



# Jamaica AIDS Support For Life

*Love. Action. Support.*



## **CELEBRATING 25 YEARS**

*of preserving the dignity and rights of persons  
living with HIV and AIDS, and fighting against  
the spread of the epidemic in Jamaica*

# 2016 ANNUAL REPORT

# ACCESS TREATMENT YOUR WAY!



## LOCATIONS AND PARISHES COVERED

KINGSTON REGION



ST. JAMES REGION



ST. ANN REGION



JAMAICA AIDS SUPPORT FOR LIFE

Tel: 925-0021 or 925-0022  
www.jasforlife.org



3 Hendon Drive, Kingston 20  
Tel: (876) 969-6597 or (876) 969-0282  
Website: [www.jasforlife.org](http://www.jasforlife.org)  
Email: [infojasl2010@gmail.com](mailto:infojasl2010@gmail.com)



Instagram: @JASInfo    Twitter: @JASLtweets  
FaceBook: jamaicaaidssupport



# Table of Contents

About Us.....	1
Meet Our Board.....	2
Messages.....	3
• Chairman’s Message	
• Executive Director’s Message	
25 Year Milestone.....	5
Snapshot of Jamaica’s Epidemic.....	6
• Key populations affected by HIV in Jamaica	
Prevention and Education.....	8
Treatment, Care and Support.....	10
Enabling Environment and Human Rights.....	13
Media Engagement.....	16
Research.....	17
25th Anniversary Celebrations.....	19
Staff Training and Development.....	23
Financial Report.....	24
• Our 2016 Funders	
Meet Our Staff.....	28
Pictorial Highlights.....	30



# ABOUT US

## OUR VISION

A Jamaican society which celebrates human diversity; preserves the rights and dignity of all; and provides services to all based on Love, Action and Support.

## OUR MISSION

JASL aims to be a world class leader creating and utilising best practices in the delivery of services to persons living with and affected by HIV and AIDS in Jamaica and participating in the fight against the spread of HIV and AIDS in an enabling environment.

## OUR GOAL

To be the lead civil society partner to the government in the national response to HIV/AIDS through rights-based programme implementation, management, monitoring and evaluation for the promotion of universal access to prevention, treatment, care and support services.

## OUR HISTORY

In 1991, the organisation was first established as Jamaica AIDS Support (JAS), and was the first NGO specifically responding to HIV. In partnership with the Ministry of Health in Jamaica, and in response to a growing need, JAS charged itself to continue the work among persons living with HIV (PLHIV), men who have sex with men (MSM) and sex workers (SWs) as trust had been established through the provision of a stigma free zone in which everyone could access testing, counselling and treatment irrespective of sexual orientation, gender, race, occupation, colour, class economic status or religion. The agency opened 'Life', an AIDS Hospice which provided treatment and care for PLHIV from 1992 - 1997 when individuals were able to source acceptable treatment at clinics and hospitals island-wide.

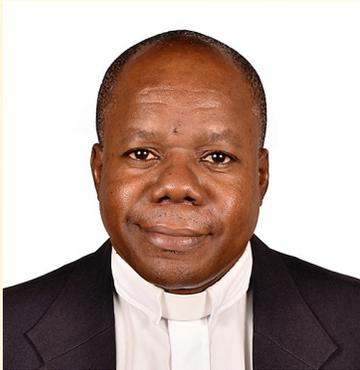
## WHO WE SERVE

- Men who have sex with men (MSM)
- Sex workers (SW)
- Hearing impaired (HI) and deaf
- Transgender persons (TGs)
- Orphan and vulnerable children (OVC)
- Key groups of women affected by violence in the context of HIV



# Board of Governors

JASL is spearheaded by a Board of Directors through an Executive Director who manages the day-to-day operations of the entity. The services of the organisation are delivered island-wide through the Central Administration at its head office located in Kingston and three Chapters located in St. Ann's Bay, Montego Bay and Kingston.



**Canon Garth Minott**  
Chairman



**Althea Bailey**  
Vice-Chair



**Ian McKnight**  
Co-founder



**Gervaise McLeod**  
Board Member



**Damien Williams**  
Board Member



**Aston Cooke**  
Secretary



**Marilyn Thompson**  
Staff Representative



**Trevor Blake**  
Board Member



**Andrea Chin-See**  
Board Member



**Kandasi Levermore**  
Ex-Officio Member

# Chairman's Message



**Canon Garth Minott**  
**Chairman**

**L**ike any worthy and large objective, building a world-class organization tends to be more of a journey than a destination. The Jamaica AIDS Support for Life was founded in 1991 in an era where HIV was not fully understood. At that time in our history, many questions remained unanswered; most significantly, what caused AIDS and how it was transmitted. Fear of the unknown quickly bred stigma towards those infected with HIV – resulting in general level of despondence among the population and their loved ones.

Some of our founders and leaders were either students or young professionals concerned about the lives of friends and those most vulnerable to HIV and AIDS. Our founders Ian McKnight, Christine English, Stephen Johnson, Devon Cammock, Vincent Bishop, John Scott and Dr. Paul Skyers all had such courage and fortitude to start such a journey. Their clear vision and sustained efforts made their idea come true in the form of the organization Jamaica AIDS Support for Life.

Since its inception, the organization has been defined by certain core characteristics: expertise, innovation, and a passion for serving its constituents - all summed up in the missionary zeal of love, action and support.

Commencing celebration of its silver jubilee in 2016, JASL, along with its staff and beneficiaries, entered a new era as an organization that is essential to the economic health of our country, and region.

Twenty-five years strong, this creation, JASL, is a unique institution. It is engaged in what I would call 'Social Architecture', where conscious decisions are made to design an environment that encourages and fosters social change. Jamaica AIDS Support is more than an experiment, more than a knee-jerk reaction to immediate social need. It is a pace setter, it is a multiplier model. After all, from JASL we have seen the birth of other great organizations such as Equality for All Foundation (*formerly JFLAG*), Jamaica Community of Positive Women, Jamaica Network of Seropositives and Eve for Life.

During my years on the JASL's board, which I currently chair, I have observed JASL as an organization catalyzed by strong innovation and culture based on passion and a raw need to serve. Each day, JASL's staff anticipates and tackles beneficiaries' needs with integrity and purpose: whether by active prevention efforts to increasing public awareness of HIV and AIDS; providing treatment and support for those infected and affected by HIV through home and hospital visits or through its clinics; or just being a safe space for our clients to be their truest selves without judgement or fear of reprisal.

This year's Annual Report contains many examples of how Jamaica AIDS Support for Life makes a difference. On behalf of the entire Board, I thank the Executive Director and her managers for their outstanding leadership and all of the employees for carrying forth the organization's outstanding legacy and enduring commitment to serving the public.

# Executive Director's Message



**Kandasi Levermore**  
Executive Director

**J**amaica AIDS Support for Life has a clear focus: to provide sustained support to persons who are infected and affected by HIV and AIDS in Jamaica. This includes the general population, men who have sex with men (MSM), sex workers (SW), hearing impaired (HI) and deaf, transgender persons, orphaned and vulnerable children (OVC) and key groups of women affected by violence in the context. We pursue this focus, encouraged by your love, action and support.

Through this Annual Report we share with you where and how our focus takes us into many different areas of support for people, such as public education, health care, counselling, building vocational skills and creating an enabling environment conducive to ensuring health for all persons. These are key examples of the core of our work which will always be to preserving the rights and dignity of all persons living with HIV. This is facilitated through our three chapters which are equipped with a clinic and the necessary personnel to ensure that each person has access to quality healthcare.

The year 2016 marked the 25th anniversary of the Jamaica AIDS Support for Life. The occasion saw us celebrating the glorious legacy of the organization – one that continues to inspire us, and continues to shape and enrich the lives of countless people who are infected and affected by HIV/AIDS. This annual report will see us celebrating those who have contributed to this rich history: first, the group of early JASL pioneers who believed and acted upon an idea that such an organization would be necessary to advance human rights and end the HIV epidemic; second, to the group of leaders and members who expanded the original vision of the organization by offering innovative approaches and broadened scope of services that continue to serve our constituency today; and lastly, the group of future leaders and members who will continue to nurture and develop our organization into a vibrant one where we can truly say health for all with the promise of an AIDS free country.

Normalized practices of stigma and discrimination within health services often mirror and mutually reinforce wider social norms. Within healthcare settings, stigma and discrimination is particularly of concern given its impact on the ability of those stigmatized to receive appropriate and quality prevention services, treatment, and care. This is compounded by the fact that there is no enforceable legal framework to address HIV-related discrimination. Everything we do in JASL is in one way or another aimed at ensuring that governments and other key duty-bearers preserve the rights of all persons living with and affected by HIV and AIDS. As JASL listens actively to PLHIV, it has the conviction to take strong positions on their behalf. It is based on this background that 2016 saw a renewed thrust in our enabling environment and human rights efforts.

We share an unbounded optimism in Jamaica AIDS Support for Life's continued impact on those most vulnerable, and we look forward to another 25 years of excellent service.

# Celebrating 25 years of LOVE. ACTION. SUPPORT

**1991**

First established as Jamaica AIDS Support and was first NGO responding to HIV

Started by a group of friends including Ian Mcknight, Howard Daly, Michael Johnson and Joseph Robinson who went on to form Ashe

**1993**

Led by Andrew Green, the Ocho Rios Chapter was formed; and first provided services to sex workers

GLAB-Com ( Gay, Lesbian & Bi-Sexual Community ) program was initiated by JASL as a support group for the community

In 2011, under a project funded by UN Women, JASL facilitated a unified Declaration of Commitment to Eliminate Stigma, Discrimination and Gender Inequality affecting Jamaica's HIV/AIDS Response which was signed by the Most Honourable Bruce Golding, then Prime Minister, and Most Honourable Portia Simpson Miller, then Opposition Leader. The Declaration was presented at the United Nations General Assembly high-level meeting on AIDS in 2011.

There was also a ' Friends ' programme where volunteers trained to be a friend to PLHIV – what is now a Peer Support model

**1992**

Opened ' Life ', an AIDS hospice from 1992 - 1998 which provided treatment and care for PLHIV

Stalwarts such as Dr. Peter Figueroa, Dr. Peter Weller and Dr. Elizabeth Ward supported JASL in its embryonic stages

**1994**

After sensitizing children ' s homes, JASL started catering to children made vulnerable and orphaned by HIV and AIDS

**2001**

First NGO and one of the first treatment sites to acquire a PIMA machine to monitor HIV patients ' CD4 count

JASL produced the first LGBT-related public service announcement for television airing

**2008**

The Sex Workers' Association of Jamaica (SWAJ) started in 2008 to confront the issues facing sex worker population in Jamaica .

**1992**

JASL ' s CandleLight Vigil was first held to commemorate friends whom we have lost to HIV and AIDS

The hospice work was supported by JASL ' s first funder - FHI 360 - formerly Family Health International

**1994**

Under the leadership of Devon Cammock and Vincent Bishop, the Montego Bay Chapter was formed

Project Smiles commenced in the mid-90s where children infected and affected by HIV are provided with toys and a Christmas treat

**2003**

Life ' s Work began as an income generating activity for PLHIV to make scented candles

**2004**

This year, JASL had no AIDS-related deaths among its clients

**2014**

With support from the Ministry of Health, JASL purchases its 3 Hendon Drive location becoming, one of the few NGOs to own its own office space

**1993**

JASL ' s first quilt was created by renowned doll maker Franz Brent-Harris

JASL ' s first nurse was Orchid Gowe-Hunter.

**1994**

Life ' s Work began as an income generating activity for PLHIV to make scented candles

**1998**

The Jamaica Forum for Lesbians, All-Sexuals and Gays was founded on Thursday December 10, 1998 as the first human rights organization in the history of Jamaica to serve the needs of Lesbians, Gays, Bisexuals and Transgendered (LGBT) peoples.

Chapters were also opened in Mandeville and Portland in the 90s. Both chapters were closed by 2000.

Famed watercolour Artist, Patrick Waldemar assisted with PLHIV doing drama and painting plant pots for sale

**2015**

The Embassy of Japan contributes J\$11,000,000 towards the expansion of its clinic space

Jamaica AIDS Support can be called a multiplier model having given birth to some of the NGOs in the HIV sector including JFLAG, Eve for Life, Quality Citizenship Jamaica, Jamaica Network of Seropositive ( JN Plus ), Caribbean Vulnerable Communities Coalition, Jamaica Community of Positive Women, Sex Work Association of Jamaica and Colour Pink Group.



# Snapshot of Jamaica's HIV and AIDS Epidemic

Ministry of Health (Jamaica) estimates that 29,690 people in the Jamaica are living with HIV – and approximately 19% are not aware that they are infected. There were 1,222 newly diagnosed cases in 2015.

Prevention efforts have assisted in keeping the number of new infections stable in recent years, and substantial progress has been achieved in some key populations, such as female sex workers. However, infections have slightly increased among MSM, the population most affected by HIV, as well as among youths, signalling the importance of intensifying and focusing prevention efforts where the impact of HIV is greatest.

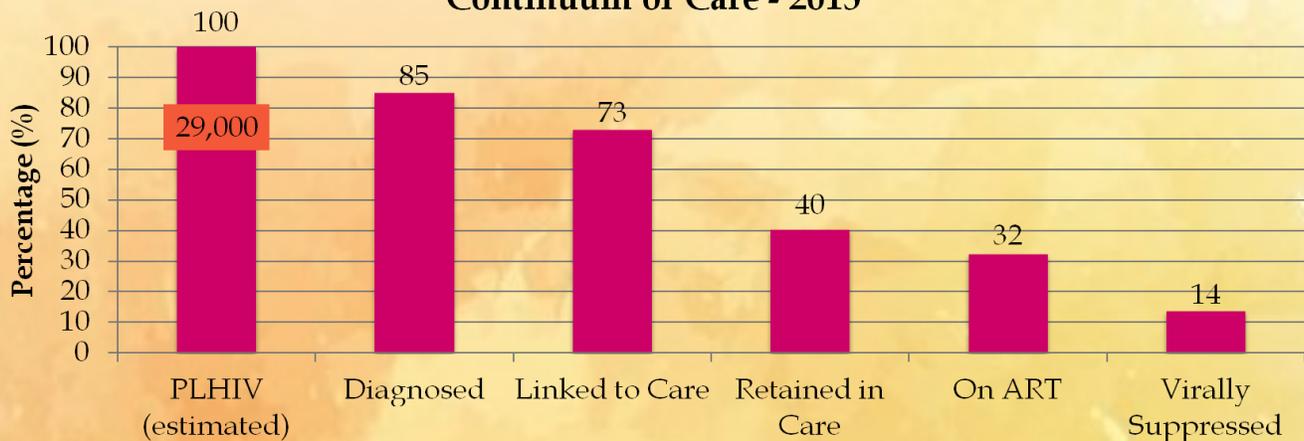
## 90-90-90

An ambitious treatment target to help end the AIDS epidemic



## Making 90-90-90 target a reality for Jamaica

Continuum of Care - 2015



### What does this mean?

- Column 2 suggests that only 85% of those estimated to be HIV positive are aware of their status.
- Additionally, of those persons diagnosed, at least 27% have never been seen at a treatment site (i.e. linked to care); and only a little over half of those ever linked to care (40%) have been seen in the last 12 months (i.e. retained in care).
- Comparison of the numbers of PLHIV retained in care (4th column) and the numbers of PLHIV on ART (5th column) show very little gap which suggests that the persons who are retained in care are primarily the PLHIV who are on ART.
- Of those on ART, only 14% are estimated to be virally suppressed. Viral load suppression means the risk of HIV transmission is significantly reduced.

# Populations Affected by HIV in Jamaica

Underpinning the HIV epidemic in Jamaica is a lack of effective rights-based approaches. Without a comprehensive HIV and AIDS law, a general anti-discrimination law, or a human rights act/commission to legally enforce non-discrimination against persons living with HIV (PLHIV), existing HIV and AIDS policies and strategic plans fall short of ensuring equal access to prevention, care, treatment, and support by key populations, as well as the full enjoyment of PLHIV in all aspects of social, cultural, civil, and political life. — UNDP (2013) HIV and AIDS Legal Assessment Report for Jamaica



**I am a person living with HIV.**  
Approximately 5,640 persons are unaware of their status.



**I am a man who has sex with other men.**  
Approximately 32.8% of MSM are HIV positive. Due to stigma and discrimination, MSM are less likely to



**I am a pregnant woman.**  
Jamaica is on track to being among the first countries to eliminate mother to child transmission.



**I am a transgender woman.**  
Transgender women accounted for 45% of new infections. They often experience layered stigma because of their HIV status, gender identity and sexual orientation.

**I am a female sex worker.**  
The HIV prevalence among sex workers has reduced to 2.9%. However, criminalization of sex work puts sex workers at increased risk of HIV transmission.



**I am a prison inmate.**  
HIV prevalence among prisoners is 3.3%. Prisoners are 17 times more likely to get HIV than the general population.



**I am a young woman.**  
Youths between 15 and 24 years old are less likely to recall the three appropriate methods to prevent HIV transmission (one faithful partner; condom use all the time; and abstinence) compared to the 25-49 age group.



**I am a drug user.**  
The HIV prevalence rate among drug users is 2.5%. Due to a lack of data and resources, there are no sustained and comprehensive programmes for drug users who are HIV positive or at risk of becoming positive in Jamaica.



**I am a child.**  
Although children infected with HIV has decreased significantly due to reduction in mother to child transmission, they are made orphaned or vulnerable due to their parents' or caregivers' HIV status.

# Prevention and Education

With increased efforts dedicated to reducing the HIV epidemic in Jamaica, Jamaica AIDS Support for Life's prevention efforts are aimed at increasing awareness about HIV and AIDS, and other sexually transmitted infections (STIs), as well as influence positive behaviour change, especially among key populations. The programme is administered through targeted interventions, outreach, special events, peer education and life skills interventions.

## INTERVENTIONS

The HIV epidemic is currently characterized by higher rates of HIV infection among key populations including transgender women, female sex workers (2.9%), men who have sex with men (32.8%), prison inmates (3.3%) and drug users (2.5%) than the 1.6% prevalence in the general population (Ministry of Health, Jamaica 2014). Also considered an at risk population are youths between the ages 15 to 24 years.



Targeted Outreach Officer, Hanna Lisa Williams, at a HIV Public Education intervention hosted by the UWI-HARP on University of the West Indies Mona Campus in February 2016

Through targeted activities conducted via several testing events at sports bars, in the streets, night clubs, communities, mass testing events, Jamaica AIDS Support for Life was able to reach and engage over 10,000 persons in 2016. Core prevention messages include correct condom and lubricant use, risk reduction strategies such as reduction in the number of sexual partners and abstinence.

**4,153** general population tested  
**69,387** condoms distributed  
**161** persons tested HIV Positive in 2016  
**124** of those persons who tested positive have been linked to care and are taking anti-retroviral medication (ARVs)





Patrick Lalor, JASL's Policy and Advocacy Officer (2nd left) and JFLAG's Elton McDuffus (far right) at the launch of the Transgender project-funded Elton John AIDS Foundation held on March 23, 2016.

Key populations (MSM, sex workers and transgender women) are often extremely difficult to reach for critical testing, care and treatment services. In Jamaica, uptake of services by the population is much lower than necessary to reduce the HIV epidemic; while stigma and discrimination, including gender-based violence, are high. Significant barriers, such as police and client harassment (especially for sex workers), societal discrimination and institutional challenges, prevent key populations from accessing the services they need.

To reach key populations, JASL has utilized its peer support model, where Peer Educators are representatives of the varying community groups to provide peer-to-peer support to others, drawing on their own experiences to promote wellness and positive living. In 2016, JASL utilized 24 peer educators to implement special events and socials, one-on-one and group interventions to reach and engage high-risk populations.

## TRANSGENDER WOMEN

Under the Elton John AIDS Foundation, Global Fund and USAID grants, JASL expanded its reach and services to transwomen. During the period, JASL reached 345 transwomen by providing HIV and STI education and tested 141 of the population.

## SEX WORKERS

Eighty-eight (88) special events were held to reduce HIV among sex workers. Approximately 2814 sex workers were reached; of which, 859 were tested and now know their HIV status. This group has seen a significant decline in HIV prevalence over the years.

## MEN HAVING SEX WITH OTHER MEN

The HIV prevalence rate among MSM remains steady with no significant reduction realized despite prevention efforts. During the period under review, JASL conducted 67 targeted interventions which reached 2838 MSM; of which, 1036 tests were conducted. Jamaica AIDS Support for Life will renew its prevention strategies to target 'hard to reach' MSM, such as those within the middle to upper socio-economic strata.

## WORLD AIDS DAY 2016

On December 1, 2016, JASL held a Mass Testing event in Ocho Rios, St. Ann to commemorate World AIDS Day. Through this activity, over 235 persons were tested. The event was broadcasted live on the Barry G Show on Mello FM. This event incorporated 'walk and talk' where JASL's staff provided information on HIV and AIDS, facilitated information sharing sessions, and persons were encouraged to practice safer sex through condom demonstrations and condom distribution.



Participants registering to have their HIV tests done at the Mass Testing held in Ocho Rios on World AIDS Day, December 1, 2016

# Treatment, Care and Support

Jamaica AIDS Support for Life continues to provide treatment and care services at its three locations - Kingston, Ocho Rios and Montego Bay - to persons diagnosed with HIV. Our prevention team encourages persons who have been recently diagnosed with HIV to visit one of our three locations or a healthcare facility to enrol on ARV medication within 90 days of receiving their confirmatory HIV result.

## IMPROVED HEALTH OUTCOMES FOR CLIENTS

As noted on page 8, JASL tracks the HIV care continuum to help gauge progress towards its HIV treatment goals. In 2016, the organization linked 77% of persons found positive. Of the 595 clients that JASL has on register, 512 are on ARVs and 195 are virally suppressed.

While the organization's treatment cascade is relatively higher than the national's cascade given that 86% of its clients are on ARVs, JASL remains concerned that 68 per cent of those on treatment are still not virally suppressed. When an HIV positive individual is virally suppressed, through sustained and appropriate antiretroviral treatment, the ability of the virus to replicate is reduced to the extent that it is undetectable. Medication can virally suppress the infection and reduce the likelihood of transmission by 95 per cent.



JASL's nutritionist conducting nutrition session with clients

In each chapter of JASL, our team offers treatment, care and support to those persons who are infected with or who are affected by HIV/AIDS, through counselling and peer support. JASL operates weekly user-friendly clinic sessions with a medical doctor and nurse to receive medical check-ups, CD4 tests for PLHIV clients, prescriptions for anti-retroviral drugs, pap smears, and referrals to other diagnostic services.

**2,697** instances of persons accessing clinical services  
**723** sessions conducted with psychologist  
**1474** adherence counselling sessions conducted  
**432** pap smears conducted  
**143** home and hospital visit conducted  
**195** of JASL's 595 clients virally suppressed





JASL's Regional Programme Manager, Ava Neil, (left) with Project Manager of the Marley Foundation at a Christmas Treat held on December 3, 2016.

PHOTO COURTESY OF LOOP JAMAICA

To improve the quality of life of persons, JASL also provides psycho-social support, as well as skills building and socio-economic empowerment of its clients.

## MEDICINAL SUPPORT

In 2016, recognizing the financial challenges faced by many, \$6.8 million was expended to purchase over-the-counter medication for 547 persons living with HIV, as well as drugs for opportunistic infections. This support was from MacAIDS Foundation, USAID, Linkages Project and AIDS Healthcare Foundation. Selected clients are also supported where the costs of their prescriptions are underwritten through donor support.

## NUTRITIONAL SUPPORT

Also, through donor support of the MacAIDS Foundation, \$5 million was spent to purchase nutritional packages for clients. JASL has partnership with private sector companies such as GraceKennedy, Lasco and National Continental Bakery who donated in-kind contribution based on clients' meal plans.

## SKILLS BUILDING

JASL continues to empower its clients to be self-reliant and economically empowered by offering skills training.

During the period under review, certified courses were offered to clients in supervisory management, massage services, housekeeping and make-up artistry. Approximately 36 persons successfully completed the offered courses.

## ORPHANS AND CHILDREN MADE VULNERABLE BY HIV AND AIDS (OVC)

Through the Global Fund grant, JASL provided support to approximately 80 orphans and vulnerable children through the provision of psycho-social support, assistance with school fees, and other back-to-school expenses. This initiative was done in partnership with the Mustard Seed Communities with a total of 49 adolescents benefitting.

During the Christmas season, JASL's 'Project Smile' asked the country to 'Touch a child who has been touched by HIV/AIDS'. Companies in the St. Ann area provided toys, books, clothing, non-perishable items and cash donations, which were distributed to the children and their families at the Christmas Treat held on December 3, 2016. The Bob Marley Foundation, through its health-related programs and activities, made a cash donation to

## LIFE SKILLS

Approximately 144 persons infected and affected by HIV were empowered via JASL's life skills. In these sessions, persons learned about family planning, financial planning and general personal development. Approximately 30 transwomen also benefitted from the life skills training. They reported an increased understanding of what it meant to be a part of the trans community, human rights and a general sense of self.

## ADHERENCE COUNSELLING & TREATMENT

### LITERACY

Approximately 1474 adherence counselling sessions were held with clients. Through the engagement of three adherence counsellors, clients are supported in adhering to their treatment regimen and making informed choices about their own care.

## DIAGNOSTIC SERVICES

In 2016, through support from MacAIDS Foundation, USAID and AIDS Healthcare Foundation, J\$747,308 was

expended for diagnostic tests. These tests included x-rays, pap smears, CT scans, ultrasound and blood work. Diagnostics are essential for optimal patient healthcare to assess and treat injuries and other medical conditions.

## SCREENING FOR GENDER-BASED VIOLENCE

The Jamaica AIDS Support for Life has renewed its thrust towards screening clients who experience or at risk for gender-based violence. This included finalization of an intake form, its monitoring processes, and training of staff to identify and address issues around GBV.

Violence and the threat of violence can increase women and girls' vulnerability to HIV by making it difficult or impossible to set the terms of an equal relationship. It is more difficult for women to refuse sex when in a relationship, get their partners to be faithful, or to use a condom. Also, based on the socio-cultural norms of Jamaica, males who do not adhere to gender norms are often stigmatized and violated.



Participants at the UN Trust funded End of Project meeting held in November 2016

# Enabling Environment and Human Rights

Since inception, the Jamaica AIDS Support for Life has strongly advocated for the repeal of punitive laws, and other policies and legislations that infringe on the rights of PLHIV and key groups vulnerable to HIV. In 2016, the organization provided much needed training to service providers; provision of sexual and reproductive health (SRH) services to persons with disabilities and key groups of women affected by violence; information dissemination sessions; engagement of media; and activities around violence against women within the context of HIV.

## HEALTH, FAMILY LIFE EDUCATION (HFLE) CURRICULUM

In a meeting with the Minister of Education, the Honourable Ruel Reid, on November 4, 2016, JASL discussed the importance of providing comprehensive sexual and health information to children in secondary schools. From this meeting, the Minister invited JASL on a committee to participate in the review the Ministry of Education’s existing HFLE curriculum on comprehensive sexuality education.



Participants in role-play presentations on how to integrate a gender-responsive and human rights approach into service delivery. Training held on December 15-16, 2016, in Montego Bay for health workers from the Western Region Health Authority.

## TRAINING OF HEALTHCARE PROVIDERS

With funding support from the Global Fund through the Ministry of Health, JASL facilitated four island-wide training of 85 healthcare providers. Twenty (20) NGO participants were also trained in integrating human rights approaches in service delivery. Participating organizations included Children First, National Family Planning Board and Sex Work Association of Jamaica.

**5,901** women engaged around human, and their sexual and reproductive health rights  
**532** women trained in in legal literacy/advocacy  
**39** policy-makers engaged  
**58** police officers trained in human rights  
**9** sensitization sessions held with duty-bearers



## RIGHTS-BASED LITERACY SESSIONS

Under the Elton John AIDS Foundation, Right-Based Literacy sessions were held in May and June for 55 transwomen and 4 transmen. The objectives of the sessions were to contextualize transgenderism in Jamaica, understand the Jamaican law and its stance on transgender persons, and the fundamental rights and freedoms provided for under the Constitution.

## LEADERSHIP AND ADVOCACY WORKSHOP

A three day Leadership and Advocacy workshop was held at the Jewel Paradise Cove Resort in St. Ann from September 7-9, 2016 with 15 transwomen. Participants were informed about the composition and operations of the public health system in Jamaica, the standards of care expected and mandated; and equipped with skills to identify and address barriers to accessing health care facilities and basic knowledge of advocacy.

## SILENT PROTEST TO END VIOLENCE AGAINST WOMEN AND GIRLS



On November 25, 2016, with support from the AIDS HealthCare Foundation (AHF), over 200 persons marched in a Silent Protest in commemoration of the *International Day to Eliminate Violence against Women in the context of HIV*. The Silent Protest was both a call to action to end violence against women and girls; as well as increasing public awareness that approximately two women are raped every day in Jamaica.

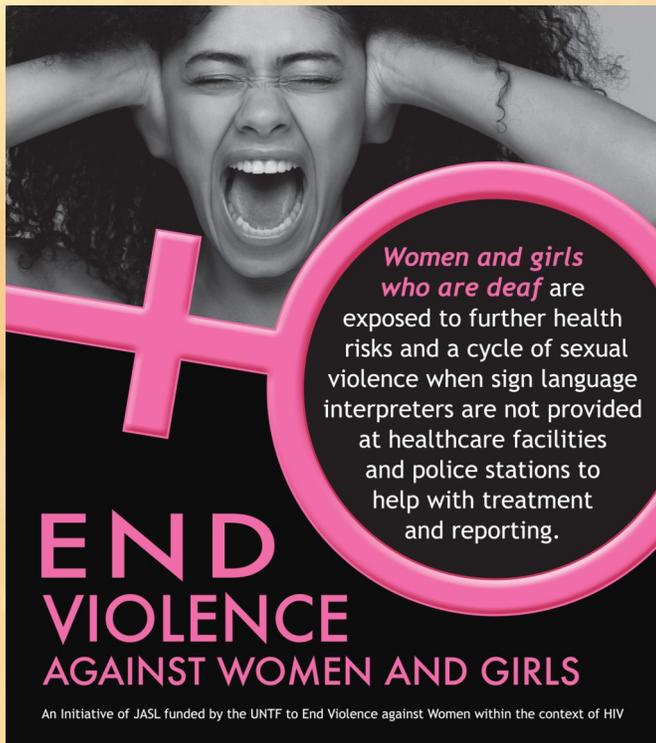
The 2008 Jamaica National Family Planning Board Reproductive Health Survey found that most often sexual violence was inflicted by someone known by the woman, including her husband/partner (36%), an acquaintance (20%) or a boyfriend (18%). Participating NGOs included Jamaica AIDS Support for Life, EVE for Life, Jamaica Community of Seropositive Women, Jamaica Network of Seropositives, Caribbean Vulnerable Communities, among others.

## RESPONDING TO VIOLENCE AGAINST WOMEN IN THE CONTEXT OF HIV AND AIDS

The three year project - *Expanding Gains to Decrease and Prevent Violence against Women in the Context of HIV and AIDS* - funded by the UN Trust Fund came to an end in November 2016. Under the project, several forms of violence were addressed, including: intimate partner, physical, sexual, financial violence, among others.

In increasing access to sexual and reproductive health and Gender-Based Violence services for women and girls infected and affected with HIV, a total of 8,143 primary and secondary beneficiaries were reached through the project. This included 5,901 women and girls affected by HIV and who experienced violence - including women and girls living with HIV, female sex workers, lesbians, bisexual women and transgender persons, and women and girls living with disabilities.

A key success of the project was the training of 58 law enforcement agents, 36 members of the judiciary and 20 CSO service providers to adequately respond to the needs of vulnerable populations of women and girls and to support advocacy efforts for the protection and fulfillment of human rights of women and girls.



Poster developed and disseminated under the UN Trust funded project to end violence against women and girls

## INCLUSION OF SEX WORKERS IN NATIONAL STRATEGIC ACTION PLAN ON GENDER-BASED VIOLENCE

A meeting was held with on March 2016 with the Bureau of Gender Affairs and JASL's representatives to discuss GBV faced by women including transwomen. A key outcome of the meeting was the historical inclusion of sex workers in Jamaica's National Strategic Action Plan on Gender-Based Violence by the Bureau of Gender Affairs, which comes up for Parliamentary committee review in January 2017.

## KEY COMMITMENTS MADE BY IMPLEMENTING PARTNERS AND PUBLIC AGENCIES

In March 2016, a meeting to discuss issues of GBV was held with the Minister of Health, Dr. Christopher Tufton; Permanent Secretary Dr. Kevin Harvey; Sannia Sutherland within the Ministry; Kandasi Levermore, JASL's Executive Director; Davina Gayle Williams, Programme Development Manager; and Patrick Lalor, Policy and Advocacy Officer.

The Ministry committed to:

- Investigating renewed training for Sign Language Interpreters for deployment to healthcare facilities;
- Confidentiality Policy to be submitted to Parliament;
- Tabling of the project's research in the Minister of Health's sectoral presentation;
- Lawyers from the Director of Public Prosecutions indicated seeking accreditation from the General Legal Council of Jamaica for JASL's presentation on Gender-Based Violence and HIV;
- A Joint Select Committee of Parliament is to begin reviewing the Sexual Offences Act; and laws related to GBV, as well as violence against children, the elderly and persons with disabilities in early 2017.

Following a meeting with the Minister of Education Ruel Reid on November 4, 2016, the Minister committed to the review of the Comprehensive Sexuality Health Education for adolescents in schools.

# Media Engagement

The organization continues to have strong media presence - both traditionally and via social media. During the period under review, significant media engagement was done around violence against women. This resulted in a number of interviews on radio and on television through programmes such as Television Jamaica's 'Smile Jamaica' and CVM TV's 'Live @ 7'.



Patrick Lalor, JASL's Policy & Advocacy Officer and Mickel Jackson, Grants Manager discussing HIV Prevention, treatment and care on 'Smile Jamaica' on November 22, 2016

The media campaign implemented under the UN Trust project to end violence against women and girls received rave reviews. Approximately 232 persons *via* the online petition, as well 328,550 through media campaigns (TV, Radio and Print).

In commemoration of its 25th Anniversary, the organization published a supplement in the Jamaica Observer on November 20, 2016.

JASL participated in several radio and television interviews during the period under review. This included a December 1, 2016 KLAS/ESPN feature with JASL's Monitoring and Evaluation Manager, Xavier Biggs; and Xavier Biggs and Marilyn Thompson on CVM's 'Live @ 7' programme.

Special appreciation is extended to media partners for facilitating increased public awareness about JASL's efforts, and key HIV prevention and treatment messages.

## FACEBOOK ANALYTICS

-  **8,520 LIKES**
-  **6,500 PROFILE VIEWS**
-  **158,000 REACH**

## TWITTER ANALYTICS

-  **275 NEW FOLLOWERS**
-  **1271 TWEETS**
-  **1,384 LIKES**
-  **2,351 RETWEETS**
- 372,300 IMPRESSIONS**

# Research

Undertaking research and utilizing findings has allowed JASL to provide tailored services to meet its clients' needs. Over the years, the organization has carried out informal research in its treatment sites, which allowed the treatment and care staff to better manage cases. In 2016, JASL conducted a brief situational analysis via mobile survey to appropriately respond to the changing needs of its clients.

## TOWARDS AN UNDERSTANDING OF STRUCTURAL DRIVERS OF HIV/STI AMONG SEXUAL AND GENDER MINORITIES

The research comprised of a three-year mixed-methods community-based research project (2013-2016) led by Jamaica AIDS Support for Life and Dr. Carmen Logie, Faculty of Social Work, University of Toronto and focused on understanding social and structural drivers of HIV among key populations in Jamaica. Specific objectives explored a) the barriers and facilitators to HIV testing among young men who have sex with men (MSM) and transgender women; b) factors associated with HIV and sexually transmitted infections testing and infection among transgender women and gay, bisexual and MSM; and c) factors associated with sex work involvement among transgender women in Jamaica.

Among 404 MSM included in analysis of STI diagnosis, 49 (12.1%) had a prior STI diagnosis. Lifetime STI history was associated with increased odds of HIV; inconsistent condom use, and being currently unemployed. Among 556 MSM included in a second analysis of 'ever having an STI test', 416 (74.8%) had a previous STI test. In multivariable analyses, ever having an STI test was associated with odds of having graduated high school; depression in last two weeks; casual dating (vs. in a relationship); perceived sexual stigma; LGBTQ connectedness, and residing in Ocho Rios or in Montego Bay in comparison with Kingston.

This study is the first to show an association between sexual stigma and HIV among MSM in Jamaica. Findings underscore the importance of MSM having a health care provider, the need to address self-rated health, suggest that the HIV prevention and care cascades with MSM in Jamaica should address structural and interpersonal stigma in an effort to maximize the impact of interventions for this population.



Dr. Carmen Logie of the Canadian Institute of Health Research (CIHR) presenting research findings at Research Dissemination Seminar held on November 24, 2016

## EXPLORING LIVED EXPERIENCES OF VIOLENCE AND COPING AMONG LGBT YOUTH IN KINGSTON, JAMAICA

This study explored the experiences of violence and coping among lesbian, gay, bisexual and transgender (LGBT) youth in Kingston, Jamaica. Three focus groups were conducted with LGBT youth (18–29 years old); specifically, gay men, transgender women, lesbian and bisexual women. Participant narratives highlighted complex types, sites, and consequences of violence. Analyses revealed experiences of violence in police, healthcare, employment and family settings. Multiple types of violence were discussed, including verbal, physical, and sexual. Consequences of violence included depression, concealing sexual orientation/gender identity, and going underground. Participants also highlighted coping strategies employed to mitigate the impact of violence.

This study revealed that LGBT youth in Kingston face challenges across familial, community and institutional domains. Our study corroborates prior research that highlights pervasive stigma, discrimination and violence targeting LGBT youth in Jamaica with negative impact on their health and well-being (e.g. Human Rights Watch, 2014; West & Cowell, 2015; White et al., 2010).

## PREVALENCE AND CORRELATION OF HIV INFECTION AND HIV TESTING AMONG TRANSGENDER WOMEN IN JAMAICA

The high HIV prevalence and lifetime history of other STIs among transwomen in this study underscores the vulnerability of the group and how important it is for them to be involved in the HIV prevention and care continuum. Importantly, our findings suggest that participants who engaged in practices that elevate the risk of HIV exposure (drug use, getting drunk, or high when having sex) were less likely to have received an HIV test. Tailored educational interventions to increase perceived HIV risk among highly marginalized populations (e.g. transgender women who use drugs)

may promote HIV testing uptake. Strategies are required to increase accountability, sensitivity, and privacy in HIV testing and care services.

Our study highlights complex, multi-level factors associated with HIV testing and HIV infection that reflect the social ecological model. Social ecological perspectives situate HIV risk in larger social and structural contexts, including intrapersonal (e.g. mental health), interpersonal/social (e.g. social support), and structural (e.g. healthcare access, stigma) factors.

HIV-related stigma was a barrier to HIV testing, corroborating qualitative work in Jamaica and quantitative work in other contexts. Transgender stigma was higher among participants who had ever received an HIV test in comparison with those never tested and among HIV-positive participants in comparison with HIV-negative participants. It is plausible that transgender women encounter transgender stigma upon accessing HIV testing and care services. For example, a recent study in Jamaica and the Bahamas with 332 healthcare and social service providers reported stigmatizing attitudes, most strongly in relation to MSM living with HIV.

### Client:

“ I have been a client at the Jamaica AIDS support for Life for just one year. I had originally been enrolled at another treatment site. One regret is that I did not find JASL first. When I came to JASL, I was near death.

I had lost a significant amount of weight and looked skeletal. My body was filled with sores. I was always very weak and could barely move. Everyone around me was pretty much waiting for my time to go.

I had been experiencing treatment failure.

Someone from church called the Jamaica AIDS Support for Life for me and since day one, I knew this is where I should have been.

The doctor instantly changed my meds, and I was assigned to an adherence counsellor. It was hard at first because even I had given up on me. The care team at JASL kept calling and making home visits. In a short time, I started to feel different, look different and I became excited and motivated to continue. They assisted me with food, money for taxi fare to come see the doctor, they helped with all my meds too. Today, I am way better than I used to be, My viral load is going down very quickly, my skin has significantly cleared up and I feel strong and healthy. I owe my health and maybe even my life to the team at JASL. There are not enough words to explain how grateful I am to them. ”

# 25th Anniversary Celebrations

November 2016 marked 25 years of uninterrupted services being provided to persons living with and affected by HIV and AIDS in Jamaica. In commemoration of its 25<sup>th</sup> anniversary, the organization hosted a week of activities, which included a **Public Forum** on HIV Treatment and Prevention on November 23<sup>rd</sup>; **Research Dissemination Seminar** on November 24<sup>th</sup>; and a **Silent Protest** in Half Way Tree and its environs on November 25<sup>th</sup> which mobilized public support to end violence against women and girls. A **Candlelight Vigil** was held on December 1 where the organization commemorated those whom we have lost to HIV and AIDS. Other World AIDS Day activities including testing and public outreach.



**Ian McKnight,**  
JASL's Co-founder

“Love. Action. Support.” These are words that started this great organization. When JASL was formally established in 1991, no one thought it would be here 25 years later. What we did know was that our friends and loved ones were getting sick; and in short periods of time, some were dead. We

also knew that the fear and stigma surrounding HIV and AIDS meant that our loved ones were being discriminated against and being denied the most basic of health and human services.

JASL's history is built on courage, empathy, dignity, humanity and compassion in responding to the needs of those most vulnerable and the changing nature of the HIV epidemic. Through a steady process of evolution, JASL operates three chapters across the island, and has expanded its programmes further to include and meet the needs of the hearing impaired, orphan and vulnerable children, key groups of women affected by violence in the context of HIV and transgender persons.

To all our stakeholders – especially our clients, the successive Jamaican governments, Ministry of Health – we thank you for your remarkable and committed collaboration. To the staff, board members and volunteers - what an incredible group of people you are! Thank you for your passion, your unwavering commitment and your devotion to the work that we do.



(L-R) JASL's Board Members Andrea Chin-see, Canon Garth Minott, Althea Bailey and Ian McKnight shares a moment at the 'Stand United' Media Launch held on November 11, 2016

## JASL LAUNCHES YEARLONG STAND UNITED CAMPAIGN

Dubbed 'Stand United: Love. Action. Support', the campaign, which starts in January 2017, aims to fight stigma by sharing the stories of people living with HIV.

At the media launch held on November 11, 2017, Vice-Chair, Jamaica AIDS Support for Life, Althea Bailey, advised that the public will be invited to stand united against HIV/AIDS by submitting and sharing via the JASL social media pages, a photograph of themselves, a word or phrase showing solidarity with the cause, or a short video message (15-30 seconds) explaining what, in their view, needs to be done to reduce HIV/AIDS. The pages are Facebook – @jamaicaaidssupport and Twitter – @JASLtweets.

JASL is looking to raise US\$100,000 to assist children and persons living with and affected by HIV in Jamaica, through increased prevention efforts and sustained treatment programmes. Persons can donate via JASL's website at [www.jasforlife.org](http://www.jasforlife.org).





(L-R) Sannia Sutherland, former Director of the Ministry of Health; Dr. Denise Chevannes Vogel, National Family Planning Board/Sexual Health Authority; Kandasi Levermore, JASL's Executive Director; Kemesha Habourel, Community Representative; Dr. Tina Hylton-Kong, PAHO; Dr. Clive Anderson, National HIV/STI Programme, Ministry of Health at the Public Forum held on November 23, 2016

## PUBLIC FORUM

A Public Forum was held on November 23 discussing a range of issues around *HIV Prevention, Treatment and Care*, including Test and Start, PreP, Self-Testing and sustainability of the HIV response. Approximately 141 persons were in attendance. Speakers were represented by various international and local partners including Dr. Nkhensani Mathabath, UNAIDS, with the event being moderated by Ivan Cruickshank, The Global Fund Country Coordinating Mechanism (CCM).



From left, Stephen Johnson, JASL's co-founder and first Board Chairman; Ian McKnight, JASL's Co-founder; and Canon Garth Minott, JASL's current Board Chair share a light moment at the CandleLight Vigil held on December 1, 2016

## CANDLE LIGHT VIGIL

Approximately 200 persons gathered to commemorate those who have died from HIV-related symptoms and AIDS with a candlelight vigil.

Into its 24th year, the vigil is held on World AIDS Day, December 1, and sees the participation of various international and local partners, and community members. This year, Dr. Shannon Hader of the Center for Disease Control brought greetings. Jaevion Nelson, human rights advocate, and Patrick Lalor, JASL's Advocacy Officer, moderated the activity.



Kemesha Gabourel presenting at the Public Forum on the implication of 'Treat All' on affected communities within the HIV response



Canon Garth Minott  
Chair, JASL's Board of Governors

## RESEARCH DISSEMINATION SEMINAR

Held on November 24, 2016 with approximately 60 participants in attendance, the Research Dissemination Seminar focused on understanding social and structural drivers of HIV among key populations in Jamaica. The findings of the three year research *Towards an understanding of structural drivers of HIV/STI and protective factors among sexual and gender minority youth in Kingston, Jamaica*, was presented by Dr. Carmen Logie of the University of Toronto. The research was funded by the Canadian Institute of Health Research (CIHR).

The Jamaica AIDS Support for Life extends its sincere appreciation to the CIHR for its continued partnership and support.

## FOUNDERS' DAY BRUNCH

**"A Leader takes people where they would not have gone on their own." – Hans Finzel**

On December 11, 2016, JASL's founders were acknowledged and celebrated for the tremendous legacy that they developed - the Jamaica AIDS Support for Life. Our founders are Ian McKnight, Christine English, Stephen Johnson, Dr. Paul Skyers, Vincent Bishop, John Scott, Devon Cammock, Andrew Green and Verity Rushton – and those who have passed on – Howard Daly, Michael Johnson and Joseph Robinson.

Special recognition was made of volunteers in the early days such as Carmen Clarke, Nina Chang-Harding, Linette Bignel-Bleary.

While our founders and early supporters created the vision, it takes courage to embrace the possibilities of a potential. As such, the strength of JASL's achievement is rooted in the depth of the passion of dedicated staff over the years.

Our Former Staff – Dr. Robert Carr, Novlet D'Ougherty-Reid, Stacy-ann Jarret, Orchid Gowe-Hunter, Daunette Wellington, Audrey Brown, Paul Comrie, Anthony Hron, Dr. Rohan Lewis, Dane Richardson, Kristina Mena - all played a critical role in creating our strong history.

Attendees at the Founders' Day Brunch were also shown a preview of JASL's 25th Anniversary documentary which commemorates the organization's history, journey and work against the backdrop of Jamaica's efforts to respond to the HIV/AIDS epidemic.



Deborah Manning receives her award from JASL's  
Regional Programme Manager, Nichole Morris



Regional Programme Manager, Tyrone Ellis (L)  
congratulates Board Member Aston Cooke

# SPECIAL RECOGNITION AWARDS CEREMONY

## VISIONARY AWARDS

**Ian McKnight**

## FOUNDERS AWARDS

**Christine English**

**Stephen Johnson**

**Devon Cammock**

**Vincent Bishop**

**John Scott**

**Dr. Paul Skyers**

## LEADERSHIP AWARD

**Canon Garth Minott**

## LONG SERVICE AWARDS

**Althea Bailey**

**Andrea Chin-See**

**Aston Cooke**

## SPECIAL RECOGNITION AWARDS

**Daunette Wellington**

**Marilyn Thompson**

**Gervaise McLeod**

**Deborah Manning**

**Trevor Blake**

**Novlet Dougherty-Reid**

## ABOVE & BEYOND AWARD

**Kriston Simms**

## OUTSTANDING SERVICE AWARD

**Maisieline Walters**

# Staff Training and Development

JASL recognizes the importance of training and developing its staff and understands that its employees are key to its success as the largest HIV-focussed NGO in Jamaica. The organization therefore encourages its staff to continuously improve their skills and abilities both through in-service and off-the-job training.



JASL staff on April 16, 2016 at a training to practice colloidal gold testing (Rapid Testing for HIV)

## JASL STAFF IMPROVES ITS CAPACITY IN SERVICE DELIVERY

During the period under review, JASL staff, at both management and supporting staff levels, participated in a number of trainings to improve their capacity in service delivery, laboratory management and other programme areas such as understanding gender within the context of HIV/AIDS.

The training support came from various partners such as Linkages/USAID, Global Fund, AIDS Healthcare Foundation (AHF) and I'Tech.

Staff attended trainings such as Report Development, Peer Navigation, Understanding Human Trafficking, and increased knowledge around various HIV protocols.

## 2016 Staff Awards

Following votes among the staff, the following staff members were awarded for their excellent services and work ethics in 2016.

### OUTSTANDING STAFF

Cyril Frater- TIO (Montego Bay)  
 Nilfia Hazel – Case Manager (Ocho Rios)  
 Christina Gordon – Case Manager (Kingston)

### OUTSTANDING PEER NAVIGATOR

Dwayne Boreland (Kingston)  
 Al Bailey (Ocho Rios)  
 Allan Brown (Montego Bay)

### OUTSTANDING PEER LINK

Shyan Newell (Kingston)  
 Rodger Picton (Ocho Rios)  
 Rudley Bartley (Montego Bay)

### GOING THE EXTRA MILE (GEM) AWARD

Hanna-Lisa Morgan-Williams (Kingston)  
 Peta-Gay Scott (Montego Bay)  
 Joel Levy (Ocho Rios)  
 Ngala Jones (Head Office)

### RISING STAR AWARD

Patrick Lalor, Policy and Advocacy Officer (Head Office)

# Financial Report

The Jamaica AIDS Support has strengthened its grant management responsibility, and is currently responsible for financial and programmatic monitoring of two grants awarded by the UN Trust Fund and Global Fund with grant amounts of US\$1.037 million and US\$2.647 million, respectively. Under both grants, JASL provides grant management for agencies such as Caribbean Vulnerable Communities, Eve for Life, Equality for All Foundation Jamaica (formerly JFLAG), among others.

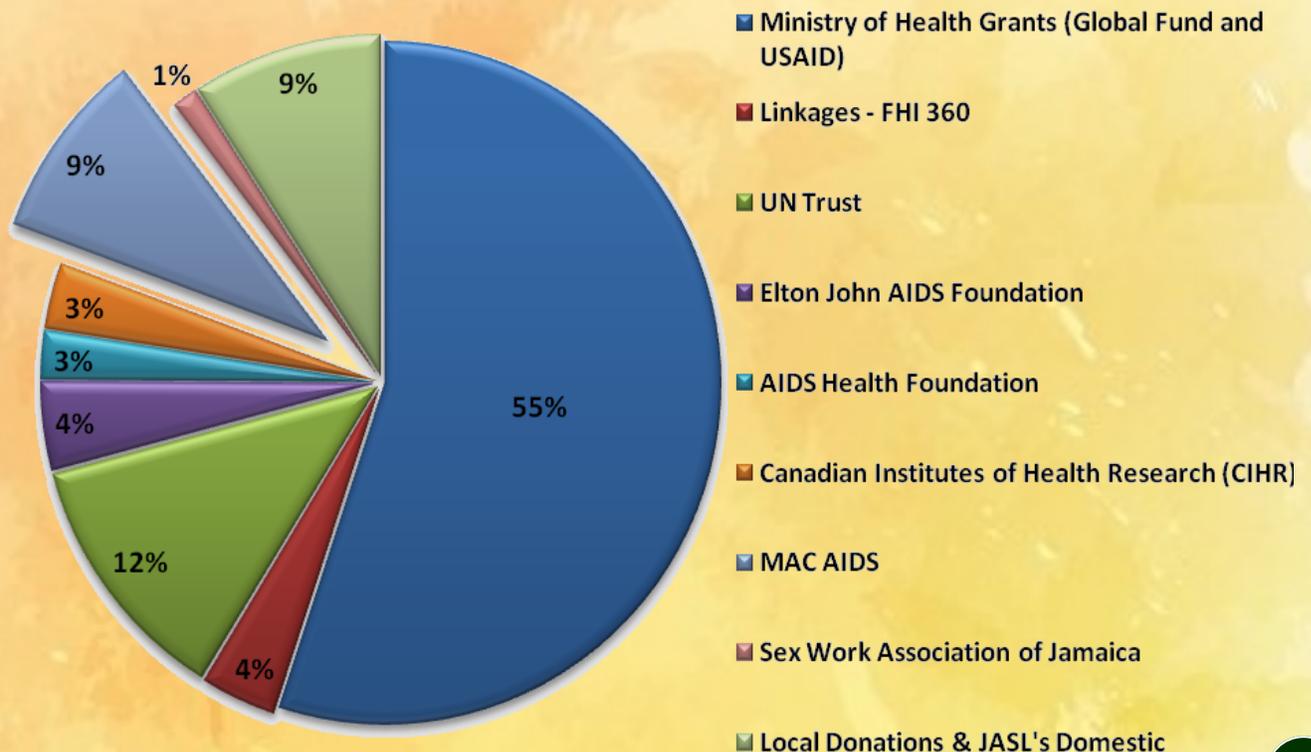
## SUMMARY OF INCOME AND EXPENDITURE STATEMENT

*(Expressed in United States Dollars unless otherwise indicated)*

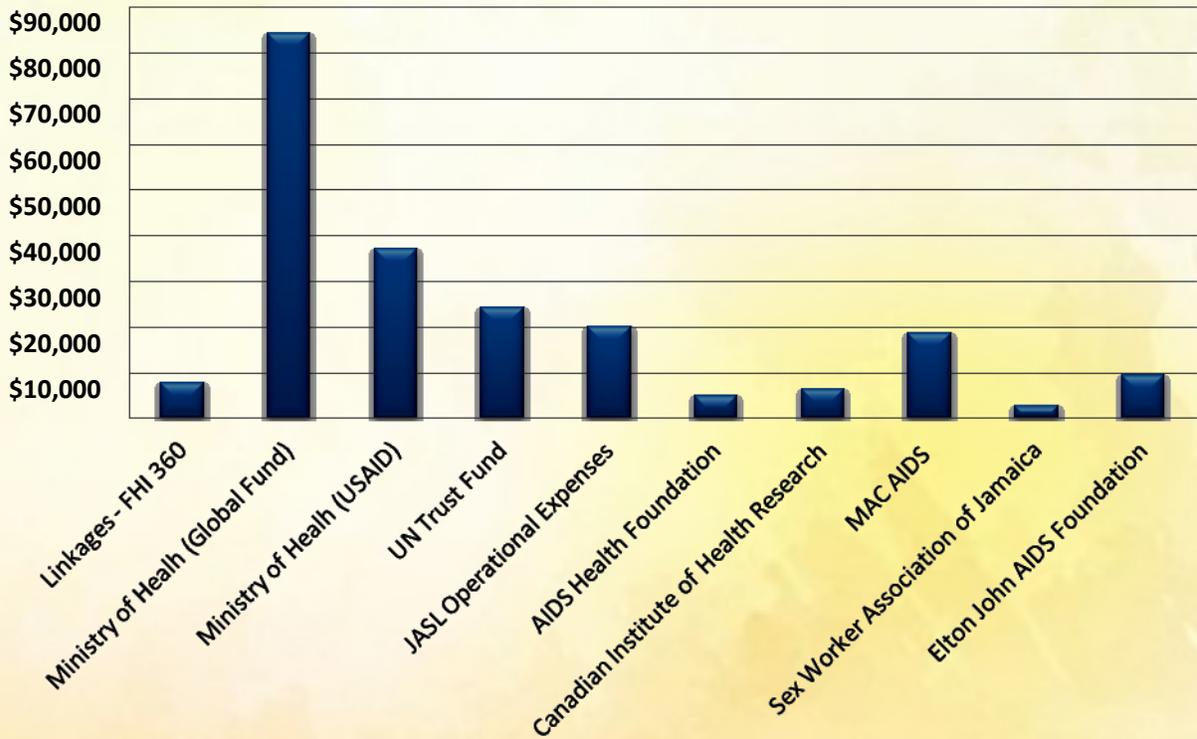
As at period ended December 31, 2016

	2016	\$'000
Total Income:	\$1,815	
Total Expenses:	\$1,765	
Net Balance as at Dec. 31, 2016:	\$49	
Opening Balance as at Jan. 1, 2016:	\$39	
Total Balance as at Dec. 31, 2016:	\$88	

## Sources of Funding



### Detailed Expenses



Our friends from the Lions Club of Mona issuing their annual donations to the Jamaica AIDS Support for Life

# Our Funders



## LINKAGES ACROSS THE CONTINUUM OF HIV SERVICES FOR KEY POPULATIONS AFFECTED BY HIV 2016—2017

USAID / FHI 360 / LINKAGES

The project seeks to implement a set of interventions to reduce HIV transmission among key populations with an initial focus on men who have sex with men (MSM) and transgender (TG) populations and improve the quality of life of key populations living with HIV and AIDS through:

- Increasing availability of comprehensive prevention, care and treatment services, including reliable coverage across the continuum of care for key populations.
- Demanding comprehensive prevention, care and treatment services among key populations enhanced and sustained
- Strengthening systems for planning, monitoring, evaluating and assuring the quality of programmes for key populations

## EXPANDING GAINS TO SUSTAIN HIV TREATMENT, CARE AND SUPPORT TO KEY AFFECTED POPULATIONS 2016—2017

MACAIDS FUND

This project seeks to build on the gains made over the last two years to strengthen JASL's existing comprehensive HIV treatment, care and support services to PLHIV from the general population, as well as other key affected groups including hearing impaired, MSM, SW and OVC, who access the services.



## INCREASE ACCESS TO HIV PREVENTION AND TREATMENT, CARE & SUPPORT SERVICES 2016 - 2017; 2015 - 2016

AIDS HEALTHCARE FOUNDATION (AHF)

The main goal of the partnership is to increase access to HIV prevention and HIV treatment, care and support services through (i) HIV public education, prevention and testing within the general population including key populations (MSM, TG, SW and SGM); and (ii) enhancing treatment, care and support services in JASL clinics.



## THREATS TO THE ENVIRONMENT AND CITIZENSHIP VULNERABILITY REDUCED 2014 - 2018

USAID (VIA MINISTRY OF HEALTH)

The grant seeks to:

- Support KP-friendly CBOs to reach MSM and TG access to core package of prevention, care and treatment services
- Execute targeted prevention outreach interventions serving KP and priority populations; HTC using mobile testing units where applicable; and LTC improvements pilots in high priority settings.
- Implement a case management system to enhance treatment and care outcomes
- Use innovative social media and technology-based strategies to increase HTC demand in select priority community-based locations and enhance linkages to national and CBO sites



## TOWARDS AN UNDERSTANDING OF STRUCTURAL DRIVERS OF HIV / STI AMONG SEXUAL AND GENDER MINORITY YOUTH IN JAMAICA 2013 - 2016

CANADIAN INSTITUTE OF HEALTH RESEARCH (CIHR)

This three year project seeks to understand what drives and prevents HIV/STI prevention among sexual and gender minority youth (SGMY) in Jamaica; women who have sex with women (WSW); men who have sex with men (MSM) and transgender persons.

# Our Funders



**ACCESS TO HIV-RELATED SERVICES FOR TRANS-  
GENDER PERSONS IN JAMAICA  
2015 - 2016**

**ELTON JOHN AIDS FOUNDATION**

The overall goal of the project is to improve access to HIV-related services for the Transgender (TG) women in Jamaica through linking TG women to HIV-related services at JASL (prevention, treatment, care & support); educate them on health, human rights and life skills; build their capacity to advocate for changes in public health-care policies and practices; and sensitise health & social policy-makers on the issues affecting TG women.



**SUSTAINING HIV TREATMENT, CARE AND SUPPORT TO  
KEY AFFECTED POPULATIONS**

**2015 - 2016  
MACAIDS FUND**

This project sought to support the implementation of JASL's 2014-2018 Strategic Plan, with one of the strategic objectives being to improve health outcomes of clients accessing services at JASL clinic sites. It also sought to support the broader objective of addressing the shortfall in the national HIV treatment cascade, which showed a sharp increase in the loss to follow-up and poor treatment outcomes of PLHIV (MSM, SW) from the point of identification of positives and referral to care through to retention in care and adherence.



**SUPPORT TO THE NATIONAL HIV/AIDS RESPONSE IN  
JAMAICA  
2016 - 2018**

**GLOBAL FUND (VIA MINISTRY OF HEALTH)**

This project seeks to strengthen community systems to effectively address key treatment, prevention and enabling environment issues affecting key populations. JASL is a Sub-Recipient (SR) of this grant and is managing four sub-sub-recipients (SSRs): Equality for All Foundation, Eve for Life, Jamaica Network of Sero-Positives (JN+) and Jamaica Community of Positive Women (JCW+).



**EXPANDING GAINS TO DECREASE AND PREVENT  
VIOLENCE AGAINST WOMEN IN THE CONTEXT OF HIV**

**2013 - 2016  
UN TRUST FUND**

Under the project, several forms of violence were addressed, including: stigma and discrimination, neglect, intimate partner, physical, sexual, financial violence, among others. In this regard, it addressed the following four major objectives:

- Improve strategic information on VAW and HIV service provision
- Increase access to sexual reproductive health and GBV services for women and girls affected and infected by HIV
- Empower women and girls living with and affected by HIV to claim their rights
- Train law enforcement services, the judiciary and CSO service providers to adequately respond to the needs of vulnerable populations of women and girls and to support advocacy efforts for the protection and fulfillment of human rights of women and girls.

# Management Team



**Kandasi Levermore**  
Executive Director



**Tresha Muir**  
Administrator



**Xavier Biggs**  
Monitoring & Evaluation Manager



**Nichole Morris**  
Regional Programme  
Manager



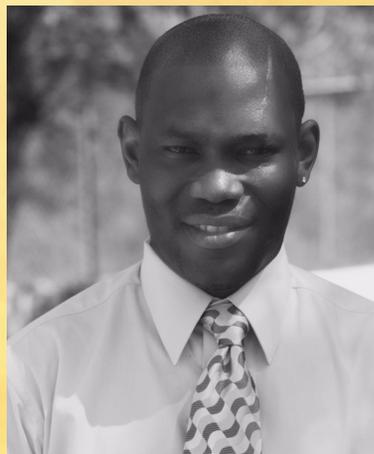
**Davina Gayle-Williams**  
Programme Development  
Manager



**Kriston Simms**  
Finance & Procurement  
Manager



**Mickel Jackson**  
Grants Manager



**Tyrone Ellis**  
Regional Programme  
Manager



**Ava Neil**  
Regional Programme  
Manager

# JASL's Team

Head Office



Kingston Chapter



Ocho Rios Chapter



Montego Bay Chapter



Team JASL



# Pictorial Highlights



# Pictorial Highlights



# Pictorial Highlights





## **CELEBRATING 25 YEARS**

*of preserving the dignity and rights of persons living with HIV and AIDS, and fighting against the spread of the epidemic in Jamaica*

### **CONTACT INFORMATION**

#### **HEAD OFFICE**

3 Hendon Drive, Kingston 20  
Tel: 969-6597 / 969-0282  
Website: [www.jasforlife.org](http://www.jasforlife.org)  
Email: [infojasl2010@gmail.com](mailto:infojasl2010@gmail.com)

#### **KINGSTON CHAPTER**

3 Hendon Drive, Kingston 20  
Tel: 925-0021  
Cell: 551-1060 / 376-2083  
Serves: Kingston, St. Andrew, St. Catherine  
St. Thomas, Clarendon

#### **ST. ANN'S BAY CHAPTER**

14 King Street, St. Ann's Bay, St Ann  
Tel: 972-2697  
Cell: 390-4298 / 551-1067  
Serves: St. Ann, St. Mary, Portland, Manchester,  
Northern part of St. Catherine, Eastern  
parts of Trelawny & Montego Bay

#### **MONTEGO BAY CHAPTER**

Van Haze Building, 16 East Street, St. James  
Tel: 940-7386  
Cell: 298-0202 / 376-1645  
Serves: St. James, Hanover, Westmoreland  
Western parts of Trelawny, St. Elizabeth