

## Data Sheet

|                                     |                              |
|-------------------------------------|------------------------------|
| <b>USAID Mission:</b>               | Jamaica                      |
| <b>Program Title:</b>               | Improved Reproductive Health |
| <b>Pillar:</b>                      | Global Health                |
| <b>Strategic Objective:</b>         | 532-003                      |
| <b>Proposed FY 2004 Obligation:</b> | \$3,117,000 CSH              |
| <b>Prior Year Unobligated:</b>      | \$0                          |
| <b>Proposed FY 2005 Obligation:</b> | \$0                          |
| <b>Year of Initial Obligation:</b>  | FY 1998                      |
| <b>Year of Final Obligation:</b>    | FY 2004                      |

**Summary:** USAID's health program is aimed at increasing the use of quality reproductive health and HIV and sexually transmitted infections (STI) services and preventive practices by high-risk populations, especially youth. This is being accomplished by increasing availability of and access to youth-friendly reproductive health services; developing and disseminating educational materials and innovative approaches to encourage changes in high-risk behaviors; improving the clinical and interpersonal skills of health workers; and strengthening reproductive health policies. HIV/AIDS prevention efforts are generally targeted at high-risk groups and include voluntary counseling and testing, capacity building and program support for local non-governmental organizations, and support for the Ministry of Health's (MOH's) National HIV/AIDS Program.

### Inputs, Outputs, Activities:

#### FY 2004 Program:

Increased Access (\$1,402,650 CSH). Building on past successes, USAID will continue to look for creative ways to expand access to public-sector adolescent reproductive health services and simultaneously create more demand for high-quality private-sector services. In addition, USAID will support carrying out a broad-based evaluation of adolescent reproductive health needs to gather important data and analyses that can be used to help health-care service providers be more responsive to each client's needs. USAID will also implement strategic planning exercises that take place at the parish level to help the MOH make informed decisions on how best to use their scarce budget resources to meet the reproductive health needs of Jamaica's adolescent population.

On the HIV/AIDS front, USAID will continue to support a number of important activities within the MOH's National AIDS Program. USAID will provide institutional strengthening and HIV/AIDS technical program support to non-governmental organizations (NGOs), especially those working with high-risk groups. USAID will sponsor workshops and training sessions on STIs to respond to the recommendations made following an STI clinic assessment. USAID continues to support the contact investigator program to ensure that information is channeled properly through the health surveillance system and that confidentiality remains a top priority for those providing HIV/AIDS services. USAID will support the creation of two additional specialty care centers to enhance the public sector's capacity to assist more HIV patients. USAID will fund the evaluation of the national Preventing Mother to Child Transmission (PMTCT) program to identify how best to expand services support the testing of all pregnant women to prevent HIV transmission to their unborn child, as possible. Principal contractors, grantees, and partners will include the Futures Group International, the Ministry of Health, and a variety of NGOs.

Improving Knowledge and Skills (\$1,090,950 CSH). USAID will continue the very successful mass media campaign that addresses critical adolescent reproductive health issues such as preventing unwanted pregnancies and avoiding sexually transmitted infections. USAID will provide support for voluntary counseling and testing services with the goal of getting more people to voluntarily come forward to be tested and learn their HIV status. Data synthesis and analysis for the 2003 Knowledge, Attitudes, Practices, and Behavioral Study will be conducted to provide more reliable, user-friendly data to help the

MOH and other health practitioners better understand the health challenges confronting Jamaican youth. USAID will continue to support HIV/AIDS prevention education, with special emphasis on high-risk groups. Additional research will be conducted to map out geographic areas of high HIV/AIDS transmission so that interventions can be better targeted to combat the spread of the disease. Principal contractors, grantees, and partners will include the Ministry of Health and JHPIEGO, an affiliate of Johns Hopkins University.

National Policy and Guidelines (\$623,400 CSH). USAID will continue community-level advocacy activities focused on enhancing the policy dialogue related to adolescent reproductive health and youth policies. USAID will fund efforts to combat HIV/AIDS stigma and discrimination through legal and constitutional reform. Assistance will also be provided to coordinate anti-retroviral drug procurement, distribution, and service systems, complementing work that will be done through the recently approved Global Fund initiative. Principal contractors, grantees, and partners will include the Policy II Project and local NGOs.

**FY 2005 Program:**

No new funds will be obligated into this program in FY 2005. USAID will focus on ensuring the sustainability of program impacts and facilitating a smooth transition to the new country strategy plan.

**Performance and Results:** The program's performance has met expectations by achieving or exceeding most of the established targets. The 2002 Reproductive Health Survey, conducted by the Jamaican National Family Planning Board in collaboration with the Statistical Institute of Jamaica, indicated a reduction of youth fertility (15-19 age group) from 112 per 1,000 live births in 1997 to 79 per 1,000 live births in 2002, and also in the increase in contraceptive use among young people under 20 years old in targeted areas from 58.6% in 1997 to 68.8% in 2002. In 2003, seroprevalence among STI clinic attendees was recorded at 2.61%, down from 5.76% in 2002. Similarly, seroprevalence among antenatal clinic attendees dropped from 1.43% in 2002 to 1.29% in 2003. Continued progress will lead to a decline in HIV seroprevalence rates and will result in a reduction in the number of births to and sexually transmitted diseases contracted by adolescents in Jamaica.

## US Financing in Thousands of Dollars

Jamaica

|                                       | CSH    | DA    |
|---------------------------------------|--------|-------|
| 532-003 Improved Reproductive Health  |        |       |
| <b>Through September 30, 2002</b>     |        |       |
| Obligations                           | 6,118  | 3,227 |
| Expenditures                          | 4,483  | 3,069 |
| Unliquidated                          | 1,635  | 158   |
| <b>Fiscal Year 2003</b>               |        |       |
| Obligations                           | 3,813  | 0     |
| Expenditures                          | 3,660  | 124   |
| <b>Through September 30, 2003</b>     |        |       |
| Obligations                           | 9,931  | 3,227 |
| Expenditures                          | 8,143  | 3,193 |
| Unliquidated                          | 1,788  | 34    |
| <b>Prior Year Unobligated Funds</b>   |        |       |
| Obligations                           | 0      | 0     |
| <b>Planned Fiscal Year 2004 NOA</b>   |        |       |
| Obligations                           | 3,117  | 0     |
| <b>Total Planned Fiscal Year 2004</b> |        |       |
| Obligations                           | 3,117  | 0     |
| <b>Proposed Fiscal Year 2005 NOA</b>  |        |       |
| Obligations                           | 0      | 0     |
| Future Obligations                    | 0      | 0     |
| Est. Total Cost                       | 13,048 | 3,227 |