

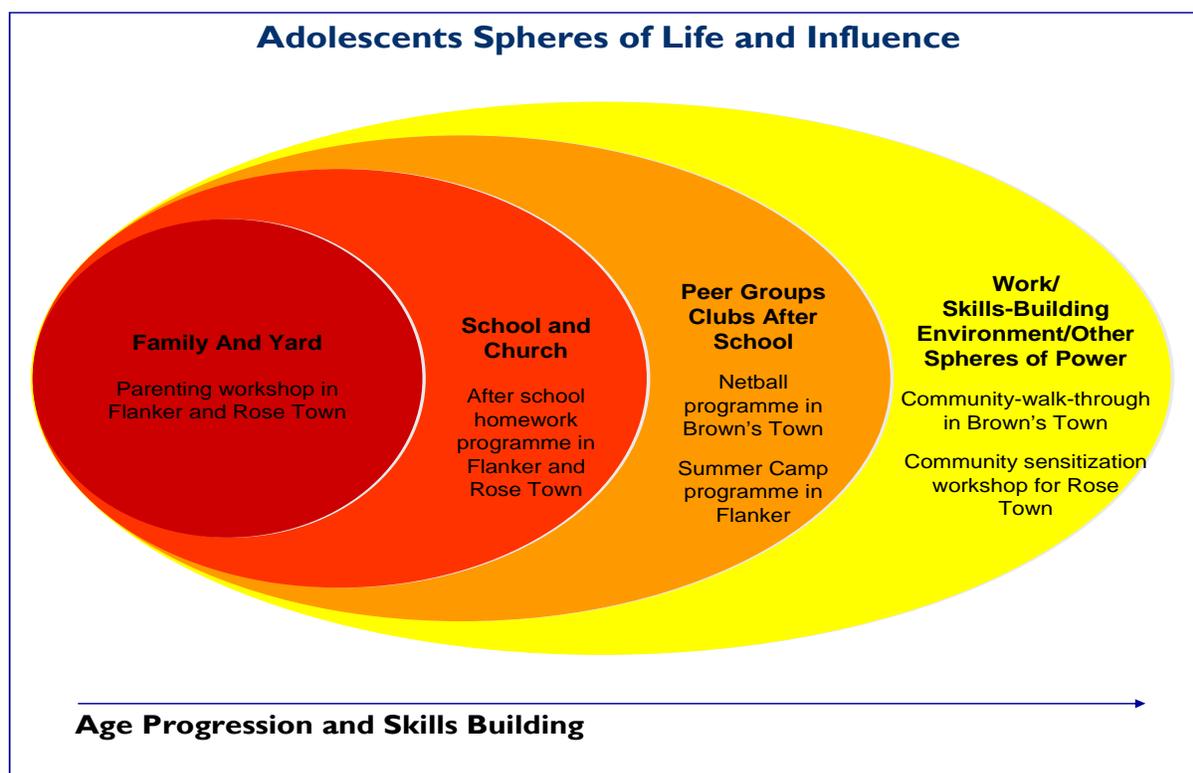


Flanker Dance Group performing at the Back to School Extravaganza in Flanker, St. James

Communities	Objective	Activities
Flanker	To conduct parenting workshops with specific emphasis on adolescent parents	Conducted parenting workshops, including sessions on HIV and substance abuse, for 37 parents who ranged in age from 17 to 45. Once the parenting curriculum is finalised, JA-STYLE will provide it to Flanker and assist with training in parenting.
	To hold after school activities for youth to include a homework programs and summer activities	An after school/homework programme was initiated comprising of 40 adolescents between the ages of 7 - 15. Although the specific activities centered on completion of homework, this medium provided a most valuable opportunity for healthy lifestyles intervention. Structured sessions on mediation, HIV/AIDS, substance abuse, sexual and reproductive health, self esteem building, and communication were conducted. The community was able to enlist the support of the US Peace Corps and Sandals Montego Bay in delivering this activity.
		A summer programme with 150 youths who ranged from age 7 to 19 years old was conducted this year. Additionally, The Flanker Peace and Justice Centre utilised JA-STYLE's contributions to leverage support from other partners to make this a success. It is calculated that the dollar value on such counterpart contributions amounted to fifty thousand Jamaican dollars (\$50,000.00). All four of the JA-STYLE thematic areas plus addition healthy lifestyle themes were presented in a variety of workshops aimed at adolescents and adults.
	Performing arts and sporting activities for unattached youth inclusive of drama, dance, a community marching band and netball, football, basketball	The performing arts were used as a means of reaching youth in the community and in particular un-attached youths. The dance group enlisted 20 members whereas the marching band was able to attract 30 youths. These activities provided a captive audience for training in the thematic areas of reproductive health, HIV/AIDS, substance abuse, and violence prevention. The dance group has also been invited to perform at several different functions in and outside of the community.

Communities	Objective	Activities
Brown's Town	Through performing arts, sports, and marching band, engage youth in healthy lifestyle sessions and form a peace/violence prevention strategy.	<p>Thirty youth were reached through drama and dance groups. These groups served to rally young people in the community and focus their attention away from some of the other negative factors in the community. The drama group participated in and won an award in the JA-STYLE/SDC Healthy Lifestyle Fest. This helped galvanize the community's interest in and support for the group. During meetings with the youths, the organisers conducted the following sessions: The Female's Body; The Male's Body; Ways in Which I can stop Violence; HIV and Young People; I am sexy but not having Sex; and Pregnancy: Am I ready for it?</p> <p>Netball proved to be a major source of attraction for out of school youths. This activity registered 24 youth who participated in seven sessions introducing the following topics: team building, becoming a father, becoming a mother, sexual negotiation, and HIV testing. Already, the groups' usage of the community centre as their focal point has served to bring renewed vigour and excitement to the community and to attract spectators to the rehearsals and also to the workshop session.</p>
	Conduct community awareness "Walk Through" sessions to provide education/sensitisation on healthy lifestyle issues	<p>Through community walk-through sessions, approximately five hundred community members were reached and given information of reproductive health, HIV/AIDS, substance abuse. As a result, a numbers of persons have voiced interest in having an HIV test done. Although the mobilisers were able to refer individuals for HIV testing, it was recognised that many will not actually go and so one solution is to have the rapid HIV test conducted in the community. That possibility is presently been explored with the Ministry of Health.</p> <p>Distribution of 3000 condoms and 2000 pieces of printed materials on HIV/AIDS, substance abuse and violence prevention. Condom distribution and non traditional distribution points have become two major points of considerations for the project and will be further addressed next year.</p>
	To strengthen the organisational capacity of the organisations implementing these activities in the community	In an effort to address the sustainability of the group beyond this project, JA-STYLE has channeled support into a series of training workshops for the leadership of Positive Youths in Action. Four sessions were conducted with approximately ten persons and resulted in the development of a work plan. Both of these documents and the outputs of subsequent skills-building workshops represent the efforts to secure organisation stability.

Communities	Objective	Activities
Rose Town	To implement a programme of education, training, and counselling support as a part of the community's response to ensure that parents assume the primary responsibility for the care and protection of their children	In an attempt to improve the conditions under which children are reared, initial approaches were made to parents in the community to engage them in subsequent parenting workshops. There has been an overwhelming response to the prospect of these workshops which are to begin in the next quarter. In the initial phase, Hope for Children, the implementing agency will use its already existing material for these workshops. In the next phase, collaboration will take place with the JA-STYLE parenting curriculum.
	To offer home work assistance to adolescents and to help them with behavioural, sexual reproductive health issues including problems with STIs and HIV/AIDS issues	The faith-based organisation, CURE, has been identified as playing a significant role in the violence prevention activities. They have begun the after school/homework programme. Additionally, JA-STYLE has discussed with CURE using the clinic to improve the outreach to adolescent mother. After school activities attracted 70 youth. Activities included life skills sessions, home work assistance, reading skills, and conflict resolution.



The following table summarises information gathered through the PMIS. See Appendix E - PMIS Generated Reports for Non-PMP Indicators.

No.	Non PMP Indicators	Total for FY06
Cross Cutting: Violence Prevention		
1.	Number of agencies active in violence prevention in targeted communities	18
2.	Number of after-school activities in the VP targeted communities	20
3.	Number of schools collaborating with organisations providing intervention programmes in the VP targeted communities	2
4.	Number of adolescents (10-19) trained in mediation/conflict resolution in the violence prevention targeted communities	48
5.	Number of adolescents (10-19) trained in HIV/AIDS information in the VP targeted communities	1644
6.	Number of adolescents (10-19) trained in substance abuse information in the VP targeted communities	150
7.	Number of adolescents (10-19) trained in sexual reproductive health information in the VP targeted communities	156
8.	Number of persons 20 + trained in HIV/AIDS information in the VP targeted communities	37
9.	Number of persons 20+ trained in substance abuse information in the VP targeted communities	37
10.	Number of persons 20+ trained in sexual reproductive health information in the VP targeted communities	37
11.	Number of adolescents involved in violence prevention interventions in the violence prevention targeted communities	504

Assessment, consultation and proposal completed for the Grant's Pen community. In collaboration with the Democracy and Governance Unit of USAID, JA-STYLE embarked on initiating activities in the Grants Pen community. To identify the issues affecting adolescents in that community, JA-STYLE hired a consultant to meet with stakeholders, youth, and other community members to identify needs and next steps. The first one focused on bringing the findings back to the community for verification and buy-in. The second one involved youth, stakeholders, and other community members identifying the priority areas in which JA-STYLE will focus its resources. These include mediation, literacy, parenting, and adolescent reproductive health. These have been formed into a proposal that is presently under review and will be implemented next year. In preparation for implementing activities, the asset mapping for the community was completed with the assistance of the Health Promotion and Protection Department in the MOH (See Appendix H – Grants Pen Asset Maps).

Partnership established with PARADOF to conduct healthy lifestyle sessions and violence prevention activities for youth with disabilities. In fulfillment of its commitment to work with person living with disabilities, JA-STYLE's collaboration with the Paraplegic Development and Outreach Foundation (PARADOF) began with healthy lifestyle interventions with adolescents with disabilities and violence prevention activities for at-risk target groups.

This year the following sessions were conducted with 37 persons in each session:

- Basic HIV and AIDS Information delivered by the Public Education Officer from the Jamaica AIDS Support who is herself a paraplegic.

- Living with HIV which was conducted by an adolescent who is living with HIV and who works in the Ministry of Health.
- Self esteem building was conducted by a lifestyle practitioner.
- Developing plans for the future was delivered by a local motivational speaker.

In the next phase of the work, workshops will be conducted by persons who have become paraplegic as a result of violence. These are slated to be done for schools, youth clubs, etc.

Inter-sectoral collaboration continued and private public sector partnerships developed. Through negotiations JA-STYLE was able to attract a \$60,000.00 scholarship provided to one community member in the Rose Town community to pursue training in counselling. Additionally, seven scholarships totaling \$85,000.00 were secured for youth in Flanker community. Other collaborative ventures existed in the form of securing pertinent printed materials from agencies such as the National Council on Drug Abuse, National Family Planning Board, and the National HIV/STI Control Programme. These were distributed at many of the above stated activities.

2.6 Monitoring and Evaluation

Key Accomplishments

- PMP and PMIS frameworks completed and approved by USAID.
- PMIS logic framework document was completed and distributed. PMIS database was developed and implemented.
- Reporting formats and instructions (M&E toolkit) for the grantees and activities receiving direct support were developed and implemented.
- Data collection tools and instructions (data collection toolkit) for all sub IRs were developed and distributed to all the Specialists and the Regional Coordinators.
- Baseline data and targets were established for sub IR 1.1.1, 1.2.1, 1.2.2, 1.3.1, 1.4.1, and 1.4.2.

2.6.1 Progress Achieved

PMP and PMIS framework approved by USAID. USAID approved JA-STYLE's PMP and the PMIS frameworks this year. Subsequently requests have been made to USAID to eliminate one of the indicators - sub IR 1.3.3 – percent of service providers complying with youth friendly clinical service standards. In addition a request was made to change the scope of work from island wide to specific geographical locations.

PMIS logic framework document completed and distributed. PMIS database developed and implemented. The PMIS framework document provides a conceptual and operational guide for implementing a comprehensive, computerised management information system for JA-STYLE. The document lists all the PMP and non-PMP indicators captured in the PMIS, persons responsible for collecting the data, the frequency of data collection, the source of the data, and the level at which the data should be reported and how often the data is reported.

The PMIS was designed to enable the collection, management and reporting of data at all levels (national, regional, parish, project). It provides project evaluation (i.e. outcome data) as well as routine monitoring information to track parish and project level inputs, processes, outputs and outcomes applying the PMIS linked implementation logic framework. The major components of the PMIS include:

- Indicators: key input, process and outcome measures (both PMP and non-PMP indicators)
- Infrastructure: Input and output reports.
- Timelines: Reporting periods, levels of reporting and geographic locations.

PMIS data entry Excel worksheets and output report templates for all sub IRs were developed, pre- tested and finalised. M&E data entry orientation was completed and data entry has commenced. An audit of the database was also conducted which entailed pre-testing the information system to confirm the reliability of programming linkages between data entry and output report spreadsheets. Minor programming modifications were required and these were modified. The PMIS presently allows data entered to automatically generate output reports which were first generated and incorporated into the third quarterly report for FY06.

In summary the output reports developed for all the intermediate results (IRs) and cross-cutting activities is allowing the PMIS to generate monthly, quarterly and annual reports. See Appendix E - PMIS Generated Reports for Non-PMP Indicators.

The implementation of the customised JA-STYLE project management information system utilising the Excel model will support an information system that will provide a comprehensive and reliable monitoring and reporting of JA-STYLE processes, outputs and intermediate outcomes for each PMP and project level non-PMP indicator at aggregated national and regional levels.

Reporting formats and instructions (M&E toolkit) for the grantees and activities receiving direct support were developed and implemented. The M&E toolkit was developed and distributed to all the grantees and activities receiving direct support. Grantees and organisations receiving direct support were trained in M&E reporting formats. All grantees and organisations receiving direct support were sensitised to the requirements of the M&E reporting formats and were all provided with the M&E reporting tools and instructions and the timelines for reporting.

Data collection tools and instructions (data collection toolkit) for all the sub IRs were developed and distributed to all Technical Specialists and Regional Coordinators. Data collection tools and instructions (data collection toolkit) were developed for all non-PMP indicators and distributed to the respective Technical Specialists and Regional Coordinators. The instructions for the data collection tools outline responsibilities, steps to data collection and reporting, definitions and timelines for reporting. These tools will provide project evaluation as well as routine monitoring information to track national, parish and community project level inputs, processes, outputs and outcomes. All the Specialists and the Regional Coordinators received hard and electronic copies of their respective tools and instructions. All the data collection tools and instructions formed the basis for Monitoring and Evaluation standard operational procedures manual.

Survey instruments were developed for sub IR 1.1.1- percent of traditional and non-traditional facilities/organisations providing healthy lifestyle services and IR 1.4.1 - percent of communities supporting adolescent healthy lifestyles.

Two critical processes were conducted to ensure reliable data collection:

- JA-STYLE technical staff and stakeholders were engaged in finalising measurable definitions for each sub IR indicator to ensure standardized application of common terms (e.g. healthy lifestyle services, counselling, public events.)
- Training was conducted for all members of the JA-STYLE technical team. The training provided detailed instructions for data collection processes and definitions along with secondary data collection tools (e.g. standardized attendance registers etc. to support the collection of the PMIS data.

Baseline data and targets were established for sub IR 1.1.1; 1.2.1; 1.2.2; 1.3.1; 1.4.1; and 1.4.2. JA-STYLE established baselines for sub IR 1.1.1, 1.2.1, 1.2.2, 1.3.1, 1.4.1, and 1.4.2 and targets were set for FY06 and FY07 where needed. See details under each IR section. The baselines and targets for sub IR 1.2.1; 1.2.2 and 1.4.2 were delivered to USAID to be presented at their mini portfolio review.

2.7 Challenges Encountered and Proposed Approaches to Address Them

2.7.1 Cross Cutting

Challenge: JA-STYLE was informed that USAID/Jamaica will be graduated from receiving Population funds, which is the funding source for the project. This has significantly reduced the amount of funding available to the project. This change is having an impact on the project activities and its geographical focus.

Approach: JA-STYLE held several discussions with USAID and partners regarding the implication of the funding reduction to the upcoming work plan. JA-STYLE is reducing its geographical focus at USAID's request and will focus on establishing partnerships and sustainability of project activities during the upcoming year.

2.7.2 IR 1.1

Challenge: Changing the instilled attitudes of service providers and health facility staff in their treatment toward adolescents.

Approach: Developed interpersonal relations curriculum and implemented training programme to all primary care facilities.

2.7.3 IR 1.2

Challenge: Difficult national policy environment to navigate – need coordinating mechanism.

Approach: The policy environment is difficult to navigate due to a lack of an institutionalised coordinating mechanism. The JA-STYLE project is lobbying for a policy coordinating mechanism that will make the planning and communication between agencies less difficult. Over the period, we have attempted to bring synergy to the policy process through the use of one to one meetings with key stakeholders in the sector.

Challenge: Change in leadership in HPPD has presented issues of continuity pertaining to strategic policy focus and emphasis.

Approach: Establish relationship and incorporate new policy direction and focus into existing framework where possible.

Challenge: Expected/anticipated budget cuts have resulted in work plan changes to reflect more tangible cost effective outputs. One of the main items affected has been the agreed support for the pre and early adolescent strategic plan in the MOH.

Approach: Lobby for inclusion of ARH strategic focus in the national youth development framework and coordinating mechanism in the Ministry of Education and Youth.

Challenge: Unavailability of youth for activities during the school periods.

Approach: Since meeting students during the school week has been challenging, we have tried to plan meeting and sessions for the weekends and during holiday periods so as not to affect the education of our adolescents.

2.7.4 IR 1.3

Challenge: The establishment of the Youth Advisory Board was delayed due to discussion and concerns raised by the MOH around the need to separate the role that the Youth Advisory Board would play as advocates and how that role would differ from the young persons on the advocacy network. This discussion with our partners changed the time lines under this activity.

Approach: JA-STYLE engaged in dialogue with the MOH to resolve this process. Discussion led to clearer understanding of the role of the YAB in advocacy.

Challenge: The sustainability of the radio serial drama may be jeopardized due to the high costs associated with production implementation and broadcasting and the lack of publicity of the launch of the airing of the programme.

Approach: JA-STYLE and PMC funded the first three months of airtime. JA-STYLE is working to secure funding for the broadcasting with private sector companies and initiated a promotional campaign to support promotion of the programme.

2.7.5 IR 1.4

Challenge: There was considerable delay in awarding the first round of grants due to the uncertainty of the contract format to issue to the potential grantees. The contract template was submitted to USAID for approval, and subsequent comments received were incorporated. However, the approvals on the contract template and permission for moving forward with awarding the grants were also delayed. This impacted our initiation of activities at the parish level through the grant mechanism, which raised concerns on the planned work plan timeline and reporting results in this area.

Approach: JA-STYLE continued open dialogue and frequent follow-up with USAID to obtain approval on the contract format in order to proceed with awarding the first round of grants. Once the grants were awarded, JA-STYLE worked quickly to roll out the grants and initiate implementation of activities for the first and second round of the grants.

Challenge: The flair up of violence in the community of Brown's Town halted the progress of some of the work that was planned. For example, the asset mapping process experienced delays in this community because of the turf division. This made it impossible for some of the recruited community guides to usher the data collection team into those restricted areas. This flair up of violence also resulted in some fundamental questions being asked and the need to assess the feasibility of any interventions if the levels of volatility continue.

Approach: Additional community guides with "territorial privileges", who could travel into those areas of the community, were hired to enable the asset mapping data collection team to reach all of the community. The decision was made to proceed with interventions in Brown's Town while being aware of the other environmental factors.

Challenge: Attention must be drawn to the capacity of the groups in the targeted violence prevention communities to develop proposals and to execute the plans. One major reason is that many of the individuals are unemployed and when a job does come up then they are gone and cannot commit to the activities as they would like. Communities like Rose Town and Flanker already have persons who are full time employed there doing a variety of community development activities. This is not the same in Brown's Town, Duhaney Park, and Grant's Pen. Consequently, things have been much slower in getting started and in being maintained.

The element of violence has factored in all of the communities and has heightened with the impending General Elections. Additionally, some community members get short-term employment as a result of election-related activities and can no longer be available for project work. It should be anticipated that this might result in further delays of some activities.

Approach: JA-STYLE consistently engaged the community members to help them work through their proposal and implementation work plans. JA-STYLE worked closely with the communities to monitor if activities were on schedule but used caution during times of violence and recognised that activities could be delayed.

2.7.6 M&E

Challenge: JA-SYTLE proposed several changes to the indicators in the results framework. Approval was needed prior to gathering baseline data from which to measure our results.

Approach: JA-STYLE collaborated with USAID and Development Associates to finalise baselines and targets in the PMP. Further modifications are anticipated next year as a result of the funding cuts.

3. PROJECT ADMINISTRATION

3.1 Staffing

JA-STYLE experienced several staffing changes during this year. It was especially challenging to retain and motivate staff in the context of reduced funding. Julie Urban Jaser joined the project as Programme Manager in November 2005. In January 2006, Sherrian Gray accepted the position of Southeast Regional Coordinator and Kathleen Fergusson-Stewart accepted the position of the Behaviour Change Communications (BCC) Specialist. Layne Robinson began in February 2006 as the Policy and Youth Advocacy Specialist. Ann Marie Campbell assumed the position of Chief of Party in March 2006. Caldwell Dixon was hired as the third project driver in May 2006. And Audrey Crosdale replaced the BCC Specialist in July 2006.

3.2 Short-Term Technical Assistance

3.2.1 Home Office Short-Term Technical Assistance

Dr. Tisna Veldhuyzen van Zanten, from University Research Corporation, LLC, visited Kingston several times over the year. Dr. Veldhuyzen van Zanten spent much of the first quarter in Kingston serving as Acting Chief of Party. She made two other visits in April and September 2006 to conduct supervisory and support visits to provide the new Chief of Party with an opportunity to review overall project progress and results and discuss ongoing program challenges and to provide overall technical support and oversight to project implementation, with emphasis on work plan implementation, grants management and results monitoring and plan for reporting.

Ms. Tonja Cullen, from University Research Corporation, LLC, traveled to Kingston in October 2005, February, June, and August 2006 to provide support to the BCC component. During these visits Ms. Cullen drafted the BCC Strategy; worked with the new BCC Specialist to provide orientation to the BCC work plan and establish priority steps for moving to rapidly implement BCC efforts, including adaptation and dissemination of existing BCC materials; assisted with staff transition, debriefing with departing BCC Specialist regarding pending activities and follow-up needed, and developing medium term plan for maintaining momentum of the BCC component; providing orientation for the new BCC Specialist; developed draft IPR job aids; and provided oversight the conceptualization and design/development of job aids to strengthen IPR training and performance of health workers. Ms. Cullen also provided programme management support when necessary.

Dr. Paul Richardson, from University Research Corporation, LLC, visited Kingston in October and November 2005 to assist the Adolescent Services Specialist to finalise the work plan for IR 1.1 and complete a situational analysis of the services currently available for adolescents.

Ms. Nicole Cheetham, from Advocates for Youth, visited JA-STYLE in February, July, and September 2006 to provide ongoing support to the NGO Capacity Building and Community Mobilisation Specialist. Ms. Cheetham assisted with the pre-testing of the OAT; developing of the strategy outlining the approach to strengthening and supporting youth development organisations; analysing and reporting the results of the OAT to the grantees in St. James and Clarendon; negotiating technical assistance needs with these grantees; identifying preliminary areas for technical assistance to be provided by JA-STYLE; and co-facilitating the capacity-building workshop for 8 grantees that focused on the following areas: adolescent development and sexual and reproductive health, training and facilitation skills, and implementation of life skills education. She also reviewed the parenting curriculum with the Youth.Net consultant and provided input to the Youth Advisory Board plan and the Advocacy Strategy to the BCC Specialist and Youth Policy and Advocacy Specialist, respectively.

Dr. Anne Martin-Staple, from Health Strategies International LLC, completed a visit in March and May 2006 to provide support to the Policy and Youth Advocacy Specialist to orient him to the IR 1.2 work plan and the responsibilities of his position, to finalise the PEAT data collection instruments and survey implementation timeline, to ensure timely completion of the baseline Policy Environment Assessment Survey (PEAS), and to work on the Advocacy Strategy, Advocacy Network baseline survey, and Public-Private Partnership Strategy. Dr. Martin-Staple also provided support to the Monitoring and Evaluation Specialist to finalise the PMIS database design and implementation timeline, to facilitate input from technical staff on PMIS output reports and non-PMP indicators, to support rapid implementation of the PMIS database, and to ensure that data collection instruments and systems were in place and functioning.

Ms. Kriss Barker, Ms. Melissa Barrett, Ms. Virginia Carter, Mr. Rocha Chimerah, and Mr. Tom Kazungu, from Population Media Center, conducted the radio serial drama scriptwriters' training in March 2006. The team also held discussions with Brian Schmidt, Marketing Manager of the radio station IRIE FM. Mr. Schmidt expressed interest in airing the radio serial drama on the station. Ms. Barker returned to Kingston in August 2006 to clarify roles and responsibilities of members of the production and scriptwriting team, provide technical assistance and administrative support and direction to the production and scriptwriting team, and liaise between the scriptwriting/production team and JA-STYLE.

3.2.2 Consultants

Ms. Joanne Ashton: Assisted the project in developing sustainable adolescent health facilities in the Northeast Region, building on the work already begun by JA-STYLE and the multi-agency project teams that have been established. Carried out an assessment of potential youth-friendly sites in the Northeast Region, provided written assessment of the work to date relative to the viability and sustainability of the projects in Portland and St. Ann's Bay, and provided a written framework upon which the interventions can be implemented in a sustainable manner, including recommendations to improve the viability and sustainability of the projects.

Mrs. Althea Bailey: 1) Conducted the formative research in preparation for the radio serial drama scriptwriters' training. She completed a literature review of existing data, conducted focus groups, and reported on the findings. Her report is the basis for the development of the characters, location, and storylines for the radio serial drama. 2) Pre-tested video clips developed to train clinic staff during the Interpersonal Relations learning programme through youth focus groups in four regions, provided feedback to the video producers to guide its improvement, and worked with the IPR curriculum development team on the enhancements needed.

Ms. Una Blake, Mr. Hortnel Johnson, Ms. Jaelien Olivia Scott: Conducted structured telephone interviews to determine the number of traditional, non traditional facilities/organisations providing adolescent healthy lifestyle services, recorded the data from the interview in the data entry format presented, and assisted in the data analysis process.

Ms. Kathleen Fergusson-Stewart: 1) Conducted focus groups with youth and health facility staff in preparation for the development of the interpersonal communications curriculum. 2) As co-trainer, conducted the training of trainers workshop in youth advocacy and networking skills and provide support for youth in the development of their advocacy skills and presentations.

Ms. Ava Gail Gardiner: Conducted a mini needs assessment in Grants Pen to determine the adolescent reproductive health programming needs in the community and provided recommendations for a clear and concise scope of work for JA-STYLE's contribution to efforts in Grants Pen, identify next steps, and resource needs.

Dr. Georgiana Gordon-Strachan: Conducted and supervised a survey to determine the number of traditional, non traditional facilities/organisations providing adolescent healthy lifestyle using a structured interview methodology; conducted data entry and analysis of completed questionnaires to determine the number of traditional, non traditional facilities/organisations providing adolescent healthy lifestyle to analyse additional information; and prepared a data analysis report of the findings establishing a baseline and providing recommendations for target setting.

Ms. Sheila Graham: Supported the radio serial drama activities by representing JA-STYLE in meetings with IRIE FM and advising JA-STYLE on contractual and programmatic considerations; researching and advising JA-STYLE on options for copyright and use of popular music; and liaising with the Broadcast Commission to ensure compliance with the Children's Programming Code.

Mr. Leon St. Charles Grant, Ms. Narvalee Robinson, and Mr. Ezekiel Russell: 1) Supported the advocacy activities by assisting with establishing the advocacy network baseline data by conducting structured telephone interviews to determine the extent of youth networks island wide, recording data from interview sessions in the data entry format presented, and assisting in the data analysis process. 2) Conducted structured face-to-face interviews with Social Development Commission (SDC) officers and where applicable chairperson of the Community Development Committees (CDC) to determine the number of targeted communities supporting adolescent healthy lifestyles, recorded the data from the interview in the data entry format presented, and assisted in the data analysis process.

Mrs. Amory Hamilton-Henry: Supported the newly formed JA-STYLE Youth Advisory Board to start becoming a structured entity and began the process of developing systematic support to the JA-STYLE technical team and facilitated team building and work planning exercises with YAB members.

Mrs. Tijuana James-Traore: Completed preparatory steps towards the finalisation and refinement of the SDC curriculum using adult education principles and appropriate state-of-the-art approaches and designed the process and tools and completed a rapid assessment of counselling services provided in the public sector setting, as well as in the NGO setting.

Mr. Carrel Kerr: Assisted with the support of the newly formed JA-STYLE Youth Advisory Board to start becoming a structured entity and began the process of developing systematic support to JA-STYLE technical team.

Mr. Richard Leach: Completed data entry from the Policy Environment Assessment Tool using SPSS, assisted in the data analysis process by conducting basic statistical analysis, and entered the data.

Mrs. Bridgette McDonald-Levy: Reviewed the revised PEAT and ensured that the instrument and methodology were objective, valid, reliable and comprehensive; developed and implemented a plan for pre-testing the PEAT data collection instrument; assisted JA-STYLE in preparing for implementing the PEAT baseline study, including finalising sample sizes, data collection and analysis methods, and identified a data collection team.

Mr. Victor Nolasco: Developed photography and image development for job aids; developed a set of reference photos for the IPR materials and for future use by capturing photographs at clinics, in communities, in schools; contributed to brainstorming about the visual content and layout of the IPR materials; and contributed to the conceptualization and lay-out of the job-aids.

Dr. Moses Peart: Assisted with the development of the IPR Learning Programme for staff working in health care facilities of the Ministry of Health and of a limited number of NGOs that offer clinical services to adolescents and developed and pilot-tested the learning programme in four regions.

Ms. Hope Ramsay: Conducted literature review of voluntary counselling and testing (VCT) services among adolescents to identify opportunities for improvement of access and use of VCT services by adolescents in traditional and non-traditional settings.

Mrs. Claudette Richardson-Pious: 1) Developed a module on Building Skills to Design and Implement Interventions for Youth and delivered of the module in two training workshops for SDC Field Officers. 2) Co-facilitated the capacity-building workshop for 8 grantees that focused on the most salient topics and skills identified as areas of need by the grantees through the Organisational Assessment process. These areas included adolescent development and sexual and reproductive health, training and facilitation skills, and implementation of life skills education

Ms. Ingrid Reid: Conducted a workshop to sensitise JA-STYLE staff on human sexuality including the following topics: sexual decision-making, formation of values around sex and sexuality, challenging/questioning of learned values around sex and sexuality, assessing comfort levels with sex, sex organs etc, environmental factors, manifestation/expressions of sex and sexuality; and facilitated a panel discussion with sex workers and persons who became sexually active early aimed at sharing personal encounters, push and pull factors, discrimination and stigma, human rights challenges, and possibilities for interventions.

Mr. Joel Richards, Mr. Diego Morris, Mr. Andrew Francis and Ms. Keesha Effs: Prepared the youth advocacy toolkit; revised the JA-STYLE report of international best practices pertaining to the YouthNow advocacy kit; revised the Advocates for Youth standard advocacy toolkit and created a youth friendly, Jamaican version complete with applicable local case studies; compiled a set of relevant set of policies, acts, regulations etc. to be included in the kit; and provided advice to graphic design artist to create a youth friendly advocacy toolkit.

Mrs. Norma Rochester: 1) Completed the youth advocacy training manual, a companion document to the youth advocacy toolkit. She was responsible for designing the training modules and conducting the pre-test before finalising the document. 2) As co-trainer, conducted the training of trainers workshop in youth advocacy and networking skills and provide support for youth in the development of their advocacy skills and presentations.

Ms. Sarah Scheening: Supported the rapid implementation of the PMIS database and ensured that data collection instruments and systems were in place and functioning.

Mr. Paul Tate: Developed the PMIS database, which included designing the PMIS output reports and input data fields, provided technical assistance in developing the data collection instruments and concise guidelines for data collection, developing and implementing the programming for the database, and provided training to the project staff in using the database system. Assisted with the PMIS database to complete the programming for Sub-IR 1.3 and cross-cutting activities, make necessary revisions to the PMIS for 1.1, 1.2 and 1.4 based on data collection feedback, produce two additional PMIS output reports for annual and quarterly reporting, and follow up technical assistance and trouble shooting as requested by M&E Specialist.

Dr. Jimmy Tindikarukayo: Revised and improved the current Policy Environment Score data collection instrument and methodology.

Mr. Fabian Thomas: Supported the radio serial drama scriptwriters' training. He took the lead on identifying, contacting, and confirming participants for the training workshop.

Ms. Patricia Watson: Content editor for the youth advocacy kit and advocacy training manual - to organise, cut, rewrite, clarify, format, stylize, the material while clarifying ambiguities, correcting conceptual problems, and maintaining the tone of the material, ensuring that the documents are targeted to youth aged 14–25.

APPENDIX A: KEYNOTE SPEAKER AT IPR LAUNCH

Dr. Sheila Campbell-Forrester, Acting Chief Medical Officer, Ministry of Health, Keynote Speaker at IPR Launch, September 21, 2006

It is an honour and my pleasure to be addressing you this morning. First, I must congratulate the visionaries from the Ministry of Health and JA-STYLE (Dr. Karen Lewis Bell and Ms. Ann Marie Campbell and her team) for the tremendous work in creating this Interpersonal Relationships manual to enhance customer service in Jamaica's Health Care Facilities.

I had a dream that one day soon,

- We would become a caring environment to all who seek services at health facilities – both public and private.
- Our internal and external customers would feel that someone understands and truly cares.
- I dreamed that not only will we know the golden rule but will practice it daily. And what is the golden rule? It is: “Do unto others as you would have them do unto you”; and I add: “do it with love.” Here is an illustration.

On Tuesday morning as my husband and I were returning from our morning walk and I shared some thoughts for this address. He became passionate about the importance of customer service, having had first hand experience as a Customer Service Manager at Air Jamaica some years ago. He related an incident he observed when attending a certain government department to transact business recently. The cashier was very rude and showed little regard for the customers! When it was his turn, he used the opportunity to speak with her about her attitude and behaviour. The conversation went something like this: “When you serve, everyone is important regardless of their status in life. When you face each person each day, just think that it is your mother, or father, family or friend that you are serving and serve each one as you would have served that person you care for. The customer has the right to service; it is our duty to be respectful and caring.

Then he made a profound statement: “The perspective from which you come, informs your thought process.” If you come from a perspective that values people, you will treat them with respect, love and care. If you are carrying baggage around, you are apt to offload it on others.

As health providers, we have a unique duty entrusted to us. We care for persons most time whose health is compromised. It means that there are physical and emotional changes taking place. Anyone one of us who has been ill, understands that we may feel a range of emotions – confusion, fear, irritability, frustration at not being able to function normally and so on. More so if we have to go to health facility and have to wait for more than an hour, those emotions are heightened! The shoe is now on the other foot! Isn't this how our clients feel too? When they face a facility and the first encounter is an unpleasant, unfriendly health worker – and they find themselves waiting forever, the other emotions of anger and rage come to the fore with its consequences. I observed that only two days ago at one of our facilities. If we understand, the emotions and interpersonal relationships at work between the client and ourselves, it becomes easier to adjust our perspectives and become empowered to cope with situations. These skills can be acquired through the experiential learning approach but it is the application of what we have learned that will make the difference.

It is our duty always to deliver the highest standard of customer care in our facilities. We could have the best health workers in the world who are highly skilled, if they have little interpersonal skills and competencies, we would still not have satisfied customers. Our duty to care is to satisfy the health and emotional needs of the patient and set him back on a path to recovery and productivity. Duty is the twin sister of love.

An imperative of the health services delivery system is to build in to our systems, strategies for accountability and sustainability. Sustainability suggests that we must get it right the first time and keep on getting it right, and that we are willing to adjust to environmental changes. Being customer friendly today and grouchy tomorrow does not spell sustainability. It must be a daily ritual where persons are prepared to meet and manage the challenges. I am not suggesting by any means that facing the public does not and will not present challenges but with appropriate skills and competencies, we will be better able to manage most situations.

The Ministry of Health has a mandate to provide the tools and set appropriate standards for performance and to assure quality of care. This IPR initiative will help to accomplish this mandate by building the capacity of our human resources. Health workers, my colleagues, we are in the performance era, and indicators will not only be the number of patients seen, but the quality of the interaction. I urge you to institute monitoring and evaluation systems in your facilities. Included in your plans should be rewards for good interpersonal relationships. Celebrate successes. But counselling and coaching must also be provided for staff to help them adjust to challenges. More importantly, we must take clients into our confidence and seek to find out if they are satisfied with the service. Seek their suggestions and partnership in resolving issues. This I think poses one of our greatest challenges and yet it is a most important step. One of my Professors would consistently say: “It is not what you expect but what you inspect.”

I am pleased that the MOH and our partner JA-STYLE have come together to address interpersonal relationships skills and competencies. The Ministry of Health has identified Customer service as a flagship priority and the Hon. Minister of Health highlighted this in his budget speech. Already a 10 year Customer Service plan has been developed. Customer Service is part of a wider initiative of the Government of Jamaica. As stated in the Public Sector Modernization Vision: *“within 5 years, the whole public service will be organised around the needs of its customers, directly accountable to them through guarantees of services which are of the highest quality, accessible, convenient, easy to use, integrated, responsive, cost effective, and which assures redress when things go wrong.”* (Ministry paper 56). We therefore have a mandate to implement services that are customer friendly and responsive to client needs.

The JA-STYLE, USAID/MOH project focuses on youth, the IPR component of this project addresses enhanced customer service for all in Jamaica’s Health facilities through an experiential learning model, designed by Dr. Moses Peart is being launched today. It is important that we understand this major accomplishment and the paradigm shift from worker to client and worker together in solving health concerns – personal and public.

Customer service is for all, but it would be remiss of me not to bring to your attention, where this all started. It started with young people, our greatest assets! Our young people in general, are healthy and relatively free from many of the chronic diseases that affect adults, but they tend to have more psychosocial needs that drive them to risk situations with serious health outcomes, viz. violence, drug use and unprotected sex. Our role as health providers goes beyond the physical and includes the psychosocial. We are a part of the process in the development of resilient young people and this requires that our facilities are safe places where they can come and be treated with love, respect and dignity. Facilities must be places where only the walls can speak their secrets and lives are saved. We have a responsibility to the young people of this country to secure their future and ours.

We pledge therefore to make this manual come alive. It is an invaluable resource to build skills and competencies in interpersonal relationships and prepare us through certification for the Caribbean Single Market.

In closing, I leave this thought: There is a story about a ship at sea in dense fog. The captain sees a light that appears to be in his path. He sends a message. "You are in my path turn 10 degrees west". The answer comes back, "You are in my path, turn 10 degrees east". The seaman replies: "I am a seaman with 40 years experience turn 10 degrees west." The response came back: "I am the lighthouse". From today, let us in health be lighthouses open to pointing the direction and with less of the seaman's characteristics of groping in the dark, being arrogant and feisty. Let us not let our own perspectives keep us back from serving with humility, justice and loving kindness, as we care for our customers in a much more inclusive way. There is a passage in the Bible that says: "*And what does the Lord require of you? To act justly, to love kindness and to walk humbly with your God.*" – *These are words of counsel.*

Congratulations on this achievement, JA-STYLE, Dr. Peart, the MOH Family. Long live this initiative and may God bless it and you. Thank You.

APPENDIX B: VIGNETTE ON GEORGE NEWMAN, YAB MEMBER

A Precocious Leader in our Midst

JA-STYLE's behavioural change and communication campaign for adolescents could not be successful or entirely effective without direct input from the 10-19 age group. With this in mind, JA-STYLE developed the concept of a Youth Advisory Board. The Youth Advisory Board was created to bring a "youthful" perspective to JA-STYLE's project implementation in the four thematic areas: HIV/AIDS, sexual and reproductive health, substance abuse, and violence prevention. The members of the board also serve as advocates for the well-being of Jamaica's adolescents and youth. Twelve young persons representing six parishes across Jamaica were chosen after a rigorous recruitment and selection process. Criteria for board membership included active involvement in youth club, school, church or community activities; willingness to travel island-wide and a deep-seated interest in healthy lifestyle issues. Members were also chosen based upon key areas such as assertiveness, expression, knowledge of youth issues and work ethic.

George Newman, a confident youth of 12 years, possessed these qualities and much more. The Mandeville resident and a student of Knox High School was described by members of the JA-STYLE selection committee as an intelligent, articulate, self-assured and well-reasoned young man. George attended the selection meeting while recovering from surgery; however, this did not hinder him from awing the committee with his strong views on youth issues and his practical ideas about youth development strategies. In small group discussions, his expressive disposition shone through; he was not at all intimidated by the older participants. His small stature was misleading as his commanding presence and forthright manner captures any audience. "It's like he has already lived 50 years", Ian McKnight, JA-STYLE Violence Prevention Specialist and a member of the Youth Advisory Board selection committee, commented; Anne Staple of Health Strategies International, another member of the selection committee, further said, "We had to pick him; we knew that he would make a meaningful contribution."

George views his membership on the Youth Advisory Board as an opportunity to get the opinions of youth heard as they are often under-appreciated or excluded from discussions regarding their own well-being. Drug abuse and peer pressure among adolescents are two of his major concerns: "These play a large part in teens becoming perpetrators of violence, we need to look at these areas and how they really are affecting Jamaican youth." George also hopes to help young people understand the destructive nature of some of their actions and provide support in rectifying them.

George's participation in the Youth Advisory Board would not be possible without the support of his parents, George and Donna Newman. His mother pointed out the advertisement which appeared in the Youthlink. George responded enthusiastically and submitted his application to JA-STYLE. When asked to describe him, Mrs. Newman told JA-STYLE that "George has always been aware; he is always making conversation and arguing about issues. He also listens to us [his parents] discuss them and watches the news." She goes on to say that "being expressive has always been a part of his personality." His father describes him as a "determined, well-behaved chap of good moral standard. He tries to be all that he can be."

This dynamic young man has already participated in a number of youth-oriented activities. His passion for helping others has presented itself in various aspects of his life. At school he is a peer counsellor who assists his fellow class-mates in solving their problems. He is also an active member of the Inter-Schools Christian Fellowship (ISCF). Currently, George is spending his summer helping his grandmother to teach at a Vacation Bible School where he can help other young persons to understand the Bible.

JA-STYLE is very pleased to have George on our Youth Advisory Board; we look forward to his valued input over the next year.

APPENDIX C: YOUTH ATTENDING ADVOCACY TRAINING

Theresa Johnson, Ricardo McKenzie and Jason Clarke were chosen from the Association of Clubs (AOC) for advocacy workshop sponsored by JA-STYLE USAID.

They were chosen because of their age, gender, motivation and commitment in the various programmes of AOC and in particular summer camp which hosts over 150 students from 6-17 years for 4 weeks our theme was “Intervention Today for a Crime Free Tomorrow”.

We were able to monitor their progress in Kingston as they continue to call us and to tell us what was taking place and how grateful they were for the training.

As early as Sunday morning I was informed of their route to Westmoreland and how I should pick them up in Savanna-la-mar. I realised then some of the skills learnt were started to be used on me. When I met the three in Savanna-la-mar the only thing came from them was their thanks for reaching Savanna-la-mar safe and sound. All the rest was about advocacy and their five day stay in Kingston. They were so enthused in telling their stories and to assure everyone that AOC have three new brand advocates. Seeing the enthusiasm and anxiety in them to impart what they have learnt we went ahead and organised for them to attend weekly meetings of the AOC groups.

On Monday night the 14th of August they went to the Galloway Citizen’s Association, Wednesday night the 16th the Logwood Citizen’s Association on Thursday night the 17th the Petersfield Sports and Community Club. In these clubs they explained what they have learnt in Kingston on what was transpired and also their commitment to train two persons from each club on advocacy who will go back to train others in their club as they say they are trainers of trainees now.

At the Petersfield Sports and Community Club (PSCC) meeting there were over 30 members and this is where their true potential, confidence and knowledge of delivery was put in place. Making presentations at the two previous meetings and was critiqued help them to make better presentations after a spontaneous and continuous cheering each member gave their views on their presentations. A teacher at the Petersfield High School said, “I could not believe my ears, my eyes this is marvellous I will have to tell my school about this and I pledge to help.” A young lady who is a former classmate of Ricardo and Frome Technical High School said, “I know Ricardo from grade 6 and he was one of those boys who hardly speak in class although not dunc but never up front, has this programme really had an impact on him.” Another member said that both participants has done what the PSCC was not able to do in 20 years to get national recognition although we have done tremendous local and national projects to be so recognised. Another member said, “Mr. Brown wi bust dem out, a hope wi ha wha fi hold dem.” These are just some of the comments from a very pleased audience. My only regret is that these presentations were not video taped, but I promise that it will never happen again.

Their visits to the radio station and their television appearance are some of the motivating factors that is being lacking in Westmoreland although their peers and their elders are doing wonders with the limited resources that they have but yet they have never been so featured.

The rest of the AOC community is very enthused about their enthusiastic behaviour and is willing to help them. I, Matthias Brown, realised that with my 32 years of working with community development within these poor and sometimes depressing areas of the sugar belt where there are bright young boys and girls who are energetic and has the zeal to go forward and are being sought by unscrupulous persons and sometimes group who has the means to lead them in the wrong direction. We therefore are using the various limited resources we have to continue to keep them at the right place at the right time and doing the good things. Football for Education developing body, mind and spirit is one of the programmes initiated by the youths and their training in advocacy will help to sustain.

Ricardo, Theresa and Jason has shown the rest of the youths and the AOC of 7 clubs with over 270 individual members what it is to intervene today. We thanked the JA-STYLE USAID programme for their intervention and hope that they will continue to work with them and numerous other youths what we have been helping because Intervention Today can have a crime free tomorrow with a healthy lifestyle. I was trying to make this report short but I couldn't find the words to make it shorter.

Yours sincerely,

J. Matthias Brown JP

Shrewsbury Housing Scheme, Petersfield P.O.,

Westmoreland. Tel: 955-5125/955-5870

Email: aocwest@yahoo.com

APPENDIX D: VIGNETTE ON ROSE TOWN YOUTH

Gloria Lewis is the mother of young Esther Ennis; a vibrant 10 year old who is a student enrolled in the JA-STYLE funded after-school homework programme in Rose Town, Kingston. Ms. Lewis is like any other mother who wants the best for her child and that includes a sound education and a bright future.

“...education is what is going to help the black race,” lamented Ms. Lewis, a firm believer in the importance of higher learning. A single mother of ten children, Ms. Lewis is doing whatever she can to ensure that Esther Ennis, her last child or the colloquial ‘wash belly’ gets the necessary skills she needs to function as a responsible and productive adult in years to come.

Esther currently attends the St. Andrew Primary School which is situated in Rose Town and walking distance away from home. She is a pleasant and sometimes shy child who opens up once she is comfortable with people and her surroundings. Prior to starting the after-school homework programme over a year ago, Esther showed difficulty in class. Realising Esther’s need for help, Ms. Lewis took advantage of the programme that is held at the CURE Centre in Rose Town. Additionally, Ms. Lewis wanted to be able to ensure that her child was properly supervised after school, a service for which she could not pay.

JA-STYLE started working with the Rose Town community at a time when the CURE after-school programme was to be closed because the funding was ending. This programme was the one which Esther had been enrolled for at least one year and had yielded dramatic changes in Esther’s attitude and aptitude towards learning. Her last report card had shown much improvement in her studies. The improvement was so remarkable that Esther will skip grade 5 and go straight to grade 6 where she will sit the GSAT exams. The thought of not been able to sustain that development was an absolutely frightening one for Ms. Lewis who feared that her child would regress.

Consequently, when it was decided that JA-STYLE would contribute to the continuation of this programme, Ms. Lewis was elated. She expressed her appreciation for the programme and stated that many parents and children have benefited from the free lessons. She pointed out that she would not have been able to afford extra lessons for Esther and that Esther would have missed out on an important opportunity to continue learning and excelling in school. Ms. Lewis went on to laud JA-STYLE for their good work and expressed a desire to see it continue well into the future.



Esther says thanks to Mom (Ms. Lewis) for enrolling her into After School Programme

APPENDIX E: PMIS GENERATED REPORTS FOR NON-PMP INDICATORS

IR 1.1: Expand Access to YFS in Clinical and Non-Clinical Settings to Promote Healthy Lifestyles and Improve Appropriate Sexual Behaviour		
The number of IPR manuals disseminated		
Region	QRT 4	Total
South-East	405	405
North-East	305	305
Southern	305	305
Western	305	305
Total	1320	1320

Comments: The IPR manual encourages the practice of experiential learning among service providers to strengthen attitudes and behaviours. An improvement in attitude and behaviour is one of the contributing factors to a welcoming atmosphere which could impact expanding access to youth friendly services. To-date the manuals have been distributed in public sector clinical settings; however there are plans to distribute the manuals in the non-clinical settings.

Number of individuals trained in IPR		
Region	QRT 4	Total
South-East	31	31
North-East	16	16
Southern	17	17
Western	14	14
Total	78	78

Comment: These seventy-eight (78) individuals were trained as IPR trainers within the public sector clinical setting and are expected to disseminate the IPR concept to various categories of staff organised by the training officers within the four health regions.

IR 1.2: National Policies and Guidelines Implemented in Support to Healthy Lifestyles (focus on youth sexual behaviour)			
The number of youth in advocacy activities			
Region	QTR 3	QTR 4	Total
Southeast	83	24	107
Northeast	68	2	70

IR 1.2: National Policies and Guidelines Implemented in Support to Healthy Lifestyles (focus on youth sexual behaviour)

The number of youth in advocacy activities

Region	QTR 3	QTR 4	Total
Southern	43	10	53
Western	63	6	69
Total	257	42	299

Comment: Two hundred and one adolescents were engaged in debates concerning the national policy for HIV/AIDS management in schools.

Number of youth advocates trained

Region	QTR 4	Total
South-East	24	24
North-East	2	2
Southern	10	10
Western	6	6
Total	42	42

Comment: Forty-two youth advocates were trained and are expected to train other youth advocates to assist in implementing national policies and guidelines supporting healthy lifestyles with a focus on youth sexual behaviour.

The number of policy activities supported

	QTR 3	QTR 4	Total
National	10	3	13

The number of advocacy manuals/toolkits disseminated

	QTR 4	Total
National	42	42

Comment: The manuals/toolkits disseminated will assist in supporting advocacy work.

Number of private/public partnerships established

Region	QTR 3	QTR 4	Total
South-East	1	4	5

Number of private/public partnerships established			
Region	QTR 3	QTR 4	Total
North-East	0	0	0
Southern	0	0	0
Western	0	9	9
Total	1	13	14

Comment: The fourteen private/public partnerships established has provided JA-STYLE with cost sharing support. In QTR 3 in the South-East an alliance was formed with the National Family Planning Board and in QTR 4 partnerships were formed with National Centre for Youth Development (NCYD), Social Development Commission (SDC), National Council on Drug Abuse (NCDA) and IRIE FM. In QTR 4 nine partnerships were formed in the Western Region: Social Development Commission (SDC), Sandals, Jamaica Tours, Jamaica Stores, Rose Hall Developments, Taste Patties, Police, JSIF, and HEART.

Number of youth represented on policy decision making bodies	
Region	Number (Annual)
South-East	2
North-East	0
Southern	1
Western	1
Total	4

Comment: Four youths represented on policy decision making bodies is providing a voice for youth at higher levels and increasing their visibility. In the South-East two youths are on the International Youth Leaders Council. In the southern region one youth has been appointed to the Parish Development Committee and in the Western Region one has been appointed to the Good Samaritan Inc board.

IR 1.3: Improved Knowledge and Skills Related to Healthy Lifestyles and Appropriate Sexual Behaviour		
The number of radio drama episodes broadcasted		
	QTR 4	Total
National	6	6

Comment: The six episodes have focused on the precursor to violence prevention messages. The six episodes were aired from September 19 to September 26, 2006. Feedback from the Youth Advisory Board (YAB) on the radio serial drama to-date is that it is aired too early; the songs used in the drama serial are outdated and inappropriate for the episode.

The number of listening groups formed		
Region	QTR 4	Total
South-East	4	4
North-East	0	0

The number of listening groups formed		
Region	QRT 4	Total
Southern	0	0
Western	2	2
Total	6	6

Comment: The Western Regional Coordinator formed two listening groups in Hanover and the BCC Specialist is managing four listening groups in the south-east region.

The number of short spots presented in mass media		
	QTR 4	Total
National	163	163

Comment: The short spots namely public service announcements (PSA) comprised 131 PSAs on substance abuse and 32 PSAs on safe sex. These messages are targeting adolescents to make the right choice regarding drugs and appropriate sexual behaviour.

IR 1.4: Increased Community Support and Involvement in Promoting Appropriate Sexual Behaviour of Adolescents			
Number of proposals received through requests			
Region	QTR 2	QTR 3	Total
South-East	-	-	-
North-East	-	-	-
Southern	-	-	-
Western	-	-	-
Total	26	27	53

IR 1.4: Increased Community Support and Involvement in Promoting Appropriate Sexual Behaviour of Adolescents			
Number of grants awarded			
Region	QTR 3	QTR 4	Total
Southeast	2	3	5
Northeast	5		5
Southern	5		5
Western	5		5
Total	17	3	20

Comments: Seventeen (17) grants were awarded incorporating all four regions and three (3) grants were awarded to youth serving organisations that have head offices in Kingston but would have a national reach. The NGOs receiving grants will impact several communities in their respective parishes. In awarding twenty (20) grants JA-STYLE is increasing support and involvement in promoting appropriate sexual behaviour.

Collaboration with Social Development Commission		
Name of Communities impacted by SDC intervention	Total Number of adolescents reached through SDC intervention	Total number of communities reached SDC intervention
Region: North-East	390	11
Ocho Rios		
St. Ann's Bay		
Runaway Bay		
Brown's Town		
Bensonton		
Moneague		
Cave Valley		
Bohemia		
Gibraltar		
Cascade		
Alexandria		
Region: Western	235	3
Glendevon		
Paradise		
Norwood		
Total	625	14

Comment: The collaboration with SDC is assisting JA-STYLE to increase community support and involvement in promoting appropriate sexual behaviour of adolescents and more specifically it is increasing the percent of communities supporting adolescent healthy lifestyles sub IR 1.4.1.

Number of NGOs/CBOs/FBOs trained in healthy lifestyle		
Region	QTR 4	Total
South-East	0	0
North-East	3	3
Southern	5	5
Western	3	3

Number of NGOs/CBOs/FBOs trained in healthy lifestyle		
Region	QTR 4	Total
Total	11	11

Comments: NGOs/CBOs/FBOs capacity is being improved by providing them with the skills and knowledge in healthy lifestyle for adolescents and parents of adolescents.

Number of SDC officers trained in adolescent healthy lifestyle		
Region	QTR 3	Total
Southeast	16	16
Northeast	11	11
Southern	0	0
Western	10	10
Total	37	37

Comments: The training of the SDC officers will assist them to initiate healthy lifestyle activities in the communities in the parishes of Kingston and St. Andrew, St. Ann and St. James.

Number of NGOs/CBOs/FBOs assessed using the organisational assessment tool			
Region	QTR 3	QTR 4	Total
Southeast	0	2	2
Northeast	0	5	5
Southern	3	2	5
Western	3	2	5
Total	6	11	17

Comment: The organisational assessment tool (OAT) has been administered to seventeen (17) grantees and one youth serving organisation. The score will be used to identify specific areas where capacity building is required and/or necessary for each NGO/CBO/FBO.

Number of adolescents involved in adolescents healthy lifestyle activities with NGOs/CBOs/FBOs receiving grants			
Region	QTR 3	QTR 4	Total
Southeast	0	188	188
Northeast	0	179	179
Southern	44	121	165

Number of adolescents involved in adolescents healthy lifestyle activities with NGOs/CBOs/FBOs receiving grants			
Region	QTR 3	QTR 4	Total
Western	56	170	226
Total	100	658	758

Comment: A total of seven hundred and fifty-eight (758) adolescents from all the grantees in the four regions were involved in adolescent healthy lifestyle activities (i.e. workshops, sports, drama, dance, speech and craft etc)

Some lessons learned by some of the grantees are as follows:

- If workshops are conducted for adolescents they must be activity driven to keep that target population engaged.
- Workshops for adolescents must allow some time for group interaction and bonding especially if adolescents are from different communities.
- The gun culture is seen by youngsters as a mark of power and it is difficult to change that perception.
- One grantee (Our Gems Parenting Association) underestimated the number of persons interested in discussing and learning about parenting issues.
- Workshops for adolescents should provide an environment that will allow participants to feel at ease in order for them to participate freely. (The Good Samaritan Inc.)

Some challenges encountered by the grantees are as follows:

- It was difficult for some adolescents to participate freely in the workshops especially if they came from different communities that were at odds with each other. Some of the adolescents from the different communities were interacting for the first time and did not feel comfortable voicing their opinions.
- The first parenting workshop conducted by the Women’s Centre of Jamaica only had 16% of the participants attending. For all subsequent workshops 35-40% of the participants did not attend. There was also the lack of male participants attending the parenting workshop.
- The different levels of education among the adolescents attending the workshops.
- The participants lack funds necessary for travel to access the programmes. (The Good Samaritan Inc.)
- There is the lack of books and materials for activities. (The Good Samaritan Inc.)
- Keeping the groups formed before the summer vacation together during the summer vacation. (Clarendon 4H)

Some opportunities for improvement in the activities are as follows:

- Maintain contact with participants to ensure attendance at parenting workshop (Women’s Centre of Jamaica)
- Increase the discussions and role playing for positive resolution of conflicts in the conflict resolution sessions. (Family and Parenting Centre)

Number of communities involved in adolescents healthy lifestyle activities with NGOs/CBOs/FBOs receiving grants			
Region	QTR 3	QTR 4	Total
Southeast	0	43	43
Northeast	0	37	37
Southern	9	21	30
Western	12	4	16
Total	21	105	126

Comment: The grantees and the youth serving organisations are impacting on 126 communities in promoting adolescent healthy lifestyle.

Cross Cutting: Violence Prevention		
Number of agencies active in violence prevention in targeted communities		
Region	QRT 4	Total
South-East	12	12
Western	6	6
Total	18	18

Comment: Eighteen agencies are active in the violence prevention targeted communities

Number of after-school activities per community in the VP targeted communities		
Region	QRT 4	Total
South-East	11	11
Western	9	9
Total	20	20

Number of schools collaborating with organisations providing intervention programmes in the VP targeted communities		
Region	QRT 4	Total
South-East	0	0
Western	2	2
Total	2	2

Comment:

Number of adolescents (10-19) trained in mediation/conflict resolution in the violence prevention targeted communities.			
Region	QTR 3	QTR 4	Total
Southeast (Grants Pen)	0	23	23
Western	25	0	25
Total	25	23	48

Number of adolescents (10-19) trained in HIV/AIDS information in the VP targeted communities.		
Region	QRT 4	Total
Region- South-East		
Rose Town Community	3	3
Grants Pen	3	3
Brown's Town	1488	1488
Region - Western		
Flanker	150	150
Total	1644	1644

Number of adolescents (10-19) trained in substance abuse information in the VP targeted communities		
Region- Western	QRT 4	Total
Flanker	150	150

Number of adolescents (10-19) trained in Sexual Reproductive Health information in the VP targeted communities		
Region	QRT 4	Total
Region- South-East		
Grants Pen	3	3
Rose Town	3	3
Region - Western		
Flanker	150	150
Total	156	156

Comment: One thousand, nine hundred and ninety-eight (1998) adolescents have been trained in the violence prevention targeted communities. The topics covered are mediation/conflict resolution, substance abuse, sexual reproductive health and HIV/AIDS.

Number of persons 20 + trained in HIV/AIDS information in the VP targeted communities		
Region- Western	QRT 4	Total
Flanker	37	37

Number of persons 20+ trained in substance abuse information in the VP targeted communities		
Region- Western	QRT 4	Total
Flanker	37	37

Number of persons 20+ trained in Sexual Reproductive Health information in the VP targeted communities		
Region- Western	QRT 4	Total
Flanker	37	37

Comment: Thirty-seven (37) adults were trained in the Flanker community. The topics covered are HIV/AIDS, substance abuse and sexual reproductive health.

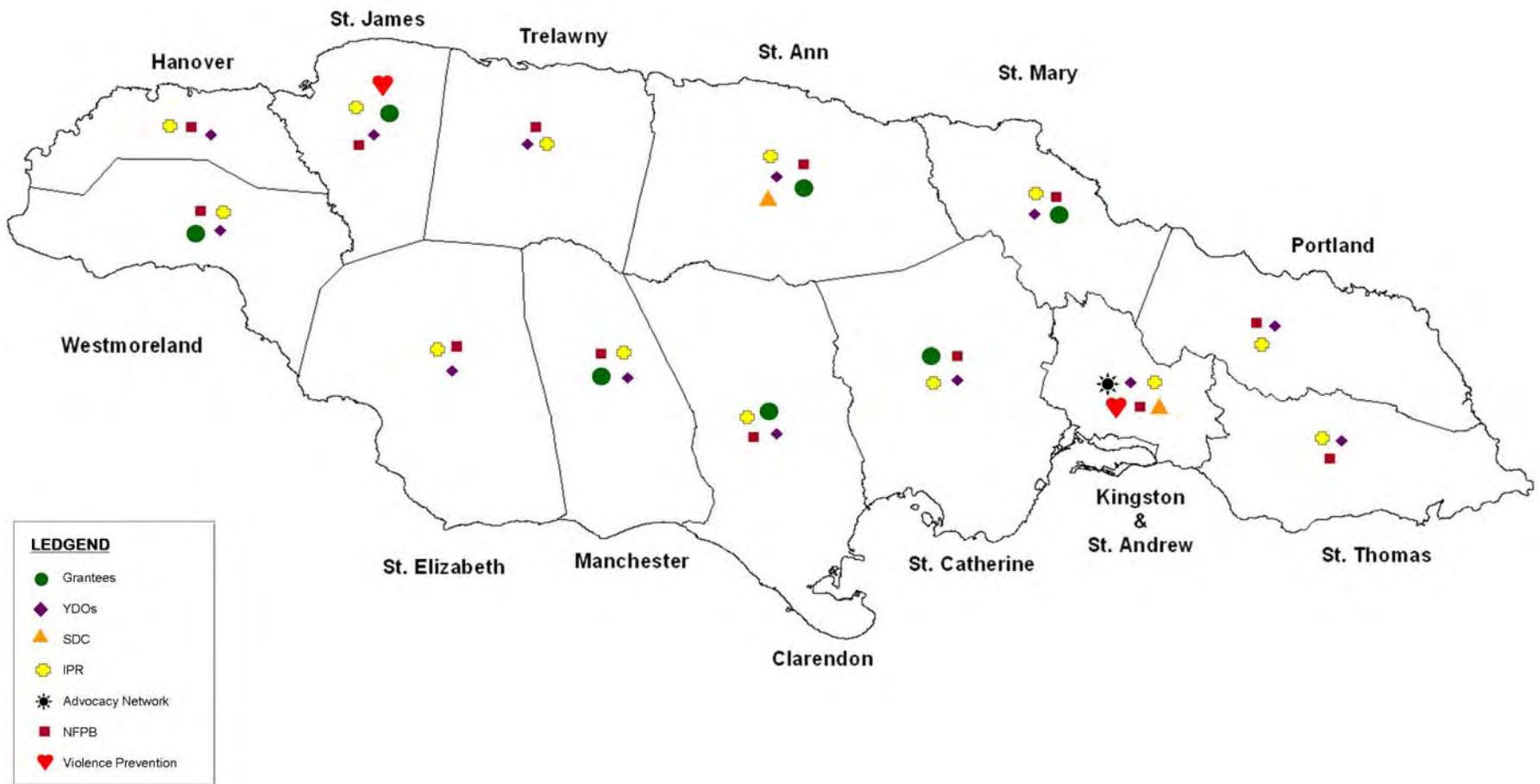
Number of adolescents involved in violence prevention interventions in the violence prevention targeted communities.			
Region	QTR 3	QTR 4	Total
Southeast	0	149	149
Western	82	273	355
Total	82	422	504

Comment: Five hundred and four (504) adolescents are engaged in violence prevention interventions in the violence prevention targeted communities i.e. homework programmes, after school sports, marching band etc.

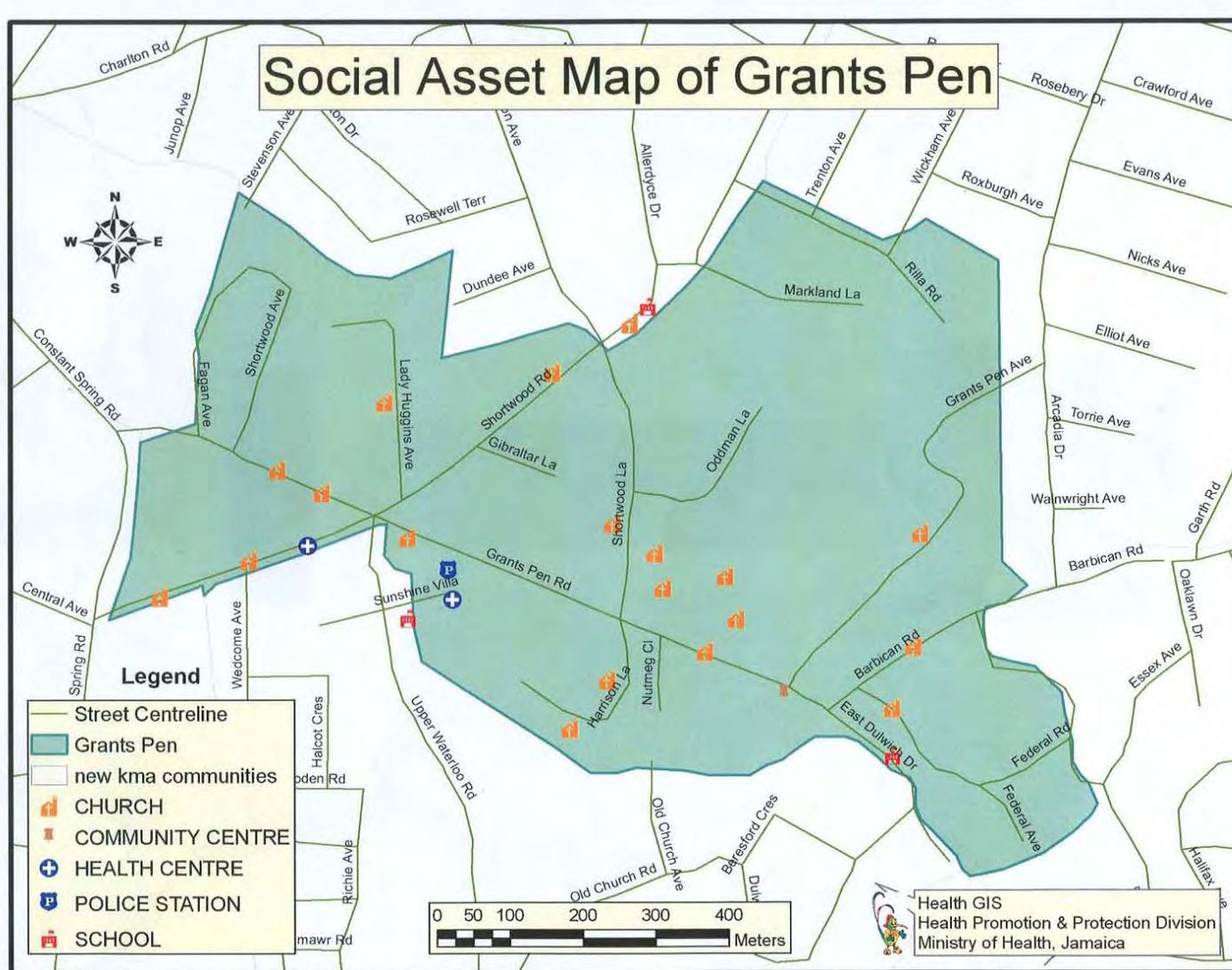
APPENDIX G: SUMMARY TABLE AND MAP OF PROJECT ACTIVITIES FOR FY06

Activities							
Parish	Violence Prevention	YDOs	Grantees	SDC	IPR Learning Programme	Advocacy Network	NFPB
Kingston	x	x		x	x	x	x
St. Andrew	x	x		x	x	x	x
St. Catherine		x	x		x		x
Manchester		x	x		x		x
Clarendon		x	x		x		x
St. Elizabeth		x			x		x
Hanover		x			x		x
St. James	x	x	x		x		x
Trelawny		x			x		x
St. Ann		x	x	x	x		x
St. Mary		x	x		x		x
Portland		x			x		x
St. Thomas		x			x		x
Westmoreland		x	x		x		x

ACTIVITY FOCUS FOR FY06

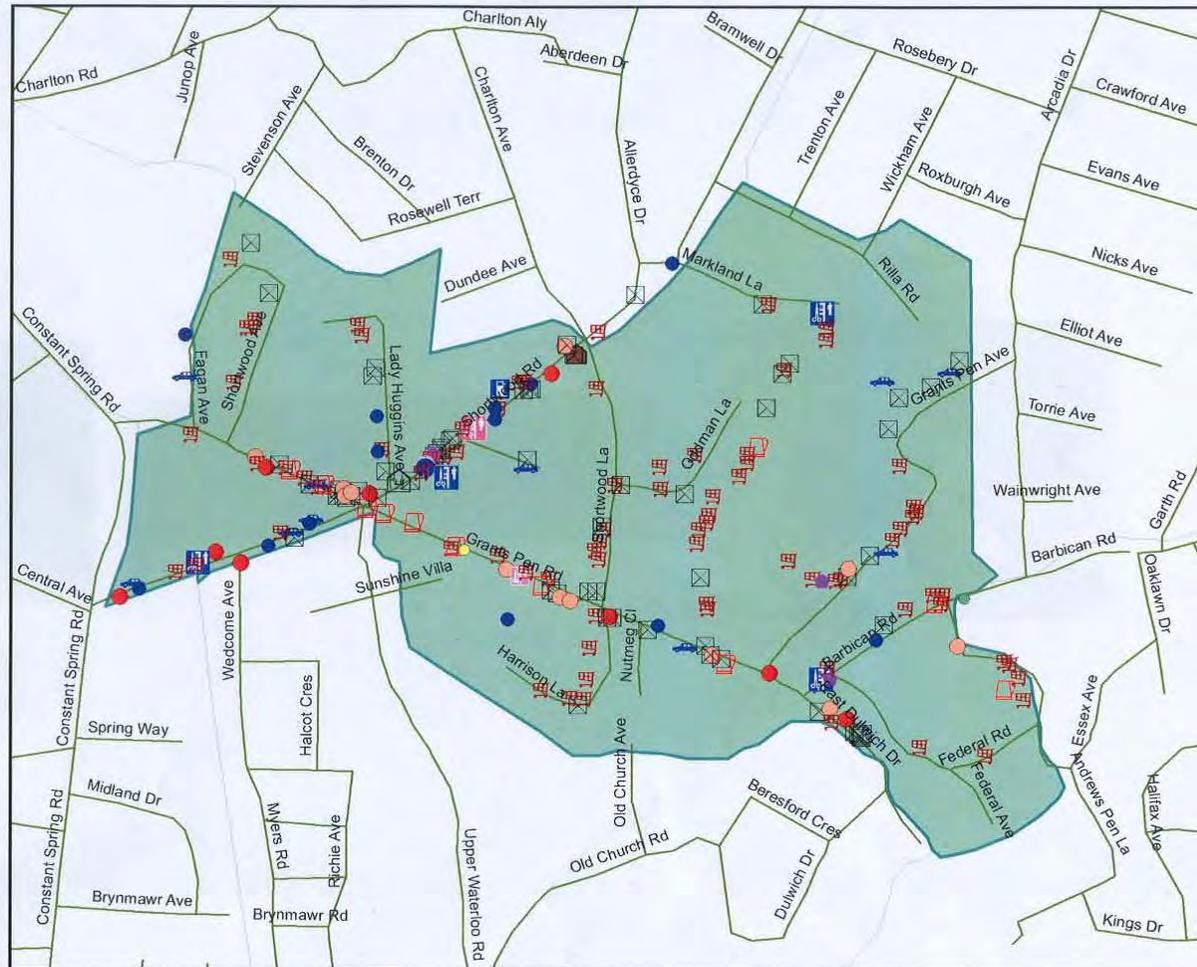


APPENDIX H: GRANTS PEN ASSET MAPS



Commercial Assets Located in Grants Pen

- Legend**
- Street Centreline
 - Grants Pen
 - new kma communities
 - 🍞 BAKERY
 - 🍷 BAR
 - ✂️ BARBER SHOP
 - 💄 BEAUTY SALON
 - 📍 COMMERCIAL CENTRE
 - 💇 COSMETOLOGY SHOP
 - 🚗 GARAGE
 - 🔧 HARDWARE
 - 📍 OTHER
 - 🍽️ RESTAURANT
 - 🏢 SERVICE CENTRE
 - 👞 SHOE MAKER
 - 🏪 SHOP
 - 🏠 STALL
 - 🏪 SUPERMARKET
 - 🪡 UPHOLSTERY SHOP
 - 🔧 WELDING SHOP
 - 🏪 WHOLESALE & RETAIL



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