REDUCING STIGMA AND DISCRIMINATION IN RESPONSE TO HIV AND AIDS IN THE CARIBBEAN

End of Contract Report

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Reducing Stigma and Discrimination in response to HIV and AIDS in the Caribbean

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LIST OF TECHNICAL ANNEXES

1. Acronyms

AAF	AIDS Action Foundation, St Lucia
AGM	Annual General Meeting
AIDInc.	Associates in Development Incorporated
AIDS	Acquired Immunodeficiency Syndrome
BCC	Behaviour Change Communication
BVI	British Virgin Islands
CARICOM	Caribbean Community and Common Market
CABs	Community Advisory Boards
CBMP	Caribbean Broadcast Media partnership on HIV/AIDS
CBO	Community Based organisation
CHAA	Caribbean HIV/ADS Alliance
CRN+	Caribbean Regional Network of HIV positive persons
CORE	Community Oriented Research and Evaluation
CHRC	Caribbean Health Research Council
CRSF	Caribbean Regional Strategic Framework on HIV and AIDS
CSW	Commercial Sex Worker
CVC	Caribbean Vulnerable Coalition
DFID	UK Department for International Development
D4L	Dance 4 Life
ECAP II	Eastern Caribbean Community Action Project
FBO	Faith based Organisation
GSW	Guyana Sex work Coalition
HCT	Heart Connection Team
HPP	Health Policy Project (Futures Group)
HR	Human Rights
HRMA	Human Rights Media and Advocacy
JPO	Junior Project Officer
LO	Liaison Officers
LGBT	Lesbian Gay Bisexual Transgendered persons
MARPs	Most-at-risk Populations
MCT	media Communications team
M&E	Monitoring and Evaluation
MG	Marginalised Groups
MOH	Ministry of Health
MOC	Memorandum of Cooperation
MSC	Multi-sectoral Committee
MSM	Men who have Sex with Men
OECS	Organisation of Caribbean States
NAP	National AIDS Project

NAPC	National AIDS Project Coordinator
NGO	Non-Governmental Organisation
NSP	National Strategic Plan
OT	Overseas Territory
PEER	Participatory Ethnographic Evaluation and Research
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership against HIV & AIDS
PE	Peer Educator
PLHIV	People Living with HIV
PMT	Project Management Team
PSA	Public Service Announcements
RSDU	Regional Stigma and Discrimination Unit
SPO	Senior Project Officer
S&D	Stigma and Discrimination
SH	Sexual Health
SITAN	Situation Analysis
SGBV	Sexual Gender based Violence
SMO	Senior Medical Officer
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
STTA	Short-term Technical Assistance
TA	Technical Assistance
TL	Team Leader
TA	Technical Assistance
TOR	Terms of Reference
STI	Sexually Transmitted Infection
UKOT	United Kingdom Overseas Territory
UNAIDS	Joint United Nations Project on HIV/AIDS
UNIFEM /UNWOMEN	United Nations Development Fund for Women
UNFPA	United Nations Family Planning Association
WAC	World AIDS CAMPAIGN
WHO	World Health Organization
VfM	Value for Money

2. Executive Summary

The project '*Reducing Stigma and Discrimination in response to HIV and AIDS in the Caribbean*' ran for 3 yrs and 5 months, targeting 12 Caribbean countries. It was expected that by project – end, there would be a number of best-practice intervention packages developed and validated in the 12 countries and these countries would have clear national programme components addressing stigma and discrimination. Due to cost constants, the number of high-focus countries was reduced to 5, although some activities were continued in 10 countries, Jamaica, Guyana, Belize, St Lucia, St Vincent, Grenada, Dominica, St Kitts and to lesser extents, support to British virgin islands and Anguilla (see fig. 2 in Annex 5).

The goal of the project was *To contribute to a reduction in stigma and discrimination against PLHIV, their families and other vulnerable groups in the Caribbean region*. Its purpose was; *PANCAP's capacity to co-ordinate regional and country level stigma and discrimination work enhanced*." This report outlines project achievements, challenges, and lessons learned from the project. It also details how sustainability has been built into the project design and identifies recommendations for future work.

Overall project achievements and emerging best practices

A results framework figure 1 (and also annex 2) highlights the targeted milestones (intermediate) and expected results required in order for the project to contribute meaningfully to stigma reduction in the region. These results have been achieved to varied extents- through roll out of novel and sustainable interventions. Underpinned by the active involvement of marginalised populations and partnerships at all stages of the project, best practice achievements include:

Establishment of Innovative Community Stigma Action Networks

Community advisory boards (CABs)

The RSDU approach has been to identify existing country coordination mechanisms mandated by their NAPs to review projects for technical competency, efficiency and harmonisation. Where such mechanisms were absent, the RSDU led consultations with NAP to establish Community advisory boards. These boards plan to remain in operations beyond the project period and many have already begun to provide oversight on similar S&D and human rights initiatives recently launched in their countries.

Media Communication Team (MCT)

The project established community networks whose roles were to participate in information gathering and work with the unit in translating g information into e for human rights and advocacy action. The network, the Media and Communications Team (MCT) comprised of 7 to 10 members hailing from CBOs, NGO representing youth, MSM/LGBT, FBO-youth, women's groups, PLHIV, sex workers. MCTs were established in Jamaica, Guyana, St Lucia, Belize and

Grenada. Beyond the project phase, these groups will continue their support to anti stigma coordination efforts with the NAP and other implementing agencies.

RSDU Stigma Advocacy and Empowerment Database (SEAD)

In a drive to promote sustainability of the RSDU outputs, a database of government and community members benefiting from the RSDU master training, skills building and application of interventions has been developed.

Regional Network of stigma community master trainers

Where there was previously a dearth in community and institutional capacity to build awareness and to implement stigma and human rights action, network of master trainers was established by project end .

Strengthening the regional youth leadership in the anti stigma and human rights response

Youth Core in St Lucia 20 youth were empowered to lead youth focused research (community oriented research en empowerment – CORE) and planning on anti stigma action. Youth belonged to FBO youth groups, the St Lucia Red Cross and youth drama groups. Following empowerment and skills building, they worked with personnel from the government education departments to deliver human rights advocacy action through edu-drama to schools and FBOs across St Lucia. They remain active beyond the project

D4L in Belize: Establishment of a schools based youth leadership initiative (***D4L heart connection team) - Belize. T***he RSDU team and AIDInc D4L youth Officers supported community groups and key members of education and youth affairs in establishing and rolling out human rights advocacy action initiatives throughout the schools and communities through edu-drama approaches. The D4L team worked with the youth edu-drama for human rights team to establish a D4L heart connection team (HCT) in Belize . The team uses emotive entertainment styles to reach and inspire other youth. This has resulted in D4L in Belize and signing of a dance 4life MOU with Cornerstone foundation of Belize and D4l International. This is programme will be operating well beyond the project period.

Improved stigma and related outcomes

Produced: first stigma research tool validated for the English speaking Caribbean

At project start-up, no research on the affected communities were owned and understood by the affected community in such ways that would empower them to become more knowledgeable about impact and solutions to addressing S&D and to effectively own their community response. As such, the RSDU technical team used findings of their initial needs assessment to identify prevailing S&D and human rights issues, developed a stigma tool (SCOR-B) in consultation with the affected communities and NAPs. The RSDU supported by the project's regional technical working group for M&E (TWG M&E), validated the instrument in Grenada. The tool measures stigma experiences, attitudes and impact and human rights

awareness among men who have sex with men, Sex Workers, People living with HIV, and knowledge and attitudes among Faith based organizations, Youth Healthcare workers, Police, Immigration at the start of the stigma action and to evaluate resulting changes at the end of exposure to project activities.

Decreased self-stigma in marginalised populations.

The project recognised that a pre-requisite and mandatory milestone towards reducing S&D toward marginalised groups is to reduce self-stigma in the affected groups to enable them to seek or sustain social or economic participation and partnerships within an improved enabling environment. Through leadership, empowerment and skills building among marginalised populations, and by promoting their involvement in national S&D strategies and dialogue and partnerships, it has been possible to reduce self-stigma scores observed in targeted individuals at baseline.

Preliminary end-line analyses using the first self-stigma measurement tool in the English speaking Caribbean region demonstrates that in target countries where over 50% of MSM and PLHIV demonstrated measures akin to 'moderate to high' levels of self-stigma, there has been a reduction in self stigma levels in those exposed to RSDU interventions: At end line, less than fifty percent demonstrated 'high to moderate' stigma levels, with reduction in individual scores ranging from 10 to 28 percentage points.

Improved HR knowledge and attitudes toward human rights of all, among those targeted

Preliminary findings of end-line evaluation and interviews indicate that awareness and attitudes of various community groups towards human rights of MSM,SW and PLHIV were increased specifically with regards baseline reported views on 'different rights for different groups' . These include access to confidentiality of HIV status, employment and health and right to bearing children. Groups targeted and exposed to human rights training and sensitisation reported that they were more aware of human rights and able to deliver sensitisation to peers in this regard, where prior to the project, they could only vaguely refer to rights and were only concerned with their rights, not those of others.

Marginalised groups and NGOs leading and owning community diagnoses

Civil society groups are now empowered to inform design of research tools, implement surveys and use findings to develop their own BCC materials. Groups were also empowered as peer educators in HIV, S&D and human rights. In Jamaica and Guyana, core groups of MSM, Sex workers and PLHIV were trained in PEER Research and reached over 60 of their hard-to-reach peers in a 2-week period. In St Lucia, youth were trained in CORE research and reached over 400 youth across the country in one month, through data collection Focus group sensitisation and rap sessions. In Belize, marginalised community members were trained to undertake formative research for campaign development.

Empowering rural at-risk groups and community leaders as human rights champions -*Rural Girls- at-risk action project (R-GAP) – turning the for inclusion of rural girls!*

In Guyana the Amerindian communities remain marginalised and excluded from accessing quality health services and education. Early removal of girls from education is extremely prevalent and remains unaddressed. A growing number of young teens are often enticed into cities under pretext of being offered legitimate work only to be coerced or sex trafficking. I some cases, children are offered off to extended male family members for sex in exchange for cash, placing the girls at risk of HIV and further marginalisation. The project undertook a baseline community needs assessment in region 10, to identify the human rights empowerment needs of girls at risk which are reported to be neglected and ignored despite national policies in place to address the apparent service gaps. Based on the needs assessment findings - the project delivered interventions to the girls, their parents, key community gatekeepers and law enforcement in 3 communities region 10. Beyond the project key beneficiary organisations from the project working to extend the programme beyond region 10 and to build further capacity of target groups and NGOs dedicated to Amerindian affairs and SGBV reduction in these regions. This intervention is envisaged to reap longer term social economic and health benefits that usually accrue form keeping girls and their parents empowered and informed, y enabling them to remain in schools for longer, delaying age at first intercourse and reducing incidence of SGBV.

Increased Community-led Human rights campaigning

Across St Lucia, Guyana, Dominica and Jamaica, with technical supervision from the RSDU, human rights campaign were designed by recipients of RSDU-WAC human rights media and advocacy training and aired at peak times through radio, coupled with live radio and /or TV panel discussions and call in shows on issues related to rights to education, to health care and to employment with specific focus on rights of PLHV and MSM. The NAPs of ST Kitts, Grenada and Belize have cut campaign costs by requesting and adapting the materials to air similar campaigns in their countries.

Further, in Belize A costed national Human rights campaign plan has been developed.By the project end, the communities are working through UNDP under Global fund grants and *ad hoc* AIDInc technical support to develop and launch the national Human rights campaign for Belize. The foci are on rights of sex workers as a mean of reducing discrimination reportedly suffered at the hand of law enforcement, rights of PLHIV to health care, rights of SW and teenage mothers to education , respect for all - with a focus on transgendered persons and MSM populations and rights for employment for MSM ad PLHIV. It is expected that once launched this campaign can be extended to cover regional needs for human rights awareness-raising. Through social media, Internet and regional broadcasting channels.

Increased-leadership capacity of NGOs and community members in the anti-stigma response

It has been evidence that a number of NGOs have benefited from the RSDU project in number of ways;

1.Through skills-building and concomitant increased participation in community-led human-rights advocacy and public dialogue.
2. Increased partnerships with regional NGOs and national government units.
3. Increased ability of NGOs to retain and mobilise their constituents to action.
4. Increased tools and resources to take action beyond the RSDU project period.

The RSDU trained several NGO Staff across the target countries and these include AAF, Red Cross in St Lucia, Lifeline, SASOD, Merundoi, Dread, AGAPE, and GSWC in Guyana, Hope pals in Grenada and CRN+ in Trinidad . AAF and CRN+ staff went on to deliver human rights sessions in collaboration with WAC and RSDU, in Guyana and Jamaica.

Empowered FBO Leaders who visibility contribute to the regional human rights response

A number of FBO leaders were empowered as regional master trainers across several areas Stigma and discrimination and diversity, influential speaking, human rights and advocacy skill. These interventions tangibly promoted their influence nationally and as government human rights advocates. For example; During the second year of implementation, Minister Robert Wright from BVI became a master trainer in human rights advocacy action and also a champion for change, representing FBO leaders. He become the lead resource person for the NAP in BVI, he has gone on to adapt and deliver several HRMA master training sessions funded through the BVI NAP, he has represented his government in regional and international conferences and initiated discussion and dialogued through radio and TV.

Reverend Brotherson from Antigua, Pastor Fabien from the Seventh Day Adventist churches in St Lucia and Pastor Penny from the non-denominational churches in St Kitts and Nevis were nominated by their PS of the Ministries of health and the NAPs, respectively,, and have both became key resource persons for the NAP, the media and for other similar donor funded projects in Antigua and St Lucia respectively. Pastor Fabien also went on to deliver sessions on community mobilisation and empowerment (Empowerment and influential speaking) in Jamaica (with youth and PLHIV) and Guyana (FBOs) Further in St Lucia and Guyana, FBOs members have led community sessions in HV stigma reduction and have institutional structures , process and persons well paced to continue beyond the project.

Increased meaningful and active government partnerships with NGOs in the human rights action

At project start-up, NAPs reported that although they were keen to work with NGOs and CBOs, the lack of resources to effectively monitor or mentor novice organisations were limited. This diminished their confidence in activating such partnerships to any significant extent. The project served to strengthen links between NGOs and NAPs by to supporting the NAPs call to mentoring and manage the NGOs, CBOs and FBO that activity contributed to the country level planning and advocacy action. Recent consultations with NAPs that followed towards the project end indicated they were more likely to call on NGOs for their meaningful contribution

to human rights initiative or to contact or partner on individual bases based on arising NAP needs for community based skills.

Sensitised police and other security forces supporting respect for human rights of all groups
In Belize and Guyana, the police and border control officers were targeted for human rights sensitisation sessions as a means of addressing mis-trust of the law by marginalised populations and reported human rights violations against, mainly LGBT, sex workers and young dependent women. In St Lucia, RSDU PSA campaigns sought to sensitise the police force as to their role in equalling protecting and serving' all persons. This campaign is being aired regionally through CBMP and its broadcasting partners.

Increased capacity and participation of NAP staff in S&D research and human right campaigning and advocacy
NAP staff members have been trained as masters in the areas of S&D research, M&E and use of statistical software, in human rights media and advocacy action, community leadership and empowerment, and campaign development. Following training, in partnership with community groups they rolled out interventions in these specific areas in their countries. Counties involve included Dominica, Guyana, St Lucia, St Vincent, Jamaica, Belize.

Produced: An emerging stigma intervention model - including a regional registry of materials, tools and resources.

The RSDU has designed and tested a community response model which can be described as:

A package/project (P(0) to P(5)), of evidence informed interventions that adopt a holistic, 'building blocks' and human rights approach to attaining stigma-reduction across community groups and by extension, nationally and regionally.

This approach aims to ensure that key areas for intervention to tackle stigma and discrimination and to empower those that are marginalised, are identified through research; and applied and tested among affected and pivotal groups. Each evidence based project to be implemented in target country constituted a package of interventions directed towards a specific marginalised group. The package of interventions are labelled as P1 to P5 in its entirety or part therefore, depending on country priorities and capacity to sustain P1 to P5. The P0 to p5 components of the approach are underpinned by the stigma reduction goals of the Caribbean Regional Strategic Framework (CRSF) and the recently develop PANCAP Stigma framework (see Annex 6): P1 to P5 are described as follows;

P0: Baseline research to inform practice
P1: Preparing for Action - Community Advocacy & Leadership development
P2: preparing for Action - Building on Champions for Change - Identification and support to local champions and Ambassadors

P3: Training and capacity building of target groups in Anti- stigma approaches including advocacy action and campaigning

P4: Initial production & development of BCC materials and Advocacy action

P5: Evaluation and Dissemination of BCC materials, research and best practice models

Challenges

Despite the above successes, the project was not without its challenges. These included;

- ***Financial constraints were experience*** due to the diminishing value of the original contract. This occurred a result of exchange rate fluctuations of the pound sterling against the US Dollar (the project's operating currency) by approximately 25% between July 2008 when the budget and proposal were submitted and the projects start up in January 2009.
- ***Five -month time lag due to initial contract signing delays in the UK.*** By year two of implementation, DFID Project management team granted a no-cost extension to the implementation phase of five months.
- ***In order to ensure sustainability of evaluation tools developed regionally***, the SUAG called for a validation exercise to be conducted. This 3-month activity was not within the original budget or accounted for within the work plan timelines and resulted in further delays ranging from 3 to 6 month in selected country level activities
- ***Dearth of high- level regional stigma and human rights consultants***. Under the revised RSDU timelines, many junior intermediate and high-level consultants were unavailable at short notice. Consequentially, it was necessary on several occasions to make re-adjustment to rescheduled interventions dates in order to accommodate their inputs or their attendance to regional master r training sessions.
- ***Insufficient high level communication by management during periods of extended delays***- it was noted by NAPs that once the interest and expectation were peeked at the start of the project , they felt that the RSDU and PANCAP PMT should have provided them with ongoing feedback on the delays and future plans. The PMT did not maintain weekly email or Skype communications with NAPs during the 5-month contract signing delay period .
- ***Timely feedback from SUAG.*** An ongoing challenge has been communication with one or two SUAG partners in terms of lack of provision of timely feedback to issues presented or documents to be reviewed. Communication between project implementing partners has been good natured and scattered with negotiating and renegotiating of positions and viewpoints, highly participatory on all sides and productive in ensuring that activities could be rolled out even within significantly reduced timelines than had originally been envisaged;
- ***Staff Turnover at NAP Level.*** In Jamaica staff turnover across the NAPs, loss of life and absences led to delays in implementation and the loss of institutional memory about the project. Each time a staff member left, considerable time and island visits were required to re-establish strong working relationships.
- ***Linkages and partnerships with other initiatives and implementing bodies.*** The project has made efforts to establish linkages and share project outputs and community capacity built through the project actions, between several implementing agencies and regional NGOs, with positive outcomes in many instances. As such, the RSDU project provided skilled

resources to the CHAA ECAP II project, the HPP project and the UNAIDS –HPP Human rights and equality initiative in SKN. Unexpectedly, and perhaps detrimental to the extent of regional buy-in to the RSDU, the project management team found challenges in receiving information and output from PANCAP, UNAIDS.

Lessons Learnt for future work

Multi site Communication approaches

The work of the unit has on the whole been conducted in a pleasant manner. This has included the constructive face-to-face meetings as well as e-mail communications, teleconferences and individual telephone calls.

Project management – Resources and time allocated to communication

A Key lesson is that communication and commitment building with NAPS and other government partners , and community partners at the same time and on a continuous bases is vital and highly resource and time intensive; especially when delays have occurred. Communicating feedback on the nature and reason for delays, discussing possible impacts and letting them know that they will be contacted once the project is back on track, is not sufficient.

A significant lesson learned from project management of civil society focused initiative of this scale is that a great deal of time is required to manage a unit, its sub unit entities and community partners separated by geographical distances.. This time allocation spent establishing the infrastructure, agreements, undertaking hands on/hands off mentoring of community partners, support trips for the PMT should all be carefully budgeted for in the planning and staffing and high level roles of oversight partners clearly documented and agreed to if such a structure is to operate seamlessly during the project. PANCAP's input into the communication process had been mandated at the outset of the project and was deemed vital and necessary, however again due to staffing challenges and competing priorities, support was not sufficiently coming.

Quality Assurance through Mentoring an monitoring of meaningful community led action

Ensuring ongoing monitoring feedback from liaison officers was challenging at times . Selected community based RSDU sub-unit staff were contracted on a part-time and therefore had competing responsibilities. In particular, there were instances in which the RSDU had built capacity of Liaison officers considerably and other donors and agencies sought to recruit these staff members, also part time during the project period. *This challenge, in terms of resulting demand for the skills built in the sub unit staff members, demonstrated that prior to the RSDU project that was a shortage of community based S&D technical resources/leaders in the region.*

The mentoring approach created accountability for timely delivery of reporting output and for maintaining quality standard in the delivery of community action: For instance, later on in the project, having a QA person to support the liaison officers in monitoring the quantity and quality community sessions delivered by the community actors/advocates and ensuring that

targets were reached. Importantly, the duration of mentored and monitored community-led action, following empowerment, skills building and creation of networks is key to ensuring that the viability of the model - across short and medium terms can be tested.

A Test Case Model?

It is important to note that despite demonstrating outcomes contributing to the 4 over arching log frame outputs, this RSDU project may be viewed as a test case based on the following factors;

- The RSDU project and unit is the first of this kind in the Caribbean region mandated to target 8 to 12 countries simultaneously in a 41-month period,
- Unforeseen and unavoidable delays experienced and the knock on effects which incurred further set backs were never fully reimbursed - in terms of time, to the project to enable a more substantial durations of community driven action . This would undoubtedly impact the strength of partnerships and levels of expertise that would have otherwise been achieved through longer term application of skill s and mentoring.
- The condensed timeframes in some countries will in some ways hinder an estimation of the full extent of benefits or reach of this model. However, the benefits an tangible outputs that have emerged even within target countries where duration of community action was shorter than planned, have indicated that; with further scaling up, this model has the potential to deliver far reaching positive returns in stigma reduction actors groups targeted.

Conclusion

i. Some stakeholders have described the project as 'missed opportunity' as a result of the delays and resulting reduced interest, lack of ownership by PANCAP, and poor communication by RSDU management during particular phases of the project. Community based beneficiary organisations and groups cite the project has successfully met their expectations and provide them with tangible benefits with regards to personal development and empowerment, transferable communication and research skills and stigma reduction. A main regret by all stakeholders is that the duration on the ground after capacity building, in developing the community response was too short and has left them wanting. The project has delivered meaningful outputs and outcomes that will significantly contribute to the strengthening of anti stigma and human rights response in the region.

ii. Given the successes, high risks associated with the project, challenges and delays, the project has been scored a 'B' after the project completion review was undertaken in August 2013. This means that although all outputs were met to varied degrees the *"outputs were not fully met".*

3. Introduction and Purpose

This report complements the external project completion review (PCR) undertaken in August 2013 and focuses on achievements, challenges and outstanding actions. The Technical Annex includes; the log frame, the emerging stigma response model, catalogue of all materials and trained resources this project and an overview of best practice case studies (which are detailed in a separate publication as well). These annexes documents are vital resources for our key stakeholders and will also be available online on the RSDU portal at http://www.rsdu.org

The project **Goal** was ***To contribute to a reduction in stigma and discrimination against PLHIV, their families and other vulnerable groups in the Caribbean region***

In order to achieve and most importantly, in order to sustain and build on achievements, the project **purpose** was "***PANCAP's capacity to co-ordinate regional and country level stigma and discrimination work enhanced***."

To this end, the rollout of the project was defined in two phases:

- The Inception phase (9 months) aimed at indentifying country S & D related needs, realistic best and emerging good practices and testing possible models for scale up during the implementation
- The Implementation phase (2 years) - focused on developing a stigma response model and linkages between governments and civil society through which PANCAP could sustain a regional response to S&D, beyond the project phase.

During these phases the Unit was expected to produce four main outputs as defined in the project memorandum. These were as follows:

Output 1: CARICOM/PANCAP Unit to tackle stigma and discrimination, related to HIV and AIDS, fully staffed, established and functioning by [to be agreed at inception meeting].

Output 2: Evidence based national programmes developed with strong gender and human rights focus,

Output 3: Effective stigma and discrimination programmes implemented in the selected countries.

Output 4: Best practices Disseminated

Key assumptions vital for the successful achievement and sustainability of the project were:

1. Continued political commitment of governments to promoting human rights and reducing stigma and discrimination
2. PANCAP actively support the seeking options for continued funding of the RSDU beyond the project period
3. Lessons learnt within S&D project used as evidence for S&D programming by other regional and national partners.
4. Best practices will be adopted by PANCAP and other regional and national partners.
5. Country partners have fully functional websites [to support online dissemination and sharing].

4. Overall Project Achievements

This section provides a brief description of the key achievements of the project in relation to the logframe at output level. Achievements against each indicator are provided in the log frame in Annex 1.

Output 1: Regional Stigma & Discrimination Unit (RSDU) fully established and functioning

Indicators:	***Comments on achievements:***
1. Stigma Unit advisory group established and functioning 2. RSDU fully staffed. 3. RSDU work plan implemented	The unit was established and functional for the inception phase with 3.5 full time staff and officers in country. Work plans were approved by SUAG at the end of the inception phase

Since the Inception phase, the RSDU has been staffed by four full time staff members operate and one part-time staff. In addition, in selected target countries (St Lucia, Belize, Guyana, Jamaica, Grenada), RSDU technical staff associates operated in the delivery of master training sessions and coordination of research on a part-time basis. Five part time Liaison officers (LOs) in the above cited countries support the project administration, day to day activity monitoring and capacity building efforts. Following participatory needs assessments and country priority setting in the target countries Work-plans approved were by NAPs at the end of the inceptions phase through and sub project design and partnership building workshops consultations led by the NAPs, and RSDU country technical associates and the RSDU management team. The work plan was implemented as described in the following sections.

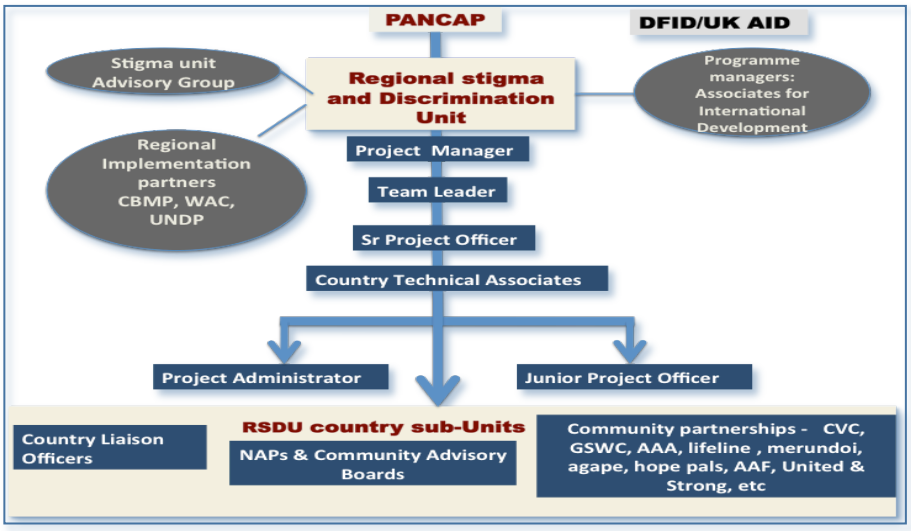


Figure2: Organogram of the RSDU Project:

The inceptions phase activities ranged from evidence gathering, partnership building, work plan development and alignment with nations plans, to testing pilot approaches in anti stigma action. These inputs were pivotal in laying a foundation required for establishing the unit and delivering an effective evidence informed implementation phase. These are as follows;

i) Staffing: The RSDU has secured staffing in accordance with an agreed staggered approach to manage project implementation. Core consultants have been recruited and mobilized. The Terms of Reference (TORs) for the consultants to conduct country assessments have been developed. Staff and core consultants' contracts have been finalised and the consultants have begun country assessments in Belize, Dominica, Grenada, and Jamaica.

ii) Establishment of sub - units in selected countries; National S&D hubs were identified to partner with the RSDU in coordinating the implementation of national anti-stigma projects. Capacity assessments were completed in the 6 inception phase target countries.

iii) Execution of rapid needs assessments to identify the context and causes of stigma and discrimination in 12 target countries: country level semi-structured telephone interviews and desk based assessments and field assessments were undertaken and reports submitted where country visits were not possible.

iv) Assessment findings were disseminated through country stakeholder dissemination sub-project design fora - the objectives were to gain stakeholder consensus on country S&D priorities, build partnerships for stigma response and to develop a set of proposal for linked S&D action

v) Community based qualitative and quantitative studies were undertaken to identify the causes and impact of stigma and discrimination on MSM in Jamaica, PLHIV in Guyana and the levels of human rights knowledge, stigmatizing attitudes and discrimination experiences of youth in St. Lucia.

vi) Community groups were trained in the application of community based research methods in stigma, discrimination and human rights.

vii) Design and implementation of pilot of training workshops for FBOs, PLHIV and Human Rights Advocates. in order to inform the scale-up of recommended actions in the implementation phase . PLHIV and members of FBOs in St Lucia and Guyana were exposed to training and capacity building focused at preparing them to take comprehensive action against stigma and discrimination. Participants were trained as stigma reduction peer educators and then empowered in leadership, coping and building bridges between communities; then given core skills in working together in advocating for change, media writing and the production of edu-drama life performance and audio visual presentations. In addition to capacity built, the main output of this pilot was the production and pilot BCC materials and scripts.

viii) Regional consultations with key stakeholders to harmonize human rights action and human rights desk approaches in the region .

ix) Capacity Building with regards to supporting NAPs in the identification and prioritization of response areas for S&D action and the;
- Subsequent development of options for rolling out of country S&D projects
- Development of draft work plans including
- Profiles of stakeholder partnerships for country S&D action

i) Building NAP and community level partnerships for increasing the sustainability of interventions and sub projects undertaken through the RSDU. The RSDU worked with National AIDS Programmes and community groups to build the capacity of local community members to design and execute research studies.

ii) In partnership with CVC, the RSDU initiated a networking and consultation process in Jamaica to engage the FBOs in the human rights response to address violence and exclusion towards MSM.
   a. The undertaking of four sub regional consultations in Jamaica with the MSM community aimed and gathering information to inform the development of the national strategy for stigma reduction towards the MSM community.
   b. Undertaking of a partnership building forum with FBOs to initiate a dialogue the role of FBOs in the S&D action against homophobia and violence towards MSM in Jamaica *- this intervention has informed the direction of the recent FBO - NAP forum for human rights action in Jamaica*

Coverage and reach of the RSDU

Different approaches for different countries:

Within the limits of the budget allocated towards the project; "Reducing S&D in response to HIV and AIDS in the Caribbean", the RSDU project inputs in the implementation phase were tailored to address most urgent S&D priorities that have been identified in the target countries through the participatory stakeholder needs assessments and pilot research undertaken during the inception phase. Additionally, the project level of inputs to target countries inputs have been decided based principally on 5 main criteria or factors:

1) Country priorities as identified by stakeholders and framed within the RSDU project goals and the NAP country Strategic goals for addressing S&D
2) Amount of available funds to effectively address the outputs and goals at country level.
3) Available country capacity and skills to effectively roll out S&D projects as identified in the inception phase
4) Established HIV/AIDS strategic plan with line item budget amounts set against Stigma, discrimination and/or human rights action as a demonstration of political will ad commitment to change.
5) Available capital infrastructure and funding levels to respond to S&D and human rights at government and community levels as identified during the inception phase and 1st quarter of the implementation phase – these focus on 4 key sub-criteria;

   a. Current demonstration of political will i.e. existence of current national strategic plans and within those plans, explicitly stated programme and policy actions to address stigma and discrimination (as a core function and approach of the RSDU is to support the national programmes and their plans for S&D reduction as entry points to country level support)
   b. Positive outcomes obtained or emerging from the piloting of sub-projects

c. Emergence or existence of strong 2-way partnerships with NAPs and other country level stakeholder groups

d. Existing levels of S&D actions (e.g. some countries may demonstrate several activities ongoing amid sound strategy, others may have little or no established actions or response strategy)

e. Countries demonstrate the desire for generating and using information to inform policy directives and planning.

Establishment of RSDU Sub units

The establishment of Sub unit was key in ensuring value added to the project in terms of cost savings due to reduce economic outlay by reducing need for monthly visits for travel to target countries by the RSDU Barbados and Guyana based staff and international consultants. Sub-unit were also a novel approach to promoting locally and community-led capacity building and fostering ongoing government - community partnerships. The scope, structure and role of the sub units, by country are depicted in fig. 1b, annex 5.

Output 2: Evidence based programmes (package of interventions P(1) to P(5)) developed, addressing stigma, discrimination and human rights

Indicators:	***Comments on achievements:***
1. Baseline and end line assessments completed and findings disseminated to NAPs, SUAG 2. Operational Research conducted in target countries as per identified needs 3. No. of projects designed including M&E framework with SMART indicators based on research findings	Baseline assessment completed and dissemination of findings to NAP and stakeholders to inform sub projects and package n interventions Operational research conducted and findings briefs and analyses shared with NAPs and community members , Full research reports were delayed due to project time constraints and unavoidable delays described in challenge in the previous section. Target of 16 projects across 7 countries was achieved and exceeded

As described briefly in the executive summary, the RSDU has designed and tested a community response model which can be described as:

A 'package' or project (P(0) to P(5)), of evidence informed interventions that adopt a holistic, 'building blocks' and human rights approach to attaining stigma-reduction across community groups and by extension, nationally and regionally.

P0 to P5 building block interventions rolled out under the RSDU project are broadly described in the following subs sections:

P0: Baseline and end line assessments completed and findings disseminated to NAPs, -to inform the design and implementation of anti-stigma action and to identify empowerment and capacity needs of target communities.

SCOR-B: Stigma Community Response –Baseline -

Existing stigma measures and tools were reviewed by the RSDU team and discussed with NAPS and other country stakeholders. The general consensus was that 1.No tool existed to measure S&D levels among specific groups in a way that would inform targeted efforts in stigma reduction and human rights awareness raising in the Caribbean context. 2. To that point, none research on the affected communities were owned and understood by the affected community in such ways that would empower them to become more knowledgeable about impact and solutions to addressing S&D and to effectively own their community response. As such, the RSDU technical team developed a stigma tool (SCOR-B) in consultation with the affected communities, to measure stigma experiences, attitudes and impact and human rights awareness among men who have sex with men, Sex Workers, People living with HIV, and knowledge and attitudes among Faith based organizations, Youth Healthcare workers, Police, Immigration at the start of the stigma action and to evaluate resulting changes at the end of exposure to project activities.

SUAG members called for the tool to be validated as a first in the region and also to ensue that the instrument could be used in the regional and national context over the long term to measure stigma reduction and empowerment outcomes. The intention was that this capacity built would further inform the design planning and assessment of future S&D interventions in these groups. To date, the SCOR-B has been administered to just under 1000 persons in 7 target counties. – Belize ST Lucia, Grenada, Dominica, St Vincent, Jamaica, Guyana, BVI (pretested). See table 1 in Annex I. Preliminary analyses are and reports are being prepared for dissemination to stakeholders through NAP led country Fora. Key Findings are being used to refine design and content to the targeted

Other community based research and assessments include;,

- *450 youth were surveyed in St Lucia by 18 trained youth 17* to 28 yrs using CORE-community oriented research and empowerment,
- *34 PLHIV were evaluated by trained PLHIV and MSM using PEER* (Participatory Ethnographic Evaluation and Research) in Guyana and
- *60 MSM were evaluated by trained MSM using PEER in Jamaica*. (see table 2, Annex I)
- *Formative assessments were undertaken with in Jamaica, Belize, Dominica and St Lucia* to inform the design and roll out of human rights poster, PSA campaigns and community dialogue
- *4 sub regional needs assessment consultations were undertaken with* MSM in Jamaica
- A Consultation and partnership building workshop was undertaken with FBO leaders In Jamaica on MSM homophobia and FBO partnerships in anti stigma action
- *Multi (seven) country stigma needs assessments were completed*

A project result framework of results and milestones (Expected outcomes and intermediate results) and corresponding SMART indicators were developed in order to track achievement of the desired programme outputs and goal (see Figs. 1 and 2, Annex2)

A ***Stigma outcomes indicator framework*** for measuring the achievement of stigma reduction outcomes at the goal level USING SCOR-B and SCOR-E data has also been developed and reviewed by the Stigma unit Technical working group for M&E (TWG M&E) for region wide application of the SCOR baselines assessments and outcome evaluations instruments. Use of these indictors are described in the SCOR-B operators' handbook – the outline of the SCOR-B stigma indicators.

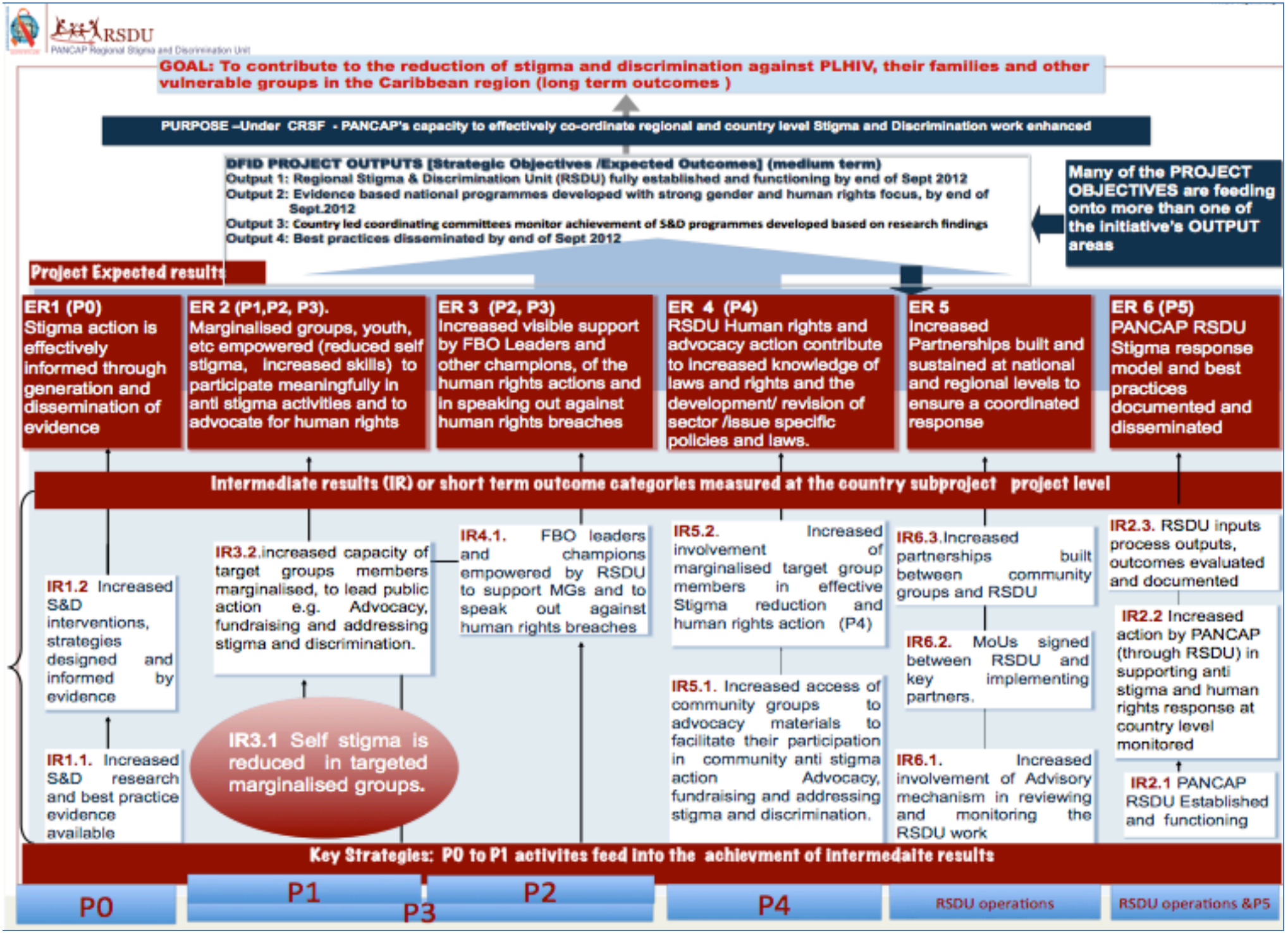
Special interventional study - Berbice Riverain Girls Action project

Part I of this study was undertaken in support of the Guyana sex work coalitions and SASOD. Noting through assessments that Amerindian school-aged girls in marginalized rural communities are often exclude from schools being age 13, and later move between the rural and urban areas, the levels of disempowerment and lack of knowledge and support systems that have been reported anecdotally and through the RSDU rapid assessment put them at risk of being coerced into sex work in the cities and acquiring HIV. There is a distinct lack of knowledge around rights to education, safety and protection, health care in these groups, their parents, village council leaders (sub project focal points and mediators) and local law enforcement. The ***Rural girls action – turning the tide for inclusion of rural girls*** is focused on empowering rural-based girls and young women between 15 and 29 years to empower their peers on human rights issues and responsibilities, life skills, including accessing youth friendly SRH and HIV prevention services and information and futures planning. This pilot sub-project falls under the RSDU's anti-stigma and human rights project, currently in its second year of implementation. RSDU Guyana partners include Guyana Sex Work Coalition, Lifeline Counselling Services and members of community and faith-based organizations and SASOD.

The aim of this sub-project was to contribute to the project's overall goal level indicators of increased human rights knowledge, decreased self-stigma and also to wider developmental goals of prevention of early removal from education, prevention of HIV and reduced risk of sex trafficking and abuse of less informed girls from rural districts. The planned interventions fall squarely within the framework of the theme for this year's International Women's Day on March 8th, which is Connecting Girls, Inspiring Futures. As such, the project was launched on March 8th and the announcement was circulated to regional and international partners n recognition of the theme.

P1: Preparing for Action - Community Advocacy & Leadership development

The aim of P1 is to promote involvement of key community and marginalised groups in the response and to foster partnerships by closing the gap between community groups striving to tackle the same issues. *Through participatory, interactive sessions, the Empowerment for Leadership workshop equips groups to address stigma and discrimination within their spheres of influence.*


RSDU
PANCAP Regional Stigma and Discrimination Unit
GOAL: To contribute to the reduction of stigma and discrimination against PLHIV, their families and other vulnerable groups in the Caribbean region (long term outcomes)
PURPOSE –Under CRSF - PANCAP's capacity to effectively co-ordinate regional and country level Stigma and Discrimination work enhanced
DFID PROJECT OUTPUTS [Strategic Objectives /Expected Outcomes] (medium term)
Output 1: Regional Stigma & Discrimination Unit (RSDU) fully established and functioning by end of Sept 2012
Output 2: Evidence based national programmes developed with strong gender and human rights focus, by end of Sept.2012
Output 3: Country led coordinating committees monitor achievement of S&D programmes developed based on research findings
Output 4: Best practices disseminated by end of Sept 2012
Many of the PROJECT OBJECTIVES are feeding onto more than one of the initiative's OUTPUT areas
Project Expected results
ER1 (P0) Stigma action is effectively informed through generation and dissemination of evidence
ER 2 (P1,P2, P3). Marginalised groups, youth, etc empowered (reduced self stigma, increased skills) to participate meaningfully in anti stigma activities and to advocate for human rights
ER 3 (P2, P3) Increased visible support by FBO Leaders and other champions, of the human rights actions and in speaking out against human rights breaches
ER 4 (P4) RSDU Human rights and advocacy action contribute to increased knowledge of laws and rights and the development/ revision of sector /issue specific policies and laws.
ER 5 Increased Partnerships built and sustained at national and regional levels to ensure a coordinated response
ER 6 (P5) PANCAP RSDU Stigma response model and best practices documented and disseminated
Intermediate results (IR) or short term outcome categories measured at the country subproject project level
IR1.2 Increased S&D interventions, strategies designed and informed by evidence
IR1.1. Increased S&D research and best practice evidence available
IR3.2.increased capacity of target groups members marginalised, to lead public action e.g. Advocacy, fundraising and addressing stigma and discrimination.
IR3.1 Self stigma is reduced in targeted marginalised groups.
IR4.1. FBO leaders and champions empowered by RSDU to support MGs and to speak out against human rights breaches
IR5.2. Increased involvement of marginalised target group members in effective Stigma reduction and human rights action (P4)
IR5.1. Increased access of community groups to advocacy materials to facilitate their participation in community anti stigma action Advocacy, fundraising and addressing stigma and discrimination.
IR6.3.Increased partnerships built between community groups and RSDU
IR6.2. MoUs signed between RSDU and key implementing partners.
IR6.1. Increased involvement of Advisory mechanism in reviewing and monitoring the RSDU work
IR2.3. RSDU inputs process outputs, outcomes evaluated and documented
IR2.2 Increased action by PANCAP (through RSDU) in supporting anti stigma and human rights response at country level monitored
IR2.1 PANCAP RSDU Established and functioning
Key Strategies: P0 to P1 activites feed into the achievment of intermedaite results
P0
P1
P3
P2
P4
RSDU operations
RSDU operations &P5

Sessions were tailored to address the empowerment needs of groups that experience S&D and consequent marginalisation e.g. PLHIV, MSM to build their leadership skills and knowledge of human rights whilst equipping them with strategies to cope with and overcome stigma and discrimination. The interactive modules cover the causes & impact of S &D, coping with S&D, human rights, leadership skills, influential speaking skills; they focus on engaging and empowering the participants to be active in the response to stigma and discrimination.

P2: Preparing for Action - Building on Champions for Change

The RSDU recognizes the role of gatekeepers in an effective response to stigma and discrimination. Faith leaders, members of law enforcement, health and social service providers play a pivotal role at the community and institutional level in reducing and mitigating the impact of stigma and discrimination. These **Pivotal Community Actors (PCAs)** were also actively engaged to through participatory sessions.

"This session has opened my eyes to a lot of things I will take reports more seriously" – Police Officer

"When I first heard about the session, I wanted to know what stigma and discrimination had to do with the police. I realise that we take things for granted, this could be someone's life. This session has helped me to see my role. I am promising that I will treat everyone with respect and take reports seriously whether the person is HIV positive, a sex worker or gay. I am happy that I came to the session. Police Officer

The Empowerment for Leadership interventions for PCAs equips them with information and skills to address stigma and discrimination within their spheres of influence.
Modules during the leadership an empowerment interventions include;

1. Causes and impact of S&D,
2. The role of PCA in reducing S &D and partnerships building ,
3. Leadership and team building
4. Influential speaking skills.

The sessions focus on engaging and empowering the participants to understand their role in the S&D response whilst inspiring them to take positive action, effectively bridging gap with communities affected by stigma and discrimination (See tables 4 and 5 in Annex 1).

P3: Training and capacity building of target groups in Anti- stigma approaches

This set of interventions are built on the inception phase experience, that once Empowered to cope with self stigma issues and to speak out, marginalised groups and other community groups are better equipped to work together in skills-building sessions to further acquire skills to develop and roll out advice and human rights actions for positive changes within their spheres of influence.
Skills have been built in

- Edu -drama for human rights,
- Human rights advocacy and media action,
- Community based operational research,
- Formative assessment
- Design &roll out of community-led campaigns.

One participant, a police corporal who works with the Domestic Violence Unit, was the most affected by my presentation…She was most appreciative she has had to deal with a number of PLHIV in domestic violence.

"The empowerment session is most useful for me, because it is an energized session, we get people to understand the concept of S &D and gets them to how it affects them, it gets them to think and they are able to internalize and people share more openly/talk about their past".

P4: Initial production & development of BCC materials and Advocacy action –

Target groups are provided with opportunities and support for using their skills acquired in P3 in initiating, conceptualising and leading in the development of anti stigma and advocacy materials appropriate to the information needs, emotional needs and empowerment needs of their target groups. Handbooks, manuals and PR materials have been produced and piloted for use by target groups in community action.

Leadership and Empowerment

A regional testing and adapted manual that incorporates lessons learnt in empowerment of FBOs, PLHIV, youth, SW and LGBT. Developed for use by trained community practitioners (master trainers), it provides practical exercises to build leadership potential within marginalized groups by improving communication skills, building effective teams, overcoming barriers with trust, improving conflict resolution and negotiation skills.

Influential Speaking

Responding to needs of advocates, peer educators and community members for effective tools in communication, the RSDU developed the *Influential Speaking* manual in partnership Pillars of the Palace. The manual utilizes novel approaches in building public speaking and communication skills to assist human rights advocates and peer educators in becoming effective vehicles of positive change in the response to stigma and discrimination.

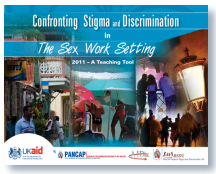
Edu drama - *The Walls Come Tumbling Down*

This handbook covers methodologies in development and delivery of effective educational drama presentations, specifically addressing the issue of stigma and discrimination. By challenging community groups to develop evidence informed messages that clarify myths, tackle stereotypes and engage audiences in introspection, this interactive booklet presents drama as medium to educate and not only entertain.

Human Rights – *HIV Human Rights, Advocacy & Media Campaigns - Communities making a Difference*

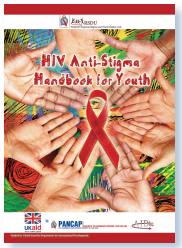
This handbook contains practical guidelines for planning, designing, producing and evaluating HIV/ AIDS Human Rights and Advocacy campaigns for broadcast and print media. Its focus is on the practical issues and approaches involved but does not attempt to cover the technicalities of media or print production. It has been designed mainly for use in the community by community based advocates planning to partner with government and other institution to lead advocacy action and human rights campaigns in their country. However, it is envisaged that this handbook may also be of special interest for the following groups and individuals; Print and broadcast media personnel (managers, editors, reporters and producers) planning to become involved in developing and promoting human rights aspects stigma and discrimination media campaigns related to HIV and other social and economic drivers of HIV. Journalists involved in covering HIV/AIDS related issues Managers and communications personnel in HIV/AIDS organizations, Non- Government Organisations (NGOs) and government departments Agencies involved in implementing or funding involved in development communications projects.

Anti stigma toolkits for Sex workers, MSM, media



These toolkits are accompaniments to the CARICOM anti stigma toolkits developed by Alliance and CARICOM with funding from the World Bank. A the start of the RSDU project, it was noted by country stakeholders that these additional resources were required for the empowerment of these groups in the field and for enabling them to *meaningfully* lead community based anti-stigma intervention, public relations and advocacy strategies. These toolkits from the core foundational knowledge building that are prerequisite to taking up and applying skills built in human rights assessments, advocating, lobbying, dialogue, edu-drama and campaigning. All community trainees were exposed to these materials, which cover the basics (101) of stigma, discrimination, human rights and impact issues and respect for diversity.

Rights4life – HIV anti-stigma Youth handbook



In addition to the above anti- stigma toolkit, this publication was developed by the RSDU and D4L youth officer in collaboration with the Barbados and Belize D4L youth teams. It is intended to be used by school –based youth - accompanying school life-skills session - in building skills and awareness of stigma and human rights action and is targeted at youth peer groups age13 to 19 years old. Arrangements for the use of the handbook use in schools have already been made in Barbados and Belize through the D4L programme

Breaking down the Walls of Shame and Blame - Campaign booklet

Developed by advocates and community members that participated in the RSDU Human Rights Media and Advocacy Master Training, the campaign *Breaking down the Walls of Shame and*

Blame, was implemented in St. Lucia, Dominica and Jamaica during the RSDU project. This booklet provides an overview of the development and roll out of the poster and audio PSA campaign that addressed the Right to Education, Right to Healthcare and Right to Employment.

PSAs, Human rights campaign materials and trigger videos for community sensitisation and dialogue .

In partnership with CBMP and community based media communications teams (MCT) established through the project, the RSDU has produced *evidence informed PSAs and rolled out broadcast media and poster campaigns across St Lucia, Dominica, Jamaica, BVI and Belize*. The process of roll out incorporated extensive pubic dialogue through radio and TV panel discussions and community based open meetings across one to three months periods. Beyond the campaign period, PSAa continue to be aired on National TV stations across the region, shared via YouTube and used by trained community members and NAP officials as trigger videos and audio pieces for community sensitisation and advocacy. Materials include:

Table 1. Media communication output of the RSDU Project

Country	RSDU Partners	Campaign materials & Theme	Distribution*
ST Lucia	NAP,MCT, FBOs	Radio and Poster Campaign: right to education, health care and employment	St Lucia
Dominica	NAP,MCT,		Dominica
Jamaica	NAP,MCT,		Jamaica
Jamaica	NAP,MCT,CBMP	Human rights PSA- homophobia, Love and tolerance	Region wide through CBMP partners
BVI	NAP,MCT,CBMP	Human rights PSA –PLHIV Isolation	Region wide through CBMP partners
Guyana	NAP,MCT,CBMP	Human rights trigger video – fear and judgment and guide book	Regional
Belize	NAP,MCT,UNDP	Human rights Posters -I I have rights	Belize

*In addition, the posters and audio PSAs were requested by NAPs in other target countries of St Kitts and Nevis, Grenada , Guyana BVI and Belize for wide Distribution and use in community sessions.

P5: **End line Evaluation and Dissemination of BCC materials, research and best practice models – see output 4**

Output 3: Country-led co-ordination committees monitor achievements of stigma and discrimination programmes developed based on research findings

Indicators	***Comments on achievements:***
1. No(%.) of target countries with NAP-led coordination mechanisms addressing priorities in S&D 2. No. of partnership agreements signed for the management and implementation of S&D projects developed on basis of research findings	The RSDU mandate was to work within existing NAP led coordinating mechanism and to avoid setting up coordination and monitoring structures that resulted in duplication of effort. As such, have RSDU established CAB subcommittees in 4 countries – Jamaica, Grenada, St. Lucia; Belize, Guyana prevention committee identified. The target of 16 partnership agreements was achieved (see table 2)

Coordination Mechanisms

At country level the RSDU has sought to work with the National response in ensuring that S&D action falls within their priorities for tackling S&D and promoting Human rights awareness. The RSDU approach has been to identify existing country coordination mechanisms mandated to review process for technical competency, efficiency and harmonisation.

Once identified, existing board/committee members were invited to overseas and monitor the planning and implementation of RSDU activities at country level. The Group meet periodically according to their existing board practices to discuss the RSDU processes, challenges and emerging outputs and offer technical coordination advice, sign off on processes.

A number of CAB members have become champions and advocates of the project at their local level and within their spheres of influence.

Partnership arrangements

Table 3 below highlights the partnership arrangements developed with pivotal implementing organisations. Partnerships where characterised by sharing of skills, resource, and outcomes and join delivery of selected interventions, in order to strengthen delivery of the RSDU project, attain savings on variable indirect costs and to avoid duplication of efforts.

Table 2. Emerging Partnerships with the RSDU on Advocacy action:

	RSDU Partners	Partnership description
1	UNDP Belize, National AIDS Committee	RSDU have signed a partnership agreement to share resources for the design and roll out of a Human Rights campaign in Belize entitled *Know your rights and laws*
2	Health Policy Project-Futures Group -	RSDU are developed a partnership framework with HPP in order to ensure that the identified gaps in the stigma response are filled effectively. Focus is on supporting research, development of response frameworks and building sustainability into the regional anti-stigma response beyond both project implementation phases
3	Caribbean HIV/AIDS Alliance	RSDU is developed an informal partnership with CHAA to provide Technical and Human Resources for S &D Community Activities in the Eastern Caribbean Project
4	Caribbean Broadcast Media Partnership	The Caribbean Broadcast and Media Partnership on HIV/ADS (CBMP) are working with the RSDU and community based leaders in have translated research findings into media broadcast campaigns using a rights based approaches to stigma reduction
5	World AIDS Campaign	RSDU partners with WAC for the development of a human rights media and advocacy action and roll out of community handbooks and strategies
6	National AIDS Programmes	During the implementation phase the RSDU entered into formal partnerships with the National AIDS programmes of the target countries as defined within emerging RSDU NAP Technical support plans (Dominica and St Lucia)
	Health promotion Unit , St Vincent	Health Promotion Unit ,ST Vincent, partnered with project to leader community baseline research
7	Caribbean Vulnerable Communities Coalition	CVC partnered with RSDU to support the NAPS priorities in Jamaica specifically within stigma research and community-led initiatives focused on the reduction of stigma towards MSM, PLHV and youth in Jamaica

8	Caribbean Health Research Council and University of the West Indies	The RSDU established a working partnership agreement with the Technical working groups members representing, CHRC and UWI Cave Hill to ensure that valid and reliable research methods are employed in the evidence gathering process
9	Options/ AID Inc OT project	RSDU I supported and sharing resources for the empowerment of youth in RSDU target countries in the OT - BVI- youth, edu-drama capacity building, and in Anguilla – youth peer education
10	Dance4life	RSDU is formalized a partnership with D4L international and D4L Barbados to support the capacity building of 3 target countries in the start up of the D4L approach by building upon lessons learned and success form D4LBarbados and other D4L member countries.
11	Lifeline Counselling Services	RSDU entered into a partnership agreement with Lifeline service which became the Guyana - based unit that supports coordination of RSDU country level activities and the empowerment of community groups in Guyana.
12	Guyana Sex work Coalition	The RSDU has worked with the Guyana Sex work Coalition (GSWC) to reach youth within the Berbice Riverain area, specifically young girls at risk of S &D and human rights violations. The project assessed the S&D and Human rights needs of the population and aimed to increase the human rights knowledge of the young girls.
13	AGAPE - Guyana	AGAPE worked with the RSDU since the inception phase to mobilize members of the FBO community towards action in S &D. During the implementation phase AGAPE will serve as a key focal point for reaching the FBO community in the delivery of empowerment for leadership sessions
14	Hope Pals Grenada	The RSDU worked with Hope Pals to support the coordination of activities in Grenada.
15	Merundoi , Guyana	The RSDU worked with Hope Pals to support the coordination of activities in Grenada.
16	Dred Scotsman, Guyana	Dred supported RSDU in Guyana in the technical development of trigger materials

Output 4: Best practices disseminated (P5)

Indicators: 1. Number of S&D work related 'best practice' dissemination workshops/ seminars facilitated by RSDU in country and in the region – target 3 2. Number of websites used to disseminate best practices/ lessons learnt with link to PANCAP/RSDU website – target 3 3. Number of presentations at global and regional conferences sharing lessons learnt of S&D project. 4. Number of best practice case studies from S&D project published in country, regional journals and international, magazines and papers, etc – target 3	***Comments on achievements:*** Due to budget constraint and time limitations the RSUD has begun to disseminate emerging good practices and research findings towards the project end. Dissemination will be ongoing for up to 6monhts beyond the project period. Most of the targets have been met during the project period. 1. These have been undertaken in country through RSDU stake-holder dissemination workshops in STL, Dom, SVG, Gren, Jam, Guy, Belize and via CAB meetings. Regionally, RSDU delivered in 2 dissemination sessions and 1 partners' meeting at Caribbean HIV 2011 and 1 partners' dissemination meeting at the AGM2010. 2. Sites include AIDInc, PANCAP and RSDU portal including social media sites and links at CBMP and CVC (7) 3. 4 presentations at 2011 Caribbean HIV Conference (2 Abstracts, 1 Skills building session, 1 Partners meeting) 4. 1 RSDU newsletter- Spotlight published in November 2011, Augsut 2012. Case studies booklet and research papers to be submitted for publication post project due to time constraints at project end.

The RSDU has been engaging in ongoing documentation of lessons learnt and best practices from inception phase. During this period the following activities were completed:

- ***Design and launch of RSDU Portal and Launch of interim RSDU website***

  An online network for sharing and disseminating outcomes, tools, reports, research and policy news forum the e RSDU, PANCAP-PCU and other regional partners and donors. Please visit www.rsdu.org for more information

- ***Launch of RSDU Newsletter Spotlight on Stigma***

  The purpose f the newsletter is to inform partners and beneficiaries about ongoing work of the RSDU on the ground and outputs being achieved by members of the marginalised communities and community actors empowered through the project inputs; to share novel approaches, recent RSDU related press releases, tools and key findings.

- ***Dissemination sessions at the 2011 CARIBBEAN HIV CONFERENCE BAHAMAS***

The RSDU presence at the at 2011 Caribbean HIV Conference Bahamas Caribbean conference consisted of a number of poster presentations, two capacity building workshops and two dialogue sessions as follows;

- *Skills Building Sessions in Community based HR Campaign Development*
- *Baseline assessment and stigma impact session*
- *Regional Partners Update Meeting and dissemination of emerging best practices*
- *Dance4Life HIV and youth leadership intervention - meetings with national program coordinators of target countries (St Lucia, BVI, Jamaica, Belize) regarding start up and adaptation of emerging best practice to their country context and needs based on the evidence*

- ***Presentation of Papers*** *on PEER Research Jamaica, Guyana, youth leadership and campaigning strategies at the Caribbean HIV conference, Bahamas, November 2011*

  - *"Judge the man in the mirror, before you judge me" – perceptions, experiences and impact of homophobia, stigma and violence among men who have sex with men (MSM) in two regions of Jamaica.*
  - *Development of a Community Driven rights- based stigma response model human-Rights Messaging Campaigns in St Lucia, Jamaica and Dominica*

- *Using the rapid participatory ethnographic Approach (PEER) approach to inform the design of community based anti- stigma responses and to foster partnerships and leadership capacity in marginalised groups*

***Conference presence**:*

PANCAP RSDU, in partnership with USAID's Health Policy Project organised an exhibit at the Caribbean HIV Conference in the Bahamas to showcase the stigma and discrimination work of partners in the Caribbean. The booth featured work of a number of partners, for which the RSDU has become a repository. The displays included the CARE Barbados S &D manual, anti-discrimination posters of the St. Lucia Red Cross, the RSDU Human Rights Posters and the PANCAP Stigma and Discrimination Framework. At the booth, attendees were invited to make a pledge to reducing stigma and discrimination. This banner was unveiled during the closing ceremony of the conference.

- The following papers are being submitted for publication in peer reviewed journals;
  - *What's your score? The validation of the SCOR-B instrument for measuring stigma and discrimination among marginalsed populations in the English speaking Caribbean*
  - *Key finding of the first comprehensive stigma assessment in Belize and recommendations for action*
  - *Innovative approach to community led stigma action in the English speaking Caribbean and Latin America: Establishment of a trained media and communications team (MCT) for rolling out community led evidence informed human rights formative research and action on a national scale.*

Dissemination and discussion through the press and social media

The RSDU outputs and activities of community members have appeared in the press in RSDU target countries, including those highlighted below;

Press releases have included	Social media sites include
• Launch of CAB St Lucia • Launch of CAB Grenada • Human rights workshops BVI report • Belize channel seven morning show and evening news • Belize channel 5 news • Belize 2 national newspaper -report of SCOR-B findings • Edu drama in St Lucia Cornerstones Belise dance4life launch on Belizean E-magazine (Scoop.it) • World AIDS DAY activities St Lucia • World AIDS DAY activities Grenada	• Facebook RSDU • Facebook for CBMP PSAs • You tube of RSDU videos • Twitter RSDU • The airing of RSDU televised and raid panel discussions have been shared live and in archive via the internet

5. Challenges and Constraints

The following section examines those areas in the log frame where progress was limited and as such, selected output indicators were not fully met.

Challenges within Output 1: Regional Stigma & Discrimination Unit (RSDU) fully established and functioning

Indicator: 1.2 RSDU fully staffed

Halfway through the implementation phase the team leader partially relocated to the UK for urgent personal reasons. As a result her living arrangements were split between Barbados and UK from the end of the second year of implementation. Although the project management inputs were increased to support any impending gaps, some partners, mainly UNAIDS felt that this in some ways compromised the project pace and communication. Country partners and implementing partners did not express the same. It was felt by UNAIDS and PANCAP that this change did not demonstrate ownership or commitment of the RSDU management. The management team provided examples of several regional projects in which team leaders were wholly based abroad.

With the approval of the team leader, the management team sought to replace the team leader, however, there was no available technical resources forthcoming with availability and time to undertake the work on a mainly full time basis. The team leader made regular visits to the countries as scheduled according to the work plan and attended all regional and management meetings, country level meetings with NAPs and led all scheduled face to face training sessions. The project had been set up in such a way that hands on inter were to be scaled down as the project proceeded, such that once the capacity of sub units staff and community masters was built in the inception phase and yrs 1 and 2 of implementation, the inputs from the RSDU PMT would entail hands off mentoring with ongoing technical assistance and monitoring and reporting.

Communications were not considered to be hindered as the as the RSDU office in Barbados and team leader in UK would undertake the weekly partnerships and technical discussion through Skype and go to meeting as scheduled. Further to this add on trainings and capacity building was delivered to county based team via web meeting and Skype tools, by the team leader and other senior technical staff and partners based in Barbados and Guyana. Scheduled web training also proceeded unhindered in Guyana, Jamaica, and Grenada and St Lucia.

Indicator: 1.3. RSDU work plan implemented

By the end of the project the RSDU was running smoothly as planned and functioning according to all activities specified on the work plan and had established required active partnerships with

governments, and community organisations. However implementing the multi –country work plan was not without expected and unexpected challenges and delays described as follows;

•***Financial constraints*** due to the diminishing of the original contract value as a result of exchange rate fluctuations of the pound sterling against the US Dollar (the project operating currency) by approximately 25% between July 2008 when the budget and proposal were submitted and the project start up in January 2009. Concomitant with this fall in magnitude of the proposed budget were regional increases in indirect costs including travel related costs. Communication costs.

• ***Dearth of regional stigma and human rights consultants***. At the project outset, the unit found that there was a dearth of regional stigma and human rights consultants to conduct assessments and provide requisite technical support to the other activities of the unit. This was due to the fact that many of the regional stigma consultants were working on multiple research and implementation projects with a number of organizations in the region. As such, where it has been indicated, the RSDU worked with consultants within the time slots that the consultants had available.

In response to this challenge, the unit sought to build capacity of consultants and selected pivotal community actors (PCAs) in the region during the inception phase, in various skills and technical capabilities, so as to ensure that a viable cadre of personnel trained in anti stigma approaches existed and were available earlier on in the implementation phase to support the RSDU in providing technical assistance and master training inputs to the target countries

Three to four -month time lag due to initial contractual delays. A 5-month Implementation start - up delay between April 2010 and September 2011 was incurred as a result of contract signing and fund disbursement delays at DFID in the UK. The project was lagging by 5 -months by October 2010. During this period no funds were disbursed to the project
By year two on implementation, DFID Project management team ***granted a no-cost extension of five months.***

Introduction of unplanned research validation exercises. During year 1 there was consensus decision by the SUAG to undertake an unplanned and unbudgeted validation of the SCOR-B instrument prior to the planned roll out to the surveys. Further delays were incurred as a result of a revision to the work plan - to plan, undertake evaluate a research validation exercise not originally considered in the initial work plan timelines or budget .
The knock on effect of introducing the unplanned validation exercise and initial contractual were as follows:

- Incurring costs for additional roll out of the survey two occasions in one country and a third comparative survey cost for the TWG intermittent inputs and validation review

over 6 months, procurement of field researcher independent consultant to support the RSDU in undertaking the validation analyses.

- Original survey timelines planned for the target countries shifted by 5 months initially as a result of the contract delays, then as a further delay due to the validation exercise and subsequent revised ethics approval processes a further 3 -month delay was observed in some countries.
- In addition the countries undertaking other similar surveys on the same target groups were reluctant to move ahead with SCOR-B as a result of interviewee fatigue. This resulted in the loss of Jamaica for the SCOR-B as the ethic committee did not permit the research to go ahead.
- Delays to data analyses were also incurred as consultants that were previously available were unavailable and as such, there were no available consultants t or staff to undertake the analyses in the timelines required. As the team leader was also focusing on starting up community level activities following the administration of SCOR-B.
- County level activities were accelerated in order to ensure that P1 to P4 (capacity and skills building, empowerment, advocacy action and campaigning) were completed in the countries indicated within the reduced timelines for roll out of advocacy activities. In order to best achieve the log frame outputs. Thus, the rolling out of the P1 to P4 actions was intensified as staff worked longer hours and technical inputs were doubled when skills were available. This placed intensive strains on the project staff and the key players and community advisory board members in the target countries who were then required to be available for consultations, advice and local support for longer continuous periods, rather than seamlessly and intermittently as had been originally planned.
- Although preliminary data frequencies were run and used to inform the design and content of community level action and capacity building interventions, the detailed analytical report of SCOR-B findings were unable to be produced until towards the last few months of the project as a result of dearth of staff and consultations who are otherwise focused fully on indentifying the country levels activities that had commenced approximately 7 months behind schedule as a result of the prior challenges. In some countries this resulted in being unable to use the detailed finding to assist NAPs in strategic panning in a timely manner. However in most cases, the detailed findings were shared with NAPS to use in their national dialogue and planning forums at a later date. This initiative is also ongoing through AID Inc after the project period.

Despite these delays, it was deemed by the technical working groups for M&E that undertaking the validation exercise would serve as a useful output and contribution towards a the development of a regionally viable indicators and instruments for use on national scale in assessing human rights and S&D outcomes associated with national responses.

Aligning project timelines with country priorities and revised timelines . Aligning with country priorities and availability of key players were necessary in terms of fostering partnerships, country level ownership, accountability and sustainability of the RSDU inputs . During the inception phase, government and CBO partners had at first been excited about aligning the project goal and inputs with their national plans and looked forward to the initiating the NAP country-led action early in the implementation phase ,needs assessment, face to face

stakeholder planning meetings and subproject design workshops had been undertaken by the RSDU PMT in several countries. The validation phase and contract signing delays caused some of this commitment to wane in selected countries – St Vincent, Antigua and Jamaica and Guyana, as such the RSDU input were not longer viewed as a priority as a number of human rights interventions also started to get underway at the point when the RSDU reconvened in country for the implementation phase.

With a approximately 8 months timeline shift in bringing all targeted countries on board, further delays were experienced in selected countries (Guyana and Jamaica) as a result of country timelines and priorities changing within the national programmes or duplicated interventions being initiated by other donors as described above. where countries had originally planned inputs with RSDU during the first year of implementation, they were no longer 'free' to cooperate and revisions to levels of cooperation had to be made.

Some delays were unavoidable and occurred as a result of a need to ensure that activities were aligned with timelines of national priorities and available of key players within the National programmes; For example in Jamaica there was a long-standing issue with regards to availability first the key representative of the National programme due to illness, unfortunate demise and subsequent hand over. Then again at the level of the key community NGO as a result of an loss of life of a key player.

In hindsight, it appears that intensified and ongoing communication updates were with the NAPs during the period of delay should have been initiated much earlier on, by the RSDU project management and PANCAP staff in order to maintain high levels of commitment in all countries.

Challenges within *Output 2: Evidence based programmes (package of interventions P(1) to P(5)) developed, addressing stigma, discrimination and human rights*

Indicators:

1. Baseline and end line assessments completed and findings disseminated to NAPs, SUAG
2. Operational Research conducted in target countries as per identified needs
3. Number of projects designed including M&E framework with SMART indicators based on research findings

All indicators were met in this output. However the timing of research, extent to which evidence was disseminated and evidence informed programme were running by the project end varied give an achievement score of 'not fully met'

Limited /finite timeline for roll out and for establishing and testing programme outcomes: In hindsight, the RSDU and PANCAP project teams had been somewhat ambitious in attempting to establish a unit, introduce, design an validate a novel stigma research agenda and to solidify a regional RSDU model within and 2 year 5 month implementation period (following a 12 month inception period. Although these outputs have been produced, the extent to which they have

been delivered in all target countries varies from minimal and non-sustainable to extensive and sustainable.

Through the experiences of the inception phase and the 29-month implementation phase, the management team observed that from 6 to 9 months is required in EACH target country for building strong partnerships between groups, establishing and approving country and target groups and individual selection criteria, roll out standards for country level liaison officer operations, development of monitoring tools and frameworks, building trust between communities, undertaking assessments and valuable research to inform action and to account for and respond to unavoidable or unforeseen set backs and project revisions.

Challenges within Purpose level: PANCAP's capacity to co-ordinate regional and country level stigma and discrimination work is enhanced

Indicator 1: Funding to sustain RSDU beyond end of S&D project secured

The project had limited control over progress towards this indicator as it was agreed work on the development of onward plans were to be led and directly funded through PANCAP. During the implementation phase it became clear that as a result of lack of interest and constrained funds, PANCAP were not in a position to support this the achievement indicator either through supplementary funding, human resource allocation, or promoting buys in to the RSDU concept and emerging model to the RCM and other regional mechanisms . No clear reasons were forthcoming.

Indicator 2: # of best practice intervention packages adopted by RCM. Although the SUAG has endorsed the intervention packages, the interventions can only be deemed best practice by the RCM following the development of case studies and outcomes evaluation dissemination and discussion of findings with country partners. As such and as such the packages can only be endorsed post project and is scheduled for discussion at PANCAP RCM level in 2013**.**

Cross-Cutting Project Management Challenges in the Caribbean

Staff Turnover at NAP Level

In Jamaica staff turnover across the NAPs, loss of life and absences led to delays in implementation and the loss of institutional memory about the project. Each time a staff member left, considerable time and island visits were required to re-establish strong working relationships.

Linkages and partnerships with other initiatives and implementing bodies

The project has made efforts to establish linkages and share project outputs and community capacity built through the project actions, between the implementing agencies with positive outcomes in many instances. As such, the RSDU project provided skilled resources to the CHAA ECAP II project, the HPP project and the UNAIDS –HPP Human rights and equality initiative in SKN.

The project has made efforts to establish linkages and share project outputs and community capacity built through the project actions, between several implementing agencies and regional NGOs, with positive outcomes in many instances. As such, the RSDU project provided skilled resources to the CHAA ECAP II project, the HPP project and the UNAIDS –HPP Human rights and equality initiative in SKN. Unexpectedly, and perhaps detrimental to the extent of regional buy-in to the RSDU, the project management team found challenges in receiving information and output from PANCAP, UNAIDS. On significant occasions, the unit was not informed or invited to regional meetings directly related to the work of the RDSU and vital for the progress of the unit and for promoting buy in to the Units goals. Reasons provided regarding these key communication gap was that if a PANCAP member was attending the meeting, then there was no need to inform or invite the RSDU management. Over the first 2 years of the project, no report of the status of the RSDU work was communicated to the Geneva headquarters by the regional UNAIDS team, despite a representative serving on the SUAG. Revisions were made only after RSDU management registered complaints and queries and sought to directly inform the Geneva office of the progress and challenges experienced by the project.

6. Emerging Best Practice

Establishment of Innovative Community Stigma Action Networks

Media Communication Team (MCT)

In addition to the technical and advisor groups established the project established community networks that developed mandate for human rights and advocacy action. The networks was headed by Media and Communications Team (MCT) comprising of 7 to 8 members hailing from CBOs, NGO representing youth, MSM/LGBT, FBO-youth, women's groups, PLHIV, sex workers. MCTs were established in Jamaica, Guyana, St Lucia, Belize and Grenada.

Selected members of the MCT were trained as master trainers and went back to their countries and supported technical associates and consultants in delivery of country level capacity building and advocacy action. They also launched local sensitization initiatives. In the case of ST Lucia, Guyana, Grenada, BVI and Belize, some empowered members rapidly increased their inputs into lobbying and dialogue a international levels, explicitly citing that they used the RSDU skills built and materials developed in their actions locally and abroad (these are described in more detail in the RSDU case studies to be released).

Beyond the project phase, these groups have reported that they have already been called upon to continue their support to anti-stigma coordination efforts with the NAP and will ready and available to use the skills built to build further capacity and to support the implementation of NAP-led and donor funded (CHAA, HPP, UNAIDS) community interventions and services.

Regional Network of stigma community master trainers

Where there was previously a dearth in community and institutional capacity to build awareness and to implement stigma and human rights action, network of master trainers was established

by project end . These masters were given the opportunity to build and apply their skills in a quality-controlled environment. Towards project end , these have submitted profiles of past skill and experiences, RSDU skills built, and interests to the RSDU and this will add to a regional skills database. Masters for the various target countries were brought together during the project to facilitate multiple workshops outside their countries of origin. Additionally during the project period these masters used their recently built skills to lead and /or workshops and capacity-building efforts funded by other implementing partners including HPP, CHAA and UNAID sin the OECS countries.

RSDU Stigma Advocacy and Empowerment Database of skills (SEADS)

In a drive to promote sustainability of the RSDU outputs, a database of government and communities trainees benefiting from the RSDU skills building and application interventions has been developed. SEADS (Stigma, Advocacy and Empowerment Database of skills) will enable registered organisations to identity and contact personnel trained through the RSDU P1, P2 and P3 capacity building initiatives Implementing Partners governments and donors will be can be access the list through the portal by sending an online request to PANCAP .

D4L heart connection team - Belize

In Belize, the RSDU team and AIDInc D4L youth officers supported community groups and key members of education and youth affairs in establishing an rolling out human rights advocacy action initiatives throughout the schools and communities through edu-drama approaches. The D4L team worked with the youth edu-drama for human rights team in further establishing a D4L hear connection team (HCT) in Belize . This has resulted in D4L in Belize and signing of a dance 4life license agreement which permit between Belize to use the D4Linternational support, AIDInc support and logo of D4L in all youth leadership and empowerment ventures.

The team also produced an advocacy and human rights for life manual for the trained youth masters and the dance 4life HCT youth to use in rolling out peer-peer human rights skills building and advocacy. This manual forms an accompaniment to the D4L life skills manual produced by Dance4life Barbados.

Strengthening the regional youth leadership in the anti stigma and human rights response

Strengthening the regional youth leadership in the anti stigma and human rights response

Youth Core in St Lucia 20 youth were empowered to lead youth focused research (community oriented research en empowerment – CORE) and planning on anti stigma action. Youth belonged to FBO youth groups, the St Lucia Red Cross and youth drama groups. Following empowerment and skills building, they worked with personnel from the government education departments to deliver human rights advocacy action through edu-drama to schools and FBOs across St Lucia. They remain active beyond the project

D4L in Belize: Establishment of a schools based -youth leadership initiative (***D4L heart connection team) - Belize . T***he RSDU team and AIDInc D4L youth Officers supported community groups and key members of education and youth affairs in establishing an rolling out human rights advocacy action initiatives throughout the schools and communities through edu-drama approaches. The D4L team worked with the youth edu-drama for human rights team in further establishing a D4L hear connection team (HCT) in Belize . This has resulted in D4L in Belize and signing of a dance 4life license agreement which permits of D4L materials, logos and labels and access to the D4L international support and AIDInc support in all youth leadership and empowerment ventures. This is to operate well beyond the project period.

Improved stigma and related outcomes

Produced: first stigma research tool validated for the English speaking Caribbean

At project start-up, no research on the affected communities was owned by the affected community in such ways that would empower them to become more knowledgeable about impact and solutions to addressing S&D and to effectively own their community response. As such, the RSDU technical team used the findings of their initial needs assessment to identify prevailing S&D and human rights issues, developed a stigma tool (SCOR-B) in consultation with the affected communities and NAPs. The RSDU supported by the project's regional technical working group for M&E (TWG M&E), validated the instrument in Grenada. The tool measures stigma experiences, attitudes and impact and human rights awareness among men who have sex with men, Sex Workers, People living with HIV, and knowledge and attitudes among Faith based organizations, Youth Healthcare workers, Police, Immigration at the start of the stigma action and to evaluate resulting changes at the end of exposure to project activities.

Decreased self-stigma in marginalised populations.

The project recognised that a pre-requisite and mandatory milestone towards reducing S&D toward marginalised groups is to reduce self-stigma in the affected groups to enable them to seek or sustain social or economic participation and partnerships within an improved enabling environment. Through leadership, empowerment and skills building among marginalised populations, and by promoting their involvement in national S&D strategies and dialogue and partnerships, it has been possible to reduce self-stigma scores observed in targeted individuals at baseline.

Preliminary end-line analyses using the first self-stigma measurement tool in the English speaking Caribbean region demonstrates that in target countries where over 50% of MSM and PLHIV demonstrated measures akin to 'moderate to high' levels of self-stigma, there has been a reduction in self stigma levels in those exposed to RSDU interventions: At end line, less than fifty percent demonstrated 'high to moderate' stigma levels, with reductions in individual scores ranging from 10 to 28 percentage points. Most significant, was the observation that in groups where there were 'high' levels demonstrated at the outset, after exposure to 'tailored

packages of interventions' no individual demonstrated 'high' self-stigma scores. Qualitatively, it appears that the extent of reduction in self-stigma may be linked to duration of exposure to the interventions and application in the field and as such there is an 'ideal' length of time to work with individuals to produce 'permanent ' gains in self –stigma reduction that improve the quality life of the targeted the individuals with regard to increased social and economic participation. The sample sizes were too small to verify these inferences statistically or to identify the key variables that correlate with reductions in self-stigma. Full paper presentations are planned for 2013 dissemination activities through various events and partner organisations as described in section 4.

Improved HR knowledge and attitudes toward human rights of all, among those targeted

Preliminary findings of the end-line evaluation and interviews indicate that awareness and attitudes of various community groups towards human rights of MSM,SW and PLHIV were increased specially with regards former views on 'different rights for different groups' . These include access to confidentiality of HIV status, employment and health and right to bearing children. Groups targeted and exposed to human rights training and sensitisation reported that they were more aware of human rights and could deliver sensitisation in this regard, where prior to the project, they could only vaguely refer to rights and were only concerned with their rights, not those of others.

Marginalised groups and NGOs leading and owning community diagnoses

Civil society groups are now empowered to inform design of research tools, implement surveys and use findings to develop their own BCC materials. Groups were also empowered as peer educators in HIV, S&D and human rights. In Jamaica and Guyana, core groups of MSM, Sex workers and PLHIV were trained in PEER Research and reached over 60 of their hard-to-reach peers in a 2-week period. In St Lucia, youth were trained in CORE research and reached over 400 youth across the country in one month, through data collection Focus group sensitisation and rap sessions. As mentioned previously, in Belize, marginalised community members were trained to undertake formative research for campaign development. In all training interventions the trainees were mentored in applying the skills built to produce a number of rich qualitative and quantitative research findings.

Empowering rural in at-risk groups and community leaders as human rights champions

-Rural Girls- at-risk action project (R-GAP) – turning the tide for inclusion of rural girls!

As described previously; in Guyana the Amerindian communities remain marginalised and excluded from accessing quality health services and education. Early removal of girls from education is extremely prevalent and remains wholly unaddressed. The project delivered interventions to the girls, their parents, key community gatekeepers and law enforcement in 3 communities region 10. Beyond the project key beneficiary organisations from the project working to extend the programme beyond region 10 and to build further capacity of target groups and NGOs dedicated to Amerindian affairs and SGBV reduction in these regions. This intervention is envisaged to reap longer term social economic and health benefits that usually

accrue form keeping girls and their parents empowered and informed, y enabling them to remain in schools for longer, delaying age at first intercourse and reducing incidence of SGBV.

Increased Community-led Human rights campaigning

Across St Lucia, Guyana, Dominica and Jamaica, with technical supervision from the RSDU, human rights campaign were designed by recipients of RSDU-WAC human rights media and advocacy training and aired at peak times through radio, coupled with live radio and /or TV panel discussions and call in shows on issues related to rights to education, to health care and to employment with specific focus on rights of PLHV and MSM. The NAPs of ST Kitts, Grenada and Belize have cut campaign costs by requesting and adapting the materials to air similar campaigns in their countries. Additionally they have also used the technical support of the RSDU - trained community members for neighbouring counties to support their in the campaign delivery approaches including mobilisation of community sensitisations and dialogue, rather than a high level more costly regional or international consultant .

Further, in Belize an RSDU-established media communications team (MCT) comprising community representative from marginalised groups, were trained in formative assessments and supported in using the findings to identify priority themes, produce script and visuals concepts for a national human rights campaign. A costed national Human rights campaign plan has been developed as a result. By the project end, the community are working through UNDP under Global fund grants and *ad hoc* AIDInc technical support to develop and launch the national Human rights campaign for Belize. The foci are on rights of sex workers as a mean of reducing discrimination reportedly suffered at the hand of law enforcement, rights of PLHIV to health care, rights of SW and teenage mothers to education , respect for all - with a focus on transgender and MSM populations and rights for employment for MSM ad PLHIV.
It s expected that once launched this campaign can be extended to cover regional needs for human rights awareness-raising. Through social media, Internet and regional broadcasting channels.

Increased-leadership capacity of NGOs and community members in the anti-stigma response

It has been evidence that a number of NGOs have benefited from the RSDU project in number of ways;

1. Through skills-building and concomitant increased participation in community-led human-rights advocacy and public dialogue.
2. Increased partnerships with regional NGOs and national government units.
3. Increased ability of NGOs to retain and mobilise their constituents to action.
4. Increased tools and resources available for NGO to use to take action beyond the RSDU project period.

The RSDU trained several NGO Staff across the target countries and these include AAF, Red Cross in St Lucia, Lifeline, SASOD, Merundoi, Dread, AGAPE, and GSWC in Guyana, Hope pals in

Grenada and CRN+ in Trinidad . AAF and CRN+ staff went on to deliver human rights sessions in collaboration with WAC and RSDU, in Guyana and Jamaica.

Empowered FBO Leaders who visibility contribute to the regional human rights response

A number of FBO leaders were empowered as regional master trainers across several areas Stigma and discrimination and diversity, influential speaking, human rights and advocacy skill. These interventions tangibly promoted their influence nationally and as government human rights advocates. For example;

During the second year of implementation, Minister Robert Wright from BVI became a master trainer in human rights advocacy action and also a champion for change, representing FBO leaders. He become the lead resource person for the NAP in BVI, he has gone on to adapt and deliver several HRMA master training sessions funded through the BVI NAP, he has represented his government in regional and international conferences and initiated discussion and dialogued through radio and TV.

Reverend Brotherson from Antigua, Pastor Fabien from the Seventh Day Adventist churches in St Lucia and Pastor Penny from the non-denominational churches in St Kitts and Nevis were nominated by their PS of the Ministries of health and the NAPs, respectively,, and have both became key resource persons for the NAP, the media and for other similar donor funded projects in Antigua and St Lucia respectively. Pastor Fabien also went on to deliver sessions on community mobilisation and empowerment (Empowerment and influential speaking) in Jamaica (with youth and PLHIV) and Guyana (FBOs) Further in St Lucia and Guyana, FBOs members have led community sessions in HV stigma reduction and have institutional structures , process and persons well paced to continue beyond the project.

Increased meaningful and active government partnerships with NGOs in the human rights action

At project start-up, NAPs reported that although they were keen to work with NGOs and CBOs, the lack of resources to effectively monitor or mentor novice organisations were limited. This diminished their confidence in activating such partnerships to any significant extent. The project served to strengthen links between NGOs and NAPs by to supporting the NAPs call to mentoring and manage the NGOs, CBOs and FBO that activity contributed to the country level planning and advocacy action. Recent consultations with NAPs that followed towards the project end indicated they were more likely to call on NGOs for their meaningful contribution to human rights initiative or to contact or partner on individual bases based on arising NAP needs for community based skills.

Increased capacity of NAP staff in S&D research and human right campaigning and advocacy

NAP staff members have been trained as masters in the areas of S&D research and use of statistical software, in human rights media and advocacy action, community leadership and empowerment, and campaign development. Following training, in partnership with community groups they rolled out interventions in these specific areas in their countries. Counties involve included Dominica, Guyana, St Lucia, St Vincent, Jamaica and Belize.

Sensitised police and other security forces supporting respect for human rights of all groups

In Belize and Guyana, the police and border control officers were targeted for human rights sensitisation sessions as a means of addressing mis-trust of the law by marginalised populations and reported human rights violations against, mainly LGBT, sex workers and young dependent women. In St Lucia, RSDU PSA campaigns sought to sensitise the police force as to their role in equalling protecting and serving' all persons. This campaign is being aired regionally through CBMP and its broadcasting partners.

Produced: An emerging stigma intervention model - including a regional registry of materials, tools and resources.

Figure 2 in annex 6 depicts the P0 to P5 building blocks intervention model aimed at reducing Self stigma and discrimination towards marginalised groups and ensuring meaningful involvement of the marginalised groups and pivotal community actors /leaders. The complete model documentation include phases, timelines, costs inputs and resource sharing, required networks and expected outcomes. (See Annex 2 for schematics of PLHIV, MSM and sex-worker and girls at risk-focused interventions)

7. Lessons Learnt

Multi site Communication approaches

The work of the unit has on the whole been conducted in a pleasant manner. This has included the tone of face-to-face meetings as well as e-mail communications, teleconferences and individual telephone calls. An ongoing challenge has been communication with one or two SUAG partners in terms of lack of provision of timely feedback to issues presented or documents to be reviewed. Communication between project implementing partners has been good natured and scattered with negotiating and renegotiating positions, highly participatory on all sides and productive in ensuring that activities could be rolled out even within significantly reduced timelines than had originally been envisaged;

Project management – Resources and time allocated towards communication activities

A Key lesson is that communication and commitment building with NAPS and other government partners and community partners at the same time and on a continuous bases is vital and highly resource and time intensive; especially when delays have occurred. Communicating feedback on

the nature and reason for delays, discussing possible impacts and letting them know that they will be contacted once the project is back on track, is not sufficient. The tema found that the NAPS required reassurance that their needs remained a priority .

In one or two instances, if the delay had affected NAPs timelines for rolling out an intervention within their national strategic plan and the resulting disappointment has reduced their expectations of the project, there was a tendency for their level of deflation/dissatisfaction to be expressed other NAPs and government partners. Therefore this resulted in a knock on negative impact on the projects efficiency and also reducing levels of expectation felt by other NAPs.

In addition, multiple communication needs were apparent in working with partners at levels of government and civil society - with community NGO, FBOs and marginalised groups CBO demonstrating starkly different communication needs in countries such as St Lucia and Belize the Senior Technical Associates of the RSDU were able to support the PMT in this regard. The inputs into ongoing communications were a considerable proportion of the total time put into the project and this component should be considered and budgeted for very closely in any project of this nature.

During the first part of the implementation phase, the team worked with annual face-to-face meetings, email and ad hoc telephone meetings, according to any scheduled events. This approach worked across the 3 pilot countries during the inception phase. However due in the e -of delays, there was a need for more regular communication and accountability and this led the establishment of weekly teleconferences with key country implementing partners as the additional 5 NAP that were impatient to start the RSDU component of their anti stigma action. This practice greatly improved communication at country level.

A significant lesson learned from project management of civil society focused initiative of this scale is that a great deal of time is required to manage a unit, its sub unit entities and community partners separated by geographical distances.. This time allocation spent establishing the infrastructure, agreements, undertaking hands on/hands off mentoring of community partners, support trips for the PMT should all be carefully budgeted for in the planning and staffing and high level roles of oversight partners clearly documented and agreed to if such a structure is to operate seamlessly during the project.
PANCAP's input into the communication process had been mandated at the outset of the project and was deemed vital and necessary, however again due to staffing challenges and competing priorities, support was not sufficiently coming.

Good practice/innovation in communication

As cost saving or cost minimizing measures the team ensured that face-to-face meetings where undertaken only when necessary. Instead webinar and video conferencing tools were also used for multiple purposes ranging from planning meetings to sharing outcomes and

updates, to building capacity of small, homogenous groups in research, planning in Belize, St Luca, Guyana and Grenada. The internal site addresses on the web portal has been used to disseminate files instruments, reports, campaign materials to partners and beneficiaries

Quality Assurance through Mentoring an monitoring of meaningful community led action

Ensuring ongoing monitoring feedback from liaison officers was challenging at times . Selected community based RSDU sub-unit staff were contracted on a part-time and therefore had competing responsibilities. In particular, there were instances in which the RSDU had built capacity of Liaison officers considerably and other donors and agencies sought to recruit these staff members, also part time during the project period. *This challenge, in terms of resulting demand for the skills built in the sub unit staff members, demonstrated that prior to the RSDU project that was a shortage of community based S&D technical resources/leaders in the region.*
The mentoring approach created accountability for timely delivery of reporting output and for maintaining quality standard in the delivery of community action: For instance, later on in the project, having a QA person to support the liaison officers in monitoring the quantity and quality community sessions delivered by the community actors/advocates and ensuring that targets were reached. Importantly, the duration of mentored and monitored community-led action, following empowerment, skills building and creation of networks is key to ensuring that the viability of the model - across short and medium terms can be tested.

A Test Case Model?

It is important to note that despite demonstrating outcomes contributing to the 4 over arching log frame outputs, this RSDU project may be best viewed as a test case based on;

- The RSDU project and unit is the first of this kind in the Caribbean region mandated to target 8 to 12 countries simultaneously in a 41-month period,
- Unforeseen and unavoidable delays experienced and the knock on effects which incurred further set backs were never fully reimbursed - in terms of time, to the project to enable a more substantial durations of community driven action . This would undoubtedly impact the strength of partnerships and levels of expertise that would have otherwise been achieved through longer term application of skill s and mentoring.
- The condensed timeframes in some countries will in some ways hinder an estimation of the full extent of benefits or reach of this model. However, the benefits an tangible outputs that have emerged even within target countries where duration of community action was shorter than planned, have indicated that; with further scaling up, this model has the potential to deliver far reaching positive returns in stigma reduction actors groups targeted.

Sustainability

Sustainability of activities achieved to date has been maximised in a number of ways. These are discussed through the following questions:

Uptake/adoption of the RSDU model

How will the work of the RSDU be promoted for inclusion into a regional response framework once project funding ends?

This will occur through two main channels:

1. In the months that follow the ending of RSDU project, products, research findings and the best practices will be published in peer review journals and submitted to international and conferences for 2013

2. PANCAP will highlight the benefits of the model and discuss uptake, through lead their presence at various regional and international la meetings and conference , RCM, CHRC conference, AGM and through AIDInc and project partners CBMP and CVC

Building upon the RSDU approaches and outputs

How will the RSDU outputs be built upon in the target countries and by project partners ?

There are a number of RSDU outputs that have fostered sustainability. At the time of submission of this report, the project managers are continuing to receive feedback from RSDU country partners as to how they intend to follow up or integrate the work of the RSDU within current operations or donor-funded programmes or build upon the outputs of the project.

In selected countries – St Lucia, St Kitts, Guyana and Belize, key components of the RSDU model have been adopted within the work agenda of the NAPs. This includes repeating of the baseline a research on a large scale, the use for research finding for planning, applied use of the RSDU manuals, handbooks and audio visual tools for the delivery of community sessions in further similar assignments. A key example of this is in Belize in which the women issue network (WIN) undertook an UN Women funded project focused on sensitising the media on Human rights using the RSDU materials and human resources trained in media advocacy and human rights.

1. Existing Resource pool: RSDU Stigma Empowerment and Advocacy Database (RSDU - SEAD)

In a drive to promote sustainability of the RSDU outputs a data base of government and community trainees benefiting from the RSDU skills building and application interventions has been produced. Implementing Partners, governments and donors will be able to access the list through the portal by sending an online request to PANCAP .

2. Utilization of the skill of RSDU trained masters and community by other human right focused project

Most of the RSDU master trainers in the OECS have been called upon through other funded anti stigma and human rights initiatives (HPP UNADS, NAPs) to work with NAPs and CBOS locally and in neighboring islands. For instance, Rachel Charles, Liaison Officer and master trainer from Grenada has been procured by UNAIDS and HPP to deliver capacity building in human rights and to operate as a resource person in SKN and Dominica. She also supported the Kittitian government in reproducing community human rights campaigns with funding support from UNAIDS.

Ministry Robert Wright from BVI, Pastor Penny (St Kitts), reverend Brotherson (Antigua) , Pastor Fabien (St Lucia) became master trainers and also a HR champion for change representing FBO leaders. They are currently lead resource persons for their NAPs, have delivered HRMA and empowerment master training sessions funded through the NAP and will continue to represent their government in regional and international conferences and initiated discussion and dialogued through radio and TV.

A significant proportion of masters and community advocates trained through the RSDU masters ave been recruited to work with the CHAA EC CAPII project as animators. In Jamaica RSDU project staff have moved on to work more closely with NAP and HPP . RSDU trained NGO Staff from AAF in St Lucia and CRN+ in Trinidad have delivered human rights sessions in collaboration with WAC and RSDU in Guyana and Jamaica. Community advocates have reported using their skills supporting their member organisations and support groups or other CBOs. These masters have also cross-fertilsed skills build a locally by working with their peer communities in neighbouring islands during the project and also post-project through the channels described above.

The RSDU capacity building sessions were delivered with the aim of enabling trainees to use their advocacy and awareness raising, empowerment training skills within their spheres of influence and content and action adaptable to being delivered in various settings ranging from homes, workplace, town hall, church halls, government offices, market places, etc. This approach has enabled the teams created to continue to roll out sensitisation 101 sessions and edu-drama events within their daily activities without added costs and efforts consumed in securing the venues. The members work together to minimize the degree of effort and time commitment required to organize t an deliver the sessions. Such partnerships in the OECS and in Guyana have included FBOs, LGBT, PLHIV and youth.

3. Future roles of MCT and selected community groups in supporting NAP action established

In Belize and St Lucia the MCT member continue to meet and with the NAP. In Belize the NAC have reported that they will be forming a stigma action group comprising of the MCT member. The role of the group will be to input meaningfully into decision making – planning and design of anti stigma responses and supporting follow up community led research .

The youth team (under D4L) identified, trained and supported through the RSDU funds and TA are being further supported post project by Cornerstone Foundation with funding from various local and international sources. This onward monetary and technical support is an extension of RSDU training of youth in edu-drama , empowerment, influential speaking and their initial engagement in a series of sustainability discussions with Cornerstone foundation, Belize. In turn, these outcomes occurred as a result RSDU –D4L presentation D4L best practice youth leadership strategy in the HIV and anti stigma responses at the Caribbean HIV Conference, Nov 2011. The RSDU project mangers continue to provide support and advice to Cornerstone in strengthening this youth leadership groups through D4L strategy.

In St Lucia, despite not having funds to build capacity specifically in the D4l approach , FBO based youth trained in team work , influential speaking, edu drama and human rights have worked with other community groups and ministry of education to deliver edu-drama sensitisation and skills building to rural and urban schools

4. Further and ongoing stigma action undertaken though Community Advisory boards

Where required, the CAB established specifically for the RSDU work in Grenada and in St Lucia will remain in existence post project to provide oversight on other anti-stigma action ad to fed in RSDU best practices into national and community S&D responses beyond the project phase. Prior to the initiation of the RSDU project there was no advisory body in existence whose mandate was to focuses on promoting respect for human rights and inclusion of civil society **.**

5. Utilisation and/or adaptation of RSDU materials in mobilizing community led stigma action and the use of research findings to inform action.

An inventory of materials produced through the RSDU project includes operational research, baseline needs analyses, formative assessments, campaign materials, training handbooks and manuals, project M&E guide, survey instruments and templates . civil society organizations and government partners have requested download and hard copies of these materials to guide their anti stigma efforts.

6.Extending the financing of the RSDU model

The project managers (AIDInc) are actively supporting community partners to develop grant applications to build upon the outputs of the project . Some successes have emerged and others are in the pipeline.

Access to RSDU materials and model

How will people access the RSDU products once the programme's funding ends?

A full list of products from the RSDU will be available on the RSDU portal website. Annex 3 provides an extensive list of all assessments, research and advocacy and human rights action materials produced through the RSDU project including online download links where possible.
There will be a number of mechanisms available for gaining access to these products:
Peer review journal articles will be available through the journals (to be submitted for publication). Where copyright provisions do not prohibit the distribution of manuals and other literary and audio visual products, all products will be available for free download from RSDU portal website.
Summaries of operational research findings will be made available through policy briefs from NAPs and is ongoing, or though online copies of RSDU PowerPoint presentations and report summaries. Case Studies will be actively disseminated to a range of stakeholders.
The PANCAP website will also make products related to this theme available for free download.

Value for Money

VfM performance measurement is a new lens through which DFID projects are reviewed, and was not considered at the design stage of project. However, the project provided several examples of VfM, a selection of which are briefly outlined below:

Economy

- The project made extensive use of regional rather than international consultants in the Caribbean islands, thereby reducing costs to the project.
- Reduced inter island travel as a result of the established sub unites and use of web meeting technology for ad hoc training and mentoring sessions and other planning meetings. In some instances when the SUAG sought to meet virtually, communication costs were shared with UNAIDS communications team in Trinidad.
- Costs to DFID of training and workshops were reduced by sharing the cost of venue hire, catering or with government NAP departments and education departments. In some cases as with Guyana's human rights desk advocate human resources were provide free of cost;
- Specific partnerships were cost-saving with regards to sharing of skilled staff with the project free of cost to the RSDU. This includes World AIDS Campaign (WAC), CBMP, NAPs. In Belize, PASCA and NAP provided space for training, research and planning meetings free of cost. Sub-units within the target countries also provided space or access to space within government offices, Churches and community settings for RSDU activities.

Efficiency

- Prior to the initiation of this project there were no measurements of self /internal stigma within marginalised populations across the region. In addition, no information existed on human rights knowledge or attitudes among gate-keeping groups across the region. Information generated through the project has informed strategic planning and national dialogue in St Lucia, Dominica and Belize to date, while other session are pending in Guyana. Therefore, by supporting NAP with information to better target their limited resources towards stigma reduction among the most affected and promote respect for human rights the allocative efficiency of islands HIV stigma initiatives has been significantly improved.

- By supporting the establishment of institutional mechanisms such as multi-sectoral community advisory boards and regional working groups to guide the ongoing development of targeted work plans, the project has helped ensure that representative bodies nationally and regionally are aware of the project outputs and resources for use on future S&D action. The project has improved coordination and harmonisation between the public and private sectors, and across government departments, through these multi-sectoral committees: this will ensure improved allocative efficiency in the future. For example, in Belize , a stigma action group has been formed and in St Lucia the CAB remains in operation to provide oversight on current and future S&D and human rights action .

Recommendations

iii. Future work to extend the use of the RSDU model should involve a determination of which components of the model can be integrated within national S&D agendas and actions plans and most effective means of doing so. Particular attention must be given to align with ongoing initiatives such s HPP CHAA and UNAIDS action.

iv. Any available funds or funds unspent from the project end should be considered by DfID to be used to ensure a designated amount of hard copes of materials produced by the project are printed an disseminated to governments for ongoing use by government units, private sector and community NGOs, CBOs and FBO members. Outputs include -training manuals and toolkits, community handbooks, Audiovisual and paper based campaign materials, trigger videos and accompany booklets, the SCOR B research tools and instruments .

    It was not possible to undertake this printing and production of hard copies of these materials during the project period s all refinements to the final materials for dissemination were completed at he project end based on feedback on experiences in the field and monitoring of the use of the materials over the final 12 months of the project. Community partners and government (St Lucia, St Kitts, Grenada, Belize and Guyana) continue to request hard copies post-project, in order to share the materials and approaches with other ongoing initiatives and with their community partners in a drive to sustain the capacity built and maintain a momentum of community advocacy action beyond the project .

Conclusion

v. Although some stakeholder have described he project as 'missed opportunity' as a result of the delays and resulting reduced interest, lack of ownership by PANCAP, and poor communication by RSDU management during particular phases of the project. The project has delivered meaningful outputs and outcomes that will significantly contribute to the strengthening of anti stigma and human rights response in the region.

vi. The project has not been without challenges. It took some time to validate a significant research tool required to inform baseline measures for the implementation of a viable anti stigma model. Despite this unplanned delays, an unplanned benefit to the region has been that this tool is a significant contribution to the anti-stigma and human rights with potential to be sustained in the long term through NAPs.

vii. Significant progress was made in the first year (inception) and in final 18-months of implementation. The inception phase successes, capacities and skills built and high quality materials produced, tested and revised have provided a foundation for attaining successes beyond the project phase. Although the wider impact of the programme is yet to become apparent in some key areas, it is anticipated that the programme will have a lasting long-term impact on stigma reduction outcomes in the Caribbean.