

Jamaica

Executive Summary

UNICEF Jamaica was an early adopter of the global communication and advocacy strategy, and this year made significant progress to engage and empower adolescents to claim their rights, especially with “All In” (a process that fosters participation of vulnerable adolescents) and a new, innovative platform, “Y-click”.

Y-click is an UNICEF Jamaica platform created with the NGO Respect Jamaica and the foundation of the telecommunication giant, Digicel. Youth is represented from every parish in Jamaica and while the group is still developing, Y-click captured a lot of attention already. In 2015, it linked-up with international personalities, including the American-based activist and commentator Jehmu Greene, to crank-up the national debate on youth participation and the youth vote in particular.

UNICEF Jamaica expanded engagements with the private sector through collaborative efforts with the Jamaica Hotel and Tourist Association (JHTA) and Palladium in Jamaica the first hotel on the island to sign the Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism.

Using Sport for Development as a platform, UNICEF Jamaica consolidated its work with the Breds Foundation, the West Indies Cricket Board (WICB), and the office engaged in preliminary discussions with the Special Olympics and Fight for Peace, a non-government organization which uses combat sports and the Olympic values, this project promotes the development of young people and coaches in communities affected by crime, violence and social exclusion.

UNICEF Jamaica deepened its relationship with the Ministry of National Security, especially the Jamaica Crime Observatory that began to analyse data specifically on children as perpetrators and victims of violent crime.

With support from the European Union, UNICEF Jamaica concluded a major intervention to reduce the number of children placed in state care. This contributed to a 26 per cent reduction of children in state-supported residential care homes and juvenile institutions.

South-south cooperation with Brazil was postponed until 2016 due to changes in the Government of Brazil, but UNICEF Jamaica is well positioned to engage, at short notice and including senior level Government of Jamaica (GOJ) representatives.

The Country Office (CO) continued to experience shortfalls in funding for programmes.

Summary Notes and Acronyms

BCM - Bank and Cash Management
BCP - Business Continuity Plan
BFHI - The Baby-Friendly Hospital Initiative

CCPA - Child Care and Protection Act
CDA - Child Development Agency
CMT - Country Management Team
CO - Country Office
CPD - Country Program Document
CRC - Convention on the Rights of the Child
CRC - Contract Review Committee
CSO - Civil Society Organisation
DCT - Direct Cash Transfer
EBF - Exclusive Breastfeeding
EMTCT - Elimination of Mother to Child HIV Transmission
GOJ - Government of Jamaica
GSSC - Global Shared Service Centre
HACT - Harmonized Approach to Cash Transfer
IMEP - Integrated Monitoring and Evaluation Plan
JCC - Joint Consultation Committee
JSRA - Jamaica School Readiness Assessment
KPI - Key Performance Indicators
MOH - Ministry of Health
MSM - Males who have sex with males
MTCT - Mother to Child Transmission
NGO - Non-Government Organization
OCA - Office of the Children's Advocate
OR - Other Resources
ORS - Oral Rehydration Solution
PANO - Pan American Health Organization
RJPSI - Reducing the Juvenile Population in State-supported Institutions
RR - Regular Resources
SWPBIS - School Wide Behavioural Intervention Support
UNCT - United Nations Country Team
UNDP - United Nations Development Programme
UNDSS - United Nations Department of Safety and Security
UNESCO - United Nations Educational, Scientific and Cultural Organization
UNFPA - United Nations Population Fund
UNICEF - United Nations Children's Fund
TVJ - Television Jamaica

Capacity Development

Adolescent health service delivery was improved with revised standards for adolescent health in public and private facilities. So far, 70 health care workers were equipped to deliver adolescent-friendly services at designated sites. The six-month exercise in improved service delivery generated baseline and evaluation data in order to address system bottlenecks to health service access and issues of service quality. The data tracked client satisfaction and uptake in key services, including HIV Testing and Counselling and family planning services. Facilities were encouraged to design and implement innovative strategies to ensure a quality experience for adolescents and to improve service uptake. Feedback mechanisms were put in place to monitor and measure client satisfaction and address complaints.

The initiative will strengthen protocols and training curricula for health workers in order to increase sites designated “adolescent friendly” across the country. The process was monitored

by the MoH's Standards Compliance Unit with oversight from the multi-sectoral Adolescent Policy Working Group which includes adolescent representatives. Adolescent participation was also supported through this working group. Adolescent health remained a strategic priority of the MoH and its agencies and departments. The National Family Planning Board was a particularly strong ally.

Evidence Generation, Policy Dialogue and Advocacy

Evidence of what works and what doesn't was generated through programme visits, reviews with partners, and completion of the following products: Study on Bullying (first of its kind in Jamaica); the Child Development Agency's study on Child Health and Wellness in Residential Child Care Facilities; an evaluation on the project 'Reducing the Juvenile Population in State-supported Institutions'; and an evaluation on the work of key implementing partner 'Eve for Life' in preparation for an actual evaluation planned for 2016.

UNICEF regularly interacted with GOJ on the Child Diversion Policy, the Jamaica Constabulary Force's Child Interaction Policy, amendments to the Child Care and Protection act, the Baby-Friendly Hospital Initiative, provision of proper health care for children in state care (including mental health care) and the importance of appropriate, universal health services for vulnerable adolescents through the All In process. Furthermore, UNICEF supported an Age 4 School Readiness Assessment in Westmoreland, one of the poorest parishes.

UNICEF advocated in 2015 for children's right to safety everywhere at all times, working on the Break the Silence and Nuh Guh Deh campaigns that aim to eliminate violence, abuse and rape committed against children and women. UNICEF also worked to eradicate corporal punishment of children in schools, undergirded by the School-wide Positive Behaviours Interventions and support framework. Also, UNICEF partnered with relevant partners to support the Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism and help prevent abuse of children by foreign and domestic tourists.

UNICEF's efforts to build evidence and pursue policy dialogue and advocacy with the Government of Jamaica was geared toward learning lessons from cooperation so far, especially relating to reducing violence and abuse, and ensuring that young people are protected by access to adolescent-friendly services.

Partnerships

Jamaica continues to face challenges caused by endemic violence, with a notable increase in homicides in 2015. Our partnerships focused on advocacy against violence including the No Guh Deh campaign to reduce predatory sexual violence against girls and young women, and the Unite for Change Campaign led by Ministry of National Security UNICEF was more vocal this year on denouncing violent discipline (politely referred to as corporal punishment) and strengthened partnerships across several sectors with this violence-reduction focus.

Big breakthroughs in private sector partnerships were headline highlights when UNICEF Jamaica teamed up with the telecommunications giant Digicel and the Digicel foundation to advocate for young people to shape national discussions and debates that concern their generations. Y-Klick is a group of young optimistic advocates who are a powerful partnership for UNICEF and others with younger generations. The alliance expanded collaboration with the U.S. Government, and with companies connected to the Respect campaign and Y-Klick. A formal and funded partnership with Western Union and the Grace Kennedy Company enabled

children in rural Western Jamaica access to the school system. Grace Kennedy and Digicel are two of the largest companies in the country.

The Palladium Hotel and other corporations are also partners, as UNICEF Jamaica has become the national reference/ contact for The Code, an international movement to protect children from sexual exploitation in tourism. The UNICEF Jamaica partnership with the Special Olympics was expanded and placed on a short list of priority countries for the U.S. Fund for UNICEF and Special Olympics international collaboration.

These alliances aimed at youth involvement in shaping the narratives about inequity and maintaining independence.

Main communication initiatives focused on the issue of violence in a year when a spate of physical and sexual acts of violence against children raised alarm. Under UNICEF's global #ENDViolence umbrella, UNICEF Jamaica supported efforts for the Nuh Guh Deh initiative. The series "In Their Own Words: Survivors of Childhood Sexual Abuse Tell Their Stories" was shared in print and social media and engaged audiences with compelling first-person perspectives. UNICEF, in collaboration with UNESCO, UNFPA, UNAIDS and UNDP, engaged popular band No-Maddz to produce the "Nuh Guh Deh" song and music video. These and other efforts included a call to action for the public to support the Ashley Fund for survivors of sexual abuse. The fund received US\$ 5,552 to offset costs for housing, second chance education and medication for vulnerable adolescents.

With support from UNICEF Jamaica, the Office of the Children's Registry launched the "Break the Silence" media campaign, with print, television, radio and social media material calling on Jamaicans to report known or suspected cases of child abuse. At no cost, the leading media conglomerate aired TV and radio material and key influencers lent their voices. A UNICEF-supported Knowledge, Attitudes, Practices and Behaviours Study revealed that only one in 10 adults report incidents of abuse.

UNICEF Jamaica supported a special three month effort by Western Union to raise funds in the diaspora for an initiative to boost school attendance in rural Western Jamaica. UNICEF Jamaica also collaborated with Television Jamaica to produce and launch a unique programme for young children that uses puppets to teach children about their rights. In Youth Month (November), UNICEF and Respect Jamaica launched a new long-term programme of adolescent and youth engagement.

South-South Cooperation and Triangular Cooperation

UNICEF Jamaica supported a mission to Belize on its national HIV/AIDS response that comprised technical experts from the GOJ's MoH, National Family Planning Board, a civil society organization (Children First). UNICEF Jamaica led a three-day consultation with Government and NGO partners working with adolescents in Belize. The consultation assisted in the process of drafting a National Strategy on HIV Prevention for Adolescents. Locally generated evidence resulted in prioritization of high-prevalence areas and key vulnerable groups of young people in Belize.

The outputs included prevention strategies for each affected group identified, and an advocacy agenda draft on adolescents and HIV. The methodologies were based on Jamaica's success with HIV-prevention among young people, and its strong technical capacity in strategic planning,

monitoring and evaluation and behaviour-change communication. (This mission followed a HIV-prevention study tour by a technical team from Belize in Jamaica in 2014.)

Identification and Promotion of Innovation

In Jamaica, several youth groups and associations advocate on behalf of the nation's young with varying degrees of visibility and impact. However, a cohesive, concerted and vocal effort by adolescents and youth to influence the national development agenda and dialogue was missing.

Digital connection among young people, and better access decision-makers via digital media, bring the possibility within reach---not just for the natural digital natives, but also for youth with special needs and youth from underprivileged backgrounds---aligning the initiative with a strong equity focus. This year, in partnership with Respect Jamaica (an affiliate of Digicel Foundation, the philanthropic arm of leading telecommunications firm Digicel), UNICEF Jamaica initiated a long-term effort to experiment with this possibility.

UNICEF Jamaica mobilized over 20 adolescents and youth from across the country to create "Y-Klick" --a core group of young Jamaicans designed and led an advocacy movement at the national level, using digital tools and platforms. This is the first opportunity of its kind for many of the members (particularly those from rural communities or with special needs who make the group composition an innovation in itself).

Adolescent health service delivery was improved with revised standards for adolescent health in public and private facilities. So far, 70 health care workers were equipped to deliver adolescent friendly services at the designated sites. The six-month pilot will also generate baseline and evaluation data in order to address system bottlenecks to access and issues relating to quality of the service. The data will also track client satisfaction and uptake in key services, including HIV Testing and Counselling and family planning services. Facilities were encouraged to design and implement innovative strategies to ensure a quality experience for adolescents and to improve service uptake. Feedback mechanisms are also in place to monitor and measure client satisfaction and address complaints.

The completion of the pilot will be followed by key revisions in protocols and training curricula for health workers ahead of a gradual increase in sites designated "adolescent friendly" across the country. The process is monitored by the MoH's Standards Compliance Unit with oversight from the multi-sectoral Adolescent Policy Working Group which includes adolescent representatives. Adolescent participation is also supported through this working group. Adolescent health remained a strategic priority of the MoH and its agencies and departments.

Human Rights-Based Approach to Cooperation

UNICEF Jamaica made great efforts to meet Human Rights-Based Approach to Cooperation benchmarks in 2015. The CO enhanced its capacity and understanding of human rights in program leadership and practice by engaging the Jamaica United Nations Country Team (UNCT) Senior Human Rights Adviser (SHRA) in a series of trainings for the program team. The trainings brought everyone onto a common platform to understand the results-chain from a human rights perspective and the rigor it imposes on the program design process. This ensured that all elements of that chain are in sync with Human Rights-Based Approach to Programming. The trainings, which will continue beyond 2015, tie in with conducting a new situation analysis, also with SHRA involvement.

UNICEF Jamaica invested US\$ 60,000 in the SHRA position to support to human rights capacity-building in Jamaica. The staff was supported to include human rights as a core concern and principle in each phase of document preparation and reporting, especially in relation to the new situation analysis and donor reports.

Building on 2014 support to the Convention on the Rights of the Child reporting process, the UNICEF Jamaica Representative accompanied the GOJ delegation to Geneva for a CRC Committee session on the latest GOJ periodical report. Jamaica has yet to sign the third CRC protocol, however the March 2015 Concluding Observations of the CRC Committee were invaluable as a set of complete, fresh recommendations on accelerated efforts to be taken to improve systems, services and practices toward children.

The current UNICEF Country Programme Document (CPD) works on the premise to strengthen accountability mechanisms to realize child rights, in particular for the most marginalized and excluded. UNICEF Jamaica secured two high-calibre partners for a new comprehensive situation analysis - a renowned academic institution and the SHRA – to provide foundation for a human rights-informed CPD January 2017 and a sound human rights result structure in its companion work plans.

UNICEF Jamaica chaired the UN Theme Group on Human Rights.

Gender Mainstreaming and Equality

UNICEF Jamaica continued its gender-focused programme activities to empower vulnerable adolescent girls in partnership with the NGO Eve for Life and others. The programme was led by the UNICEF Adolescent Health Specialist in cooperation with Monitoring and Evaluation and Communication Programme, as well as the broader programme group. A study for an evaluation of the programme was completed to prepare for a full evaluation in 2016.

Results included better access to health and counselling services for adolescent girls and better integration of adolescents' perspectives in the planning for health service delivery.

The Deputy Representative served as the gender focal point.

Environmental Sustainability

In mid-2015, UNICEF Jamaica used an extensive data-gathering process to elaborate on parts of the 2013 carbon foot print assessment data. Based on the 2013 data, the carbon foot print was assessed and revealed total greenhouse gases of 85.4 tons per carbon dioxide emission for the UNICEF office; and 4.7 per staff member. Although a comprehensive environmental programme has not been implemented UNICEF Jamaica used various initiatives such as paperless meetings, use of hyperlinks and shared file locations.

Effective Leadership

All major tasks in the country annual management plan were completed, along with the risk assessment and performance management reporting.

UNICEF Jamaica led and influenced positive discourse with the GOJ and other key partners in development cooperation.

No audit recommendations were left open, and all previously flagged areas were monitored and are in good standing. The Contract Review Committee (CRC) met three times and the Programme Review Committee met three times.

Business Continuity Plans (BCP) were solid; UNICEF led the UN system on this front. However, communications challenges encountered in the second semester testing of the BCP. Vision dashboard alerts on travel were drastically reduced. The risk areas were concentrated on results-based management; timely reporting; and organizational strategy. Slow and ineffective implementation of work plans with certain partners rendered unimpressive results. The assumption that capacities were built with some partners was not always corroborated. UNICEF Jamaica continued to play an important leadership role for the UN on Harmonized Approach to Cash Transfer (HACT), and spot checks with partners yielded positive results.

Financial Resources Management

The increased use of the Bank Cash Management (BCM) system was more efficient as paying officers were no longer required to do an additional log-on to Citibank's platform to approve transactions. The BCM process contributed to an overall reduction in the risks related to transactional errors. For the quarter June to September 2015, 421 out of 559 (75 per cent) of UNICEF Jamaica's payments were processed through BCM.

Transaction time for bank reconciliation was reduced and UNICEF Jamaica was ready for the transition to the Global Shared Services Centre (GSSC) by end October.

Continuous monitoring of open items on the Manager's Dashboard resulted in nil amounts for finance Key Performance Indicators such as open bank items, open payables with exchange rate revaluation and staff balances.

The percentage utilization of RR and OR expenditures was 96 per cent and 87 per cent respectively. The total DCT outstanding balance is US\$ 412,913 and 67 per cent of which represents the period zero to three months. The relevant amount for the three to six months period was 31.2 per cent while the outstanding DCT amounts for the period six to nine months was two per cent of the overall outstanding amounts.

The combined expenditure for rent and maintenance was approximately 80 per cent of the institutional budget, despite a nine per cent reduction in cost due to the devaluation of the Jamaican dollar since 2014.

Fund-raising and Donor Relations

Efforts to strengthen alliances with local and national donors advanced significantly, with the aim of leveraging investment funds for partners of UNICEF Jamaica. It was a successful year in promoting and benefitting from an expanded alliance with Western Union and the U.S. Fund for UNICEF Jamaica that brought the CP closer to its goals of additional fundraising with the diaspora.. Partnership with Sport for Development, including EduSport, enabled programme funding from UNICEF UK. UNICEF Jamaica also sustained a beneficial partnership with the Commonwealth Games.

Donor interest in Jamaica appears to be declining. Mobilizing resources to reduce violence, and specifically for children and homicide (both victims and perpetrators), caught donor interest but hasn't captured secure funding yet. "Child survival" has a new meaning in Jamaica (and other

countries with violence of epidemic proportions), but the funding streams did not yet align in 2015 with the complex scenarios.

Results-reporting to donors was consistent, and the emphasis on storytelling and narrative was beneficial to all concerned.

Evaluation

Reports for two of the studies on the IMEP were completed, as well as an evaluation of the pilot project: Reducing Juvenile Population in State Institutions. This evaluation covered a multi-year intervention funded by the European Union. The CO began conducting a Situation Analysis, scheduled to be completed by April 2016.

The Integrated Monitoring and Evaluation Plan (IMEP) review was aligned to programme monitoring at the planning, mid-year and end-of-year reviews. Progress was also monitored at monthly programme and Country Management Team (CMT) meetings.

Evidence provided by the evaluation in addition to a bio-behavioural study on girls in residential care highlighted the vulnerabilities of children in state care and the challenges in access to essential services in particular education and mental, sexual and reproductive health care. In response, the CO convened the key government ministries and agencies to initiate discussions and arrive at a sustainable solution for the approximately 2,000 boys and girls in residential care facilities and juvenile institutions.

With the evaluation's information, children in state care were identified as a vulnerable and high-risk group in the implementation of the "ALL IN" programme. ALL IN is a platform for to inspire adolescents to support changes in government programmes and policy.

Efficiency Gains and Cost Savings

In 2015, the CO realized savings with the uptake of new or different communication tools, such as Skype for Business, Whatsapp and Voice Over Internet Protocol, along with the devaluation of the Jamaican dollar. The CO cut office telecommunications by 48 per cent. The 24 per cent decrease in data communication costs from 2014 can mainly be attributed to a 25 per cent discount that became due to UNICEF Jamaica for remaining in the contract with LIME the telecoms provider for more than three years.

Since January 2015, the Jamaican dollar devaluated approximately four per cent. Notwithstanding the devaluation, the office recorded a 54 per cent decline in expenditure for courier and pouch services compared to 2014. This could be attributed to the organizational processes where documents are scanned and attached in Vision and/or SharePoint sites. The CO also continued to benefit from a 35 per cent discount from DHL negotiated by the UN Operations Management Team.

Supply Management

The supply component of the CP was insignificant. Supply assistance fell by 84 per cent compared to the previous year. However, the local market remained robust and suppliers supplied the required goods on time and at competitive prices. Deliveries were made directly to partners as UNICEF Jamaica does not operate a warehouse.

UNICEF Jamaica 2015	Programme	Operations	Value in US\$
Supply	21,252	29,060	50,312
Services	91,252	40,972	132,224

The Ministry of Health (MOH) replenishes its Oral Rehydration Solution (ORS) stock by utilizing procurement services, and repeatedly expressed satisfaction with the quality, price and services.

In 2015 there was no declared emergency and therefore no urgent claim or request for emergency supplies.

Security for Staff and Premises

The collaboration with UNDSS provided the CO with clear guidance and services that contributed to staff safety and security. The security assessment completed in March highlighted both strengths and opportunities for improvement in office security arrangements. The assessment showed a delay in response by the local security forces, but the communication by the UNDSS colleagues with senior security officials resulted in weekly visits to the office by police personnel documented by a log book.

Another initiative implemented as a result of the assessment was the installation of an emergency key box for easy access and as a backup should the electrical door access system fail.

In response to the lessons learnt from the 2014 BCP exercise, the CO purchased an additional SAT phone which was tested during the 2015 exercise. The Resident Coordinator expressed appreciation for what he described as the best UN-wide BCP testing during his tenure, which was coordinated by UNICEF Jamaica in collaboration with PAHO and UNDSS.

The UN-wide security training options were utilized by UNICEF Jamaica staff members. Three staff members who attended the self-defence training provided feedback on its usefulness and reported they were more aware of the importance to be diligent in personal security. The exercise on medical emergency received excellent feedback on the methodology used to guide staff on the UN processes on the subject.

Human Resources

All staff performance appraisals were completed by deadline. Targets related to the GSSC were included in the performance objectives as were relevant training goals.

The staff retreat held in April accounted for 88.4 per cent of the staff training budget. Over US\$ 500 was allocated to a staff wellbeing seminar held in November. Three “Learning Afternoons” were observed which resulted in a 100 per cent completion rates of both the mandatory Integrity Awareness training and the HACT course on Agora.

UNICEF Jamaica continued its commitment to staff development with the renewal of seven licences for Rosetta Stone French and Spanish.

Four staff members were on stretch assignments with the aim of promoting professional development. Staff were deployed to Panama, Botswana and New York. UNICEF Jamaica in-

sourced a staff member on SLWOP to cover the Deputy Representative function for nine months. UNICEF also facilitated exchange of knowledge with the acceptance of a stretch assignment from UNICEF Iceland for three months in the area of Communications.

Five staff contracts that expired December 2015 were extended to December 2016. An Education Specialist was recruited in March.

Three Joint Cooperation Committee (JCC) meetings were held with the main agenda items being Global Staff Survey Follow-up Action Plan and the monitoring mechanisms to address action items from the staff retreat.

Evaluations of action items were completed at the Annual Review Meeting in December.

Effective Use of Information and Communication Technology

The use of Information and Communication Technology (ICT) tools continued to contribute to office efficiency and effectiveness. There was noticeable increase in the use of Office 365 (O365). Users were coached on the newly released Skype for Business. Desktop sharing, remote assistance and increased online meetings were a part of everyday business, supporting UNICEF's greening mandate.

The issuance of smartphones to all specialists extended the reach of the O365 tools to the palm of their hands. This gave them the ability to fully engage in social media activities that pertain to the CP.

UNICEF and Respect Jamaica partnered for a long-term engagement with adolescents and youth to support a cohesive, concerted, vocal effort by young Jamaicans to influence the national youth development agenda and the dialogue, largely through digital and social media. This effort will be led by "Y-klick" – a core group of adolescents and youth ages 15 to 25 years old who were mobilized from across the island to shape national debates on equitable development.

UNICEF Jamaica played a lead role in the UN-wide Business Continuity exercise that boosted competence of staff members with a refresher training on the use of Business Continuity tools for remote network access.

The office remained compliant with hardware and software standards and also migrated to the new Open Systems platform. Compliance with the requirements for the new online ICT office profile that was released in August 2015 was also achieved.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 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:

The GOJ/UNICEF Adolescent Health and Empowerment Programme made significant progress in the reporting period. Among the key achievements was the initiation of the All In Adolescent HIV Country Assessment that provided national partners with a more acute understanding of the impact of the HIV epidemic on adolescent boys and girls. Additionally, the evidence generated through the analysis has assisted in leveraging funds from the Global Fund to fight Tuberculosis, AIDS and Malaria to reduce vulnerability among key groups of adolescents. Through the implementation of the All In Agenda, Jamaica will continue to learn and share its experience in addressing HIV related issues for adolescents in the context of a mixed epidemic.

The MoH has completed key activities in its preparation for a Pan American Health Organization (PAHO)/WHO pre validation visit for its Elimination of Mother to Child HIV Transmission programme. Activities over the past three years have centred on ensuring that the country is meeting the standards for EMTCT and building capacity for improved reporting and monitoring within the public and private health sectors.

The MoH's implementation of a pilot of adolescent friendly standards within health facilities is at an advanced stage. Capacity was strengthened in seven sites to implement the measures to meet the revised standards. In tandem with this, the Government is now equipped with evidence to provide comprehensive health services including mental and reproductive health services and life skills education among vulnerable adolescents in state care through the completion of a behavioural surveillance study on adolescent girls in state run residential facilities. The results of the study will further strengthen the evidence base for a draft operational policy on the management of illness and promotion of wellbeing among children and adolescents in state care, and will assist in forging deeper relationships among the health, education and child protection sectors.

UNICEF Jamaica's work at national level of policy and programming continues to be informed by first-hand knowledge generated through the implementation of innovative programmes among adolescents and young people by key non-government partners. These civil society partners have contributed tremendously to the advocacy and programming agenda.

The models being implemented have revolutionized service delivery for adolescent girls and boys by demonstrating how civil society can work productively with government services. The CSO have filled key service gaps, boosted capacity and mobilized adolescents for increased uptake in services in the health, national security and education sectors.

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

Analytical Statement of Progress:

The Government of Jamaica's ability to effectively address the HIV epidemic among adolescents was significantly strengthened with the implementation of the All In Country Assessment on Adolescents and AIDS. A rapid assessment, which is phase one of the three phase exercise, provided an analysis of HIV data along with other aspects of adolescent wellbeing providing new insight for improved programming for adolescents and attracting financial resources to reduce vulnerability among key affected groups of adolescents through the Global Fund. All In has also provided a strategic platform for adolescent engagement in policy dialogue with the formation of an Adolescent Technical Working Group into the structure of its Enabling Environment and Human Rights Programme of the national HIV Prevention Programme.

The MoH initiated the pilot of its adolescent friendly standards in seven health facilities. Preparatory activities include capacity building of 70 administrative and service delivery health staff in the four Regional Health Authorities, and collection of baseline data has begun in all the sites.

Policy guidelines for the management of illness in residential child care facilities were drafted and reviewed. The guidelines provide clear instruction for staff on procedures for the care of children, particularly those with chronic and mental health related illnesses. The document also covers provision of appropriate information and services regarding sex and sexual health as well as substance abuse for children and adolescents in state care.

Since 2013, the Mother-to-Child Transmission (MTCT) rate has fallen below the two per cent benchmark. A UNICEF-supported bottleneck analysis was also conducted to identify and address issues relating to vertical transmission of syphilis and ensure virtual elimination of vertical transmission of syphilis.

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

Analytical Statement of Progress:

The knowledge and skills of vulnerable adolescents were improved through engagement in communities and in key government facilities.

More than 600 adolescent and young mothers received group education and counselling on HIV prevention through the Civil Society Organisation (CSO), Eve for Life Mentor Mom Programme being implemented in seven public health and three second chance education facilities in high HIV prevalence parishes. A total 61 adolescent girls living with HIV received emotional support and skills including treatment literacy, condom negotiation and nutritional support. These girls, most of whom are also teen mothers, are now also attached to one of three support groups established for adolescent and young mothers by the CSO. Some 75 per cent have received assistance to disclose their status to their families, thereby improving their base of support.

Due to the high rate of sexual abuse among its clients (40 per cent), the CSO launched the Nuh Guh Deh (Don't Go There) campaign to prevent sexual violence against girls. Through the outreach activities, more than 500 rural students were engaged and 2,000 community members reached through community meetings.

More than 200 adolescent and young males who have sex with males (MSM) accessed HIV-prevention skills, counselling and services with a programme implemented by civil society partner Children First; 225 adolescent and young MSM accessed life-skills training, building self-esteem and condom negotiation; 37 per cent accessed HIV Testing and Counselling. Ten adolescent MSM were reintegrated with their families after leaving due to perceived stigma and discrimination. This key population group is difficult to reach, as they remain highly mobile.

Life skills education including HIV prevention targeting 144 adolescent boys also advanced in two of four juvenile centres. The boys have also been trained in vocational skills.

School attendance rates among 92 adolescent boys and girls designated as long-term truants, have improved through targeted interventions with their schools, families and communities.

Another 45 families are currently being assessed for inclusion in the programme that is being implemented in deep rural areas

OUTPUT 3 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:

The MoH's ability to implement evidence-based programmes and policies for vulnerable adolescent girls was significantly boosted with the completion of two studies. 1) An Assessment of the Teen Pregnancy Clinic at Victoria Jubilee Hospital. The study found that that an effective team approach is being used to address the unique needs of adolescent mothers including psychosocial support and counselling to improve skills in infant nutrition and care, sexual reproductive health and wellness as well as counselling on returning to school. Additionally, results suggest that the programme has had an impact on repeat pregnancies – the repeat pregnancy rate over two years post-delivery was six times less than a comparison hospital. The client satisfaction rate was high with most adolescents reporting that they were treated with respect.

The National Family Planning Board in collaboration with the Child Development Agency commissioned a behavioural surveillance study on vulnerable adolescent girls in state care in two institutions participated. The results were startling:

- Half of the wards in the study reported suicidal ideation within the past year, while 46 per cent have attempted suicide.
- The mean age of first sex was 11.4 years. Just over 50 per cent agreed to sex on this occasion, while another 36 per cent reported that they were forced.
- One third (30 per cent) of the girls tested returned a positive test for at least one sexually transmitted infection.

A high level meeting was held in December involving critical stakeholders with shared responsibility for provision of services among children in state care.

Since the completion of an adolescent and youth suicide study, the MoH developed protocols for the management of suicidal behaviours in adolescents and have trained 250 health care workers in their application.

OUTCOME 2 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:

The two pronged approach of working at the community and the national level continued this year, with similar focal areas. Major achievements at the community level include the staging of the secondary screening component of Jamaica School Readiness Assessment, the readiness of two hospitals to be reassessed for Baby Friendly Hospital Initiative (BFHI) certification with one achieving certification in September, the successful piloting of the School Wide Behavioural Intervention Support (SWPBIS) framework and of the special needs curriculum for early childhood practitioners. The number of children exposed to violent treatment at school has not

yet been significantly reduced, however. At the national level, UNICEF Jamaica funded research continued to inform national policies and programmes and strengthen existing systems.

School-based interventions to reduce chronic absenteeism at the secondary level made significant progress during 2015 and led to a funded partnership expansion programme with Western Union. The implementation of game-based learning is gaining traction in the 2015-16 school years with the expansion of Edusport reaching some 11,762 students in 60 primary schools, almost double the original target of 5,000. Edusport is also linked to attendance patterns in rural Jamaica.

In September 2015, newspaper reports stated that of the 38,000 children who sat the grade 4 literacy and numeracy test, 86.5 per cent achieved mastery while the numeracy results showed 65.7 per cent of the 39,534 students who sat the exam achieved mastery. This implies that the MoE has reached its target of 85 per cent. The improvement is attributed to the staging of a mock exam earlier in the year and the continued deployment of literacy and numeracy coaches across all regions.

Despite the progress made, the challenges of slow implementation rates (especially as it relates to the drafting and finalisation of policy) and limited human resources, heavy procurement processes and weak capacity remain.

OUTPUT 1 By 2016, national and community systems 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:

Despite support from Programme for the Reduction of Child and Maternal Mortality (PROMAC), maternal mortality is rising in Jamaica moving from a proportion of 2.8 maternal deaths per 100,000 among females of reproductive age in 2005, to 3.9 in 2015. Potential causes include a rise in effects of chronic non-communicable diseases (i.e. obesity, high blood pressure, diabetes) and post-partum haemorrhaging. As a result, the MoH is emphasising greater focus on healthy lifestyles before and during pregnancy.

Work continues towards BFHI certification nationally as part of the 2014 National Infant and Young Child Feeding Policy. Compliance with BFHI criteria features prominently in this policy and should provide some impetus to move Jamaica towards re-attaining BFHI in its hospitals. In 2015, some 300 hospital staff and members of breastfeeding support groups increased their knowledge on BFHI standards, bringing the total number trained during the current country programme close to 1,500. Two of the eighteen eligible hospitals were pre-assessed in the first half of 2015. Both had three criteria to address prior to their formal certification visit. As of December 2015, both hospitals had met the outstanding criteria and one was assessed and achieved certification. This is considered to be significant progress as now that at least one hospital has achieved BFHI certification, others should learn from its strategies and be able to work more strategically towards achieving their certifications.

Regarding exclusive breastfeeding (EBF), the Breastfeeding Week this year focused on support for breastfeeding in the workplace and a number of technical, community and media events were held explaining the health benefits of EBF. Strategies were shared to craft a 2016 action

plan for greater advocacy at the parliamentary level as well as within employers' federations.

Interventions under this output could be additionally challenged by weak capacity among some hospitals to meet all of the required BFHI criteria.

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:

The 'Staying Schooled in Western Jamaica' attendance project, a partnership with Western Union, continued in targeted schools with nine of 24 schools reporting regularly. The nine serve 7,000 students in parishes with some of the lowest attendance rates: Westmoreland, Hanover and St. James. Each established gardens and chicken-rearing to supplement existing food programmes and increased the number of children provided with breakfast and/or lunch: 602 children were directly impacted to date. To garner support, UNICEF Jamaica shared the attendance project story in a series of Western Union town halls throughout the North American diaspora. This resulted in a September-December donation drive in diaspora locations. The nine schools submitted expansion proposals generally focused on gardens and chicken rearing enterprises. Work began to complete these additional projects in the September term. Data showed some increase in attendance. Additional data will collect six months following the Western Union donation campaign.

In 2014, the game-based teaching and learning program, Edusport, run by Breds, the Treasure Beach Foundation, was implemented in nine schools impacting some 1,200 students, and teachers and parents. A late 2014 informal assessment noted that student attendance was higher on Edusport days, student behaviour was thought to have improved and that Edusport positively impacted on students' attitudes towards learning and school. Edusport expanded to 60 primary schools in the 2015-16 school year, targeting 11,762 children. All 27 coaches were trained in child development, pedagogical methods, child protection methods and first aid. They are also on target to complete police background record checks. Equipment was delivered to each participating school and a teaching manual comprised of Edusports games linked to the Health and Family Life Education (HFLE) curriculum is being developed. The now annual Edusport summer festival was also held with some 230 teachers and students from the original Edusport schools attending.

Baseline data was collected in close cooperation with the MoE regional office responsible for St. Elizabeth. Teachers and parent volunteers were trained as coaches to enable sustainability.

During this period the UNICEF-supported Guidance Counselling Policy was finalised internally by the MOE and implemented. A School-wide Positive Behaviour Support Intervention System (SWPBIS) was proceeding on target, with support from UNICEF Jamaica. In May 2015, a training equipped 176 teachers, guidance counsellors, principals, education officers with a greater awareness of guidelines that promote psycho-social health and pro-social behaviours across the system. A high level MOE meeting was also held to discuss progress and challenges of SWPBIS in Jamaica. A monitoring team continued to provide individual school and regional feedback: revealing that some schools have SWPBIS teams but others are in need of more active SWPBIS coaches to establish the teams and the framework.

Interventions under this output were challenged by weak capacity among some schools and a similar slow adoption process may challenge the expansion of Edusport.

OUTPUT 3 By 2016, stronger national systems to identify children with disabilities and increased support for children with disabilities in targeted communities.

Analytical Statement of Progress:

During this reporting period, the special needs curriculum for vocational qualifications and capacity-building pilot continued with 40 early childhood practitioners enrolled in an 18 month course, five having dropped out due to personal challenges. The curriculum aims to improve service delivery for children at the EC level with special needs. Outputs from this pilot, that ends in mid-2016, will enable the finalization of the curriculum for national offering.

In addition, a national special-needs curriculum was developed and piloted in a number of government run special needs schools. Feedback is being incorporated into the final version, which includes sets of supporting materials, slated for roll out in 2016.

All children with at least one problem in literacy and numeracy behaviour were referred for secondary screening conducted in June 2015. The participation rate, 116 children, was a little lower than expected but a result of time constraints and transportation challenges to the assessment sites. The secondary screening provided an opportunity to validate the JSRA and revealed that 54.1 per cent of the children assessed were performing at the preschool level or below on one or more domains. Specifically, 50.9 per cent of children were classified with an early numeracy problem, 44.8 per cent with an early literacy problem and 34.5 per cent with an approach to learning (behaviour) problem. The validation exercise confirmed the use of both the JSRA and the secondary screening tool, the ASQ-J and recommended other easily accessible tools to complement them. The feasibility of the JSRA's administration was also tested. Teachers strongly supported the implementation of all tools, and found them to be very beneficial in identifying children who needed further evaluation. The high participation level of parents when invited to have their children tested and when requested to return for their results indicated strong parental support. The next stage is to discuss recommendations for the national implementation plan for the JSRA.

UNICEF also Jamaica collaborated with the national privately-owned Television Jamaica (TVJ) station, on the production of a novel pilot programme targeting children aged three to eight. This innovative programme is the first of its kind on local television and is directly linked to improving developmental readiness and an awareness of child rights including the rights of children with disabilities. It aims to supporting an attitude shift towards children with special needs who as a result of the JSRA will be more readily identified and in need of support, not only from their families but from their teachers and fellow students. The programs began airing with aligned social media promotion in October 2015.

OUTPUT 4 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:

During this period, UNICEF Jamaica continued to provide technical assistance to the National Vision 2030 Education sector committee that reviewed education data and sector reports based on Vision 2030 indicators which are aligned to the MOE's National Strategic Plan. That plan, The Medium Term Socio-Economic Policy Framework 2015-18 received cabinet approval in November 2015. In addition, the results of the UNICEF Jamaica supported studies listed below were impacting policy and programming across sectors aiming at improving learning environments and psycho-social health:

1. The 2014 Situation Analysis of Effective Parenting in Jamaica was used as the basis for developing the National Parenting Support Commission's three year Strategic Plan.
2. The study on chronic absenteeism in schools that serve the CHOICE communities provided baseline data for the Staying Schooled in Western Jamaica project targeting improved attendance, paving the way for a partnership funding drive to continue to support the best performing schools. A related Attendance Policy is under review at the MOE.
3. Infant and Maternal Mortality and Morbidity data from the national birth cohort study was turned into a number of articles published in national and international journals including the "International Journal of Environmental Research and Public Health," and "BMC Pregnancy and Childbirth."
4. Research on bullying was completed and resulted in the establishment of a multi-sectoral Anti-Bullying Initiative Technical Advisory Committee (ABITAC) aimed at monitoring the implementation of a number of the research recommendations as well as to provide oversight for the formulation of a National Anti-Bullying Policy and/or Plan of Action.
5. A number of guidance and counselling related policies are in development and UNICEF Jamaica has provided feedback on some of these (i.e. the Guidance and Counselling Policy, the revised Management of HIV in Schools Policy, the Safe Schools Policy and the Attendance Policy, the Special Needs and HFLE policies).

OUTCOME 3 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:

The child protection sector experienced challenges and also some positive developments.

The Ministry of National Security's Jamaica Crime Observatory continued to function well and produced age-disaggregated data on violent crime.

The Reducing the Juvenile Population in State-supported Institutions in Jamaica project was completed. It provided an interesting foray into child diversion programming and most probably contributed to the 26 per cent reduction in the juvenile population in state-supported institutions over the implementation period. The project also identified gaps in the provision of health, including mental health services for the children and adolescents in state care.

The Jamaica Constabulary Force finalized a Child Interaction Policy and Procedures (CIPP) that will be a blueprint for police officers of all ranks. To ensure that it is fully operational, the document will be incorporated into the Police Force Orders and the curricula of the National Police Staff College's human rights training programmes.

The hospitality industry took renewed interest in the Code of Conduct for the Protection of Children from Sexual Exploitation in travel and Tourism and UNICEF Jamaica has agreed to facilitate the work of the office of The Code in Jamaica. The Grand Palladium Hotel became a member in 2015.

A partnership was forged with the West Indies Cricket Board: approximately 400 coaches of cricket and other games will be certified as having the capacity to protect the rights of the children they teach in line with principles underpinning Child Protection and Safeguarding in Sports.

OUTPUT 1 Improved planning, coordination, collaboration mechanisms and networking arrangements in place to strengthen the Child Protection system.

Analytical Statement of Progress:

Following UNICEF Jamaica's 2014 Mid-Term Review, it was decided to not proceed with an assessment of the child protection sector in Jamaica. Consequently, funds were re-allocated to other initiatives where intervention was required to strengthen the child protection sector. These included the formulation of joint UNICEF-Office of the Children's Advocate (OCA) plans to more effectively articulate and strengthen knowledge leadership on safety and justice for children. The initiative will also help UNICEF Jamaica as the office prepares for a new country programme in 2017 that will take a more focussed approach to safety and justice. The OCA has welcomed the opportunity to engage the Jamaican public in discussions around violence against children and further sensitize the judiciary regarding CRC application in child justice.

UNICEF Jamaica partnered with The West Indies Cricket Board to promote CRC application in coaching; and the existing partnership with the Ministry of National Security was expanded to commence support to community-based interventions to interrupt violence against children and by children in rural "hot spot" communities.

OUTPUT 2 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 (RJPSI) Project was evaluated after the project ended in July.

Findings indicated that a reduction by 26 per cent of the child population in state-supported institutions occurred between 2012 and 2014 (2,332 to 1,714). While this cannot be directly attributed to the RJPSI project, strengthened capacity of the institutions during this period as a result of the project was evident. During the project, a total of 467 children in state care (260 boys) and (207 girls) were screened to determine their mental health status. Of this number, 83 children were diagnosed with serious psychological disorders. More than 50 per cent of those treated had experienced various forms of abuse. Over 60 per cent of those screened were found to be facing psycho-social challenges. Knowledge of the mental health status of the children in state care was particularly relevant and useful.

Tools introduced by the mental health team are now being used by the CDA and the Metcalfe Street Juvenile Correctional Centre and will be introduced in other institutions. The findings, recommendations and mobile mental health sustainability plan will be utilized by the main implementing partners which include the CDA/Ministry of Youth and Culture, the MoH and the Department of Correctional Services (DCS)/MNS, as well as the Ministry of Justice.

OUTPUT 3 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:

Significant progress was made with CRC-based policy development by the Jamaica Constabulary Force (The Child Interaction Policy and Procedure) but gaps persisted in other sectors; e.g. the National Child Diversion Policy (NCDP) and the proposed revisions to the Child Care and Protection Act (CCPA) remain pending.

The UNCRC in its Concluding Observations of the GOJ's 3rd and 4th Periodic Reports urged the State to finalize the review of the CCPA and encouraged the use of diversion. The establishment of the diversion policy and the revision of the CCPA would facilitate the creation of child-friendly environments and processes in the justice system and ensure that duty bearers, including the State, are held more accountable for the violation of child rights.

The UNCRC also raised the issue of the illegal detention of children in lock-ups. However, the Ministry of National Security indicated that during the period January-October 2015 there was a total of 15 boys held in police lock-ups and they were on remand. There were no girls held in lock-ups. This represents a significant decrease from the baseline figure of 116 boys and girls (2010). The reduction is possibly due to the collaborative work of the Jamaica Constabulary Force and CDA. During 2014, CDA reported that it made weekly visits to police stations island-wide to monitor the detention of persons under 18 years and provide interventions.

OUTCOME 4 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:

Monitoring and Evaluation activities across the Country Programme provided important information on key vulnerable populations among children and adolescents. The availability of these data has provided a launching pad to advocate for improved services to these groups and support recommendations made in the recent Concluding Observations on the CRC for Jamaica. In particular the vulnerabilities of children in state care were highlighted which corroborates the recommendations of the CRC for the allocation of adequate resources to facilitate the rehabilitation and social reintegration of children in these residences.

UNICEF Jamaica-supported initiatives led to adjustments being made to monitoring mechanisms in the HIV sector to ensure that data can be disaggregated for the adolescent population. In addition, system improvements to the Vision 2030 on-line monitoring dashboard in 2015 have provided increased access to disaggregated data associated with the monitoring indicators of the national development plan. Sustainable updates of the Child Protection Database are still challenged by the data management and human resource capacity of the contributing agencies.

UNICEF Jamaica is increasingly focusing its public engagement on issues of safety and justice, with emphasis on violence against children, which remains a significant cause of public alarm and debate. This year, UNICEF Jamaica and partners launched a media campaign to encourage reporting on child abuse, based on evidence generated by a national Knowledge, Attitudes, Practices and Behaviours study. The campaign used a multi-platform approach on both traditional and social media, and engaged key influencers with a clear call to action. UNICEF Jamaica needs to continue increasing its voice leadership and public advocacy in the area of safety and justice. In keeping with the global strategy, we are investing in a new partnership for a long-term engagement of adolescents and youth, which has the potential to leverage private sector resources and to use digital media in more innovative ways.

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

Analytical Statement of Progress:

Violence against children was a main focus area in 2015. UNICEF Jamaica led a multi-stakeholder partnership with other UN agencies to support an on-going sexual violence prevention initiative involving both community and national-level efforts. This included engagement with key influencers among the millennial age group – opening our reach with a younger audience. UNICEF Jamaica was also central in the Break the Silence campaign (in keeping with regional #ENDViolence messaging) executed on both traditional and social media platforms with the involvement of media personalities and other celebrities. UNICEF Jamaica played a key role in negotiating support for the campaign from the country's leading media conglomerate. UNICEF Jamaica entered into a new partnership with Western Union for an initiative to increase school attendance in rural Jamaica, and collaborated with the leading TV station to launch a home-grown programme for young children about rights. A promising new effort, devised in line with the global public engagement strategy for 2015, is the island-wide mobilization of adolescents and youth to lead an advocacy movement at the national level primarily through digital media.

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:

Increased access to data on national development was provided through enhancements to the on-line Vision 2030 dashboard. The dashboard provides an on-line assessment of progress towards national indicators and targets outlined in Jamaica's National Development Plan - Vision 2030. Time-series data values associated with each indicator are now available for download from the website, allowing for increased analysis by stakeholders including civil society and the media. Improvements also included the addition of indicators that reflect education outcomes for children, prior to this there were no indicators which specifically addressed children.

UNICEF Jamaica advocacy for government ownership of data collection processes to address data gaps particularly in SRH, has resulted in the formulation of a multi-agency steering committee which has begun to examine the improvement of existing surveys to address some of the issues and to prepare a cabinet submission requesting funds for a national household survey. Data gaps are created when timeliness, quality and/or accuracy of the data produced are below par. In the case of Jamaica there were significant delays in the execution of national household surveys that have historically provided information on Reproductive Health, HIV, Infant mortality and Child Labour among others. Jamaica's robust statistical data systems do not address the data delivered by these surveys supported by external funding. The Government has also communicated its financial constraints in implementing such a survey. The CO proposed a cost sharing funding arrangement and will seek to identify funding support for MICS 5 implementation in 2016.

An evaluation of the Reducing Juvenile Population in State Institutions (RJPSI) project has documented evidence on the mental health status of children in the custody of the state, namely those in residential care facilities (RCCFs) and juvenile institutions. Provision of Mobile Mental Health Services to app. 500 children in 11 RCCFs and two juvenile institutions have shown the

systemic gaps in the delivery of mental health care to this vulnerable population. Approximately 50 per cent of the children screened required further psychological assessments. Additionally important data disaggregated by age and for vulnerable at risk adolescent populations was generated through re-analysis of existing survey and administrative data sets for the All In rapid assessment. This information has significantly impacted the decision-making process around HIV programming for adolescents, including the adjustment of data collection processes to capture monitoring information on the adolescent and transgender populations. The process has also provided a clearer understanding of data gaps that exist.