New or strengthened partnerships and collaborative efforts led to notable achievements for the Country Programme this year. UNICEF Jamaica was closely involved in a major mobilisation around the Commonwealth Games, through a partnership with UNICEF UK, the Jamaica Olympic Association, the British High Commission and the Breds Treasure Beach Foundation. The effort placed the work of UNICEF Jamaica-supported programmes on the global stage, which contributed to UNICEF UK raising over US$8 million. It also created a greater local and international understanding of the benefits of investing in Sport for Development for children and communities in rural settings, providing UNICEF Jamaica with a stronger platform for programming and resource mobilisation.

UNICEF Jamaica expanded its support for the pioneering work of the non-governmental organisation (NGO) Eve for Life, which empowers, counsels and supports young mothers – many of them survivors of sexual abuse who live with HIV. The programme strengthened the capacity of older female life coaches and “mentor moms” who provide peer-to-peer support to continue building the resilience and life skills of the young mothers in the “I Am Alive” programme.

UNICEF Jamaica and the European Union invested jointly in a pilot intervention to strengthen the provision of psycho-social services for children in conflict with the law. While the programme made some advances in providing more routine assessment and treatment for children in state care, it also revealed serious gaps in the child protection system. These include effective management and coordination arrangements that are failing to protect highly vulnerable children.

Amid largely unrelenting levels of violence, UNICEF Jamaica assumed a strategic role in “Unite for Change”, the Government of Jamaica’s multi-sectoral response to violence prevention. UNICEF continues to advocate for a public health approach to reducing violence in communities, and our policy support has concentrated on shaping the dialogue to more fully recognise that when families collapse, schools fail to educate, jobs are scarce and fear is endemic – law enforcement is not the only answer.

The United Nations Country Team (UNCT) focused less on its Business Operation Strategy (BOS) and more on increasing understanding and capacities in the area of human rights. In part, this contributed to closer accompanying of the rigorous process of support for Jamaica as it reported to the UN Committee on the Rights of the Child.

Horizontal cooperation with Brazil has accelerated, with a greater focus on child protection through local governance mechanisms. Study exchanges between the two countries have inspired new thinking that will guide practice, programming and policies around adolescent reproductive health and human rights.

In the course of the 2014 Mid-Term Review (MTR) the Country Programme focus was
sharpened by aligning it with the Government of Jamaica’s priorities for 2030 and the UNICEF Strategic Plan 2014-2017. Through the MTR process, all programme components revised their outputs and identified priority intervention areas for the remainder of the Country Programme.

UNICEF Jamaica faces significant funding shortfalls for the remainder of the Country Programme 2012-2016, which will need to be addressed with a more targeted fundraising approach in 2015 to prevent a severe impact on programming.

**Humanitarian Assistance**

In the course of 2014 no humanitarian emergencies took place in Jamaica.

**Equity Case Study**

Jamaica continues to struggle with providing a systematic approach for the early detection of disabling conditions among children and stronger support to school-based networks and families for the treatment and care of children with disabilities. Failure in this regard leads to increased risk of lower academic and social outcomes. These negative effects are multiplied among the very poor, especially those in remote areas.

UNICEF Jamaica’s 2012-2016 Country Programme addresses these challenges at both the national and sub-national levels.

UNICEF made significant contributions to building a national screening, referral and early intervention system for children at risk through the development of tools for the system. At the community level, UNICEF supported the piloting of a screening, referral and treatment model for delivery of services to children with disabilities in rural communities.

This community pilot forms part of UNICEF Jamaica’s wider commitment to strengthening community development through the “CHOICE” programme, implemented by the Social Development Commission. CHOICE is designed to empower under-resourced rural communities to create change by helping them to identify and prioritise their development needs and channelling resources, managed by the communities, to address their challenges.

Access to services in these rural communities is restricted by low income and high transportation and service costs. Residents are also the least likely to have health insurance coverage (Survey of Living Conditions 2010). Service delivery for adolescents, as well as boys and girls with disabilities, therefore presents major challenges.

It is against this background that UNICEF Jamaica’s two-pronged approach seeks to better serve a vulnerable population, utilising information gleaned in communities to guide and inform policies and practice at the national level.

UNICEF Jamaica supported a Government-led effort to develop a national system to help ensure that all children are screened for age-appropriate developmental readiness, comprised of the following tools:
- Family Risk and Support Screening Tool, which gathers information on risk factors and strengths at the household level to provide appropriate response to families
- Child Development Screening Tool, which screens children’s cognitive, motor, communication, behaviour and social development up to 60 months
- School Readiness Tool, which screens for readiness to enter primary school. This tool, piloted among 3,000 students and teachers, will determine the support students receive before entering
primary.

These tools were adapted for the Jamaican context and are now being piloted across the island, including in CHOICE communities. The resulting strengthening of the education system will enable early identification of children who are most at risk for developmental challenges.

UNICEF Jamaica also supported the Ministry of Education to develop a curriculum for children with moderate to profound disabilities. Currently, teachers modify the typical curriculum for use with students with disabilities. The curriculum is expected to benefit children in 21 institutions and will be piloted in 2015.

To better prepare service providers to support children with disabilities, UNICEF Jamaica partnered with the University of the West Indies to develop and pilot an associate degree course in child development therapy. The course is the first of its kind in the Caribbean and is a model for capacity building.

UNICEF Jamaica supported a screening, referral and treatment programme led by the NGO Combined Disabilities Association, targeting children aged six-to-12 in seven rural primary schools in rural Western Jamaica – including schools that serve CHOICE communities.

The demand for detection services was evidenced by assessments of primary school students in two other parishes by the Ministry of Education, which revealed that approximately 33 per cent needed evaluation for hearing, dyslexia, autism or other physical or psychological problems.

Over 2,000 students were screened for hearing and vision. Nineteen per cent were referred to an audiologist and eight were identified with severe hearing loss. Six per cent were referred to an ophthalmologist and one student was diagnosed as legally blind. Educational assessments were completed for 390 recommended students, 71 per cent of whom were boys.

Children found to need further intervention were referred to the relevant medical specialist or therapist. Funding was also provided for ophthalmic and auditory treatment, medication, and assistive devices (e.g., hearing aids and eyeglasses). Guidelines were developed to improve the capacity of teachers and other school personnel to identify and support students with possible disabling conditions.

Next steps include revisiting this cohort in 2015 to assess the impact of the intervention on their educational outcomes. Additionally, knowledge gained from this intervention (resulting data, challenges, lessons learned and related costs) are being documented to support policy development in this area.

The delivery of services to marginalised boys and girls where there are gaps in the system, while simultaneously working within Government structures to strengthen capacity and influence policy, has positioned UNICEF Jamaica to better facilitate sustainable change in the responsiveness of national systems to children with disabilities, led by lessons learned from the community.

**Summary Notes and Acronyms**

APWG – Adolescent Policy Working Group  
BCP – Business Continuity Plan
BOS – Business Operation Strategy
CBI – Competency Based Interviewing
C4D – Communication for Development
CDA – Child Development Agency
CDA – Combined Disabilities Association
CMT – Country Management Team
CPPs – Community Priority Plans
CP – Country Programme
CPD – Country Programme document
CRC – Convention on the Rights of the Child
DCS – Department of Correctional Services
EU – European Union
GBV – Gender-based Violence
GSSC – Global Shared Service Centre
HACT – Harmonised approach to cash transfer
HIV – Human Immuno-deficiency Virus
HR – Human Rights
HRA – Human Rights Advisor
HRBA – Human Rights-based Approach
HQ – UNICEF Headquarters
IMEP – Integrated monitoring and evaluation plan
ICT – Information, Communication and Technology
JSLC – Jamaica Survey of Living Conditions
KAP – Knowledge, Attitudes and Practices
KAPB – Knowledge, Attitudes, Practices and Behaviours
MICS – Multiple Indicator Cluster Survey
MOE – Ministry of Education
MOH – Ministry of Health
MOYC – Ministry of Youth and Culture
MSM – Men who have sex with Men
NGO – Non-governmental organisation
OLDS- Organisational and Learning Development Section
OMT – Operational Management Team
OR – Other Resources
OPSCEN – Operations Centre
PAS – Performance Appraisal System
RJPSI – Reduction of the Juvenile Population in State-supported Institutions
RR – Regular Resources
S4D – Sports for Development
SDC – Social Development Commission
SIDS – Small Island Development States
UK – United Kingdom
UN – United Nations
UNAIDS – Joint United Nations Programme on HIV
UNCT – United Nations Country Team
UNESCO – United Nations Educational, Scientific and Cultural Organisation
UNFPA – United Nations Population fund
UNRC – United Nations Resident Coordinator
UNDSS – UN Department of Safety and Security
UNICEF – United Nations Children’s Fund
UPR – Universal Periodic Review
UNICEF Jamaica collaborated with the Social Development Commission (SDC) on the “CHOICE” community development programme in rural Western Jamaica. In 2014 the communities developed Community Priority Plans (CPPs) using data from community profiles developed last year. This planning process used a participatory approach through which community members identified key priorities and ways to address them. The CPPs have provided the communities with a strategic framework to implement community development interventions.

The agencies also began preparations for the development and implementation of a Communication for Development (C4D) strategy addressing parenting – identified by the communities as a pressing issue in the CPPs. UNICEF Jamaica, with support from the C4D Unit at UNICEF HQ in New York, led a series of capacity-building sessions on the C4D approach with the SDC. Community leaders and members, including children, were also engaged in exploratory sessions using participatory research methodologies. This effort strengthened the SDC’s knowledge base and better positions it to contribute to the C4D strategy development process.

UNICEF Jamaica invested in building the capacities of the full cohort of counsellors (20) from the Women’s Centre Foundation of Jamaica (WCFJ), to better deliver life skills education for some 300 pregnant girls and adolescent mothers who are continuing their education in the WCFJ’s facilities. This generated a closer technical relationship between the Ministry of Education (MoE) and the WCFJ, and the MoE has pledged to provide ongoing technical oversight and support to the implementation of the Health and Family Life Education curriculum in the WCFJ’s centres across Jamaica.

Last year, over 2,200 children went missing in Jamaica, nearly 80 per cent of whom were girls. Most children reported missing are runaways who leave home to escape abusive relationships. UNICEF Jamaica collaborated with the Office of the Children’s Registry, which runs the “Ananda Alert” programme for missing children, to strengthen the capacity of nearly 200 search and rescue personnel and volunteers to locate missing children. UNICEF Jamaica also supported the production and distribution of a Search and Rescue Protocol to guide all personnel.

Evidence Generation, Policy Dialogue and Advocacy

Through collaboration with media entities, UNICEF Jamaica used the opportunity of key calendar periods in the year to increase public awareness of issues affecting children. For Child Month (May), UNICEF partnered with The Gleaner to publish a human interest series on the sexual abuse/exploitation of children in vulnerable situations and on corporal punishment. The series presented a strong evidence base – highlighting the latest data available, including the KAP study on child maltreatment, produced with UNICEF’s support, and the latest MICS.

UNICEF also supported the production of a documentary on corporal punishment, “Whipped: In the Name of Discipline”, featuring a range of perspectives on the issue and relevant MICS data, and collaborated with both national TV stations to air the feature on the same day during Child
Month. The documentary later won second place in the Fair Play Awards for Excellence in Journalism.

For Youth Month, UNICEF collaborated with *The Gleaner* to highlight the key findings of the Youth Suicide study, produced in collaboration with the Ministry of Health (MoH) and supported by the University of the West Indies. The associated issues of mental health among adolescents and youth were highlighted through an Editors Forum panel with key experts (http://www.jamaicaobserver.com/news/Suicidal-Kids). The study findings prompted the MoH to implement several recommendations for improved mental health services for adolescents.

UNICEF Jamaica also contributed to the convening of a number of high-level meetings to educate and engage several Government ministers, senators and other key stakeholders on the extent and implications of sexual abuse, and to introduce the newly launched ‘Nuh Guh Deh’ (Don’t Go There) initiative that discourages inter-generational sexual abuse. We were also involved in the multi-agency development of a concept document on legislative changes, which will allow access to sexual and reproductive health services by adolescents under 16 years. A Joint Select Committee of Parliament has requested an audience with the MoH to review and discuss a proposal.

UNICEF Jamaica also contributed to the review of the CRC-based Child Care and Protection Act (2004) and the development of the National Breastfeeding Policy, which has secured Cabinet approval.

**Partnerships**

Jamaica continues to experience an epidemic of violence. In 2014, the Government-led ‘Unite for Change campaign emerged as one of the responses to violence prevention. The initiative engages a broad array of key players to enable citizens to move from concern to action. UNICEF Jamaica has been contributing technical expertise to the partnership, with the Ministry of National Security at the helm, and guiding the technical support provided by USA-based Cure Violence and the University of Illinois at Chicago School of Public Health.

The 2014 Commonwealth Games provided a unique opportunity for UNICEF Jamaica to be engaged at local and global levels, providing inputs into the unprecedented UNICEF UK-Commonwealth Federation partnership that raised over US$8 million for the Children of the Commonwealth Fund in the lead-up to and during the Games.

UNICEF teams from the UK and Jamaica collaborated to produce a short film featuring UNICEF-supported Sport for Development (S4D) programmes, which was shown at the opening ceremony of the Games. On the invitation of the Commonwealth Games Federation, a 12-year-old Jamaican participant in one of the programmes carried the Queen’s Baton on its final leg into the stadium and was featured on film at the ceremony as part of the “Big Ask” for text pledges.

In connection with this fundraising initiative, UNICEF’s emerging S4D efforts in Jamaica were also featured in a series by the *Scotland Herald*. This international collaboration strengthened the local partnership between UNICEF and the Olympic Association of Jamaica. UNICEF Goodwill Ambassador Shelly-Ann Fraser participated in the Queen’s Baton Relay, another high profile event. These local and global efforts strengthened UNICEF Jamaica’s collaboration with the British High Commission, which supported several activities and secured additional financial
resources – via the Commonwealth Fund – for UNICEF Jamaica to continue and expand S4D initiatives.

External Communication and Public Advocacy

Media collaborations in key calendar periods increased public awareness of issues affecting children. For Child Month (May), UNICEF partnered with *The Gleaner* on a front-page series on sexual abuse/exploitation and corporal punishment. The series combined compelling stories with evidence, including a UNICEF-supported KAP study on child maltreatment and the newest MICS data. UNICEF also supported production of the documentary “Whipped in the Name of Discipline”, which aired on both national TV stations and later won second place in the Fair Play Awards for Excellence in Journalism. For Youth Month (November), UNICEF and *The Gleaner* shared key findings of the UNICEF-supported Youth Suicide study and associated challenges of childhood mental health.

To kick-start the newly launched Nuh Guh Deh’ sexual violence-prevention campaign, led by Eve for Life, UNICEF Jamaica supported the publication of “I am Now Free”, a diary account of childhood rape (http://1drv.ms/1yjGyfK), and a corresponding video PSA (https://www.youtube.com/watch?v=J4OsaQulyCw).

UNICEF also supported a high-level meeting to educate and enlist support from several parliamentarians. Central to the media campaign, which will intensify in 2015, is a call to action for donations to the “Ashley Fund” for second-chance education for survivors of sexual abuse.

For the 25th anniversary of the Convention on the Rights of the Child, UNICEF Jamaica hosted an ‘Activate Talk’ entitled “Far from Chalk and Talk: Learning from Innovation in Education”, featuring four educators invested in non-traditional teaching methodologies. Marvin Hall, one of the speakers, was featured in the 2014 *State of the World’s Children* report. UNICEF Jamaica and the European Union co-hosted a CRC@25 event to introduce the EU-UNICEF Child Rights Toolkit and a child-friendly version of the CRC. Both tools generated significant interest and engagement. UNICEF Jamaica also produced the video: “Do Jamaican Children Know their Rights?” (https://www.youtube.com/watch?v=Fthj33i2UMs)

UNICEF Jamaica significantly increased its presence, reach and following on social media platforms (Facebook, Twitter, Instagram, YouTube). Use of digital media for storytelling increased, particularly short, engaging videos. A network of key social media influencers regularly lend support to share content, stir dialogue and encourage action on key initiatives.

South-South Cooperation and Triangular Cooperation

South-South cooperation between Jamaica and Brazil expanded significantly in 2015. A delegation from Jamaica travelled to Brazil to meet with technical experts and view projects being implemented by the Government of Brazil and its non-government partners. The delegation had a two-pronged focus: learning about policy and ground-level interventions for improved adolescent health, as well as the role of local government systems in child protection in urban areas. The experience has generated dynamic opportunities to apply practical learning to child protection issues, particularly in relation to violence reduction; community policing and the Brazilian ‘Municipal Seal’ methodology for determines which areas are genuinely child- and adolescent-friendly.

As this programme relates to adolescent health, the Jamaica delegation has since adapted a number of the approaches to which they were exposed, including:
• Incorporation of an NGO-Ministry of Health partnership in the pilot plan of newly revised standards for adolescent healthcare
• Expansion of the capabilities of the NGO Eve for Life from a strict focus on HIV prevention and treatment support to a broader raft of health services aimed at linking adolescents to care, and the promotion of healthy lifestyle practices to be implemented in public health facilities and surrounding communities
• Systems-strengthening for juvenile correctional services, to standardise and offer ongoing sports for development and life skills for the adolescents in their care.

In addition, a delegation comprised of Government and NGO representatives attended the International Seminar on Girls’ Empowerment in Brasilia. Follow-up actions from the seminar include the development of an advocacy programme to improve access to sexual health services, which emphasise resiliency skills among girls and involve adult women as advocates for girls’ empowerment.

A delegation from Belize visited Jamaica to learn about good practices in the delivery of sexual and reproductive health and HIV prevention education and services among adolescents. The group met with key decision-makers and technocrats implementing programmes in the Government health and education services as well as NGOs working with vulnerable groups of adolescents.

Identification Promotion of Innovation

The education system in Jamaica is dominated by traditional teaching methodologies that focus on preparing children for a rigorous schedule of exams. These tend to lack creativity and student-centred approaches that take into consideration different ways of learning. This proves particularly challenging for boys, who consistently underperform and drop out of school at higher rates, compared to girls.

UNICEF Jamaica took advantage of the Activate Talks, held globally in the 25th anniversary year of the Convention on the Rights of the Child, to highlight the efforts of four dynamic educators who use novel and innovative ways to engage children in learning. We convened an Activate Talk entitled “Far from Chalk and Talk: Learning from Innovative Approaches in Education” attended by a range of key stakeholders in Government and non-governmental fields, educators and students.

Marvin Hall, one of the speakers, is the founder of “Lego Yuh Mind”, a programme that uses Legos to teach robotics and principles of math, science and financial planning. Lego Yuh Mind was featured as an innovation in this year’s edition of UNICEF’s State of the World’s Children report.

Support to Integration and cross-sectoral linkages

The Ministry of Health-led Adolescent Policy Working Group (APWG) has been leading an effort to address challenges in current policy that affect how and when adolescents can access key services. This is critical against the background of recurrently high rates of teen pregnancy and adolescents’ significant vulnerability to HIV and other sexually transmitted infections. The APWG is comprised of representatives from five Government bodies and at least six non-governmental organisations. UNICEF and other relevant UN agencies are closely supporting the process.

During 2014 the APWG worked to generate high-level endorsement of a concept document
proposing legislative changes to allow unencumbered access to sexual and reproductive health and other medical services by adolescents. This included endorsement for the proposed legal changes from Government ministers, members of the Senate and other key stakeholders. In late 2014 the Ministry of Health was invited to present the concept paper, outlining the proposed adjustments, before a Joint Select Committee of Parliament.

In addition, the Ministry of Justice began deliberations to effect changes to the Sexual Offences against Persons Act. UNICEF contributed strategic guidance on how to address some culturally sensitive matters pertaining to child and adolescent protection, which enabled strong inputs to proposals being discussed by a Joint Select Committee of Parliament in support of child rights.

**Service Delivery**

The initiative ‘Reducing the Juvenile Population in State-supported Institutions in Jamaica’ (RJPSI) is led by the Child Development Agency (CDA), with support from the Ministry of Health, UNICEF Jamaica and the European Union and inputs from the Department of Correctional Services (DCS). The RJPSI continued to address the capacity of the Government’s child care system to improve protection of child rights and provide non-custodial approaches to rehabilitation, with an emphasis on good mental health, empowerment and re-integration.

The main output of the project was the establishment of the “Smiles Mobile”, a mobile mental health service for children in residential child care facilities and juvenile correctional centres. This year, 412 wards (208 boys and 204 girls) were screened to determine their mental health status. Of this number, assessments were completed for 105 children whose status suggested the need for further diagnosis. Treatment commenced for 55 wards diagnosed with serious psychological disorders. Therapeutic interventions and other actions included individual therapy, group therapy, psychiatric evaluations, intellectual testing and medication.

A mental health intervention was conducted at the South Camp Juvenile Remand and Correctional Centre of the Department of Correctional Services. The initiative established a model therapeutic intervention for juvenile correctional centres, which successfully reduced the high incidence of self-harm and suicide attempts over a six-month period from 25 per cent to 5 per cent at the South Camp facility. The intervention, which combined a variety of therapeutic approaches, recommended new approaches for rehabilitation to be used by correctional officers, social workers, psychologists and psychiatrists in the juvenile correctional services.

Piloting of the mobile service and the South Camp mental health intervention both revealed and affirmed major weaknesses in the provision of mental health care for wards of the state. Lessons learned have led to recommendations regarding the re-integration of wards into their own families or foster care, which will be explored by the Child Development Agency and the DCS, using their existing protocols. The work of the Smiles Mobile will be incorporated into the permanent programme structure of the Government’s child protection system after the pilot closes in 2015.

**Human Rights-Based Approach to Cooperation**

In response to a request from the United Nations Country Team, the Office of the High Commissioner for Human Rights deployed a highly qualified and experienced Human Rights Advisor (HRA) to Jamaica. The Advisor reports directly to the UN Resident Coordinator (UNRC) and the UN High Commissioner for Human Rights, and primarily supports the UNRC and UNCT to better integrate a rights-based approach into programmes and activities.
Other tasks include:
• Developing strategies and programmes to build and strengthen national capacities/ institutions for the promotion and protection of human rights
• Supporting the UNRC/UNCT in promoting human rights as a common UN value, and upholding international norms and standards through advocacy and awareness-raising
• Supporting the UNRC, UNCT and national partners in their engagement with international human rights mechanisms such as the Universal Periodic Review (UPR)
• Providing advice, training and technical assistance to the Government and other national stakeholders to help ensure coordinated UN responses.

The UN Joint Theme Group (UNTG) on Human Rights and Gender worked on the following initiatives with support from the HRA:
• Preparation of the 2014 UPR for Jamaica
• Provision of comments for Cabinet on the amendments to the Sexual Offenses Act
• Commemoration of Human Rights Day in Jamaica.

Led by UN Women, the UNTG made contributions to the National Strategic Action Plan on Ending Gender-based Violence (GBV) and prepared a joint GBV project proposal for which funding is being sought.

In response to a request from the UN Committee on the Rights of the Child (UNCRC), UNICEF prepared a confidential response highlighting major developments since the submission of the last State report (for the period 2003-2009). The UNICEF document commented on changes to the legal policy framework, such as the review of the Child Care and Protection Act, existing service delivery gaps and the efforts made by the State and civil society to promote and protect child rights in compliance with UNCRC recommendations. Through the UNTG, members of the UN Country Team (UNESCO, UN Women, UNFPA, and UNAIDS) made contributions to this report.

Gender Mainstreaming and Equality

The empowerment of adolescent girls, particularly those living with HIV, has been an area of significant focus. In 2014, 46 adolescent and young girls living with HIV received peer support and mentorship to better cope with their diagnosis, disclose their HIV-positive status to their families and adhere to treatment. The support group, called the “I Am Alive” club, targets adolescent and young women in rural, high-prevalence parishes, most of whom became aware of their positive status through the public ante-natal health services as they are also young mothers. Under the guidance of a life coach – an HIV-positive older woman – and a counselling psychologist, the girls receive knowledge and skills to build resiliency, improve treatment literacy and re-focus on their personal development. The programme is implemented by NGO partner Eve for Life.

In response to high numbers of reported sexual abuse, in particular by girls in their programme, Eve for Life launched the ‘Nuh Guh Deh’ campaign to discourage inter-generational sex and abuse of girls by older men. The campaign includes a number of activities to build skills among girls to resist unwanted sexual advances or pressure from older men, and to encourage reporting of all sexual abuse cases to the authorities. One key output from the campaign this year was the publication of the “I am Now Free” diary by a survivor of child sex abuse.

Widespread stigma and discrimination against men who have sex with men (MSM) in Jamaican society has been affecting the development of adolescents who identify as MSM, mainly
through rejection by their families and communities. UNICEF Jamaica supported the NGO Children First to reach more than 100 adolescent and young MSM (aged 6-to-24) with HIV prevention, skills and emotional support services. About a quarter of those who experienced rejection from their families were assisted with family counselling and seven were reintegrated with their families.

**Environmental Sustainability**

UNICEF Jamaica’s efforts in this area were minimal this year, with no substantial results for the Country Programme. The emphasis was on accompanying the leadership dialogue on the SIDS (Small Island Development States) "Pathway" to Sustainable Growth and disaster risk reduction, including climate change concerns, and the potential impacts on children.

**Effective Leadership**

UNICEF Jamaica completed major tasks, including the Annual Management Plan (AMP), Mid-Term Review (MTR), risk assessment/performance management report and closure of three outstanding audit observations. Emergency preparedness and risk management remained priority considerations for all staff, along with a solid performance in UN-wide Business Continuity Plan (BCP) testing. The Contract Review Committee, a major risk mitigation entity, met five times, and the newly-formed Programme Cooperation Agreements Committee met once. Regular Country Management Team (CMT) meetings enabled dashboard alerts to be reduced and implementation rates improved.

The annual all-staff retreat opened up discussions about leadership and performance and provided unique opportunities to receive pro bono coaching in the areas identified as highest priorities for UNICEF Jamaica. Deeper proficiency and time investments in the VISION system continued. Updates of the standard procedures for overseas visitors were conducted, to improve efficiency – especially in light of the large number of people hosted through National Committee (NatCom) visits and partnerships.

UNICEF Jamaica’s BCP was featured as a top performer in the UN, and its technological and communication leadership role enabled UNICEF to build capacities in other agencies. Significant successes and challenges related to risk mitigation included the sharp definition of 12 risk areas (only two of which are high), a strengthened leadership role for the entire UN on HACT and increasing numbers of spot-checks for monitoring purposes with partners.

**Financial Resources Management**

Using VISION tools and the regional monitoring report, the CMT reviewed office indicators, paying special attention to potential red flags. Monitoring of both the implementation rate and timely preparation of donor reports were specific actions taken to improve contribution management. Changes in financial procedures were in accordance with global processes, as part of the initial preparation for migration to the global shared service centre (GSSC).

The number of issued cheques steadily declined, from 29 in 2012 to three in 2014. The latter were issued in the first quarter of 2014; since then all financial transactions were completed via bank transfers. Reconciling items were kept to a minimum on the bank reconciliation report and were promptly cleared the following month.

Six audit recommendations from the 2013 audit exercise had been closed by the third quarter of 2014. Implementation of the new HACT framework was supported by the Regional Office, as
funds were provided for a third party contractor to conduct the micro-assessments. In September, UNICEF benefitted from a Regional Office consultancy providing training and guidance on HACT. Slow implementation of programmes by the Government and NGO partners contributed to the 15.1 per cent of unliquidated balances over six months at year’s end.

Rent (all-inclusive) consumes approximately 80 per cent of total administrative costs. The five per cent reduction in the costs of rent from 2013 can be attributed to a 6 per cent devaluation of the Jamaican dollar from January 2014. Preliminary discussions have re-started as part of the search for more affordable premises. UNICEF participated in a number of pilot initiatives, including the new replenishment, VISION payment and bank reconciliation processes. Total RR and OR expenditures were 93 per cent and 100 per cent, respectively.

**Fund-raising and Donor Relations**

During 2014 the major initiative was the development of a resource mobilisation strategy for UNICEF Jamaica, an expanded strategy for UNICEF in the English-speaking Caribbean (Barbados, Belize, Guyana and Jamaica), and two specific strategic proposals on Sports for Development and Girls Empowerment.

Strong technical support from the US Fund for UNICEF and regular communication with UNICEF UK enabled us to mobilise approximately US$350,000 on the above-mentioned programme areas.

The European Union remains a solid partner, with strong investments in Child Protection and UNICEF’s efforts to reduce the number of juveniles in state facilities. Future funders could include individual and family philanthropies, as well as National Committees from the Canada, Iceland and the United Kingdom. Donor reports are regularly tracked through VISION and routine correspondence with donors.

**Evaluation**

The annual integrated monitoring and evaluation plan (IMEP) was developed in collaboration with partners and monitored regularly through an internal research committee. UNICEF continues to pursue the recommendations from the 2013 assessment of the Caribbean Child Research Conference, through technical support and advocacy at the regional level for integration in activities of the Caribbean Child Rights Observatory Network.

The objectivity of evaluations is maintained by ensuring that the evaluation process is not directly supervised by the programme manager. Stakeholder ownership and participation contribute to the usefulness and utilisation of resulting reports and recommendations.

UNICEF Jamaica conducted a mid-term review during 2014. The process led to a realignment of priorities and an improved focus on achievable outputs. In addition, the decision was taken not to proceed with the evaluation scheduled in the IMEP due to lack of engagement among key stakeholders.

UNICEF will need to advocate at the senior Government level to ensure effective engagement and ownership of the process before commissioning this evaluation, in anticipation that these steps will ensure greater acceptance and use of its results by key stakeholders.
Efficiency Gains and Cost Savings

Prior initiatives and negotiations completed by the Operational Management Team (OMT) remained workable, contributing to an 8 per cent reduction in expenses for telecommunications and courier services. Technological advancements also played a part in this reduction, through increased the use of voice-over internet protocol when contacting other UNICEF offices. Reduced need to send original documents by courier resulted in fewer packages being sent per month.

The OMT revisited efforts to gain discounts for UN agencies in the procurement of stationery and supplies. While the old agreement is still active, a new commitment should be effective starting in 2015. The OMT recommended that the regional long-term agreement for travel agencies signed in Panama be adopted in Jamaica. Given the flexibility and assistance provided by UNICEF HQ’s Travel Section, UNICEF Jamaica continued to use the Omega travel platform for travel services.

Changes in the staff complement caused UNICEF to find a creative solution for some of the front office reception functions. The integration of the new security and door access system with the existing telephone equipment enabled staff members to open the doors remotely using their PC and to communicate with visitors via their telephone extensions.

Supply Management

Local vendors were able to source required items at competitive prices and procure all programme supplies for implementing partners, as UNICEF does not maintain a warehouse. Total programme supply costs for 2014 were US$161,073 and for operations supplies cost US$103,073. Programme staff, when monitoring activities, report on the utilisation of supply assistance, including identification by decals.

Procurement services were used by the Government, through the Ministry of Health (MOH), to purchase Oral Rehydration Salts from the Supply Division. The MOH has noted its satisfaction with the quality, price and services received.

During the year there was no declared emergency and therefore no emergency intervention.

Security for Staff and Premises

Collaboration with the UN Department of Safety and Security (UNDSS) continued to be an effective coordination mechanism among UN agencies in Jamaica. In addition to submitting a menu of security trainings that were approved by the Senior Management Team, the UNDSS monitored agency attendance – ensuring that the requisite security knowledge of the staff was updated. Given that the island is located on a major earthquake fault line, the UNDSS commissioned a risk analysis of all UN buildings and provided recommendations for each office. Using the security allocation received from HQ, the structural changes and other recommendations from the earthquake risk analysis report were implemented for UNICEF.

Having established SMS text messaging, with all staff members’, private and/or agency-provided telephones included in the system, the UNDSS was successful in keeping staff abreast of security incidents in a timely manner. The combination of the messaging system and the operationalisation of a 24/7 guard room contributed to reducing stress in relation to security concerns, as staff members were encouraged to contact the hotline for any security issues encountered. The UNDSS also consistently used other channels of communication to provide
security messages.

Led by UNICEF, the UN-wide Business Continuity Plan test day had nine agencies participating in the exercise, during which a security scenario resulted in staff being required to work from home. The UN system tested communications with VHF radio, Sat phones and cellular phones. UNICEF, the only agency with a Thrane & Thrane Explorer 700 BGAN, used the equipment to send test calls and emails to OPSCEN, the regional security focal point and staff. For UNICEF, the BCP test day. In addition to other objectives, increased staff members’ competent use of the systems and equipment and their ability to provide assistance to implementing partners in an emergency.

Implementation of a new security system in the UNICEF office provided dual functionality. Initially, three cameras were strategically installed to capture movements at the three office doors; however, with the office modification it was necessary to add another. The new system not only captured movements at the entrances but was integrated in the telephone system and is being used to open the main office doors. The system has proven to be an effective partial technological solution to the absence of a receptionist.

**Human Resources**

UNICEF Jamaica recognises that human resources oversight is crucial for its effective and efficient operation. Against the background of prior changes due to post abolition and future uncertainties, HR strived to provide sound administration of organisational policies and procedures while simultaneously advocating for staff development, welfare and well-being throughout 2014.

Refining skills and knowledge remained high on the HR agenda in 2014. Over the years it has been difficult to obtain 100 per cent achievement of the office learning plan, which has been attributed to workload priorities. This year the Local Training and Staff Development committee re-introduced and re-vamped the five per cent learning time in an effort to improve the implementation rate for training and development.

“Learning Fridays” were introduced and staff were encouraged to keep their training activities to manageable levels. Eighty-two percent of the staff completed the Integrity Awareness course and the office is 80 per cent compliant on the Advanced Security in the Field course. Ten persons were trained in competency-based interviewing, led by the Organisational and Learning Development Section; seven received CBI certification. Other courses conducted included career transitioning and interviewing skills. Four persons took face-to-face UN Cares training, jointly with other UN agencies and led by UNFPA. UNICEF was allocated US$7,000 for staff training and development from the global learning funds. These funds are primarily used for group learning; however this year eight licences were purchased for individual language training from Rosetta Stone through the Regional Office; four were for Spanish training and four for French. The remaining portion of the learning funds was used for the annual staff retreat held in July. In May a Senior Programme Assistant and the Operations Manager attended the regional training on Contracting and Procurement, and in turn provided training to the entire office in October. The Operations Manager, Finance and HR Assistants participated in the Regional Operations, Finance and HR training in November.

The Education Specialist was transferred to UNICEF Zimbabwe in September. Recruitment for the vacant post was to be finalised by end-December.
Ninety-four percent of the personnel assessment system for 2014 was completed by the end of April and all staff members completed the mid-year review by mid-September. Two Joint Consultative Committee meetings were held. Staff relations and work environment concerns were addressed at the staff retreat – the outcome of which saw a number of persons engaging in coaching sessions to improve work relations. UNICEF Jamaica continued to utilise flexible working arrangements to ensure better work/life balance.

Effective Use of Information and Communication Technology

UNICEF Jamaica migrated to Office365 in May 2014, and staff were trained accordingly. OneDrive complemented, and in some instances replaced, the use of Dropbox for collaborative documents shared with both UN and non-UN partners. UNICEF Jamaica’s website also benefitted tremendously from the availability of OneDrive, which overcomes the file size limitations of RedDot. This year UNICEF saw a significant increase in the number of web-based meetings, due mainly to the switch from Cisco WebEx to MS Lync. This technology was used mainly by Programme staff as a means of replacing physical meetings. Lync was used as a medium to conduct internal staff training and also for the business continuity exercise.

Business continuity was an UN-wide activity organised and led by UNICEF Jamaica’s ICT section. Nine UN agencies and approximately 115 UN staff participated in the exercise, aimed at improving effective emergency operations and competencies in the use of remote connectivity tools.

UNICEF Jamaica has increased its presence on Facebook, Twitter, Instagram and YouTube, where it is positioned as a knowledge leader and provides information in creative and audience-friendly formats. These channels were used to further develop relationships with influential social media leaders and engage them directly on particular issues, to further expand reach. UNICEF’s Goodwill Ambassador Shelly-Ann Fraser-Pryce, who has a massive fan base, played a key role in expanding our reach within local and global markets. At all key events and activities, UNICEF promoted its media channels and encouraged others to join the conversations online.

In December, ICT began to decommission physical servers with the Window 2003 Operating System, opting for the best practice of converting these to virtual servers with the Windows 2008 operating system, thus streamlining operational services.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Special Purpose - for premises and security

OUTPUT 1 Premises and security

Analytical Statement of Progress:
Acknowledging the importance of premises and security to staff well-being and the effects on results, a special allocation was made by NYHQ to UNICEF offices to address these issues. In the case of Jamaica, the allocated amount was used to implement recommendations from an earthquake assessment exercise conducted in 2013. The funds were also used to renovate the office, including an upgrade of the security camera system.
OUTCOME 2 Effective and efficient programme management and operations support to enhance programme delivery.

Analytical Statement of Progress:

Based on inputs from the all-staff planning meeting, the 2013 -2014 rolling Annual Management Plan was updated. This document provided all staff with information on governance structures, systems and indicators to be employed during the year.

With the dissemination of new HACT guidelines in February 2014, UNICEF received financial and technical support from the Regional Office. In the last quarter a consultant, hired by the Regional Office, trained all UN staff and gave specific training to UNICEF Jamaica staff on the requirements of the revised HACT guidelines. Given that the consultant was part of the initial team tasked with drafting the original HACT guidelines, the knowledge and practical experience shared during the training sessions were invaluable.

Since the initial implementation of Vision in 2012, UNICEF Jamaica sought roles in the system for staff members providing acceptable segregation of duties. The current Table of Authority has adequate segregation of duties, with only three roles with conflicts, which have been satisfactorily mitigated.

Both CMT and Programme Team meetings monitor the implementation and liquidation of direct cash transfers (DCTs); Programme meetings focus on in-depth reviewd of the issues and actions to be taken.

Knowledge of the VISION system has increased steadily, with gaps being resolved within the office or externally. With the current level of understanding of the system some staff members are able to research issues and propose acceptable solutions.

OUTPUT 1 Governance structures and systems that are necessary to adequately manage risks and achieve programme results.

Analytical Statement of Progress:

Statutory committees, serving as part of office risk mitigation strategies, were established at the end of 2013 for the period 2014 -2015. The committees executed their assigned tasks, applying more risk aversion techniques, which was identified as a lesson learnt during the Enterprise Risk Management (ERM) session conducted in the last quarter of 2014.

Two local administrative instructions were issued in 2014, addressing the Office Backup Plan and Direct Cash Transfer Management. The Office Backup plan consisted of two matrices, the first detailed the functional (non-VISION) backup roles, and the second the Vision Backup roles. In response to an audit recommendation the DCT management instruction provided information for effective management, detailing specific actions and timeframes.

Compliance with the six audit recommendations from the 2013 audit review were completed in 2014. UNICEF continues to monitor the recommendations and corrective actions to ensure ongoing compliance.

Due to the updating of policies and procedures by UNICEF HQ, the momentum of local reviews
of work processes declined, since many local administrative instructions issued in December 2013 were no longer applicable by mid-2014. For UNICEF Jamaica, the new policies and procedures disseminated by HQ were comprehensive and included workflows that required no further input.

Five CMT meetings were held in 2014, with agendas covering review and monitoring of global, regional and local indicators. Information-sharing with all staff continued to be effective, through Monday morning meetings that provide updates by all staff.

The Business Continuity Plan and ERM were updated in 2014. Led by UNICEF’s ICT staff member, a UN-wide BCP test day was conducted in July 2014. This was the first coordinated effort and was endorsed by the Resident Coordinator, UNDSS and the UNCT.

**OUTPUT 2** Effective and efficient management and stewardship of financial resources.

**Analytical Statement of Progress:**

The tight fiscal space in which UNICEF operates continues to be a major challenge. The all-inclusive commercial rental cost, which consumes approximately 80 per cent of the total administrative budget, reflected a 5 per cent decline in 2014 due to the devaluation of the Jamaican dollar and a freeze in rental rates by the landlord. The exceptional provision of rental support given by the Regional Office at the end of 2014 enabled the return of funds to the programme section. Preliminary discussions with PAHO to share office accommodations at the University of the West Indies will continue in 2015, with the goal of reaching an agreement by mid-year.

At the end of December 2014, expenditure of the integrated budget (IB), GC and Other Resources (OR_ budgets was 100 per cent, 92 per cent and 72 per cent, respectively. UNICEF Jamaica piloted a number of new initiatives, such as replenishment of funds, bank reconciliation and a new payment system. The full implementation of electronic funds transfer transactions resulted in zero cheques being issued after February 2014.

The combination of the full implementation of electronic funds transfer and the use of the new Citibank reconciliation interface contributed to a reduction in the number of outstanding items on the bank reconciliation, and hence a reduction in risks.

A number of OMT initiatives from prior years remained in force and still provide the UN system with efficiency and costs savings, including procurement of fuel, courier services and closed user group mobile service. Efforts to review and incorporate these systems into the Business Operations System have faced many challenges.

Changes in the HACT framework stipulated that an external accounting firm should be contracted to conduct micro-assessments of implementing partners. Procurement of the accounting firm, which began as a joint process, was eventually completed by UNICEF as the other Executive Committee agencies had no funds to contribute. Given delays in the procurement process, no micro-assessments were conducted in 2014, although two spot-checks were undertaken. However, slow implementation of projects by partners contributed to the 15.1 per cent liquidation balance over six months.
OUTPUT 3 Effective and efficient management of human capacity

Analytical Statement of Progress:
By the end of February 2014, 80 per cent of the Performance Evaluation Report (PERs) for 2013 had been finalised; the remainder were finalised before the extended deadline in April 2014. The CMT monitored interim performance discussions, which were completed within the scheduled timeframe.

Following submission of the Learning and Development Plan, the funds allocated by the Regional Office were mostly used for team-building and a staff retreat, both facilitated by an external Human Resources consultant. Staff also benefitted from a number of other group trainings including:

- Competency-based interviewing
- Interviewing skills
- HACT
- Career transitioning
- UN Cares

There was an increased focus on language training, resulting in the acquisition of eight licences, four French and four Spanish, from the Rosetta Stone programme. There were other individual trainings for Programme and Operations staff, which were directly related to their job functions.

The abolishment of two positions in December 2013 gave UNICEF an opportunity to use creative technological solutions to redistribute job functions. The installation of a dual purpose security camera system was used as part of the solution for the receptionist function. In September 2014, the Education Specialist accepted an international post with UNICEF Zimbabwe. Information on the offer of an emergency post to the Deputy Representative was received late December, with an expected start date early January 2015.

Flexible work arrangements continued to be the main tool used to address the challenges associated with work-life balance. Two Joint Consultative Committee meetings were held in 2014, focusing on staff relations and the working environment.

OUTPUT 4 Human Capacity

Analytical Statement of Progress:
Created in 2012, the initiation of VISION to facilitate payment of salaries.

OUTCOME 3 By 2016, 50 per cent of the most vulnerable adolescent boys and girls ages 10-18 in targeted communities are equipped with life skills, access quality healthcare services and contribute to decision making in their own communities.

Analytical Statement of Progress:
At this mid-point in the implementation of the Country Programme Action Plan, the Adolescent Health and Empowerment (AHE) programme has had significant successes in the midst of many challenges. The MTR highlighted slow progress in the first half of the Country Programme due to the need for increased advocacy around the sexual and reproductive health needs and rights of adolescents among key policy-makers. Momentum increased in 2014, and programme outputs were consolidated for more efficient implementation and reporting.
Major achievements include the prioritisation of adolescent and child health by the Ministry of Health (MoH) for the 2014-2015 financial year. This shift assisted in the submission of a UNICEF-supported concept note to Parliament outlining legislative changes to allow adolescents access to services, including sexual and reproductive health services. Parliament has requested a meeting with the MoH to discuss the proposal. UNICEF-supported standards for adolescent health have met WHO requirements and are being used as the template for similar standards across the Caribbean. The elimination of Mother-to-Child Transmission of HIV (eMTCT) programme is on track to meet targets for 2014. However, there are severe challenges around data collection and verification in the effort to eliminate vertical transmission of Syphilis. This is being addressed by the MoH and its partners, with technical support from UNICEF and PAHO.

South-South cooperation between Jamaica and Brazil gained strength with two visits of technical teams from the island to learn from adolescent-focused interventions in Brazil. This learning has already found fertile ground among programme specialists in Jamaica, and good practices are already being applied.

Interventions aimed at empowering girls living with HIV and MSM have generated much learning for UNICEF’s partners. One major outcome was the development of the ‘Don’t Go There’ campaign to end gender-based violence against girls. UNICEF assisted in leveraging financial support for the campaign from several UN agencies and the British High Commission.

For the first time, a national study on adolescent suicide was completed. The data revealed that 20 percent of Jamaican adolescents are at risk for committing suicide. Acquiring approval for research around issues pertaining to adolescent sexual and reproductive health presented a challenge. Additionally, funding gaps threaten the programme’s ability to achieve the expected results.

**OUTPUT 1 By 2016, reproductive health, HIV/STI and mental health services meet standards for quality and adolescent friendliness.**

**Analytical Statement of Progress:**

The MoH listed adolescent health among its top priorities in 2014 and achieved some key milestones.

The MoH Permanent Secretary was invited by Parliament to discuss proposed legislative changes to ensure access to medical services for adolescents under age 16. The proposed changes, developed with UNICEF’s financial and technical assistance, were endorsed by five Ministers. UNICEF ensured that Adolescent Health standards developed by the MoH met WHO requirements and were recommended as guides for development of similar standards for the Caribbean. The elimination of MTCT of HIV and Syphilis continues to receive strong technical support from UNICEF through the convening of a technical advisory committee to support implementation. In 2014, achievements included:

- Antiretroviral Therapy (ART) uptake in pregnant women increased from 85 per cent in 2006 to 92 per cent in 2013 and 91 per cent up to September 2014
- As of September 2014, the MTCT rate stood at 0.8 per cent; in December 2013 the rate was 2.3 per cent
- 92 per cent of the paediatric cohort are on antiretroviral drugs
- Only four infants had been diagnosed with congenital Syphilis as of September.
There are challenges with the collection and verification of data on Syphilis transmission. Though there are very few cases, the MoH is currently unable to use data to support its claim that MTCT of Syphilis has been virtually eliminated. Gaps are being examined by a technical advisory committee.

South-South cooperation between Jamaica and Brazil expanded with a visit by a delegation from the Government of Jamaica to meet with technical experts and view projects being implemented by the Government of Brazil. The delegation focused on learning about interventions for improved adolescent health and the role of local government systems in child protection in urban areas. Some approaches have since been adapted to strengthen locally implemented programmes for improved healthcare for adolescents in public facilities, expansion of NGO-Government partnerships and systems-strengthening for juvenile correctional services, and standardising sports for development and life skills programmes. The visit also facilitated the sharing of results from the Bashy Bus mobile HIV prevention service for adolescents as Brazil’s ‘Fique Sabendo Jovem’ is based on the UNICEF Jamaica-supported Bashy Bus model. In November, a four-person delegation attended and shared experiences at the International Seminar on Girls Empowerment in Brasilia.

Threats to progress in this area include community stigma and discrimination towards key vulnerable groups.

OUTPUT 2 By December 2016, most at-risk young people are enabled to reduce their vulnerability through utilisation of health, second chance education and protective services.

Analytical Statement of Progress:
In response to high numbers of reported sexual abuse by girls in their programme, UNICEF partner Eve for Life developed the ‘Nuh Guh Deh’ Campaign to discourage inter-generational sex and abuse of girls by older men. The UNICEF-supported campaign material was launched at a high-level meeting of Government ministers, senators and business leaders. The package includes the published diaries of one survivor of adolescent sex abuse entitled “I am Now Free.” The package material is aimed at building skills among girls to resist sexual advances from older men and encourage reporting of abuse (http://youtu.be/J4OsaQuiyCw).

In 2014 UNICEF assisted programmes implemented by Eve for Life in collaboration with the MoH, in particular to support HIV-positive adolescent girls:

- Forty-six adolescent girls living with HIV received peer support to better cope with their diagnosis, disclose their HIV status to their families and adhere to treatment. The group, called the “I Am Alive!” club, targets adolescent and young women in rural, high-prevalence parishes.
- More than 800 adolescent and young women in 10 ante-natal clinics in high-prevalence rural parishes accessed HIV prevention knowledge and skills through group and individual sessions. The sessions are run by 15 “Mentor Moms” who are teen mothers living with HIV. Between May and October, eighteen HIV-infected girls also accessed support and care services.

Widespread stigma and discrimination of MSM in Jamaica has been affecting adolescents. With UNICEF support, its partner Children First was able to reach more than 100 adolescent and young men (16-24) with HIV prevention, skills and emotional support services. Common among this key population is rejection from family who turn the boys out of their homes. A system of
counselling and mediation is being piloted with a view to reuniting these adolescents with their families, to reduce their vulnerability to HIV and sexual exploitation. To date, a quarter of those experiencing rejection received family counselling and seven reunited with their families.

Through UNICEF support, 20 communities established drug abuse prevention councils and have reached 800 vulnerable adolescents and young people with prevention skills through the National Council on Drug Abuse-Community Action for Prevention programme. Communities were engaged through information fairs highlighting adolescent vulnerabilities to HIV due to drug use. Some groups established youth diversion programmes to engage adolescents and reinforce prevention messages.

**OUTPUT 4** By 2016, interventions among adolescents including the most at risk are evidence-informed and supported by quality monitoring and evaluation frameworks.

**Analytical Statement of Progress:**
A UNICEF-supported study on adolescent suicide trends revealed that 20 percent of adolescents are at risk for committing suicide. The data showed a relationship between lack of parental attention to school work and suicide risk. It also found that 16.7 per cent of the representative sample (3,471) of adolescents in schools experienced suicidal ideation, with more girls than boys reporting such thoughts. The most common reason for attempting suicide was interpersonal conflict, and the most common method of suicide attempt was drug overdose.

An autopsy of a suicide was conducted as part of the study, which was commissioned and completed by the MoH along with the University of the West Indies. More males (66.7 per cent) than females completed suicides. The MoH is preparing to implement recommendations for improved mental health services among adolescents (http://www.jamaicaobserver.com/news/Suicidal-Kids).

A study on Knowledge, Attitudes and Behaviour among HIV-positive pregnant mothers and HIV-positive post-partum mothers (aged 15-to-24) in high-prevalence rural parishes, completed with financial and technical support from UNICEF, revealed gaps in knowledge and the need to address key attitudinal issues among this population.

The study reported gaps in information, including: low knowledge on HIV prevention, low perception of risk of transmission to their babies and poor treatment literacy. Additionally, one in three had not disclosed their status to their partners and 40 percent had not disclosed to a family member. Also of concern was the fact that almost one-third reported that their partner was unaware of his HIV status or that they did not know their partner’s status.

Results of the study are being used by Eve for Life to strengthen their collaboration with the MoH in the worst-affected rural parishes. A systems-strengthening approach is being taken to ensure that antenatal services are more sensitive to the specific needs of HIV-infected adolescent girls and young women.

The process for ethical approval of studies remains especially challenging for this programme as the research material seeks to understand adolescent vulnerabilities and threats to their health and wellbeing inclusive of HIV, sexually transmitted infections and teen pregnancies. UNICEF, however, continues to make the case for the importance of such knowledge to strengthen partner’s capabilities to build resilience and improve health outcomes for adolescents.
OUTCOME 4 By the end of 2016, in Jamaica’s poorest and most volatile communities, 40 per cent of 6 year old girls and boys entering primary schools master the entrance assessment and the performance of grade 4 boys and girls on national math and literacy assessments improved by 30 per cent.

Analytical Statement of Progress:
Interventions to achieve quality education used a two-pronged approach by working both at the community and the national level. The programme is structured to achieve results through: interventions in the areas of maternal and child health, early screening and referral services and national prioritisation of Early Childhood Development (ECD); developing a system for the ongoing professional development of teachers and practitioners in early childhood education, and work at the community level to develop models for replication throughout the system and inform national policies and programmes.

During the reporting year national systems were strengthened through the development of a curriculum for children with disabilities and tools to support a screening and referral system. Service delivery interventions at the community level provided screening of over 2,000 rural students for hearing and vision impairment; knowledge gained will contribute to the development of a model for replication. School-based interventions to reduce chronic absenteeism at the secondary level should make significant progress during 2015. Completion of an outdoor Ropes Challenge course will provide resilience-building for youth at risk and potential leaders in both urban and rural communities.

Programme interventions at the national level displayed more progress than the community level activities. Challenges included slow implementation rates and limited human resources, especially among Government partners, heavy procurement processes and weak capacity. The extraordinary lag between draft policy and policy finalisation and implementation is an ongoing challenge.

Recommendations under the Mid-Term Review led to significant changes in programme structure, ensuring improved focus in results statements and greater alignment with Government national priorities. Output 4, in particular, was discontinued and national level strategic work on parenting practices was integrated into Output 1.

OUTPUT 1 By 2016, national and community systems are available to support all girls and boys 0-6 years old in the targeted communities with a quality start to life, early learning and developmental readiness.

Analytical Statement of Progress:
The national systems to support quality start to life for Jamaican children continue to provide high levels of access, but concerns about quality remain. A major European Union support project “Programme for the Reduction of Maternal and Child Mortality” (PROMAC) began implementation in 2013 and continued in 2014. PROMAC is expected to be a significant contributor to strengthening supports for child and maternal survival. It seeks to improve maternal emergency services, reduce neonatal deaths by improving both capacity and facilities available for new-born resuscitation and to improve neonatal health.

UNICEF supported the development of tools for a national screening, referral and early intervention system that contributed to ensuring that all children are screened for age-appropriate developmental readiness. The screening system comprises three components:
a. Family risk and support screening tool, which gathers information on risk factors and supports at the household level to provide appropriate response to families.

b. Child Development Screening Tools, including the Ages and Stages Questionnaire-Jamaica (ASQ-J) and the Survey of Well Being of Young Children (SWYC). ASQ-J is completed by parents and asks questions regarding child development up to 60 months. It screens for child’s cognitive, motor, communication and social development. The SWYC screens for developmental and behavioural risks.

c. The School Readiness Tool screens for child development and readiness for primary school. It is administered to four and give-year-olds, before the end of the first (of two) years of pre-school.

These tools are currently being piloted in select schools across the island.

In 2014 meaningful progress was made in preparing three hospitals for certification under the Baby-Friendly Hospital Initiative (BFHI). UNICEF supported training of over 1,200 health care workers (equal to 15 -20 per cent of cadre) as well as helping with other related preparations. Two hospitals reported interesting results from their BFHI involvement. One documented a 70 per cent reduction in spending on formula as a result of its efforts to become BFHI certified, while another doubled skin-to-skin contact between mothers and babies immediately after birth (from 15 to around 30 minutes). Interventions under this output were challenged by weak capacity among Government partners and slow policy development processes.

OUTPUT 2 By 2016, all 6-12 year old girls and boys in the targeted communities attend schools that meet CFS standards and are ready for transition to secondary schools.

Analytical Statement of Progress:
UNICEF supported the implementation of interventions to improve student attendance. Twenty-four primary and secondary schools serving over 12,000 students proposed interventions to improve attendance, of which nine were approved for implementation. Also, a sports-based intervention (EduSports) was implemented in 11 schools and delivered weekly sports-based learning sessions to almost 1,300 students. Information collected in the school profiles developed for CHOICE communities provided an assessment of the schools in light of the Child Friendly School (CFS) standards and formed the baseline for future interventions.

In order to help reduce violence in schools, UNICEF supported the Ministry of Education to improve awareness and use of positive approaches to the management of behaviour and disciplinary practices. During the reporting period, the MOE conceptualised a new national behaviour management programme that included the use of ‘school wide positive behaviour intervention support’ programming to be piloted in 56 schools. The first phase of the pilot was conducted by an NGO in seven institutions - early childhood (two), primary schools (three) and junior high (two) schools – which together serve almost 3,000 students. This pilot recommended a model and developed educational materials to inform the national programme. The intervention also equipped education personnel to deliver extensive psychosocial support and make efficient referrals, as well as developing a set of guidelines for delivery of psychosocial services. However, the Guidance and Counselling Policy that was drafted last year was not yet finalised.

OUTPUT 3 By 2016, all school leaders, teachers and EC practitioners in the targeted communities effectively apply critical principles of child development, classroom management, curriculum delivery, and parental engagement in their practices.
Analytical Statement of Progress:

UNICEF contributed to on-going capacity building of all Early Childhood (EC) development officers (65) to support early childhood institutions and practitioners to meet national standards related to health and safety, teaching practices, parent and community engagement and provision of psycho-social support for children.

Over 3,000 teachers and early childhood practitioners were better equipped to deliver the Health and Family Life Education (HFLE) curriculum. About 550,000 early childhood, primary and secondary students received HFLE instruction to help build students’ life skills. Other support for life skills development was provided through support for the piloting of Junior Achievement’s primary school programmes (Ourselves, Our Families, Our Community and Our City) in Grades 1-4 of seven schools. The intervention reached over 1,700 students and focused on managing resources (including finance), decision-making and working in teams.

UNICEF also supported the construction and use of a Challenge Course – an outdoor personal development and team-building exercise designed to physically and mentally challenge individuals in a safe environment under the supervision of trained facilitators. Ninety-six at-risk young people from the parishes of Kingston, St. Andrew and St. Elisabeth participated in six courses during the reporting period. Participants included youth who had been identified as potential young leaders, who were equipped to train their peers in personal development, life and social skills. The following link offers an introduction to the Challenge course and the experience of some of these young people: http://youtu.be/CfsXfQbRhHw.

In response to the MTR, this output will be discontinued in 2015 and ongoing interventions will be shifted to Output 2: Quality Learning Environments.

OUTPUT 4 By 2014, 40 per cent of Jamaica’s parents in targeted communities apply improved parenting practices.

Analytical Statement of Progress:

UNICEF advocacy and funding support resulted in approval of the National Parent Support Commission Act and the establishment and initial staffing of the National Parent Support Commission (NPSC). During 2014 the capacity of the Commission was further strengthened through the establishment of a board of trustees to govern its activities. UNICEF supported a review of the parenting sector that will provide key inputs for a comprehensive five-year strategic plan for the NPSC. The strategic plan will be developed in the first half of 2015 with UNICEF support.

Additionally, a curriculum for facilitators of parent training was completed and piloted with 20 participants from Government agencies and NGOs. The curriculum is intended to serve as the standard training tool for parenting facilitators. A model for providing information and support to parents – Parents Places – was developed and seven Parent Places established. The potential of these interventions far exceeds what they are currently delivering. Future work will focus on strengthening national mechanisms to better serve children and families.

UNICEF supported the development of nine thematic booklets for parenting education. Seven thousand copies of each booklet were disseminated to partners and stakeholders carrying out parenting interventions.
To achieve this output, it was proposed during the MTR that interventions be pursued to strengthen national coordinating mechanisms and improve the capacity of community-based parent support services. Consequently, the national activities under this output were merged into Output 1: Early Start to Life. Constraints highlighted included slow implementation and procurement processes. This output was discontinued at the end of 2014.

**OUTPUT 5**
By 2016, quality data on ECD and education are made accessible in a timely manner to decision makers for their use to inform national policies, programmes, and advocacy efforts.

**Analytical Statement of Progress:**
In 2014 UNICEF supported a comprehensive study that assessed 16 schools serving CHOICE communities, against the Child Friendly Schools (CFS) standards. This study also assessed the factors contributing to absenteeism in targeted schools (18) at the western end of the island. These schools are located in Education Region 4, which has the lowest rates of attendance. Most students reported sickness (47 per cent) or money problems (30 per cent) as the reason for absenteeism during the reference week. Health (sickness) accounted for almost twice as many days of absences as did economic difficulties (120 vis-à-vis 80 days), and together accounted for 83 per cent of the days of absences reported. The profiles developed provided baseline information for school-level interventions aimed at reducing chronic absenteeism in secondary schools.

UNICEF supported reports on infant and maternal mortality and morbidity from the national birth cohort study. This longitudinal study was co-funded by UNICEF, the Inter-American Development Bank and local funding agencies. Extensive data-sets were generated on the biological and social factors affecting maternal health and infant and child development, thereby addressing critical knowledge gaps in the health and early childhood sectors. The final reports are expected to be available by April 2015.

UNICEF-supported research on bullying received approval from the National Ethical Review Board and was conducted in 2014. The final report is anticipated by February 2015.

**OUTPUT 6**
By 2016, stronger national systems to identify children with disabilities and increased support for children with disabilities in targeted communities.

**Analytical Statement of Progress:**
As a result of the 2014 MTR this output will replace output 3 (Improved leadership and training practices).

To improve school inclusiveness, UNICEF partnered with Government, NGOs and academia to strengthen national capacity to support children with disabilities. During the reporting period, some of the major achievements included:

- Drafting and piloting of a curriculum for children with moderate-to-severe disabilities in three disciplines (Language & Communication, Math and Life Skills)
- Development of a special needs curriculum for vocational qualifications and capacity-building for 45 early childhood practitioners
- Successful implementation, in partnership with the University of the West Indies, of an associate degree course in child development therapy. Sixteen (16) persons completed the course.
• Capacity-strengthening for managers and teachers at all 21 specialised institutions for children with disabilities in the area of “Deaf Literacy and Intervention”, to improve documentation of Jamaican sign language
• Development and implementation of a service model for children with disabilities, which supported the screening of 2,139 students for hearing and vision impairment, referring 399 (18.7 per cent) to a medical audiologist and 120 (5.52 per cent) to an ophthalmologist/optometrist. Educational assessments (screening) were carried out for 663 children (25.6 per cent); 249 were referred for psycho-educational assessment, of which 149 were completed in 2014.

OUTCOME 5 By December 2016, child victims of abuse and violence and children who come into contact and conflict with the law will benefit from improved child protection services.

Analytical Statement of Progress:

As part of the Country Programme Action Plan UNICEF continued to work with GOJ and NGO partners to increase access to mental health services for wards of the state who come into contact and conflict with the law. Partners learned valuable lessons from initiatives implemented in residential child care facilities and juvenile correctional centres in terms of reducing the incidence of anti-social behaviour, suicide and self-harm and providing new and meaningful opportunities for wards to be screened, assessed and provided with treatment services.

The Child Protection Database was enhanced with updated statistics from two key partner agencies, but low participation on the part of other members resulted in inadequate updating of statistics and insufficient data-sharing within and outside of the Child Protection sector. However, information-gathering and sharing at the parish level prepared stakeholders for the establishment of Child Protection Committees in three parishes and development of work plans.

Significant advances were made to strengthen the Child Protection framework, through review of the Child Care and Protection Act (CCPA) and the Adoption Act, with very meaningful participation from stakeholders, including children. The recommended revisions to the CCPA reflect Government commitment to strengthening the legislative framework to better protect child rights for all children – including those with disabilities and those who come into conflict with the law. The policy development process was less promising, as the Ministry of Justice finalised, but did not submit to Cabinet, the National Child Diversion Policy which has been at an advanced draft stage for well over a year.

UNICEF contributed to the UN Committee on the Rights of the Child by responding to its request for updated information on the status of Jamaica’s CRC adherence and implementation. UNICEF also assisted the GOJ to prepare its updated country report to the UNCRC, as well as its report on the Optional Protocol on the Involvement of Children in Armed Conflict, thus promoting greater CRC compliance. Various ministries and departments have been expressing greater interest in CRC adherence. The planning and research divisions of the Jamaica Constabulary Force also demonstrated interest in incorporating child rights in its police work by strengthening the Force’s policy and regulatory framework and its human rights training module.

Partners, including the church, focussed on the impacts of cultural attitudes through the promotion of positive parenting to reduce the practice of corporal punishment and to break the silence around child abuse through responsible reporting and organised responses.
During the MTR the GOJ, UNICEF and other implementing partners agreed to prioritise activities to address:

- Social norms, cultural practices and beliefs pertaining to child-rearing, parenting and sexual behaviour that put at risk the rights of children to protection and healthy development
- Management and coordination challenges within the child protection sector and implementing partners
- The need for workable, quality assurance mechanisms and efficient record-keeping to ensure the delivery of results.

Implementation of the recommendations will be achievable under the present structure of the Country Programme and do not require significant changes at the Outcome and Output levels.

**OUTPUT 1** Key state-operated MDAs produce age/gender/location disaggregated reports by category on child abuse, children in conflict with the law, child victims of major selected crimes and children seen in accident and emergency units.

**Analytical Statement of Progress:**

During 2014, the multi-agency GOJ Child Protection Database was enhanced by updated statistics from the Child Development Agency and Office of the Children’s Registry (OCR) on child maltreatment, referrals to child protection agencies and the status of children in state care. The database was not utilised by child protection partners as much as it had been during the first two years of its existence. This was due primarily to the departure of key technical and executive staff in six of the twelve CPD partner agencies that had been involved in the establishment and initial operationalising of the database. Priority must be given to effective institutionalisation of the database in each partner agency hereafter.

Progress was made by the CDA towards establishing a central case management system for child protection agencies, which is intended to increase the capacity of the sector to monitor and guide the movement of children through the system and to make more effective referrals. The capacity of CDA programme officers to use the software selected for the operation of the case management system was strengthened.

Implementing partners identified, during the MTR, the need for better cross-sectoral operational frameworks that would make collaboration and coordination within the sector and between Child Protection and other sectors more efficient and effective. The inter-agency case management system was one mechanism identified as important to these processes.

**OUTPUT 2** Improved planning, coordination, collaboration mechanisms and networking arrangements in place to strengthen the Child Protection system.

**Analytical Statement of Progress:**

Building on initiatives that commenced in 2013, the GOJ sought to strengthen the fledgling parish-based Child Protection Committees in an effort to broaden the scope of the Child Protection sector to include the voice and participation of community-based organisations and ensure a more effective network of agencies, ministries and departments.
UNICEF supported the strengthening of three Child Protection Committees (CPCs) enabling Government and NGOs of the parishes of St. Catherine, St. James and Clarendon to better plan for the promotion of child rights. Socio-economic data was gathered via dipstick surveys for the parishes of St. Ann, Hanover and Westmoreland in preparation for the establishment of Child Protection Committees in those parishes to inform their planning sessions. An advanced draft of the CPC Handbook, was prepared and refined with inputs from stakeholders, providing guidance on the application of child rights, child abuse reporting and strategic and programme development. The Handbook serves as a reference document for CPCs and a manual for training CPC members. Development of the CPCs has been slow as the committees seek to define their role within the framework of existing Parish Development Committees and Parish Safety and Security Committees.

Implementing partners proposed, during the Mid-term Review, greater focus on capacity-building activities within the sector, as well as impact assessment to ensure the quality of care and sustainability of efforts. The importance of accountability at all levels, and within the political and administrative arenas, was also stressed. The need for an evaluation of the CP system to inform these processes was emphasised.

OUTPUT 3 Effective psychosocial services and community-based interventions are available for child victims of abuse, exploitation and violence and children affected by emergencies

Analytical Statement of Progress:

The ‘Reducing the Juvenile Population in State-supported Institutions in Jamaica’ project continued to improve the capacity of the Government’s child care system to protect child rights and provide non-custodial approaches to rehabilitation, with an emphasis on good mental health, empowerment and re-integration. The main output of the project was the launch of a Mobile Mental Health Service called the “Smiles Mobile”. Progress was made toward the achievement of expected results in 11 residential child care facilities and two juvenile correctional centres, where 412 wards of the state (208 boys and 204 girls) were screened to determine their mental health status. Of this number, assessments were completed for 105 children whose status suggested the need for further diagnosis. Treatment commenced for 55 wards who were diagnosed with serious psychological disorders. Therapeutic interventions and other actions used included individual therapy, group therapy, psychiatric evaluations, intellectual testing and medication. The work of the Smiles Mobile will be incorporated into the permanent programme structure of the Government’s child protection system.

A special mental health intervention was conducted at the South Camp Juvenile Remand and Correctional Centre establishing a model therapeutic intervention for juvenile correctional centres and reducing the high incidence of self-harm and suicide attempts over a six-month period from 25 per cent to 5 per cent at the facility. The intervention, which combined a variety of therapeutic approaches, recommended the use of new approaches to rehabilitation by correctional officers, social workers, psychologists and psychiatrists working in juvenile correctional services.

As part of the Ananda Alert programme, the Office of the Children’s Registry established an island-wide network of organisations committed and able to lead/participate in search and rescue operations for missing children. The network included more than 15 organisations and professional groups at national, parish and community levels. A memorandum of understanding was signed between the OCR and the Government’s Jamaica Library Service (JLS) to
disseminate timely information on missing children. The JLS was selected because of its wide network of libraries, book mobile services and school library services in all parishes of the island. The OCR also promoted and equipped 14,584 children and 2,031 parents, caregivers and teachers to better identify child abuse, make reports and understand the functions of the child protection system.

Expansion of the multi-agency project against Child Abuse led to strengthening the partnership between the CDA, Centre for the Investigation of Sexual Offences and Child Abuse, OCR, OCA and the Victim Support Unit of the Ministry of Justice, through increased collaboration among these key child protection stakeholders. The early response programme was strengthened in six of 14 parishes on the island and provided services to 186 boys and girls.

The Jamaica Council of Churches promoted the use of alternative methods of discipline by equipping 63 facilitators (eight men, 55 women) to be parent education facilitators. The facilitators in turn equipped 400 parents (58 fathers, 342 mothers) in rural Jamaican communities to use positive parenting approaches. A post-workshop survey revealed that many parents had begun to utilise alternative methods and non-violent approaches to child-rearing.

During the MTR partners recognised the need to infuse into programming activities aimed at changing stakeholder perceptions about child-rearing, information about parenting practices and sexual behaviour that put at risk children’s rights to protection and healthy development.

OUTPUT 4 Child protection services, for children in contact and conflict with the law, are in compliance with the CRC and other international standards and deliver quality rehabilitation and re-integration services.

Analytical Statement of Progress:
Increased adherence to the Convention on the Rights of the Child and increased focus on quality rehabilitation and re-integration were evident in the following activities:

1. The Child Development Agency completed a review of the CRC-based Child Care and Protection Act (2004). Advocacy interventions may be needed to ensure the timely submission of the document to Cabinet for approval.
2. Over 100 (109) police officers, including 51 of high rank, were equipped with knowledge and tools to promote, within the Jamaica Constabulary Force (JCF), the rights of children who come into contact and conflict with the law. The capacity-building sessions were facilitated by the Caribbean Child Development Centre, University of the West Indies. After reviewing international treaties and conventions, the police commenced work on a Child Integration Policy for the Force and revision of its human rights training programme to include a better-organised child rights component.
3. The Registrar General’s Department retrofitted a 30-seater bus to create a mobile birth registration/certification office to target children in hard-to-reach communities across the island.
4. Court professionals were equipped to implement guidelines of the Office of the Children’s Advocate Child Justice in six parishes across the island.
5. 300 caregivers in RCCFs were better able to protect child rights by using the Protocol on Child Abuse Prevention and Control within Facilities Handbook.
6. Sixty restorative justice facilitators were equipped to apply the CRC in preparation for the proposed National Child Diversion Programme.
Many of the activities of the Ministry of Justice’s National Child Diversion Programme were delayed, some are still pending approval by Cabinet of the draft National Child Diversion Policy.

As a result of the Child Protection Mid-term Review process, the wording of Output 4 was amended to make the expected results more attainable.

**OUTCOME 6** By December 2016, evidence-based communication and advocacy for children’s rights and mechanisms to monitor child-related systems and national priorities strengthened.

**Analytical Statement of Progress:**
UNICEF Jamaica sharpened its communication and advocacy strategy, in line with the global strategy, to focus more on strategic and emotional storytelling, evidence-based messaging, engagement of new partners and including a clear call to action in communication initiatives. UNICEF Jamaica is actively engaged with Government and non-government partners in developing and implementing two evidence-based communication campaigns on inter-generational sexual abuse and child abuse, the first of which was launched in 2014 (and is supported by other UN agencies) and the other slated for launch in 2015. UNICEF has strengthened its relationship with key media outlets and leading online social media figures. New partnerships need to be pursued with the private sector to leverage resources, as this continues to be an under-utilised avenue for collaboration.

Community Development Committees and key stakeholders in “CHOICE” communities improved their capacity in evidence-based decision-making and planning through the priority planning process undertaken by the Social Development Commission. The five targeted communities are now equipped with “community priority plans” that provide a framework for action on priority development issues identified.

Partners in Vision 2030 monitoring have agreed to include two indicators on educational outcomes at the primary and secondary level to the monitoring indicators for Vision 2030 – Jamaica. These will be reflected in 2015 updates to the on-line dashboard. Technical support continued to be provided to ensure annual updates of all three DevInfo databases maintained by the Planning Institute of Jamaica (JamStats), the Ministry of Education (EduStats) and the Child Development Agency (child protection database) in 2014. Improving the process to obtain more effective and sustainable updates of the child protection database will be prioritised in 2015.

Extensive delays in the assessment of the child protection sector occurred as negotiations with the Government of Jamaica continued in 2014.

**OUTPUT 1** Key partners/stakeholders are mobilised to support and engage in the promotion and protection of children’s rights by 2016.

**Analytical Statement of Progress:**
In keeping with shifts in the new global communication strategy, UNICEF Jamaica is increasing its focus on compelling storytelling, specifically through digital media, more creative use of data in reader-friendly ways and being more proactive in raising its voice on issues of national concern. In 2014 UNICEF collaborated with major traditional media entities during key calendar periods to tell the story of the impact on children of issues such as sexual abuse, corporal punishment and children’s mental health. UNICEF produced more digital content, including a number of short videos, which collectively had over 7,500 views on YouTube. UNICEF
Jamaica’s fan base on Facebook increased by 62.4 per cent and on Twitter by 65.3 per cent. UNICEF continues to explore ways of increasing reach and engagement with our online/social media audiences, and will need to hone these strategies moving forward – in line with the global strategy.

During the year under review UNICEF Jamaica laid the foundation for the development and implementation of a C4D strategy for parenting in rural communities (through the community development “CHOICE” initiative) based on participatory research with community members, including children, and capacity development in C4D with implementing partner the Social Development Commission. UNICEF was also actively engaged in global initiatives, including the Commonwealth Games, Activate Talks and #IMAGINE for CRC@25.

Setbacks occurred in relation to the development of material for a campaign on reporting of child abuse, scheduled for launch in 2015, as well as challenges with identifying potential partners in the private sector to provide resources for implementing the campaign. Both matters were being addressed with implementing partners at year’s end.

OUTPUT 2 By 2016, data collection and management systems provide sex and age disaggregated data on women and children for national planning and timely reporting on MDGs, CRC and Vision 2030 at national and sub-national levels.

Analytical Statement of Progress:
Community Priority Plans were developed for the five vulnerable communities in the UNICEF-CHOICE programme, utilising data from the community profiles supported in 2013. Using a participatory approach, UNICEF Jamaica partnered with the Social Development Commission to guide the communities through a visioning process. The plans include vision statements for the communities in addition to an action plan for the achievement of development priorities identified by community members.

Over 5,000 data values were updated in the Child Protection Database http://www.devinfo.org/childprotection/libraries/aspx/Home.aspx in 2014. However the majority were associated with national indicators rather than those specific to the child protection sector. The main constraint in this regard was the resignation of key technical and managerial staff, which reduced participation by six of the 12 participating agencies during the year.

Shifts in management and technical support for DevInfo globally contributed to delays in the implementation of the update and maintenance of the on-line dashboard (http://www.devinfolive.info/dashboard/jamaica_vision2030/index.php#) for Vision 2030. However implementation is underway and scheduled for completion within the first quarter of 2015. UNICEF’s advocacy led to the inclusion of two child-related indicators among the 48 related to monitoring Vision 2030 at the national level. The update now has indicators related to education outcomes at primary and secondary schools.

Finalisation and publication of the Multiple Indicator Cluster Survey (MICS 4) 2011 report provided information disaggregated by age, sex, location and wealth quintiles for a number of key social indicators on women and children. The survey filled certain data gaps for the country particularly in relation to nutrition, reproductive health, child labour and discipline. A DevInfo database was also developed and disseminated. Three technical experts from the Statistical Institute gained capacity in survey design for MICS 5. UNICEF Jamaica will source funding for conducting this survey in 2016.
OUTCOME 7 Programme Coordination

Analytical Statement of Progress:
Programme management controls were satisfactorily implemented during the reporting year. All recommendations from the 2013 audit were closed during the reporting period.

UNICEF identified critical risks and opportunities in relation to the Programme of Cooperation through activities aimed at compliance with the HACT policy, IMEP implementation, improving resource mobilisation and programme implementation rates. It also conducted a risk assessment and strengthened the capacity of staff in HACT principles and processes.

UNICEF Jamaica continues to work closely with Government partners to address constraints that lead to slow implementation, such as availability of human resources and procurement delays.

OUTPUT 1 Programme Coordination

Analytical Statement of Progress:
UNICEF Jamaica conducted a Mid-Term Review during the reporting year. The process resulted in an improved focus and alignment of the Country Programme with national priorities. Two-year rolling work plans were agreed on and signed by the Government of Jamaica.

Timeliness of results and effective coordination among Government partners was facilitated by quarterly sectoral meetings. These meetings were also attended by the Planning Institute of Jamaica, which coordinates the activities of international development partners. Internal programme monitoring is supported by monthly team meetings, field monitoring and sectoral reviews.

UNICEF Jamaica participated in a comprehensive UN Development Assistance Framework (UNDAF) review in 2013, which resulted in the re-establishment of the UN Monitoring and Evaluation Theme Group to support UNDAF monitoring. UNICEF Jamaica actively participates in the UN Programme Coordination Team, which enhance coordination of programmes across UN agencies.

OUTPUT 2 UNICEF’s brand, visibility and position as a knowledge leader on issues affecting children strengthened.

Analytical Statement of Progress:
Results for this output are reported under Cross-Sectoral.

Evaluation

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Knowledge, Attitudes and Behaviour Survey among</td>
<td>2014/004</td>
<td>Study</td>
</tr>
<tr>
<td>HIV+ Teen Mothers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Situation Assessment of Effective Parenting in Jamaica</td>
<td>2014/003</td>
<td>Review</td>
</tr>
</tbody>
</table>
RISK FACTORS ASSOCIATED WITH YOUTH SUICIDALITY IN JAMAICA

<table>
<thead>
<tr>
<th>Title</th>
<th>Document Type/Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>#IMAGINE video</td>
<td>Other Publication</td>
</tr>
<tr>
<td>UNICEF Jamaica Activate Talks videos: highlights and individual presentations</td>
<td>Research</td>
</tr>
<tr>
<td>EU-UNICEF Child Rights Toolkit – At a Glance</td>
<td>Research</td>
</tr>
<tr>
<td>Child-friendly version of the CRC</td>
<td>Research</td>
</tr>
<tr>
<td>CRC@25 video: Do Jamaican Children Know their Rights?</td>
<td>Research</td>
</tr>
<tr>
<td>Music Video: “Getting To Zero/Nuh Guh Deh”</td>
<td>Other Publication</td>
</tr>
<tr>
<td>PSA video for “I am Now Free” diary</td>
<td>Other Publication</td>
</tr>
<tr>
<td>I Am Now Free – Diaries of a Survivor of Childhood Rape and Sexual Abuse</td>
<td>Research</td>
</tr>
<tr>
<td>Youth Suicidality Study - Infographics</td>
<td>Research</td>
</tr>
<tr>
<td>“Ananda Alert” Search and Rescue Manuals</td>
<td>Other Publication</td>
</tr>
<tr>
<td>MICS 4 Companion Report with Key Findings in Infographics</td>
<td>Research</td>
</tr>
<tr>
<td>MICS4 Report</td>
<td>Research</td>
</tr>
<tr>
<td>Parenting tips - videos with UNICEF Jamaica staff</td>
<td>Other Publication</td>
</tr>
<tr>
<td>“What Every Parent Should Know” – Infographics</td>
<td>Research</td>
</tr>
<tr>
<td>What Every Parent Should Know</td>
<td>Other Publication</td>
</tr>
<tr>
<td>Breast is Still the Best: A Mother’s Guide to Breastfeeding</td>
<td>Other Publication</td>
</tr>
</tbody>
</table>

Lessons Learned

<table>
<thead>
<tr>
<th>Title</th>
<th>Document Type/Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson Learned</td>
<td>Lesson Learned</td>
</tr>
<tr>
<td>Sports for Development in not a strong enough platform</td>
<td>Lesson Learned</td>
</tr>
</tbody>
</table>