

UNICEF JAMAICA INFORMATION KIT 2007

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



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JAMAICA - COUNTRY PROFILE



BASIC COUNTRY DATA

BASIC DATA (2004 unless otherwise stated)	
Child population (millions, under 18 years)	1.0
U5MR (per 1,000 live births, 2002)	20.0
Underweight (% , moderate and severe, 2002)	4
Maternal mortality ratio (per 100,000 live births, 2001)	110
Primary school enrolment (% net, male/female)	94/95
Primary school children reaching grade 5 (% , 2000/2001)	90
Use of improved drinking water sources (% , 2002)	93
Adult HIV prevalence rate (%)	1.2
Child work (% , children 5-14 years old, 2002)	2
GNI per capita (US\$, 2003)	2,900
One-year-olds immunized against DPT3 (%)	77
One-year-olds immunized against measles (%)	80

THE SITUATION OF CHILDREN IN JAMAICA

1. Jamaican children comprise 37 per cent of the 2.6 million population. An estimated 52 per cent of the population lives in urban areas. The poorest fifth accounts for less than 7 per cent of national consumption, while the wealthiest fifth accounts for over 46 per cent of total consumption. Nearly 45 per cent of Jamaicans who live in poverty are children.

2. Debt repayment consumes close to 60 per cent of the national budget. A 2005 budget analysis estimated the share of the total budget allocated to children's programmes and services in 2004/2005 at below 11 per cent, which represents less than 7 per cent of the gross domestic product. In 2003/04, the bulk of budget allocated to health and education went to recurrent costs, with minimal funds available for capital expenditure. The country has made good strides towards achieving the Millennium Development Goals overall. However, it is unlikely that the Goals on HIV/AIDS and reduction of infant and maternal mortality will be met by 2015. Violence, natural disasters and HIV/AIDS pose threats to national development, as evidenced in the United Nations Common Country Assessment (CCA). While the country has developed a comprehensive legislative institutional and policy framework for children, implementation is hampered by limited financial and human resources.

3. The high rate of crime and violence plaguing the Jamaican society has had a devastating impact on children. Of the 1,674 persons murdered in 2005, 91 were children. Over the past five years, more than 300 children, mostly boys, have been murdered. The number of sexual crimes committed against children continues unabated. More than 700 cases were reported in 2005 — all of them involved girls as victims; sexual crimes against boys usually are not reported. While households report 85 per cent of crime to the police, they report only 20 per cent of rape. Although legislation has banned corporal punishment throughout early childhood and residential care institutions, it remains the dominant form of discipline in homes, as well as in primary and secondary schools. The 2005 Planning Institute of Jamaica (PIOJ) survey on parenting practices revealed that only 11 per cent of parents resorted to positive forms of discipline.

4. Approximately 20 per cent of births are to adolescents. This large figure is attributable to a number of factors, including the high rate of forced sex (reported by 20 per cent of girls), the low rate of contraceptive use, early sexual initiation, and poor access to information and skills on safe and responsible sex.

5. Immunization rates have declined from rates above 90 per cent in the mid-1990s to a range of 80-90 per cent in 2004, though the slippage might be accounted for by inaccurate updates of vital statistics. In 2002, stunting, wasting and severe malnutrition was affecting close to 6 per cent, 2.8 per cent, and 0.1 per cent, respectively, of children under 5. Only 45 per cent of lactating mothers breastfeed exclusively at six weeks, and only about one third (33.7 per cent) do so for three months.

6. While enrolment of children aged 4-6 in pre-schools remains high, the quality of services is often poor. Parenting practices are often detrimental to the optimal development of the child. A 2005 PIOJ study revealed that only one third of parents told stories, played games or sang songs to their children. According to official estimates, fewer than one out of three children entering grade one were ready for primary level, and some 30 per cent of primary school dropouts were illiterate. While over 98 per cent of children 6-14 years old are enrolled in school (99.9 per cent of boys and 95.7 per cent of girls), the rate plummets to 89 per cent among children 15-16 years old, and to 47.8 per cent among those 17-18 years old. The percentage of children who reach grade 5 has been declining, from approximately 96.5 per cent in 1999/2000 to 87.6 per cent in 2001/2002, with retention rates higher for girls than for boys

(91.4 per cent and 84.3 per cent, respectively). In the 2003/2004 academic year, only 21 per cent of children in grade 11 of secondary schools passed English, with female students outperforming males by far (30 per cent for females, and approximately 13 per cent for males). Daily attendance at school was estimated at only 62 per cent for the children of the poorest quintile, far from the national average of 92.5 per cent. About 62 per cent of absences were due to lack of money for transportation, textbooks, school fees or uniforms.

7. In spite of concerted national efforts, the HIV/AIDS epidemic continues to spread, with the number of AIDS cases having increased by 18 per cent between 2001 and 2004. It is estimated that approximately 22,000 persons live with HIV. Most HIV infections occur in urban areas. Close to 10 per cent of reported AIDS cases are among children under 18, and 20 per cent are among young people aged 20-29 years. Adolescent girls aged 10-19 are almost three times more likely to become infected with HIV than boys of the same age. This higher susceptibility for girls is a result of several factors, including early sexual initiation, young girls having sexual relations with HIV- infected older men, and high rates of forced sex and prevalent unsafe practices among adolescents. While AIDS is the second leading cause of deaths in children aged 1-4, paediatric AIDS cases (children under 10) have declined over the last four years largely because of increased access offered by public services to prevention of mother-to-child transmission (PMTCT). More than 90 per cent of pregnant women are being tested as part of antenatal care in the public sector, and a conservative estimate is that 43 per cent of those who test positive access antiretroviral (ARV) drugs.

8. An estimated 20,000 children are affected by HIV/AIDS, approximately 5,000 of whom are orphaned. A rapid assessment conducted in 2002 concluded that children affected by HIV/AIDS suffer from poor nutrition, lack of schooling, trauma from witnessing the death of a family member, and non-supportive family and community environments. The extremely high levels of stigma and discrimination associated with the disease put children at higher risks of exclusion and marginalization.

9. In 2005, there were 2,572 children (66 per cent were boys) living in residential care institutions. Family-based solutions, such as foster care, are now being encouraged. In addition, 274 children (78 per cent were boys) were living in correctional institutions. Nearly 4 per cent of Jamaican children live with one or several forms of disabilities. Services and opportunities for these children are inadequate, and high levels of stigma and discrimination persist.

UNICEF'S PRESENCE IN JAMAICA

UNICEF first established an office in Jamaica in 1977. A new country programme of co-operation was started with the Government of Jamaica in 2007. The new five year programme (2007-2011) has four major programme components:

- i) Advocacy, Public Policy and Partnerships
- ii) Children and HIV/AIDS
- iii) Child Protection
- iv) Quality Education and Early Childhood Development.

1. *Advocacy, Public Policy and Partnerships Programme*

This programme aims to support the Government's commitment to child rights, poverty reduction and participation and transparency. It will help to further generate knowledge on children's rights, promote data use and participation in planning, advocate for commensurate allocation of resources, build critical partnerships in support of children's rights, promote children's participation at national and community levels, and strengthen national monitoring systems on children's rights.

2. *Children and HIV/AIDS Programme*

Complementing financial support from the Global Fund and the World Bank, the Children and HIV/AIDS programme supports the implementation of the National HIV/AIDS Strategic Plan 2007-2011, that will include targeted, data-driven prevention, treatment, care and support interventions with vulnerable groups of children and adolescents and the establishment of a comprehensive HIV/AIDS monitoring system under the management of one national coordinating authority.

3. *Child Protection Programme*

The Child Protection Programme supports the implementation of the National Plan of Actions for an Integrated Response to Children and Violence and the National Plan of Action on Child Justice. The programme will foster an environment that: protects children from violence, abuse and exploitation; promotes diversion programmes and community/family based rehabilitation and reintegration of children in conflict with the law and provides home/family based care for children without familial care.

4. *Quality Education and Early Childhood Development Programme*

The Quality Education and Early Childhood Development programme seeks to improve both children's readiness for primary education and learning outcomes in selected curricular areas in primary education, such as child rights and life skills-based education. Special attention will be paid to the development of gender-sensitive, interactive and child-centred teaching and learning methodologies. The programme will also aim at improving the quality of and accessibility to health services for young children and their mothers.

SOME OF OUR PARTNERS

YOUTH INFORMATION CENTRES – PROVIDING YOUTH-FRIENDLY SPACES FOR YOUNG PEOPLE

Imagine a brightly coloured building furnished with simply decorated seating, spaced for comfort and privacy. With a ramp in place the building is open and accessible to all youth, regardless of physical ability. There are young people everywhere. In one corner, three persons engage in lively debate.



In the other room, another group participates in a motivational session. A small room provides privacy to the in-house counsellor. The Cyber Café is a buzz as persons are on the Internet, checking their mail and conducting research in preparation for college and exams. This is the Youth Information Centre – where young people can “be” themselves.

The creation of an island-wide network of Youth Information Centres where adolescents can feel comfortable discussing and accessing information on issues concerning them is among a number of initiatives being implemented by the Government of Jamaica in the drive to empower the nation’s youth.

Operated by the National Centre for Youth Development within the Ministry of Education, Youth and Culture, the Youth Information Centres (YICs) are youth-friendly spaces where young people 10-24, and sometimes as young as eight, can discuss and access information on issues concerning them. Concerns range from drug use, sex, AIDS, available jobs to personal advancement. Up-to-date information is displayed in an adolescent and youth-friendly manner.

The YICs not only serve as a forum for the exchange of ideas and information, but also provide training for adolescents in building their knowledge base and life skills

The YICs not only serve as a forum for the exchange of ideas and information, but also provide training for adolescents and community members in building their knowledge base and life skills. It is from this location that the Youth Empowerment Officers, conceptualize and launch activities to meet the overall goal of empowering youth to actively participate in the shaping of their environment and to form strong and sustainable linkages. Parish Youth Associations being fostered by the National Centre for Youth Development, will establish relations not only locally but also at the national level with the YICs serving as the hub for activities.

UNICEF provided funding for the furnishing and equipping of the of the Portmore Youth Information Centre.

CHILDREN OF FAITH FUND MONTEGO BAY, ST. JAMES

The Children of Faith Fund is a non-governmental, non-partisan, non-denominational organization. It is designed to meet the needs of children:

1. Who have become orphaned because their parents have died from AIDS
2. Who live in a dysfunctional home environment
3. Who spend more time on the streets than at home
4. Who are malnourished

Orphans from AIDS are placed with family members and friends who are willing to take care of their daily needs but who are unable to finance their education.

Children of Faith – Creating hope for families affected by HIV/AIDS

With support from UNICEF, Children of Faith in 2006 developed a chicken income generating project with fifteen (15) families in St. James and surrounding parishes who are caring for children affected by AIDS. The project enabled families to increase household income and supplement the cost of transportation, school lunches and uniforms for the children.



UNICEF Goodwill Ambassador Danny Glover with children when he visited the project

Caregivers were required to attend training sessions on money management, chicken rearing, parenting and a minimum of four counseling sessions. The families involved in the project actively participated in the construction of their chicken coop and in the identification of buyers for the chickens. On-going counseling sessions and facilitated meetings with social welfare providers acted as an opportunity for families to access other social services. Caregivers were also encouraged to open a credit union account to enable better money management practices.

Project monitoring and site visits were conducted every two weeks (both planned and unplanned visits) for 6 months after the initiation of the income generating project. These visits ensured regular contact with families and the re-investment of the funds earned to meet the needs of the children. The capacities of 15 families to protect and care for 60 OVC in the parishes of Trelawny, St. James, Hanover and Westmoreland were strengthened by enhancing their ability to care, to learn new, re-usable skills and engage the community in the care of their family. Children benefited not only from being re-registered or in some instances registered in school but were given the opportunity to access psycho-social support in a structured way both individually and with their caregivers. Social service providers and other key stakeholders in the community were involved in this multi-faceted approach and with it had to address their own prejudices about persons living with or affected by HIV/AIDS, and build their own capacities to see how approaches “out-side of the box” could lead to real “results for children”.

PANOS CARIBBEAN
"Our Own Voice - Youth Fighting AIDS through Media" Project,
9 Westminster Road, Kingston

The Jamaica office of Panos Caribbean is one of two in the Caribbean, the other being in Haiti. Panos is a worldwide organization that encourages and develops innovative information and communication activities and techniques to enable marginalised groups and communities to play an active role in development debates and to foster more democratic societies. It provides support and encouragement for both mainstream and alternative media in covering issues of most concern to the poor and marginalized and increases the capacities of media, NGOs and other civil society organisations in developing countries to analyse key environment and development issues for themselves.

"Our Own Voice - Youth Fighting AIDS through Media

The key objective of this project funded jointly by UNICEF and UNAIDS is the creation of an advocacy group of confident infected and affected children and adolescents knowledgeable about HIV/AIDS, sexually transmitted infections and their human rights. Through their testimonies, the group hopes to transform the silence that surrounds HIV infected and affected children into a 'heard' sound, to give them a voice - "*Our Own Voice!*" This is being achieved via radio programmes that will focus on the children behind the AIDS statistics; and several newspaper supplements with material done by the children (including pictures shot by them). In addition, the young people trained in this project will add to the pool of children and youth that can be called on to speak at public events, schools, conferences etc.

In this regard, in 2006 with funding and equipment provided by UNICEF, 24 infected and affected young persons 8- to 20-year-olds, were trained in basic journalism, sex and reproductive health issues, and children's rights.

The radio PSAs present poignant testimonies and calls to action. Throughout their training, the children and adolescents were vocal about the way they are treated by adults who they feel should know better – especially nurses, doctors and police officials, as well as the wider community.

The younger children reported that they felt hurt when they were called 'AIDS victims'. The youths cited other factors that affect them most, including:

- Discrimination, violence, insults and threats
- Poor access to youth-friendly services and medicines
- Lack of family and community support.

THE CHILD ABUSE MITIGATION PROJECT - A HOSPITAL BASED RESPONSE TO VIOLENCE AGAINST CHILDREN IN JAMAICA

At the Bustamante Hospital for Children, Jamaica's only paediatric hospital, it had become apparent in 2004 that too many children were being hospitalized owing to abuse and neglect. Children were the victim of 70% of sexual crimes reported to the Police in 2004 and in that year, the Jamaica Injury Surveillance System at the hospital documented 560 cases of abuse, neglect and unintentional injuries. At the time, children deemed high risk were given protection but little existed for others considered low to medium risk and they were often returned to the situation that they had come from, only to suffer further abuse.

The Child Abuse Mitigation Project, popularly known as CAMP Bustamante, established at the hospital in 2004 with funds received from UNICEF, has so far rescued 704 children from the threat of further abuse and neglect, keeping them out of the accident and emergency rooms. Violence-inflicted injuries include physical assault (45%); injuries to the head, (36.8%) sexual assault (16.4%) and gunshot wounds (1.3%).

Using a hospital-based model, children admitted to the facility who appear to have been victims of violence are identified, referred and treated. Hospital staff has been taught how to recognize signs of physical and sexual assault and in collaboration with over 25 government and non-governmental agencies across Jamaica work to save these children. The Police-operated Centre for Investigation of Sexual Offences and Child Abuse (CISOCA) and the Child Development Agency are two of the major agencies collaborating on the CAMP Bustamante Project.

CAMP Bustamante employs a cadre of social workers who not only see to the psycho-social care of the children but undertake risk assessment of the children through visits to their homes and schools. Those deemed high risk are referred to the Child Development Agency and other social service agencies while medium risk children are systematically followed up. Case investigations revealed that predominant factors for abuse are weak parenting skills, especially poor management of discipline including the over use of severe physical punishment and bizarre punishment regimes such as scalding hands and fingers with hot water. Other factors include poverty and isolation; family violence and weak community support systems.

Parenting education is an important aspect of CAMP Bustamante and parents of the victims are taught how to resolve conflicts without resorting to physical punishment. Intervention within the child's environment of the home, school and church includes structured therapeutic activities during the summer holidays and Saturdays over a 12 week period.

CAMP Bustamante has shown the importance of using Injury Surveillance Systems to identify and monitor children at risk to violence, ensuring targeted and comprehensive risk assessment and family-based interventions.

The CAMP Bustamante team is now formalizing a training module on child abuse and mitigation on violence against children to be used by the University of the West Indies and the Ministry of Health. It is hoped to enhance the capacities of 500 professionals working with children leading to the replication of the CAMP Bustamante model in other hospitals island-wide.

CHILDREN FIRST
9 MONK STREET, SPANISH TOWN, ST. CATHERINE -
JAMAICA'S THIRD LARGEST URBAN CENTRE

Children First is a transformed independent non-governmental agency. The original project began in 1989 with the support of Save the Children Fund (UK), with 50 street children. Children First presently serves approximately 620 children aged 3 - 18 years. It is the largest of its kind in Jamaica. The focus of the project is to work with and for children using the child participation technique, empowering them to become actively involved in decision making.



The project presently caters to the needs of children through the provision of education; training and life skills support mechanisms that are essential for the health and welfare of our youth. These include: Remedial Education; Basic Skills Training; Counseling; School/Homework Assistance Programme; Recreational/Sporting Activities; Life/Survival Skills Training; Environmental Awareness and Management; Career Guidance and Skills Upgrade Referral; Youth Advocacy Training; Child Rights Education ("The rights of the child.").

UNICEF has provided support to the skills training programme at Children First for many years. In 2002, UNICEF collaborated with them on the "Right To Know" project initiated by UNICEF Headquarters. In 2005, launched an innovative mobile service aimed at disseminating information on HIV/AIDS and encouraging responsible sexual decision-making among young people across Jamaica.



The Bashy Bus

Dubbed the "Bashy Bus" (party bus), a colourfully decorated bus packed with youth facilitators and peer educators travels to rural towns, stopping at popular "hang-outs", using music and drama to attract attention, disseminate key messages, promoting condom use or the delay in sexual initiation. This is usually followed by the provision of clinical and counseling services in an adolescent friendly, confidential and non-threatening manner. The idea of launching this service came about after studies by Youth Now, the United Nations Children's Fund (UNICEF) and the National Family Planning Board confirmed that risky sexual behaviour between young people and transport operators is widespread.

In assessing the feasibility of a mobile clinic, the young people interviewed thought that a "Bashment Bus" would turn a negative into a positive", states Mrs. Claudette Richardson-Pious, Executive Director of Children First. The Bashy Bus is one of the strategies supported by UNICEF to scale up prevention efforts involving vulnerable young people, who would not otherwise access the information and services they need.

**THE ROVING CAREGIVERS PROGRAMME (RCP)
OF THE RURAL FAMILY SUPPORT ORGANIZATION,
MAY PEN, CLARENDON - JAMAICA'S 5TH LARGEST URBAN CENTRE**

The Roving Caregivers Programme (RCP) established in 1993 is one of several programmes of the Rural Family Support Organization, an NGO with a strong mandate for rural development, located in May Pen, the capital town of Clarendon.

The RCP is a home-visiting early stimulation and parenting initiative, designed to provide enrichment to the young child and parents through training and deployment of a cadre of young caregivers. The project has so far benefited approximately 2,500 children and their parents. For its outstanding achievements, the Roving Caregivers Programme received the Maurice Pate Award from UNICEF in the year 2000.



The Roving Caregivers (Rovers) address early stimulation, health and hygiene and environmental issues and refer parents to agencies for immunization, birth registration, and early intervention for developmental delays. Parenting education is a crucial element of the programme and in addition to child rearing practices; income-generating activities are encouraged and supported through parent groups.

An evaluation aimed at determine the impact of the RCP showed that after one year , the children in the intervened group scored significantly higher than those in the control group for developmental quotients, hand and eye coordination scores and performance scores. The programme also had a significant impact on the mothers' knowledge. The mothers rated the programme very highly and indicated that their children and they had gained much information.

A Cost Benefit Analysis of the RCP found it to be a very cost effective method of Early Childhood service delivery which benefited the children, their families, the Roving Caregivers and their communities.

The programme continues to attract increased attention from other countries of the Caribbean and Latin America, as well as the African continent, wishing to establish similar programmes. Programmes modeled on the RCP have been established in four Caribbean countries.

Ashe Caribbean Performing Arts Ensemble & Academy

Over the last 12 years Ashe has been collaborating with various organizations to address HIV/AIDS and Sexuality. Through their EIC Edutainment Methodology they have empowered and transformed young people, their parents, teachers, peers and community leaders (from various inner city communities) to live a healthy lifestyle by having them all speaking the same language, seeing the same vision and goal in the areas of HIV/AIDS prevention and healthy lifestyle choices. The Ashe EIC model facilitate the process of participants finding their "Ashe" by Exciting them, Involving them and in so doing, participants Empower and Transform themselves and Commit to a healthy life style.

Cricket World Cup 2007

Under the Global Campaign on Children and AIDS, UNICEF commissioned Ashe to create a 15 minute musical for television and stage performance which included a number of songs to address the issues of prevention among adolescents and young people, protection and support for children affected by HIV/AIDS.



The theme song "Love and Protection" was performed before an international audience at the official opening of Cricket World Cup 2007 at the Trelawny Multi-purpose Stadium on 11 March, 2007. Since then, they have performed the musical for schools and for various audiences.

LOVE & PROTECTION by ASHE ENSEMBLE - 2007

Youth and Youth
Ya hear me
Teck yuh time and wait till yuh
ready
Don't risk your life with HIV

Ashe here with a brand new message
We need to unite for children
Jump up up up x 2
Show them that we care
Brand new message
We need to protect our children
Jump up up up x 2
Show them that we care

Children are crying everyday
We have got to find a way
To protect our future
We've got to show them the way
Unite for the children....Unite
against AIDS
We need love and protection
A sense of family and direction
To be treated with respect
Not to be put down or rejected
Give us love and protection
We need love and affection

This one is for all the children

Support them so AIDS won't hurt
them
Jump up up up x 2
Show them that we care
All the children
Support them so AIDS won't hurt
them
Jump up up up x 2
Show them that we care

All over de world we a beg we a plan
Fi de youts dem we want a better
land
Dis a de land of wood and water
Children live wid AIDS just treat
dem betta
Dem coulda be yuh son or maybe
even yuh daughter
Dem neva buy it from de store nor de
corner

We ago live in peace and unity
Respect love and harmony
Share de love fi all a we
Whether AIDS in yuh life or family

We need love and protection
A sense of family and direction
Treat our children with respect
Always giving them the best
Give them love and protection
We need love and affection

Let's here it for all the children
Support them so AIDS won't hurt
them

Jump up up up x 2
Show them that we care
All the children
Support them so AIDS won't hurt
them
Jump up up up x 2
Show them that we care

Love x 4
Unite for children
Unite against AIDS (show them that
we care)
Jump up up up
Show them that we care

Children are crying everyday
We have got to find a way
To protect our future
Unite for the children....Unite
against AIDS
Let's come together for the children
today

Let's here it for all the children
Support them so AIDS won't hurt
them
Jump up up up x 2
Show them that we care
Unite for children
Unite against AIDS
Jump up up up x 2
Show them that we care!

**THE EASTERN PEACE CENTRE
121 WINDWARD ROAD, EAST KINGSTON**

The Eastern Peace Centre is the home of the Mountain View Development Council which was born out of the Peace Management Initiative to broker peace within the troubled, violence torn communities of the Mountain View area in the eastern section of the City of Kingston.



The centre is a safe haven for young people in Eastern Kingston to gather to do their homework, to talk or engage in recreational facilities. It is equipped with 15 computers as well as library facilities donated by the private sector and provided by the Citizen Security & Justice Programme.

Training in conflict resolution and other life skills takes place on a regular basis. Football and other sports on the grounds of the complex provide an outlet for the energies of the young people in the area.

Xchange: Life over Death, Love over Hate, Peace over War



The centre has become the main venue for activities under the Xchange movement which aims to bring about positive change among young people and adults in Jamaica and the rest of the Caribbean. It was developed in 2004, out of concern about the rising levels of violence perpetrated by and against children in the Caribbean.

Supported by UNICEF, it uses music, art, sport, drama and other cultural expressions to pass on information aimed at encouraging people to change their behaviour and lifestyle for the better. Young people, popular musicians, artists, sportsmen and women and other creative individuals committed to the development of a new and positive lifestyle that nurtures life and cares for the well-being of children and young people work with young Xchangers to make a difference in communities across Jamaica.

The movement was officially launched with a concert in Trinidad and Tobago on 19 March 2005. The launch was preceded by a five-day Young Leaders Workshop. The young leaders from Jamaica who participated in the workshop were drawn from eight inner city communities.

Jamaican Xchangers have identified some key actions which they would like to implement locally. These include: Community beautification and creation of green spaces; more organized and sustainable community sports activities; use of popular entertainers as role models in communities; use of popular culture to get young people involved in alternatives to violence ;improved/expanded training and education for community members; and greater media exposure for both positive and negative happenings in their communities.

PROFILES OF YOUNG ADVOCATES

KERREL MCKAY, AIDS ACTIVIST AND YOUTH INTERVENTION CO-ORDINATOR, MINISTRY OF HEALTH

AIDS activist Kerrel McKay co-chaired the launch on 25 October 2005 of the Global Campaign on Children and AIDS at the United Nations, New York on 25 October 2005. She was also featured in Newsweek Magazine that year.



KERREL SHARES HER EXPERIENCE

I was nine years old when I found out my father was HIV positive. It was 1994, but I can remember my mother's words as if it were yesterday: "Kerrel, I don't want you to eat from your father, because he has AIDS. Be very careful when you are around him."

AIDS wasn't something we talked about in Jamaica when I was growing up. What I knew about AIDS could be summed up like this: If you were HIV-positive, you were going to die. You were going to suffer before you die. And you may as well not even expect anyone to treat you well.

From then on, I knew that this would be my family's little secret. For a while, my father could take care of himself. But when I was 12, his condition worsened. With my parents separated, there was no one to look after my father, so it fell to me to take care of him.

After school, I would go to his house and spend the afternoon cooking, cleaning, shopping for groceries or taking my father to the doctor. We couldn't afford much medicine, and with my father unable to work, I had no money for school supplies and often couldn't even buy food for dinner. I would sit in class feeling completely lost, the teacher's words muffled as I frantically tried to figure out how I was going to manage.

I did not share my burden with anyone, not even to those in my immediate family. They not asking how I was coping were a sign for me that they too did not know how to deal with what was happening. I had seen how people reacted to those infected and affected by AIDS, so by then I knew this was a secret I must keep. My father's condition soon worsened and I was unable to care for him in the best possible way, seeing my limited experience and lack of knowledge about the disease. He was then moved to the hospital; where even our health care providers neglected to bathe him and would leave his food on the bedside table even though he was too weak to feed himself.

I had known from day one that my father was going to die, but after so many years of keeping his condition a secret, I was completely unprepared when he reached his final days. I couldn't bear the thought of watching him die, I couldn't imagine life without him, and so I decided to kill myself first.

Luckily, I found someone who cared. Despondent, I called a woman at the non-profit Jamaica AIDS Support who had helped get my father into a caring hospice, a place where I felt that everything would be okay. That there was a chance for him to live longer. She kept me on the phone for hours, and she left me with a sense of hope.

Today, I represent the millions more children who are living in the shadow of AIDS, forced to skip school to tend to sick parents, left to scrounge for food and medicine and grow up without parental protection, guidance and love. Most of these children are cared for by already overburdened relatives. Rarely do they get any outside help.

XCHANGER ORLANDO HAMILTON – AN “AGENT FOR CHANGE” MEMBER OF THE EASTERN PEACE CENTRE

Orlando Hamilton is an Xchanger – one of eight Jamaican youth from communities severely affected by violence who attended the one week Xchange training workshop in Trinidad in March 2005. The Xchange movement being supported by UNICEF and the brain child of Trinidadian singer Machel Montano, brought together like-minded young people from across the Caribbean, eager to make a change in their community.



Orlando has worked with Area Youth Foundation, an NGO which promotes peace and life skills building through the performing arts, the Mountain View Community Development Council and the Eastern Peace Centre. He helped form the Future Generations Youth Club, has established a homework centre and is building a basic school in his community.

“I personally became involved in community work because I want things to be different for the community and I have the feeling that I can be an agent for change. I am eager to resist all the stereotypes that have been given to us as inner-city people, to rise above all that have been said about us by others,” he explains.

While he has been a long-time community and youth worker, Orlando has been further galvanized by Xchange. Since his return home from Trinidad, he has been actively implementing activities under the Xchange programme not only for children and young people in his native community of Mountain View but also for persons in a number of other communities in eastern Kingston.

“What Xchange has done for us is to make the link to access resources to realise the dreams we have had for the youth in the community. We had plans and the ideas were always there but Xchange has created the opportunities for us to access the resources we needed to make these ideas come alive.”

Orlando has used Xchange to help his community establish a football club which recently placed third in a local competition and which also copped the top prizes for most disciplined team and best dressed team.

In summer 2005, with assistance from Xchange, he organised “Uniting Schools Against Violence”, a weekly entertainment session with dance, deejaying and music competitions for young people from rival schools in East Kingston. This activity was held over a six week period between June and August, and targeted young people who would otherwise have little to do during the school holiday break.

Through Xchange, Orlando has also been able to have a capoeira instructor visit the Eastern Peace Centre and give lessons to young boys from surrounding communities twice each week. In addition, he along with other Xchangers organized a successful day against violence in 2006 at the Eastern Peace Centre.

He notes that one of the strengths of the Xchange leadership training was the fact that participants were taken out of their usual environment and exposed to a number of successful violence prevention strategies and programmes from across the Caribbean and Brazil.