

2013



Annual Report 2012

Jamaica AIDS Support for Life



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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
amfAR	American Foundation for AIDS Research
CARICOM	Caribbean Community
CARISMA II	Caribbean Social Marketing Program, Phase Two
CEDAW	The Convention on the Elimination of All Forms of Discrimination Against Women
CHRC	Caribbean Health Research Council
COIN	El Centro de Orientacion e Investigacion Integral
CVC	Caribbean Vulnerable Communities Coalition
EC	European Commission
FSW	Female Sex Worker
GFATM	The Global Fund to Fights AIDS, Tuberculosis and Malaria
GLABCOM	Gay, Lesbian, All-Sexual and Bisexual Community Meetings
GP	General Public
HIV	Human Immunodeficiency Virus
JASL	Jamaica AIDS Support for Life
MSM	Men who have Sex with Men
MSW	Male Sex Worker
M&E	Monitoring and Evaluation
OVC	Orphans and Vulnerable Children
PANCAP	Pan-Caribbean Partnership against HIV and AIDS
PLHIV	Persons Living with HIV
STI	Sexually Transmitted Infection
SW	Sex Worker
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
VCT	Voluntary Counselling and Testing
WSW	Women who have Sex with Women

Introduction

This report was produced by Jamaica AIDS Support for Life (JASL) with technical support from the Caribbean Health Research Council (CHRC). This report is designed as an annual review of monitoring and evaluation (M&E) data collected throughout 2012 by JASL as a part of their program implementation and management activities.

Background

JASL is a non-government organisation working on HIV and AIDS related issues across Jamaica. JASL is dedicated to preserving the dignity and rights of persons living with HIV and AIDS (PLHIV) and helping in the fight against the spread of HIV and AIDS by providing education and other interventions to promote changes in attitudes and behaviour, and empower persons to respond positively to the challenges associated with being vulnerable to HIV infection in Jamaica.

Currently JASL has three chapters located in Montego Bay, Ocho Rios and Kingston where activities are implemented.

In 2012, JASL worked to implement six programs supported by several different agencies:

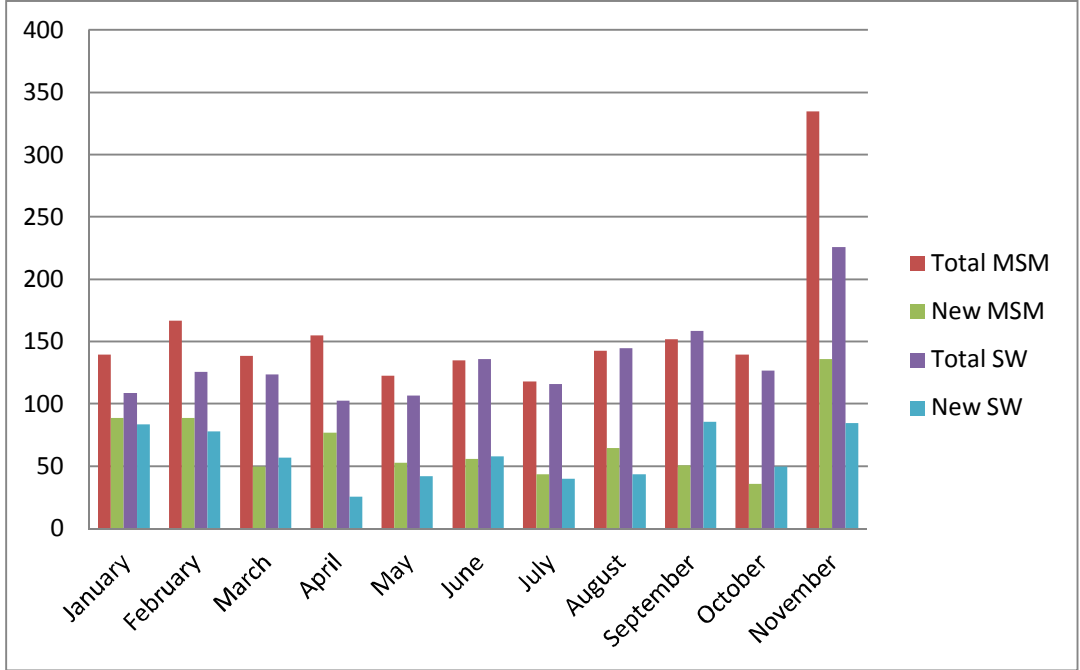
- CARISMA II: The Caribbean Social Marketing Project (CARISMA) is a development program of the Caribbean Community (CARICOM) which is financed by the Federal Republic of Germany through the German Development Bank. The program seeks to improve the supply of affordable high quality contraceptives and to increase knowledge, attitudes and behaviour with regard to effective prevention in order to reduce the transmission of STIs and HIV and improve sexual and reproductive health. Under this program JASL...
- Global Fund Project:
- amfAR Project:
- CVC/COIN Project:
- WL Project:
- UNWOMEN

2012 M&E Data Review.

CARISMA II Project

Under the CARISMA II Project, JASL reached 1,747 men who have sex with men (MSM) and 1,478 sex workers (SW) in 2012. Of these 746 MSM and 650 SW were new contacts. As can be seen in Chart 1, contact with MSM and SW was largely consistent throughout the year. However, on account of the early closure of the CARISMA II Project, Peer Educators were asked to double the efforts and reach their targets for the months of November and December by November 30th. This resulted in a marked increase in activity in November, which is illustrated in the chart below. As a result, there would be no data available for the December period.

Chart 1: # of MSM and SW reached by Month under CARISMA II 2012



Overall 21,646 male condoms and 111 female condoms were distributed by JASL under the CARISMA II project during 2012. These condoms are provided free of cost, primarily through the National HIV/STI Programme. In addition, the Caribbean HIV/AIDS Alliance (CHAA) through Population Services International (PSI) has provided flavoured condoms to JASL. Female condoms are not routinely available through the National HIV/STI Programme, and therefore JASL is dependent on stocks being made available or donations of female condoms from external sources. This accounts for the considerable disparity in the distribution of female condoms in relation to male condoms.

There were periods of peak distribution in condoms, which occurred in January, February and August (see Chart 2). The peaks in distribution correlate to the additional procurement of condoms due to anticipated increases in program activity. In January 2012, JASL had the full complement of staff and peer educators, following the recruitment of a Prevention Coordinator for the Kingston Chapter. During

the January and February period, there was a slight increase in activity associated with the start-up of operations in the New Year, and particularly in Kingston as the Prevention Coordinator sought to familiarize herself with targeted interventions sites. In August 2012, JASL participated in several community outreach activities, such as at Health Fairs, the Denbigh Agricultural Fair and Jamaica 50 sponsored events.

Along with these distributions, JASL conducted 545 male condom demonstrations and 354 female condom demonstrations. The peak in June for male condom demonstration which can be noted in Chart 3 represents an increased number of demonstrations conducted in Kingston for that month. In comparing Chart 2 and Chart 3, increased numbers of demonstrations does not appear to be related to the increased distribution of condoms.

Chart 2: # of Condoms Distributed under CARISMA II 2012

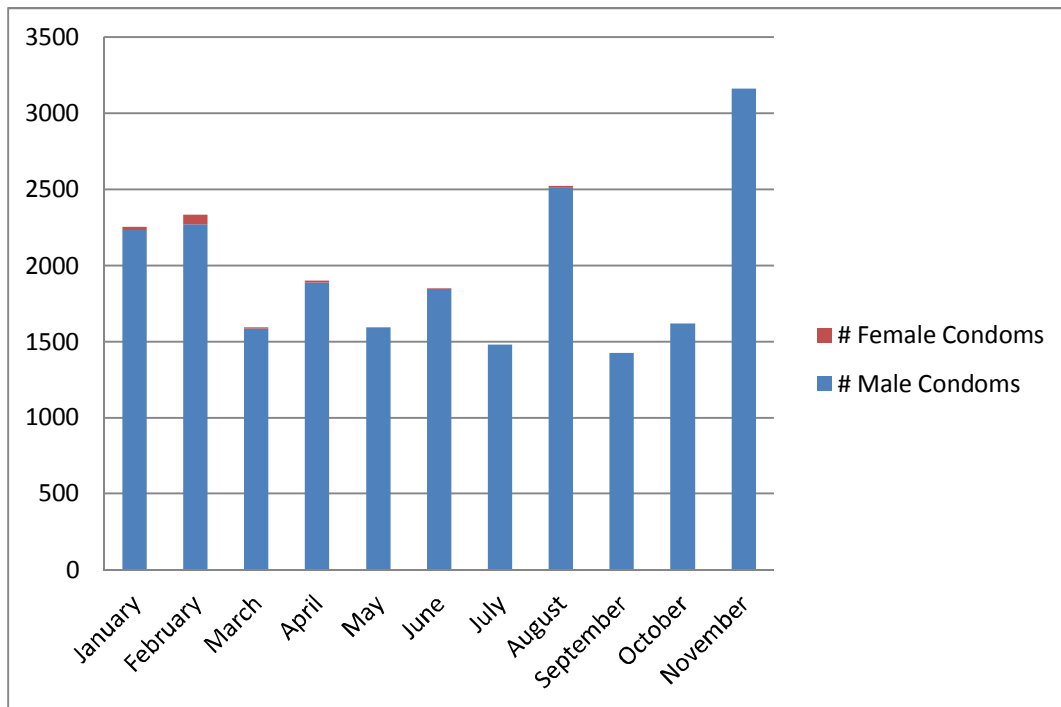
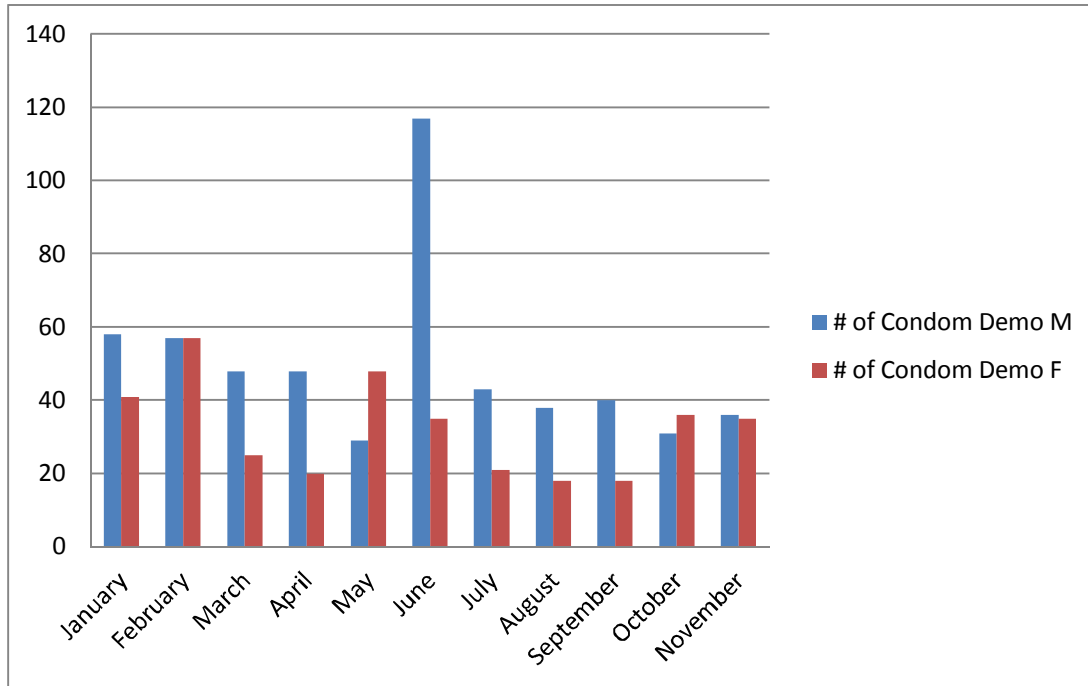
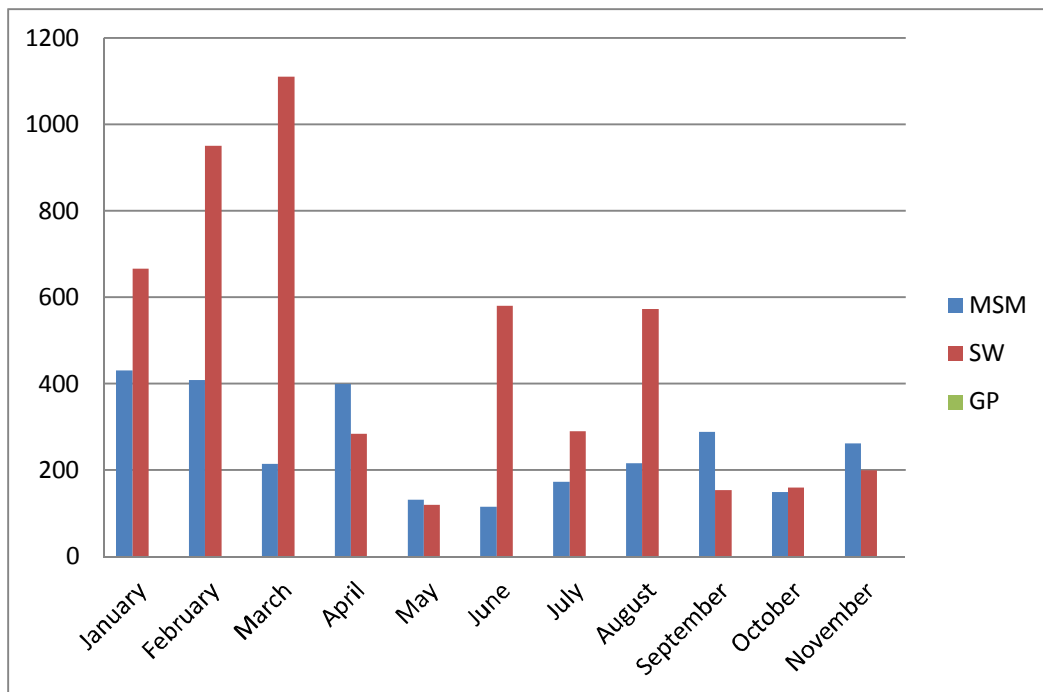


Chart 3: # of Condom Demonstrations under CARISMA II 2012



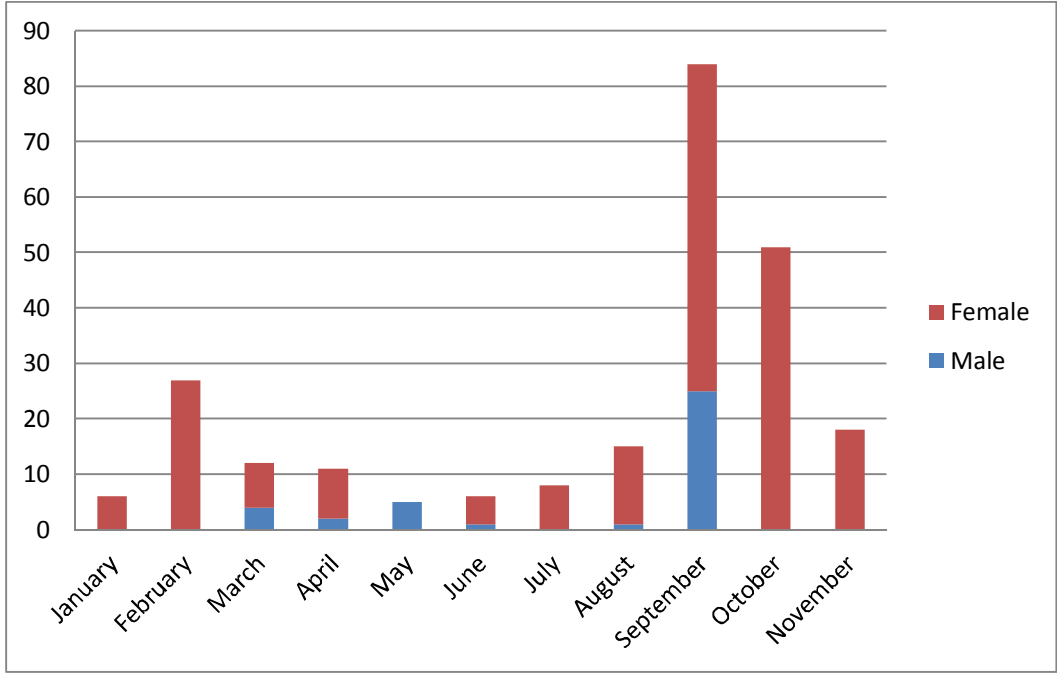
The total number of lubricant packets distributed in 2012 under the CARISMA II project was 7,898, of these 2,799 were distributed to MSM and 5,099 to SW. As can be noted in Chart 4, the bulk of this distribution occurred in the first quarter of 2012. This peak in the first quarter was associated with a surplus stock of lubricants, procured in preparation for the start up of activities for 2012. However, during the year there were periods in which lubricants were available in limited quantities.

Chart 4: # of Lubricant Packets Distributed under CARISMA II 2012



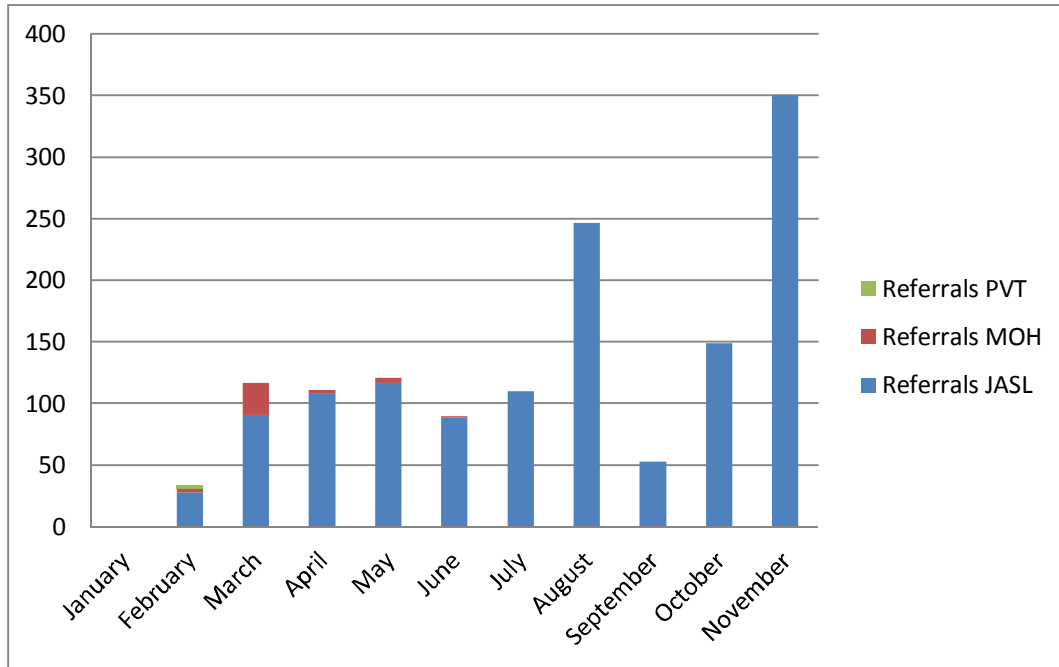
The largest uptake of voluntary counselling and testing (VCT) services was by women, who represented 84 percent of clients, under the CARISMA II program. Peak periods for accessing VCT were in February, September and October (see Chart 5). The increase in HIV testing in February was associated with JASL’s participation in activities for Safer Sex Week and presence at several MSM-specific events/parties around Valentine’s Day. In September and October, there was a concerted effort to improve the uptake of VCT services, particularly among MSM. The results of these measures can be seen in September, where there was a significant increase in the number of men accessing VCT.

Chart 5: # of Males and Females accessing VCT Services under CARISMA II 2012



As a part of the CARISMA II project, JASL offers referrals to clinical and support services, including clinical sessions with a physician, HIV and STI testing, pap smears, adherence and general counselling, support groups and to services with partnering agencies such as for substance abuse and to shelters. Over the year the number of referrals, with the exception of September, gradually increased (see Chart 6). The decrease in referrals in September is most likely correlated to the increase in the VCT numbers for the same month, as this is the most common service for which a referral is provided.

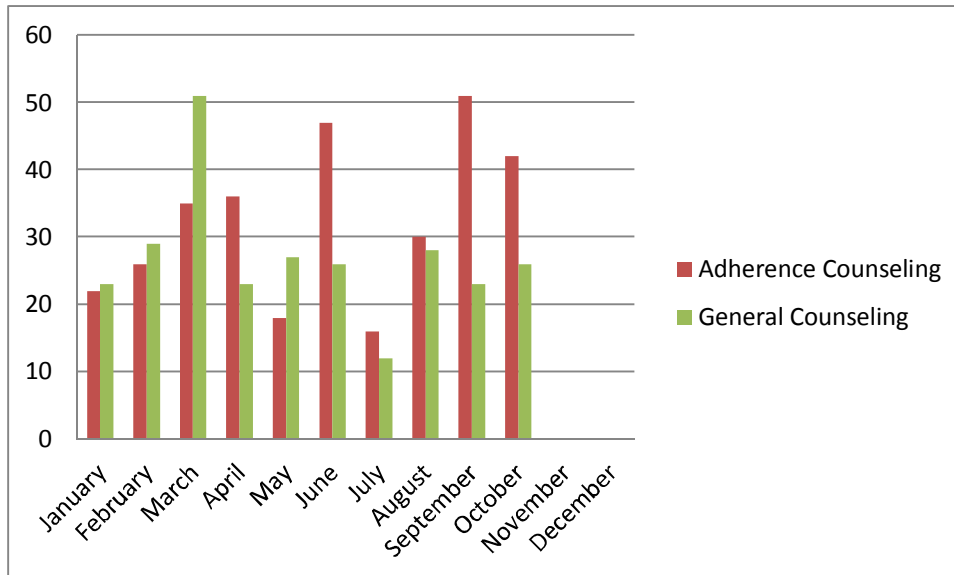
Chart 6: # of Referrals under CARIMA II 2012



Global Fund Project

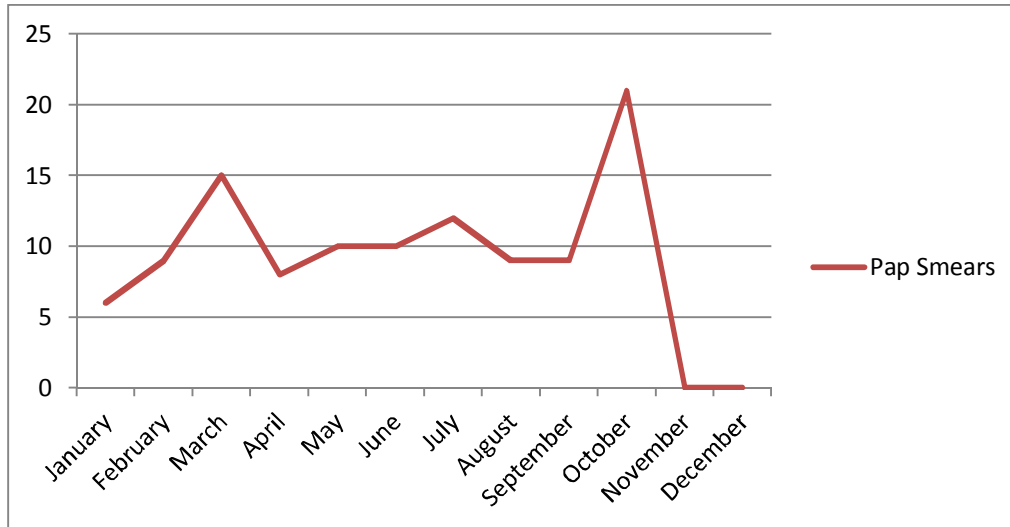
Throughout 2012, JASL offered adherence and general counselling under the Global Fund project. The number of people receiving general counselling remained fairly consistent throughout the year, with the exception of a peak in March (see Chart 7). Conversely, the number of people receiving adherence counselling peaked and troughed throughout the year.

Chart 7: # of Counselling Sessions conducted under Global Fund 2012



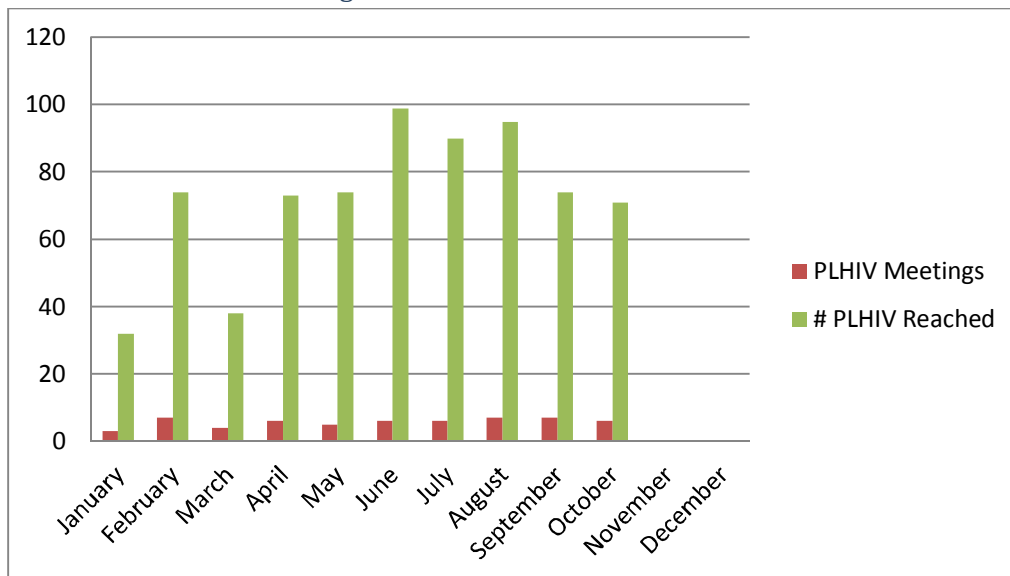
An average of 10.9 pap smears were conducted each month from January to October in 2012 by JASL under the Global Fund Project, but almost double that number were conducted in October alone (see Chart 8). This spike in October was as a result of an initiative of the Kingston Chapter to provide sexual health services at a site where sex workers conduct business. Two sessions were held with the Clinical Doctor and the Treatment, Care & Support Coordinator during October at the Hotel Casablanca. This initiative resulted in an increase in the number of SW seen by the clinic doctor for that month, as well as contributed to an increase in the number of pap smears conducted.

Chart 8: # of Pap Smears conducted under Global Fund 2012



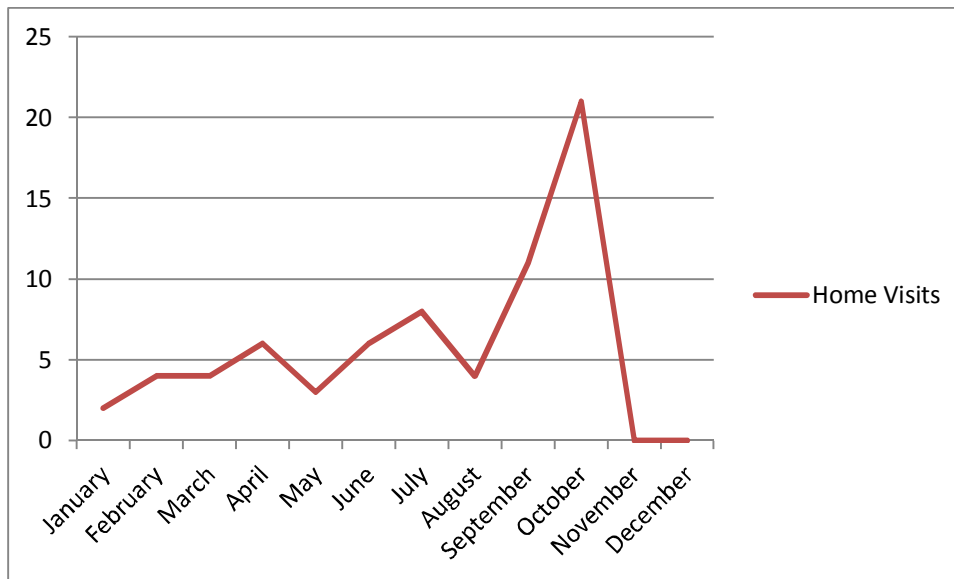
Under the Global Fund Project, JASL conducted 57 meetings with PLHIV in 2012, reaching 720 PLHIV (see Chart 9). On average 72 PLHIV were reached each month from January to October. Some of the topics discussed during support groups include: adherence, living positively with HIV, communication, disclosure, self-esteem, goal setting and STIs.

Chart 9: # of PLHIV Meetings and PHLIV Reached under Global Fund 2012



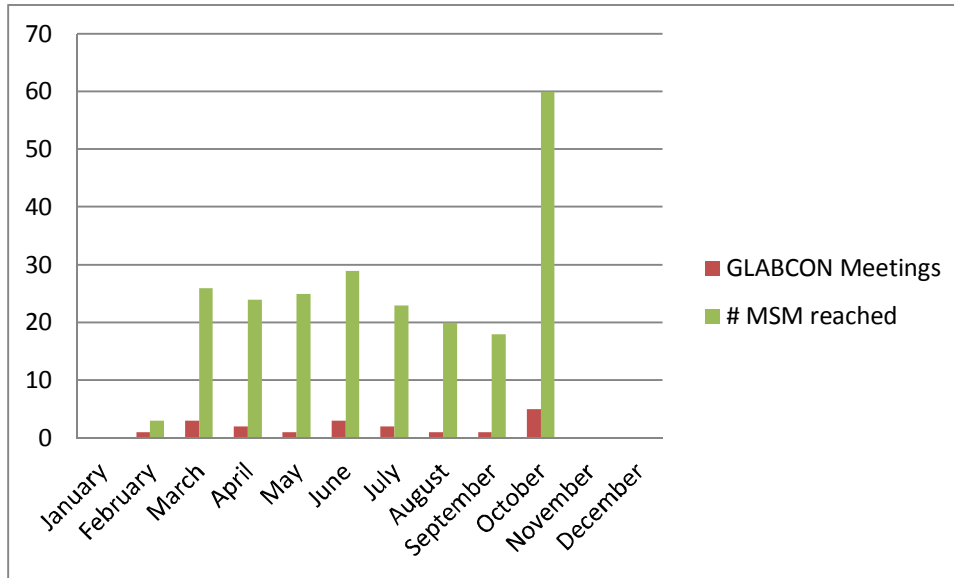
Home and hospital visits are conducted by the Treatment, Care and Support Team in each chapter, to provide support to clients that are hospitalized or who are receiving palliative care at home or in a hospice. Services provided during these visits include: adherence and general counselling to the client (and if requested to his/her caregivers), providing care packages of food items and personal hygiene products, and supply medication if needed. Sixty nine home/ hospital visits were conducted by JASL under the Global Fund Project throughout 2012. These visits reached a peak in October (see Chart 10), which can be attributed to the Montego Bay chapter acquiring a vehicle at the start of that month which would facilitate their ability to conduct home/hospital visits.

Chart 10: # of Home Visit under Global Fund 2012



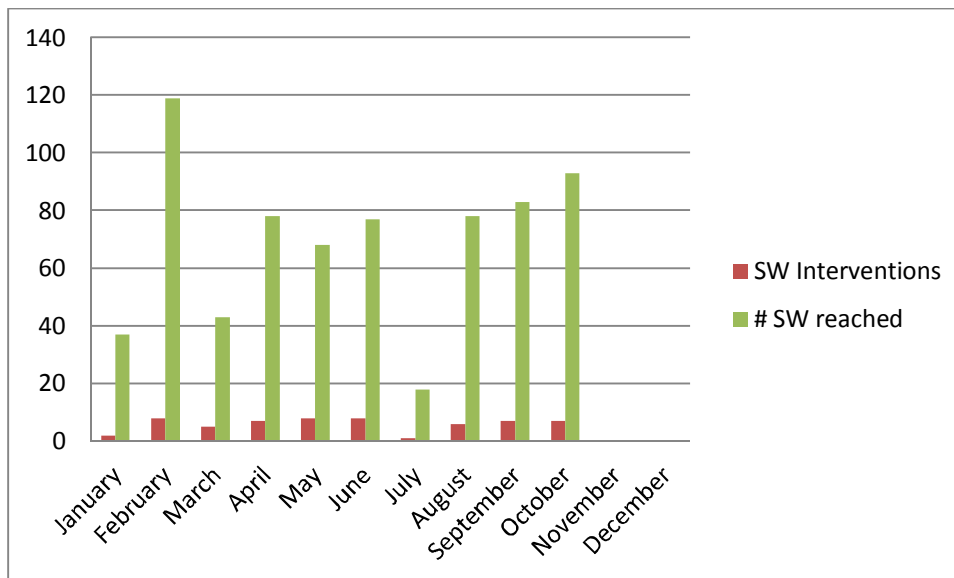
GLABCOM is a signature activity of Jamaica AIDS Support for Life, which provides a safe space and an opportunity to socialize and dialogue around issues affecting the gay, lesbian, bisexual and transgender community. Meetings are peer-led and popular discussion topics include: sexuality, relationships, advocacy, self-esteem and HIV prevention. During 2012, 19 GLABCOM Meetings were held reaching 228 MSM. As can be seen in Chart 11, the number of MSM reached through these meetings dramatically increased in October. This peak in GLABCOM attendees in October is possibly associated with increased efforts to engage MSM, particularly given that their participation in GLABCOM can serve to build a relationship with JASL as a service provider and encourage HIV testing.

Chart 11: # of GLABCOM Meetings and MSM Reached under Global Fund 2012



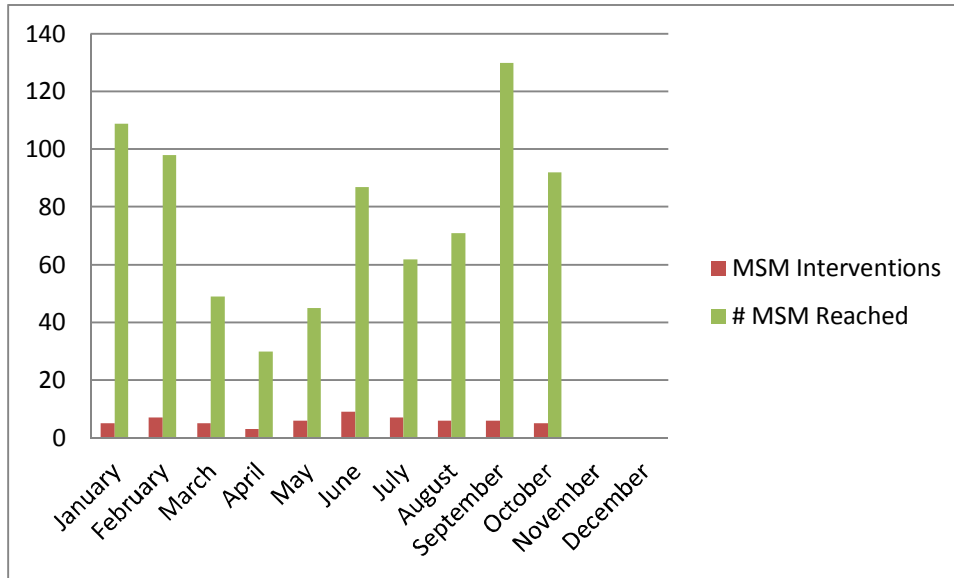
SW targeted interventions were held throughout the year by JASL. In total 59 interventions were implemented reaching 694 SW. These numbers peaked in February when 119 SW, but troughed in July when 18 SW were reached through one intervention (see Chart 12).

Chart 12: # of SW Interventions and SW reached under Global Fund 2012



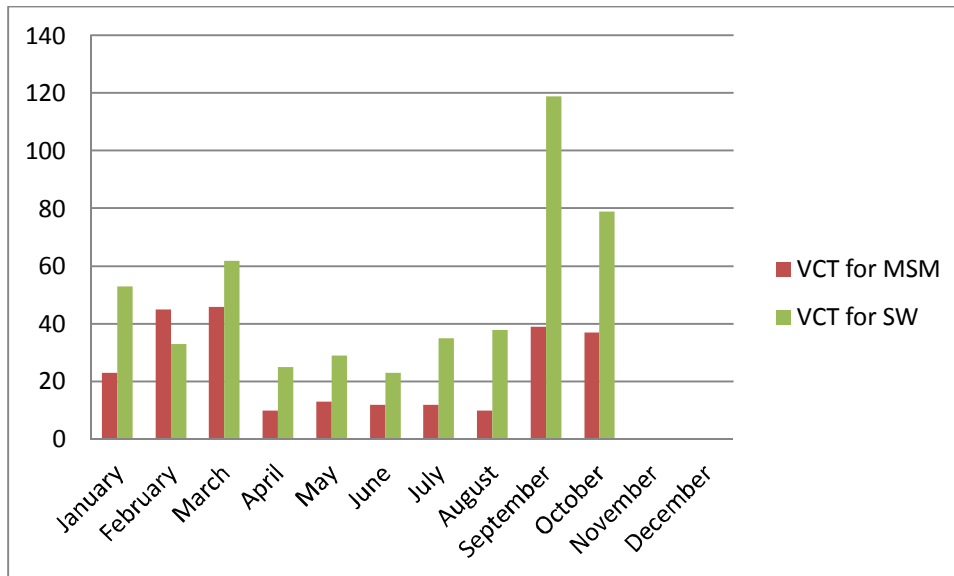
Interventions for MS were also conducted throughout the year reaching 773 MSM through 59 interventions. The number of MSM reached during the year dipped in March and April and May.

Chart 13: # of MSM Interventions and MSM Reached under Global Fund 2012



Over the 2012, 247 MSM and 496 SW VCT sessions were conducted by JASL. Generally, more SW accessed VCT services each month, except in February (see Chart 14). Increases were among both populations were noted in September and October.

Chart 14: # of MSM and SW Accessing VCT Service under Global Fund 2012



During the year, 72,819 condoms and 21,863 packets of lubricant were distributed to different target groups, as part of the Global Fund Project. In terms of sub-populations reached by this campaign: a total of 36,057 condoms and 11,909 packets of lubricant were given to SW, 20,824 condoms and 7,742 packets of lubricant were given to MSM, 6,307 condoms and 1,188 packets of lubricant were given to PLHIV, and, 9,631 condoms and 1,024 packets of lubricant were given to the general public (GP).

Distribution efforts for condoms peaked in June (see Chart 15) and in July for lubricant packets (see Chart 16).

Chart 15: # of Condoms Distributed to Different Clients under Global Fund 2012

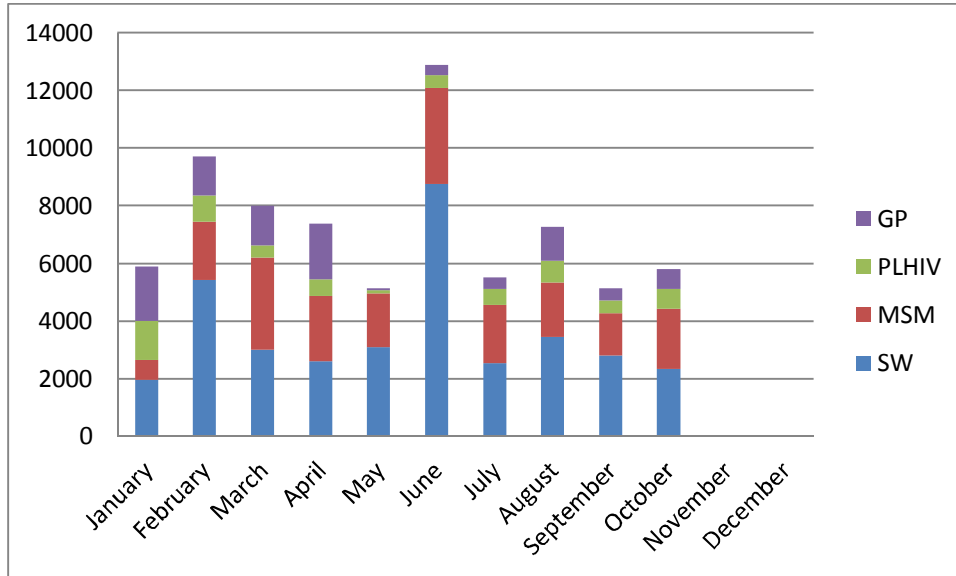
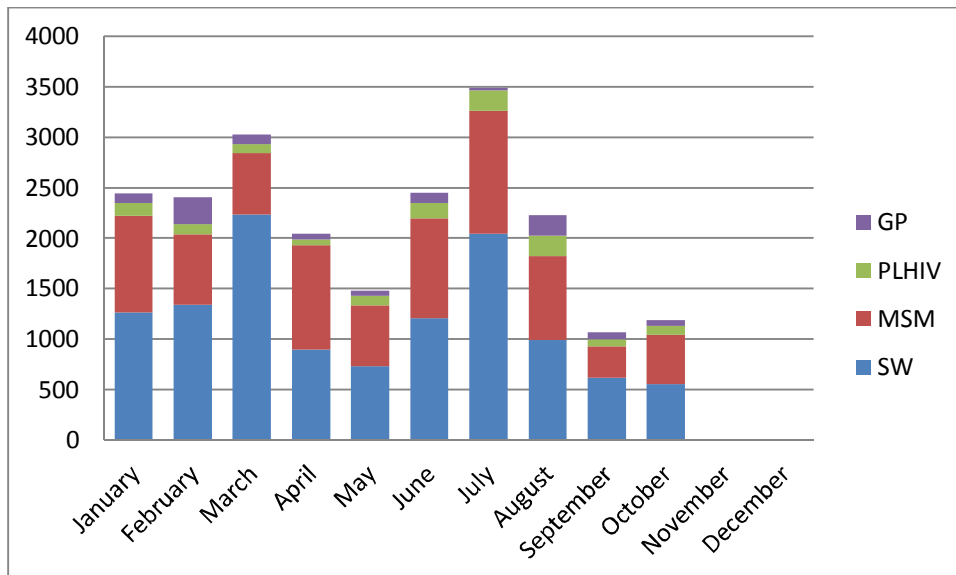


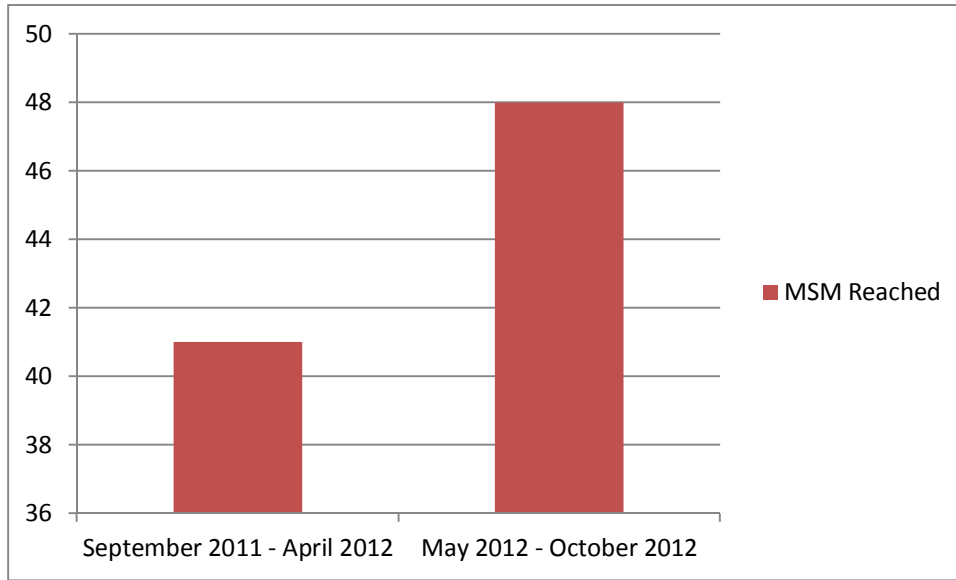
Chart 16: # of Lubricant Packets Distributed to Different Clients under Global Fund 2012



amfAR Project

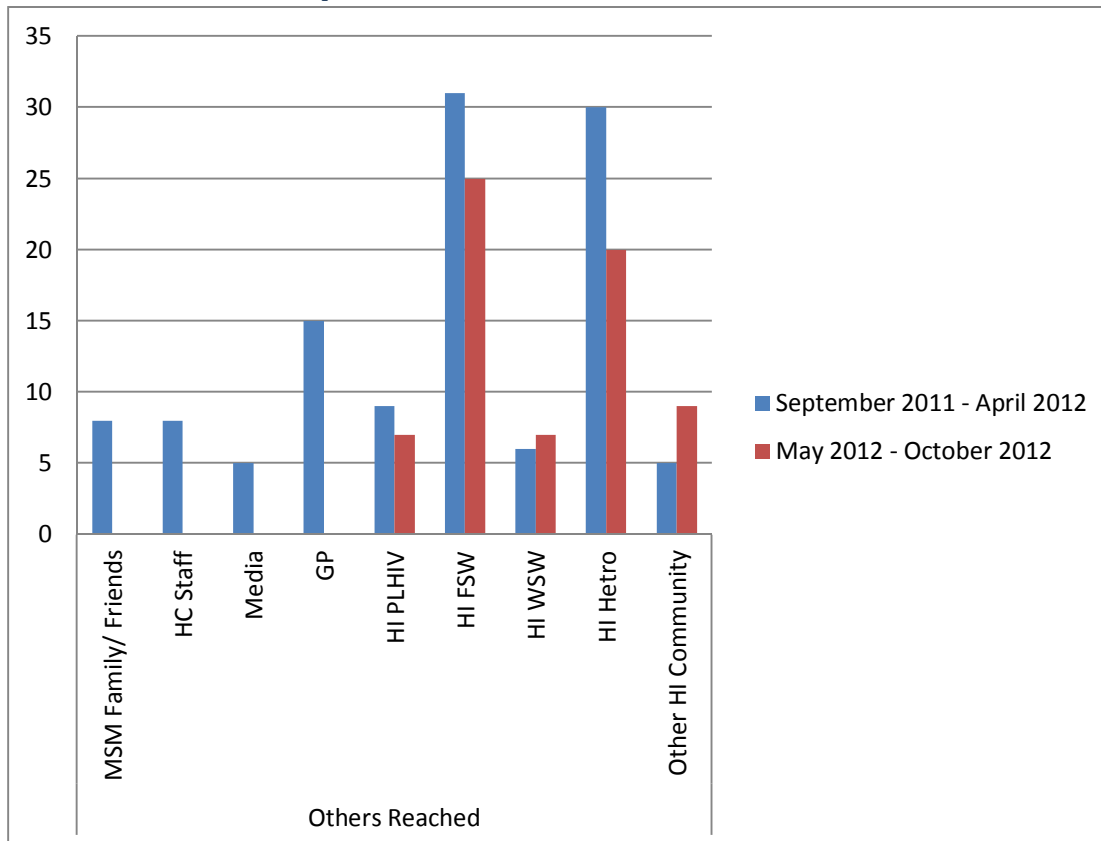
Under the amfAR Project 89 MSM and 185 others were reached from September 2011 until October 2012. The majority of these were reached in the second half of the project (see Chart 17).

Chart 17: # of MSM Reached under amfAR 2012



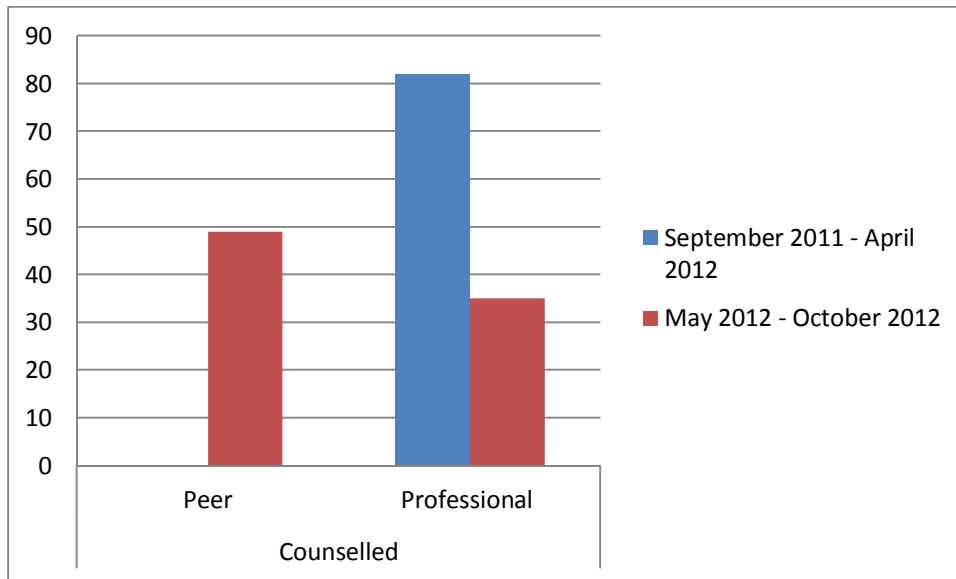
Other groups reached under the amfAR Project included the family and friends of MSM, Health Centre Staff, PLHIV, HIV positive female sex workers, HIV positive women who have sex with women (WSW) and the general public (see Chart 18). In total 185 people (asides from MSM) were reached during project implementation.

Chart 18: # of Other Groups Reached under amfAR 2012



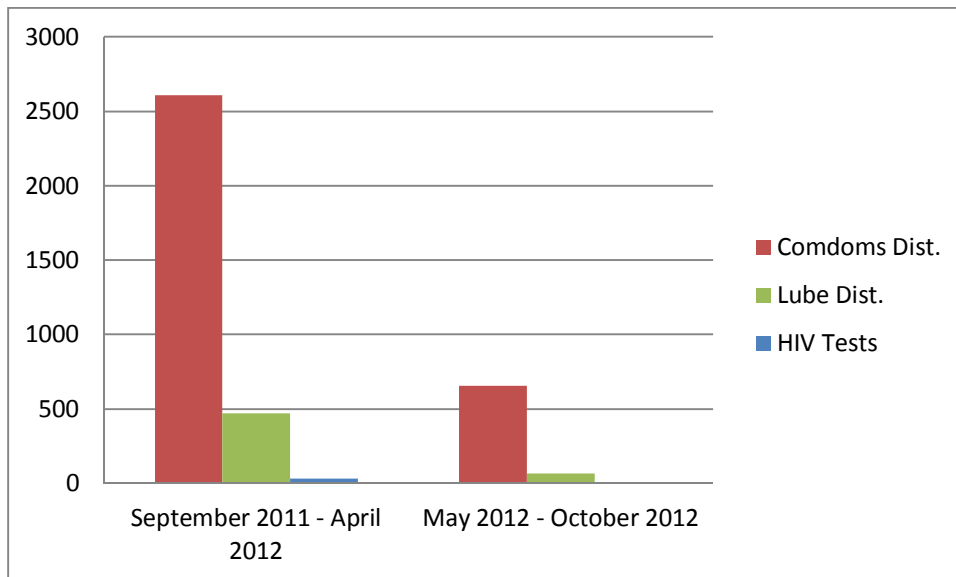
As can be seen in Chart 19, 166 people were counselled under the amfAR Project from September 2011 to October 2012; 117 receiving professional counselling and 49 receiving counselling from peers.

Chart 19: # of People Counselling under amfAR 2012



A number of people also received condoms, lubricant and HIV tests under the amfAR Project. The breakdown being: 3,267 condoms distributed, 542 packets of lubricant distributed and 42 HIV tests being conducted.

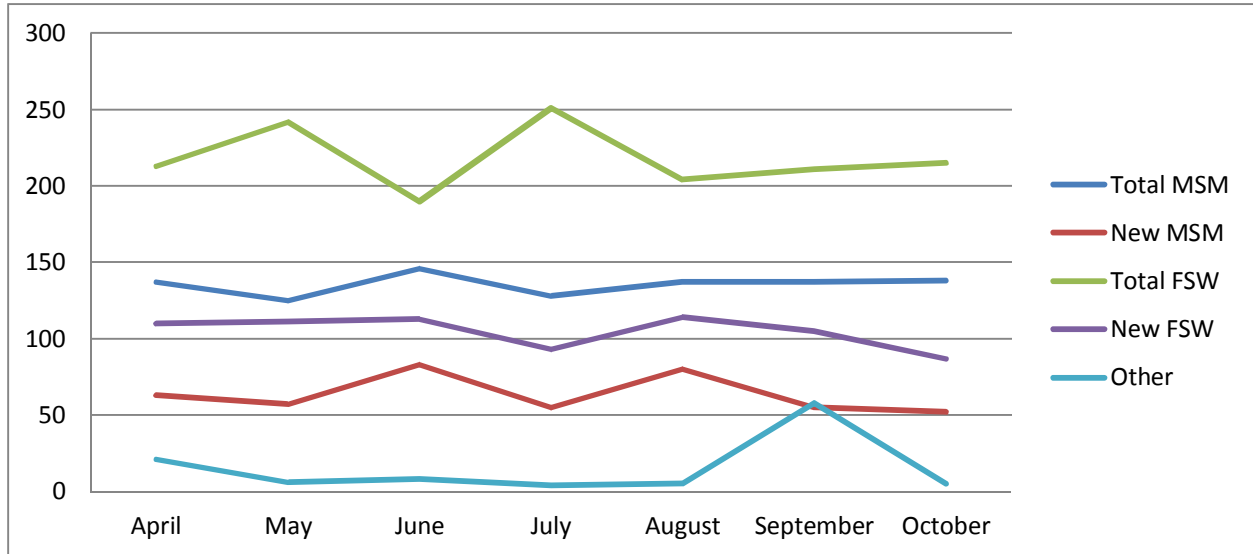
Chart 20: # of Condoms, Lubricants and HIV Tests under amfAR 2012



CVC/COIN Project

From April to October in 2012 JASL reached a total of 3,026 people under the CVC/COIN Project. This total included 948 MSM, 445 of who were new contacts, and 1,526 female sex workers (FSW), 733 of who were new contacts. As can be seen in Chart 21 these groups were reached consistently throughout the period.

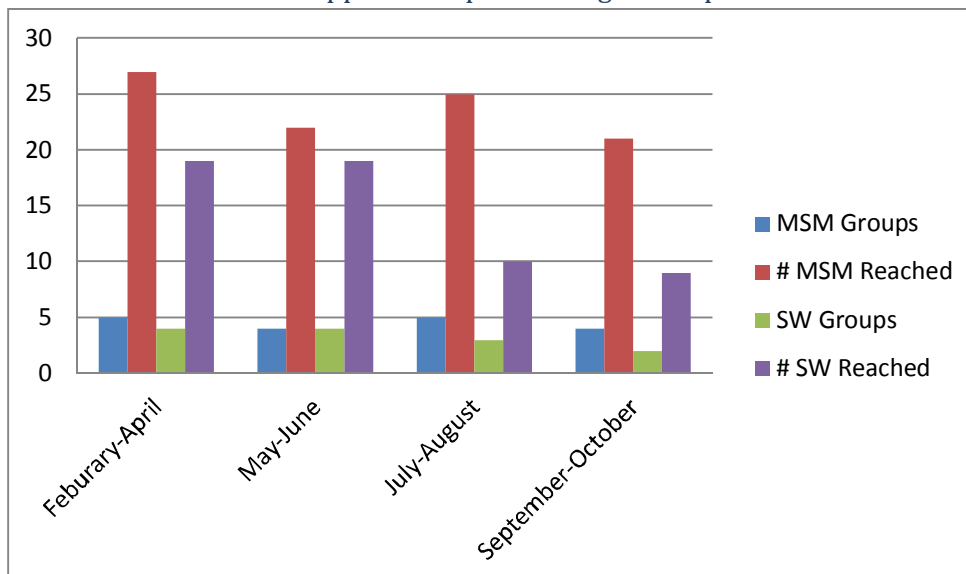
Chart 21: # of MSM and FSW Reached under CVC/COIN 2012



World Learning Project

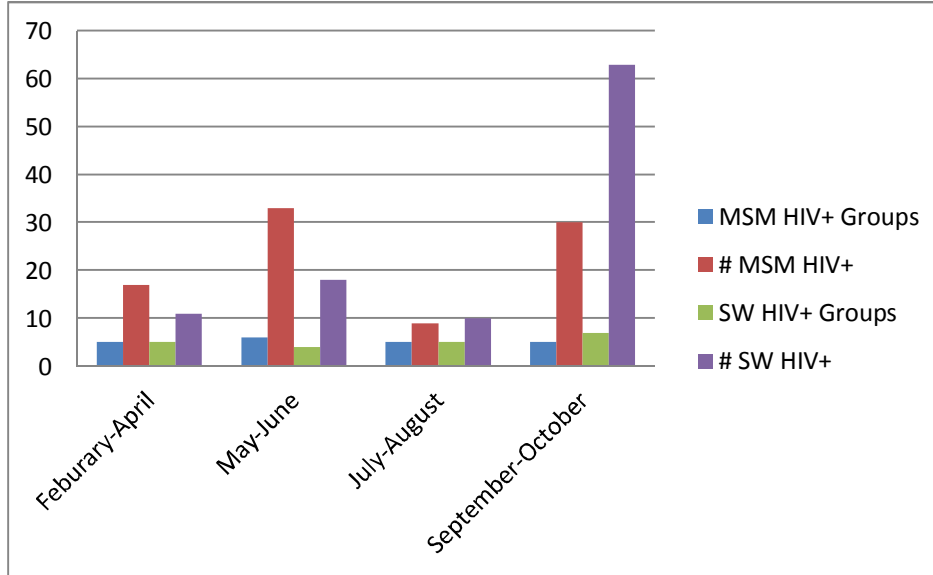
Under the World Learning Project in 2012, 19 MSM prevention support groups were organised by JASL and attended by 99 MSM. Fourteen SW prevention support groups were also conducted and attended by 64 SW. While the number of MSM reached throughout the year remained fairly consistent, the number of SW reached dropped somewhat in the second half of the year.

Chart 22: # Prevention Support Groups and Target Groups Reached under World Learning 2012



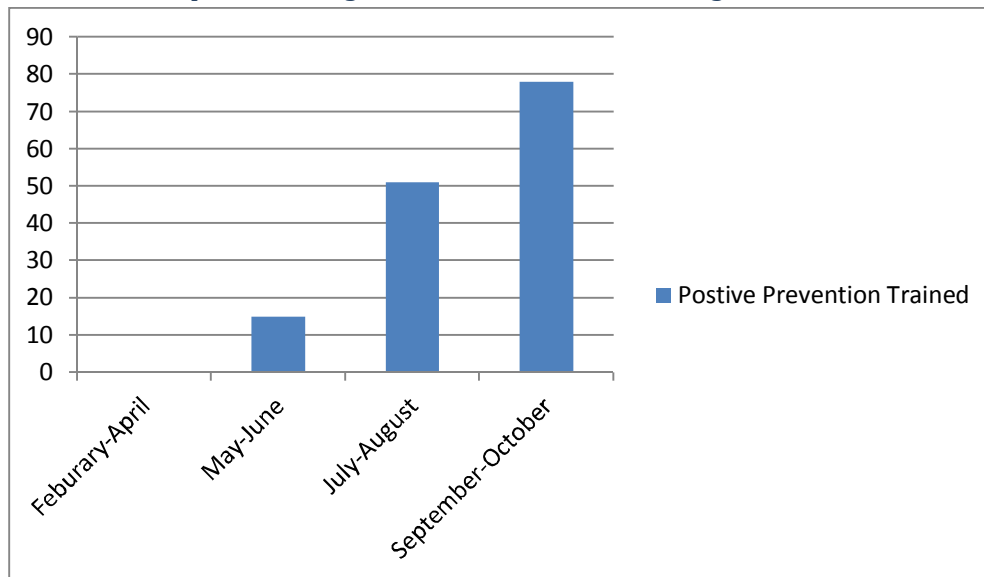
In terms of treatment focused support groups, JASL organised 24 for MSM and 23 for SW. These groups received participation by 101 MSM and 110 SW respectively. The number of participants in the SW groups peaked dramatically in the later part of the year (see Chart 23).

Chart 23: # Treatment Support Groups and Target Groups Reached under World Learning 2012



The number of participants involved in positive prevention training under the World Learning Project gradually increased throughout the year to total 144 people for the year (See Chart 24).

Chart 24: # People Receiving Positive Prevention Training under World Learning 2012



As can be noted in Chart 25 and Chart 26 the number of people and MARPS involved in clinic sessions as a part of the World Learning Project remained fairly constant throughout 2012. Over all, 100 clinic sessions were held for the general public and 790 were held for MARPS.

Chart 25: # of Clinic Sessions under World Learning Project 2012

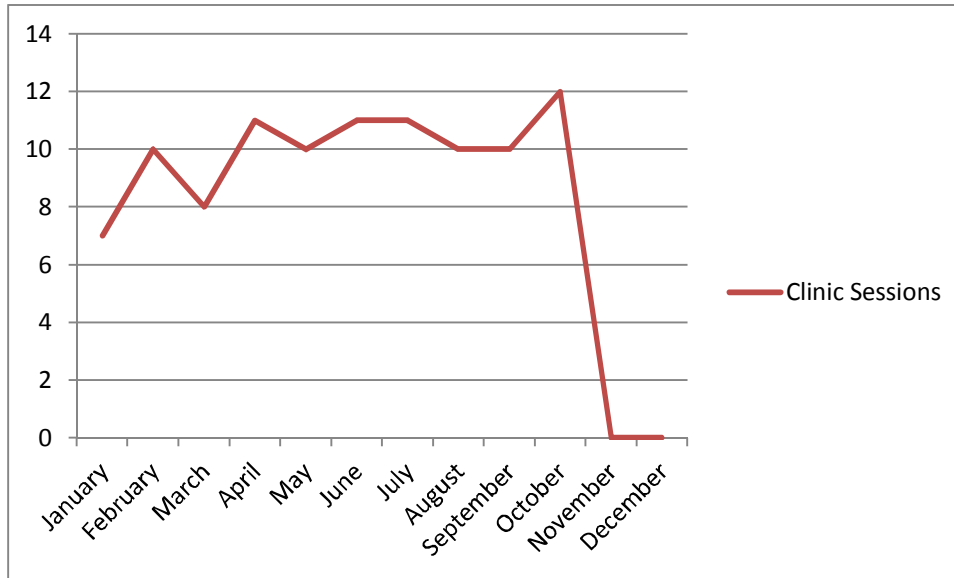
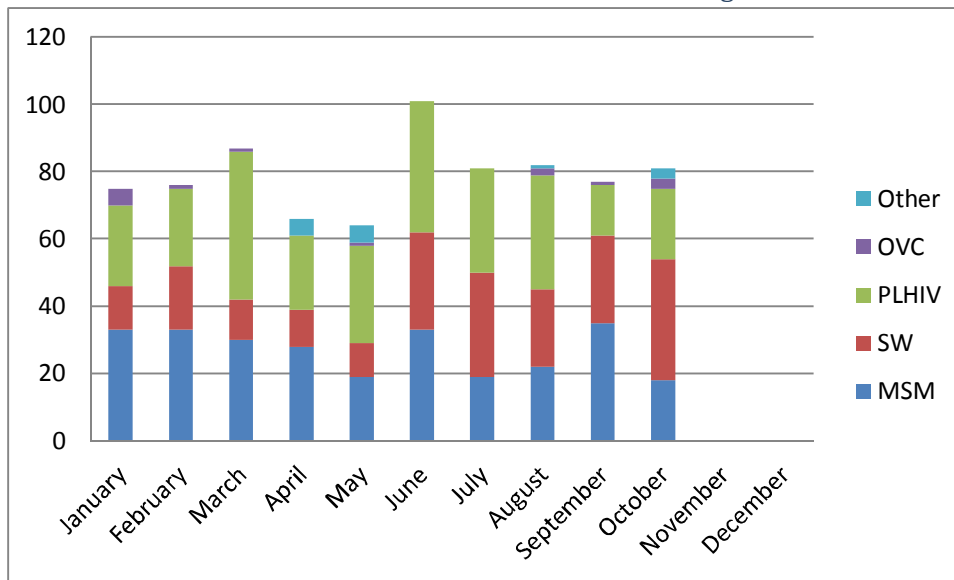


Chart 26: # of MARP Clinic Sessions under World Learning 2012



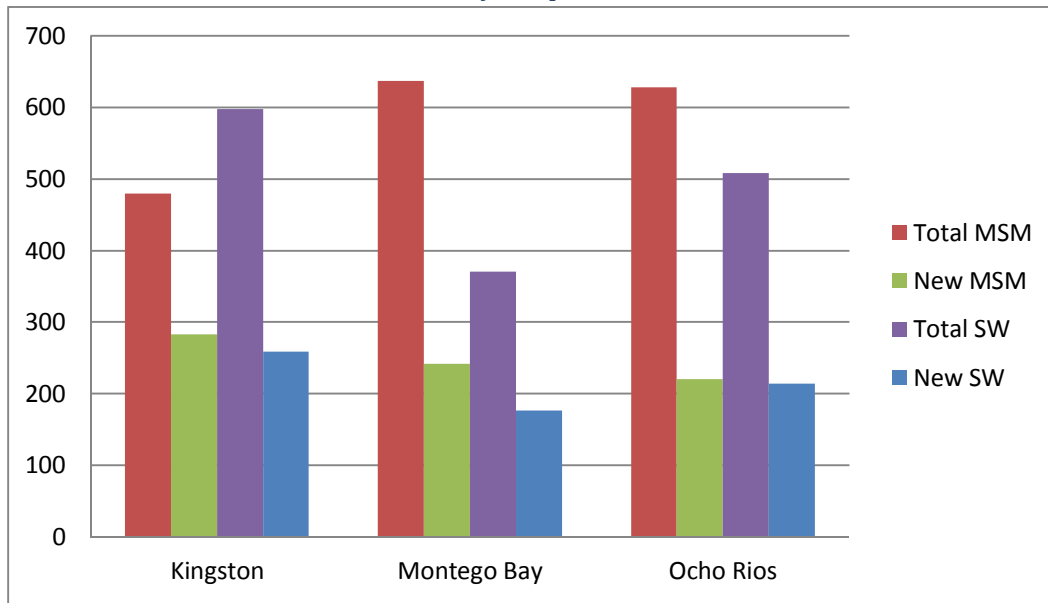
Performance by Chapter

Not all data collected throughout 2012 was disaggregated by Chapter, but where possible this has been done to allow an analysis based on geography.

CARISMA II

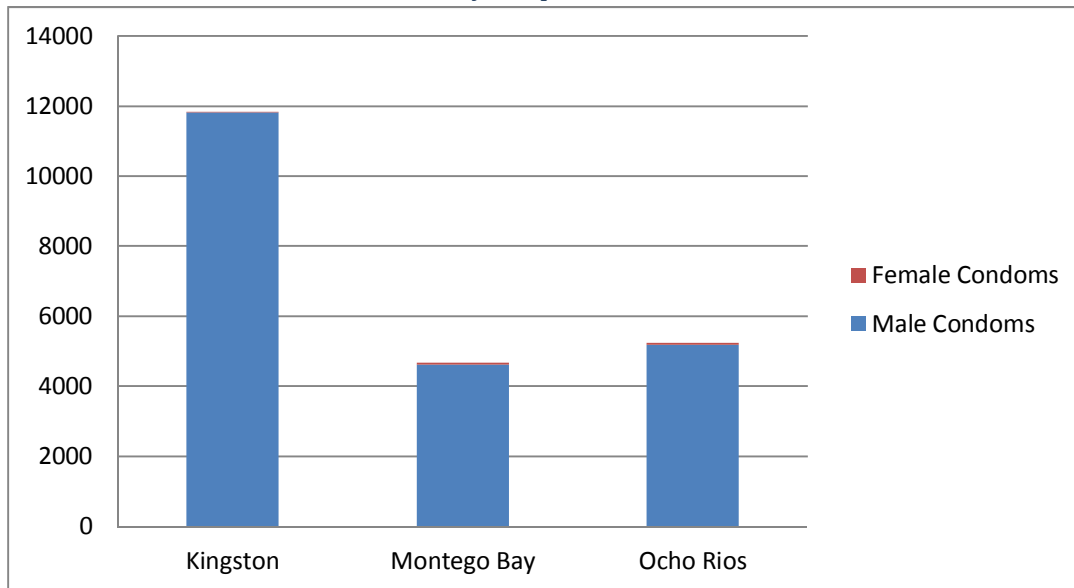
In exploring the number of SW and MSM reached through each chapter under the CARISMA II project, it is evident (as seen in Chart 27) that Monetgo Bay and Ocho Rios reached more MSM than SW in 2012, while, conversely, Kingston reached more SW than MSM.

Chart 27: # of MSM and SW Reached by Chapter under CARISMA II 2012



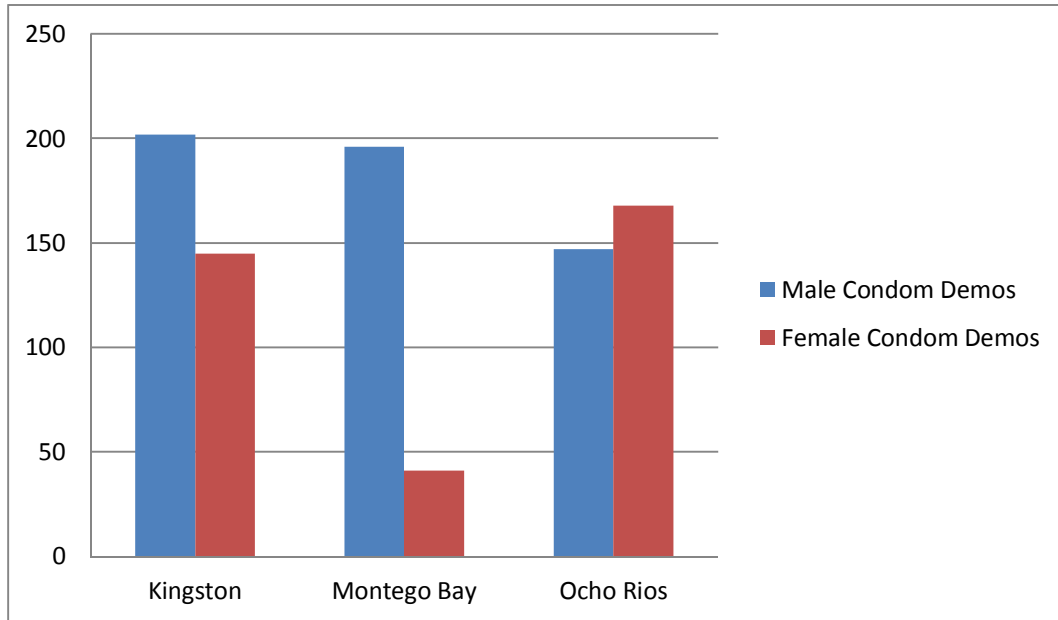
Kingston was also unique in the number of condoms distributed, issuing just over 54 percent of all the male condoms distributed in 2012 under the CARISMA II Project. Although only small in number by comparison to male condoms, the majority of female condoms were distributed by the Kingston and Ocho Rios chapters.

Chart 28: # of Condoms Distributed by Chapter under CARISMA II 2012



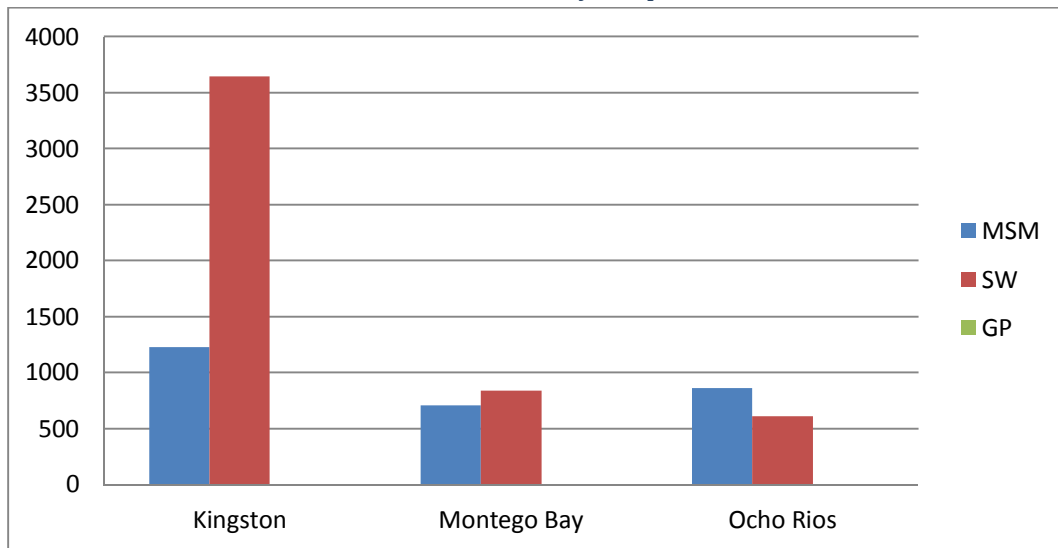
The majority of condom demonstrations were also conducted by Kingston and Ocho Rios. Despite greater efforts in Ocho Rios to demonstrate the female condom, this did not result in a greater distribution. While the Montego Bay Chapter did comparatively few female condom demonstrations.

Chart 29: # of Condoms Demonstrations by Chapter under CARISMA II 2012



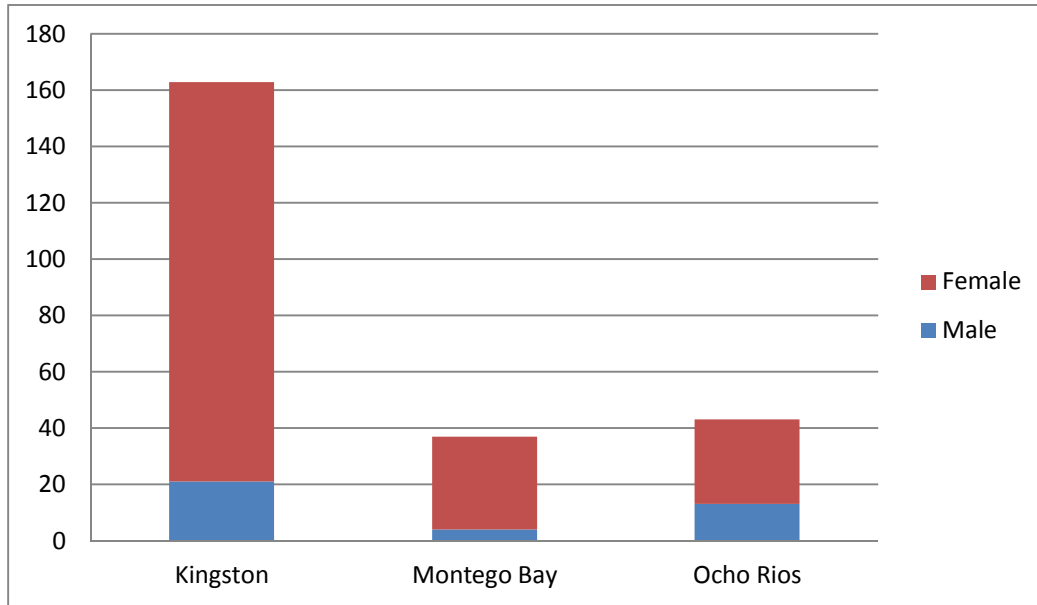
The Kingston chapter also led the organisation in the number of lubricant packets distributed with almost 62% of lubricant packages being distributed in Kingston largely to with distributions to sex workers (see Chart 30).

Chart 30: # of Lubricant Packets Distributed by Chapter under CARISMA II 2012



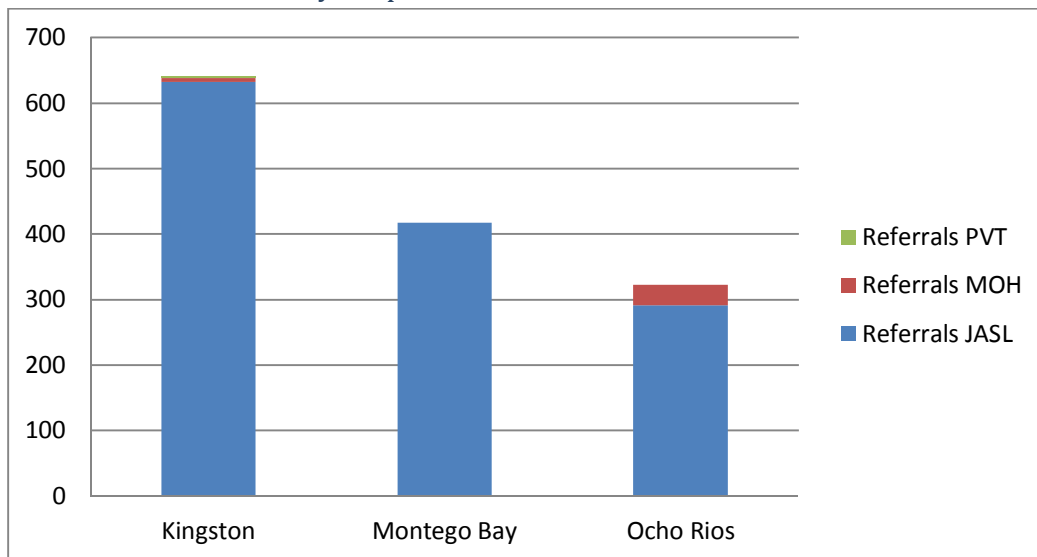
The Kingston chapter conducted 67 percent of the 243 VCT sessions held in 2012 under the CARISMA II project. As can be seen in Chart 31 the vast majority of the people accessing VCT services through JASL were women.

Chart 31: # of VCT Sessions conducted by Chapter under CARISMA II 2012



Forty six percent of the referrals given under the CSARISMA II project in 2012 were from the Kingston chapter (see Chart 32).

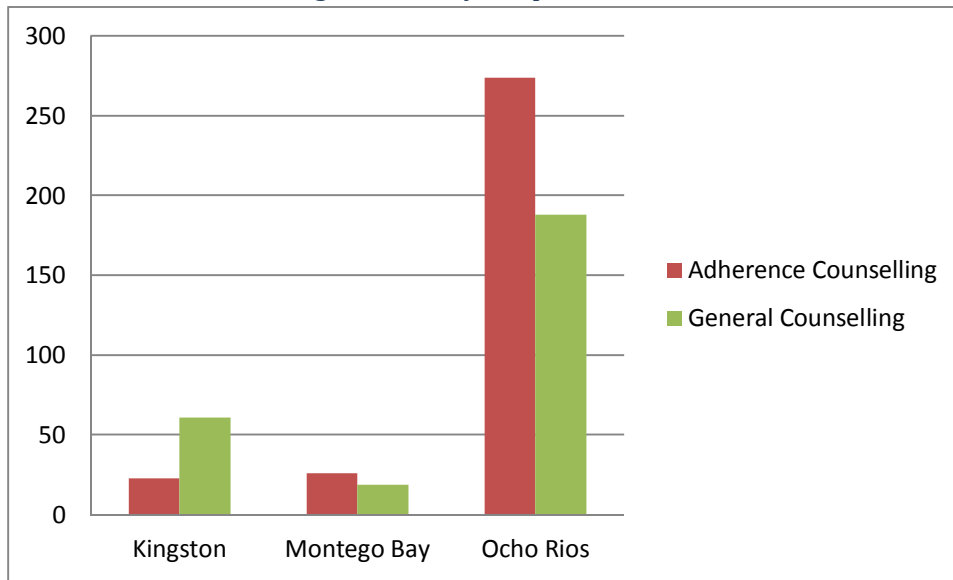
Chart 32: # of Referrals by Chapter under CARISMA II 2012



Global Fund

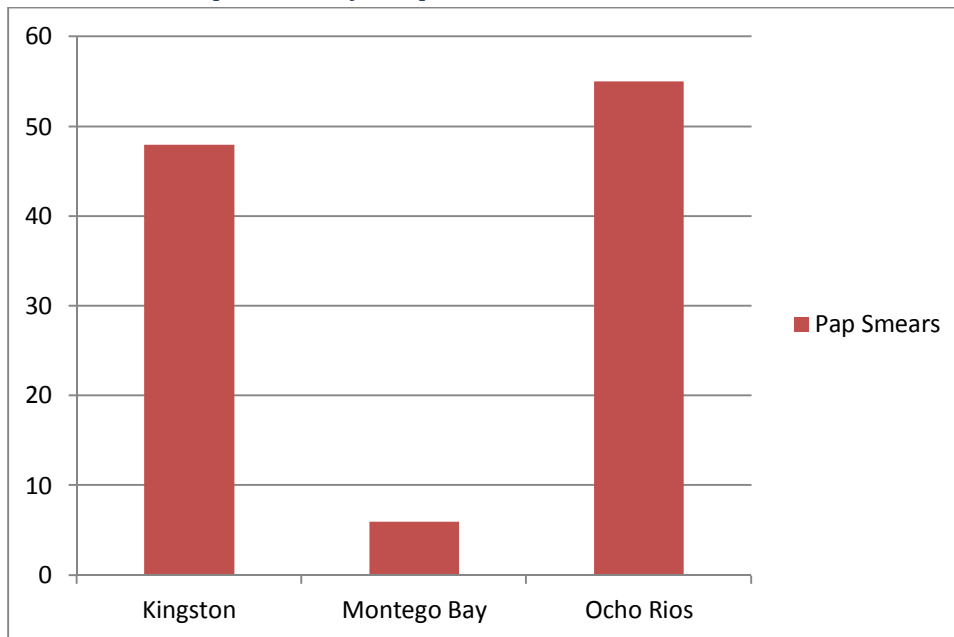
Under the Global Fund Project in 2012 the Ocho Rios chapter facilitated the most counselling sessions of all the chapters, including 84 percent of all adherence counselling and 70 percent of general counselling. This is clearly illustrated in Chart 33.

Chart 33: # of Counselling Sessions by Chapter under Global Fund 2012



The Ocho Rios chapter conducted the most pap smears (55) throughout the year, while the Kingston chapter also performed strongly (48) (see Chart 34).

Chart 34: # of Pap Smears by Chapter under Global Fund 2012



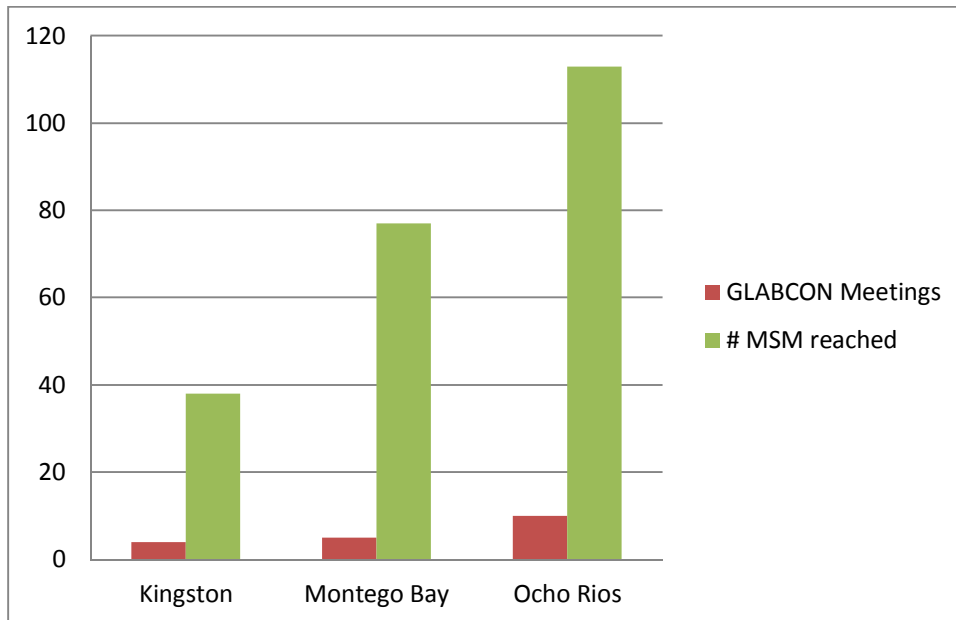
The Montego Bay chapter had the greatest reach for PLHIV in 2012, reaching three quarters of the 720 PLHIV reached by the organisation. Montego Bay also hosted the most PLHIV meetings (see Chart 35) under this program.

Chart 35: # of PLHIV Meetings and PLHIV Reached by Chapter under Global Fund 2012



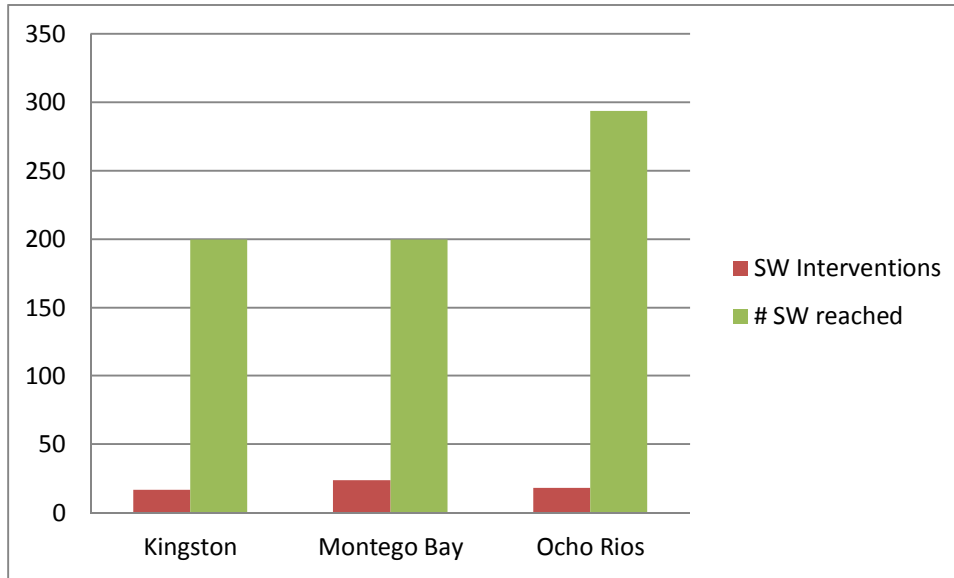
In terms of GLABCOM meetings and MSM reached through them, the Ocho Rios chapter was the strongest performer in 2012, reaching just under half of all the MSM reached through this activity and hosting the most GLABCOM meetings.

Chart 36: # of GLABCOM Meetings and MSM Reached by Chapter under Global Fund 2012



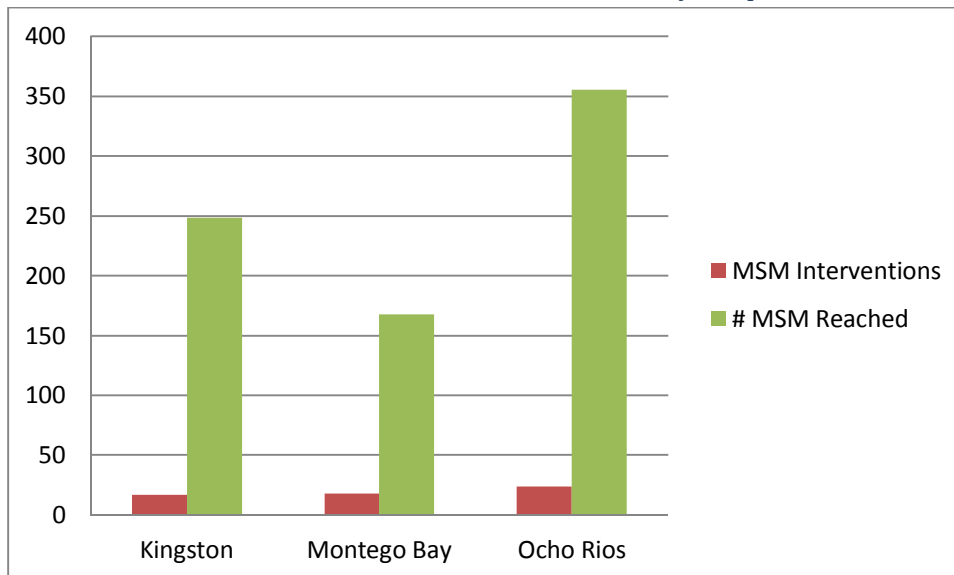
The Ocho Rios chapter also reached the most SW under the Global Fund Project in 2012, even though the Montego Bay chapter organised the most interventions (see Chart 37).

Chart 37: # of SW Interventions and SW Reached by Chapter under Global Fund 2012



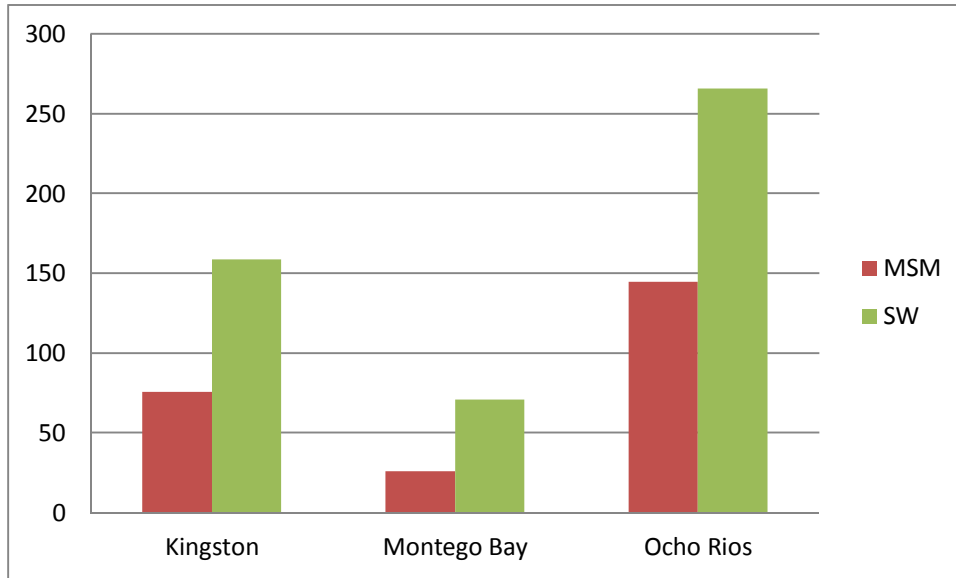
The Ocho Rios chapter implemented the most MSM interventions under the Global Fund Project and reached the most MSM through these activities (see Chart 38).

Chart 38: # of MSM Interventions and MSM Reached by Chapter under Global Fund 2012



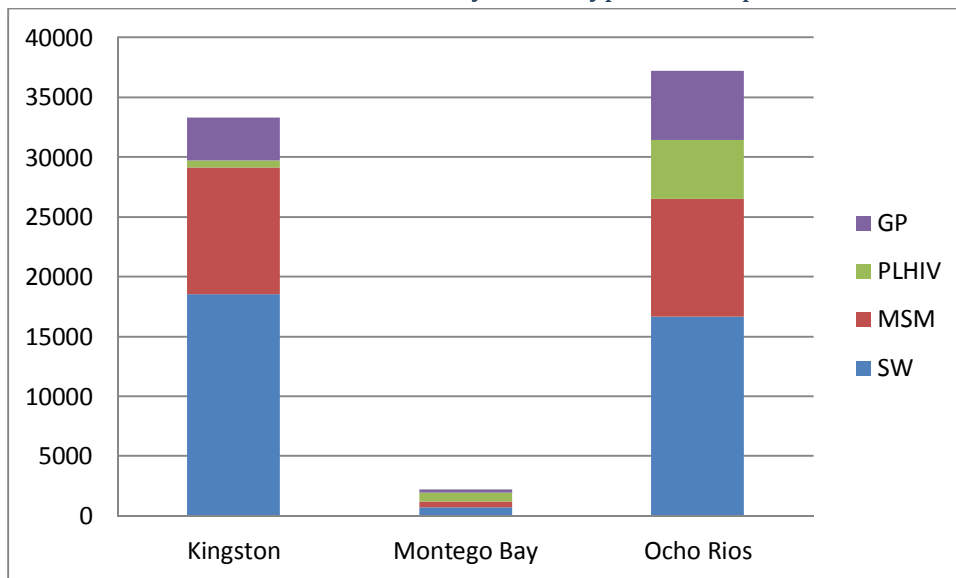
When it came to VCT services under the Global Fund project, Ocho Rios continued to perform strongly accounting for 55% of all VCT sessions conducted under this project. The majority of VCT clients being SW (see chart 39).

Chart 39: # of MSM and SW VCT Sessions by Chapter under Global Fund 2012



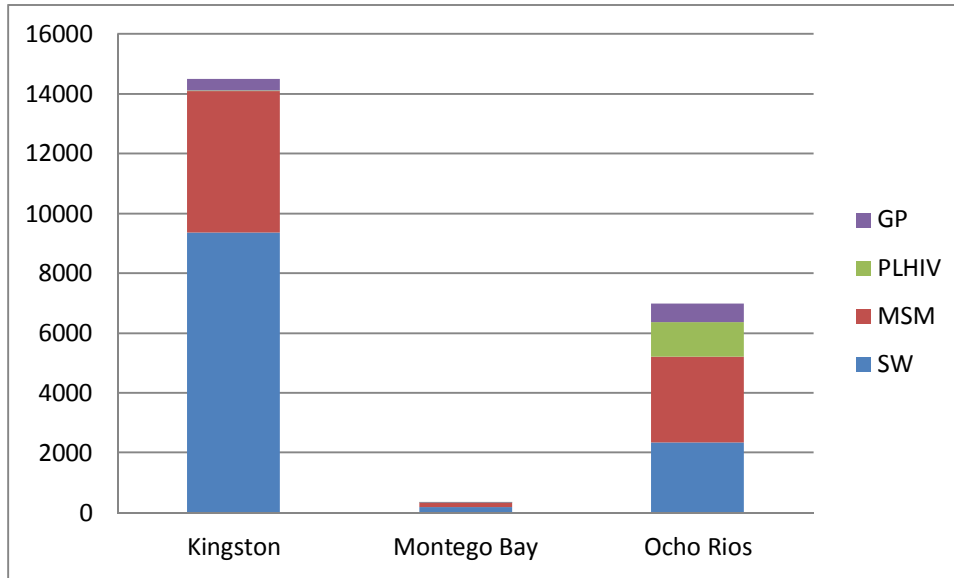
Both the Kingston chapter and the Ocho Rios chapter performed strongly in terms of condom distribution under the Global Fund project in 2012, with a large number of condoms reaching SW and MSM (see Chart 40).

Chart 40: # of Condoms Distributed by Client Type and Chapter under Global Fund 2012



In looking at lubricant distributions, the Kingston chapter was the strongest performer in 2012 under the Global Fund project. Of the 21,863 packets of lubricant distributed, 14,502 or 67% were distributed by the Kingston chapter. This is illustrated in Chart 41, which also shows SW to be the greatest recipient of lubricant from distributions.

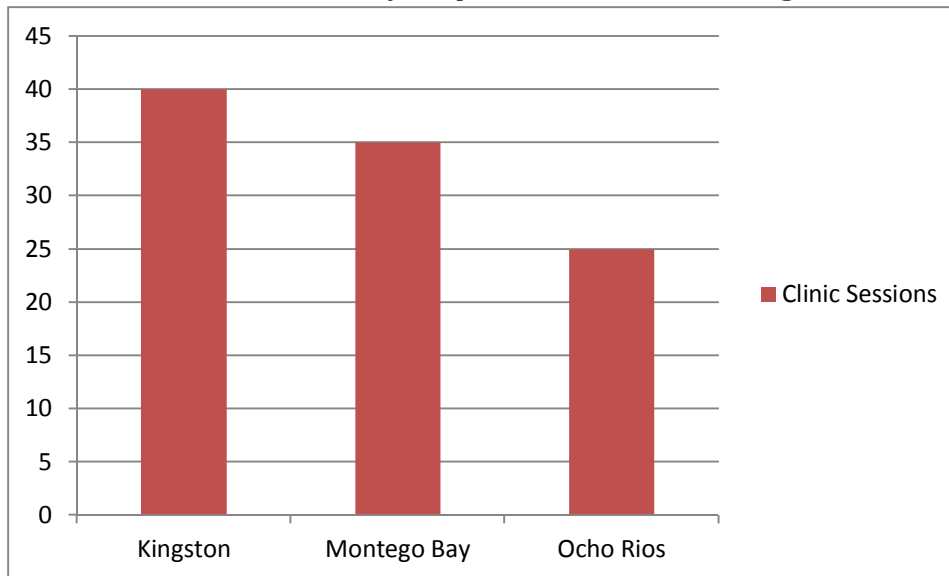
Chart 41: # of Lubricant Packets Distributed by Client Type and Chapter under Global Fund 2012



World Learning

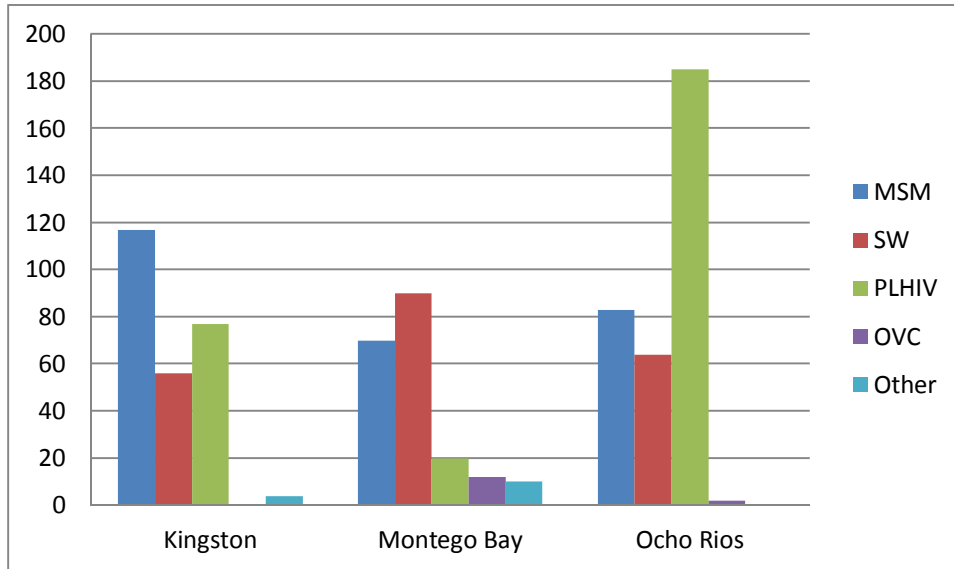
Under the World Learning project, Kingston hosted marginally more clinic sessions in 2012 than the other chapters (see Chart 42).

Chart 42: # of Clinic Sessions by Chapter under World Learning 2012



The Ocho Rios conducted more MARP clinic sessions than the other chapters under the World Learning project throughout the year. However, as can be seen in Chart 43, the breakdown of MARP clients was quite different from chapter to chapter.

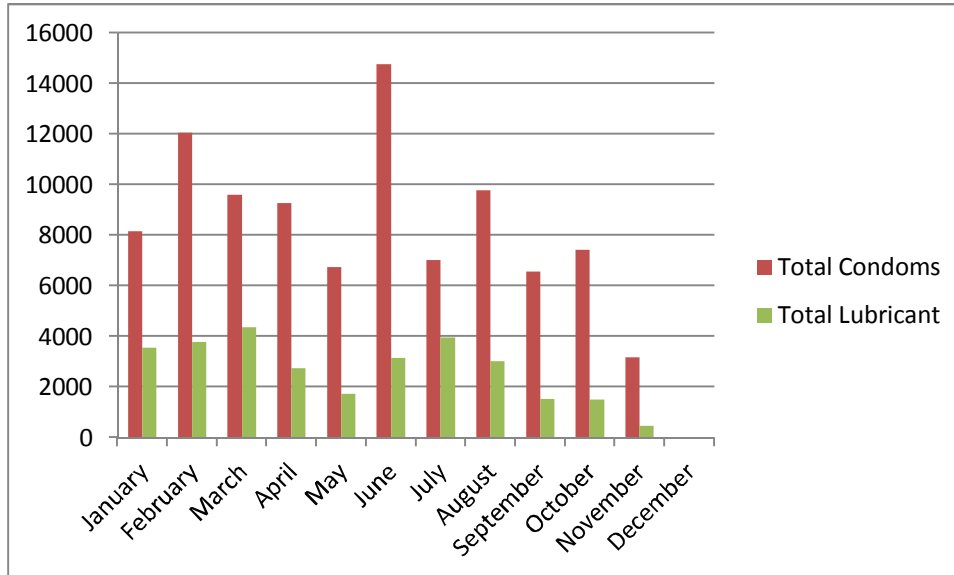
Chart 43: # of MARP Clinic Session by Chapter under World Learning 2012



Overall Condoms & Lubricant

Over all in 2012 JASL distributed 94,576 condoms (female and male) and 29,761 packets of lubricant. June and February were peak periods for condom distribution.

Chart 44: Total # of Condoms and Lubricant Packets Distributed by JASL in 2012



UNWOMEN Project

Jamaica AIDS Support for Life (JASL) in collaboration with the National HIV/STI Programme served as co-implementers of the UN Women-European Commission (EC) Project entitled “Supporting Gender Equality in the Context of HIV and AIDS.” The overall objective of this project was to ensure that gender equality and human rights are integrated into key policies, programmes and actions to address HIV/AIDS at the national level. It is expected that JASL’s engagement in this project would result in strengthened networking of HIV positive women to effectively advocate and influence national policies and programmes; and capacity building for HIV positive women to secure economic livelihoods.

The UN Women-European Commission Project was developed against the background of the inadequate integration of gender equality and human rights dimensions in the global HIV response. Women and girls do not have equal access to services, resources, and decision-making when it comes to the national response to HIV and AIDS. Research indicates that women’s leadership and participation is integral to an effective national and global response. However, opportunities for women to participate in decision-making processes that influence AIDS policies and programmes are limited.

Through this project, JASL was able to make considerable contributions in building the capacity of HIV positive women and other vulnerable women, including female sex workers, transgendered women, young women, and women with disabilities. In total 79 women were trained as human rights and gender equality advocates and participated in several other training programmes aimed at women’s empowerment, building entrepreneurial skills and developing their communication and facilitation skills. This capacity building supported their ability to contribute to national reviews and decision-making processes, such as the 2012-2017 National Strategic Plan Review, the CEDAW Review and to the Country Coordinating Mechanism of the Global Fund. JASL has also supported the mobilization of an advocacy network and supported the processes that contributed to the development of their own Advocacy Action Plan. As a result of this engagement, 4 trained advocates currently hold significant posts within key agencies in the HIV sector.

Additionally, JASL has built the capacity of HIV positive women and women at-risk to secure economic livelihoods. A total of 48 women were awarded business development grants and this has been of tremendous benefit in terms of poverty alleviation and reducing women’s vulnerability. In addition, 20 women have received education grants that will contribute to overall improved health and quality of life outcomes.

