“Reducing Violence Against Children: A multi-country evaluation of UNICEF-led interventions in the Latin America & Caribbean region”

- LRPS 2018-9144552 -

-Evaluation Report-

JAMAICA

16 October 2019
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ACKNOWLEDGEMENTS

This evaluation could not have been conducted without the support of UNICEF’s team in Jamaica. Their contribution to the design and development of this evaluation exercise and their inputs have been critical for reaching the findings and conclusions presented in this report.

We would also like to especially thank Judy Taylor (national consultant) and Donneth Edmondson (UNICEF Jamaica) for their support in the organisation and development of the field work. Without them both it would not have been possible to learn, understand and collect so much information during the visit.

We would also like to deeply thank all the people who have participated in the interviews and group discussions. In particular, our gratitude goes to the professionals who work in governmental institutions and in civil society organizations for kindly sharing their expertise, opinions and experiences with us.

The findings presented in this evaluation report represent the opinions of the authors and do not necessarily represent the views of UNICEF.

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## LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>BGA</td>
<td>Bureau of Gender Affairs</td>
</tr>
<tr>
<td>CCPA</td>
<td>Child Care and Protection Act</td>
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<tr>
<td>CDA</td>
<td>Child Development Agency</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
</tr>
<tr>
<td>CISOCA</td>
<td>Centre for the Investigation of Sexual Offenses and Child Abuse</td>
</tr>
<tr>
<td>CO</td>
<td>Country Office</td>
</tr>
<tr>
<td>CPFSA</td>
<td>Child Protection Family Service Agency</td>
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<tr>
<td>ESSJ</td>
<td>Economic and Social Survey of Jamaica</td>
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<tr>
<td>EFL</td>
<td>Eve for Life</td>
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<tr>
<td>FBO</td>
<td>Faith-based organisations</td>
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<tr>
<td>FFP</td>
<td>Fight for Peace</td>
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<tr>
<td>GAP</td>
<td>Gender Action Plan</td>
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<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
</tr>
<tr>
<td>GOJ</td>
<td>Government of Jamaica</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HFLE</td>
<td>Health and Family Life Education</td>
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<tr>
<td>JCF</td>
<td>Jamaican Constabulary Force</td>
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<tr>
<td>JCO-ICVIS</td>
<td>Jamaica Crime Observatory Integrated Crime and Violence Information System</td>
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<tr>
<td>JCSC</td>
<td>Jamaica Civil Society Coalition</td>
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<tr>
<td>JFJ</td>
<td>Jamaicans For Justice</td>
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<tr>
<td>LACRO</td>
<td>Latin America and the Caribbean Regional Office</td>
</tr>
<tr>
<td>MDA</td>
<td>Ministries, Departments and Agencies</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
</tr>
<tr>
<td>M&amp;E&amp;L</td>
<td>Monitoring, evaluation and learning</td>
</tr>
<tr>
<td>MNS</td>
<td>Ministry of National Security</td>
</tr>
<tr>
<td>MOE</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MOCGS</td>
<td>Ministry of Culture, Gender, Entertainment and Sport</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>NPACV</td>
<td>National Plan of Action for an Integrated Response to Children and Violence</td>
</tr>
<tr>
<td>NPFB</td>
<td>National Planning Family Board</td>
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NPGE | National Policy for Gender Equality  
---|---
NSAP-GBV | National Strategic Action Plan to Eliminate Gender-Based Violence  
OCA | Office of the Children’s Advocate  
OCR | Office of the Children’s Registry  
PIOJ | Planning Institute of Jamaica  
PMI | Peace Management Initiative  
SDG | Sustainable Development Goals  
SWPBIS | School-Wide Positive Behaviour Intervention Support  
TOC | Theory of Change  
TOR | Terms of Reference  
UNAIDS | Joint United Nations Programme on HIV/AIDS  
UNDP | United Nations Development Programme  
UNICEF | United Nations Children’s Fund  
UNFPA | United Nations Population Fund  
UN Women | United Nations Entity for Gender Equality and the Empowerment of Women  
UWI | University of West Indies  
VAC | Violence against children  
VPA | Violence Prevention Alliance  
VAWG | Violence Against Women and Girls  
WHO | World Health Organisation  
WROC | Women’s Resource Outreach Centre
EXECUTIVE SUMMARY

Background and context

The protection of children from all forms of violence is a fundamental right guaranteed by the Convention on the Right of the Child (CRC) ratified by Jamaica. While data is inadequate, there are enough studies and reports to indicate that violence against children (VAC) is a structural problem that occurs at all levels and in all contexts, and that the number of children in need of special protection has grown over the last few years in Jamaica. The causes are complex and multicausal, and VAC has important linkages with gender-based violence (GBV). Both represent a violation of human rights as well as serious public health problems and barriers to the integral development of survivors. Gender inequalities are cause and consequence of VAC since power relations are forged from early stages.

In order to tackle this problem and to fulfil international and national commitments, Jamaica has taken a number of measures to address VAC (including GBV) and developed national policy frameworks and programmes in this regard. UNICEF Country Office (CO) has included in its programming actions to support the implementation of actions and advocacy to address VAC.

Object of the evaluation

This evaluation aims to assess the work done by UNICEF Jamaica in the field of VAC. Given the broad object of the evaluation, four interventions were selected to narrow the scope to gang violence and sexual violence of children in the period 2015-2018: (i) Violence Interruption Programme, (ii) Psychological First Aid project; (iii) “I am Alive! An integrated approach to addressing sexual violence and HIV prevention, care and support for adolescent girls and young women in Jamaica” programme, and (iv) Support to the Jamaica Crime Observatory – Data Management project. Anyhow, an attempt was made to widen the look with other interventions that serve to understand the country logic in the prevention and elimination of VAC (e.g.: school-wide positive behaviour intervention and support and legal and advocacy initiatives). The target population of these interventions are mainly boys and girls between 15-19 year of age in volatile communities (in some cases they consider younger children aged 7-8 and above as they are promoting prevention strategies).

Purpose, objectives and scope

The purpose of this assignment was to conduct a formative evaluation of UNICEF’s strategies in response to VAC in the country. The evaluation was expected to generate knowledge on programmes and approaches used to address different types of VAC. Its objectives were to identify lessons learned and to provide insights of UNICEF’s strengths and weaknesses to make recommendations for future programming to emphasise the commitment with the integration of gender equality approach in its work on VAC. Criteria covered by this evaluation were relevance, efficiency, effectiveness and sustainability. The criterion of impact was not included since many of the programmes were still ongoing (and therefore assess impact-level change was not possible) and the cost-efficiency analysis of the interventions under review was not carried out due to limited data availability in this regard.

Methodology

The evaluation used a mixed methods approach (quantitative and qualitative) and triangulation of findings from various sources. The assessment was guided by an evaluation matrix with key questions, indicators, and data sources. The main approaches considered were: evaluation oriented toward utility, gender approach, rights of the child, participatory, inclusive and conformed to the ethical
principles. The socioecological model for understanding violence against children was used to frame the analysis and findings in this country evaluation, considering gender analysis in all layers. The evaluation faced a few limitations that were to the extent possible mitigated by the evaluation team. These include: 1) difficulties in order to clarify the object of the evaluation with regional and country consensus, 2) information / evidence constraints and the lack of data disaggregated by sex have conditioned gender analysis, and 3) limited participation of the target population due to time restrictions.

Summary of key findings

Relevance

The objectives of UNICEF CO in Jamaica’s work are aligned with country needs, national priorities, legal and normative frameworks regarding VAC, including some types of GBV, such as sexual abuse, and with international and regional norms and standards. The alignment within the national context is adequate with respect to national plans and priorities and the scope of the problem as defined in several research and studies. The CRC guides UNICEF’s work and strategies on VAC and CEDAW and the Convention “Belém do Pará” in some extent. There is room for improvement by highlighting the different types of GBV connected to VAC (internal trafficking and sexual exploitation, for instance) and by being more explicit in addressing sexual violence against children.

Regarding internal coherence to cover a broad-based approach on VAC-GBV, country programming logic on VAC mainly addresses direct interventions at micro level (through CSOs) and at macro level (legal and policy advocacy), and with less intensity cover the meso level (community and society level). Education, Health, Justice and Safety sectors are considered in UNICEF’s VAC strategies but social protection and economic rights are vague, and the general approach leans towards mitigation (reducing the severity, seriousness, or painfulness of the problem) rather than prevention (stopping something from happening or arising, considering its causes).

Gender mainstreaming is increasingly important within the work of UNICEF CO in Jamaica and they have reinforced their commitment with a gender programmatic review currently ongoing by Headquarters in New York. However, the capacities to ensure gender mainstreaming are still limited and interventions do not always analyse connections between gender inequalities, VAC and GBV. There is better understanding about gender-targeted approaches than about gender-integrated approaches. While improvements were introduced in disaggregated data availability (not fully achieved yet), the absence of strong local partners to drive activities on gender and children issues is challenging.

Efficiency

There is sufficient evidence to suggest that management of resources on VAC programming has been efficient, compared to results achieved, especially considering the extremely limited funding available. The lack of human resources remains a concern in some situations as the complexity of the problem (VAC-GBV) requires adequate amount of expertise to achieve the expected outcomes in a concrete period of time. While some progress has been made in increasing the allocations to address VAC in the country and in particular in UNICEF CO, real impact requires much more investment.

UNICEF CO internal coordination and communication mechanisms flow to assure a shared vision and operationalise commitments on VAC, which is a top advocacy priority at country level “to prevent, mitigate and address violence and other childhood abuses”. Major efforts are needed to mobilise more
resources and to ensure its allocation to all sectors working to prevent and address VAC. While UNICEF CO has produced a wide variety of publications and research on VAC, there is scope for improvement of knowledge management and to learn from experiences and approaches in addressing VAC. Gender-sensitive indicators remain a key issue to strengthen gender analysis in M&E&L systems.

Multi-sectoral coordination was highly demanded by all evaluation participants to achieve better outcomes of VAC interventions and national plans. While there are improvements in the coordination between two or three stakeholders in their responses for VAC prevention, there is still insufficient multi-sectoral coordination to match expectations related to national planning and commitments on VAC-GBV. UNICEF CO already plays a role to some extent by coordinating multidisciplinary steering committees for projects they fund so they could take more of a lead in collaborating multisectoral partners in children protection and care. Implementation and monitoring also represent a challenge.

**Effectiveness**

UNICEF CO performance on advocacy and partnership is strong in achieving legal and political changes, although due to the scope of the VAC-GBV problem much more needs to be done and implementation and enforcement are key issues in this regard. UNICEF played a very important role in the development of the Child Diversion Act, in the definition of the NPACV 2018-2023, and the Jamaica Pathfinder Road Map for Ending VAC, among other policy documents. Capacity building was promoted to strengthen the child interaction capacity of the police in order to deliver child-friendly service. However, there is room for improvement in multisectoral coordination and capacity-building at decentralised level (parishes) as much of the activity is concentrated in Kingston-administrative level. There are achievements in child-centred projects at individual level and, performance in communities, households and families is “work in progress” and remains challenging.

Results in the area of social norms and gender inequalities are not yet fully achieved. Many gaps remain regarding initiatives for changing social norms to prevent and respond to VAC such as: the scope of issues addressed (with a more explicit reference to GBV connected to VAC, for instance), geographic coverage and determining the actual impact of methods to bring about behavioural change.

There has been progress during the evaluation period in data collection and use, and there is a shared recognition of the need for evidence-based results reporting to demonstrate changes and inform prevention and response to VAC. Nevertheless, weaknesses in monitoring (including setting a baseline for monitoring) and documenting models are noticeable and will need considerable attention in the future.

**Sustainability**

Some results achieved with respect to systems strengthening at the national levels are likely to be sustainable. Progress has been made towards strengthening institutions, capacities and ownership. Concerted annual planning and assignment of roles and responsibilities across sectors to prevent and respond to VAC are, however, limited at parish level.

Further expansion of VAC prevention and response efforts within the different parishes is likely to be hampered by the absence of specialised partners. Scaling up may involve supporting existing partners in rolling out manuals, tools and training to deepen each area of the programme focusing on preventing and responding to VAC-GBV (psychosocial, educational, socioeconomic support, gender-child-sensitive planning and budgeting, C4D, M&E&L, etc.). Thus, it could be easier to replicate the
strategies in ensuring family interventions that connect children rights with their environment. For the purposes of replicating and scaling up in other parts of the island, systematizing experiences and documenting successful models would be an asset.

Recommendations

Recommendation 1: **Support the Government of Jamaica to operationalise the National Plan of Action for an Integrated Response to Children and Violence – NPACV 2018-2023 with the design of an Annual Operating Plan and its monitoring system.**

Implementation of this recommendation should include:

- Developing protocols to share annual operational plans of the NPACV and tools to monitor and assess the progress on its implementation.
- Promoting and disseminating information to stakeholders and the public concerning the purpose and content of the NPACV and the aims and functions of the governance/implementation machine.
- Supporting the monitoring process of the implementation of the plan and the body established to assure the accountability.
- Accompany the Permanent Technical Secretariat of the Plan until its formalisation and institutionalisation.
- Supporting annual reviews and discussions on progress achieved during the implementation of the NPACV.
- Supporting the budgeting definition (finalisation of the cost for implementation) of the NPACV.

Recommendation 2: **Sharpen the focus of the VAC programme thematically and geographically with the aim of achieving buy-in and scalability of the results.**

Implementation of this recommendation should include:

- Focusing on institutions and capacity strengthening, down to the service provision level in the selected parish/es to ensure child-friendly gender-sensitive spaces.
- Increasing UNICEF CO’s financial and human resources to provide technical assistance to achieve outcomes on VAC-GBV at different level and sectors (connecting areas and strategies): education; health; social protection; C4D; gender mainstreaming; monitoring and evaluation for learning purposes; etc.
- Addressing changes in social norms and gender inequalities.
- Ensuring that all children, especially children with specific vulnerabilities to VAC, are receiving the support they need.
- Creating linkages between VAC interventions and social protection and economic strengthening programmes.
- Emphasising evidence-based development and capacity strengthening of local systems to prevent and respond to VAC-GBV.
- Defining a few strategic indicators to provide evidence and a strong monitoring system for its follow-up.
- Systematizing experiences and providing cost-effectiveness analysis.
• Scale up efforts to support communities to establish VAC protocols (child protection policies, community safety plans) and referrals systems to better protect children from all forms of violence.

Recommendation 3: **Improve the focus on gender equality approach within the VAC interventions and gender mainstreaming in programmatic review.**

Implementation of this recommendation should include:

• Increasing gender capacities of all UNICEF CO staff through specialised thematic training (gender and education, gender in programmatic review, gender and VAC-GBV, etc.). Basic training can be done online via Agora platform and specialised face-to-face with different methodologies.

• Creating a repository on VAC and gender (with tools, best practices, gender-transformative indicators, etc.) available for all.

• Defining gender-sensitive indicators in each intervention/initiative to improve gender-sensitive monitoring systems and analysis. Previously, indications regarding the need for disaggregated data is required.

• Using mixed strategies to push gender equality changes such as holding separate and private conversations with boys and girls (e.g.: boys on toxic masculinity, girls on empowerment and identifying harmful practices, etc.).

• Connecting international and national gender standards to the VAC planning.

• Including women’s and gender specialised NGO/CSOs to VAC debates and discussions.

• Disseminating to implementing partners and line ministries adapted tools and materials to stress the gender and age appropriate approach for the implementation of initiatives/project/programmes/strategies.

Recommendation 4: **Mix strategies to ensure gender-targeted approaches with gender-integrated approaches to report VAC programming and actors.**

Connected with recommendation 2 and 3, the implementation of this recommendation should include:

• Supporting more VAC programmes explicitly targeting sexual violence with a special focus on girls, going beyond its consequences (unwanted early pregnancies, feminisation of HIV transmission, etc.) and introducing actions to prevent its causes.

• Supporting VAC programmes that demand a greater level of integration of the gender equality approach in their programming: planning, monitoring and evaluation (to ensure that gender aspects are well reflected. E.g.: gang violence programmes).

• Sharing referral models (i.e. for sexual violence) and data base case management.

• Strengthening the actors involved to ensure child friendly gender sensitive spaces (e.g.: CPFSA, CISOCA…).

• Expanding the map of partners with women’s organizations that assume commitment in the fight against sexual violence attending to the life cycle and age approach.

• Fostering gender programming within the organisations involved in the zones of intervention selected, guaranteeing the principles of equality, non-discrimination and participation while contemplating the needs of the target population.

• Fostering gender-age-sensitive monitoring and budgets.
Recommendation 5: Continue to take a comprehensive and multi-level approach to violence prevention at all stages of children’s lives – from early childhood to adolescence - by strengthening key components of the child protection system while at the same time promoting positive social and behavioural change for equality and reducing drivers that may lead to VAC.

Implementation of this recommendation should include:

- More emphasis on the structural change that would support prevention, such as challenging gender norms, increasing positive parenting training and supporting local economic development.
- Greater efforts to identify and integrate local supportive social norms in the prevention and response to VAC, carried out through participatory processes with the target population.
- Integrating prevention more firmly into the systems approach through collaboration with governments and CSOs to design and implement actions.
- Developing a C4D and social mobilisation strategy based on evidence-based programmes that promote gender-equitable norms, attitudes and behaviours.
- Establishing/ supporting community advocacy platforms to develop strategies and programmes, including community dialogues, public information and advocacy campaigns, to promote social norms and behaviours change towards VAC.
- Working decision makers in relevant non-state institutions and key informal decision makers
- Develop multi-pronged prevention interventions that mutually reinforce each other and include analyses of power and gender norms.

Recommendation 6: Strengthen evidence-based decision making on VAC programmes documenting models and systematise good practices in VAC, promoting knowledge management and institutionalising assessment exercises.

Implementation of this recommendation should include:

- Supporting evidence generation on VAC prevalence and conduct in-depth analyses of the various types of VAC and their drivers in different national settings (including sexual and intimate partner violence);
- Strengthening national VAC monitoring and evaluation systems to collect, promote and support the use of practical protocols to aid measurement of results on VAC.
- Increasing data literacy among decision makers and strengthening the capacity of the national statistical system to disseminate and use quality disaggregated data on specific forms of VAC.
- Using information to feed back into and improve systems functioning by embedding a culture of monitoring and evaluation for learning purposes in all child protection work.
- Involving all key stakeholders at global to sub-national levels, including development agencies, government representatives, civil society groups and other non-state actors in M&E&L.
- Providing specific budget lines for the systematisation of models and experiences.
- Sharing information of M&E&L throughout a networking platform.
- Linking the platform to the #Endviolence campaign site (within the Spotlight initiative).
- Using the platform to develop greater coherence and clarity on VAC issues and strategies as well as to improve the effectiveness and efficiency of actions undertaken.
INTRODUCTION

This evaluation report has been conducted within the framework of the evaluation process “Reducing Violence against Children: A Multi-Country Evaluation of UNICEF interventions in the Latin America and the Caribbean (LAC) region” commissioned by UNICEF Latin America and the Caribbean Regional Office (UNICEF LACRO).

Violence against Children (VAC) is a priority in the UNICEF LACRO Management Plan for 2018-2021. UNICEF is supporting governments to strengthen and expand their social services infrastructure and case management systems, and is also working with communities to increase their capacity to protect children.

In order to learn from its experiences addressing VAC, UNICEF LACRO commissioned an external evaluation that aimed to assess specific UNICEF-led initiatives and strategies to prevent and reduce violence against children. This evaluation seeks to identify the strengths and weaknesses of the different approaches and strategies used, with a special focus on gender-based and sexual violence against girls aged 10-18 years.

This multi-country evaluation includes five country evaluations and a mapping of interventions carried out in ten additional countries in the region. During the inception phase and in agreement with UNICEF LACRO, the Jamaica office was selected for a country evaluation. It was also decided that in this case the evaluation would focus on all the initiatives launched by the UNICEF Country Office (CO) to prevent armed and sexual violence of children during the 2015-2018 period.

This evaluation exercise was conducted between the months of May and August 2019.

The structure of the report is divided into four main sections:

i) Background and context of VAC in Jamaica;

ii) Description of the scope of the evaluation process (purpose, objectives, methodology, limitations and ethical considerations);

iii) Findings: analysis of the information and evaluation results using the following evaluation criteria - relevance, efficiency, effectiveness and sustainability of UNICEF’s work.

iv) Finally, the report presents a number of conclusions and recommendations in the hope that they will contribute to informing decision-making and improving future interventions.

An additional document contains the following annexes: (1) Terms of Reference for this assignment; (2) Reference documentation reviewed; (3) Presentation of the evaluation team; (4) Evaluation matrix; (5) Theory of Change (ToC) on VAC used as an analytical tool for the evaluation; (6) List of key informants consulted; (7) Data collection tools, and (8) Approval by the Ethics Board.

1 The five country evaluations are: Bolivia, Ecuador, Honduras, Jamaica and Dominican Republic. The mapping also includes: Barbados, Brazil, Costa Rica, Guatemala, Guyana, Suriname, Nicaragua, Paraguay, Peru and Uruguay. The selection criteria were the following: (i) Current presence of interested parties and commitment to participate in the evaluation; (ii) Strategic relevance of the topics covered in the different country programs; (iii) Regional geographic diversity: Caribbean region, Central America and Andean countries; (iv) Availability of information and data; (v) Range in the size of the country; (vi) High rates of violence; (vii) Capacity of the interventions under evaluation to report on VbG; (viii) Possibility of assessing the diversity of types of thematic violence addressed; (ix) Preferably, some of the countries should be part of the regional initiatives on the subject in progress.
1. BACKGROUND AND CONTEXT

The protection of children from all forms of violence is a fundamental right guaranteed by the Convention on the Rights of the Child (CRC) and other international human rights treaties and standards.

**Convention on the Rights of the Child (CRC, 1989)** – Article 19 states that States Parties shall take “all appropriate legislative, administrative, social and educational measures to protect” children and adolescents from “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”.

**General Comment No. 13 of the Committee of the Rights of the Child (2011)** – The Committee provides a broad interpretation of the expression “all forms of violence” included in article 19 of the CRC, as violence “without exceptions”. Therefore, the different forms of violence that are recognised, among others, are: neglect or negligent treatment (psychological, physical or emotional neglect, abandonment), psychological violence (insults, humiliation, isolation, etc.), physical violence (corporal punishment, hitting, burning, etc.), sexual abuse and exploitation, torture and inhuman or degrading treatment, peer violence, self-harm (suicidal thoughts and attempts), harmful practices (forced marriage, female genital mutilation, etc.), violence in the media, and violence through information and communication technologies.

With regard to the obligation of States parties to adopt “all legislative, administrative, social and educational measures”, the Committee refers to the wide range of horizontal measures that all sectors of government have to deploy in order to prevent and respond to all forms of violence.

According to different United Nations (UN) studies, violence remains an all-too-real part of life for children around the globe – regardless of their economic and social circumstances, culture, religion or ethnicity – with both immediate and long-term consequences. Children who have been severely abused or neglected are often hampered in their development, experience learning difficulties and perform poorly at school. They may have low self-esteem and suffer from depression, which can lead, at worst, to risk behaviour and self-harm\(^2\).

Additionally, VAC has important linkages with Violence Against Women and Girls (VAWG). Both represent a violation of human rights, as well as serious public health problems and barriers to the integral development of survivors. Although the existence of several intersection areas between VAC and VAWG (summarised below) is well documented, historically, the strategies and approaches followed to address them have mostly followed either parallel or divergent trajectories, leaving important gaps in terms of knowledge, lessons learned and strategies used\(^3\).

Some key intersection areas between VAC and VAWG are:
- **Risk factors**: both have common risk factors;
- **Gender and social norms**: there are social and gender norms that naturalise violent behaviours and discourage seeking help;
- **Coexistence**: child abuse and intimate partner violence often coexist in the same household;

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Intergenerational effects: both VAC and VAWG may generate intergenerational effects.

Common consequences: many forms of VAC and VAWG carry common and mutually exacerbating consequences throughout life; and

Adolescence: VAC and VAWG intersect during adolescence (10-19 years), a period of increased vulnerability to certain types of violence.

According to the Declaration on the Elimination of Violence against Women (1993), violence against girls and women is understood as any act of violence that has or may result in physical, sexual or psychological damage or suffering for girls and women, as well as threats of such acts, coercion or arbitrary deprivation of liberty, whether they occur in public or in private life.

The Inter-American Convention for the Prevention, Punishment and Eradication of Violence against Women- "Convention of Belém do Pará" (1994) defines violence against women and establishes their right to live a life free of violence and highlights violence as a violation of human rights and fundamental freedoms, proposes the development of mechanisms for the protection and defence of women's rights as fundamental for fighting against the phenomenon of violence against their physical, sexual and psychological integrity, both in the public as well as in the private sphere.

As different analyses suggest and in line with the aforementioned intersections, gender discrimination is the cause of various forms of VAWG, and also contributes to its tolerance and acceptance as a social norm. Moreover, gender inequalities are also cause and consequence of violence against children, since power relations are forged during the early stages4. The perpetrators often fail to account for their actions, while girls and adolescent girls, who have been subjected to violence, are discouraged from reporting and seeking appropriate responses and protection. Although girls suffer more considerable gender discrimination, many forms of violence affecting boys and adolescent boys are also underreported, mainly as a result of stigmatization and shame.

There are different types of violence that affect women and girls throughout their life cycle: selective abortion and female infanticide for reasons of gender, differences in access to food and services, exploitation and sexual abuse, child marriage and early unions, female genital mutilation, sexual harassment, abuse of the price of dowry, honour killings, intimate violence, deprivation of inheritance or property, and mistreatment of older women.

In this view, UNICEF understands Gender-Based Violence (GBV) as any harmful act perpetrated against a person based on the differences that society assigns to men and women. It is a broader interpretation than violence against girls and women since it includes specific types of violence against men and boys because of their gender. However, both historically and currently, the term has been used mainly to highlight the vulnerability of women and girls to various forms of violence due to the gender discrimination and inequality that tend to persist in most societies and cultures around the world.

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world⁵. As INSPIRE⁶ points out, any type and manifestation of VAC can constitute GBV when it is directed against girls or boys because of their gender.

IMPORTANT: In this report we use the term VAC, which is usually used by UNICEF, understanding that it includes both different manifestations of GBV aimed at both girls and boys, as well as different manifestations of specific violence against girls and adolescent women. When we want to refer specifically to one of them, we explicitly name it.

1.1 UNICEF global frameworks on Violence Against Children

Ensuring that children have a life free from violence and discrimination is central to UNICEF’s mandate as an organisation guided by the Convention on the Rights of the Child. UNICEF understands that addressing VAC, as a complex and structural global issue, requires systemic and comprehensive approaches and several lines of action at different levels⁷ and in different sectors. These efforts should address both the causes and the effects of violence and mobilise a diversity of actors with different capacities and responsibilities in the prevention and response of VAC.

To this end, the key strategic institutional frameworks that has guided UNICEF’s work on VAC since 2015 at global level are:

• **UNICEF Strategic Plan 2014-2017 (Outcome 6):** "Improved and equitable prevention and response to violence, abuse and exploitation of children";

• **UNICEF Strategic Plan 2018-2021 (Objective 3):** "Girls and boys, especially the most vulnerable and those affected by humanitarian situations, are protected against all forms of violence, exploitation, abuse and harmful practices";

• **UNICEF Child Protection Strategy (2008):** this strategy framework proposes different approaches: promotion of national protection systems; support for social change; promotion of child protection in situations of conflict and natural disasters; evidence gathering and knowledge management; and, call and catalysis of the agents of change.

• **UNICEF (2014) Ending violence against children: six strategies for action:** this document provides strategies to prevent and respond to VAC: supporting parents, caregivers and families, helping children and adolescent to manage risks and challenges, changing attitudes and social norms that encourage violence and discrimination, promoting and providing support services for children, implementing laws and policies that protect children and carrying out data collection and research.

• **WHO (2016) INSPIRE: seven strategies for ending violence against children:** provides the following strategies: implementation and enforcement of the laws, norms and values, safe environments, parent and caregiver support, income and economic strengthening, response and support services, and education and life skills.

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⁶ INSPIRE (2016) is an evidence-based resource aimed at all people working to prevent and respond to VAC. The World Health Organization (WHO) initiated the preparation of the INSPIRE strategy package, in collaboration with the U.S. Centre for Disease Control and Prevention (CDC), the Global Alliance to End Violence Against Children, the Pan American Health Organization (PAHO), the United States President’s Emergency Programme for AIDS Relief (PEPFAR), Together for Girls, the United Nations Children’s Fund (UNICEF), the United Nations Office on Drugs and Crime (UNODC), the United States Agency for International Development (USAID) and the World Bank.

⁷ Levels may refer to the different levels of the socio-ecological model, i.e. societal, community, household and individual levels. Interventions may also be implemented at various administrative or geographical levels, i.e. national, sub-national and local levels. Finally, a multi-level approach to addressing violence refers to interventions implemented at primary, secondary and tertiary prevention levels.
UNICEF’s work on VAC is also underpinned by the institutional commitment to gender equality and the empowerment of girls and adolescents. Successive institutional frameworks on gender equality have increasingly positioned UNICEF’s commitment to the eradication of VAC, such as the following:

- **UNICEF Policy on Gender Equality and the Empowerment of Girls and Women (2010):** which, among others, recognises that GBV is the result of gender inequality and discrimination against girls, boys and women.
- **UNICEF Gender Action Plan (GAP) 2014-2017:** which includes among its targeted gender priorities, ending child marriage and addressing GBV in emergencies. Additionally, it also includes the organization’s approach to mainstreaming gender in its programming.
- **UNICEF Gender Action Plan 2018-2021:** which specifies how gender equality will be better integrated and strengthened in all UNICEF strategies and institutional systems to achieve results. Specifically, it includes the objective "all children are protected against violence and exploitation and fixes between their results (a) address GBV and (b) end child marriage”.

In addition, UNICEF seeks to contribute to progress on the Agenda 2030 for Sustainable Development and the Sustainable Development Goals (SDG), which have become the guide for UNICEF work in all areas and, specifically, in efforts to eradicate and combat VAC. For the first time, the dignity of children and their right to live free from fear and violence is a clear priority on the international development agenda. Moreover, two specific SDGs are directly linked to VAC (see table below), while other SDGs are contributing to reducing the risk of violence in the lives of children and adolescents and to providing effective responses (indirect link).

<table>
<thead>
<tr>
<th>SDG directly linked to VAC</th>
<th>SDG 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDG 5.</td>
<td>Achieve gender equality and empower all women and girls</td>
</tr>
<tr>
<td>SDG 3.</td>
<td>Ensure healthy lives and promote well-being for all at all ages</td>
</tr>
<tr>
<td>SDG 4.</td>
<td>Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</td>
</tr>
</tbody>
</table>

1.2 Violence Against Children in Jamaica

Jamaica, the largest English-speaking island in the Caribbean, has ratified the Convention of the Rights of the Child (in 1991), two out of three of its Optional Protocols\(^8\) and other international human rights instruments, committing itself to translate its principles, provisions and standards into concrete programmes and actions to protect children’s lives. A summary of these commitments, internationally and nationally, are presented in the table below.

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\(^8\) The one is pending of ratification is the Optional Protocol of the CRC on a Communications Procedure.
### TABLE 1: LEGAL FRAMEWORK – VIOLENCE AGAINST CHILDREN

<table>
<thead>
<tr>
<th>DOCUMENT</th>
<th>REFERENCE</th>
<th>IMPORTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTERNATIONAL LEVEL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convention on the Rights of the Child – CRC</td>
<td>Art. 19, 24 para. 3, 28 para. 2, 34, 37 (a) and 39</td>
<td>Binding instrument that mandates the State party to comply with all its articles. The text proclaims the protection of the child and his/her rights. Ratified by Jamaica in 1991. The comment interprets the meaning of violence without exceptions. The protocol recognises that girl children are disproportionately represented among those who are sexually exploited. Ratified by Jamaica in 2011.</td>
</tr>
<tr>
<td>Optional Protocol on the sale of children, child prostitution and child pornography.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional Protocol on the involvement of children in armed conflict.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convention on the Elimination of Discrimination Against Women – CEDAW</td>
<td>Art. 1 and 2 direct implications. Rights of the child mentioned in the General Recommendation 35</td>
<td>Binding instrument that mandates the State party to comply with all its articles. The text calls on the State to take all appropriate measures to eliminate all forms of discrimination against women. Trafficking and sexual exploitation are recognised as forms of GBV. Ratified by Jamaica in 1984.</td>
</tr>
<tr>
<td>General recommendation Nº 35 on gender-based violence against women, - updating general recommendation Nº 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interamerican Convention on the Prevention, Punishment and Eradication of Violence Against Women and Girls (Belem do Para)</td>
<td>Reference to domestic unit (not children themselves)</td>
<td>Requires the State party to pursue, by all appropriate means and without delay, policies to prevent, punish and eradicate violence against women and girls. Ratified by Jamaica in 2005.</td>
</tr>
<tr>
<td>Convention on the Rights of Persons with Disabilities - CRPD</td>
<td>Art 7 Art 23</td>
<td>Binding instrument that mandates the State party to comply with all its articles. Urges the State Party to protect persons with disabilities both within and outside the home from all forms of exploitation, violence and abuse, including GBV. Ratified by Jamaica in 2007.</td>
</tr>
<tr>
<td><strong>NATIONAL LEVEL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care and Protection Act 2004</td>
<td></td>
<td>The Act addresses issues which affect children directly as victims, or indirectly as children in need of care and protection. This also includes cases of child abuse.</td>
</tr>
<tr>
<td>Domestic Violence Act 1995 (Amendment) 2004</td>
<td></td>
<td>Provides redress and protection to women affected by domestic violence. Claims can be filed on behalf of men, women or children affected by violence within the home.</td>
</tr>
<tr>
<td>Trafficking in Persons Act 2007 (Amendment 2013)</td>
<td></td>
<td>The Act makes provision for giving effect to the protocol to prevent, suppress and punish trafficking in persons, especially women and children, and matters connected therewith.</td>
</tr>
<tr>
<td>Sexual Offences Act 2009</td>
<td></td>
<td>The Sexual Offences Act establish the offence of marital rape, make new provisions for the prosecution of rape and other sexual offences and remove age limitations on incest.</td>
</tr>
<tr>
<td>Child Pornography Act 2009</td>
<td></td>
<td>Criminalize the production, possession and distribution of child pornography.</td>
</tr>
<tr>
<td>Cyber Crimes Act 2010</td>
<td></td>
<td>Complement the Child Pornography Act and imposes penalties for cyber crimes.</td>
</tr>
<tr>
<td>Offences Against the Person Act 1864 (amended 2010).</td>
<td></td>
<td>Sets out offences against the person including homicide, assault, rape, protection of women and girls, suppression of brothels, child stealing, bigamy, abortions, infanticide, unnatural offences. It also provides that every person convicted of capital murder is to be sentenced to death except in the case of pregnant women (section 3).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOCUMENT</th>
<th>IMPORTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charter of Fundamental Rights and Freedoms (Constitutional Amendment) Act 2011</td>
<td>Obliges the state to promote universal respect for, and observance of, human rights and freedoms for all persons in Jamaica.</td>
</tr>
<tr>
<td>Evidence (Special Measures) Act 2012</td>
<td>An Act to introduce special measures for giving of evidence by vulnerable and specified witnesses.</td>
</tr>
<tr>
<td>Child Diversion Act 2018</td>
<td>An Act to facilitate the implementation of child diversion in the criminal justice system and for connected matters.</td>
</tr>
<tr>
<td>Sexual Harassment Act 2019</td>
<td>An Act to provide a framework for addressing the issues of sexual harassment in Jamaica.</td>
</tr>
</tbody>
</table>

Source: prepared by the authors on the basis of the abovementioned documents. Other relevant legislation responsive to children and violence is available in the appendix C of the NPACV (p. 113).

In order to fulfil its international and national commitments, the country has taken a number of measures to address VAC and has also developed a national policy framework related to VAC (see table below).

**TABLE 2: JAMAICA POLICY FRAMEWORK – VIOLENCE AGAINST CHILDREN**

<table>
<thead>
<tr>
<th>DOCUMENT</th>
<th>IMPORTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision 2030 Jamaica – National Development Plan</td>
<td>The National Goal #2: The Jamaican Society is Secure, Cohesive and Just includes among its priority areas the protection and care of children and youth. Moreover, the National Goal #1: Jamaicans are Empowered to Achieve Their Fullest Potential prioritises several areas with a direct connection to prevent VAC and develop and protect human capital, such as health, education, social protection, poverty reduction, etc.</td>
</tr>
<tr>
<td>Medium Term Socio-Economic Policy Framework 2015-2018 and 2018-2021</td>
<td>This multisectoral plan guides the Jamaican response to children and violence by determining goals, objectives and outcomes. It provides an implementation, monitoring and evaluation system and a legal, policy and institutional framework.</td>
</tr>
<tr>
<td>National Plan of Action for an Integrated Response to Children and Violence (NPACV) 2018-2023</td>
<td>This plan states that “Acts of GBV also include battering (with or without objects), sexual exploitation, assault, harassment, sexual grooming of a minor, sexual abuse of children, rape, (including marital rape), child pornography, trafficking in women and children, forced prostitution; other harmful practices to women and girls; or to men and boys where the dynamics of power are abused. The violence can be physical, it can be penile, anal, oral, or it can be inflicted with an object”. In the “Section 3: scope of GBV in Jamaica”, there is a chapter dedicated to children and GBV. Moreover, it includes GVB and adolescent pregnancy and makes references in the remaining chapters.</td>
</tr>
</tbody>
</table>


This plan includes a chapter on “Adolescent Sexual and Reproductive Health” which refers to sexual violence, exploitation and HIV prevalence among adolescents. Gender equality and GBV are part of the analysis of this document. The Plan is consolidated around five priority areas: 1. Prevention and SRH Outreach; 2. Universal Access to Treatment, Care and Support and SRH Services; 3. Enabling Environment and Human Rights; 4. Monitoring and Evaluation of HIV, Family Planning and Sexual Health Response; 5. Sustainability, Governance and Leadership.

National Strategic Action Plan to Eliminate Gender-Based Violence in Jamaica (NSAP-GBV) 2017-2027

National Child Diversion Policy 2015

Safe School Policy 2015

It promotes zero tolerance to violence in schools providing training and materials such as: “Security and Safety Policy Guidelines”

National Security Policy 2014

This policy considers children as a vulnerable group suffering the long-term social damage caused by the cycle of violence, where children who have lost family members or are otherwise profoundly traumatized by violence, are more likely to be violent as adults, thereby perpetuating the problems from one generation to the next. Among its objectives, “objective 5” focuses on at-risk individuals and communities for breaking the cycle of violence in order to “ensure that every school has a program to deal with maladaptive behaviour, trauma, post-traumatic stress, depression and other long-term consequences of the physical, sexual, emotional and psychological abuse of children”.

National Policy on Gender Equality 2011

The purpose statement of this policy is “to mainstream gender, within a human rights-based framework, in all state institutions and their apparatuses, in partnership with private sector, non-governmental and civil society organizations, to ensure that females and males have equal access to opportunities, resources,
and rewards in order to eliminate discrimination based on gender and to promote sustainable human development”.

Among its objective, three of them refer to children and violence:

- To harmonise the age of consent (for boys and girls) in all legislation, instruments and policies relating to children and youth.
- To design and implement a comprehensive plan to eliminate sexual and other forms of violence against women, punish offenders and provide services for victims and children, in keeping with the principles of the Belem do Para Convention and CEDAW.
- To introduce measures to address trafficking in women and children implemented and enforced.

National Parenting Support Policy 2011

It has five goals for all Jamaicans:

(i) to make wise choices about becoming parents and making parenting a priority;
(ii) for all children to be loved, nurtured and protected instinctively and unconditionally by their parents;
(iii) for each parent to understand and apply positive practices in effective parenting;
(iv) enabling institutional framework to support parenting; and
(v) ensuring that the principles and implications of effective parenting are communicated to the public in user-friendly ways that enable comprehension of the material regarding parenting, which is to be effectively communicated throughout the school system and the wider society. For each of these priorities, seven areas are to be developed: public education and communication; policy, advocacy and legislative reform; behaviour change; service quality and access; coordination; and monitoring, evaluation, and research.

Source: prepared by the authors on the basis of the abovementioned documents.

However, as acknowledged in the “Situation Analysis of Jamaican Children-2018”, carried out by the Caribbean Policy Research Institute/UNICEF, “there are significant shortfalls which point to the need for efforts to be doubled and driven by a greater sense of urgency to better protect and safeguard the future of Jamaica’s children and their families”9. Moreover, the welfare of children is undermined by the violence they experience in spaces that are supposed to be safe (school and homes) where corporal punishment is still legal. While the Child Care Protection Act (see Table 1) forbids the use of corporal punishment in the government-run children homes and early childhood institutions, the Education Regulations of 1980 allows its use in schools by the principal’s designee, as quoted in the National Plan of Action for an Integrated Response to Children and Violence (NPACV) 2018-202310.

Despite institutional efforts and legislative reforms, reducing the vulnerability of children to violence remains a significant concern. Although rape and corporal punishment (in homes and schools), among the most evident manifestations of VAC in the country, do not receive comprehensive attention and the responses remain fragmented and distributed across different ministries, departments and agencies (MDA), according to desk review carried out and duty bearers and responsibility holders’ opinions.

The level and forms of violence experienced by children in Jamaica are also significantly affected by the country’s general context of violence. According to the most recent statistics from the World Health Organisation, Jamaica is among the top five countries in the world with the highest homicide rates11. VAC is unfolding against the backdrop of a generalised homicide epidemic and discriminatory attitudes against women and girls.

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10 NPACV 2018-2023. P. 9
As different UN studies note, the cumulative effect of children’s exposure to violence has a devastating impact on learning and behaviour. A couple of key figures will help us illustrate the magnitude of the problem. According to the study carried out by UNICEF and the Caribbean Policy Research, 68 out of every 100,000 girls and boys are victims of violent crimes; approximately one out of every five (21%) female adolescents between 15-19 have reported some experience of sexual violence, while this happens to 5% of male adolescents in this same age group. Risky sexual practices are persistent in groups where educational levels are lower (according to the Multiple Indicator Cluster Survey - MICS 2011 data).

While data is inadequate, there are enough studies and reports from government agencies, civil society and international development partners to indicate that VAC is a structural problem (complex and multicausal) that occurs at all levels and in all contexts (family, social, educational, leisure and free time, judicial and institutional) and that the number of children in need of special protection has grown over the last few years in Jamaica.

According to the NPACV 2018-2023, the figures in the country are worrying. Among others, it highlights:

- **Sexual Abuse and Exploitation**: In 2016, police statistics indicated that almost two-thirds or 62% of the total number of girls under 18 years of age who were victims of crime, were victims of rape. According to the Jamaica Injury Surveillance System (JISS), females are over-represented as victims of sexual assaults and for the majority of sexual abuse cases reported, the perpetrator is known by the victim (a relative, friend, acquaintance or intimate partner). Additionally, the Women’s Health Survey 2016 states that in Jamaica, adolescent and young women are disproportionately affected by sexual violence, with 83% of reported rapes to the Jamaica Constabulary Force in 2015 being of girls up to 24 years old. This survey data from 2016 show that in Jamaica, around 2 out of 10 adolescents’ girls 15-19 years old have been subjected to sexual violence, and 1 out of 10 adolescent girls have been forced to have intercourse in her lifetime. Among women who were forced to have sexual intercourse, in more than half of the cases this first experience took place against their will before the age of 19.

- **Physical Violence**: Corporal punishment is the most prevalent form of violence suffered by children in Jamaica. The children who are most likely to be subjected to violent discipline are the youngest and the poorest. According to the MICS (2011) the use of severe physical punishment is five times higher among children in the poorest families than those in the wealthiest. Evidence indicates that corporal punishment stems from four interrelated factors: 1) strong belief that corporal punishment is an effective method of discipline; 2) lack of knowledge about alternative, positive ways to discipline children; 3) lack of awareness of stages of child development and age appropriate behaviour; and 4) parental stress, particularly for poor women, many of whom are either single mothers or get little economic or domestic help from their partners seven out of ten Jamaican children under age 15 are subjected to corporal punishment at home. Corporal punishment remains the preferred method of “punishing” children and is used at various levels of...
society. Findings by studies on poly-victimisation in Jamaica\textsuperscript{17} reveal that more than 80% of children experience verbal aggression, while more than 90% experience some form of minor violence. The fact that nearly 85% of the children experience some form of major violence is particularly alarming.

- **Neglect**: This is understood as any serious disregard for a child’s supervision, care or discipline. It includes the failure of a caregiver to provide for a child’s basic needs, abandonment and exposing a child to danger. Of all types of child abuse, reports of neglect continue to dominate in Jamaica, where, and according to the Office of the Children’s Registry (OCR) received report, cases grew by 23% from 2014 to 2015.

- **Emotional Abuse**: The effects of emotional abuse are reflected in children exhibiting behavioural problems and, in some instances, attempting suicides. The 2017 Global School Health Survey reported that 32.3.1% of females and 17.2% of males aged 13-17 years admitted seriously considering attempting suicide. Psychological aggression often occurs on the pretext of discipline and nearly three-quarters of all Jamaican children (71.9%) have suffered some kind of psychological punishment from a parent/caregiver according to MICS 2011.

- **Behavioural Problems and Children in Need of Care and Protection**: Of the total number of reports received by the OCR in 2015 relating to children with behavioural problems (some of them related to drug use), females accounted for 50.9% and males for 49.1%. With respect to reports received for children in need of care and protection, 52.4% of the reports were for females and 47.6% of the reports were for males.

- **Child Labour and Street Children**: In Jamaica, 5.8% or 53,274 children aged 5 to 17 years were reported to be engaged in child labour activities\textsuperscript{18}. Of the children involved in child labour, 69% were reported to be performing hazardous work, mostly employed in private households (50.1%) followed by wholesale and retail (20.7%) and agriculture and fishing industries (17.4%). Children also engage in the worst forms of child labour, including commercial sexual exploitation, forced labour in domestic work and illicit activities such as scamming\textsuperscript{19}.

- **Bullying**: The first ever national study on bullying, commissioned by the Child Development Agency and funded by UNICEF in 2015, found that 60-65% of students had been bullied at some time in their lives. Of the number who reported ever being bullied, a total of 66.9% were females and 62.9% were males.

- **Missing Children and Child Trafficking**: During 2017, 1,674 children were reported missing, 78% of which were females\textsuperscript{20}. The majority were returned but little is known about missing children. Trafficking or child selling is the abduction (kidnapping) or recruitment of children for purposes including illegal transfer of children abroad, illegal international adoptions, involvement in drug trafficking and the use of children in the sex trade. According to the 2018 Trafficking in Persons Report, Jamaica is a source and destination country for adults and children subjected to sex trafficking and forced labour.

Finally, the key factors predisposing children to violence in Jamaica, according to the current NPACV 2018-2023, are as follows:

- Cultural norms and practices

\textsuperscript{17} Samms, M., Lambert, M., The impact of poly-victimisation on children in LMICs: the case of Jamaica - Psychology, Health & Medicine, 22: no. 67-80.

\textsuperscript{18} Statistical Institute of Jamaica, Jamaica Youth Activity Survey 2016 Report, (Kingston, Jamaica: ILO, 2018)

\textsuperscript{19} Ibidem cit 18

\textsuperscript{20} NAPCV 2018-2023 p. 18
- Unequal education and poor school retention
- Poverty
- Lack of opportunities for youth
- Inadequate enforcement of and protection under the law
- Enforcement issues
- Weakened family structures
- High level of exposure to violence
- Insufficient coordination amongst child protection system actors.

Certain individual characteristics of children may increase their risk of being maltreated. This may be the case for children living with disabilities. Despite there is no evidence for Jamaica, global research shows that children with disability are four times more likely to suffer violence\(^{21}\).

### 1.3 UNICEF work on VAC in Jamaica

For more than a decade, UNICEF Jamaica has included actions to address VAC in its programming. A critical part of the work done by the country office during the last five years sought to support the implementation of the NPACV 2018-2023, finally approved in 2019 by the Cabinet of the Government of Jamaica\(^{22}\).

UNICEF has advocated and provide technical assistance aimed at improvement of legal provision and enforcement mechanisms, support the strengthening of national baselines of statistics on VAC, including GBV, and strengthened social safety nets through improved coordination, monitoring, referral of children in need of protection and improved access to quality care. A common line of work throughout these years has been advocacy for zero tolerance to VAC, including the ending of corporal punishment in primary and secondary schools and at home. Thus, the fight against VAC has been an ongoing emphasis of UNICEF’s work which is highlighted in the last two Country Programme Documents (CPD) with greater emphasis in the second one.

The overall goal of the \textbf{CPD 2012-2016} was to contribute to the realisation of the rights of Jamaican girls and boys by focusing on further reduction of disparities and inequalities. To achieve this goal, UNICEF Jamaica’s programme had three components: (a) adolescent health and empowerment; (b) child protection; and (c) quality education. For this period, the \textit{child protection} component focused on the following target populations: child victims and witnesses of abuse and violence, boys and girls in residential care, children who come into contact with the law, children who live or work on the street, working children and the families of these highly vulnerable boys and girls.

In the following \textbf{CPD}, which covers \textbf{2017 to 2021}, UNICEF CO has established four priorities: (a) safety and justice, (b) health promotion, (c) lifelong learning and (d) social inclusion for children. The underlying strategy of the programme is to measure tangible results that show an increase in positive outcomes and a decrease in negative outcomes for children in health, education and child protection.

UNICEF’s approach (as per the CPD) centres on supporting national responses to deliver for children increased equity in the education, health and social justice sectors. VAC is explicitly mentioned in the \textit{safety and justice} for children component, which aims to protect children through the

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\(^{22}\) The Cabinet of the Government of Jamaica is the ultimate decision-making body of the executive. The Cabinet of Jamaica is responsible for government policy and is collectively responsible to Parliament. It consists of the Prime Minister, and a minimum of thirteen other Ministers of Government, who must be members of one of the two Houses of Parliament.
implementation of national legislation to prevent, mitigate and address violence and other childhood abuses in order to ensure that the justice, education, public health, security and other sectors observe children’s rights. VAC is also explicitly addressed in the health promotion component, which focuses on reducing sexual violence and exploitation.

**TABLE 3: VAC IN THE COUNTRY PROGRAMME DOCUMENTS - JAMAICA**

<table>
<thead>
<tr>
<th>Key priorities</th>
<th>CPD 2012-2016</th>
<th>CPD 2017-2021</th>
</tr>
</thead>
</table>
| **Key priorities** | - Support interventions in child justice and the prevention and reduction of VAC.  
- Focus on child victims and witnesses of abuse and violence, boys and girls in residential care, children who come into contact or conflict with the law, children who live or work on the street, working children and the families of these highly vulnerable boys and girls.  
- Advocate for zero tolerance of VAC, changes in cultural practices that are harmful to children, including a complete ban on corporal punishment. | - Implementation of national legislation to prevent, mitigate and address violence and other childhood abuses and to ensure that the justice, education, public health, security and other sectors observe children’s rights to this protection.  
- Address the following barriers and bottlenecks: social norms and behaviours that condone violent discipline and discriminatory practices; the inadequate delivery and coordination of services; insufficient legal protection and implementation of laws; scarcity of data and evidence; and inadequate financial and human resources. |

| Key Results | By 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. | By 2021, national legislation is implemented to prevent, mitigate and respond to violence and other childhood abuses and the justice, education, public health, security and other sectors observe children’s rights to this protection. |

| Strategies | 1. Development of the National Child Diversion Programme;  
2. Development of protocols for the treatment of child victims and child witnesses;  
3. Strengthening of psycho-social support and counselling;  
4. Implementation of the National Plan of Action on Child Justice. Special attention will be placed on GBV affecting girls up to age 18 and a review of the Child Care and Protection Act and other child-focused legislation. | 1. Advocating and mobilising for social and behaviour change to reject all forms of violence and discrimination practices, using Communication for Development approaches and goals.  
2. Strengthening quality and coordination of services for the prevention of violence and protection of childhood.  
3. Promotion of laws, policies and quality standards that are complaint with international standards and best practices.  
4. Generation of evidence on the incidence of children’s rights violations and the human, financial and infrastructure capacity requirements to facilitate comprehensive interventions. |

In terms of financial resources, the UNICEF CO in Jamaica had a total budget of 2,405,692 USD (2014-2018) to undertake VAC initiatives (954,484 USD in the period 2014-2016; and 1,451,209 USD in 2017-2018). In terms of human resources, the CO team in charge works across different areas as follows (see figure 1 UNICEF CO structure currently in force):
Finally, in terms of alliances, UNICEF CO in Jamaica is working on VAC through different types of partnerships with a wide variety of actors at local, sub-national and national levels. These actors include several duty bearers, responsibilities holders and right holders. The table below shows the key existing partnerships:

<table>
<thead>
<tr>
<th>DUTY BEARERS</th>
<th>RESPONSIBILITY HOLDERS</th>
<th>RIGHTS HOLDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministries: Ministry of National Security; Ministry of Justice; Ministry of Health; Ministry of Education...</td>
<td>NGO: EVE for life; PMJ; FFPI; Jamaican For Justice; others (including CSOs and faith-based organisations). United Nations System: UNDP, UN Women; UNFPA; WHO; UNAIDS; SIDA; ILO...</td>
<td>Girls, boys, families / reference adults, mothers, fathers, caregivers</td>
</tr>
<tr>
<td>Specialised Agencies: Jamaica Crime Observatory ICVIS; National Family Planning Board; Office of Children’s Advocate, Child Protection and Family Services Agency, Jamaica Constabulary Force...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public services professionals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. THE EVALUATION

2.1 Object of the Evaluation

This evaluation aims to assess the work conducted by UNICEF Jamaica in the field of VAC. Given the broad object of the evaluation, a number of interventions were jointly selected together with the CO to narrow the scope of this evaluation exercise. The agreed interventions were the following:

- **(1) Violence Interruption Programme**, which aimed to strengthen the resilience of youth (15 to 19 years old) involved in high-risk activities, supporting them with therapeutic psychosocial treatment and providing alternative pathways out of gang activity through built-in support mechanisms in Kingston, Clarendon and St. Catherine (NGO: Peace Management Initiative (PMI) – Budget: 491,966 USD – Implementation period: May 2017-May 2019).

- **(2) Project: “Psychological First Aid”**, which aimed to strengthen the existing “Safer communities incubator programme in Kingston”23 in six communities (Downtown and West Kingston) by adding community-based integrated psychosocial support services (NGO: Fight for Peace International (FFPI) – Budget: 150,000 USD – Implementation period: March 2017-March 2018).


UNICEF reinforces and complements these interventions through the generation of evidence and data on VAC, as well as by advocating to make the rights of every girl and boy to grow and live in a safe and violence-free environment more visible in the national political agenda. For this purpose, UNICEF supported advocacy and policy dialogue in several areas such as Child Diversion and the National Plan of Action for an Integrated Response for Children and Violence (NPACV), among others initiatives.

The four programmes (mentioned above) were the main focus of this evaluation but during the evaluation process an attempt was made to widen the look. Thus, other interventions that serve to understand the country logic in the prevention and elimination of VAC were taken into consideration during the evaluation exercise, as was the case of the education support through the **School-wide Positive Behaviour Intervention and Support (SWPBIS)** initiative which focused on positive behaviour to reduce violence in schools (currently undergoing a separate evaluation).

The first two aforementioned interventions (“Violence Interruption Programme” and “Psychological First Aid” project) responded to various armed/gang violence prevention initiatives oriented to contribute to Output 3 of the ToC of the Safety and Security Strategy Note of the CPD 2017-2021:

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23 The Safer Communities Incubator Programme in Jamaica led by FFPI is implementing an effective Collective Impact Model with potential to reduce youth violence, create greater harmony amongst divided communities and improve outcomes for young people (Assessing the Progress of the Safer Communities Incubator Programme in Kingston, Jamaica. For Fight for Peace International Final Report, February 2019).
“Increase capacity of right holders and duty bearers to foster positive practices and norms to protect children from violence, abuse, exploitation and neglect”.

### ToC summary – Safety and Security Strategy Note 2017-2021

By 2021, national legislation is implemented to prevent, mitigate and address violence and other childhood abuses and the justice, education, public health, security and other sectors observe children’s rights to this protection.

**Output 1:** Increased country capacity to promote and ensure justice and systems that enable the prevention and treatment of violence, abuse, exploitation and neglect.

**Output 2:** Strengthened political commitment and accountability to legislate and budget for strengthening interventions that prevent and respond to violence, abuse, exploitation and neglect.

**Output 3:** Increased capacity of right holders and duty bearers to foster positive practices and norms to protect children from violence, abuse, exploitation and neglect.

**Indicators:**

- Children in detention per 100,000 child population.
- Children (0-17 years) living in residential care, with disaggregated target ages and specific target for children aged 0 to 3.
- Children (0-17 years) living in formal foster care.
- Children (2-14 years) who experience violent disciplinary practices by any adult member of the household.

The third intervention (“I Am Alive” programme) was designed to respond and prevent sexual violence against children, mainly sexual abuse of girls (considered in the health component of the CPD 2017-2021 (see table 3). Finally, the fourth intervention (Support to the JCO) sought to strengthen the generation of evidence and data on violence against children (considered also in CPD 2017-2021).

Although the evaluation focuses on these four initiatives, during the fieldwork in Jamaica, the evaluation team worked jointly with the UNICEF CO to reconstruct a timeline including the milestones of the work carried out on VAC in Jamaica (see figure 2). This exercise served to gather information for the evaluation but was also useful to provide a comprehensive snapshot of the whole map of VAC interventions in the country from 2012 to 2018.
2.2 Evaluation purpose and scope

As stated in the Terms of Reference (ToR) of the multi-country evaluation (see Annex 1), the purpose of this assignment, was to conduct a formative evaluation of UNICEF’s strategies in response to VAC in the country.

The evaluation was expected to generate knowledge on successful (or unsuccessful) programmes and approaches used to address different types of violence found in Jamaica, and to try to understand the validity and effectiveness of the strategies used, as well as their sustainability and long-term effects.

Furthermore, the evaluation had a gender equality focus, exploring the extent to which UNICEF had successfully mainstreamed a gender perspective in their programmes and considered both girls and boys with different socio-economic status, socio-economic dynamics and other relevant variables.

In this sense, the evaluation findings are expected to inform future decision-making and advocacy efforts on how best to address, reduce and prevent violence against children, and to suggest further improvements for the different programmes.

The main audiences for this country evaluation are:

⇒ UNICEF staff in Jamaica CO and UNICEF Regional Office for Latin America and the Caribbean Region (LACRO) in general.
⇒ A secondary audience will be national government and public institutions at all levels (local, sub-national and national).
⇒ Key stakeholders in the field of VAC-GBV and child protection (UN agencies, civil society organisations, private sector, academia, donors, etc.).
In addition, the final evaluation report could be shared with UNICEF staff in different offices and headquarters (HQ) to feed into their programming and to learn from their experiences as part of the organisation’s knowledge management efforts.

The scope agreed with the CO team was as follows:

**Geographical scope:** Jamaica at national level with a field visit to Westmoreland and different communities in Kingston (relevant for the projects involved in this evaluation exercise).

**Temporal scope:** 2015-2018.

**Thematic scope:** armed/gang violence initiatives and sexual violence of children (see Table 4 below).

### TABLE 4: THREATIC SCOPE OF THE EVALUATION ON VAC - JAMAICA

<table>
<thead>
<tr>
<th>Types</th>
<th>Perpetrators</th>
<th>Settings</th>
<th>Manifestations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Caregivers, reference adults, peers, strangers</td>
<td>Schools</td>
<td>Bullying</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communities</td>
<td>Children in need of care</td>
</tr>
<tr>
<td>Physical Violence</td>
<td>teachers, professionals in public services strangers</td>
<td>Families</td>
<td>Physical/corporal punishment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mafia networks</td>
<td>Homicide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gangs</td>
<td>Femicide</td>
</tr>
<tr>
<td>Psychological Violence</td>
<td>Caregivers, referent adults, peers, intimate partner, teachers, professionals in public services, strangers</td>
<td>Schools</td>
<td>Bullying</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communities</td>
<td>Cyberbullying</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Families</td>
<td>Verbal aggression</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mafia networks</td>
<td>Emotional abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gangs</td>
<td>Neglect</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Abandonment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unwanted early pregnancy</td>
</tr>
<tr>
<td>Sexual Violence</td>
<td>Relative, friends, acquaintance, intimate partner, strangers</td>
<td>Communities</td>
<td>Sexual abuse (including incest)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Households</td>
<td>Sexual exploitation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Streets</td>
<td>Sexual assaults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mafia networks</td>
<td>Rapes</td>
</tr>
<tr>
<td>Economic Violence</td>
<td>Caregivers, reference adults, strangers</td>
<td>Communities</td>
<td>Child Labour,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Families</td>
<td>Street children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Streets</td>
<td>Trafficking,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mafia networks</td>
<td>Early unions and child marriage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Economic migration</td>
</tr>
<tr>
<td>Institutional Violence</td>
<td>Professionals in public services</td>
<td>Institutions</td>
<td>Children in conflict with the law</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Public services</td>
<td>Children in State care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Children with special needs</td>
</tr>
</tbody>
</table>

**Stakeholders involved:** duty bearers, responsibility holders and right holders involved in VAC initiatives (see section 1.3).

### 2.3 Evaluation Objectives

The overall objective of this formative country evaluation was to assess specific UNICEF Jamaica-level initiatives and strategies in preventing and reducing VAC, with special focus on GBV, identifying their strengths and weaknesses.
Specifically, the evaluation reviewed to what extent VAC interventions were addressed from a gender perspective, given UNICEF’s firm commitment to gender equality (see section 1.1). This particular focus sought to strengthen the integration of the gender equality approach in its work on VAC.

To this end, the evaluation was designed to achieve the following objectives:

- Assess the extent to which the country-level initiatives are aligned with international, regional and national frameworks and guidance on reducing violence against girls, boys, and adolescents (relevance);
- Assess to what extent the work of UNICEF has taken GBV into account as another manifestation of VAC (relevance);
- Assess to what extent the interventions carried out address the rights of children and adolescents of different population groups, in particular those in a particularly vulnerable situation, and respond to the needs and interests of the target population (relevance);
- Assess the efficiency of the interventions and alliances generated for the prevention and response to VAC, and specifically for GBV (efficiency);
- Assess the efficiency of the programmes and their complementarity or duplication with other similar initiatives in the field of violence prevention and response, and specifically for GBV (efficiency);
- Assess the effectiveness of the activities and strategies put in place to achieve the planned outputs and expected outcomes of the interventions from a systemic approach (effectiveness);
- Assess the contribution of the interventions to individual, social and institutional changes, as well as the national political agenda, and interventions that involve the eradication of VAC from a systemic approach and identify the factors that facilitate the change (effectiveness-ToC);
- Assess if UNICEF’s initiatives are sustainable over time as well as the level of integration into country's normative frameworks and programmes (sustainability);

The criterion of impact was not included since many of the programmes were still ongoing (and therefore assess impact-level change was not possible) and the cost-efficiency analysis of the interventions under review was not carried out due to limited data availability in this regard.

2.4 Logic of intervention: Theory of Change

As Jamaica’s evaluation process is part of a multi-country evaluation, some tools were defined at regional level, as was the case of the ToC that was drafted to guide the entire evaluation exercise. Ultimately, this ToC was also meant to provide a comprehensive and coherent analytical tool that would help consolidate results across the five country-evaluations.

The ToC suggested, focuses on a set of necessary changes (short-term and intermediate changes) that require coordinated efforts of different actors at different levels: (a) macro level - national coordinated multisectoral actions, legal and politic framework, (b) meso level -institutions and systems, society and communities, (c) and micro level – father, mothers, caregivers, and children. Those changes are expected to contribute to the final goal: children exercise the right to live a life free of violence and discrimination (for more details see the complete ToC in Annex 5).
Likewise, this ToC takes the socio-ecological model (see figure 3) as a starting point and focuses on the set of necessary changes that, at different levels and through coordinated actions, are expected to contribute to prevent and mitigate VAC by addressing risk and protective factors at many levels. These include (a) macro-structural factors; (b) national coordinated action; (c) legal and normative frameworks, systems and institutions; (d) society and communities; (e) households, families and peer environments and (f) individual level.

Since most stakeholders consulted in Jamaica for this evaluation are familiar to this socio-ecological model, it was used to frame the analysis and findings in this evaluation, including the gender analysis at all levels, as agreed also with UNICEF CO.

Figure 3: Socio-ecological Model on VAC

2.5. Evaluation Methodology

For this evaluation we employed a mixed methods approach to answer the evaluation questions. This has enabled triangulation of findings and enhanced reliability. Qualitative data collection and analysis allowed for an in-depth understanding and illustration of key issues, while quantitative data collection and analysis were used to identify overall trends and to ensure the integration of a broad spectrum of information and data. The use of mixed methods and triangulation of findings from various sources enhanced the quality and credibility of findings and conclusions.

In addition, this evaluation incorporated a systemic approach, together with a utilisation-focus approach, in order to facilitate the analysis and understanding of all aspects that needed to be
examined. This systemic approach allowed a distinct and interdependent view of the design, process, results and structure dimensions that were organised in the evaluation matrix, which included the evaluation criteria (see Annex 4).

The main questions organised per criteria were the following:

| RELEVANCE | 1.1 To what extent is UNICEF’s work on preventing, responding to and eradicating VAC-GBV aligned with national priorities, legal and normative frameworks regarding VAC-GBV? |
| 1.2 To what extent is UNICEF’s work on preventing, responding to and eradicating VAC-GBV aligned with international and regional norms and standards regarding VAC-GBV? |
| 1.3 To what extent is UNICEF’s work on VAC-GBV aligned with the framework of UNICEF’s national priorities and objectives? |
| 1.4 To what extent are the priorities and global/regional frameworks regarding VAC-GBV (including global or regional ToC) guiding the work at the country level? |
| 1.5 To what extent does UNICEF’s work address the specificity of the violence experienced by girls and adolescents and tackle GBV as a manifestation of VAC? |
| 1.6 To what extent have UNICEF’s interventions in Jamaica ensured the participation of the target population and specifically of children at every stage (situation analysis, design and implementation)? |
| 1.7 Have there been challenges/obstacles to ensure the participation of the target population? What mitigation strategies have been put in place? |
| 1.8 To what extent has the design of UNICEF’s interventions tackled and addressed the needs-rights identified/assessed? |
| 1.9 To what extent do UNICEF’s interventions analyse and prioritise the key causes of gender inequalities related to VAC? |
| 1.10 To what extent have the interventions mobilised the necessary capacities to ensure gender mainstreaming? |

| EFFICIENCY | 2.1 To what extent have financial resources been sufficient and adequate for achieving the expected outputs/outcomes? |
| 2.2 To what extent have human resources been sufficient and adequate for achieving the expected outputs/outcomes? |
| 2.3 What internal coordination and communication mechanisms have been put in place to achieve the expected outputs/outcomes? |
| 2.4 Which operational mechanisms and institutional arrangements have contributed to or hindered the achievement of the expected outputs/outcomes? |
| 2.5 To what extent has coordination among key stakeholders (implementing partners and other actors) enabled the achievement of the expected outputs/outcomes? |
| 2.6 What is the added value of UNICEF’s interventions compared to those implemented by other actors working on VAC-GBV in the country? |

| EFFECTIVENESS | 3.1 To what extent does the monitoring and evaluation (M&E) system measure progress in achieving the expected outputs/outcomes of the interventions? |
| 3.2 To what extent do UNICEF interventions have adaptive capacity? |
| 3.3 To what extent are the activities and strategies implemented contributing to achieving the outputs/outcomes expected? |
| 3.4 What were the underlying factors that contributed or hindered the achievement of the results? |
| 3.5 Which have been the non-planned effects, negative or positive, of the interventions? |

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25 At this level, we refer to how UNICEF Jamaica understands (conceptualization, priorities and objectives) and addresses (approaches, strategies and interventions) the VAC including the GBV.
The proposed evaluation approach included several interdependent stages that built on each other, although not necessarily in a linear fashion. These stages were (1) inception phase; (2) data collection phase and; (3) analysis and triangulation phase. The key data collection tools used in each phase of this country evaluation are detailed below:

(1) Inception phase

Document and literature review: An extensive qualitative content analysis of secondary documentation, including materials and documents of the Government of Jamaica, UNICEF CO in Jamaica and other sources was conducted throughout the evaluation period. Over 50 documents were carefully reviewed in the process (see Annex 2). Statistical data related to VAC available at the global, regional and country level were also consulted and analysed.

Online meetings with UNICEF CO in Jamaica: During this phase, five on-line meetings were held with the UNICEF team in Jamaica in order to understand and contextualise the object of the evaluation in this country. In these meetings, the evaluation team was able to contrast and complete documentary information, and to understand the expectations and needs of the different parties. This allowed the evaluators and the UNICEF team to jointly define appropriate approaches and tools to be used during the fieldwork.

Stakeholder map: During this phase a stakeholder map was compiled and discussed with the UNICEF team in Jamaica. The map was updated during the fieldwork in order to have a wide perspective of different actors involved, directly or indirectly, on VAC strategies in the country and to ensure that all relevant voices were brought to the evaluation process.

As a result of the analysis of the abovementioned inputs, the evaluation team drafted a methodological note detailing the object, purpose, scope and objectives of the evaluation, the methodology and data collection tools considered, ethical considerations, limitations found and a draft agenda for the field visit. The UNICEF CO team in Jamaica then introduced the evaluation exercise to relevant stakeholders and scheduled the itinerary for the field visit. Subsequently, the field work was carried out from 8-19 July and various different techniques were used to collect the information during this period (see details in Annex 7).

(2) Data collection phase.

Workshop with UNICEF CO in Jamaica: The fieldwork started with a workshop in order to understand the timeline of the implementation and its logic of change, as well as the strategies and progress observed so far. A total of 5 UNICEF staff (1 male and 4 females) participated, from different departments such as: Monitoring and Evaluation (M&E), Health, Safety and Security, Deputy

Representative and Operations. This workshop helped the evaluation team to better understand the work conducted by UNICEF on VAC over the course of the previous five years.

Individual semi-structured interviews: For this evaluation we used a non-probabilistic purposive sampling method. The selection of people and entities to consult was done based on their involvement/significant role they play in VAC initiatives and therefore the relevant information they could provide. Other criteria used to select informants were: (a) Diversity of actors: public institutions, civil society organisations (CSOs), United Nations System (UNS), community-based organizations (CBOs) and, donor; (b) Gender expertise: women’s organizations, academia and the Bureau of Gender Affairs; (c) Relevant organisations in the field of child care and protection but not necessarily UNICEF’s partners (Violence Prevention Alliance, for instance); (d) UNICEF team: M&E officer, Protection officer, staff responsible for the interventions to be evaluated, such as Gender focal point, Deputy, Representative and officers of other components (education, operations) to provide a systemic perspective of the work; and (d) Implementing partners: all organizations / entities with which a collaborative agreement was established (for details of the persons involved in this evaluation process see Annex 6).

A total of 34 semi-structured interviews, involving 47 stakeholders (39 women and 8 men), were conducted.

**TABLE 5: INDIVIDUAL INTERVIEWS**

<table>
<thead>
<tr>
<th>Entity</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>UN SYSTEM</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>PUBLIC ADMINISTRATION</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>CIVIL SOCIETY ORGANISATIONS</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>DONORS</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ACADEMIA</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>20</td>
<td>3</td>
</tr>
</tbody>
</table>

**TABLE 6: GROUP INTERVIEWS**

<table>
<thead>
<tr>
<th>Entity</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLIC ADMIN.</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>CIVIL SOCIETY ORGANISATIONS</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>19</td>
<td>5</td>
</tr>
</tbody>
</table>

Group meetings/discussion groups: In order to include relevant collective experiences and analysis of the target population in the evaluation process, three discussions groups were held with participants of the programmes/projects funded by UNICEF. Two with the NGO *Eve for Life* participants (one with mentors -mainly mothers- and mentees -girls HIV- of the project “I Am Alive” and the other one with violence interrupters of gang violence – participants of the “Violence Interruption Programme”-). It should be noted that although participants in these discussion groups were over 18 years of age, most of them started with their respective programmes as minors. Additionally, an informal consultation was held with child participants aged 8 to 13 years from the “*Fight for Peace*” project. The aim of this informal consultation was to assess their satisfaction and growth with the project. To safeguard the security and ethics of the process, the NGO’s Programme Officer and site coordinator supported the sessions.

In total, 29 people participated (16 females and 13 males) in these discussion groups.
(3) Analysis and triangulation phase.

Once the fieldwork and data collection process were finalised, the information gathered was analysed using the triangulation method, both at the level of individuals (to capture multiple perspectives on the same intervention) and at the level of the different techniques used, since each method and approach provided complementary advantages to the process. Likewise, efforts were also made to assure the highest level of veracity by using the “dedoose” analytical tool (a cross-platform “app” for qualitative and mixed methods research that analyses multiple formats such as texts, photos, audio, videos and spreadsheet data).

2.6 Limitations

The selected temporal scope for this country evaluation (2015-2018) covers a few years of each of the two CPDs for Jamaica (i) 2012-2016 and (ii) 2017-2021. Some components of both CPDs can be considered as a continuum, even if in some cases they had different denominations (e.g. “child protection” was a key component of the CPD 2012-2016 and “safety and security” is now a key component in the CPD 2017-2021). In both cases, however, the approach and content were quite similar. The VAC priorities and actions have become stronger over the past few years to enrich many strategies that are still considered work in progress as the second CPD is still ongoing. This situation has provided some difficulties in order to clarify the object of the evaluation with regional and country consensus. Four concrete initiatives (detailed in section 2.1) were initially selected, but in order to have a broader perspective (and considering that some of these initiatives have their own evaluation reports), it was later jointly decided to analyse UNICEF’s work on VAC over the last four years.

As a formative evaluation with a strong learning component, the evaluation has focused on assessing the design and implementation of interventions, in light of the progress made to date but also taking into account previous related work. In this regard, an important limitation was the absence of documented experiences and models, as well as the limited evidence and reports available. To mitigate this limitation, during the fieldwork, the evaluation team collected additional information and data related to the interventions from implementing partners and other secondary sources of information. Nonetheless, some information gaps remain (on the one hand, not many narrative reports at intervention level were found and not all data was disaggregated by sex and/or other variables such as economic status, age or disabilities. On the other hand, a lack of adequate

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documentation of advocacy work on VAC was a limitation, mitigated by information gathered in in-depth interviews).

Another limitation had to do with the insufficient availability of sex-disaggregated data. While some data (not all) was disaggregated by sex, some of the interventions under evaluation were characterised by a limited gender mainstreaming approach (at least they do not make it explicit in the planning documents). This weakness has conditioned the gender analysis. To ensure a coherent analysis and linkages with the multi-country evaluation, some evaluation questions and tools were designed to facilitate a gender sensitive collection of information. As part of these efforts, the evaluation team also included elements such as consultations with women’s organisations and academia in the country, regardless of whether they were involved in the abovementioned interventions. The rationale for this was that they could provide context-related information to assess the added value of UNICEF’s work in the field. Unfortunately, only a limited number of organisations with strong gender and children’s rights expertise were found outside Kingston, limiting the information and perspectives that could be gathered in this regard.

Finally, whereas participants could provide more information on some gaps that the VAC strategy was not addressing, there was limited participation of the target population especially of children aged 10-14 years. Time restrictions and ethical considerations were the main factors that explain why children consultations were not carried out in a more systematic way. To mitigate this limitation some additional groups discussions with participants were held in Kingston and Savana la Mar (Westmoreland).

2.7 Ethical considerations

All research studies and consultative processes involve an ethical imperative to treat persons with respect and to protect their well-being. Collecting data on violence against children and adolescents poses particular ethical challenges, however. These challenges include minimising the risk of harm when asking children and adolescents about sensitive issues such as violence, particularly given that children often experience violence from those close to them, such as family members, primary caregivers and peers. Furthermore, during this evaluation exercise an ethical imperative was to take special measures to minimize risks of distress, retaliation and other potential harm that might result from asking children and adolescents to disclose violence in the context of this process.

In addition, the country evaluation team recently completed an ethics training course, namely the “Introduction to Ethics in Evidence Generation” by UNICEF via Agora platform (UNICEF’s global hub for learning and development). Moreover, the country team leader and the support evaluator also completed the “Ethics and integrity at UNICEF” course in the same platform and both participated in an internal training, provided by Leitmotiv Social Consultants, facilitated by an international expert on the subject.

The major ethical issues faced while conducting this country evaluation have been: (a) independence, impartiality and credibility, (b) respect and good treatment, (c) anonymity and confidentiality, (d) principles of participation, equality, non-discrimination and the best interest of the child. In accordance with the United Nations Evaluation Group (UNEG) Ethical Guidelines, the team took measures to ensure independence, impartiality and credibility while reducing the possibility of conflict of interest.
For the interviews, consent forms were provided to participants. In total 22 consent forms signed were gathered (the rest was not recorded but informed). Each interview was conducted in safe spaces that allowed private interactions. In the case of online interviews (2), they were conducted behind closed doors and respondents were informed that notes were being taken.

Regarding the discussion groups, the evaluation team was accompanied by NGO staff. These sessions were not recorded in order to facilitate a confidential environment in which participants could speak freely. Furthermore, the informal consultation held with children aged 8-13 years (3 females and 3 males) was held in a child-friendly space. In this sense, six signed parental consent forms were collected, one for each child who participated in this consultation.

While reporting data, special effort was made to not include information that could be used to identify the individual, safeguarding anonymity.

3. FINDINGS

This section of the report is organised according to the main evaluation criteria used in this country evaluation, such as relevance, efficiency, effectiveness and sustainability (see Section 2.3). The gender approach has been mainstreamed in the analysis of all evaluation criteria. Specifically, in relevance it was analysed how the interventions address GBV and specific violence against girls and in effectiveness how the interventions contribute to changes in gender norms.

3.1 Relevance

The relevance criteria analyse the adaptation of the UNICEF’s VAC strategy to the local context. In addition, these criteria also assess the extent to which the objectives of UNICEF’s work in Jamaica (a) are aligned with country needs and regional and international norms and standards regarding VAC (including GBV), (b) are aligned with UNICEF’s global priorities on VAC; and (c) are consistent with the needs and rights of the target population.

Finding 1. The objectives of CO’s work are aligned with country needs, national priorities, legal and normative frameworks regarding VAC (including some types of GBV).

According to the Economic and Social Survey of Jamaica published by the Planning Institute of Jamaica (PIOJ), an alarming number of Jamaica’s children find themselves in various situations of abuse, neglect, exploitation and violence. In 2016, data from the national police revealed that 8% of the victims of selected major crimes were children and, approximately 60% of these young victims were girls.

Other studies such as the latest study of UNICEF and the Caribbean Policy Research Institute, “The Situation Analysis of Jamaican Children-2018”, also show that approximately 80% of Jamaican children experience some form of psychological or physical violence administrated as discipline, 64.9% of

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27 Child Friendly Spaces are spaces set up in settings to help support and protect. Used widely since 1999, Child Friendly Spaces protect children by providing a safe space with supervised activities, by raising awareness of the risks to children, and mobilising communities to begin the process of creating a Protective Environment. UNICEF: A practical guide for developing child friendly spaces. Available at: https://www.unicef.org/protection/A_Practical_Guide_to_Developing_Child_Friendly_Spaces_-_UNICEF_(2).pdf
28 PIOJ (2018): Economic and Social Survey Jamaica 2018
29 Mentioned in NPACV 2018-2023 P. 5
students are bullied at school, and as many as 79% of Jamaican children witness violence in their community or at home.

In this same line, other studies confirm the seriousness of the situation of children and violence. As previously mentioned, the secondary data reviewed (see section 1.2) indicates that VAC in Jamaica is a structural problem and that the number of children in need of special protection has grown over the last few years. Therefore, any proposal trying to prevent, respond to and/or reduce/eliminate VAC is crucial for the country’s development and human rights framework.

The issue has gained importance nationally and is increasingly on the national agenda as evidenced by the designation of Jamaica as a Pathfinder country for the Global Partnership to End Violence against Children since 2016.

Moreover, at the national level, all stakeholders consulted for this evaluation shared the view that VAC is a national priority under the Vision Jamaica 2030 (National Development Plan) within the safety component, as part of violence in general. In this Plan, VAC is considered a security and justice issue, with a mitigation approach rather than a prevention or holistic approach. In addition to the stakeholder’s views, the current Medium-Term Framework (MTF) does identify crime reduction including youth and GBV and protection of children’s rights as key strategies. In this same direction and as mentioned in the 2017 UNICEF annual report “…strategic efforts with Government and NGO partners to focus on homicide reduction in itself (not crime reduction) present challenges and opportunities. UNICEF continues to support a public health approach to homicide reduction…”

As stated in the NPACV 2018-2023, by ratifying the Convention on the Rights of the Child (CRC), its Optional Protocols and other international human rights instruments, Jamaica commits itself as a nation to translate the principles, provisions and standards into concrete programmes and actions that will make a difference in the lives of its children (NPACV 2018:1).

Consequently, NPACV has a specific outcome (outcome 4) which states “Enhanced public education, sensitisation and training on violence prevention, the care of children affected by violence and children’s rights to survival, development, protection and participation”, and also includes a zero-tolerance approach to child-based and GBV.

In UNICEF’s current CPD 2017-2021, the organisation echoes these national priorities specifying the following outcome: “National legislation is implemented to prevent, mitigate and address violence and other childhood abuses and the justice, education, public health, security and other sectors observe children’s rights to this protection”.

In the case of GBV, UNICEF’s work focuses on addressing, above all, sexual abuse (including incest) as a type of sexual violence, through the mitigation of its effect (in preventing vertical transmission of HIV mother-child and fostering the access to and quality of health and related services) by targeting

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10 UNICEF-CAPRI (2018:19)
12 The Global Partnership to End Violence Against Children is a unique public-private collaboration that includes United Nations agencies, governments, industry, regional bodies, civil society, young people, advocates and champions. Since its launch in July of 2016, this global partnership has promoted the concept of pathfinding, which aims to raise awareness, stimulate leadership commitment, galvanize action, and establish a standard of national violence prevention throughout the world. Today, 26 countries have joined the partnership as pathfinders, spreading its reach to every continent.

girls aged 15 and above (mainly through the project “I Am Alive”). Other forms of GBV such as trafficking is not among their priorities at the moment, even though the National Rapporteur on Trafficking in Persons states that it is a growing problem in Jamaica, and women and girls are some of the main victims of trafficking.\(^{34}\)

Taking all this evidence into consideration, it can be concluded that UNICEF’s work is aligned with country needs, national priorities, legal and normative frameworks regarding VAC as mentioned in their strategic planning and programmatic documents aimed at strengthening national policies to combat and prevent VAC (such as the ToC of Safety and Justice Strategy Note among other documents).

**Finding 2. The objectives of the CO’s work are aligned with international and regional norms and standards regarding VAC (and in some extent to GBV).**

At international level, the Concluding Observations on the combined third and fourth periodic report of Jamaica by the Committee on the Rights of the Child (last received in 2015), included a full chapter on VAC providing specific recommendations on corporal punishment, abuse and neglect, and sexual exploitation and abuse.\(^{35}\)

Since that date, UNICEF strategies have clearly responded to this observation and a considerable effort to support (a) programmes that combat sexual abuse, (b) community-based programmes aimed at preventing and addressing child abuse and neglect, (c) specific actions aiming at explicitly prohibiting corporal punishment in all settings (including family and schools) and, (d) expanding parenting education programmes, has been made. Some of these interventions are still considered work in progress, such as the legal ban of corporal punishment in schools and at home (at the time of this evaluation, corporal punishment in households and school -primary and secondary- was not yet prohibited) despite the commitment and support express by various statements from the Prime Minister.\(^{36}\)

Other instruments such as CEDAW and/or Belém do Pará are not mentioned as key references for CO’s daily work. However, it is worth noting that the CEDAW Committee has urged “...the State party to: [...] (d) Institute a programme of public awareness to encourage the reporting of domestic and sexual violence against women and girls and ensure that all such acts are effectively investigated, victims and witnesses are protected, and perpetrators are prosecuted and sentenced within a reasonable time frame...”\(^{37}\) according to the 2012 observations (the latest available) received by Jamaica.

Moreover, the CEDAW Committee is also concerned about the reportedly high incidence of transnational and internal trafficking and sexual exploitation of women and girls and the apparent low rate of prosecutions and convictions of perpetrators.\(^{38}\)

Even if there are specific actions and strategies supported by UNICEF CO to address gender issues, such as the reduction of feminisation of the prevalence of HIV among girl adolescents and sexual violence, a stronger emphasis is needed in the prevention of domestic and sexual violence against girls.

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\(^{34}\) Mentioned in one of the interviews with a public administration representative.

\(^{35}\) CRC/C/JAM/CO/3-4. Chapter D. P. 7-9


\(^{37}\) CEDAW/C/JAM/6-7

\(^{38}\) Ibidem cit. 25
as well as internal trafficking. This could be a potential area to focus on in the coming years with the guidance of the CEDAW Committee observations.

As mentioned by many stakeholders, and by the UNICEF team in particular, the Spotlight initiative, #SpotlightEndViolence - an initiative that focuses on eliminating all forms of VAWG to achieve gender equality and women’s empowerment in line with the 2030 Agenda for Sustainable Development (currently under discussion/definition in Jamaica), offers a good opportunity in this regard, especially since family violence (strongly interrelated with GBV) has been chosen by the UN as a key topic for the Caribbean region. UNICEF has been selected as one of the Recipient Agencies and is leading the outcome on Prevention and Social Norms.

**Finding 3. The objectives of the CO’s work are aligned with UNICEF’s global priorities on VAC but there is room for improvement to increase internal coherence that covers all fundamental aspects and a holistic approach on VAC-GBV.**

At regional level, the 2017-2021 United Nations Multi-Country Sustainable Development Framework in the Caribbean (UN MSDF) defines how the UN will jointly achieve development results within a single strategic framework for 18 English and Dutch-speaking Caribbean countries and Overseas Territories\(^39\). Among its four priority areas\(^40\), this UN-MSDF includes a priority area 3 “A Cohesive, Safe and Just Caribbean” that focuses equally both on violence within the household and in the broader community. Special emphasis will be placed on the prevention of violence against women and children, youth violence, and violence against other vulnerable groups, including persons with disabilities, older persons, people living with AIDS, and Lesbian, Gay, Bisexual, and Transgender (LGBT) population\(^41\). Therefore, Caribbean countries have a unique framework (as mentioned in the UN MSDF), and VAC is part of the safety and justice component with similar indicators for all. In this sense, UNICEF CO’s work is aligned with the UN System’s global priorities.

Additionally, UNICEF’s work at the country level follows all UNICEF regional and global objectives and mandates, even though it is often necessary to adapt some of the frameworks to the local context, as informants frequently mentioned during interviews. For example, the global ToC on VAC\(^42\), which guides UNICEF CO’s objectives, still needs to be adopted and adapted to the current situation in Jamaica to be really useful.

Regarding the internal coherence of UNICEF CO’s work and strategies dealing with VAC, successive reports and evaluations help this CO to guide the interventions to ensure a coherent and comprehensive approach while taking into account different strategic areas on VAC-GBV considered a continuum. Thus, different aspects such as prevention (with initiatives such as: SWPBIS, “Psychological First Aid” project, U-report\(^43\)), attention/response (with “I am alive” programme and “Violence Interruption Programme” (VIP), for instance) and enforcement of victim’s rights (with legal improvement actions: Child Care and Protection Act (CCPA), Child Diversion Act…) are normally

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\(^39\) The countries covered are Antigua and Barbuda, Anguilla, Aruba, Barbados, Belize, British Virgin Islands, Commonwealth of Dominica, Curaçao, Grenada, Guyana, Jamaica, Montserrat, Saint Lucia, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Sint Maarten, Suriname, and Trinidad and Tobago.

\(^40\) The UN MSDF establish four priority areas: i) An Inclusive, Equitable and Prosperous Caribbean; ii) A Safe, Cohesive and Just Caribbean; iii) A Healthy Caribbean; iv) A Sustainable and Resilient Caribbean.

\(^41\) UNICEF, UNICEF System-wide work to address violence against children 2012.


\(^43\) U-Report is a social messaging tool, pioneered by UNICEF, that is designed to give Jamaican youth a greater voice on issues of national importance. The tagline for U-Report is actually Voice Matters!
addressed by UNICEF CO in different programmes and interventions (see figure 2 in section 2.1). Nevertheless, some of these direct interventions are not concentrated in the same geographical area, nor are they targeted at all levels (macro-meso-micro⁴⁴) as will be explained later.

UNICEF’s work on VAC became a major priority/issue from one CPD to another (as was mentioned in section 1.3) and in the latest CPD 2017-2021 is considered a cross-cutting issue reflected in several components and actions (even though the focus is still too geared towards child protection; which is now under the safety and justice component).

To date, UNICEF funds direct interventions on VAC at both the micro and meso levels (Meso level: Institutions and systems; Society and communities; and Micro level: Households, fathers, mothers, and/or other caregivers; Children, boys and girls in their diversity) It does this in partnership with different CSOs, mainly (but not only) focusing on response rather than on prevention (an exception, among direct interventions considered object of this evaluation is the SWPBIS initiative, which focuses on positive behaviour to reduce violence in schools), and it also supports the access of services where there is a lack of public facilities, as mentioned and verified in the fieldwork (e.g. sexual and reproductive health facilities in the western part of the island).

VAC is treated as a National Public Health issue with three tiers of interventions: primary level (overall support to change social norms, made available for the population at large), secondary level (targeted interventions to provide specific support to at-risk children and reduce highest risk) and tertiary level (intensive support to work with offenders to interrupt transmission of VAC, an individualised and specialised aspects emphasised). Some examples of supported direct interventions in this regard are: (a) primary level – “Psychological First Aid” project which aimed to strengthen the community-based integrated psychosocial support services; (b) secondary level – “I Am Alive” programme, which aimed to strengthen referrals and linkage to treatment, care and support for HIV adolescent girls and young mothers, “Psychological First Aid” and “VIP” which aimed to strengthen the resilience of youth aged 15 to 19 involved in high-risk activities by providing alternative paths out of gang activity; and (c) tertiary level – “VIP”.

“Psychological First Aid” project led by FFPI works at the community level by trying to spread positive norms for a wide variety of children in schools and after school; “VIP” led by PMI works to interrupt transmission (prevent retaliations, mediate conflicts and keep conflict cool) and reduce the highest risks; and “I Am Alive” programme led by EFL works with a specific group with high risk behaviour (for more details see section 2.1).

In the case of education programmes, the UNICEF CO is currently undertaking an evaluation of the SWPBIS initiative which follows this pyramidal approach as well.

⁴⁴ These three levels refer to the socioecological model (see figure 5 in section 2.4): i) Macro level: National coordinated multisectoral action; Legal and politic framework; ii) Meso level: Institutions and systems; Society and communities; iii) Micro level: Households, fathers, mothers, and/or other caregivers; Children, boys and girls in their diversity.
Many of these targeted interventions on VAC supported by UNICEF (through NGOs such as: PMI, EFL, FFP) justify a holistic approach as they address both health aspects (including care and psychosocial-emotional recovery) and educational support. Most of response and psychosocial interventions have a targeted approach working on volatile communities in Kingston, Clarendon and St. James. Other aspects, such as economic rights (employability, income generation and improved access and control of resources) or empowerment, are still considered work in progress in the intervention zones.

At **macro level**, UNICEF CO supports the improvement of policies, legal provisions, data collection and monitoring and evaluation for learning (M&E&L) systems with different levels of intensity across time and institutions. A good example of success is the Diversion Act and Diversion Policy that have seen the light after UNICEF’s sustained support to the Ministry of Justice (MOJ) and the National Plan of Action for an Integrated Response to Children and Violence approval.

As a result of the desk review and fieldwork, it can be said that since at national level there is no geographic programmatic inventory on VAC (done by the governmental sector), it is not immediately clear whether these three levels of intervention (micro/meso/macro) are covered in the priority areas or zones selected as hotspots by the country.

**Finding 4. The objectives of CO’s work are partially consistent with the needs and rights of target population.**

Although according to the implementing partners, the criteria for defining the target population, respond to the differential analysis of needs and rights, the interventions’ design documents are brief and simple and therefore do not provide substantial elements to deepen the analysis and understanding of this part of the process.

Normally, the main target groups of CSO projects (conducted by UNICEF’s implementing partners) are children aged 15-19, since the focus is on secondary level (through targeted interventions to provide specific support to at-risk children) and tertiary level (intensive support to work with offenders). This is the case of “VIP” and “I Am Alive” programmes. In other cases, implementing partners exceptionally consider younger children aged 7-8 and above, but this is in cases where they are trying to promote prevention strategies at early stages (e.g.: “Phycological First Aid” project).

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45 PMI focus on youth 15 to 19 – 4,500 with 25% are in conflict with the law. EFL focus on 450 direct beneficiaries’ girls from 15-19 years of age HIV+. FFP focus on 400 young people at risk areas from 7-29 years of age.
A common concern expressed by all implementing partners is that the design of initiatives must take into account the needs of the target population and their life cycle by using different strategies and to address each cause: e.g. “Some participants were kicked out of their homes/neglected/abused between the ages of 9-13 years. At that time survival is a need so if there is no protection or safe environment the involvement in gangs becomes a viable option”.

Problems identified by implementing partners were, among others, the lack of spaces adapted to deal with sensitive issues, lack of accessible and affordable recreational venues which could be adapted to different ages, lack of resources necessary to provide particular attention to each specific case. Nevertheless, the projects were considered child-centred, since CSOs tried to develop activities that were as diverse as possible, in order to provide some reason for every child to return. Hence, the focus was more on individual changes/individual behaviour, with less weight given to family and community changes (following the socioecological model referred in section 2.4 – figure 3).

Overall, the evaluation found that UNICEF’s work is, in general terms, rather consistent with the needs and rights of the target population. Still, as was pointed out by some interviewees, there were some challenges in reaching beneficiaries in remote rural areas (and other hard-to-reach groups such as children with disabilities, children in state care...), since the geography of the rural areas caused communication and transportation difficulties which limited access between beneficiaries and the services needed.

Moreover, equality, non-discrimination and participation are key principles for UNICEF and they are reflected in documents such as the GAP 2018-2021. This was also mentioned during interviews with CO staff. However, at programmatic level no explicit references to these principles could be found, while human rights, gender equity and the environment, as well as capacity-building and results-based management were explicitly mentioned. Therefore, there is room for improvement not only at programmatic level but also in terms of the effective realisation of these principles, since interviews revealed that respondents’ understanding varied.

**Finding 5. UNICEF’s capacities to ensure gender mainstreaming are limited and interventions do not always analyse connections between gender inequalities, VAC and GBV.**

Gender equality is one of the fundamental principles for the exercise of rights. As such, gender equality is a crosscutting and transversal priority of UNICEF’s Strategic Plan 2018-2021. Furthermore, the latest GAP of UNICEF (2018-2021) is also based on the principle that the promotion of gender equality and the rights of women and girls is fundamental for the realisation of human rights and is therefore considered mandatory at global level.

In both strategic documents it is understood that gender equality implies that women and men, girls and boys have the same rights, the same resources, the same opportunities and the same protection. This is of course totally applicable to the work done by UNICEF to fight VAC which places a key central assumption at the core of that field of work: that in order to mitigate the danger of violence that threatens children and women, as well as to meet their specific needs for care and support, it is necessary to apply approaches that consider aspects related to gender equality.

Usually, a twin-track strategy in gender mainstreaming implies applying gender-integrated approaches plus gender-targeted approaches. However, data collected for this evaluation show that, in general terms, there is a better understanding about the second one, focusing interventions on the disadvantageous situations of girls.
For example, the reorientation of the HIV prevention and treatment programme targeting HIV positive adolescent girls and young mothers to address sexual violence (the “I Am Alive” programme) and its expansion to Westmoreland was a success, as pointed out in its evaluation final report, and is considered a gender-targeted approach by the evaluation team. The decision to expand the programme has had the advantage of broadening the “organisation’s focus to include issues of gender-based violence which emerge as an issue could not be ignored”.

Through periodic reviews of this programme, monitoring visits and knowledge sharing, UNICEF and the NGO EFL have improved their understanding of the implications of the gender-specific support required to address girls’ health care needs and to face the issues of incest, rape, silencing of parents around sexual abuse, lack of parenting skills, HIV stigma and discrimination, etc.

However, although gender equality must be embedded in all programming process, other VAC interventions reviewed were not found to include such a diligent analysis of gender inequalities that are cause and consequence of VAC, including GBV.

This is also the view of some interviewees who mentioned that “although one hears more about gang and other types of violence in Jamaica rather than GBV, there is some level of gender focus because a lot of it is coming from its sociocultural context – how do people think about each other, what roles do they assign to each other and how does this play out especially in the Jamaica context where women are much more educated, and moving ahead and the men are feeling threatened”.

Gender mainstreaming was recognised in 1995 at the UN Fourth World Conference on Women in Beijing as the methodology to be used to incorporate a gender perspective into policies and institutions. Mainstreaming a gender perspective into policies, programmes and projects requires both women’s and men’s needs to be taken into consideration at all stages of the policy cycle.

Adopting a gender perspective in the planning stage (hereinafter gender planning) contributes to preventing bottlenecks in the implementation process, or at worst the adoption of measures that — if not considered from a gender perspective — could result in undesired consequences for women or men.

UNICEF, in order to assure gender planning, provides four key steps in this regard: (1) Analyse and prioritise the problem according to country context; (2) Identify gender inequalities and causes; (3) Develop and select programmatic solutions, and (4) Document the findings and agreements (see figure 8).

**Figure 5: Key Steps in Gender Programmatic Review**

![Figure 5: Key Steps in Gender Programmatic Review](image)


In recent years the UNICEF CO has made a significant effort to improve these key steps in gender programmatic review and they have reinforced their commitment with a gender programmatic review currently ongoing by Headquarters in New York. Particularly steps (1) and (2) as new research and
reports on VAC were released with some GBV data included and a full section specifically on sexual violence and addressing GBV. Step (3) is mainly addressed through gender-targeted interventions (as the programme “I Am Alive”) and step (4) with the corresponding evaluation and progress reports. Nevertheless, as many voices suggest, there is scope for improvement to connect the whole cycle of programming with a gender lens and provide a more systematic information analysis.

Firstly, stakeholders consulted agreed that there was a clear need to reinforce the twin-track approach, because on the one hand, the programmes to support girls victims of VAC-GBV in national strategic plans are insufficient (even if there are some good examples on targeting girls, like the EFL programme “I Am Alive”) and on the other hand, gang violence (as a national priority) does not include a gender mainstreaming approach in its planning, implementation or monitoring and evaluation for learning purposes (M&E&L) systems. For example, data is not always disaggregated by sex; and gender analysis is weak and often reduced to mentioning the number of girls/women participating in the programme.

Secondly, some believe that, because of its mandate and priorities, UNICEF can play a more decisive capacity-building role, among its key partners, that may guarantee a special consideration to be given to gender issues throughout the life cycle of a project and to also be age appropriate in the delivery and content of messages regarding women and girls, boys and men.

As a key informant said “UNICEF could review embedding the gender approach to make it a deeper, more meaningful approach not just superficial disaggregation or looking at it one-dimensionally. Gender equality is increasingly important, and it should be a key element in any project. It does not have to be a gender-specific project, but whatever is being done should have gender considerations because this approach will help the Jamaican society grow”.

Thirdly, the review of project documents and M&E data shows that, although not 100% guaranteed as yet, monitoring data is increasingly disaggregated by sex and age (with difficulties to cover the cohort under 14 years of age) and more analysis of the situation is done regarding different types of VAC (including some cases of GBV).

One of the key factors hindering further progress in this regard is the absence of strong local partners to drive activities that focus on gender and children issues. No gender specialised organisations are involved in the designing process of the initiatives on VAC (with the exception of sexual violence, with EFL) and according to the desk review and interviews conducted, some implementing partners do not have gender expertise or protocols to assure more linked analysis of GBV and gang violence, among other forms of violence. In this respect, it is worth noting that some implementing partners noted cases of domestic violence where small arms were used in a context of gang violence and they explained that they required more training and technical support in order to address it. Again, the Spotlight initiative earlier mentioned, still being co-designed by four UN organisations47, will be a great opportunity to progress in this regard.

UNICEF CO staff are gender sensitive but in order to support a stronger gender mainstreaming focus, the team would require more expertise/training for applying theoretical knowledge and addressing the differential effects of violence on girls and boys as noted by UNICEF staff interviewed.

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47 UNICEF, UNWOMEN, UNFPA and UNDP.
3.2 Efficiency

The efficiency criteria analyse how resources and inputs (funds, expertise, time, etc.) are translated into results (qualitative and quantitative) and if they are being used in the most effective way.

Finding 6. The complexity of the problem (VAC-GBV) requires more resources – human and financial – to achieve the expected outcomes in a concrete period.

The scarcity of resources at different levels was something shared by all respondents. In some cases, they highlighted the need to have more appropriate infrastructures to assure child friendly gender sensitive spaces (e.g. to comply with the privacy and confidentiality criteria, to attend the full life cycle properly, etc.). On other occasions, the emphasis was on the need to devote more specialised human resources.

At the country level, in many organisations (CSOs, Public Administration and even the UN) the core specialised staff is reduced to a few people so they need to refer to other entities the attention. Even if this was considered unsustainable in the long-term by duty bearers, this has positive effects by broadening the view of the need to involve more and diverse actors (like specialised NGOs, among others), as VAC is a multicausal and structural problem. Now, as some duty bearers have noted, it is more common to have a positively assess of public-private partnerships in supply chains to provide child friendly services (e.g.: Ministries – NGOs).

At UNICEF CO, the work is organised by components: education, health, safety and justice, and M&E with a team made up of one single specialist for each or these components/areas. In total, there are four specialists, plus one specialist in communications, with two programme assistants for these five specialists. Apart from the UNICEF Representative and the Deputy Representative with their executive assistant, an operations officer with six associates, complete the team in the CO (see figure in section 1.3). From the analysis of the structure, one can easily observe that the social protection/socioeconomic family empowerment component is missing (the fourth thematic component of the current CPD referred in section 1.3: social protection is vacant). It is important to note that, in addition to UNICEF’s work, the staff is also part of other platforms. Therefore, along with UNICEF’s annual workplan, which is mapped out at the start of each year, there are other issues that demand staff’s time and attention as the year progresses. In order to close some of its human resource gaps, UNICEF CO usually employs interns or temporary national and international consultants.

UNICEF CO uses other resources that are not tangible. For example, even if they do not have direct financial resources for a significant part of the advocacy actions these activities require significant efforts in terms of time and human resources, including specific competencies and abilities that can hardly be evidenced and accounted for.

For the period 2014-2018 and reflecting only the initiatives covered under this evaluation the UNICEF CO has received limited funds to address VAC in the country, considering the alarming levels of violence that children are suffering in Jamaica. However, data shows a positive trend with significant increases over the years, as funding depends on donor support. As can be observed in Table 8 below, while in 2014 the increase was less than 10%, investments went up to 25.56% in 2018.

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48 For some specific topics the team counts on national consultants to reinforce advocacy actions. In particular, they hired a national consultant to work on the Diversion Policy and Act.

49 Even if the evaluation period is 2015-2018, the economic information detailed in this section covers from 2014 onwards in order to provide a five-year trend.
Nevertheless, the lack of human/financial resources can generate inconveniences in the medium term when it comes to scaling up strategies or expanding to other geographical zones of the country, apart from the already highly centralised city of Kingston.

**Finding 7. Existing coordination and communication mechanisms at internal level (UNICEF CO) have facilitated a shared vision. However, there is scope for improvement to enhance strategic discussions, especially on knowledge management.**

Weekly UNICEF team meetings (with the entire team) ensure that information from all specialised and operational areas is shared and discussed to keep staff updated. The monthly programme team meetings have also been useful in keeping the programme staff updated on what is happening with each other’s portfolio, planning strategically and cross fertilising where necessary. In addition, other meetings are organised as needed for strategic discussions such as sustainability, advocacy or gender mainstreaming strategies.
One-on-one dialogue/problem-solving sessions between UNICEF CO and its partners is a usual approach to enrich intervention implementation. This was positively assessed by all implementing partners interviewed. Nevertheless, all local informants said that the lack of a shared plan on VAC among donors creates confusion for the implementing partners as they must attend several meetings which easily creates work overload or overlap. Other donors could benefit from UNICEF CO’s approach to participatory working relationship with its implementing partners by creating synergies between implementing partners, reducing redundancies in portfolios and seeing how one project can connect to the next while measuring progress. The UNICEF CO’s model would help to reduce inefficiencies.

Additionally, and in general terms, all UNICEF offices in the region have produced a wide and diverse number of publications, analyses and research on different aspects related to VAC. For example in Jamaica, some publications such as “The Situation Analysis of Jamaican Children-2018” and programme evaluation reports (such as “I Am Alive” programme) stand out in relation to reports on causes and consequences of VAC, since they not only offer a diagnosis of the situation, but have also contributed to highlighting the problem in the national political debate. Another good example is the Caribbean Child Research Conference, at which for more than ten years the most prominent topic presented by the secondary school children has been VAC including GBV. Despite the breadth of work done, the collected data shows that there has been no true national knowledge management strategy to guide and systematise all the efforts made, enhance the dissemination and exchange of ideas beyond national borders in order to promote the uptake of experiences, learning and methodologies. Knowledge management is still a significant challenge, according to the views of staff consulted.

Internally, there have been improvements at UNICEF CO in terms of information sharing (such as documents and strategic planning through Information and Technology (IT) tools, intranet, shared folders, etc.). However, although staff have the data, research studies and evaluation reports, learning from experiences and enhancing analysis are areas where there is scope for improvement.

“UNICEF can lead on creating a shared knowledge/evidence-based approach about the harm of corporal punishment... UNICEF is the lead entity on VAC that takes a child-centred approach; understands programme design and programming holistically; and is a strong advocate for M&E and collaborative work.”

In addition, there is no repository for VAC (including GBV) and the reporting format does not specify gender indicators to provide evidence. Although it is assumed that gender equality must be embedded, there is limited evidence available when it comes to non-targeted interventions. Strategic gender sensitive indicators and their collective definition could help to improve specialised analysis with a gender-sensitive monitoring an evaluation (M&E) system.

**Finding 8. Coordination mechanisms with stakeholders are highly demanded.**

Coordination is a common challenge shared by all stakeholders consulted either at the donor level, or at the policy and operational levels. Generally, the evaluation found a low level of satisfaction with the channels of coordination, not with the type of channel (meeting review, online and telephone communications, etc.) but with the frequency (once or twice a year). While there is very good

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50 This Conference has been financially supported by UNICEF for more than 8 years. Currently, UNICEF continues to give technical support as a member of the Caribbean Child Research Committee which includes representatives from child related agencies: OCA, CPFSA, IPOJ, MOE, among others. UNICEF also continues to serve on the committees for reading the essays, as judges, being present with their booth and banner.
coordination between two or three stakeholders, there is still insufficient multi-sectoral coordination for national planning and commitments (when on many occasions it involves about 30 people).

UNICEF is involved in the expansion of the multi-agency network dealing with child abuse and sexual offences and coordinates multi-disciplinary steering committees for projects they fund. This role is widely acknowledged by other stakeholders who believe that the fact that it is a UN organisation independent from government, facilitates its brokering role with other key stakeholders in different institutions and services, minimising any possible feeling of competition among them. However, most people consulted also agreed that UNICEF could take a stronger lead to further coordinate and promote collaboration among multisectoral partners working on children protection and care.

This need to enhance coordination was also felt regarding the implementation of the NPACV. The implementation stakeholders felt that both the leadership of the monitoring process, and the process itself were challenging and required further coordination. The general impression among key informants consulted was that there were also leadership gaps in sharing the mandate of violence prevention/reduction as well as in monitoring implemented VAC policies.

From a government perspective, Jamaica is still to establish the necessary mechanisms for optimal coordination in order for the implementation objectives of the NPACV to effectively filter down to the operational plans of relevant departments. Nonetheless, even if the design does not identify clear synergies, at the operational level, some officials and staff members are working together.

In this context, UNICEF can play an integral role in activating the right players to lead and execute the implementation and monitoring of the NPACV 2018-2023 in the short and medium terms. At the moment, UNICEF has supported the development of the NPACV 2018-2023 and is supporting it further by providing technical assistance and resources for the establishment of an oversight committee and a secretariat. It has been proposed that the committee be chaired from the Office of the Prime Minister in order to be more institutionalised and to avoid excessive links to a single individual/Ministry. However, discussions about adequate budgeting and resources for the institutions tasked with implementing this national plan and with creating the platform for multisectoral collaboration for VAC are still in their early stages and will need a decisive impulse.

Finding 9. UNICEF’s added value is clear and highly appreciated by key stakeholders.

Interviews conducted reveal that UNICEF is generally seen in the country as the reference organization to go to when working on children’s issues and it enjoys widely shared national recognition and prominence as a result of the work it has carried out over the years.

Several examples highlight UNICEF’s added value when compared to other actors working on VAC-GBV in the country:

- UNICEF is very broad in its approach /support to various initiatives: technical, financial, creative and focuses on strategic issues (e.g. UNICEF was very instrumental in crafting the NPACV and insisting that it would not come off the agenda. It did the same with the Child Diversion Act).
- UNICEF is very receptive and supportive (genuinely cares about its implementing partners) and connects grassroot community level organisations with formal services (negotiates facilities and engages with multiple levels).
- UNICEF is very approachable, and its specialised knowledge is very important. With the expertise it has, stakeholders appreciate and respect its advice and opinions. UNICEF staff
include specialists in the subject, so they provide rigorous interventions that optimise resources.

- UNICEF has an important brokering role and has proved to be good at bringing different stakeholders to the same table and at promoting a constructive dialogue among them.
- UNICEF enhances inter-agency/institutional coordination. The good relationship between the CO and different counterparts within the government is a key factor in this regard.
- UNICEF is recognised for its flexibility and its capacity to intervene both upstream and downstream (CSOs-Governmental MDA).
- UNICEF supports capacity building, urges advocacy with international standards and is trusted as an international expert on VAC.
- UNICEF is the only funding agency that has a particular focus on the relationship between gender and child violence.

### 3.3 Effectiveness

The effectiveness criteria analyse the extent to which the development interventions’ objectives were achieved or are expected to be achieved, taking into account their relative importance.

For this analysis, this country evaluation has focused on one particular outcome. It is important to note that other outcomes in the current CPD (2017-2021) keep some sort of indirect connection with VAC, but considering the resources and time available for this evaluation, it was agreed that the following outcome would be the scope and focus of the evaluation: By 2021, national legislation is implemented to prevent, mitigate and address violence and other childhood abuses and the justice, education, public health, security and other sectors observe children’s rights to this protection (see Section 2.1 ToC Safety and Security Strategy Note 2017).

Firstly, following the socio ecological model (see Figure 5 in section 2.4), the evaluation team analysed the extent to which the activities and strategies implemented by UNICEF CO in Jamaica contributed to changes at different levels: individual level, family level, society and community level, systems and institutions level, legal/policy frameworks level, national and multisectoral level, in the realm of VAC prevention and reduction. Special consideration was given to changes in social norms and gender inequalities.

Secondly, the evaluation team analysed the monitoring and evaluation system to measure progress in achieving the expected outputs/outcome of the interventions.

**Finding 10.** Overall performance on advocacy and partnership is strong and significant legal and political achievements have been verified. However, there is scope for improvement at the systems level and in terms of multisectoral coordinated action. Performance in communities, households and family levels remains work in progress and there are documented achievements at the individual change level.

**Important child protection legislation has been passed in the time-frame considered by this evaluation exercise.** After years of advocacy efforts, the UNICEF CO and its partners have started to witnessed the materialisation of important results, such as the adoption of the Child Diversion Act passed in Parliament in July 2018. According to the last UNICEF results and monitoring report - outputs/outcomes and indicators status Jamaica 2017-2021 (data refreshed 06.06.2019): “The main objective of the Act is to ensure that every child in conflict with the law is treated in a manner that recognizes and upholds human dignity [...] UNICEF played a very important role in the development of
the Child Diversion Policy which was finalized in 2015 and has been asked by the Ministry of Justice (MOJ) to support the operationalization and implementation of the new Act in 2019”.

UNICEF CO has provided technical assistance to the MOJ to analyse the content of this Act and ensure its harmonisation with international standards. In order to do this, UNICEF CO hired a specialised national consultant based in the MOJ to follow-up the full process. During the evaluation period no other amendments or new acts with direct or indirect link with VAC and supported by UNICEF CO were approved by Parliament.

So far, results in the area of institution strengthening and increased country capacity to promote and ensure justice and systems that enable the prevention and treatment of violence, abuse, exploitation and neglect (output 1 of the ToC Safety and Security-UNICEF CO in Jamaica-Strategy Note) have laid the foundations, since the huge dimension of the problem requires much more to be done, such as strengthening the capacities of the responsible persons in different sectors and guaranteeing sufficient human and financial resources for the correct implementation of the laws. Implementation and enforcement are also key issues mentioned by all evaluation participants.

Key child protection institutions increase their capacity for a more efficient and child-sensitive service delivery. Partnerships with key stakeholders such as the Office of the Children’s Advocate (OCA) and the Jamaica Constabulary Force (JCF) were promoted to strengthen the capacity of the police force to interact with children and consolidate a more child-friendly service delivery, including diversion. A number of trainings targeting police officers and other public officials (judiciary, correctional services and social workers) have been conducted, involving a total of 9251 civil servants and public officers over the last 2 years. The publication *Child Justice Guidelines* produced by OCA, with support from UNICEF CO, has been one of the main products used in these trainings. Some key informants revealed the usefulness of this material and the need to replicate and scale up the trainings nationally so that knowledge and capacities are consolidated.

UNICEF has supported and provided technical assistance to the government during the elaboration and drafting of several VAC related policies with the aim of strengthening political commitment and accountability to legislate and budget for interventions that prevent and respond to violence, abuse, exploitation and neglect of children (output 2 of the ToC Safety and Security-UNICEF CO in Jamaica-Strategy Note). Two policies worth mentioning given their relevance and scope are the NPACV 2018-2023 and the Jamaica Pathfinder Road Map for Ending VAC (fully aligned with SDG 16 -target 16.2-launched in 2019).

According to the UNICEF monitoring report, the NPACV 2018-2023, recently approved, aims to reduce the impact of violence on children through a comprehensive, multi-sectoral and integrated approach of prevention and mitigation and improved response to violence against children. Although stakeholders unanimously celebrate its approval, it is often noted that the challenge now lays in its effective implementation and monitoring. This is why UNICEF is now assisting the government with the creation of a Technical Secretariat and the development of a monitoring system.

Interventions have mostly focused on the individual level. UNICEF supports several interventions to protect children in violence-prone communities through CSOs in order to increase the capacity of right holders and duty bearers to foster positive practices and norms to protect children from violence,

51 There is no data disaggregated by parishes available to date.
abuse, exploitation and neglect (output 3 of the ToC Safety and Security-UNICEF CO in Jamaica-Strategy Note).

For example, UNICEF supported “VIP” in partnership with PMI (in collaboration with the Ministry of National Security and other donors), which aimed to strengthen the resilience of youths aged 15 to 25 involved in high risk activities (primarily males). The main strategy focused on supporting them with therapeutic psycho-social treatment and providing alternative pathways out of gang activity through built-in support mechanisms. Job-seeking, remedial education and vocational training opportunities were provided for 230 adolescents (sex disaggregated data is not available).

Another example is the partnership with FFPI to support the “Psychological First Aid” project, which contributed to increasing the awareness and understanding of 138 community development committee members and other community resource persons from violence-prone communities on the impact of violence on children through Psychological First Aid trainings within the framework of the “Safer communities incubator programme in Kingston”. The programme had three main components: (a) training and sensibilisation of all key contacts working with young people at risk; (b) working directly with young people to build their resilience, and (c) advocacy to promote awareness of the importance of psycho-social support services and to integrate child protection strategies into community development programmes and policies. The programme ensured gender balance among both youth participants and facilitators and included specialised sessions (both sports and therapy).

The achievements in terms of contributions to individual change, are documented mainly through case studies, uploaded videos about implementing partners and UNICEF blogs52, etc. For instance, “The overcomer” is the story of a girl who participated in the “I am Alive” programme who overcame anger, shame and stigma to become a valuable life coach with the Eve for Life NGO53.

According to the last UNICEF results and monitoring report on the status of outputs/outcomes and indicators for Jamaica 2017-2021 (data refreshed 06.06.2019) “Approximately 2,000 children and youth in the six volatile communities covered by the FFPI project now have access to psychosocial support services that were integrated into wider community-based crime and violence reduction programming. A total of 1,327 children and adolescents (47 per cent female) benefited from direct psychosocial services. UNICEF supported FFPI in the rehabilitation of two green spaces in two inner-city communities and in further strengthening the capacity of 400 children to heal and overcome the impact of traumatic events and build resilience. Additionally, six safe spaces were branded as peace centres and five community spaces were rehabilitated”.

A strong focus of these initiatives was put on individual changes, and capacity-building for parents was also reported as an area of interest. For instance, the NGO PMI engaged parents for “VIP” by facilitating the creation of a support group of 25 women called “Mothers Against Gun Violence”, who sought healing and resilience-building following the violent deaths of their children. Also, 188 parents from the six “Psychological First Aid” project communities were supported to develop adequate parenting skills and put them into practice, reporting successful application of new information. However, no triangulation with participants was conducted to confirm this documented information during the evaluation.

The coverage of these interventions is still small and several implementing partner informants highlighted that there was scope for improvement at the family and household level, as there was little evidence that fathers, mothers and other caregivers had fully strengthened and consolidated their awareness of children’s rights and VAC. “The challenge here is to get the parents, they need to see and come to their sessions. The turnout to workshops is always lower than expected.” Parenting is always the weakest link of most of the programme, according to these sources.

Despite the aforementioned limitations, the UNICEF’s work with CSOs try to build models and influence national dialogues – e.g. HIV, gang violence interruption.

As a summary of this finding, see figure 6 where the layers have different colours according to the level of progress or intensity of the achievements acquired (green for achievements, yellow for works in progress and orange for more efforts need to be done).

Finding 11. A weaker attention to community level changes affects the level of achievement of results in the area of social norms and gender inequalities

Social norms and gender inequalities impact the effectiveness of response, particularly with respect to resistance to reporting and managing reported VAC cases. As the evaluation report “Protecting Children from Violence: A comprehensive evaluation of UNICEF’s strategies and programme performance” shows, to produce real change on VAC and due to its pervasive and persistent nature, intensive and long-term social and behaviour change communication is needed using strong dialogue and participation among all stakeholders. UNICEF staff in Jamaica also voiced that Communication for

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Development (C4D) and other behaviour change interventions and tools on VAC still needed further attention.

According to UNICEF staff, C4D methods to prevent VAC have been or are being developed but are still used on a small-scale and/or are geographically limited. To address these difficulties, UNICEF provided specific training on C4D to implementing partners so that they could use this strategy as a tool to improve actions to prevent and address VAC that could be linked to the national overall system.

As different studies note, in Jamaica, some forms of violence are still widely accepted, either because they are considered a normal form of discipline, because the discrimination against women is deeply naturalised or because of the lack of empowerment of boys and girls to reject them. This is further aggravated by the fact that the level of discussion and questioning of all types of violence and inequalities, and in particular VAC-GBV, both at local and national level is very limited. Also, it is worth mentioning the need for evidence-based programming when it comes to social norms. This includes the need for a comprehensive study on existing norms (to have a “diagnosis” of the social norms) and stereotype that condone violence and the need to conduct regular assessment of the social mobilisation and community engagement to collect evidence of what’s working for promoting the scale-up.

Community-based prevention mechanisms that can contribute to reducing VAC cover only selected areas. Even in areas targeted for interventions, many children in need of protection are excluded from prevention and response actions, so the impact can be limited.

Despite these limitations, some individual changes are very noticeable. For example, even if it is always difficult to measure empowerment, many implementing partners are confident that as a result of the socialisation activities, mentoring and support among trained peers, a certain sense of empowerment is being built among their participants (mainly youth between 15-24 years of age). As mentioned in the previous finding, some videos and life stories uploaded in different blogs confirm this. This perception could be triangulated during the fieldwork and in conversations with some of these participants. In fact, some of them are currently working for the NGOs as violence interrupters of gang violence in their communities or as regional coordinators addressing sexual abuse and stigma against girls living with HIV.

Overall, data shows that although at the community level some positive changes are starting to consolidate, there are also some backlashes that challenge progress in the way society perceives and deals with VAC issues. On the positive side, a great percentage of the interviewees believe that VAC-GBV is now on the public agenda and that is, partly, thanks to UNICEF’s contribution, among other factors. For example, they mentioned that media coverage and reporting on these issues had certainly increased. Furthermore, people and communities were better aware of the “the dos and the don’ts” when dealing with children. Finally, the widespread perception of those interviewed is that the Jamaican population is now more engaged in discussions about GBV. On the negative side, it is also generally acknowledged that resistance to the terms gender and feminism is still strong because people think that the focus is only on women and on advocating on sexual and reproductive health issues. An example of these resistances is the negative reaction of media to the establishment of the

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55 CAPRI-UNICEF (2018); Evaluations reports (I Am Alive; Fight for Peace; Violence Interruption Programme) among others.
56 As an example, please see the link: https://blogs.unicef.org/jamaica/break-the-silence/
Sexual and Reproductive Health section in the Health and Family Life Education (HFLE) in schools, a sensitive subject nationally due to religious beliefs engrained in the Jamaican culture.

Nevertheless, support to actions using positive social norms has increased, despite still being very new and “work in progress”. This is the case of positive parenting initiatives that, in group sessions, promote positive references of fathers and healthy habits of responsible parenthood. In line with this, UNICEF CO is providing support to strengthen the operations of the National Parenting Support Commission – under the MOE - which is responsible for approving parenting curriculum island wide, currently under definition, as the implementing partners and UNICEF staff mentioned.

Some gaps remain regarding initiatives to change social norms to prevent and respond to VAC, such as: the scope of issues addressed (with a more explicit reference to GBV connected to VAC, for instance), geographic coverage and determining the actual impact of methods to bring about behavioural change.

**Finding 12. There is recognition of the need for evidence-based results reporting to demonstrate changes and inform prevention and response to VAC. Although there is evidence of progress on research and data collection at the country level, the use of data is still limited.**

There has been progress on data collection at the national level and UNICEF CO has played an important role in this regard, supporting among others, the JCO-ICVIS of the Ministry of National Security (MNS) since 2011. The main aim of this support was to increase availability of data on VAC and to strengthen their technical capacity to increase surveillance coverage among its three primary data sources, these being the Jamaica Constabulary Force, the Ministry of Health and the Institute of Forensic Science and Legal Medicine.

JCO-ICVIS has compiled data for the 2016-2017 “Report on Children and Violence” which provides a comparative analysis of 2015, 2016 and 2017 data on specific crimes committed against children, such as: murders, sexual offences, shooting and robbery. The wide coverage received by this report has contributed to highlighting the problem so that it is included as a priority in the country’s political debates. This will be the last report of the JCO-ICVIS that presents data for only 10 of Jamaica’s 14 parishes. In 2019, the report will reflect data from all 14 parishes of the island, achieving its goal of all-island surveillance, thanks to UNICEF support (as in its previous edition).

Other contributions of the UNICEF CO to research and data-gathering at national level to be highlighted are the publication of the “Situation Analysis of Jamaican Children-2018” and the Multiple Indicator Cluster Survey (MICS 2011 data) currently being updated, among others.

All evaluation participants considered that having this data available was very useful for advocacy purposes. The abovementioned reports provide situation analysis and some national trends. As someone pointed out “it is a very valuable and useful contribution made by UNICEF to address work
regarding VAC. If UNICEF continues to provide this type of analysis to point the way to what the issues are, and to guide decision-making, this is a valuable contribution”.

The achievements at national level do not always correspond with achievements at the programme/project level, since basic data to inform evidence-based planning and implementation is often lacking. This includes baseline, midline and end-line survey reviews that serve to monitor the achievement of the results of VAC programmes. Anyhow, assessments or evaluations reports are quite widespread among key stakeholders. The evaluation culture seems to be established but there is need to improve monitoring systems and tools. Although there are many evaluations, these have not always served to reorient or address gaps in the implementation since they are carried out once the execution is completed, or on a three-year basis.

A particular gap frequently mentioned in interviews was with respect to measuring higher level impacts preventing and reducing VAC, such as effects of policy innovation and legal developments on the ground that could be explored by a specific impact evaluation.

“Jamaica is very good at designing programmes and implementing them, but it needs to ensure more robust M&E in order to determine the impact of a programme’s added value or lack thereof”.

Improvement is also needed in the monitoring system to measure the negative or positive effects of initiatives and interventions to prevent and respond to VAC-GBV. There is still a gap in the use of indicators and analysis of evidenced-based results to demonstrate changes at different levels. Monitoring of activities implemented by programme partners is often weak and challenges were encountered in the provision of progress/narrative reports and accurate measurement of achievements. Efforts have been made to address these through one-on-one dialogue/problem-solving sessions between UNICEF and its partners.

Additionally, it is difficult to find strategies and systematisation processes to provide accurate evidence highlighting strategies and lessons learned. Weaknesses in best practice documentation is a key issue.

3.4 Sustainability

The sustainability criteria analyse the continuation of benefits from a development intervention after major development assistance has been completed by UNICEF. The probability of continued long-term benefits. The resilience to risk of the net benefit flows over time.

Finding 13. UNICEF programmes do not have formal sustainability strategies. Even so, there are some good examples of sustainable elements such as capacity building and political commitment. However, there is need to broaden discussions on sustainability elements in order to maintain expected results.

There is a general perception among people consulted that national partnerships and advocacy efforts will likely continue and may also be scaled up as recognition of the necessity to address VAC-GBV increases. From the interviews conducted it follows that there is increased national ownership and recognition of the need to reduce VAC-GBV, which makes sustained funding more likely for CSOs and implementing partners at the government level.

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60 Some examples are: “I Am Alive” evaluation; FFP evaluation; SWPBIS currently undergoing evaluation; evaluation of the Violence Interruption Programme by the MNS and other research reports such as “Report of Findings from HIV/AIDS Knowledge Attitudes and Behaviour Survey”, MOH-Hope Caribbean, Jamaica 2017.
In recent years, there are more references in the country's policy documents, which demonstrates the ownership and prioritisation of addressing VAC (see Table 2 in Section 1.2), although there is scope for improvement in terms of economic allocations that are truly aligned with these priorities.

The level of ownership of strategies to reduce VAC among evaluation participants led them to believe that even without UNICEF CO support, they would continue with their projects and initiatives. Although the intention and good will was clearly expressed, it is still to be seen with what intensity/coverage they would continue and, taking into account that more resources would be required, if a comprehensive approach is guaranteed. A good example of this is the Ministry of Health’s announcement that they want to replicate the Teen Hub throughout the country. The Teen Hub is a health facility for adolescents that works as a homework help centre, a safe space where you can get an HIV test, a Sexual Transmitted Infection (STI) test, a pregnancy test, counselling on family planning, counselling for any mental health issue, life skills sessions, etc. and was initiated with the support of the UNICEF CO.

Other outcomes regarding institutional strengthening at the national level are also likely to be sustained over the medium and long term. The adoption of laws and policies such as the Child Diversion Act 2018 or the NPACV 2018-2023, among others, provide a good foundation to this work but require relevant actors to remain vigilant about their correct implementation and enforcement.

The NPACV is a 5-year plan, the NSAP-GBV is a 10-year plan and there will be a midterm review. Working in partnership helps to ensure greater sustainability: CPFSA, OCA, CISOCA, Women’s Centre of Jamaica Foundation (an agency of the Ministry of Culture, Gender, Entertainment and Sport in charge of a programme for adolescent mothers), among others, are partnering with UNICEF CO.

Another key factor to ensure sustainability is capacity building and in this regard, the use of guidelines and tools developed for duty bearers is likely to be scalable if resources allow, as has been the case for the “Child Justice Guidelines” previously mentioned (see Finding 10). UNICEF CO funded cross-cutting training sessions for the judiciary: parish court judges, members of the supreme court bench and the appellate court, to sensitise Jamaican judges on how to adhere to these child-appropriate principles without violating the fundamental fairness of the trial for the accused and without breaching any judiciary rules. As an interviewee mentioned, members of the judiciary are now sending all cases that need legal protection to the OCA, as a result of these trainings. The guidelines have spurred interest among key actors who are involving the OCA more as a result. UNICEF CO also funded a broadscale immersive sensitisation of the police and this resulted in increased understanding and appreciation for the guidelines. At present, the police call the OCA for advice on how to proceed in certain situations.

Nonetheless, there is a need to increase national annual planning to go beyond defining strategies and develop tools to strengthen effectiveness, coverage and sustainability. That is, include details on accompanying implementation actions, roles and responsibilities of implementers. In that sense, UNICEF CO needs to reinforce its own sustainability discussions to broaden its elements and formally define sustainability strategies.

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Finding 14. Some strategies have the possibility of being replicated or scaled up over the medium and long term but there is scope to systematise best/good practices to provide documented and evidence-based models.

Given the magnitude and complexity of VAC, the responsibility of addressing it is shared among many actors and implementing partners. The multisectoral coordination to provide a comprehensive approach remains incipient. However, there have been some advances regarding sectoral management. For example, in the health and/or security and safety sectors, the coordination between governmental and non-governmental organisations has improved over the last years (e.g. MNS-JCO-PMI; MOH-EFL) and UNICEF CO has played a role in connecting both levels.

According to the current Jamaica CPD 2017-2021 “The State and civil society have responded to the situation of children at risk of becoming victims of violence and other child-rights violations with programmes that focus on social work and mental health interventions; general and reproductive health services; research and data-gathering; public education; life skills, remedial education and rehabilitation services”.

Strengthening capacities of those actors who can address some types of VAC (e.g.: gang violence, sexual violence) has been successful in ensuring the sustainability and scalability of interventions. Increased use of data and analysis to ensure consistency towards sustainability has been another key factor.

Overall performance on advocacy and partnership is strong at sectoral level. Nevertheless, there is scope for improvement on systematising experiences and approaches in order to replicate them and for scaling up in other parts of the island, as the main strategies and specialised resources are currently Kingston-based.

Scaling up may involve supporting partners in rolling out manuals, tools, and training to deepen each area of the programme focusing on preventing and responding to VAC-GBV (psychosocial and educational support, socioeconomical support, gender-child-sensitive planning and budgeting, etc.).

Many interviewees mentioned that in order to scale-up there is need for more trained case managers, social workers, guidance counsellors and psychologists, in areas significantly underserved to ensure that staff understands family interventions connecting children’s rights with their environment.

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4. CONCLUSIONS

This section presents conclusions based on the findings regarding UNICEF CO strategies and programme performance in addressing VAC. They are organised around the four evaluation criteria: relevance, efficiency, effectiveness and sustainability; and follow the same order of the findings previously presented in this report.

Relevance of UNICEF CO’s work with international, regional norms and standards and country needs, national priorities, legal and normative frameworks regarding VAC, including GBV.

- The objectives of UNICEF CO in Jamaica’s work are aligned with country needs, national priorities, legal and normative frameworks regarding VAC, including some types of GBV, such as sexual abuse. The alignment within the national context is adequate with respect to national plans and priorities and the scope of the problem as defined in several research and studies. However, there is room for improvement by highlighting the different types of GBV connected to VAC (internal trafficking and sexual exploitation, for instance) and by being more explicit in addressing sexual violence against children.

- The objectives of UNICEF CO in Jamaica’s work are aligned with international and regional norms and standards regarding VAC and to some extent GBV. The CRC guides UNICEF’s work and strategies on VAC, and CEDAW and the Convention “Belém do Pará” in some extent. There is room for improvement by highlighting the different types of GBV connected to VAC (internal trafficking and sexual exploitation, for instance) and by being more explicit in addressing sexual violence against children.

- The UNICEF CO’s objectives on VAC are consistent with country needs but there is scope for improvement in the internal coherence to cover a broad-based approach on VAC-GBV. Country programming logic on VAC mainly addresses direct interventions at micro level (through CSOs) and at macro level (legal and policy advocacy), and with less intensity cover the meso level (community and society level). Education, Health, Justice and Safety sectors are considered in UNICEF’s VAC strategies but social protection and economic rights are absent, and the general approach leans towards mitigation rather than prevention. Focused geographic mapping exercises to report VAC programming and actors are often lacking at country level.

- The objectives of UNICEF CO in Jamaica’s work are partially consistent with the needs and rights of the target population but some challenges remain for reaching beneficiaries in rural areas and other hard-to-reach groups (e.g. children with disabilities, children in state care). Equality, non-discrimination and participation are key principles in contemplating the needs of the target population through the life cycle, but there is room for improving the effective realisation of these considerations as the intensity depends on each implementing partner, with different levels of success.

- Gender mainstreaming is increasingly important within the work of UNICEF CO in Jamaica and they have reinforced their commitment with a gender programmatic review currently ongoing by Headquarters in New York. However, the capacities to ensure gender mainstreaming are still limited and interventions do not always analyse connections between gender inequalities, VAC and GBV. There is better understanding about gender-targeted approaches than about
gender-integrated approaches. While improvements were introduced in disaggregated data availability (not fully achieved yet), the absence of strong local partners to drive activities on gender and children issues is challenging. UNICEF CO can play a capacity-building role in taking into account gender along the life cycle, but it needs to improve its own gender programming process.

**Efficiency** of VAC’s financial and human resources management practices in obtaining results with regards to UNICEF CO’s work on VAC at the country level.

- Performance in terms of efficiency has generally been adequate, within the limits of available resources. There is sufficient evidence to suggest that management of resources on VAC programming has been efficient, compared to results achieved, especially considering the extremely limited funding available. However, the lack of human resources remains a concern in some situations as the complexity of the problem (VAC-GBV) requires adequate amount of expertise to achieve the expected outcomes in a concrete period of time. While some progress has been made in increasing the allocations to address VAC in the country and in particular in UNICEF CO, real impact requires much more investment.

- UNICEF CO internal coordination and communication mechanisms flow to assure a shared vision and operationalise commitments on VAC, which is a top advocacy priority at country level “to prevent, mitigate and address violence and other childhood abuses”. Major efforts are needed to mobilise more resources and to ensure its allocation to all sectors working to prevent and address VAC. While UNICEF CO has produced a wide variety of publications and research on VAC, there is scope for improvement of knowledge management and to learn from experiences and approaches in addressing VAC. Gender-sensitive indicators remain a key issue to strengthen gender analysis in M&E&L systems.

- Multi-sectoral coordination was highly demanded by all evaluation participants to achieve better outcomes of VAC interventions and national plans. While there are improvements in the coordination between two or three stakeholders in their responses for VAC prevention, there is still insufficient multi-sectoral coordination to match expectations related to national planning and commitments on VAC-GBV. UNICEF CO already plays a role to some extent by coordinating multidisciplinary steering committees for projects they fund but, they could take more of a lead in collaborating multisectoral partners in children protection and care. Implementation and monitoring also represent a challenge.

- All evaluation participants consider UNICEF CO as a great value-added contributor in preventing, responding to and mitigating VAC. The perception shared was that they are very receptive, supportive and approachable and are able to connect grass-root community level with formal services. Their specialised knowledge is welcomed by all key informants which means that the expert advice and technical assistance provided are appreciated. UNICEF is the only funding agency that has particular focus on the relationship between gender and child violence.

**Effectiveness** of UNICEF CO in Jamaica supporting VAC initiatives in terms of monitoring and evaluation system to measure progress in achieving expected results, systems strengthening, advocacy and social norms.
• UNICEF CO performance on advocacy and partnership is strong in achieving legal and political changes, although due to the scope of the VAC-GBV problem much more needs to be done and implementation and enforcement are key issues in this regard. UNICEF played a very important role in the development of the Child Diversion Act, in the definition of the NPACV 2018-2023, and the Jamaica Pathfinder Road Map for Ending VAC, among other policy documents. Capacity building was promoted to strengthen the child interaction capacity of the police in order to deliver child-friendly service. However, there is room for improvement in multisectoral coordination and capacity-building at decentralised level (parishes) as much of the activity is concentrated in Kingston. There are achievements in child-centred projects at individual level but, performance in communities, households and families is “work in progress” and remains challenging.

• Results in the area of social norms and gender inequalities are not yet fully achieved. Many gaps remain regarding initiatives for changing social norms to prevent and respond to VAC such as: the scope of issues addressed (with a more explicit reference to GBV connected to VAC, for instance), geographic coverage and determining the actual impact of methods to bring about behavioural change.

• There has been progress during the evaluation period in data collection and use, and there is a shared recognition of the need for evidence-based results reporting to demonstrate changes and inform prevention and response to VAC. Nevertheless, weaknesses in monitoring (including setting a baseline for monitoring) and documenting models are noticeable and will need considerable attention in the future.

Sustainability of UNICEF CO in Jamaica results and the extent to which VAC initiatives and processes can be scaled up over the immediate, medium and long term.

• Some results achieved with respect to systems strengthening at the national levels are likely to be sustainable. Progress has been made towards strengthening institutions, capacities and ownership. Concerted annual planning and assignment of roles and responsibilities across sectors to prevent and respond to VAC are, however, limited at parish level.

• Further expansion of VAC prevention and response efforts within the different parishes is likely to be hampered by the absence of specialised partners. Scaling up may involve supporting existing partners in rolling out manuals, tools and training to deepen each area of the programme focusing on preventing and responding to VAC-GBV (psychosocial, educational, socioeconomic support, gender-child-sensitive planning and budgeting, C4D, M&E&L, etc.). Thus, it could be easier to replicate the strategies in ensuring family interventions that connect children rights with their environment. For the purposes of replicating and scaling up in other parts of the island, systematising experiences and documenting successful models would be an asset.
Lessons learned

Below are some lessons learned from the analysis presented in this evaluation report that should lead to a better response to VAC in the country.

- **Improvements in prevention, mitigation and attention to VAC in Jamaica is linked to sustained efforts and political will.** Progress in prevention, mitigation and attention to VAC is achieved to the extent that the Government of Jamaica commits to mobilising resources, establishing regulations and generating policy instruments. The advances are possible if the generation of inputs mobilises the system at different administrative and geographical levels. This is key from the generation of evidence to the coordination of actors, including CSOs linked to the issue. Efforts to reduce violence focusing only on response are not enough. Prevention (including work at community and household level) is critical.

- **Increasing visibility of VAC-GBV as a problem and as a public health issue during the life cycle.** A strategic direction of work on violence eradication use a life-cycle approach. This means preventing and intervening with populations across the lifespan - from early childhood, to addressing the unique vulnerabilities of youth. The life-cycle approach is being used in recognition that it is necessary to break the normalisation and acceptance of violence, which starts very early in life and continues throughout adulthood. The presence of the VAC problem emerges as a public health issue that is among the discursive priorities of all the actors. However, when the intensity of the programmes or resources allocated are analysed, the commitment still needs to be reinforced to be really effective.

- **Lack of impact evaluations and profitability evaluations limit the existence of information for correct decision making.** Just as the generation of international evidence on successful experiences in the fight against VAC is key, the possibility of generating knowledge in Jamaica is fundamental for correct decision making, and for an adapted application of models in different contexts. No impact evaluations have been identified that assesses whether public spending is being used optimally, if the programmes are achieving their objectives or if they need to be reviewed and/or adjusted.

- **Raise information and analyse specific needs through a gender and equity lens by determining realistic, strategic and easy to measure indicators.** It is necessary to generate relevant information to analyse the needs of the various types of families that require and can benefit from prevention, mitigation and care programmes for the VAC-GBV. Considering the social, cultural and local relevance of each community is essential for delivering quality services. In this regard, it is important to define SMART indicators to monitor achievements. SMART indicators must be Specific, Measurable, Achievable/Attainable and Attributable, Relevant and Timely (time-bound, trackable and targeted).

- **Importance of ensuring resources for the expansion and improvement of the quality of initiatives to prevent, mitigate and address VAC-GBV in the nation’s budget to ensure the sustainability of the actions undertaken.** It is important to realistically consider the costs associated with the implementation of the actions, but also ensuring that the resources required come from public sources and are guaranteed in the budget laws to sustain the results in the long term.
• **Importance of the articulation and coordination of multiple institutions, such as education, health, social development, justice, safety and security, finance and non-governmental entities.**

The specialised literature clearly indicates the relevance of an integrated response to meet the needs of children holistically. Coordination mechanisms are therefore essential, as no single sector can deliver the full package of interventions to tackle VAC. Efforts to implement this multi-sectoral coordination should therefore encourage cooperation and learning both within and between these key sectors. Implementing this comprehensive approach also requires input from national and local government departments responsible for education, health, justice, and social welfare; the private sector; and civil society organizations, such as professional associations, faith-based organisations, academic institutions, foundations, and other NGOs. For an independent monitoring, the CRC Concluding Observations for Jamaica (2015) recommends, an oversight body fully independent which can hold the government accountable for its progress with respect to reducing VAC.

• **Strengthening gender mainstreaming in design and compiling lessons learned are key for identifying links between gender equality and a given conflict situation in VAC-GBV.** Gender-related concepts are sometimes interpreted as women’s problems and narrowed down to women’s participation. Insufficient availability of data disaggregated by sex should be a consideration for future evaluations. There is still room for improving the understanding of gender equality concepts at different levels, including working with comprehensive interplays of unequal power relations based on gender, class, ethnicity, etc., and culturally ascribed social roles of men and women, and boys and girls. Dimensions of male roles and masculinities in prevention and post-conflict reconstruction towards the eradication of violent behaviour have been evidenced by evaluations to be of particular relevance.
5. RECOMMENDATIONS

Based on the findings and conclusions, this country evaluation puts forward the following recommendations.

**RECOMMENDATION 1:**
Support the Government of Jamaica to operationalise the National Plan of Action for an Integrated Response to Children and Violence – NPACV 2018-2023 with the design of an Annual Operating Plan and its monitoring system.

**TO:** UNICEF CO and MOEYI-CPFSA

**PRIORITY:** Very high
**Short-term**

**FINDINGS 6, 8, 10, 12**

The NPACV 2018-2023 will be implemented by relevant line ministries, departments and agencies of the Government of Jamaica as well as civil bodies including NGOs, CSOs, FBOs, the private sector and international development partners. MOE has ultimate responsibility for coordinating the multi-sector response for the implementation of the Plan of Action.

As it is a 5-year plan, UNICEF CO can provide technical assistance to a core number of ministries (e.g.: MOE, MOH, BGA and MNS) to assure the programmatic transposition of the actions included in the NPACV 2018-2023, so that the development of this plan is effective and successful.

An Annual Operational Plan, with appropriate budgetary allocations, in accordance with the formats and schedules of each line ministry should be monitored.

UNICEF CO can play a role in providing assistance to establish a National Oversight Committee and a Permanent Technical Secretariat of this Plan and accompanying the monitoring process until it is institutionalised.

Implementation of this recommendation should include:

- Developing protocols to share annual operational plans of the NPACV and tools to monitor and assess the progress on its implementation.
- Promoting and disseminating information to stakeholders and the public concerning the purpose and content of the NPACV and the aims and functions of the governance/implementation machine.
- Supporting the monitoring process of the implementation of the plan and the body established to assure the accountability.
- Accompany the Permanent Technical Secretariat of the Plan until its formalisation and institutionalisation.
- Supporting annual reviews and discussions on progress achieved during the implementation of the NPACV.
- Supporting the budgeting definition (finalisation of the cost for implementation) of the NPACV.
RECOMMENDATION 2
Sharpen the focus of the VAC programme thematically and geographically with the aim of achieving buy-in and scalability of the results.

TO: UNICEF CO
PRIORITY: Very high
Short/medium-term

FINDINGS 3, 4, 5, 6, 10, 11, 13, 14

Prioritise themes (e.g.: sexual violence and/or gang violence with gender lens) and zones of intervention (e.g.: any parish in a rural area) to concentrate actions in order to achieve the expected outcomes in a foreseen period.

Implementation of this recommendation should include:

- Focusing on institutions and capacity strengthening, down to the service provision level in the selected parish/es to ensure child-friendly gender-sensitive spaces and a continuum of services (across the spectrum from primary to secondary and tertiary prevention).
- Increasing UNICEF CO’s financial and human resources to provide technical assistance to achieve outcomes on VAC-GBV at different level and sectors (connecting areas and strategies): education; health; social protection; C4D; gender mainstreaming; monitoring and evaluation for learning purposes; etc.
- Addressing changes in social norms and gender inequalities, promoting positive social and cultural norms and values.
- Ensuring that all children, especially children with specific vulnerabilities to VAC, are receiving the support they need.
- Creating linkages between VAC interventions and social protection and economic strengthening programmes, supporting the overall functioning of the child protection system.
- Emphasising evidence-based development and capacity strengthening of local systems to prevent and respond to VAC-GBV.
- Defining a few strategic indicators to provide evidence and a strong monitoring system for its follow-up.
- Systematising experiences and providing cost-effectiveness analysis.
- Scale up efforts to support communities to establish VAC protocols (child protection policies, community safety plans) and referrals systems to better protect children from all forms of violence.

Previously, to have a geographic programmatic inventory on VAC could help to define areas of focus (that is, to do a mapping of who is doing what and where at country level) in order to achieve zones free of VAC.
**RECOMMENDATION 3:**

Improve the focus on gender equality approach within the VAC interventions and gender mainstreaming in programmatic review.

**FINDINGS 2, 5, 7, 11**

Implementation of this recommendation should include:

- Increasing gender capacities of all UNICEF CO staff through specialised thematic training (gender and education, gender in programmatic review, gender and VAC-GBV, etc.). Basic training can be done online via Agora platform and specialised face-to-face with different methodologies.
- Creating a repository on VAC and gender (with tools, best practices, gender-transformative indicators, etc.) available for all.
- Defining gender-sensitive indicators in each intervention/initiative to improve gender-sensitive monitoring systems and analysis. Previously, indications regarding the need for disaggregated data is required.
- Using mixed strategies to push gender equality changes such as holding separate and private conversations with boys and girls (e.g.: boys on toxic masculinity, girls on empowerment and identifying harmful practices, etc.).
- Connecting international and national gender standards to the VAC planning.
- Including women’s and gender specialised NGO/CSOs to VAC debates and discussions.
- Disseminating to implementing partners and line ministries adapted tools and materials to stress the gender and age appropriate approach for the implementation of initiatives/project/programmes/strategies.

**RECOMMENDATION 4:**

Mix strategies to ensure gender-targeted approaches with gender integrated approaches to report VAC programming and actors.

**FINDINGS 1, 2, 5, 7, 11**

Connected with recommendation 2 and 3, the implementation of this recommendation should include:

- Supporting more VAC programmes explicitly targeting sexual violence with a special focus on girls, going beyond its consequences (unwanted early pregnancies, feminisation of HIV transmission, etc.) and introducing actions to prevent its causes.
- Supporting VAC programmes that demand a greater level of integration of the gender equality approach in their programming: planning, monitoring and evaluation (to ensure that gender aspects are well reflected. E.g.: gang violence programmes).
- Sharing referral models (i.e. for sexual violence) and data base case management.
- Strengthening the actors involved to ensure child friendly and gender sensitive spaces (e.g.: CPFSA, CISOCA...).
• Expanding the map of partners with women’s organizations that assume commitment in the fight against sexual violence attending to the life cycle and age approach.
• Fostering gender programming within the organisations involved in the zones of intervention selected, guaranteeing the principles of equality, non-discrimination and participation while contemplating the needs of the target population.
• Fostering gender-age-sensitive monitoring and budgets.

**RECOMMENDATION 5:**
Continue to take a comprehensive and multi-level approach to violence prevention at all stages of children’s lives — from early childhood to adolescence - by strengthening key components of the child protection system while at the same promoting positive social and behavioural change for equality and reducing drivers that may lead to VAC.

**TO:** UNICEF CO, CSOs and MDAs

**PRIORITY:** High
Medium-term

**FINDINGS 3, 10, 11**

A gradual shift needs to take place from the current emphasis on response to a stronger focus on primary and secondary prevention.

Implementation of this recommendation should include:

• More emphasis on the structural change that would support prevention, such as challenging gender norms, increasing positive parenting training and supporting local economic development.
• Increasing evidence-based parenting support interventions tailored to child developmental stages and caregiver needs; and supporting income and economic strengthening interventions for most disadvantaged children/families.
• Greater efforts to identify and integrate local supportive social norms in the prevention and response to VAC, carried out through participatory processes with the target population (strength-based approach by fostering formative research to understand positive/supportive social norms).
• Integrating prevention more firmly into the systems approach through collaboration with governments and CSOs to design and implement actions.
• Developing a C4D and social mobilisation strategy based on evidence-based programmes that promote gender-equitable norms, attitudes and behaviours.
• Establishing/supporting community advocacy platforms to develop strategies and programmes, including community dialogues, public information and advocacy campaigns, to promote social norms and behaviours change towards VAC.
• Working decision makers in relevant non-state institutions and key informal decision makers.
• Develop multi-pronged prevention interventions that mutually reinforce each other and include analyses of power and gender norms.
**RECOMMENDATION 6:**

Strengthen evidence-based decision making on VAC programmes documenting models and systematise good practices in VAC, promoting knowledge management and institutionalising assessment exercises.

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**FINDING 7, 12, 14**

Even when some initiatives/projects have established a M&E system, with verifiers, reports and other associated tools, it is suggested that strategic processes of the intervention are documented and that the experiences considered most significant are systematised.

One of the ways to enhance learning and increase knowledge by connecting people and institutions is to systematise the experiences. It will improve the consistency of the intervention by generating greater organisational quality and in oral cultures, found in many rural areas, written evidence can be a very significant contribution. In addition, using the networks to share them can be of great advantage.

Implementation of this recommendation should include:

- Supporting evidence generation on VAC prevalence and conduct in-depth analyses of the various types of VAC and their drivers in different national settings (including sexual and intimate partner violence);
- Strengthening national VAC monitoring and evaluation systems to collect, promote and support the use of practical protocols to aid measurement of results on VAC.
- Increasing data literacy among decision makers and strengthening the capacity of the national statistical system to disseminate and use quality disaggregated data on specific forms of VAC.
- Using information to feed back into and improve systems functioning by embedding a culture of monitoring and evaluation for learning purposes in all child protection work.
- Involving all key stakeholders at global to sub-national levels, including development agencies, government representatives, civil society groups and other non-state actors in M&E&L.
- Providing specific budget lines for the systematisation of models and experiences.
- Sharing information of M&E&L throughout a networking platform.
- Linking the platform to the #Endviolence campaign site (within the Spotlight initiative).
- Using the platform to develop greater coherence and clarity on VAC issues and strategies as well as to improve the effectiveness and efficiency of actions undertaken.