



USAID
FROM THE AMERICAN PEOPLE

THE SAFE SCHOOLS PROGRAM JAMAICA ASSESSMENT REPORT

April 11-22, 2005

July 20, 2005

This publication was produced for review by the United States Agency for International Development. It was prepared by DevTech Systems, Inc.

THE SAFE SCHOOLS PROGRAM JAMAICA ASSESSMENT REPORT

April 11-22, 2005

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Jamaica Assessment Report, The Safe Schools Program Table of Contents

Acknowledgements.....	ii
Acronyms.....	iii
Executive Summary.....	1
I. Framing the Issue.....	4
A. Global Context of School-Related Gender-Based Violence.....	4
B. Defining School-Related Gender-Based Violence.....	5
A. Defining SRGBV as a Rights Issue.....	8
D. The SSP's Strategic Approach to Address SRGBV.....	11
E. Safe Schools Results Framework.....	15
II. Scope of Work and Methodology.....	16
A. Scope of Work.....	16
B. Methodology.....	17
III. Findings: The Context and Problem in Jamaica.....	17
A. Education in Jamaica.....	19
B. Health in Jamaica.....	20
C. Status of Women.....	23
D. Gender-based Violence.....	24
E. Overview of SRGBV in Jamaica.....	24
F. Programmatic Overview.....	32
IV. Issues and Recommendations.....	44
A. At the National Level.....	44
B. At the Institutional Level.....	45
C. At the Community Level.....	47
D. Individual Level.....	49
V. Programming Options.....	53
A. National Level.....	53
B. Institutional Level.....	54
C. Community Level.....	55
D. Individual Level.....	56
VI. Recommended Intervention Focus.....	59
VII. Next Steps.....	59
ATTACHMENT I : Results Framework.....	64
ATTACHMENT II: Scope of Work.....	65
ATTACHMENT III: Interview Protocols.....	67
ATTACHMENT IV: Individuals Met With (By Institution).....	74

Acknowledgements

The Safe Schools Program team would like to thank the wonderful staff at the U.S. Agency for International Development (USAID)/Jamaica Mission for inviting us and facilitating a complex and demanding trip and schedule, including their assistance with advance planning and in scheduling meetings with key representatives from the Ministries of Education, Youth and Culture, the Ministry of Health, the Ministry of National Security, the New Horizons Project (NHP), the Uplifting Adolescents II Project, key NGO partners and select NHP participating schools. In particular, the Safe Schools Team would like to acknowledge the efforts of Ms. Margaret Sancho, Director of the Office of General Development (OGD) and Mrs. Claire Spence, Deputy Director of OGD for their interest and assistance in the Safe Schools Program. The Team would also like to thank the marvelous students, parents and school staff at Chester Castle All Age School, Chetolah Park Primary School, Devon Pen All Age School, Lower Buxton All Age School, Manchioneal All Age School, Mizpah All Age School, Negril All Age School, North United Church Primary School, Redwood All Age School, and Spring Garden All Age School for their openness and willingness to talk to us about difficult and sensitive subjects that affect their daily lives. Finally, the Team would like to thank our Cognizant Technical Officer, Julie Hanson Swanson of USAID's Office of Women in Development (WID), who accompanied us on this trip and conducted interviews, offered technical advice, and was an altogether invaluable part of the team.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CCPA	Child Care and Protection Act
CDA	Child Development Agency
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEDPA	Centre for Development and Population Activities
CRC	Convention of the Rights of the Child
ECP	Emergency Contraceptive Pills
EGAT	Bureau of Economic Growth, Agriculture and Trade
EFA	Education for All
FAMPLAN	Family Planning Association of Jamaica
FLE	Family Life Education
GBV	Gender-based Violence
GDP	Gross Domestic Product
GOJ	Government of Jamaica
HFLE	Health and Family Life Education
HIV	Human Immuno-deficiency Virus
ICCL	Irish Council for Civil Liberties
ICCPR	International Covenant on Civil and Political Rights
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
MoEYC	Ministry of Education, Youth and Culture
MoH	Ministry of Health
MoNS	Ministry of National Security
Moj	Ministry of Justice
NFPB	National Family Planning Board
NGO	Non-governmental Organization
PAHO	Pan American Health Organization
PALS	Peace and Love in Society
PLA	Participatory Learning Assessment
PRA	Participatory Rural Appraisal
PTA	Parent Teacher Association
RBA	Rights Based Approach
RH	Reproductive Health
SOW	Scope of Work
SRGBV	School-Related Gender-Based Violence
SSP	Safe Schools Program
TTC	Teacher Training College
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCHR	United Nations High Commission on Human Rights
UNICEF	United Nations International Children's Fund

USAID
VCT
WHO
WID
YMCA
YWCA

U.S. Agency for International Development
Voluntary Counseling and Testing
World Health Organization
Office of Women in Development
Young Men's Christian Association
Young Women's Christian Association

Executive Summary

From April 11 – 22, 2005, a four-person team from the Washington, D.C.-based Safe Schools Program (SSP) traveled to Malawi to conduct a school-related gender-based violence (SRGBV) assessment. The Safe Schools Team was comprised of four DevTech Systems, Inc. employees: SSP Team Leader Maryce Ramsey, Youth and Reproductive Health Specialist Cate Lane, Education Specialist Nina Etyemezian, and Qualitative Researcher Ji Sun Lee. Also participating in the assessment was Julie Hanson Swanson, the SSP's Cognizant Technical Officer from the U.S. Agency for International Development (USAID), Economic Growth, Agriculture, and Trade/Office of Women in Development (EGAT/WID).

Objectives

The overall objectives of this first exploratory trip were to:

- Assess existing programs for their capacity to address SRGBV;
- Understand the nature of SRGBV in Jamaica; and
- Identify individuals and organizations from the key informant interviews to serve as local partners.

Methodology

Over the course of the visit, the Team collected data, reports, and materials, conducted open-ended interviews, and semi-structured focus groups with key stakeholders recommended by the USAID/Jamaica and/or other informants. The Team examined programs and structures at multiple levels: national, institutional, community, and individual. The Team interviewed representatives from the Ministry of Education, Youth and Culture (MoEYC), the Ministry of Health (MoH), the Ministry of National Security (MoNS), USAID partners, other international donors and organizations, local non-governmental organizations (NGOs), and community level organizations (e.g., Parent Teacher Associations [PTAs]) to identify:

- (a) Types of gender-based violence;
- (b) Issues and gaps;
- (c) Promising programs and organizations; and
- (d) Recommendations.

The SSP's Strategic Approach

The purpose of the SSP is to create gender safe environments for all girls and boys that promote gender-equitable relationships and reduce SRGBV, resulting in improved educational outcomes and reduced negative health outcomes.

Five key principles guide the SSP's programming:

1. A social mobilization approach working at multiple levels: national, institutional, community and individual;
2. Addressing three areas of SRGBV: prevention, reporting and response;
3. Taking a gendered approach working with men and boys not only as perpetrators but also as potential victims as well as partners;

4. Having at least minimal support services in place before encouraging victims to come forward; and
5. Building on existing programs.

Issues and Recommendations

In Section IV, the Team provides a summary of the general issues and recommendations as reported by ministry officials, NGO staff of the USAID implementing partner of the New Horizons Project, Jamaican educational personnel, and local schoolteachers, parents and students. The Team augmented these issues and recommendations through research of the global literature on best practices. After analyzing the data and general recommendations in Section IV. A., the Team identified the priority issues and recommendations that are proposed as the SSP's pilot program in Jamaica. Guided by the SSP's key principles for programming as outlined in Section I, these priority issues and recommendations address gaps at multiple levels: national, institutional, community and individual, and in three areas of programming including prevention, reporting and response. In each of these three areas of programming, the Team also identified key organizations that could serve as potential partners.

Geographic recommendation:

The SSP proposes to leverage USAID/Jamaica's investments in New Horizons Project communities that are now committed to improving educational quality, as well as the Ministry of National Security's Safe Schools Initiative intended to address violence in the schools. It is difficult to introduce sensitive issues such as GBV in schools where little school/community collaboration and trust exists, particularly since Safe Schools has approximately three years to develop a pilot program and to show results. By leveraging the knowledge and capacity gained in the NHP schools and communities, as well as building on government political will in the MoNS's Safe Schools effort, SSP will be able to develop and implement an effective model for addressing SRGBV within this timeframe and increase the chances of success in addressing as sensitive and complex an issue of SRGBV.

Next Steps

The SSP Team will work with the USAID/Jamaica team and EGAT/WID to develop a work plan for the SSP in Jamaica based on the recommendations included in this report. The work plan will outline major areas of work, geographic focus, and provide a timeline for the first six months of implementation.

SSP's Proposed Pilot Program

National level recommendations

- Commission the development of a national baseline on laws, policies and implementation procedures that impact SRGBV.
- Form a National Advocates Network to raise awareness and promote advocacy at all levels for prevention, reporting, and response to SRGBV.

Community level recommendations

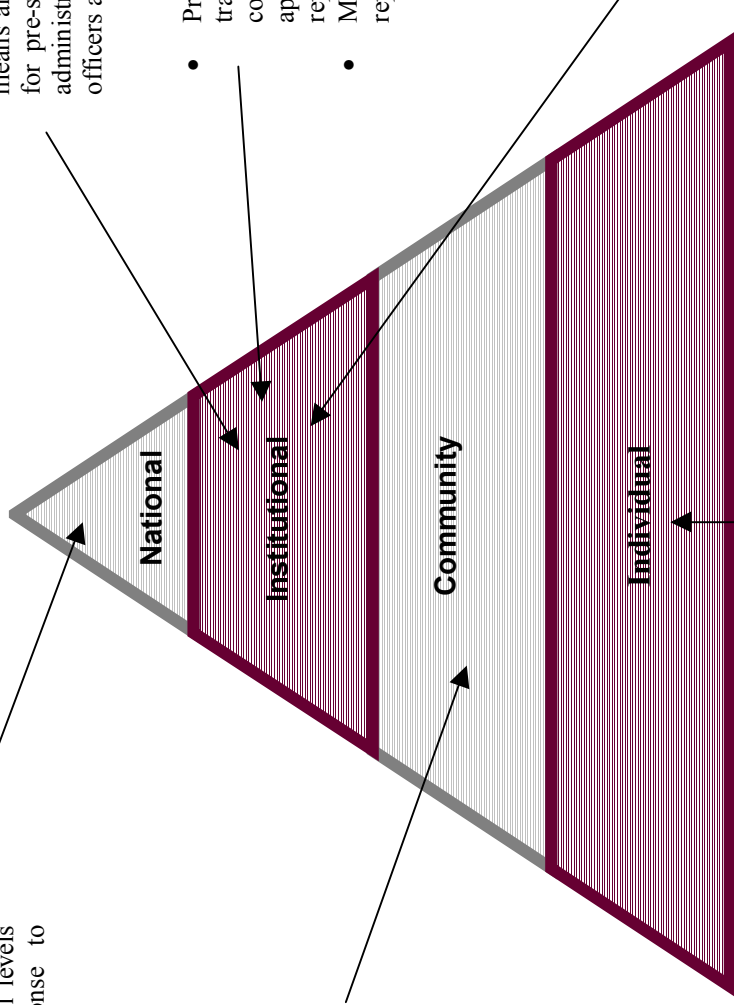
- Conduct PRA/PLA data collection and use information for community action planning. Illustrative activities to be implemented may include:
 - Providing training for parents and community members on SRGBV through PTAs.
 - Partnering with community development agencies such as SDC.
 - Collaborating with churches to train members on SRGBV and parenting.
 - Conducting outreach to youth clubs.
 - Partnering with child service agencies such as CDA.
 - Working with local businesses and service clubs.

Institutional level recommendations

- Ensure the code of conduct includes language that specifies types of violations, disciplinary actions, and reporting procedures.
- Provide training on code of conduct (what it means and procedures for reporting violations) for pre-service and in-service teachers, school administrators, regional and parish education officers and officials.

- Promote pre-service and in-service training for teachers and guidance counselors on SRGBV and on appropriate response, referral and reporting.
- Map current response, referral and reporting system.

- Identify and map potential partners and create a referral mechanism to external support services through NGOs for victims of violence. Create a referral services directory that is distributed to schools and the community.
- Train teachers in classroom management and SRGBV and create communities of practice for self-management



Individual level recommendation

- Reach children with rights, gender, violence prevention, sexual and reproductive health, and life skills programming in a holistic, systematic, on-going basis.
- Strengthen existing and new curricula in order to integrate SRGBV related topics such as rights, gender, sexual and reproductive health, etc. into existing life skills curricula and other curricula.

I. Framing the Issue

A. Global Context of School-Related Gender-Based Violence

The international community, at the April 2000 World Education Forum in Dakar, committed to achieving gender parity by 2005. The EFA goal of gender equality is to be achieved by 2015, with a focus on ensuring girls' full and equal access to and achievement of a good quality, basic education¹. The Millennium Development Goals were also established in 2000 and "while achieving all eight of the goals is critical to development, two are considered to be central to all others – universal education and gender equality/empowering women."² It is widely acknowledged that investing in girls' education is a strategy that fulfills the rights of all children to a quality education and contributes to all other development goals. After decades of commitments such as EFA, the goals of ensuring gender parity, gender equality, a quality education for every child, and successful achievement and completion have not been reached, and girls continue to be systematically left behind.

In order to achieve quality education and gender equality, schools must become places children want to attend, and safe spaces where they can receive a relevant and meaningful education. Gender-based violence in schools is a problem affecting school quality in many countries and it receives little attention, yet threatens to erase hard-won gains.

School-related gender-based violence in developing countries takes place in a context of gender inequality and specific cultural beliefs and attitudes about gender roles, especially those concerning male and female sexuality, a pattern of economic inequality, and in some instances significant political unrest and violent conflict. This context is critical to a fuller understanding of the health and educational implications and consequences of gender violence in schools. (USAID, 2003, p. iii)

USAID's Office of Women in Development (WID) commissioned a literature review on SRGBV in developing countries to collect evidence of the prevalence of SRGBV and address patterns of economic inequality, cultural beliefs about sex and sexuality, adolescent sexual activity, consequences of SRGBV on health and educational outcomes and programmatic and policy responses to address SRGBV. The literature review findings indicate that addressing SRGBV requires a holistic, multi-faceted approach that must involve stakeholders at multiple levels including the schools, teacher training programs, the community, and policy maker and practitioners at the ministerial level. The literature review also provides key recommendations for action at each level.

SRGBV is a frontier issue that demands research and programmatic interventions that directly address the impact of GBV on educational and health outcomes. Efforts to reduce SRGBV and its impact on education and health are imperative in order to achieve the Education for All goal of gender parity and gender equality in primary and secondary education.

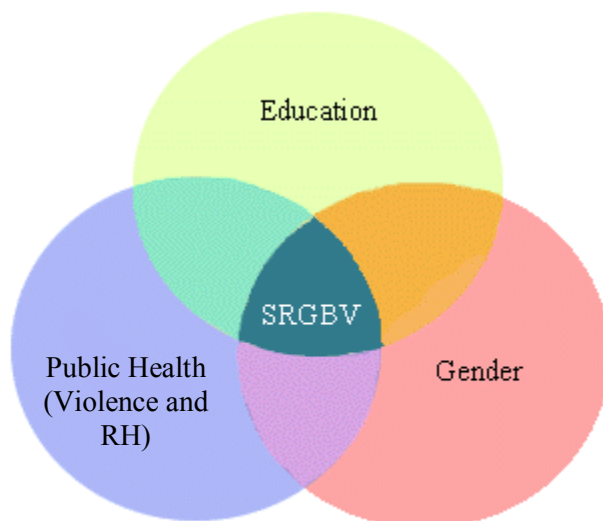
¹ UNESCO 2003

² UNDP 2003

The concepts of gender equality, educational quality, and school safety are not only factors for improving education and health outcomes, but are also vital human rights issues that international conventions and national legal systems view as necessary for the continual development of a nation. In all the major international conventions and declarations, such as the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Rights of the Child (CRC), and the Beijing Declaration and Plan of Action of the Fourth World Conference, the right to gender equality, the right to an education, and the right to bodily integrity are guaranteed to all citizens of a nation. Being a USAID funded project dedicated to improving the lives of children, these international conventions become normative frames of reference for the design and implementation of program activities. In following a rights based approach, it is imperative that the SSP assist national governments, as signatories to these international conventions, fulfill their legal duty to provide systems and policies that ensure compliance and realization of these ideals.

B. Defining School-Related Gender-Based Violence

The Safe Schools Program's definition of school-related GBV is based on the intersection of three important areas: education, gender and public health (limited here to reproductive health and violence.) The Venn diagram below helps to visualize and define these three areas of intersection and by doing so distinguish what does and does not constitute SRGBV.



Before understanding how these three areas intersect, it is important to first define each one alone.

Education encompasses the entire educational system including the school as a physical structure and as a systemic culture. It includes the role of teachers, pupils and administrators within the school as well as all the policy, procedures, and curricula.

Gender is a system of values that shapes the relationships between individuals of the same or different sexes, between individuals and society and between individuals and power. Gender relationships and roles are not only a set of values that are transmitted (across generations and cohorts) but are also a historical-social construction that affects and are affected by social practices and the unconscious.³

Public Health is defined as the organized efforts of society to protect, promote and restore people's health.⁴ For SSP, the realm of public health has been limited to reproductive health and violence as public health issues. WHO defines **violence** as "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation... that compromise the well-being of individuals, families and communities."⁵ "**Reproductive health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes."⁶

It is in the overlaps between any two of these spheres that we begin to move closer to SRGBV. For example, gender and education come together with gender influencing the behaviors of both the learner and educator. Teachers may have certain expectations about the behavior and abilities of both boys and girls based on gender stereotypes. A teacher's actions in the classroom may maintain and reinforce traditional and expected gender differences. When a teacher uses words such as "Of course you can't answer that math question. You're just a stupid girl." to enforce gender stereotypes then the realm of SRGBV has been breached in the form of psychological abuse.

The school environment and social interactions also influence learning outcomes. Poorly trained, hostile and absent teachers impact both boy and girl learners. Decrepit school infrastructure, broken or missing furniture and lack of materials discourage boys and girls alike. But school infrastructure that disproportionately affects one sex - such as lack of toilets causing girls to go to the bush where they are exposed to harassment by boys, teachers and others - is SRGBV. The same holds true for a hostile teacher whose behavior and actions target only boys or only girls - this also rises to the level of SRGBV.

Gender and violence and reproductive health can coalesce with a pernicious synergy. It is in the area of gender and reproductive health that we see how closely related gender relations and human sexuality are. Together they affect "the ability of men and women to achieve and maintain sexual health and manage their reproductive lives. Equal relationships between men and women in sexual relations and reproduction, including full respect for the physical integrity of the human body; require mutual respect and the willingness to accept responsibility for the consequences of sexual behavior. Responsible sexual behavior, sensitivity and equity in gender

³ Stromquist 1995

⁴ Institute for International Medical Education 2004

⁵ PAHO/WHO 2002

⁶ International Conference on Population and Development, 1994, Sec. A

relations, particularly when instilled during the formative years, enhance and promote respectful and harmonious relationships between men and women.”⁷

Gender, overlapped with violence, can produce sexual violence – a sex act completed or attempted against a victim's will or when a victim is unable to consent due to age, illness, disability, or the influence of alcohol or other drugs. Sexual abuse may involve actual or threatened physical force, use of guns or other weapons, coercion, intimidation or pressure. The intersection of sexual violence and gender includes rape, incest, sexual harassment, domestic violence, violence between intimate partners, gay bashing and date rape.⁸ Gender, violence and reproductive health can come together in the form of GBV affecting the ability of individuals to achieve their reproductive intentions and can result in numerous negative reproductive health outcomes such as mistimed or unintended pregnancies, increased maternal, fetal and infant mortality and morbidity and STIs and HIV/AIDS. Power imbalances between a male and a female are sharply enhanced when combined with the power imbalance between a teacher and a student, an adult and a child.

When sexual violence moves into the educational setting, it yields SRGBV in the form of sexual harassment, sexual assault and rape by fellow students and teachers resulting in all of the negative reproductive health outcomes detailed above combined with negative education outcomes.

Education and reproductive health overlap in several ways. The educational system is the setting where sexual relationships are often formed by adolescents. Educational outcomes such as enrollment, retention and completion are severely impacted by unintended pregnancies, STIs and HIV/AIDS - negative reproductive health outcomes resulting from these relationships. On the positive side, the educational system offers the perfect opportunity to reach adolescents with needed information and services. **Education and violence** yield school violence viewed as a policy term reflecting societal values that schools should be a special place of refuge and nurturance for youth. Acts of violence threaten school security and are, in fact, attacking core values of the existing social system. School violence can take many forms including gang and drug related fights, individual fights, Columbine type shootings, etc. Columbine itself could be viewed as a result of a form of SRGBV - the constant bullying of boys that fall outside the defined norms for masculinity.

SSP's focus is at the center of the Venn diagram where education, gender and public health (violence & RH) come together in the form of **school-related gender-based violence:**

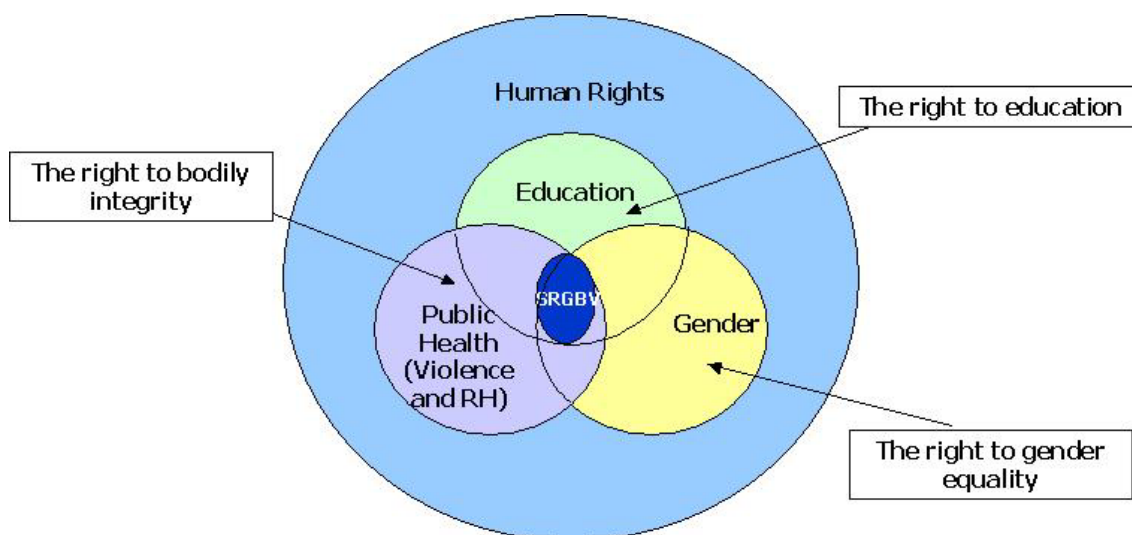
SRGBV is violence that is based on gendered norms for roles and relationships. It can be either physical, sexual or psychological or combinations of the three. It can take place in the school, on the school grounds, going to and from school or in school dormitories. SRGBV can be perpetrated by teachers, pupils or community members. Both girls and boys can be victims as well as perpetrators. Both educational and reproductive health outcomes are negatively affected by SRGBV.

⁷ ICPD 1994, Sec. D

⁸ Canadian Centre for Missing Children 2004

C. Defining SRGBV as a Rights Issue

As defined above, school-related gender-based violence is an education, gender and public health issue. It is also, very clearly, a human rights issue. In the Venn diagram used to situate SRGBV in the intersection of these three sectors, it is apparent that all three sectors and, consequently, SRGBV itself, sit within the realm of human rights. Human rights are “the rights people are entitled to simply because they are human beings, irrespective of their citizenship, nationality, race, ethnicity, language, sex, sexuality, or abilities; human rights become enforceable when they are codified as conventions, covenants, or treaties, or as they become recognized as customary international law.”⁹ It is possible to identify numerous rights that are violated when SRGBV takes place. SSP has chosen to focus on one primary right per sector – the right to: gender equality, education and bodily integrity as illustrated below.



I. Right to Gender Equality

Discrimination against women violates the principles of equality and respect for human dignity, which stands as an obstacle to the participation of women, on equal terms with men, in the political, social, economic and cultural life of their countries. This gender-driven disparity hampers the growth and prosperity of the society and the family, and makes more difficult the full development of the potentialities of women in the service of their countries and of humanity. The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) calls on States that are a party to the agreement to “condemn discrimination against women in all its forms and to take steps to ensure the equality of men and women in the political, economic, social, cultural, civil or any other field.”¹⁰ Additionally, the International Covenant on Civil and Political Rights (ICCPR) further requires governments to “undertake to

⁹ Glossary of Human Rights, 2004

¹⁰ CEDAW, 1989, Art. 1 and 2

ensure the equal rights of men and women to the enjoyment of all civil and political rights set forth in the ICCPR.”¹¹

Most major human rights conventions contain a non-discrimination clause that requires each State Party to respect and ensure for all individuals within its territory and subject to its jurisdiction the rights recognized within such conventions, without distinction of any kind, including sex. The Convention on the Rights of the Child (CRC), the most widely ratified human rights convention in the world today, also offers significant protections to girls in many countries even in the absence of CEDAW or other human rights conventions. The CRC requires states to respect and ensure the rights of each child within their jurisdiction without discrimination of any kind, irrespective of the child’s or either of his/her parents’ or legal guardian’s sex.¹² Women’s rights laws provide a detailed expression of rights aimed at achieving equality between men and women. However, these laws have to be applied in the early stages of life to achieve equality between boys and girls. Otherwise, the discriminatory and subordinate treatment of girls will lead to the subordinate treatment of women. Based on this understanding, Article 5 of CEDAW calls on States Parties to take steps to “modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudice and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes.”

2. Right to Education

The prejudices and discriminations based on gender and gendered norms of a society contribute to abuses suffered by millions of girls especially with regard to educational opportunities. For example, parental decisions place greater value on the education of sons often at the expense of daughters, leading in many parts of the world to a higher incidence of school age girls not being in school as compared to boys, clearly inhibiting the girls’ right to education, as mandated by Article 10 of CEDAW. The Beijing Declaration and Plan of Action of the Fourth World Conference further affirmed that “all barriers must be eliminated to enable girls without exception to develop their full potential and skills through equal access to education and training, nutrition, physical and mental health care and related information.”¹³ In addition to CEDAW and the Beijing Plan of Action, the CRC also offers lifelong educational benefit protections to girls. States Parties to the CRC recognize “the right of the child to education” and are required to “make primary education compulsory and available free to all” and “to make general and vocational forms of secondary education available and accessible to every child.”¹⁴ All of these educational opportunities must be provided without discrimination on the basis of a child’s sex.

3. Bodily Integrity

In the international legal arena, bodily integrity and security is defined as the right to life, non-subjugation to forced labor and slavery, the right to the security of one’s person and the

¹¹ ICCPR 1976 Art. 3

¹² CRC 1989 Art. 2

¹³ Beijing Declaration and Platform for Action, 1995, Para. 272

¹⁴ CRC, 1989, Art. 28 [1]

freedom from torture and cruel, inhuman, or degrading treatment or punishment. This definition was further expanded during an Irish Council for Civil Liberties (ICCL) Working Conference on Women's Rights as Human Rights in Dublin, Ireland. The strategies and analysis paper compiled after the conference included in the definition of bodily integrity women's reproductive and sexual rights, women-centered health care, education as a way to celebrate women's bodies, and the breaking down of women's isolation. To ensure that such concepts are manifest within the law, Article 6 of the CRC sets forth the right to life for all children. States are required to ensure, for all children, the right to life, without discrimination based on the sex of the child. These general provisions can be used to protect girls from human rights abuses that specifically target girls such as female infanticide, forced female prostitution and other physical abuses. With specific respect to health issues, Article 24 of the CRC reads in part, "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right to access such health care services."¹⁵ The CRC was also the first legally binding international instrument to address the impact of traditional practices such as female genital mutilation and child marriage as a violation against the security of the female girl child. Article 24 (3) of the CRC calls on States Parties to "take all effective and appropriate measures with a view to abolish traditional practices prejudicial to the health of children."

Taking a Rights-Based Approach to SRGBV

Safe Schools will seek to promote and protect these rights by taking a rights based approach to the issue of SRGBV. According to the Office of the United Nations High Commissioner for Human Rights:

"A rights-based approach to development is a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. Essentially, a rights-based approach integrates the norms, standards and principles of the international human rights system into the plans, policies and processes of development. The norms and standards are those contained in the wealth of international treaties and declarations. The principles include equality and equity, accountability, empowerment and participation. A rights-based approach to development includes the following elements:

- Express linkage to rights;
- Accountability;
- Empowerment;
- Participation; and
- Non-discrimination and attention to vulnerable groups"¹⁶

In keeping with these elements, Safe Schools has clearly identified the rights addressed through this program and explicitly states its objective of meeting these rights. "In a rights-based

¹⁵ CRC, 1989, Art. 24 (1).

¹⁶ UNHCR 2003

approach, human rights determine the relationship between individuals and groups with valid claims (rights-holders) and State and non-state actors with correlative obligations (duty-bearers). It identifies *rights-holders* (and their entitlements) and corresponding *duty-bearers* (and their obligations) and works towards strengthening the capacities of rights-holders to make their claims and duty-bearers to meet their obligations.”¹⁷ Safe Schools will work to improve the accountability of the duty-bearers – the governmental institutions such as the Ministry of Education, for example - in each of the three countries to meet their obligation to deliver a child’s rights. Through work at the school level, we will empower children to know and claim their rights. The importance of increasing the capacity of both the duty-bearer and rights-holder is reflected in the Safe Schools Results Framework discussed in Section E below. At every level, Safe Schools will seek the full participation of those affected, especially children. And lastly, but most importantly, the Safe Schools Program seeks to address and empower that most vulnerable of groups – children.

D. The SSP’s Strategic Approach to Address SRGBV

In response to the need to address the frontier issue of SRGBV, USAID’s Women in Development Office awarded a three-year contract, through an Indefinite Quantity Contract to DevTech Systems, Inc. to implement the Safe Schools Program. Through this task order, DevTech Systems, Inc. will carry out pilot activities in Ghana and Malawi. The purpose of the SSP is to create gender safe environments for all girls and boys that promote gender-equitable relationships and reduce SRGBV resulting in improved educational outcomes and reduced negative health outcomes.

The SSP’s Strategic Approach:

Five key principles that guide the SSP’s programming:

1. Take a social mobilization approach and work at multiple levels: national, institutional, community and individual;
2. Address the three areas of the SSP’s SRGBV activities: prevention, reporting and response;
3. Integrate a gendered approach and work with men and boys, not only as perpetrators, but also as potential victims as well as partners;
4. Ensure that at least minimal support services are in place before encouraging victims to come forward; and
5. Build on existing programs.

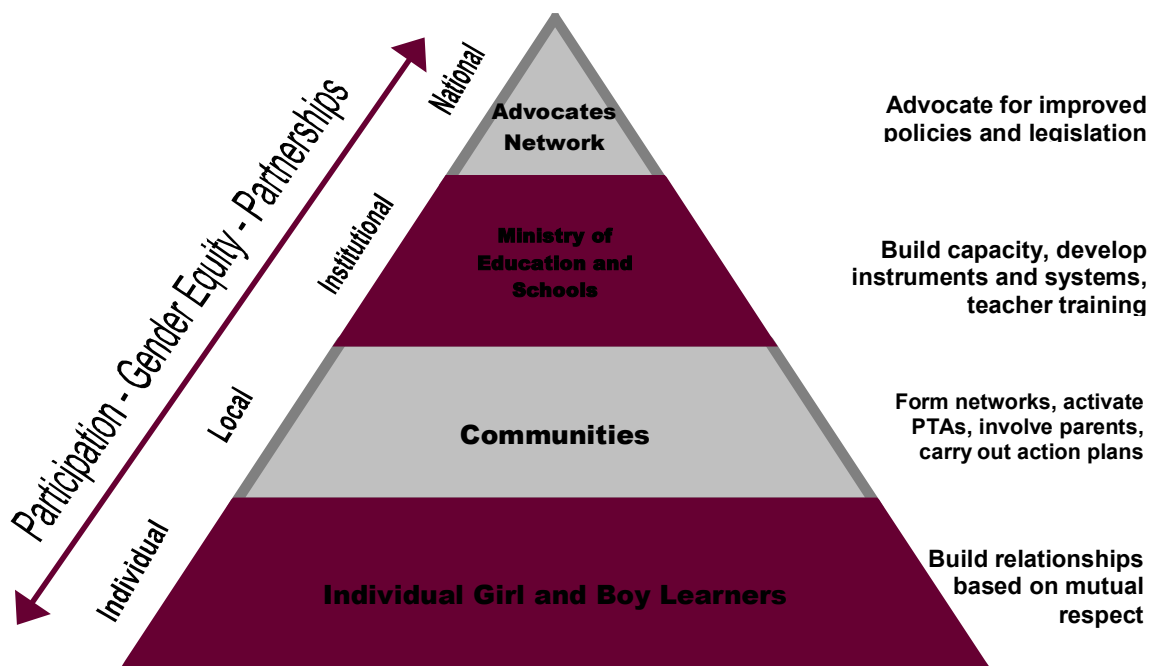
I. Social Mobilization

Based on global evidence, it is clear that to achieve safe schools for every child, change is required at many levels: individual, local, institutional and national. The SSP proposes to take a social mobilization approach, defined as “involving planned actions and processes to reach, influence and involve all relevant segments of society across all sectors from the national to the community level in order to create an enabling environment and effect positive behavior and social change.”¹⁸

¹⁷ Symington, 2002

¹⁸ CEDPA 2000

The Safe Schools Program's social mobilization approach is illustrated in the Integrated Model for Addressing GBV in schools.



Integrated Model for Addressing School-related GBV

Adapted from PAHO (2003) *Violence Against Women: The Health Sector Responds*.

Through this social mobilization approach depicted in the pyramid, the SSP will work in partnerships, utilizing participatory methods at the individual level with learners, at the community level with parents, PTAs and churches, at the institutional level with the Ministry of Education and schools and, at the national level with an advocates network. The SSP will develop a model that provides a package of recommended strategies and interventions to address SRGBV at the various levels. The SSP will work closely with local stakeholders and partners in each country to identify effective programs related to SRGBV and build on these existing programs while introducing interventions to address the gaps according to the SSP integrated model for addressing SRGBV.

While the Integrated Model places the individual girl or boy child at the base of the model, another way of framing the issue is in the form of an ecological model with the individual boy or girl child in the center. Surrounding her or him are the layers of her/his life that in total make up her/his *enabling environment for behavior change*, including relationships with parents and family members, the role of the community (peers, role models, clergy, etc.) and school (peers, teachers, headmaster) and, finally, the impact of society on the formation of norms.

2. Address the Three Areas of the SSP SRGBV Activities: Prevention, Reporting and Response

Virtually all of the international and domestic literature on SRGBV recommends the same thing: the necessity of a holistic, multi-sectoral and multi-level response. Violence is an issue with many roots and causes: poverty, unequal power relations, gender inequality and discrimination to name a few. The impact of the violence is also great with lowered educational achievement, enrollment and retention as well as negative health outcomes such as pregnancy, sexually transmitted infections and HIV/AIDS. To achieve this imperatively holistic, multi-sectoral and multi-level response, three areas of programming must be developed:

- *Prevention programs* including training for students, parents, communities and teachers; and redefining gender relations and norms of masculinity and femininity that put children at risk;
- *Response networks* including services and referral systems for psychological counseling, medical support and services and legal aid for victims and their families; and
- *Reporting systems* including policies, procedures and personnel from the policy level down through the schools to the local communities and police.

3. Establish Support Services First

The SSP has an ethical responsibility to establish systems of referral and support before encouraging either boy or girl victims of school-related gender-based violence to come forward. As noted by the International Planned Parenthood Federation, “Researchers, policy-makers and health workers working with survivors of GBV may, in order to raise awareness of GBV, unintentionally increase the risk of violence experienced by women. Without sensitivity and attention to confidentiality and safety of the individual, survivors of violence may be put in both physical and psychological danger.”¹⁹ While the information and insights gained from individual examples of experiences with GBV are critical for planning purposes they also bring with them an ethical obligation to provide support services to the victims of SRGBV. Clearly, Safe Schools will not be able to provide the range of medical, psychological and/or legal services that a victim of SRGBV might need. The SSP may only focus on providing psychological support and counseling in the schools. However, in keeping with the desire to build on what exists, the SSP will partner with organizations that do provide comprehensive response and support services to which victims can be referred.

4. Take a Gendered Approach: Working with Men and Boys

In addition to working at multiple levels to provide comprehensive prevention, response and reporting systems, a multi-leveled, holistic response is needed for creating an enabling environment for positive behavior change. This behavior change will address not only norms for femininity but for masculinity as well. The SSP is more closely examining the gender aspect of GBV by trying to understand how gender roles and relationships between women and men or boys and girls and the societal structures that support them may contribute to GBV. Global data clearly shows that the preponderance of GBV is committed by boys/men against girls/women. The SSP is not suggesting that work be done with boys instead of girls but in addition to working with girls.²⁰ Ultimately, as noted in the literature review “while girls are

¹⁹ IPPF 1998, Section I.4

²⁰ Instituto Promundo, 2004

subjected to gender violence more frequently, often in severe forms and with more severe consequences, boys are also vulnerable.”²¹

While it may be understood and readily accepted that notions of femininity put girls at risk by emphasizing a norm of passivity for girls, there is less understanding about risks to boys from notions of masculinity that may emphasize, for example, a norm of aggressiveness or hypersexuality.

Research in Brazil, for example, “suggests that gender-based violence is often part of the ‘sexual’ or ‘gender scripts’ in which dating and domestic violence are viewed as justifiable by men.”²² Gendered notions of what is normal and masculine can harm boys. Boys may engage in sexual activity before they are ready or engage in risky behaviors such as sexual activity with multiple partners or unprotected acts of intercourse, in order to fulfill societal norms for masculinity. “Studies from around the world find that young men often view sexual initiation as a way to prove that they are ‘real men’ and to have status in the male peer group.”²³

In addition, the norms for what are masculine can be enforced by acts of bullying by other boys, taking the form of either psychological or physical abuse. Further, boys may be subject to higher rates of physical abuse (excluding sexual abuse) in the home than girls.²⁴ So this project will look not just at gendered norms for girls but for boys as well and how these norms affect GBV and the development of healthy relationships.

Global recommendations on the need to work with men and boys are clear:

Male and female pupils need to be encouraged to develop greater understanding and more constructive and consensual relationships, and to discuss gender roles and gender identity openly; boys need to be encouraged to take on less aggressive roles and to ensure that they are not always portrayed as the oppressor (which risks alienating them further).²⁵

...eliminating gender violence needs the involvement of boys and men (including in an educational context male pupils and male teachers), who must be encouraged to engage in an analysis of power in gender relations in both the private and public arenas, to reflect on changing their own behavior, and to offer themselves as positive role models and mentors for others. At the same time, it is clear that mobilizing men to work towards gender equity will only be successful if men see benefits to themselves as well as to women.²⁶

Addressing power imbalances between men and women is central to preventing gender violence, and this process must begin in schools. Successful efforts must include both boys and girls. The lives of girls/women and boys/men are intimately interwoven, and

²¹ USAID EGAT/WID, 2003

²² Instituto Promundo and Instituto NOOS, 2004

²³ Marsiglio, 1998

²⁴ Instituto Promundo and Instituto NOOS, 2004

²⁵ Leach 2003

²⁶ *ibid*

working only with girls is, at best, only half a solution. Framing the issue in the polarizing language of girls versus boys, victims versus perpetrators, only exacerbates an already difficult situation and masks the complexity of the dynamics of gender and power. Education is not a zero sum game. Working with girls and boys – sometimes together and sometimes separately depending on the social context – is the only way to implement approaches that can truly reshape the construction of gender roles. This transformative approach (Gupta 2001) is key to long-term success.²⁷

The SSP proposes to look at boys and men not simply as perpetrators of violence or as strategies for improving girls' lives, but, rather, as partners with girls and subjects of rights.

5. Build on Existing Programs

The SSP will build on what already exists - without “reinventing the wheel,” - with a particular emphasis on current USAID priorities and programs. By using the social mobilization model, the SSP is clearly seeking to change not only individual behavior, but also to effect a change in the enabling environment. While this requires a greater initial time investment, it yields sustainable change in the long term. The SSP will shorten the time needed by identifying and partnering with existing programs in the same or related fields. The end result of this synergistic programming will be an outcome greater than the sum of its parts as well as one that is less expensive and more sustainable.

E. Safe Schools Results Framework

The Safe Schools Results Framework shows Safe Schools' contribution to both the Agency's educational as well as human rights goals. For the complete Results Framework, see Appendix A. Both social mobilization and rights based approaches are reflected in the results framework. For example, each level of the social mobilization model - national, institutional, community and individual - has a corresponding Intermediate Result. SSP will monitor the application of a human rights approach in terms of both progress and results, using the principle of progressive realization reflected in our results framework. Progressive steps will be taken over the five years of the project to guarantee the rights of children to education, gender equality and bodily integrity.

SSP's first strategic objective – to develop and have in place prevention, reporting and response systems – measures progress in terms of capacity building of the duty bearers to meet the rights of the child. The longer-term strategic objective – SRGBV reduced – reflects results in terms of the rights holders (the individual child) demonstrating the self-efficacy to claim their rights to education, gender equality and bodily integrity resulting in a reduction of SRGBV. Effectively, the capacity of the duty bearers to meet their obligation and the rights holders to claim their rights will be enhanced.

In this case, the duty bearers of priority focus are the MoEYC and the community members. SSP will be building their capacity to provide a safe environment so all children can claim their education, protect the bodily integrity of each child, and to address issues that impede gender

²⁷ (USAID -2003).

equality. In terms of the MoEYC, SPP proposes to build capacity by strengthening the Code of Conduct, the reporting system, the referral and response system and the capacity of teachers in each of these areas as well as in the area of gender-equitable teaching. For community members, the Program proposes to build their capacity to recognize SRGBV, respond to it, report it and monitor their efforts. Fellow students are also duty bearers in that they have a responsibility to refrain from violating fellow students' rights through the commission of SRGBV. They also have the responsibility to report, refer and manage conflict when they see a student being victimized. SSP will work to build the capacity of all students to recognize SRGBV, report perpetrators, refer victims of violence, manage conflict as well as understand that it is unacceptable for them to commit violence.

For the rights holders, in this instance the children, SSP will build their capacity in terms of their self-efficacy to claim their rights to education, gender equality and bodily integrity. In addition, SSP will take a transformational approach to building the life skills of the children; children will be assisted to see that they are the product and the producers of their social norms and values.

II. Scope of Work and Methodology

SSP's assessment efforts were framed by a carefully considered scope of work and data collection methodology.

A. Scope of Work

The primary objective of the trip was to better understand the nature of SRGBV in the Jamaican context. A Scope of Work (SOW) was prepared by SSP, in collaboration with the Office of General Development of the USAID/Jamaica Mission (see Attachment I). The main objectives of the trip were to:

- Assess existing programs for their ability to address SRGBV.
- Understand the nature of SRGBV in Jamaica.
- Identify individuals and organizations that could serve as local partners.

All of the activities outlined in the SOW were completed while in Jamaica. At the final debriefing held with the USAID/Jamaica Mission team, SSP presented preliminary recommendations, based on information collected from interviews and group discussions, and possible implementation points for the Safe Schools Program. Upon returning from Jamaica, SSP conducted a more thorough analysis of the data collected and prioritized issues and recommendations in keeping with SSP's strategic approach, which is presented in this report.

B. Methodology

Using the social mobilization model as its frame of reference, SSP collected SRGBV information at the national, institutional, community and individual levels, as well as types of SRGBV. Matrices were created to organize the information collected, which included a programmatic overview, information on NGO partners, and perceptions of SRGBV in Jamaica.

SSP began by collecting information on current Mission programming, which provided a historical overview of USAID-funded and other programs within Jamaica by meeting with the USAID teams working in Education, Health, Economic Growth, and Democracy and Governance.

Other data collection activities included a review of reports and other materials, and the administration of open-ended interviews and informal group discussions with government and non-governmental organizations and individuals. Key information collected included:

- Types of school-related gender-based violence
- Issues and gaps
- Promising programs and/or organizations
- Recommendations for further action

Interview protocols appear as Attachment II.

After five days of interviews in Kingston, SSP divided into three groups: two teams traveled to the field and one team member remained in Kingston to continue interviews with government and NGO representatives. The teams outside Kingston met with a sample of New Horizon supported school representatives (e.g. principals, teachers, guidance counselors, PTA members, students) as well as other NGO and government organizations. These field visits afforded the team an opportunity to more closely examine the programs being implemented in schools, to discuss how SRGBV is defined in schools, and consider possible approaches to addressing SRGBV.

SSP met with a total of 27 organizations and stakeholders including 10 schools (one Primary and nine All-Age Schools) and one teacher training college. SSP also interviewed representatives from the Ministry of Education, Youth and Culture (MoEYC), the Ministry of Health (MoH), the Ministry of National Security (MoNS), USAID implementing partners and select NGOs (see Attachment III for Contact List).

III. Findings: The Context and Problem in Jamaica

Jamaica is the third largest island in the Caribbean (slightly smaller than the state of Connecticut) with a population of approximately 2.7 million persons. It has a relatively young

population with a median age of 26.8 years. The population growth rate is currently 0.66%, and the total fertility rate is 1.98 children born per woman.²⁸

Age and Gender Structure of Population²⁹

	0-14	15 – 64	65+
Male	391,000	883,000	83,700
Female	373,000	880,000	103,000
Total % of population	28.2%	65%	6.9%

The island is mountainous with a narrow, discontinuous coastal plain, and the country is divided into 14 distinct parishes. The population (91%) is primarily descended from African slaves brought to the country by the Spanish and the British, as well as East Indians (1.3%), Caucasian (0.2%), Chinese (0.2%), mixed (7.3%) and other (0.1%).³⁰ It is a religious society that claims to have more churches per square mile than any other country in the world, and many denominations are represented, including Protestant, Catholic and some spiritual cults.

Approximately 88 percent of the population is considered literate.³¹ Females, however, are significantly more literate than men, with a 91.6 percent literacy rate for females as compared to 84.1 percent for men.

The economy of Jamaica is heavily dependent on services, which account for 70 percent of Gross Domestic Product (GDP), and obtains most of its foreign exchange from tourism, remittances from abroad and bauxite. Major agricultural products include sugar cane, bananas, coffee, citrus, and yams, as well as poultry and goats. The agricultural sector, especially the banana crop, was significantly damaged during 2004's Hurricane Ivan. GDP per capita is approximately \$3,900, and nearly 20 percent of the population lives below the poverty line. In 2001, the labor force participation rate was 63 percent, and was skewed towards males (73%). Unemployment stood at 15 percent with a male to female unemployment ratio of 1:2.³²

Overall, Jamaica is plagued with high interest rates and debt (both internal and external). Crime significantly hampers economic growth and much of the informal economy is estimated to be driven by the drug trade, especially cocaine trafficking and marijuana cultivation.

Overview of USAID Jamaica Activities

USAID Jamaica is assisting the Government of Jamaica (GoJ) to address health and educational issues among children and youth. Under Strategic Objective 4, USAID Jamaica has targeted its resources to improving literacy and numeracy among 6 – 14 year olds through school-based

²⁸ <http://222.cia.gov/cia/publications/factbook/geos.jm.html>

²⁹ *ibid*

³⁰ *ibid*

³¹ Literacy is defined as the percent of the population 15 or over who has ever attended school

³² Ministry of Health Annual Report 2001

interventions, such as the New Horizons for Primary Schools Project (NHP), while the Uplifting Adolescent Project II (UAPII) reaches at risk youth through NGOs. NHP and UAP together have reached 28,000 primary school children, 800 teachers and 17,000 at risk youth. Key strategies in this sector include:

- Improving the quality of teaching;
- Increasing school attendance;
- Improving school management; and
- Increasing the number of NGOs who are delivering services to “at-risk” youth.

Specific strategies have included the enhancement of classroom teaching techniques, the incorporation of technology in the classroom, the integration of reproductive health into the curriculum and the improvement of parenting skills.

In the health sector, USAID’s Strategic Objective 3 focuses on adolescents in collaboration with the Ministry of Health’s Healthy Lifestyle initiative, which addresses violence, drug abuse and reproductive health behaviors among youth by:

- Increasing youth access to services;
- Improving youth health knowledge and skills; and
- Supporting the development and implementation of appropriate policies and guidelines.

A. Education in Jamaica

Jamaica has achieved almost universal primary enrollment (98%), but nearly one third of all students in grade seven read below a grade five level. Enrollment rates decrease after the primary level, with 85 percent enrolled in lower secondary (age 12 – 15) and 49 percent in the upper secondary levels (age 15 – 17). Attendance is a problem, with only around 70 percent of enrolled children attending primary and all-age schools regularly.³³

Jamaica's education system dates back to 1835 and is based on the British system. Over the years, it has evolved significantly and now consists of a pre-primary and a primary cycle of six years followed by a secondary cycle of five years. The education system accommodates a variety of public and private schools; post-secondary education is available at three universities and a number of community and teachers’ colleges.

Since its independence from Britain in 1962, Jamaica has consistently promoted a vision of Education for All. During the first 15 years of independence, there was universal access to primary education, with 80 percent of children continuing on to lower secondary school (Grades 7 – 9) and 60 percent to the upper levels. Over 80 percent of teachers were college trained.³⁴

³³ http://www.usaid.gov/jm/bilateral_program.htm

³⁴ Task Force on Educational Reform Jamaica A Transformed Education System 2004 Report

However, this rapid expansion of the education system created its own problems. In 1983, UNESCO applauded Jamaica's efforts to achieve nearly universal primary education, but pointed out that the quality of education provided in primary school left one in two primary school leavers illiterate. In particular, UNESCO criticized the system because it created two tiers of high school education. The upper tier system holds the promise of post-secondary education, has higher social currency, spends more money per student, has an academically oriented program and experiences high demand for admission (e.g. those schools that serve the upper and middle class). The lower tier system serves the masses and the poor. In lower tier schools, the self-esteem of parents and children is notably lower and the curriculum is heavily biased towards pre-vocational and non-academic subjects, resulting in continued declines in enrollment and student transition to higher education.³⁵

With donor support, Jamaica has undertaken a number of initiatives to improve the quality of education including the Programme for the Advancement of Early Education, the Primary Textbook Programme, the School Feeding Programme and the Reform of Secondary Education program. Despite these sizable investments in education, the system remains dysfunctional with persistently low attendance rates and only half of the children leave primary school attaining mastery in English and Communication.³⁶

Today, the education system reaches approximately 800,000 children in public and private schools at the primary, secondary and tertiary levels and employs 22,000 teachers (20% of whom are university graduates) in 1,000 public institutions. The government spends \$30 billion Jamaican dollars on education and families contribute an additional \$19 billion. Despite high enrollment rates and efforts to reform curricula, student scores on national and regional assessments at the primary level remain persistently lower than the targets set by the Government of Jamaica.³⁷ This is compounded by irregular attendance in primary schools, which is highest among boys and rural dwellers. In fact, girls perform better academically than boys at the primary level, but this is less apparent at the secondary level.³⁸ The 2004 Task Force report suggests that major efforts should be made in the educational system to:

- Improve governance and management of the educational system;
- Improve the curriculum, teaching and learning support;
- Promote full stakeholder participation in education; and
- Increase government and private investment in education.³⁹

The recommendations from this report can contribute to the activities of the MoEYC in the coming years as it works to improve literacy, numeracy, enrollment and attendance in schools.

B. Health in Jamaica

³⁵ *ibid*

³⁶ *ibid*

³⁷ *ibid*

³⁸ MSI Equate Project

³⁹ *ibid*

On balance, Jamaica is a healthy society. Infant mortality stands at 12.81 births per 1000, and the majority of births occur in a hospital. As Jamaica's population ages, however, it is increasingly dealing with age-related illnesses, such as diabetes and hypertension, as well as cancer and heart disease. Since the early 80s, Jamaica has aggressively addressed the threat of HIV/AIDS and the HIV/AIDS prevalence rate currently stands at 1.2 percent. As of 2003, 22,000 persons were estimated to be living with HIV/AIDS and 900 deaths were attributed to the disease.⁴⁰ In recent times, the Ministry of Health (MoH) has begun to target resources towards the prevention of HIV among young adults, where infection rates are greatest. These prevention programs include improved access to voluntary counseling and testing (VCT), education, health services and condoms, as well as prevention of mother to child transmission programs and provision of anti-retrovirals. The MoH is also increasing its efforts to promote "healthy lifestyles" by educating the public on nutrition, exercise, violence and reproductive health in an attempt to promote healthier behaviors that will in turn lead to improved health status and decreases in chronic diseases.

Jamaica has an effective network of over 300 community-based health care facilities and over 30 public and private hospital facilities, all of which are managed through four regional health authorities.⁴¹ Major constraints facing the MoH in the delivery of services include steady migration of health staff to the US, UK and Canada and inadequate resources to cover the cost of services. Jamaica has struggled to introduce cost sharing and fee collection schemes for services at its health centers and hospitals. While primary health centers are the most utilized level of health services, service utilization has been experiencing a steady decline since 1998. As in many countries, males are significantly less likely to use health care services when compared to females.⁴²

- **Reproductive and Sexual Health:** The National Family Planning Board of the MoH has implemented a number of programs to decrease population growth. There has been a steady downward trend in registered births, with a three percent decline recorded in 2000 over 1999.⁴³

In 2000, the general fertility rate was 75 births per 1000 women of child bearing age. Contraceptive prevalence stands at around 66 percent, according to the 1997 Reproductive Health Survey.⁴⁴ Contraception is readily accessible in the public and private sector, especially oral contraceptives and condoms which are available without a prescription in pharmacies. In 2004, laws governing the use of emergency contraceptive pills (ECP) were changed so that a pharmacist could dispense ECPs without a doctor's prescription. Abortion is illegal except in certain circumstances, but it is anecdotally reported that there are many doctors who provide safe abortion services.

Among 15 – 24 year old youth, 37.7 percent of women and 64.4 percent of men had sexual intercourse prior to age 18, and the mean age of first sexual intercourse is

⁴⁰ <http://www.cia.gov/cia/publications/factbook/geos/jm.html>

⁴¹ MOH Annual Report 2001

⁴² ibid

⁴³ Demographic Statistics 2000 Jamaica

⁴⁴ National Family Planning Board, Jamaica

reported as 13.4 among young men and 15.9 among young women.⁴⁵ A significant number of youth fail to protect themselves; up to 22 percent of young men and 40 percent of young women did not know that correct and consistent use of condoms helps prevent the transmission of sexually transmitted infections, including HIV. Many young women are afraid of the side effects of contraceptive methods such as the Pill. A 1997 survey of 2,600 students in Jamaica found that around one-third of Jamaican women reported receiving no information from parents or the adults around them on menstruation or pregnancy before their first period and first sexual experience.⁴⁶

As a result, Jamaica has had the highest adolescent fertility rate in the Caribbean, at 112 per 1,000 women aged 15 – 19, with the majority of pregnancies unplanned or unwanted. Nearly 40 percent of Jamaican women experience pregnancy at least once by the time they are 20.⁴⁷ Finally, the highest infection rates for HIV/AIDS occur among youth aged 15 – 24. HIV prevalence among this group is estimated at 0.44 percent of young women and 0.70 percent of young men.⁴⁸

- **Other Health Issues:** Injuries and trauma are a major cause of morbidity and mortality in Jamaica, especially among the 10-44 age group. The MoH has implemented an Injury Surveillance System to track violence related injuries, unintentional (accidental) injuries, motor vehicle accidents and attempted suicides in nine hospitals. Data from this system found that 26 percent of total visits to the accident and emergency units at hospitals for 10 – 19 year olds are accident related and that more than twice as many males, as compared to females, present with violence related injuries.⁴⁹ Most injuries were perpetuated by an acquaintance and fights and arguments were the most common reason for an injury. Females are more likely to visit the Accident and Emergency Departments for sexual assault. Accidents and injuries are the leading cause of death among 10 – 19 year olds, with 31 percent of deaths among males and 24 percent for females attributable to accidents and injuries.⁵⁰

A 1997 survey of adolescents found that violence is prevalent in many young people's lives. Twenty-one percent of students reported being involved in a fight where weapons were used, 13.5 percent of boys reported having been stabbed and 25 percent of students surveyed stated they carry a knife. Seventeen percent reported physical abuse and another 13 percent reported sexual abuse.⁵¹

- **Ministry of Health Programs:** The Jamaican Ministry of Health recognizes the importance of early intervention to address the rise in deaths attributed to chronic

⁴⁵ National Policy for the Promotion of Healthy Lifestyle in Jamaica (Ministry of Health)

⁴⁶ National Family Planning Board, Jamaica

⁴⁷ *ibid*

⁴⁸ Ministry of Health Annual Report 2001

⁴⁹ National Policy for the Promotion of Healthy Lifestyle in Jamaica (MoH) and the Jamaica Injury Surveillance System, Violence Related Injuries 2004 Preliminary Data – Gender Analysis

⁵⁰ Ministry of Health Annual Report 2001

⁵¹ A Portrait of Adolescent Health in the Caribbean 2000 (WHO/PAHO)

diseases and conditions, such as cardiovascular disease, cancer, diabetes and hypertension and it is increasingly targeting risk factors such as violence, early sexual activity and obesity among adolescents through educational and other service programs. The MoH is developing programs that enhance and support the protective behaviors among children and adolescents that can reduce aggression and violence and promote positive attitudes through the promotion of healthy lifestyles in schools, communities and workplaces. The philosophical underpinning of the MoH's efforts is to build resiliency and self-esteem among Jamaican children through parenting and community support, conflict resolution, mentoring, peer counseling, after-school activities and skills training.

In 2004, a number of child welfare agencies, including the Children's Services Division, the Adoption Board and the Child Support Unit came together to form a new Executive Agency within the MoH called the Child Development Agency (CDA). This agency has a mandate to work with children in need of care and protection (e.g. those children who are physically and sexually abused, abandoned, orphaned or beyond parental control as well as children under 12 who have committed offenses). The CDA provides counseling, support and referrals and may make placements into Children's Homes and Places of Safety should children need to be removed from their homes.

C. Status of Women

Jamaica is a signatory to the Fourth World Conference on Women and is committed to promoting and protecting women's rights in keeping with CEDAW. In recent years, Parliament has introduced a number of pieces of legislation aimed at eliminating discrimination against girls and women such as the Property Act (Rights of Spouses), which provides for the equitable distribution of property between spouses upon dissolution of a union. The Domestic Violence Act has been strengthened to cover a wider range of women (including those in visiting relationships) to permit women to seek redress for a broad range of actions, including malicious destruction of property.⁵²

Jamaican women enjoy a good quality of life, based on life expectancy, school enrollment rates and estimated earned income. Nevertheless, there is considerable disparity between men and women in access to positions of power at higher levels of government as well as decision-making and employment and income. Jamaica has a patriarchal system that is resistant to change and while women have made great strides in the educational field, this has not translated into improved social status, increased wages and/or access to political power.⁵³

Jamaica, however, is committed to pursuing an agenda that continues to empower women through attention to:

- Issues of poverty;
- Protection of sexual and reproductive rights of women;

⁵² Statement of Senator P Kidd-Deans to 49th Session of the Commission on the Status of Women

⁵³ *ibid*

- Prevention and treatment of HIV/AIDS, which is increasingly an issue of women and girls;
- Reduction in levels of violence against women and girls;
- Addressing the social constructs of masculinity and femininity; and
- Working with men and boys to achieve more equitable access to power and resources.⁵⁴

D. Gender-based Violence

The city of Kingston in Jamaica has the highest homicide rate in the world at 109/100,000 persons.⁵⁵ In fact, the local papers keep a daily count of murders committed, which are tallied at the end of the year, in an attempt to encourage public attention to and action against violence. Historically, murder in Jamaica has been a crime of passion. In 1963, in 64 percent of the murder cases, the victim knew the offender and domestic violence accounted for 28 percent of all homicides. By 1993, the percentage of domestic violence homicides had declined to 16 percent. This, however, does not mean that the number of cases of domestic violence were on the decline; rather it showed that the murder rate continued to climb. In 1998, the Jamaican police finally began to break down homicide statistics by sex. That year, it was reported that 92 women and 18 children were murdered, most likely within the context of domestic violence.⁵⁶

The Women's Crisis Centre in Kingston reported in 1998 that 3,844 persons were affected by some form of gender-based violence including:⁵⁷

- Rape (109)
- Incest (58)
- Domestic violence (1037)
- Domestic crisis (1510)

The Accident and Emergency Unit at Kingston Public Hospital treats around 20 women per day for wounds that require stitches, and 90 percent of these are as a result of domestic violence.⁵⁸

In general, the implication of this data is that violent crimes against women are on the rise.⁵⁹ While some of the rise may be attributed to improved reporting and greater information on where to turn for help, nevertheless, many governmental and non-governmental agencies are alarmed at the level of violence targeted at women and children.

E. Overview of SRGBV in Jamaica

Overview of SRGBV

⁵⁴ *ibid*

⁵⁵ www.undp.org/rblac/gender/jamaica.htm

⁵⁶ *ibid*

⁵⁷ *ibid*

⁵⁸ *ibid*

⁵⁹ *ibid*

The interviews and discussions conducted by the Team in the Jamaican communities of Kingston, Spanish Town, Montego Bay, Bushy Park, Chester Castle, Devon Pen, Manchioneal, Negril, Orange Hill, Redwood, St Ann's Bay, and Walderson generated a wealth of information that provided a preliminary picture of school-related gender-based violence in the Jamaican context. SSP met with representatives from the Ministry of Education, Youth and Culture; the Ministry of Health; the Ministry of National Security; the Bureau of Women's Affairs as well as various NGO representatives working in the fields of youth, education, women's rights, gender, health and law. Within the schools, the Team spoke with principals, teachers, parents and children.

All articulated that violence is a major issue in Jamaica, which pervades all elements of society and its institutions. While some may not necessarily label it as school-related gender-based violence, it was clear to the Team as well as those interviewed that the schools are a venue where SRGBV occurs. It is important to note that the team heard about all kinds of violence with naturally high levels of concern over gangs, street warfare and killings. All of this violence is important in that it causes anxiety in the community at large and makes violence seem normal and, therefore, something that children will emulate. But following SSP's mission, mandate, manageable interest and the working definition of SRGBV (see page 4), what is reported below is only the types of violence that are related to existing gender norms, gender socialization and gender behaviors that plays out as physical, psychological and sexual abuse against boy and girl students. As detailed below, the team heard most often about psychological abuse affecting boys and girls, sexual abuse primarily affecting girls and physical abuse primarily targeting boys (see pages 28-30 for summary examples of SRGBV).

I. Psychological Abuse

Boys and girls in Jamaica face psychological abuse in the home and school. For some children in Jamaica, home is an unstable environment, broken and often female headed. There may be no father in the picture or the father is in a visiting relationship with the mother. In these homes, children grow up without an appropriate male role model leading to lasting negative effects for both boys and girls. With no appropriate father figure within the home, boys cannot model healthy masculine behaviors and both boys and girls lack an example of a healthy male-female relationship after which to model their own relationships. Within some broken homes, mothers may play favorites based on which baby father pays the most support. Children may not only lack a positive relationship model within the home but may witness negative ones where they are exposed to domestic violence as a means for men to resolve issues with wives, baby mothers or girlfriends. Due to poverty, children may be left to fend for themselves exposing girls to sexual violence within the home and community and boys to violence in the community as they roam free and unsupervised.

Girls

While boys experience put downs and verbal abuse as ways of toughening them into men, girls experience verbal abuse intended to sexualize them into womanhood. This sexual harassment takes place in the home, school and broader community. Within the home, girls may be sexualized at an early age through inappropriate dance moves and attire. Girls are subjected to verbal harassment within the schools and communities. Boys bully and pressure girls for sex both inside and outside the school. Idlers and others hang around outside the schools and

sexually harass the girls. This sexual harassment starts early, continues through school and on into life. It is so common that in one interview after the team had finished talking about SRGBV, the man being interviewed casually remarked that he did not know a woman in his office that had not been sexually harassed. Because boys are often put down and negatively compared to better performing girls, they may seek to feel better about themselves in school by chastising and putting girls down.

Boys

For both boys and girls, psychological abuse can be gendered and used to further cultural definitions of femininity and masculinity. Boys are more likely to have their behavior seen as deviant and, therefore, may be more likely to be punished or treated harshly in the home and school. Boys are socialized to be tough, and are more likely to be subjected to put downs and other verbal abuse, which is intended to toughen them up. Teasing and bullying of boys may similarly be tolerated, because it is part of the process of becoming a man.

Boys may also suffer because they are less likely to do well in school. They may be made to feel inferior to girls by the teachers and their parents. Further, teachers are less patient with boys in schools, with regards to their patterns of learning and development, which provides further impetus for verbal and other abuse as well as neglect within the learning environment.

2. Sexual Abuse

The preponderance of the sexual abuse reported was targeted at girls. However, for girls, whether the sexual activity was a result of rape, sexual pressure or bullying or for boys a result of societal pressure to prove their manhood, the likely repercussions are negative reproductive health outcomes for both including unintended pregnancies, sexually transmitted infections (STIs) and HIV/AIDS.

Girls

Girls experience sexual abuse in the home, community and school. Reports of incest appear to be on the rise, although it is still a taboo subject to talk about in most places. There was one report of a girl having borne five children by her father and another where the young girl had a child by her father and remained in the home where the mother raised her grandchild. Some reported that incest is more common in certain communities in rural areas that are closed to outsiders, making it difficult for teachers, guidance counselors or others to investigate suspected abuse. There is also evidence of transactional sex where the parents are complicit. Just as boys are often sent into the community by their parents to make money through illegal activities, girls may be pushed into sexual activity as a means to make money.

Within the community, sexual abuse takes the form of verbal harassment, touching, transactional sex and rape. The team heard that some men in the community target very young girls, as they want to be the first to have sexual intercourse with her. There were reports of Dons acting as sexual initiators of young girls in their areas with one stating that in Waterhouse, a girl cannot be 12 and still be a virgin. Girls' sexual debut happens at age 15.9⁶⁰ with 50 percent reporting that their first sexual experience was forced.⁶¹ Coercion and force is

⁶⁰ National Policy for the Promotion of Healthy Lifestyle in Jamaica (Ministry of Health)

⁶¹ Understanding risks and promoting healthy behavior in adolescents: summary report on workshop

normalized enough that many of the girls did not realize that they were actually being forced at the time of the reported incident. Financial sexual exploitation of girls takes multiple forms from working in gogo clubs to child pornography and sex tourism to transactional sex. Girls engage in sex with taxi and bus drivers for attention, rides and money. The degree of coercion in these exchanges is unclear, although the girls are always younger than the men and may be below the age of consent.

At the school, girls may experience sexual harassment, inappropriate touching and pressure from teachers to engage in a sexual relationship. Sexual harassment, bullying and pressure to engage in sex as well as touching of breasts and buttocks by peers is so ubiquitous as to be seen as ordinary by both boys and girls. Boys may believe that they can treat girls any way they want reflecting a lack of clarity and understanding among boys and girls about appropriate sexual norms and behaviors. Boys are seen as sexually aggressive - bullying girls into sex and then humiliating the girls by bragging about it to their peers. There is increased reporting of rape. Girls experience rape at the hands of their peers both on and off school campus. We heard of the case of gang rape where the girl was so traumatized she refused to acknowledge what had happened.

Boys

There was very limited reporting of sexual abuse of boys. In general, the team heard about pressure on boys to engage in sexual activity early and often as a means of proving manhood. This pressure to be a man leads boys to engage in the types of sexual harassment detailed above. Sexual debut for boys is even younger than for girls happening, on average, at age 13.4.⁶²

3. Physical Abuse

Physical violence against children is widely acknowledged. Both boys and girls may be physically (sometimes violently) punished in the home or the school, which is not seen as violent or abusive. As a result, children play out this violence in the classroom and schoolyard often by fighting amongst themselves. Children may be told by parents not to “take any lip” from another child or to allow someone to get something over on them. This makes it hard for teachers to get messages and skills for conflict resolution through to their students if it contradicts what they are learning in the home. In numerous communities, both boys and girls are exposed to high levels of violence amounting to warfare and may have witnessed the violent death of a neighbor and/or family member. As a result, some children are experiencing posttraumatic stress disorder (PTSD). While many of the types of violence in the home and community are not SRGBV, they are discussed here because they make violence seem natural and children may take what they learn about violence and use it in gendered ways in the schools.

Girls

Girls seem to be less likely than boys to be singled out for physical punishment. They may experience physical violence from boys as a way of getting them to acquiesce to sexual demands. Thirty percent of violence is between boys and girls. Boys may be frustrated and

⁶² National Policy for the Promotion of Healthy Lifestyle in Jamaica (Ministry of Health)

resentful towards girls for a range of reasons including lower performance in schools or sexual rejection by a girl leading them to physically retaliate against the girls.

Boys

Boys are definitely seen as being more likely to be on both the receiving and giving end of violent behavior. Boys exhibit high levels of aggression that they turn on other boys and girls. Sixty percent of violence is boys on boys. Because of gender norms and expectations, boys are more likely to be on the receiving end of harsh physical punishment in both the home and school as they are expected to be tough. In school, it was reported that boys are more likely to receive corporal punishment. Female teachers might be more aggressive toward boys to “correct” their behavior and maintain discipline and control in the classroom. Girls, sometimes, encourage boys to fight one another as a way of demonstrating their manliness. Boys are more likely to be pushed by their parents out onto the streets to engage in dangerous work (e.g. drug running, selling on streets) to supplement family income. And since boys are more likely to be beaten, they in turn act this behavior out quite visibly within their schools, communities and families.

There appears to be a fairly high degree of homophobia in Jamaica. Homosexuality is associated with pedophilia and HIV/AIDS. Gay men are treated harshly. However, it is not just openly gay men who face intimidation and physical assault. Boys who do not measure up to masculinity norms or who appear to be feminized may also be subjected to violence as a form of punishment or to toughen them up.

Examples of “School-related Gender-based violence” as heard in interviews in Jamaica

	Girls	Boys	Both
Psychological Abuse	<ul style="list-style-type: none"> • Domestic responsibilities (household chores, caring for younger siblings) may mean less time for education and play resulting in a decrease in self-esteem, and limited chances for growth and development. • Experience manipulation and damaging peer relationships. • Conform to expected norms to be quiet, calm and disciplined. • Boys verbally abusing girls. 	<ul style="list-style-type: none"> • Boys are considered “deviant” in their behavior, and are more frequently punished. • Adults lack patience with boys’ pace of learning and development and may be more verbally abusive towards them. • Teachers have low expectations of boys. • Female teachers seem to favor girls. • Low performing students are ignored by the school system, teased and placed in poorer quality schools. • Lack of male role models in schools negatively impacts boys’ performance. • Bullying of younger boys by older ones. • Boys are socialized to be tough and are treated more harshly in the school. 	<p>SCHOOL</p> <ul style="list-style-type: none"> • Verbal abuse by teachers is common. • Screaming of students (e.g. grouping high performers and low performers) is common, but there are limited remedial education systems. • School environments are “gritty,” not welcoming and uncomfortable with poor ventilation and not enough desks for all to sit. • Gang affiliations cause problems at school between students. • Extortion, teasing and bullying especially of younger students by older ones. <p>COMMUNITY</p> <ul style="list-style-type: none"> • Coaches exploit children into relationships and working for them. • Children are labeled based on where they come from and children internalize this. • Boys and girls lack healthy communication skills. <p>HOME</p> <ul style="list-style-type: none"> • Parents, especially young ones, lack parenting skills and may take out frustrations on children. • Parents may see more value in sending children to work rather than school. • Children may lack shoes, uniforms, books. • Children witness domestic violence. • Mothers may display favoritism towards children whose baby father provides better support. • Poverty. • Lack of male role models negatively impacts boys and girls’ view of adult relationships. • Children experience difficult home lives whether broken or unstable or having parents engaged in illegal activities or homes that are dilapidated.

Examples of “School-related Gender-based violence” as heard in interviews in Jamaica

	Girls	Boys	Both
Sexual Abuse	<ul style="list-style-type: none"> Rape/incest committed by fathers, mother’s boyfriends, stepfathers, community members, classmates, etc. Sexual initiation of girls by Dons. Removal of girl victims of incest to children’s homes exposes them to even more abuse. Male teachers molest female students including touching and rape. Boys make sexual advances to girls by fondling, touching breasts and hips and “grinding” on them. Boys believe girls can be treated any way they want. There is lack of clarity around sexual norms and relationships. Gang rape by boys as a strategy to achieve manhood. Girls report that they are sexually active as early as age 11 or 12 and the first sexual experience is often coerced. Transactional sex with taxi drivers, bus conductors, older men. Parents tacitly encouraging transactional sexual relationships for the money it brings in. Boys seeking sex with younger school girls, some as young as grade 2. Sexual harassment/touching is so common that it is considered normal. Concept of womanhood tied to childbearing so young girls are pressured to conceive. One community reported older men having anal sex with girls to avoid pregnancy so that they would not be caught. Touching, petting, improper verbal pronouncements to prepubescent girls Girls working in go-go clubs, child pornography, sex tourism and trafficking. 	<ul style="list-style-type: none"> Older boys may sexually abuse younger boys as form of sexual experimentation. Boys report that they are sexually active as early as age 10. To be a man, you must have multiple partners. Anecdotal reports of sexual abuse by men and sexual initiation by older women. 	<ul style="list-style-type: none"> Baseline study conducted by Sam Sharpe TTC showed that many children at the basic school level are “sexually active.” Children see sexual violence in homes.

Examples of “School-related Gender-based violence” as heard in interviews in Jamaica

	Girls	Boys	Both
Physical Abuse	<ul style="list-style-type: none"> Boys are frustrated and resentful towards girls so physical violence is used to overcome frustration. Boys direct 30% of violence towards girls. Girl on girl fights. 	<ul style="list-style-type: none"> Boys are sent out as laborers. Boys direct 60% of violence to other boys. Female teachers may physically punish boys or “correct” their behavior to maintain discipline and control. Police abuse young men in the community. Lack of parental supervision exposes boys to violence on the street. Boys are expected to resolve disputes through violence. Gay boys or boys that are perceived to be “too feminine” are subjected to violence and cruelty by other boys in the community. 	<p>SCHOOL</p> <ul style="list-style-type: none"> In some communities, children report violence on way home from school, especially on Market Days. Corporal punishment including caning, strapping and slapping is tolerated in schools. Teachers may actually escalate violent situations. Children fight in school using hands, feet, biting, sticks, stones and compasses but no guns. <p>COMMUNITIES</p> <ul style="list-style-type: none"> High instances of physical violence in the community and is carried into the schools. Children suffer Post Traumatic Stress Disorder (PTSD) from witnessing violence in the home and community. Government refuses to intervene in domestic violence cases. <p>HOME</p> <ul style="list-style-type: none"> Children may be used in illegal activities and are physically punished if they do not. Parents punish/discipline/physically abuse their children. Boys and girls may be sent out to work causing absenteeism especially on Fridays and exposing them to dangerous situations.

F. Programmatic Overview

In order to comprehensively address the issue of SRGBV and follow the key principles that guide the SSP's programming, the Team proposes three areas for program implementation: prevention, response, and reporting activities. While there are a few organizations that have programs to support female victims of violence, there are none to the Team's knowledge, that are currently implementing programs directly addressing SRGBV. The majority of organizations interviewed by the Team do not implement programs in either SRGBV or domestic violence. They do, however, offer programs in fields that are related to or are of interest to those working in SRGBV: children's rights, girls' education and empowerment, HIV/AIDS prevention, and gender.

The following table provides a summary of the activities of interest that each local and international NGO or governmental institution offers. This programming is classified according to the three areas of SRGBV's programming. It is important to note that with the exception of a few organizations, programs are classified based on their **potential** to offer programming in one of the three SRGBV areas.

Clearly, almost all of the organizations interviewed by the Team have current programs or previous experience and, therefore, the potential to provide prevention activities through training and provision of curricula for various stakeholders such as community leaders, teachers, children, police and judges. There are fewer organizations, however, that have current programs or the potential to provide assistance to victims in the areas of reporting and response to incidences of SRGBV, although they do have response activities for provision of support services to victims such as free legal advice, counseling, etc. The gap, however, is in reporting activities that enable victims to come forward and access support services.

The Team recognizes the need for follow-up with some of these organizations to gather more information on the potential for integrating prevention, reporting and response activities into their on-going activities. The Team has incorporated the need for follow up with organizations in Section VI.

Programmatic Overview

Name of Organization	Types of Program			Location	Description
	Prevention	Reporting	Response		
GOVERNMENT INSTITUTIONS AND AGENCIES					
Ministry of National Security (MoNS)	X			Kingston	<ul style="list-style-type: none"> • Responsible for school safety. • Works on violence task force with the MoH and MoEYC and others. • Launched National Safe Schools program in October 2004 to develop new approaches for resolving conflict and promoting discipline in classroom. • Conducts surveillance in schools, searches of students (with cause), truancy watch and some mentoring. A police officer is assigned to school and is established as a point of contact as needed. • Will conduct baseline research on violence in schools and will target anti-violence intervention research to parents and the community in 114 schools, in three categories: <ul style="list-style-type: none"> o A -- high risk schools, which will receive a comprehensive intervention. o B -- medium risk schools which will receive partial intervention. o C -- low risk schools, which will receive limited intervention.
Ministry of Education, Youth and Culture	X	X	X	Kingston (NCYD has field offices in Portmore, Port Maria, Spanish Town)	<p>Guidance and Counseling Unit</p> <ul style="list-style-type: none"> • Implements Health and Family Life Education for grades 1-11. (Early Childhood Development component now being developed) Two sequenced curricula for grades 1-6, then 7-9 addressing sex and sexuality, STIs, HIV/AIDS, healthy lifestyles, relationships, fitness, family issues and life skills. • Promotes substance abuse prevention through healthy lifestyles, per recently approved policy for managing substance abuse issues at the school level. • Operates violence reduction program in collaboration with PALS at the school level, which includes conflict management and mediation implemented through religious and or social studies curriculum. • Implements National Safe Schools Program in collaboration with Ministry of National Security (MoNS), PALS, Change from Within, the Transport Authority, Coalition for Better Parenting, MoH and the Jamaica Teachers' Association. Schools are selected for participation based on location in volatile areas, social and economic vulnerability and size of school. • Implements Pathways to Peace in 21 schools; a violence prevention pilot program funded by UNESCO. A Team for Improving Peace in Schools, which is a committee of students, teachers and other school officials identify the issues of violence, and develop a customized program with the assistance of the program.

Name of Organization	Types of Program			Location	Description
	Prevention	Reporting	Response		
					<p><u>Special Projects</u></p> <ul style="list-style-type: none"> Oversees all special projects in MoEYC, (Pathways to Peace, Primary Education Support Project, Reform of Secondary Education, Enhancement of Basic Schools, New Horizons). Works with UNICEF to implement new school-based HIV policy. Collaborates with MoH to implement peer counseling programs for HIV prevention. <p><u>National Centre for Youth Development</u></p> <ul style="list-style-type: none"> Developed multi-sectoral National Youth Policy, which prioritizes health, education, employment, care and protection, and living environment: violence and gender are cross-cutting and now developing strategic plan for implementation of Youth Policy. Integrates and implements youth focus into all policy planning and development across all ministries. Works with 75 out of 155 National Secondary School Councils to disseminate information and solicit feedback. Supports National Youth Council, which is an umbrella organization for youth organizations outlined by Youth Programmatic Inventory. Works with National Safe Schools project and the MoH HIV/AIDS programs. Operates Youth Centres, staffed by Youth Empowerment Officers, which are places of support for youth.
Ministry of Health (MoH)	X	X	X	Kingston	<p><u>Health Promotion and Protection</u></p> <ul style="list-style-type: none"> Works with New Horizons schools to address HIV prevention and healthy lifestyles. Conducts violence surveillance through risk mapping and hospital based data on injury and violence. Supervises and participates in the Violence Prevention Network. Will collaborate with Healthy Lifestyles project to address violence. Provides counseling, treatment, support to victims of violence. <p><u>Western Regional Health Authority</u></p> <ul style="list-style-type: none"> Provides health services to youth through youth friendly clinics. Educates youth around nutrition, physical activity, life skills, HIV/AIDS/STIs, social support and environmental health.

Name of Organization	Types of Program			Location	Description
	Prevention	Reporting	Response		
Child Development Agency (CDA)		X	X	Central Office in Kingston-offices all over the island	<ul style="list-style-type: none"> Provides family-based rehabilitation services, foster care and adoption and family reunification as well as a substantial residential care program with a preference for family-based care. Focuses on prevention through parent groups, protection committees and community-based teams. Investigates charges of abuse under Child Protection Act, which is a mandatory reporting and investigation law. Now developing a Framework of Action for Children in collaboration with the Planning Institute of Jamaica, intended to coordinate all the ministry and agency services related to children.
Bureau of Women's Affairs (BWA)	X			Kingston	<ul style="list-style-type: none"> Identifies gender inequality in curriculum, cognitive learning, cultural and historical parameters, teacher training colleges and the teaching approaches of teachers. Integrated domestic violence prevention into the Health and Family Life Education program and conducts outreach on GBV in high schools. Implements a GBV program, micro-credit projects for women and advocates for policy change. In the process of developing a sexual harassment policy that incorporates recommendations from CRC, CEDAW, MDGs. Also developing a national gender policy.
National Council on Education	X			Kingston	<ul style="list-style-type: none"> Acts as an advisory body to the Ministry of Education. Developed Task Force Reform Report and has recommended a gender analysis of the report findings.
SCHOOLS AND SCHOOL ORGANIZATIONS					
Chester Castle All Age School	X			Chester Castle, Hanover	<ul style="list-style-type: none"> Serves children ages 5-15 in grades 1- 9: 453 students, (251 boys and 202 girls), with 13 teachers, one principal and one guidance counselor. Implements the New Horizons Program (NHP) focusing on attendance, numeracy and literacy. Utilize PALS training for conflict resolution skills to catch violence early.
Chetolah Park Primary School	X			Hannah Town, Kingston	<ul style="list-style-type: none"> Trained PTA members on parenting (e.g. effective communication, discipline, demonstrating love and affection) and implements Breakfast Program through NHP. Instituted a program with the Kingston Restoration Company that includes remedial homework, preparation for the Caribbean Examinations Council, and literacy education for parents.

Name of Organization	Types of Program		Location	Description
	Prevention	Reporting Response		
Devon Pen All Age School	X		Devon Pen, St. Mary	<ul style="list-style-type: none"> Serves six grades of 92 students (45 boys and 47 girls) with four teachers. Addresses conflict management and communications skills by helping students learn to walk away from conflict, to say excuse me and I'm sorry.
Lower Buxton All Age School	X		Orange Hill, St Ann	<ul style="list-style-type: none"> 230 students and seven teachers, including the principal. Has linked up with teaching organizations in the US, Canada, and Sweden. Has good collaboration with parents in the community through PTA.
Manchioneal All Age School	X		Manchioneal, Portland	<ul style="list-style-type: none"> Serves 550 children aged 5 – 15 (55% male and 45% female) in grades 1-9 from the parishes of St. Thomas and Portland. From grades 7-9 the ratio shifts to 80% male and 20% female, since more girls pass the GSAT and go on to high school. Supports active PTA with about 100 parents: approximately 50-60 parents attend the bi-monthly meeting. Provides counseling on fighting, attitudes, etc provided by Guidance Counselor, who also conduct home visits. Implements Family Life Education (FLE) as part of the regular school timetable. Does not support corporal punishment
Mizpah All Age School	X		Walderson, Manchester	<ul style="list-style-type: none"> Has established positive relationship with community as a result of programs such as school breakfast, teacher training, supplies of resource materials and involvement of local bauxite company in school improvements. Through NHP has provided training to parents on the importance of sending children to school, providing good nutrition and learning materials and parenting skills in how to respond to children when angry and emotional and help children perform better in class. Has engaged in limited attempts to prevent violence. Though boys and girls treat each other with respect, there are problems such as boys stabbing each other with pencils. Refers psychological cases to the CDA. Participates in Change from Within
Negril All Age School			Negril, Westmoreland	<ul style="list-style-type: none"> Conducts extensive community fundraising including funding for rehabilitation from Rockhouse Hotel in Negril. Received training from NHP on: community outreach, income generation, breakfast program. Involved community through outreach at churches and activities for parents month. Has brought in resource persons for the PTA on banking, small business ownership, health, and nutrition.

Name of Organization	Types of Program		Location	Description
	Prevention	Reporting Response		
North Street United Church and Primary School	X		Tivoli Gardens, Kingston	<ul style="list-style-type: none"> Provides computer lab and literacy classes, including reproductive health education for community. Trains community members as bakers and helps them find employment. Provides counseling for children. Implements summer programs for children. Supports community clubs, such as 4-H, drama, music, football, for children.
Redwood All Age School (rural school)	X		Redwood, St. Catherine	<ul style="list-style-type: none"> Conducts workshops in parenting skills, how to deal with problems and the relationship between the school and home with support of NHP.
Sam Sharpe Teacher Training College	X		Granville, Montego Bay, St James	<ul style="list-style-type: none"> Implements teacher training in H/FLE/HIV/AIDS Program to prepare teachers to teach H/FLE to address healthy lifestyles in children, including promoting nutrition, fitness, and sexual health, developing personal and social skills and managing the environment. Collaborates with PALS to take materials and methodologies from the PALS program and incorporate into the new H/FLE training curriculum. Conducts teacher training, which incorporates PALS into its Personal Development (PD) program, in Peace Education and conflict resolution as well as training in self esteem, decision-making, relationships and violence among students and in their personal lives.
Spring Garden All Age School		X	Bushy Park, St Catherine	<ul style="list-style-type: none"> A multiple shift school that serves grades 1-9. Conducts a mentoring program and a boys' day where all the boys and the male teachers as well as parents go on a retreat. Includes an intervention for the boys to develop healthy role models. Provides group and individual counseling and family life education.
University of West Indies	X		Kingston	<p><u>Department of Educational Studies</u></p> <ul style="list-style-type: none"> Conducts research on violence in schools, including situational, relationship, predatory and psychopathological. <p><u>Change from Within Program</u></p> <ul style="list-style-type: none"> Works in 30 schools using assets-based approach to building leadership among school principals, training teachers, students and parents on curriculum and social issues, and providing mentoring to teachers, parents and students.

Name of Organization	Types of Program		Location	Description
	Prevention	Reporting Response		
INTERNATIONAL DONORS AND NGOs				
United States Agency for International Development (USAID)			Kingston and Projects all over Jamaica	<p>Education and Health</p> <ul style="list-style-type: none"> • Targets pre-adolescents and adolescents in education and health so that they make improved healthy lifestyle choices. • Works with the Ministry of National Security on National Safe Schools Project to prevent and address violence in schools. • Implements Uplifting Adolescents Project II that works with out-of-school youth. • Facilitates linkages between education (New Horizons – see below) and health (Healthy Lifestyles) programs. <p>New Horizons Project (NHP)</p> <ul style="list-style-type: none"> • Implemented by Juarez and Associates in 72 primary and all age schools to improve literacy and numeracy. • Worked with MoEYC to launch revised primary curriculum • Conducts teacher training in improved subject matter knowledge and pedagogical skills. • Trains school principals to supervise curriculum implementation and teachers' use of improved teaching and learning methodologies. • Conducts social mobilization with National Council on Education through training school boards and parenting education. • Utilizes technology as professional development tool and teaching/learning medium. <p>Democracy and Governance and Economic Growth</p> <ul style="list-style-type: none"> • Implements a community-policing project begun under economic growth sector and now implemented through D & G, using community mobilization in two junior high schools.
Centre for Investigation of Sexual Offences and Child Abuse Jamaica Constabulary Force		X	Kingston	<ul style="list-style-type: none"> • Works with National Safe Schools program in reporting of sexual violence. • Trains female police officers to deal with sexual abuse cases. • Assists victims of abuse and violence to obtain counseling and other services.

Name of Organization	Types of Program		Location	Description
	Prevention	Reporting Response		
Children First	X	X	Spanish Town, St Catherine	<ul style="list-style-type: none"> Serves 470 youth in Spanish Town and Old Harbour and is expanding to St James and St Ann. Provides remedial education for 10 – 18 year-olds plus training in 5 skill areas: cosmetology, photography, barbering, videography and information technology. Utilizes a multi-sectoral response to HIV/AIDS including health services, addresses problems that contribute to risk (employment, skills, etc), and emphasizes life skills and reproductive health information. Conducts camps for children that will help children identify safe places in Spanish Town and plan ways to make it safer. Works with youth to design mass media campaigns that address violence. Trains youth as peer educators to mediate conflict. Operates mobile clinic (“bashment” bus”) that promotes healthy lifestyles through peer outreach and employs services of a doctor, nurse and counselor. Hosts intergenerational meetings to promote dialogue between youth and adults and trains parents to teach other parents. Works with schools to provide FLE, and to reintegrate school drop outs.
Children and Communities for Change	X	X	Waltham Park Road Kingston	<ul style="list-style-type: none"> Implements after-school programs for children that emphasize life skills development, performing arts, conflict resolution, and field visits to places of safety, juvenile courts, etc. Partners with Women’s Media Watch to address gender. Conducts workshops on gender sensitivity with older youth and will soon start with younger youth. Works with parents and parent support groups around gender roles and socialization.

Name of Organization	Types of Program		Location	Description
	Prevention	Reporting Response		
FAMPLAN Jamaica	X	X	St. Ann's Bay, St. Ann	<ul style="list-style-type: none"> Provides reproductive health services including counseling, contraceptives, basic health services, youth friendly clinical services and parenting education in St. Ann's Bay and Kingston since 1957. Runs Youth Resource Learning Centre, providing school drop outs with the opportunity of returning to the formal school system through literacy and remedial education and sexual and reproductive health (SRH) education and services. Implements Youth Advocacy Movement (YAM) advocating to increase youth access to SRH information and services, improve gender relations and decrease GBV among adolescents, improve parent-child communication and improve public awareness on adolescent pregnancy and HIV/AIDS/STI prevention through training on SRH, communication, contraception, decision making, drug abuse, GBV, HIV/AIDS, parenting skills, puberty, relationships, sexuality, and self-esteem. Developed and implemented the "Men Against Gender-Based Violence" Project to strengthen the capacity of FAMPLAN staff and other health professionals to conduct training on GBV prevention, strengthen institutional capacity to address GBV, increase the understanding of young men in schools and institutions on how traditional gender roles affect behavior, and to understand the consequences of GBV. Collaborated with correctional services and the Gender Unit at UWI to work with perpetrators of GBV. Developed and implemented the FATE project to increase awareness and knowledge of family planning and SRH among adolescents, reduce incidence of teen pregnancy and transmission of STIs, and improve quality of advice, counseling and services available to young people in schools, FP associations and health clinics. Integrates GBV in all aspects of their programming as related to domestic and intimate partner violence. Helping to develop a Sexual Harassment Act.
Gender & Development Studies, University of West Indies			Kingston	<ul style="list-style-type: none"> Conducting the "Root Causes of GBV in Jamaica" project looking at male on female and female on male violence Collecting data at the primary, secondary and tertiary level through group interviews, questionnaires, and art on how children define violence.

Name of Organization	Types of Program			Location	Description
	Prevention	Reporting	Response		
Hope for Children	X	X	X	Kingston	<ul style="list-style-type: none"> Works in Greenwich Town, Rose Town, Bennett Land, and Whitfield Town to improve the quality of life of children in difficult circumstances through education, child advocacy, and community development. Trains teachers, principals, and education professionals to deal with trauma management and provides resources at community level for referral and conducts training in mandatory reporting of child abuse. Has established counseling center with Holiness Christian Church to refer abused children. Collaborates with PALS, JCRC, and Jamaican Independent Council for Human Rights to train lawyers, social services workers around child abuse, the Child Care and Protection Act and reporting and has launched a drama group to educate around CCPA and conduct facilitated discussions. Produces videos, discussion guides around violence, child abuse, teen parenting, and gender socialization. Runs Camp Hope for at risk children referred by schools, parents. Partners with other NGOs (Peace Management, Violence Prevention Alliance, Partners for Peace) to mediate conflict Works on community development for local community governance.
Hope Enterprises	X			Kingston	<ul style="list-style-type: none"> Evaluates programs, especially USAID HIV/AIDS programs, USAID primary health care programs, and UNDP, UNICEF programs. Implemented a community asset based study on violence in the home. Implemented study on resiliency with AED in Clarendon. Implemented UNFPA study on GBV in the home.
Jamaica Coalition on the Rights of the Child	X	X	X	Kingston	<ul style="list-style-type: none"> Works in 35 self-selected schools to assist teachers to ensure children's rights and creative discipline techniques. Conducts parish workshops to do problem prioritization and action planning. Collaborates with MoH children's officers to promote schools as safe zone.

Name of Organization	Types of Program			Location	Description
	Prevention	Reporting	Response		
People's Action for Community Transformation PACT)	X	X	X	Kingston Main Office, partners with NGOs in community schools all over the island	<ul style="list-style-type: none"> • A network of 25 member agencies. • Implements Uplifting Adolescents Project (UAP) II through non-formal community schools, targeting drop outs, problems students, aged 10-18, reaching about 6000 students. • Works to improve literacy and numeracy skills to re-enter formal school system, or to go on to trade/vocational schools. • Implements remedial education within the formal school system. • Implements a reproductive health and life skills program that starts at age 10, and includes self-esteem building and family planning. • Teaches self-esteem and conflict management and provides outlets for emotional behavior at the beginning of the school. • Ensures one Guidance Counselors is at each center to assist teachers and teach students about sexuality. • Implements program on trafficking.
Peace Corps				Kingston	<ul style="list-style-type: none"> • Works on employability, literacy, capacity building, HIV prevention and life skills with youth in primary schools, health centers and community organizations. • Assigned 12 volunteers to work in NHP schools. • Utilizes Peace Corps life skills curricula in schools.
Western Society for the Upliftment of Children	X	X	X	Montego Bay, St James	<ul style="list-style-type: none"> • Works with vulnerable street youth, working children and at risk youth aged 10-19. • Provides remedial education and teaches literacy, numeracy, reproductive health, personal and family development (including conflict resolution), pre-vocational and skills training, sewing, cosmetology, carpentry, videography, computers and barbering to help the reintegration process into the education system, vocational education or into the labor market. • Implements a pilot program to prevent school drop out by providing training in conflict resolution, reproductive health and family development. • Operates a reporting and referral system for victims of abuse.

Name of Organization	Types of Program		Location	Description
	Prevention	Reporting Response		
Whole Life Ministries (WLM)	X	X	Kingston	<ul style="list-style-type: none"> • Uses sports and religion to reach youth, especially boys, through male mentoring. • Developed a manual for coaches to use with boys 6 – 14 years old that teaches values such as: value of self, value of others, self-respect, and conflict resolution/mediation. • Revitalizing sports clubs in inner cities to teach values and conflict resolution. • Addresses health, development and other issues through Sunday School programs for children.
Women's Centre of Jamaica Foundation	X	X	Kingston Seven centers throughout the island and six outreach centers	<ul style="list-style-type: none"> • Assists about 1500 girls per year, and to date has provided assistance to 32,000 girls. • Targets pregnant and parenting girls 17 years and younger by providing education before and after birth of baby, and counseling in reproductive health and sexuality and reintegration into formal schools system. • Assists girls to continue education at the Center until they give birth and for one term after the baby is born, then helps return them to the formal educational system. • Provides day care and parenting education to girls and counseling to parents on how to support the girls once they leave the center. • Implements the Young Men At Risk Program, focusing on baby fathers, and any young men at risk for early sexual initiation through remedial education in literacy and numeracy and vocational training through HEART. • Trains secondary school aged students as peer counselors to assist guidance counselors on RH education and referrals. • Implements UAP II in Mandeville, Savanna-la-mar and Port Antonio. • Implements skills training in St. Elizabeth, St. Thomas, and Mandeville for women and men aged 17 to 25 in garment construction, cosmetology, and housecraft.

IV. Issues and Recommendations

This section summarizes the major issues observed during the assessment and suggests specific actions, based on the social mobilization model of working at national, institutional, community and individual levels.

A. At the National Level

This component of the report considers specific laws and policies related to SRGBV.

- **Existing laws and policies are not uniformly enforced**

Jamaica has a sophisticated legal system and a wealth of good, child-centered laws and policies. One area of weakness, however, is the extent to which these laws and policies are effectively applied and implemented. Most recently, Jamaica developed and enacted the Child Care and Protection Act (CCPA) that requires mandatory reporting of child abuse for all child-serving professionals (e.g. doctors, nurses, and teachers). An interview with the Chief Executive Officer of the Child Development Agency (CDA) revealed that a protocol has been developed for the schools that outlines mechanisms for referrals to the CDA. After conducting informal group discussions with teachers and school administrators, however, the Team found that school staff were unaware of the law and the protocol issued by the CDA. Some were even unsure that the CDA actually existed to handle such claims. Even where teachers are aware of their legal duty to report, they often do not have the adequate training that would help them identify the signs of abuse.

CCPA outlaws corporal punishment for early childhood education facilities and for government institutions such as Children's Homes and Places of Safety that are under the jurisdiction of the Ministry of Health. Public schools, however, are not included, creating ambiguity among MoEYC officials and local school personnel as to acceptable forms of discipline.

The CCPA was developed from CRC and much of the theoretical framework of the CRC is clearly entrenched within the Act. Many of the public and social institutions of Jamaica, however, still see children as being under the protection of the family and parents, and not the State. To be able to effectively protect children from harm, the State needs to be a vested party that identifies the child as a sole entity and citizen of the State, regardless of familial ties. Recent social programs have addressed the development of improved parenting skills to better equip parents to understand and raise their children. The State must also realize that while it is important to ensure parents have the right skills, providing parents with skills does not absolve the State from ensuring the protection and safety of all children as citizens of the nation.

It is equally important for the government to diligently enforce and demand compliance to the law. In Jamaica, organized criminal elements control many communities; the government wields little power and is not seen as a vehicle for justice or enforcement of law. Within many of these communities, the police may be seen as complicit, and even actively involved in crime, or simply unwilling to take action. An example often cited during interviews is that police officers will not

arrest taxi and/or bus drivers who are suspected of engaging in sexual relations with minor females. Several respondents reported that many police officers own taxis and buses themselves, so they are likely to turn a blind eye in return for profit. Several NGOs spoke of the issue of domestic violence and complained that police see domestic violence as a private issue, not a public one, and so are reluctant to intervene.

Recommendations

1. Delineate clear processes for implementation of policies.
 2. Develop and implement social safety nets for children in cases of parental abuse and neglect.
 3. Uniformly enforce policies and compliance with the law.
- **New laws and policies are needed**

Jamaica has enacted a new National Youth Policy that presents a comprehensive strategy for supporting and developing youth centered programming. SSP suggests that there is room to promote national attention to gender-based violence as it affects school-age children and as to how violence manifests within the social context of Jamaica. This national policy could be a vehicle to address gender roles, norms and stereotypes and violence among children, with a particular emphasis on how domestic violence and sexual harassment affect children within the home, community and school.

The government should encourage and provide mechanisms for greater programmatic collaboration to address SRGBV among the public and private sectors of Jamaica. There are many civil society and private sector organizations, as well as government agencies, implementing exemplary activities that cross the spectrum of adolescent programming. Many of these organizations, however, are unaware of other activities outside of their programmatic and geographic focus. Only a few seem to be linking efforts, sharing resources, or building holistic approaches. The government could play a key role in promoting and developing integrated approaches and encouraging organizations to work together for greater social impact, cost sharing of resources and programmatic sustainability.

Recommendations

1. Prioritize issues related to gender-based violence within the school and community.
2. Mandate policies and legislation on SRGBV.
3. Outline procedures for cooperation between government agencies, civil society, and the private sector for more holistic programming.

B. At the Institutional Level

This section discusses actions that should be taken within national level institutions, specifically the education system.

- **Improve teacher skills in identifying and addressing SRGBV**

There are multiple aspects of teacher development that affect the ability of the education system to deliver quality education to its students. There are eight teacher-training colleges in Jamaica that prepare teachers through a three-year teacher-training program. These teacher-training colleges, however, do not offer any additional in-service training for teachers' professional development, nor does the MoEYC. Pre-service training prepares teachers in pedagogy and subject matter, but does not address some of the current social issues that constrain the education system including gender and violence. Teachers seem to lack the skills to negotiate and manage the social and contextual issues that affect student learning and that particularly color boys' performance in school. Finally, although teachers are somewhat conscious of the obvious and subtle forms of violence that pervade the school, they lack the language or terms to describe SRGBV, but rather see these behaviors as traditional socialization.

Recommendations

1. Sensitize current and future teachers to SRGBV.
 2. Ensure that pre-service training programs incorporate skills development on conflict negotiation, gender, anger management and violence in the schools, such as the program currently being implemented at Sam Sharpe Teacher's College.
 3. Establish an in-service training program that provides teachers with continuous professional development and provides them with the necessary skills to manage different types of violence in the school, including SRGBV.
- **Strengthen abilities of guidance counselors to effectively counsel victims of SRGBV**

Guidance counselors in Jamaica are positioned to play a key role in assisting girls and boys to deal with situational realities, however, there are constraints to guidance counselor effectiveness:

- Not every school has a guidance counselor.
- Guidance counselors are often assigned teaching and/or administrative tasks in the school, decreasing the time they have to dedicate to student counseling and support.
- Students do not always trust guidance counselors as students perceive that guidance counselors gossip about them.
- Guidance counselors receive pre-service training at the teacher training colleges in counseling, but they too are insufficiently prepared to manage conflict, violence and GBV with students, parents or community members.
- Guidance counselors do not have access to professional development programs or any type of in-service training.

Recommendations

1. Assess the feasibility of increasing the numbers of guidance counselors employed by the MoEYC even if it requires several schools to share one counselor.
 2. Provide training to guidance counselors, through both pre- and in- service training, on SRGBV, gender strategies for counseling, skills for counseling parents and information on appropriate mechanisms for referral, reporting and response procedures.
 3. Make guidance counseling a dedicated profession and ensure that guidance counselors are not over-burdened with teaching and administrative duties.
- **Develop and/or strengthen SRGBV response systems**

There are no standard response, referral and reporting procedures on SRGBV, although guidance counselors seem to follow an ad hoc system that notifies and discusses the problem with the parent of the child, and notifies the police and social services.

Recommendations

1. Provide technical assistance to the MoEYC to standardize and make transparent response, referral and reporting procedures, using CDA guidelines.
2. Ensure that teachers and guidance counselors are properly trained to follow those procedures.

C. At the Community Level

Within the community, parents, the church and youth clubs are important forces in the lives of children, and they have the ability to both positively and negatively reinforce existing gender norms and behaviors, which in turn influence the behaviors of children. In many discussions with stakeholders, SSP heard time and again that children see violence in their communities as the norm, and see it is a viable option to resolve disputes or get what they want.

- **Parents lack effective parenting skills**

Parents seem to actively reinforce gender roles and stereotypes in the ways that they raise their children. A number of parents seem to lack parenting skills, which is compounded by their youth, immaturity, and readiness to be a responsible and responsive parent. The physical, psychological and sexual abuse of children is thought to be common:

Physical abuse in the home seems to be common, since parents use physical punishment as a form of enforcing discipline and obedience, especially for boys.

Psychological abuse occurs as a result of:

- “Favoritism” where children of a father who provides support to the mother are favored over children whose fathers do not.
- Lack of parental involvement in their children’s lives (especially on the part of absent fathers).

- Poor supervision of children's lives, which exposes children to the streets and possible community violence.
- Expectations of adult behavior from children in terms of contributing to family income or supervising younger siblings.
- Name calling and put-downs.
- Powerlessness of parents to protect their children from community violence, sexual abuse and many of the perceived problems associated with children taking public transportation to and from school.

Sexual abuse is perceived as a major problem:

- Girls are molested by their fathers or the partners/boyfriends of their mothers.
- Mothers are reluctant to intervene to protect their daughters from sexual abuse as they may be dependent on the financial support of the male partner.
- Mothers may tacitly encourage their daughters to "look a man" to provide financial support for school and other expenses.
- Sexual abuse of boys is thought to be a problem, but is not well-documented.

There are many issues that affect the ability of parents to effectively parent and discussions with stakeholders pinpointed three major factors:

- Young parents who lack parenting, relationship and life skills;
 - Poverty that diminishes parents' abilities to adequately supervise their children, and may require children to work to supplement family income; and
 - Lack of power in communities given the scope of the informal governing systems of dons.
- **Churches are not responsive to the needs of children, especially boys.**

The church is extremely influential; especially among the age range that SSP is attempting to reach (10 – 14). At this age, children are still under the control of their parents, and accompany the parents to church. Church can give children a sense of purpose and value, and can help them determine what to do with their lives. Furthermore, the church is well positioned to teach appropriate behaviors and promote respect for others.

The church in Jamaica has been active in addressing particularly violent outbreaks in select inner city communities through acting as mediators and peacemakers and providing pastoral support to victims of violence. They have perhaps taken a less pro-active approach in terms of educating their congregations about gender and the impact of violence on children and in developing church-based programs to help their congregations develop appropriate skills to address violence in the home, school and community. Further, as one respondent pointed out, the church is often dominated by females, which may alienate young men who are seeking male mentoring and support.

- **Social services at the community level are fragmented**

While a number of programs and services targeted to children may exist that are implemented through the government, NGOs, community-based organizations or the private sector, there is poor coordination and communication between agencies and organizations and collaboration is limited. For example, NGOs that have the capacity to do comprehensive sexuality education with students may only be invited in on special occasions or to conduct a “one-off” session on HIV. Health workers may not conduct outreach to schools to encourage youth to access counseling and other services. A more holistic and comprehensive approach to providing information and services to youth is needed.

Recommendations

1. Build on existing parenting programs and ensure that gender and violence are addressed.
2. Support implementation of such programs through PTAs, or through local churches, clubs, and associations, among others to address gender and SRGBV in children’s programs or parent outreach programs.
3. Partner with youth and sports clubs to address SRGBV.
4. Incorporate gender and SRGBV into existing community development efforts.
5. Link the various public and private sector social services at the community level together to minimize the fragmentation that currently exists to increase awareness of the impact of school-related gender based violence on children and their communities.

D. Individual Level

Boys and girls lack self-efficacy to be able to identify violence, confront potential perpetrators of violence, give voice to their rights and report abuse when they have been victimized.

Self-efficacy is the belief in one’s capabilities to organize and execute the sources of action required to manage prospective situations. Self-efficacy influences the choices we make, the effort we put forth, how long we persist when we confront obstacles, and how we feel (Bandura, 1986).

Children in Jamaica experience a range of impediments to achieving self-efficacy in relation to protecting themselves from SRGBV. They are subjected to harmful gender scripting and are either unaware of what constitutes abuse or believe that violence is a natural way to settle disputes. They are unaware that they have rights or are unable to give voice to those rights and make a claim on them. They do not know where to turn for help when they need it and they have few opportunities to be able to build healthy relationships with their peers, parents and teachers.

- **Violence is seen as normal**

In interviews with parents, teachers, NGOs and children, SSP heard that violence is often part of a dispute and is viewed as a natural part of life. Violence is overwhelmingly present at nearly all levels of society and is widely discussed in the electronic and print media. At the political level, disputes, disagreements and even elections can cause entire neighborhoods to erupt in

violent altercations among and between armed members of competing parties. At the community level, the don system controls individual behavior, employment and freedom of movement through the threat or actual use of violent enforcement. Teachers and principals are clear that corporal punishment is discouraged; yet do not necessarily see their potentially abusive actions as such.

At one school, a small child came to the door of the interview room, terrified and trying to get a teacher's attention. The Guidance Counselor left the meeting and sent the child away. Ten minutes later, the child was back at the door, crying, and was again sent away. Later, the team learned that that older children had been harassing the child before he came to the door the first time. After the child was sent away the older children beat the boy. Both times, the boy sought help and both times he was sent away.

SSP Field Notes

At home, children may witness gender-based violence against their mothers carried out by her partner, who may be a father, stepfather or boyfriend. Children themselves may also experience violence in the home and reported cases of incest are on the rise. In some cases, it is believed that fathers and stepfathers feel it is their right to be the first to have intercourse with their daughters. The lack of effective parenting skills is an oft-mentioned problem that contributes to SRGBV especially among young parents who frequently resort to violence and abuse to discipline their children.

With violence occurring at all levels, committed by adult role models as diverse as politicians, teachers, community members and parents, it is clear that many children simply view violence as part of life. As a result, major to minor slights are often dealt with violently, so as to quickly establish the perception of strength. The child that does not respond to such abuse with violence will be viewed as weak and may become even more vulnerable to further violence.

- **Harmful gender scripting**

Gender roles and responsibilities for boys and girls are proscribed by traditional norms. Girls work within the home doing primarily domestic/reproductive chores such as caring for younger siblings. Boys' movements and activities are less constrained and they spend more of their time unsupervised and outside of the home often engaged in productive activities. Boys learn to play up their aggressiveness, strength and money and girls their sexuality. Violent role models such as dons and popular culture hype the glamour of money, girls, violence and instant gratification. For some boys especially in the cities, the route to attain these is not by staying in school, working hard and getting a good job. It is often through dropping out and easy money obtained through illegal means.

Girls' mobility and ability to earn money is more limited than that of boys. They learn to trade on their sexuality to get the things that they want whether attention, taxi rides or spending money. One head of an at-risk child-serving NGO lamented the ubiquitous nature of girls' skimpy attire. She had instituted uniforms in her program as a way of protecting the girls as the girls were either well aware of the impact of their clothing on the men and boys or so completely blind to the message the clothes gave off that they were unable to connect their dress with the way that men and boys treated them. A health official talked about the early sexualization of young girls through inappropriate attire and dance moves. At its basest, boys

learn that money will get them sex and they learn to control women through violence and withholding of monetary support. Girls learn dependence on men for financial support and to use sex to get their financial needs taken care of.

The ability to father or mother a child is an important milestone in the transition of young people from childhood to adulthood, particularly in terms of masculine and feminine norms. It is widely reported that young women are pressured to have babies at an early age, to prove that they are not a “mule,” while young men are similarly encouraged to have a number of children with different women. It is not uncommon for some women to be grandmothers at 30. Clearly there is a well-established cycle of young parents, who are usually immature and inexperienced, and too often may express their frustrations through violence against each other or against their children. Further, there are well-established links between teen parents and multiple negative outcomes among children, including poverty, poor health and other social problems.

- **Lack of male role models**

Many respondents believe that the problems related to boys result from the absence of positive male role models and the damage of negative ones. There are a large number of female-headed households where fathers have little or no physical presence or emotional role in their children’s lives. All of the schools that the team visited were predominantly staffed and run by women. The absence of positive male role models in the home and school leads some boys to seek them in the community. In the urban areas, where physical violence is reportedly high among young men, the most influential and wealthiest males are usually the dons who rule through violence, fear and criminal activities.

For girls, the absence of positive male role models affects them in less direct ways but can be equally damaging. Studies in the United States show that girls raised in households without fathers are more likely to exhibit risky health behaviors such as promiscuity, pregnancy and abortion⁶³ as well as lessened learning abilities such as diminished cognitive development, poor school performance, lower achievement test scores and lower IQ scores.⁶⁴ Within the Jamaican context, this manifests itself in early sexual debut and the development of inappropriate relationships with older men, such as teachers, taxi drivers and coaches.

For both boys and girls, the lack of a father in the home means that there is no positive male-female relationship upon which to model their own relationships with the opposite sex. A number of Jamaican children may only see their father on a sporadic basis, as he may have other relationships and children to tend to. This visiting relationship structure further reinforces a negative gender script that casts women as dependent on men for financial support.

- **School is seen as irrelevant**

⁶³ Mattox, W. (1999). The role of fathers in the lives of their daughters. [On-line] pp.1-7. Available: <http://www.frontiernet.net/~jfwagner/cfo3100.htm>

⁶⁴ Grimm-Wassil, C., (1994). Where’s daddy: how divorced, single and widowed mothers can provide what’s missing when dad’s missing. Overlook Press; ISBN 0879515414.

In recent years, Jamaica has struggled to address student underachievement. Throughout the primary level of the education system, anywhere from 40 to 50 percent of students have not achieved mastery of basic literacy and numeracy skills. Several factors contribute to these poor educational outcomes, including family socio-economic status, family formation, religious beliefs and practices, and child rearing practices as well as the variable quality of Jamaican schools in terms of human, financial and instructional resources.

Jamaica is unique among the countries (which include Ghana and Malawi) where SSP works in that males are less likely to do well in schools and are somewhat less likely to attend school regularly. A report generated by the Equate Project found that:

- Traditional gender roles and expectations are perpetuated in the schools.
- Both boys and girls have uneven enrollment and attendance, but girls' enrollment is higher than that of boys, especially at the tertiary level.
- Girls perform better academically than boys at the primary level but not at the secondary.
- Course choice and selection are gender stereotyped.⁶⁵

According to SSP informant interviews, three major reasons contribute to boys' poor academic rates and their higher drop out rates from school:

- The current teaching pedagogy is biased against boys;
- The content and courses offered are not what boys want to learn; and
- Boys perceive school as irrelevant.

Several people noted that boys seem to learn differently from girls and one suggested a study of how boys learn so as to better prepare teachers for the different learning styles of all children. It was suggested that while both boys and girls would respond better to more participatory styles of teaching, boys are more negatively impacted by the current style that emphasizes memorization.

One principal talked about the need for the education system to offer more courses that boys want to study. She believed that many boys drop out rather than continuing on in academics; alternatively, their education ends because they do not do well on their examinations. She recommended that there be more offerings of technical subjects and vocational training to boys to prepare them for technical careers. Others observed that school may seem irrelevant to boys if they see others their age have dropped out and are making money.

- **Children are unaware of their rights**

Violence seems to be deeply rooted in Jamaican culture; girls and boys who are victims of violence may not think that they have been abused. Because their lives have been so scripted and they have internalized the abuse, most children do not understand that their lives can be different and that they have a *choice* in what happens to them. Many children do not possess the

⁶⁵ A gender analysis of the educational achievement of boys and girls in the Jamaican educational system, USAID, Equate Project

necessary skills to plan for their future or to seek help when they need it. Until children and their families understand what constitutes abuse and what their rights are regarding abuse, they are unlikely to seek help.

- **Children have limited opportunities to build healthy relationships**

In the absence of healthy relationships within the home, gender scripted behaviors may limit children from forming healthy relationships with their peers, teachers and parents. Boys and girls need opportunities to interact with one another and with adults in ways that are based on rights, respect and responsibility. The hierarchical, authoritarian and sometimes violent environment of the school may limit children's abilities to establish positive relationships for learning. A commonly recurring theme was the need for parent education training, to enable parents to effectively communicate with their children without damaging their self-esteem through verbal and emotional abuse.

Several respondents noted that children need to participate in healthy interactions, such as clubs, Boy Scouts, Girl Guides, the YMCA/YWCA as well as sporting activities and mentoring programs.

Recommendations

Programs for children need to:

1. Reach both boys and girls.
2. Educate students on appropriate and healthy forms of behavior, as well as what constitutes abuse.
3. Assist children to know and claim their rights, by providing training, activities, materials and links to human rights groups.
4. Reach children with rights and gender programs that are holistic, systematic and on going through combinations of the following: radio, drama, life skills education, clubs, after school programs and assemblies.
5. Continue to support and expand programs on conflict resolution and peer mediation.
6. Expand mentoring programs to provide children with positive male and female role models.
7. Provide practical information on sexuality in schools.
8. Ensure that all children know what to do in cases of abuse and where to get help.

V. Programming Options

This section discusses specific programming options for Jamaica, as well as potential partners and collaborations.

A. National Level

- **Advocacy Networks**

One of the initial activities proposed by SSP is to conduct a comprehensive assessment of current laws, policies and procedures related to SRGBV in Jamaica. SSP will contract a local organization to conduct this baseline assessment and anticipates this assessment will identify a number of issues and make recommendations for action. These actions ideally will be implemented through the establishment of a National Advocates Network composed of key stakeholders. Its purpose will be to raise public awareness and advocate at all levels for strategies designed to effectively prevent, report and respond to SRGBV. In particular, the Network will develop and execute a targeted action plan raising awareness so as to establish a sense of urgency to respond to SRGBV, drafting proposed legislation and policies, and lobbying decision makers and policy makers to establish and/or implement policies intended to address SRGBV.

Potential Partners

Currently in Jamaica, a handful of organizations work across the island, and there is an absence of any network of organizations that are focusing specifically on issues related to SRGBV. There are, however, existing networks that advocate on a number of issues, particularly human rights. The development of a national advocacy network by SSP, with links to other advocacy efforts, will strengthen the abilities of the civil society sector and provide assistance to community-based NGOs and government agencies to develop and implement local strategies and activities designed to promote national awareness and policy development for SRGBV.

The effectiveness of a national network will depend greatly upon its composition. SSP recommends participation from the many organizations working on violence, human and child rights, education, public health and gender. Potential partners for the network should include the National Centre for Youth Development; the National Council on Education; Women's Media Watch; Women's Crisis Centre; the Bureau of Women's Affairs; and key NGOs such as the YMCA/YWCA, FAMPLAN, the Women's Centre of Jamaica Foundation, as well as select academics and researchers from the University of the West Indies.

B. Institutional Level

At the institutional level, SSP envisions several key inputs into the education system aimed at addressing and mitigating SRGBV. Institutionalizing pre- and in- service training programs for teachers and guidance counselors on different forms of SRGBV; conflict management and counseling for students, as well as appropriate response, referral and reporting systems to manage school and community level incidents of SRGBV. Another key input is to map the current response, referral and reporting system for SRGBV and then streamline it to a standardized and transparent system that can be incorporated into a training program for teachers, guidance counselors and school principals. Finally, the code of conduct for school personnel needs to be reviewed and, if necessary, revised to conform to international standards of teacher conduct.

Potential partners:

Teacher training colleges are natural partners as part of SSP's efforts to improve teachers' capacity to address SRGBV in the classroom. Sam Sharpe Teacher Training College has successfully piloted a pre-service training program on self-esteem, conflict resolution and

decision-making. The program is designed and implemented by PALS. Sam Sharpe is working with the Joint Board of Teacher Education to institutionalize this program to all the other teacher-training colleges in the country. A partnership with Teacher Training Colleges may also facilitate SSP's proposed effort to develop a cohesive and comprehensive section on SRGBV for a teacher code of conduct, in collaboration with the teachers' union and the National Education Board.

NGOs working within the schools also provide good opportunities for partnership. PALS and Change from Within have both successfully implemented in-service teacher interventions, which have included effective in-service training programs with teacher and school principals respectively. The Jamaica Coalition on the Rights of the Child is also an important partner that can participate in the development of a response, referral and reporting system for SRGBV.

Finally, SSP could collaborate with the Child Development Agency to develop a national response, referral and reporting strategy which can be integrated into pre and post service training for guidance counselors and school principals.

C. Community Level

SSP proposes to collect baseline data, which will include participatory qualitative data collection and quantitative research activities with school staff, parents, community members and children. The primary purpose of this research will be to identify patterns of how SRGBV occurs in the communities and schools. Once data has been collected, it would be shared with the communities and action plans developed to address SRGBV. SSP would then provide technical assistance in the implementation of these action plans, which will have key interventions, based on existing community norms, values and resources. Based on the recommendations and observations of a number of organizations as to how to positively influence the communities where children live and attend school, SSP anticipates that elements of the action plan will include efforts to improve parenting skills and the development of links to and programs with churches and community-based organizations, such as sports clubs and community development groups.

Potential Partners

SSP proposes partnering with organizations that are already doing community development work, (i.e. Social Development Commission) or who are working with children (i.e. the Child Development Agency of the Ministry of Health, parish health educators and health care providers, the Guidance Counselor Association and education officers). To improve parenting skills, SSP would work with organizations such as the Coalition for Better Parenting and PTAs.

A key partner in Jamaica is the church, given the influence it wields at the community level with parents and with children. Under a previous USAID supported project, a network of faith-based organizations and religious leaders launched efforts to assist churches to respond to the health and development needs of children through the implementation of a Christian Family Life Education. SSP may work with members of this network, such as Whole Life Ministries, to strengthen its response to gender and SRGBV through church initiated efforts to reach youth.

The Ministry of Health's Healthy Lifestyle Initiative could also be an important partner, given this project's focus on violence. SSP could collaborate with this project at the community level.

Finally, clubs can play a role with SSP as well, including sports clubs, youth clubs, and private sector clubs (such as Rotary and Kiwanis) to educate members and disseminate information about SRGBV.

D. Individual Level

To achieve a reduction in SRGBV, it is necessary to aim for behavior change at multiple levels and most specifically among individuals. Since cultural and gender norms that facilitate SRGBV are deeply rooted in families, communities and institutions, behavior change interventions with children must be systematic and sustained. One strategy to support behavior change includes the implementation of information and education on SRGBV through life skills programming. Since there are a number of life skills programs already in existence (which are often referred to as Family Life Education or Health and Family Life Education), SSP proposes to integrate a new approach that will address life skills and the prevention of SRGBV within the context of human rights, gender and reproductive health.

Participatory educational activities should be implemented in a sequential way so that sessions continuously build on the information disseminated and skills developed in the previous sessions. Students will learn about their right to education, gender equality and bodily integrity as well as how to secure their rights as well as the rights of others. Topic areas will include gender norms and stereotypes, values clarification, better understanding of what constitutes violence and how all of the above influence children's behaviors and relationships with each other. Knowledge, attitudes and skills gained in the life skills program should be reinforced in extracurricular clubs, and school-based activities such as assemblies and resource materials.

Potential Partners

Jamaica has a Health and Family Life Education (HFLE) curriculum developed by the Ministry of Education, as well as an additional manual entitled VIBES (developed by ASHE with support from Family Health International) that is being implemented in secondary schools. The MoEYC is now in the process of revising the Family Life Education for primary schools, but it was unclear to SSP as to how the curriculum will be revised and when this new material will be implemented in the primary schools.

The Sam Sharpe Teacher Training College has been working with Peace and Love in Society (PALS) to train student teachers in self esteem, relationships, conflict resolution and ethics so as to better prepare teachers to teach the HFLE curricula in schools. These courses are being taught as part of a "personal development" track of the teacher-training curriculum, which has proven to be very popular with teachers. As part of this elective, teachers are monitored on these elements during their practicum in schools. Sam Sharpe is now looking to pilot test a comprehensive intervention in two schools that will combine teacher training for HFLE and community mobilization in support of HFLE. Ultimately, Sam Sharpe would like to institutionalize this pre-service training for HFLE and work with the MoEYC to expand the program to other teacher training colleges on the island.

Sam Sharpe is also a member of the Joint Board of Teacher Education, which in collaboration with the University of the West Indies, the other teacher training colleges and the MoEYC, makes decisions on teacher training college curricula. Sam Sharpe is currently lobbying the Board to institutionalize the PALS teacher-training program at all teacher training colleges and to develop and implement curricula that will better prepare teachers to teach HFLE at the primary and secondary level.

Given Sam Sharpe's demonstrated interest in better preparing teachers to deal with other aspects of school life beyond academics, they can be key partners in implementing the Safe Schools program. Further, SSP should liaise with the MoEYC as it develops the FLE for primary level to ensure gender issues and violence are addressed in the curriculum.

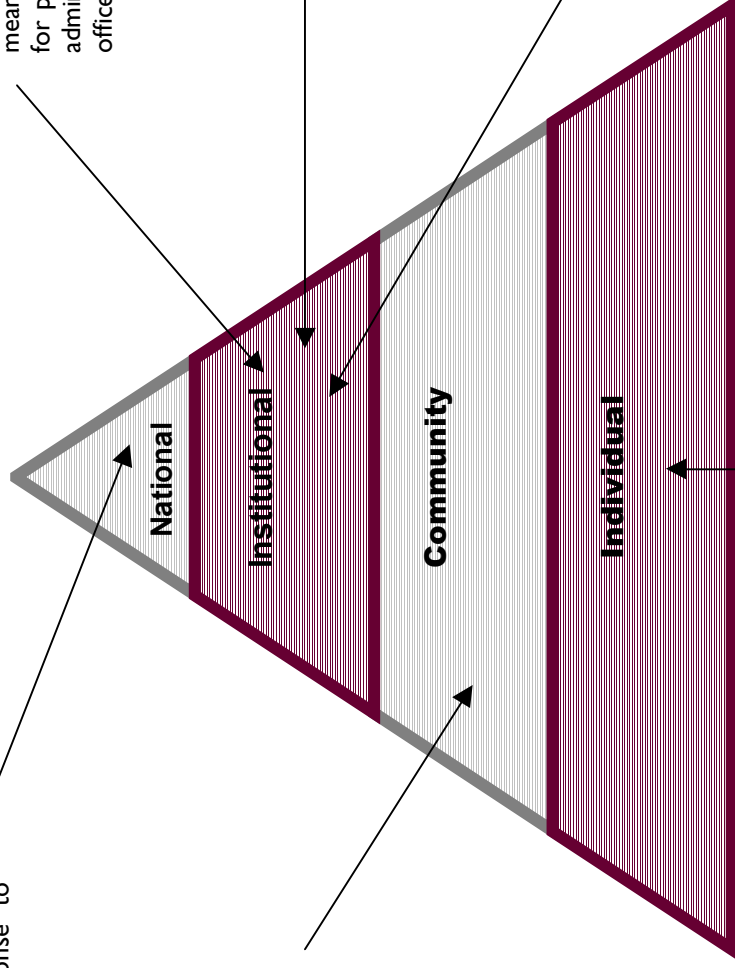
National level recommendations

- Commission the development of a national baseline on laws, policies and implementation procedures that impact SRGBV.
- Form a National Advocates Network to raise awareness and promote advocacy at all levels for prevention, reporting, and response to SRGBV.

Community level recommendations

- Conduct PRA/PLA data collection and use information for community action planning. Illustrative activities to be implemented may include:
 - Providing training for parents and community members on SRGBV through PTAs.
 - Partnering with community development agencies such as SDC
 - Collaborating with churches to train members on SRGBV and parenting.
 - Conducting outreach to youth clubs.
 - Partnering with child service agencies such as CDA.
 - Working with local businesses and service clubs.

SSP's Proposed Pilot Program



Institutional level recommendations

- Ensure the code of conduct includes language that specifies types of violations, disciplinary actions, and reporting procedures.
- Provide training on code of conduct (what it means and procedures for reporting violations) for pre-service and in-service teachers, school administrators, regional and parish education officers and officials.
- Promote pre-service and in-service training for teachers and guidance counselors on SRGBV on appropriate response, referral and reporting.
- Map current response, referral and reporting system.

- Identify and map potential partners and create a referral mechanism to external support services through NGOs for victims of violence. Create a referral services directory that is distributed to schools and the community.
- Train teachers in classroom management and SRGBV and create communities of practice

Individual level recommendation

- Reach children with rights, gender, violence prevention, sexual and reproductive health, and life skills programming in a holistic, systematic, on-going basis.
- Strengthen existing and new curricula in order to integrate SRGBV related topics such as rights, gender, sexual and reproductive health, etc. into existing life skills curricula and other curricula.

VI. Recommended Intervention Focus

The SSP proposes to leverage current and previous USAID, Government of Jamaica and NGO investments in communities and schools that emphasize improved educational quality and violence reduction to increase the chances of success in addressing the sensitive and complex issue of SRGBV. The New Horizons Project will be rebid in 2005, and it is anticipated that the project will continue its efforts to improve literacy and numeracy and improve pedagogical skills among teachers. Currently, NHP works in 72 schools, the Ministry of National Security plans to work in 114 schools, while Change from Within works in 21 schools, the Jamaica Coalition on the Rights of the Child works in 35 schools and the Sam Sharpe Teacher Training College is looking to expand its efforts to other schools in the Western Region of Jamaica.

The Ministry of National Security is in the process of launching the Jamaica National Safe Schools Program. Work has begun with the police in the schools portion of the program. Several potential partners for the USAID Safe Schools Program including the MoEYC, PALS, and Change From Within, to name a few, are also partners in the MoNS program. It will be of the utmost importance to complement this new and important MoNS program in order to achieve the best potential synergy affecting the most children. SSP will await the direction of USAID's Office of Women in Development, the USAID/Jamaica Mission, and the GOJ as to how best to partner with the MoEYC and the MoNS.

Safe Schools has approximately fifteen months to develop a pilot program and to lay the groundwork for results. Building on the knowledge and experience gained through the above partners will also help in developing and implementing an effective model for addressing SRGBV within the timeframe. Given that each of the above organizations works in different parts of the island, the Safe Schools Team will work with USAID/Jamaica and the GOJ to determine a focus for project activities while keeping in mind the pilot nature of this program and resource constraints.

VII. Next Steps

The SSP team will work with USAID/Jamaica and USAID/WID to develop a work plan for the SSP in Jamaica based on the recommendations outlined in this assessment. The work plan will outline major areas of focus for SSP activities, identify schools and provide a timeline for the first year of implementation.

On subsequent trips proposed for August, the SSP team will:

1. Develop a work plan with the Mission for the first year of implementation in Jamaica based on the recommendations from the programmatic assessment.
2. Finalize office set up and hire staff including a Country Coordinator and a Facilitator.

3. Follow-up with organizations and key individuals and meet with additional relevant organizations that could serve as partners.
 - Follow up with the organizations that were identified as having promising programs that can be integrated and adapted to address SRGBV.
 - Review more closely the activities and materials developed by these promising programs to determine how to build upon existing resources, and to integrate SRGBV into these programs, incorporating certain materials that have proven to be effective.
 - Obtain additional key documents and resource materials.
4. Meet with recommended organizations or individuals with whom the SSP did not have a chance to meet with on the first trip to determine whether they are relevant partners or could be a part of the Advocates Network.
5. Begin to identify pilot communities.

References

Beijing Declaration and Platform for Action, Fourth World Conference on Women (1995). A/Conf. 177/20 and A/Conf. 177/20/Add.1 (1995), para. 272.

Canadian Centre for Missing Children: Victims of Violence. Retrieved April, 2004 from <http://www.victimsofviolence.on.ca/prsaa.html>.

Centre for Development and Population Activities (2000). *Social Mobilization for Reproductive Health*, Washington, DC: CEDPA.

Convention on the Elimination of All Forms of Discrimination Against Women (1989). G.A. RES. 44/25, U.N. GAOR, 44th Sess., Supp. No. 49, U.N. Doc. A/Res/44/25 (1989), entered into force, 1990, art.1 and 2.

Convention on the Rights of the Child (1989). G.A. Res. 44/25. U.N. GAOR, 44th Sess., Supp. No. 49, U.N. Doc. A/Res/44/25, entered into force, 1990, art. 2.

Glossary of Human Rights. Retrieved September 20, 2004 from <http://gbgm-umc.org/umw/education/glossary.html>. Adapted from Julie Mertus et. al., *Local Action/Global Change* and the Minnesota Partners in Human Rights *Resource Notebook*.

Institute for International Medical Education (IIME). Retrieved April 2004, from <http://www.iime.org/glossary.htm#P>.

Instituto PROMUNDO (2004). Guy to Guy Project: Engaging young men in violence prevention and in sexual and reproductive health. Retrieved March 1, 2004 from the World Wide Web: <http://www.promundo.org.br/>.

Instituto PROMUNDO and Instituto NOOS (2004). Men, gender-based violence and sexual and reproductive health: a study with men in Rio de Janeiro/Brazil. Retrieved March 1, 2004 from the World Wide Web: <http://www.promundo.org.br/>.

International Conference on Population and Development (ICPD) (1994). Cairo, Egypt.

International Covenant on Civil and Political Rights (1966). G.A. Res. 2200A (XXI), 21 U.N. GAOR, Supp. No. 16, at 52, U.N. Doc. A/6316, 999 U.N.T.S. 171, entered into force, Mar. 23, 1976, art. 3.

International Planned Parenthood Federation (1998). Gender-based Violence: An Impediment to Sexual and Reproductive Health, *The Ethical Dimension of Gender-Based Violence*.

Kidd-Deans, Prudence, Member, Jamaica's Delegation, *Statement to the 49th Session of the Commission on the Status of Women* (no date)

Leach, Fiona and others (2003). *An Investigative Study of the Abuse of Girls in African Schools*. United Kingdom: DFID.

Marsiglio, W. (1998). Adolescent male sexuality and heterosexual masculinity: A conceptual model and review. *Journal of Adolescent Research* 3, nos.3-4.

Ministry of Health, *Annual Report 2001*, Jamaica

Ministry of Health, *Jamaica Injury Surveillance System, Violence Related Injuries 2004, Preliminary Data – Gender Analysis*, Jamaica 2004.

Ministry of Health, Health Promotion and Protection Division, *Understanding Risks and Promoting Healthy Behaviour in Adolescence*, Summary Report on Workshop, September 2000, Jamaica

Ministry of Health, Health Promotion and Protection Division, *National Policy for the Promotion of Healthy Lifestyles in Jamaica*, April 2004, Jamaica

Nan Stein et al. (2002). Gender Safety: A New Concept for Safer and More Equitable Schools. *Journal of School Violence*, 1(20), 35-50.

National Family Planning Board, *1997 Adolescent Reproductive Health Survey*, Jamaica

Pan American Health Organization (2003). *Violence Against Women: the Health Sector Responds*. Washington, DC: PAHO.

Pan American Health Organization and WHO Collaborating Centre on Adolescent Health, University of Minnesota, *A Portrait of Adolescent Health in the Caribbean 2000*, Minneapolis, MN 2000.

PAHO/WHO (2002). *World Report on Violence and Health: Summary*. Washington. DC: PAHO/WHO, 10-12.

Population Activities, *Demographic Statistics 2000*, Jamaica

Stromquist, Nelly (1995). Romancing the State: Gender and Power in Education. *Comparative Education Review*, 428.

Symington, Alison (2002). *A Rights-Based Approach to Development*. pg.1, Women's Rights and Economic Change, No.1. Ontario, Canada: The Association for Women's Rights in Development (AWID).

Task Force on Educational Reform Jamaica (2004) *A Transformed Education System Report*, Jamaica

United Nations (1994). *Report of the International Conference on Population and Development (ICPD)*. Cairo: United Nations. Chapter VII: Section E, Adolescents.

United Nations Development Programme (2003). *Human Development Report*. New York: Oxford University Press.

United Nations Development Programme *National Reports on the Situation of Gender Violence Against Women, National Report Jamaica, March 1999*.

United Nations Economic and Social Council (ECOSOC) (2004). Mainstreaming a gender perspective into all policies and programmes of the United Nations system. Substantive Session of 28 June – 23 July 2004. New York: United Nations.

United Nations Educational, Scientific and Cultural Organization (UNESCO) (2003). *Gender and Education for All, The Leap to Equality Summary Report*. Paris: UNESCO.

United Nations High Commissioner for Human Rights (2004). *Human Rights in Development*. Retrieved September 20, 2004 from the World Wide Web <http://www.unhcr.ch/development/approaches-04.html>.

U.S. Agency for International Development (2005) *A Gender Analysis of the Educational Achievement of Boys and Girls in the Jamaican Educational System*, MSI EQUATE Project, Washington D.C.: USAID

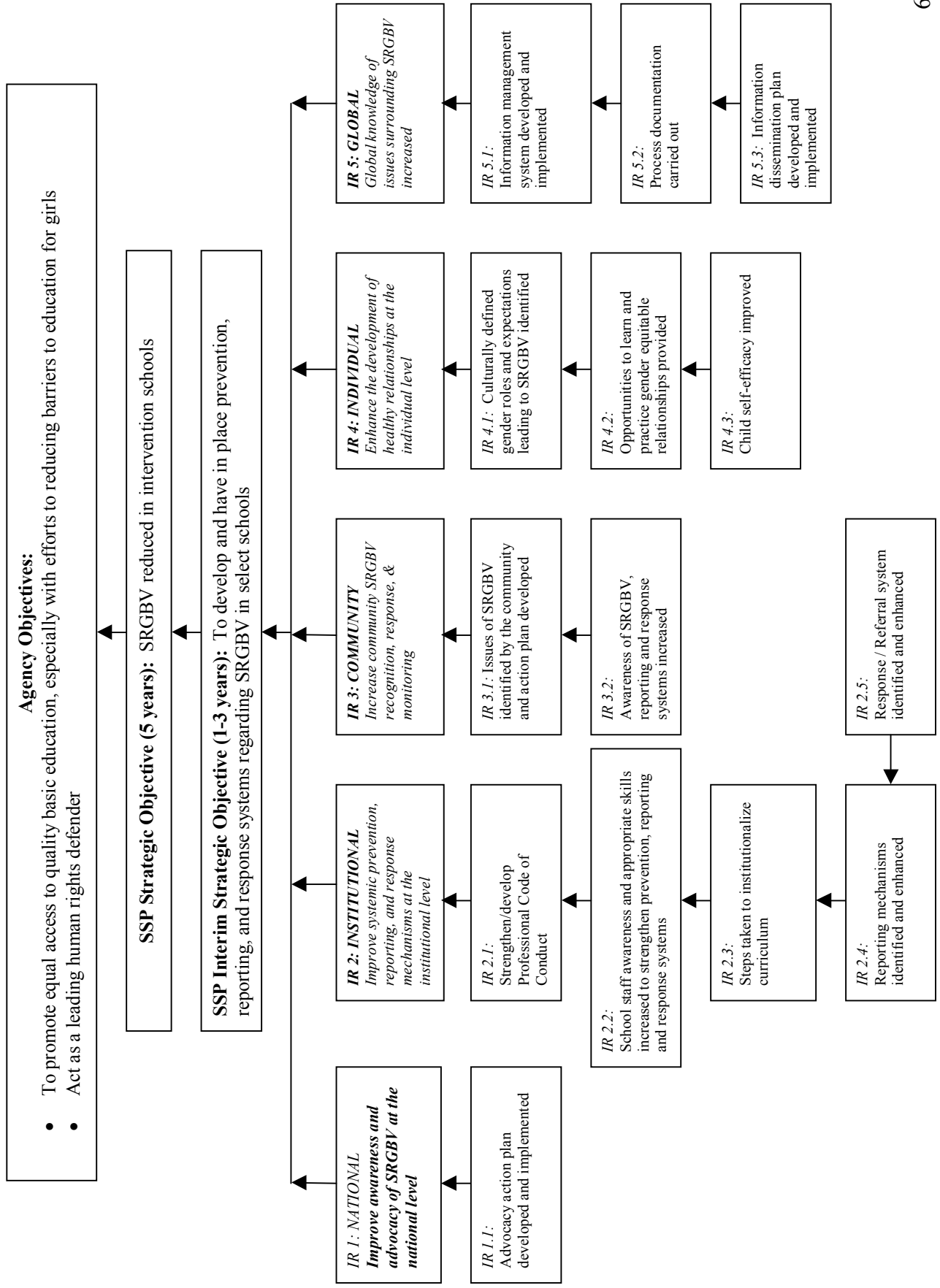
U.S. Agency for International Development – Bilateral Program, *Jamaica Strategy* Retrieved April 2005 from World Wide Web http://www.usaid.gov/jm/bilateral_program.htm

U.S. Agency for International Development (2003). *Unsafe Schools: A Literature Review of School-Related Gender-Based Violence in Developing Countries*. Arlington, VA: Development & Training Services, Inc. (DTS).

U.S. Agency for International Development (2004). *2005 Congressional Budget Justification*. Washington, DC: USAID.

The World Factbook – Jamaica, <http://www.cia.gov/cia/publications/factbook/geos/jm.html>
Retrieved April 2005

ATTACHMENT I : Results Framework



ATTACHMENT II: Scope of Work

Jamaica School-Related Gender-Based Violence (SRGBV) Assessment April 4- 15, 2005.

The Safe Schools Program (SSO) is a three-year contract awarded by the U. S. Agency for International Development, Office of Women in Development through an indefinite quantity contract to DevTech Systems, Inc. The purpose of the SSP is to create gender safe environments for all girls and boys that promote gender equitable relationships and reduce school-related gender-based violence (SRGBV) resulting in improved educational outcomes and reduced negative health outcomes. The Safe Schools Program (SSP) will work in partnership at multiple levels to protect children from psychological, physical and sexual harm by promoting healthy relationships based on rights, responsibility and respect for self and others.

Overall Objective:

The overall objectives of the initial trip is to:

- Assess existing programs for their ability to address school-related gender-based violence (SRGBV);
- Gain understanding of the nature of SRGBV in Jamaica; and
- Identify individuals and organizations from the key informant interviews to serve as local partners.

The team will conduct open-ended, in-depth interviews over the two-week period with key informants who have been recommended by the USAID Mission and/or other informants. Further, the team will examine programs and structures at multiple levels: national, institutional (MOE, schools), community and the individual level. The team will seek to identify existing programs and structures to build on or complement rather than create new ones.

Safe Schools Team Draft Itinerary April 4-14, 2005.

1. Meet with USAID: (April 4, AM): Discuss with USAID their experiences, objectives of SSP, and identify potential partners and entry points. Brainstorm for meeting with representatives from the Ministry of Education (MoEYC).
2. Meeting with MoEYC Ministry officials (April 4, PM): SSP team will provide introduction/overview and seeks to learn from the Ministry representatives about the problem of SRGBV and how it is being addressed at the national policy and institutional level.
3. Key informant interviews: (April 5-8) Conduct interviews with key informants in Kingston from the Ministries, USAID partners, other international donors and organizations, and local NGOs to inform the team of existing programs as well as to investigate, when possible, the extent of the problem of SRGBV and how people are addressing it. The team will identify the gaps and possible entry points for SSP. In addition, the key informant interviews will identify experts in the fields of gender, GBV,

human rights, health, education, law, media and private sectors who could be local partners and form an Advocates Network.

4. Key informant interviews in the field/school visits: (April 11-13): The SSP team will conduct interviews with key informants at local and community level organizations (e.g. schools, PTAs, Teacher training colleges) to inform the team of the kinds of programs that exist at the local level for boys and girls. The SSP team will identify the gaps from their perspective, promising programs and possible entry points for SSP, and if possible, will find out how SRGBV manifests at the local level.
5. Return to capital and prepare for Mission debrief (April 14): Regroup and prepare for debrief by sharing information obtained in field visits and evaluating current institutional response and promising programs at the national, institutional, community and individual level.
6. Debriefing at USAID Mission (April 15, AM): Debrief for technical team to present initial findings. Hold additional meetings with key informants if necessary.

ATTACHMENT III: Interview Protocols

Illustrative Questions for In-Country Interviews

Start with overview of Safe Schools, emphasizing the different areas that we cover so that they know that our interest in programming is broad and covers rights, education, girls' education, gender work, programming with boys, reproductive health, life skills, and HIV/AIDS.

Make sure you get the full name and title of the people interviewed and the contact information for the organization (especially phone and e-mail address).

Illustrative List of Questions for NGOs

Program Info:

- Describe your organization's vision/mission and programs.
- Where do you get funding?
- Where do you work and implement programs/activities (regions/cities)?
- What age group(s) does your program work with?
- What kinds of people does your program serve, e.g., women, men, in-school youth, out-of-school youth, males, females, urban, rural, married, unmarried, etc?
- How is gender integrated into your program?
 - How do you work with girls/women?
 - How do you work with boys/men?
- Do you promote equitable participation and involvement of males and females in your programs? If so, do you face any challenges in reaching
 - young men?
 - young women?
- Which of your projects are working well?
- Are you facing challenges in any of your programs? If so, why?
- What are the key messages your program is trying to deliver? What communication channels do you use?
- What other NGOs do you collaborate with and in what way? Any networks?
- What government ministries do you collaborate with and in what way?
- What role and to what extent can parents, communities, churches, and schools play in assisting youth?

- What are some good programs that you know of which are working with parents, churches, schools, and communities?
- What materials (e.g. training materials), research, newspaper articles, newsletters, or reports has the organization published related to the issues of SRGBV that could be helpful for the SSP? (ask if can get a copy)

SRGBV Info:

- What do you think are the main challenges girls face in terms of SRGBV?
- What do you think are the main challenges boys face in terms of SRGBV?
- Are there national policies related to SRGBV (youth, rights, violence/GBV, reproductive youth and HIV prevention)? If so, do national policies have a strong influence on how local programs operate?

Programmatic Response to SRGBV Info:

- Are there any existing programs addressing or that could potentially address SRGBV?
- Are they effective?

Issues/Gaps Info:

- What do you think are the top three issues/gaps, priorities for boys and SRGBV programming?
- What do you think are the top three issues/gaps, priorities for girls and SRGBV programming?

Recommendations:

- What recommendations for SSP do you have?
- Who else or what other organizations would you recommend that we speak with?
- Any recommended reading materials?

Semi-structured Interview with Parent Teacher Associations

Program Info.:

1. What is the overall role of the PTA and what are the general programs/activities carried out by the group?
2. Who are the members of the PTA? (Male to female ratio) How do you become a member of a PTA? Do you promote equitable participation and involvement of males and females on the PTA?
3. Where do you get your funding?
4. How is gender integrated into your program?
 - a. How do you work with girls/women?
 - b. How do you work with boys/men?
5. What type of training/capacity building have the PTAs received through the New Horizons Program? What effect has this training had on their organization and on the school/community?
6. How do you collaborate with the community and the school?
7. What are the most important issues and problems at the school that the PTA is concerned about and is trying to address?
8. If the PTA perceives something as a problem/issue, what role do they see themselves being able to play to address the issue?
9. What action can be taken by the community to address the issue?
10. What role and to what extent can parents, communities, churches, and schools play in assisting youth?

SRGBV info:

1. What do you think are the main challenges girls face in terms of SRGBV?
2. What do you think are the main challenges boys face in terms of SRGBV?
3. Are there policies at the local and school level related to SRGBV (violence/GBV, reproductive health and HIV prevention)?

Programmatic Response to SRGBV info.:

1. Is the PTA working to address SRGBV?
2. How have they been effective in addressing it?

Issues/Gaps Info:

1. What do you think are the top three issues/gaps for boys and SRGBV programming?
2. What do you think are the top three issues/gaps for girls and SRGBV programming?

Recommendations:

1. What recommendations do you have for the Safe Schools Program to help address SRGBV?
2. Who else or what other organizations do you recommend that we speak with?

Illustrative Questions for In-Country Interviews

(with USAID and other international donor agencies)

Start with overview of Safe Schools, emphasizing the different areas that we cover so that they know that our interest in programming is broad and covers rights, education, girls' education, gender work, programming with boys, reproductive health, life skills, and HIV/AIDS.

Purpose: To understand historical/current priorities; where invest funding; and justification (programs).

Make sure you get the full name and title of the people interviewed and the contact information for the organization (especially phone and e-mail address).

USAID specific questions:

- How is the Mission organized?
- The Mission expressed interest in this pilot. What motivated this?
- What programs/complement? Key partners, local NGOs etc.
- Current/future trends? Future RFAs/RFPs? Time?
- Recent assessments health/ed/HIV/AIDS/gender?
- Newspaper files on ed/health/gender/HIV/AIDS issues? Boys/girls programs?
- Curricula on E/H? Gender?
- Sex-disaggregated data?
- Specific questions

Questions for UNICEF:

- Funding priorities? Why?
- Complementary programs SSP?
- Programs health/ed/gender? Where? Purpose?
- Recent assessments health/ed/HIV/AIDS/gender? Boys/girls programs?
- Time period
- Sex-disaggregated data? reports?
- *Specific questions*

Protocol for Ministry of Education, Youth and Culture

Organization:

1. How is the Ministry of Education organized?
2. What areas are under the ministry's jurisdiction?
3. What studies/programs have the ministry conducted recently?
4. Which other ministries do you work closely with?

Responsibilities:

1. What are the duties of the Ministry??
2. What do you require from your principals/head teachers?
3. What do you require from your teachers?

Curriculum:

1. How is the curriculum developed?
2. Who decides what is included in the national curriculum?
3. What are the levels of communication with administrators, teachers, parents, and students?

Philosophy/Purpose:

1. What is the educational philosophy/mission of Jamaica?
2. How was this philosophy developed? Rationale.
3. How is this philosophy disseminated?

Education in Jamaica:

1. How is a location chosen to build/develop a school?
2. How are the schools organized?
3. Who hires the principals, teachers, and non-teaching staff?
4. What are the admissions policies for the schools?
5. What is the schedule for a primary student? Secondary students?
6. Is there a national discipline policy?
7. Is there a national code of conduct for Teachers/HeadTeachers/non teaching staff?
8. What types of training/professional development does the MoEYC offer?
9. What is your interaction with teacher training colleges? How are they monitored?

Violence Issues:

1. Have there been reported incidences of violence within schools?
2. How has the ministry responded?

Protocol for Ministry of Health

Organization:

1. How is the Ministry of Health organized?
2. What areas are under the ministry's jurisdiction?
3. What studies/programs have the ministry conducted recently?
4. Which other ministries do you work closely with? Esp. Education?

Philosophy/Purpose:

1. What is the mission of the Health Ministry in Jamaica?
2. How was this philosophy developed? Rationale.
3. How is this philosophy disseminated?
4. What do you think are the main Public Health Issues facing Jamaica today?
5. What are the main issues that you think will be a priority for the Health Ministry within the next 5/10 years?
6. What issues have you been tackling for the last 5/10 years?
7. Studies conducted and data collected.

Responsibilities:

1. What are the duties of the Ministry?
2. How do you carry out those responsibilities?

Health and the National Curriculum:

1. Is there a RH/Sexuality component to the national curriculum?
2. What do you think is the intersection between public health and education?
3. What do you think students, teachers, parents, school officials know about RH and sexuality?
4. How do you think education/schooling effects public health?
5. How have the Health Ministry interacted with schools, TTC, educational institutions?

ATTACHMENT IV: Individuals Met With (By Institution)

GOVERNMENT INSTITUTIONS

1. Ministry of Education, Youth and Culture (MOEY&C)
2. Ministry of Health (MOH)
3. Ministry of Health – Western Regional Health Authority
4. Ministry of National Security
5. Bureau of Women’s Affairs
6. Centre for the Investigation of Sexual Offences and Child Abuse of the Jamaica Constabulary Force
7. Child Development Agency
8. National Centre for Youth Development
9. National Council on Education
10. Planning Institute of Jamaica

Within MOEY&C:

11. Chetolah Park Primary School
12. Devon Pen All Age School
13. Lower Buxton All Age School
14. Manchioneal All Age School
15. Mizpah All-Age
16. Negril All Age School
17. Redwood All Age
18. Spring Garden All Age
19. Sam Sharpe Teachers College
20. University of the West Indies – Gender Unit

INTERNATIONAL DONORS AND ORGANIZATIONS

1. USAID/Jamaica: Office of Environment & Natural Resources, Office of General Development, Office of Economic Growth,
2. USAID/Jamaica: Administration of Justice – Democracy & Governance
3. Juarez & Associates – New Horizons Project

4. UNICEF
5. Peace Corps / Jamaica

NON-GOVERNMENTAL ORGANIZATIONS

1. Change From Within – University of West Indies
2. Children First
3. Children and Communities for Change
4. FAMPLAN
5. Guidance Counselor Association of Jamaica
6. Jamaica Coalition on the Rights of the Child
7. Jamaica Foundation for Children
8. Hope Enterprises – Research Unit
9. Hope for Children
10. North Street United Church and Primary School
11. People’s Action for Community Transformation (PACT)
12. Western Society for the Upliftment of Children
13. Whole Life Ministries
14. Women’s Crisis Center
15. YMCA Kingston