PANCAP
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RSDU REPORT SERIES

September 2010

Addressing Stigma and Discrimination in Response to HIV and AIDS in the Caribbean

#1. Lessons Learnt & Emerging Good Practices

Evidence from the field

By the team at the PANCAP Regional Stigma and Discrimination Unit

AIP Caribbean

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Acknowledgments

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Acronyms & Abbreviations

AID Inc	Associates for International Development
PLHIV	Person/people living with HIV
FBO	Faith based organization
RSDU	Regional Stigma and Discrimination Unit
PANCAP	Pan Caribbean Partnership Against HIV and AIDS
HR	Human Rights
HRA	Human Rights Advocate
BCC	Behaviour Change Communication
MSM	Men who have sex with men
S &D	Stigma and Discrimination
GIPA	Greater (more meaningful) involvement of people living with HIV
WAC	World AIDS Campaign

BACKGROUND

The PANCAP Regional Stigma & Discrimination Unit

Background

HIV-related stigma and discrimination emerge from and reinforce pre-existing gender, race and socio-economic inequities and prejudices. Pre-existing prejudices and inequities, combined with fears about HIV infection, provide a fertile environment for HIV-related stigma and discrimination to flourish.

The goal of the PANCAP Regional Stigma and Discrimination Unit (RSDU) is to reduce stigma and discrimination against PLHIV, their families, and other marginalised groups in the Caribbean region. The project seeks to achieve the desired goal through:

- **The implementation of a comprehensive strategy involving multiple approaches at all levels**
- **Involvement of a wide range of individuals, organisations and groups at all levels to tackle the individual and collective attitudes that promote or reinforce pre-existing and HIV related S&D**
- **Creation of an enabling environment for marginalised populations to access prevention and other needed services**

The purpose, mainstreamed into the overall actions of the RSDU is to establish a functioning unit to be coordinated by the PANCAP Project coordinating Unit (PCU).

"This is a bittersweet moment for me. ... This workshop caused me to reflect on some of the hurtful things I said to my sister who was living with AIDS. I said those things out of frustration. Now I know better."

FBO Participant In an - empowering champions workshop

Building on Champions for Change (CfC) - a Key Theme of the RSDU

"Champions for Change" was conceived as a "brand"/approach for promoting the reduction of stigma and discrimination and was intended to complement other approaches. It was felt that given the sensitivities involved in stigma and discrimination, the use of "Champions" to advocate for a change in attitudes could have a positive impact.

Venturing into uncharted waters, the High level Champion for change Conference November 2004, the first of its kind in the Region, was organized as a brainstorming, agenda-setting activity, bringing together a cross section of stakeholders including parliamentarians; policy makers in the fields of education and health; representatives of youth organizations, faith based organizations, the private sector and civil society; sport and cultural icons and PLHIV.

Its stated objectives were: to review the factors underlying stigma and discrimination associated with HIV & AIDS and their impact; identify best practices and models of stigma and discrimination reduction; recommend policy options and develop a framework for a plan of action by which regional leaders could advocate for stigma reduction as Champions for Change.

Selected outcomes among many include;

- The establishment of the Pan Caribbean Business Forum in support of HIV & AIDS
- The hosting of sector specific conferences involving faith-based organization and the Communications and Media Industry
- Development of criteria for the designation of Champions for Change at an Advocacy Workshop convened by PANCAP in collaboration with UNAIDS (March 2005)
- Identifying and vesting of "Champions for Change" as a result of recommendations from each Conference Advocacy by some Champions as illustrated in selected feedback in the issues of the PANCAP Enews
- The proposal by UK Minister Gareth Thomas at the Inaugural meeting in St Kitts and Nevis (November 2004) that a stigma and discrimination entity be institutionalized was supported by Prime Minister Douglas in his role as Chair of PANCAP and by the Fourth Meeting of the RCM
- (April 2005) and the PANCAP V AGM (October 2005).
- Faith based organizations in several countries have used the CCC Guidelines
- and the PANCAP Declaration from CFC III to develop local programmes.
- Respective local committees have followed up CFC II with the designation of local CFC (e.g., Barbados, Belize, Guyana, Jamaica, St. Lucia, Suriname, Trinidad and Tobago).
- Linkages established between HIV/AIDS, and several regional and international partners.
- Production of Advocacy DVD using Clips and songs from Champions for CfC I and II.

Dr. Hon. Denzil Douglas, Prime Minister of St. Kitts & Nevis arrives at the Opening Ceremony in the company of Dr. Edward Greene, PANCAP/ CARICOM,D carol Jacobs, Min. Rev Joseph Atherley, of Barbados, (L-R) 7 December, 2007

Champions Moving Forward

NOTE: insert summarised text how the national level Empowerment processes can build on CfC by .

1. How CfC can be strategically integrated into national level work of the RSDU
2. Envisaged far reaching impact of extending CFC in mobilizing for instance the human rights approach to S&D reduction, engaging stake holders, sustaining national responses and mobilizing private (formal and informal) sector involvement
3. Bringing to the fore, the impact of HIV on the MARPS and
4. Removing S&D by linking high level players with grass roots leaders and leaders from MARPS,
5. development use of adovcacy tools emerging from CFC actions

ENTER QUOTE FROM EDDIE GREEN

A champion for change should…

- **Be influential, credible and respected members of communities**
- **Demonstrate of strong commitment to fight against HIV and AIDS and willingness to expand knowledge in the area**
- **Be open to constructive feedback**
- **Communicate consistent messages in the reduction of HIV and AIDS-related stigma and discrimination**
- **Be selected from all segments of society reflecting a diversity of disciplines and interest groups.**

ENTER LIST OF IDEAL CFC ACTIVITIES AT NATIONAL LEVEL FOR RSDU TO ADOPT

The late Juanita Altenberg
- A true Champion for Change

CONT'D - ENTER LIST OF IDEAL CFC ACTIVITIES AT NATIONAL LEVEL FOR RSDU TO ADOPT

Features of Emerging Good & Best Practices

Overview of Global Standards

UNAIDS (Peter Aggleton et al.) recognises best practices in anti-stigma and discrimination programming as activities which operate at individual, community and institutional levels and have the potential to (among other things) initiate integrated care, foster greater involvement of PLHIV in programmes, address stigma through participatory training and build collaborations for programme development. Their analyses point out that ultimately stigma, discrimination reduction and human rights advocacy provide three key entry points for successful work:

★Preventing stigma through stigma-reduction approaches frequently consisting of community-based HIV- and AIDS- empowerment and prevention-and-care programmes, mobilizing a wide range of actors.

★Challenging discrimination when it occurs by specific anti-discrimination measures - often focused initiatives in institutional settings, such as workplaces or health-care centres.

★Promoting and protecting human rights, including monitoring and redressing human rights violations. E.g. generating greater understanding of rights, promoting dialogue and through Redress mechanisms— using legal means to challenge discrimination against, and to seek redress and promote the human rights of, people living with HIV.

All anti-stigma approaches of the RSDU and its implementing partners have been adapted to the local cultural context and are based on local evidence gathered and on global and regional best practices. This section summarizes the lessons learnt and emerging best practices from the inception phase pilot programmes.

Outcomes of Effective Anti-stigma Programmes

In a community setting, for example, these might include:

- Increased willingness of relatives and community members to care for HIV positive people
- Enhanced care resulting in better quality of life for people living with HIV
- Increased willingness of community members to volunteer in HIV prevention and AIDS care programmes
- Increased disclosure of seropositivity by people living with HIV, and their increased involvement in, and leadership of, prevention, care and advocacy efforts
- Reduction in self-stigma and increased confidence among people living with HIV; and a more open expression of positive attitudes within communities towards people living with and affected by HIV and AIDS.

In health-care settings, indicators of success might include:

- Increased uptake of HIV counselling and testing
- Increased access to and uptake of treatment
- Reduced numbers of complaints of discrimination by people living with HIV and their families
- Improved quality of care of HIV positive patients, resulting in enhanced quality of life
- Increased willingness on the part of health workers to deal constructively with people living with HIV
- Increased expression of positive attitudes towards people living with HIV by health workers in non-health-care settings.

In employment and in the workplace, indicators of success might include:

- Reduction in complaints of discrimination
- Increase in volunteers within workplaces participating in specific AIDS programmes
- Increased openness of HIV positive employees about their status
- Increased willingness of employees to work alongside people known to be living with HIV
- Increased uptake of voluntary counselling and testing
- Enhanced uptake of treatment services offered by workplaces
- Supportive HIV workplace policies and practice.

Key Features of Emerging Best Practice to Reduce Stigma & Discrimination

Addresses underlying causes	Interventions need to address the root causes of stigma and help break the cycle of stigmatization and discrimination.
Addresses multiple layers of stigma	Marginalised and vulnerable populations typically experience stigma from multiple sources (e.g., drug use, sexuality, gender, sex work, HIV). Thus, interventions that address only HIV stigma may not improve prospects for these groups or facilitate the response to AIDS
Operates at multiple levels	Individual, family, community, organizational/ institutional and government/ legal.
Engages multiple target groups,Pivotal Actors potential change agents, marginalised and vulnerable populations	Depending on key drivers of S&D, influential players in community etc. These groups might include: opinion leaders (e.g., politicians, faith based leaders), frontline HIV responders (e.g., health care workers, NGO and community workers), people living with HIV and other stigmatized groups, communities, the media, private sector, schools, police, and the judiciary.
Employs range of approaches	Successful approaches will involve a combination of:
1) Prevent and reduce stigma 2) Challenge discrimination, particularly in institutional settings 3) Promote and protect human rights	1. Strengthening and building capacity of stigmatised individuals and groups (e.g., skills building, network building, counselling, training, income generation). 2. Contact or interaction with people living with HIV and other stigmatised people (e.g., men who have sex with men and sex workers). 3.Participatory and interactive education. 4.Behaviour change communication (e.g., media campaigns, edutainment programmes). 5.Institutional reform (e.g., addressing discrimination in workplaces, health care settings, schools and other institutions). 6. Policy dialogue, legal and policy reform with enforcement and mechanisms for redress, especially at local levels. 7. Provision of services, care and treatment

Good Practices Emerging from the Inception Phase of the RSDU Project

Review;
Emerging Good Practices from the Inception Phase

The initial review of the pilot activities of the RSDU has demonstrated their effectiveness in improving self esteem and advocacy skills of PLHIV, empowering PLHIV towards GIPA, involving marginalised groups in evidence based programming (from research to project implementation) and improved collaborations between affected and stigmatized groups using a building blocks approach.

In demonstrating best practice, interventions need to have been operational for a significant amount of time and have wide coverage. In addition, fairly robust outcome and impact evaluations (qualitative and or quantitative) need to be conducted to establish best practices.

Therefore, whilst the results are promising, the inception phase pilot interventions should be considered good practice and not best practices for the following reasons:

- The activities were implemented over a short period of time (ranging from one month to three months) and robust evaluations to confirm best practices have not been conducted. Instead, process and outcomes experiences of these activities serve to identify emerging good practices, possible likelihoods of achieving best practice and desired intervention goals if implemented over a longer time frame.
- Due to the pilot nature of the intervention, very small numbers of persons were reached and scale up would be necessary to determine outcomes on a broader scale.
- Due to the pilot nature of the intervention, very small numbers of persons were reached and scale up would be necessary to determine outcomes with larger target audiences

Against this background, the following section provides a preliminary evaluation of the emerging lessons learnt and good practices from the pilot initiatives of the PANCAP Regional Stigma and Discrimination Unit.

Pilot Implementation of Four National Anti-Stigma Programmes

The pilot programmes of the RSDU were conducted between October 2009 and January 2010 focusing of the achievement of accordance with the four project outputs and deliverables of the inception phase. The four national pilot programmes summarized in the box below were informed by:

- **Evidence** collated from desk reviews, project evaluations, rapid assessments and surveys, interviews and focus groups with local stakeholders regarding the S &D priorities.
- **Contextual issues** in the target countries including - S &D priorities, civil society capacity, experiences from ongoing or previous projects
- **Regional and global best practices** in anti-stigma and discrimination programming

KEY DELIVERABLES OF THE INCEPTION PHASE:

- Completion of needs assessments to better understand the stigma and programme needs, the political climate and local civil society capacity to respond
- Establishment of national and regional advisory boards
- Capacity building in key areas
- Production and pilot implementation of BCC materials
- Anti-stigma building sessions for youth, women, FBO and health workers
- Pilot implementation of four national anti-stigma programmes

SUMMARY OF STIGMA AND DISCRIMINATION PILOT INITIATIVE OF THE REGIONAL STIGMA AND DISCRIMINATION UNIT

	Empowerment of PLHIV	Engaging FBOs	Building Evidence	Human Rights Watch
Pilot Initiative	Empowering PLHIV through self-esteem and skills building sessions, focused on living positively and reducing self-stigma.	Building capacity of FBOs to implement anti-stigma and discrimination programmes	Community based action research PEER & CORE	Improving skills of advocates using a human rights based approach, leading to the design and adaptation of tailored human rights educational material based on the Caribbean context
Target group	People living with HIV	Faith-based organisations	Youth (St Lucia, MSM (Jamaica), PLHIV (Guyana)	Human rights advocates, BCC specialists & general population
Description	3 day interactive session led by counselors	3 day interactive sessions	2 week session (3 days training, 10 days data collection)	5 day interactive master training session followed by collaboration to develop radio and print media campaigns on human rights
Location	St. Lucia, Guyana	St. Lucia, Guyana	Guyana, Jamaica, St Lucia	St. Lucia, Dominica, Jamaica

Inception Phase Pilot Initiatives of the RSDU Project

PILOT INITIATIVE # 1

Empowerment of people living with HIV through skills building, leadership development and stigma reduction

#1: Empowerment of People Living with HIV

Inception Phase Evidence of Emerging Good Practice

ISSUE:

An essential element of successful HIV programming entails involving affected communities in the design and implementation of initiatives. Working with persons living with HIV (PLHIV) is crucial to achieving success and sustainability of efforts to reduce community-based and institutional stigma and discrimination. Meaningful involvement of PLHIV can only be fully operationalised when they are empowered with the necessary skills to lead and participate in programming. A clear priority in the pilot countries was the need to provide stigmatized groups with increased self-esteem and capacity to overcome their self-stigma or internal-stigma which presented barriers in the application of the Universally recognised GIPA principle.

PILOT INITIATIVE:

Responding directly to this identified need, PLHIV were recruited through support organisations and local clinics participated in:

…"this is an urgent issue as in most small islands pervaded by stigma and discrimination"…they (PLHIV) are neither enabled nor empowered …they are unable… and underground" .

Key stakeholder St. Lucia

1) BCC stigma and discrimination sessions, which focused on exploring and teaching the concepts of stigma and discrimination and further elucidating the impact that S &D had on their lives. The session included a positive prevention component in order to address some of the health needs of the participants.

2) Empowerment for leadership training sessions that challenged participants to greater levels of self-awareness and sought to overcome low self-esteem and build trust and cohesion within the group.

3) Influential speaking which focused on building oral communication skills to augment the advocacy skills of participants.

"Every one of us can be an influential speaker in our own unique way. I felt really that it has given us more confidence to stand up even in a bigger audience, compared to the smaller audience of the training session".

PLHIV participant influential speaking workshop

Pilot Initiative	Immediate Outcome	Expected Longer term Outcome
PLHIV participated in empowerment sessions that covered: •Overcoming stigma and discrimination •Living positively •Influential speaking and Leadership skills	Participants had greater awareness of how S &D impacted their lives and made verbal commitments to support each other and foster development of the support group. SOme of them relaised the commitment before the end of the inception phase.	In the longer term it is envisaged that the members of community groups will be better able to articulate their needs fostering an improvement in the quality of life of PLHIV at an individual level.
All of the sessions were facilitated by psychologists with experience in empowering PLHIV.	The participants also recognized their innate skills and became motivated to use these in their lives.	Empowerment of PLHIV will also be expected to result in greater participation in the HIV response.

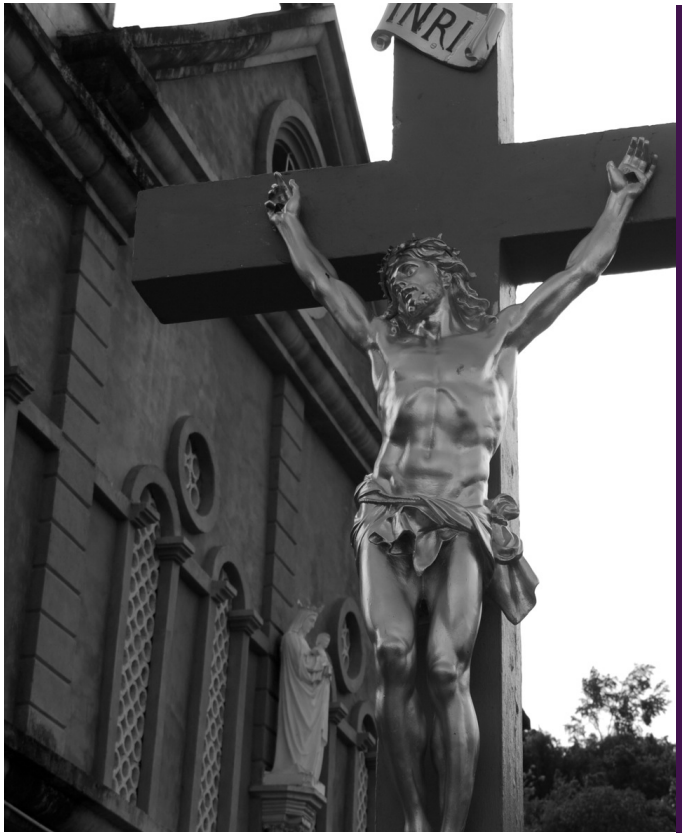
LESSON

Removing self- stigma among PLHIV is a necessary prerequisite and an underpinning building block for effectively tackling community and Institutional Stigma and Discrimination - Giving PLHIV in the Caribbean stronger voice, platform and participation is lacking yet, key in dispelling Stigma in all forms.

Linking empowerment interventions to active involvement in anti-stigma responses and advocacy action immediately following empowerment sessions results in immediate growth and empowerment of the group and individuals. If this does not occur, then the capacity gained in empowerment can be lost if not put to work.

"The stigma and discrimination sessions helped me to overcome my self stigma and also helped me to cope with stigma inside the group. My attitude has changed and I learned to accept people for who they are. It taught me to deal with the 'outside world'. The empowerment and influential speaking sessions worked hand in hand and help me to realise my purpose is in advocacy. I have seen that when I speak out I can make a difference. Right now I volunteer doing advocacy and VCT – I would ***not have done this if I did not go through the training****…I have realised this is my purpose and will continue to do it for a while."*

Participant, PLHIV BCC Peer Education and Empowerment Session



PILOT INITIATIVE # 2

Stigma and discrimination sensitization and BCC peer education training for faith based organizations

Neither this man nor his parents sinned," said Jesus, "but this happened so that the work of God might be displayed in his life.

John 9:3

Bridging the gap- feedback FBO participant

#2: BCC Peer Education for Faith based Organisations

Inception Phase Evidence of Emerging Good Practice

ISSUE:

Although a number of the faith-based organizations have been involved in HIV education programmes, many of them indicated that were not fully equipped to respond to stigma and discrimination. In light of this, capacity building sessions were organized to address their needs.

PILOT INITIATIVE:

Members of faith-based organisations participated in interactive workshops that focused on raising awareness of the context and consequences of stigma and discrimination. As religion plays a central role in the motivation of the community and faith leaders have a platform to influence community members, participants were encouraged to recognise the strategic role that they play in influencing the attitudes and behaviours of their constituents.

To respond directly to this identified need, FBO participants recruited through churches and community groups participated in:

1) BCC stigma and discrimination sessions, which focused on exploring and teaching the concepts of stigma and discrimination, emotional intelligence sessions to understand and respect differences and an interactive session where participants used religious teachings and examples to demonstrate methods to counter discrimination.

.

2) Empowerment for leadership training sessions which challenged participants to greater levels of self awareness and sought to overcome mental barriers through building trust, cohesion, team work and leadership skills

"The S&D activities reinforced the fact that I stigmatise. I have stigmatised and discriminated against my family and friends on the grounds of sexual orientation, and drug use. The workshop has moved me from being unaware to aware".

.

FBO participant Guyana

"This is a bittersweet moment for me. … This workshop caused me to reflect on some of the hurtful things I said to my sister who was living with AIDS. I said those things out of frustration. Now I know better".

FBO participant Guyana

Pilot Initiative

FBOs participated in training and empowerment sessions which:

★Covered the basics of HIV, transmission, prevention and epidemiology to dispel myths and improve knowledge levels of participants

★Used emotional intelligence approaches to address values and attitudes towards differences – participants utilized their religious teachings to counter examples of discrimination using dramatic skits.

★Focused on team building and overcoming mental barriers.

Immediate Outcome

The peer education and emotional intelligence approaches used have improved participants' understanding of stigma and discrimination and the impact it has on persons who are discriminated against.

Notably, a number of FBO participants that previously cared for family members who were HIV positive, failed to realise they discriminated in their actions. The outcomes included greater commitment and motivation of participants to become more involved in HIV formal programming and informal activities in their respective communities and Organisations.

Expected Longer term Outcome

It is envisaged that the participants will use their acquired skills and knowledge to tailor their anti-stigma responses to their faith based organisation

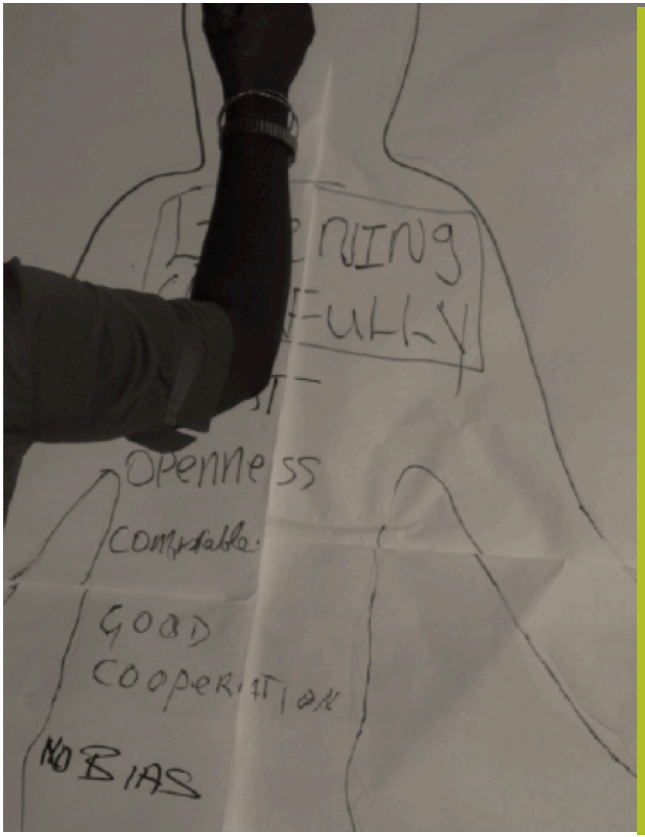
Moreover, a cadre of trained volunteers that initiate a community based response to addressing HIV and stigma and discrimination from the faith based perspective is a likely benefit of this approach. Furthermore, stakeholders saw an opportunity for collaboration and 'bridge-building' with persons living with HIV.

LESSON

It is important to identify and involve from the outset, pivotal actors and community groups who are key in either promoting and/or dispelling S&D.

Novel approaches that directly target to the types of stigma prevailing within identified groups are key to developing community awareness and leadership interventions that result in sustained positive non-stigmatising attitudes and mobilized groups of Human rights and anti stigma advocates.

> "As someone who has been doing work in HIV, going through the workshop was very helpful because I was able to gain proper knowledge and see things from a different perspective. It has stimulated me, I am doing my own research now. I have been speaking with leaders at my church about starting a programme. On a personal level I am seeing how I can share the information with members of my community, someone even came and asked me for copies of the workshop materials- I asked him to share it with his friends."
>
> ***Participant, FBO participant St. Lucia***



PILOT INITIATIVE # 3

Community based action research – empowering affected communities to own and participate in evidence informed programming

In this photo: Participants of the PEER training session in Guyana illustrate the qualities of good peer educators

#3: Empowering though Stigma action research and information ownership

Inception Phase Evidence of Emerging Good Practice

ISSUE:

Many organisations participating in the initial county rapid assessments indicated the evidence base to design strategic targeted programmes to tackle stigma and discrimination was lacking. They felt that with more information they could design programmes and seek funding with better-informed proposals. Moreover, many practitioners did not possess the necessary skills to conduct research and translate these findings into relevant programmes. To remedy this, capacity building in research skills was conducted in Jamaica, Guyana and St. Lucia to build a cadre of Master Trainers and community based researchers. Inclusion of trainees in subsequent action research was central to the process.

PILOT INITIATIVE:

Participatory Ethnographic Evaluation and Research (PEER - qualitative operations research methodology developed by Options UK) and Community Oriented Research and Evaluation (CORE – qualitative and quantitative action research methodology developed by AIDInc) are data gathering approaches that involve training members of affected communities to gather information on recent past and currently evolving circumstances and experiences from their grass root peers. An important stage of both approaches includes discussing initial findings with the researchers to enable them to participate in translating the information into anti-stigma action.

PEER was successfully used in Jamaica and Guyana to investigate stigma and discrimination for MSM and PLHIV respectively and CORE was used to survey youth regarding their knowledge around HIV, human rights, their attitudes as it related to stigma and discrimination and their leadership ability related to their roles as advocates and/or perpetrators of stigma and discrimination.

"It was an eye opening experience.. it is a very dynamic training approach. We started field work yesterday and I was able to accompany one of the field researchers to a brothel to interview a sex worker and it is amazing the ease with which the training skills can be put to use".

Master Trainer trained through PEER – observing interviewing skills of PEER Researcher

Coordinating the action research was a learning experience and was less challenging than I thought it would be …… the best thing was that it took less than four weeks to collect data from over 400 youth ….and collected by youth!!".

Coordinator trained through CORE , St Lucia

Pilot Initiative

Through interactive workshops researchers and master trainers from MSM, PLHIV and Youth groups were trained in:

★Importance of using evidence to design programmes based on the realities of those affected

★Interviewing techniques (recruiting participants, confidentiality, informed consent, eliminating bias etc)

Immediate Outcome

There was increased capacity built in the conducting research – particularly operational research to inform programmes.
This empowered the target groups to dialogue with their peers and become actively involved in designing programmes of which they are beneficiaries.

This created a greater sense of ownership of the programmes and motivated some participants (who are also trained in Peer Education, home-based care etc) to take action within their spheres based on the needs they recognised while being involved in the process.

Expected Longer term Outcome

The capacity building inputs on gathering and owning information have created commitment from those exposed to the sessions and the evidence base has reinforced the importance of tackling S&D. It is envisaged that the process can galvanise a stronger, well-informed community led response in strategic programming

This would lead to greater, more meaningful involvement of persons living with HIV, MSM and other hard to reach group in programmes.

LESSON

- Participatory approaches from evidence to action continue to show benefits in improving ownership and involvement of marginalized groups in programming. This is particularly important in instances where groups more meaningful involvement of PLHIV and marginalized groups is sought in programming.
- The interactive process was also key in identifying other capacity and social support needs of the participants in the training session.
- Creation of a safe space for dialogue and discussion allowed PLHIV in Guyana to articulate needs for additional empowerment and leadership sessions that would further assist them in their peer support roles

"Being involved in the interviewing (data gathering process) touches you in a unique way, you really see how much need is out there …I have been thinking about starting sessions in my neighbourhood on a weekly basis, and getting information so that we can refer people to organisations where they can get help."

Youth CORE Researcher, St Lucia

PILOT INITIATIVE # 4

Human Rights Watch - building skills in advocates

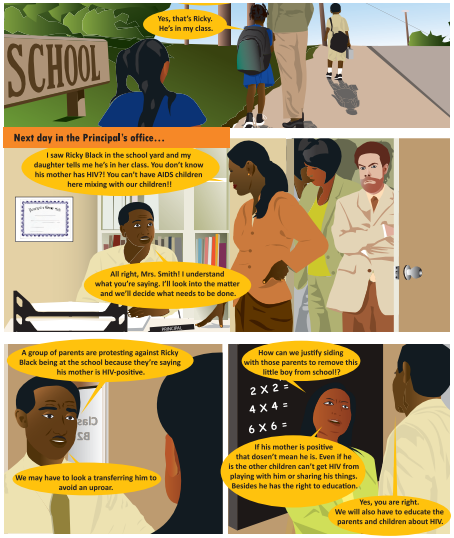
In this photo: Lending a hand for Human rights

#4: Human Rights Watch – building skills in advocates

Inception Phase Evidence of Emerging Good Practice

ISSUE:

Human Rights Recourse mechanisms were formally instituted in 11 Caribbean territories in 2006 as system for reporting discrimination experienced by people living with HIV. These 'desks' benefited from the PANCAP's Global Fund grant allocated through CRN+. Training and support to ensure capacity to operate the desks was provided by CCNAPC, UNAIDS and agencies in the respective countries. In 2008 PANCAP conducted a review of human rights desks in 6 territories with the aim of reviewing functioning of the desk and identifying opportunities for improvement through financial and technical assistance. Following this, the RSDU held a consultation with regional partners and the human rights advocates in target countries to follow up on the report and identify opportunities to support which built on the lessons learnt and good practices of the human rights desk through strategic partnership with regional organizations. The challenges which hampered effective functioning of the desk included low visibility, limited resources, inadequate facilities to meet with client, no structured follow-up procedures with clients, inadequate funding and training support to the human rights advocates, the absence of legal provisions for recourse and limited availability of culturally specific educational material.



PILOT INITIATIVE:

Advocates from the human rights desks in Jamaica and St. Lucia were supported by partners from faith based organisations, Ministry of Health and independent consultants who provided technical assistance in the development of tailored educational materials aimed at improving knowledge of human rights. This process followed a completion of a Media, Human Rights Advocacy and Script Writing Workshop and provided the impetus for a longstanding partnership development process. Utilizing the strength and community reach of the human rights advocates, focus group discussions were facilitated with youth and PLHIV to elucidate knowledge gaps with respect to HIV related discrimination and human rights. The communication specialists provided technical support to human rights advocates to translate the findings into educational messages. Input from the other stakeholders and pre-testing of the materials ensured that the messages resonated with the other target groups.

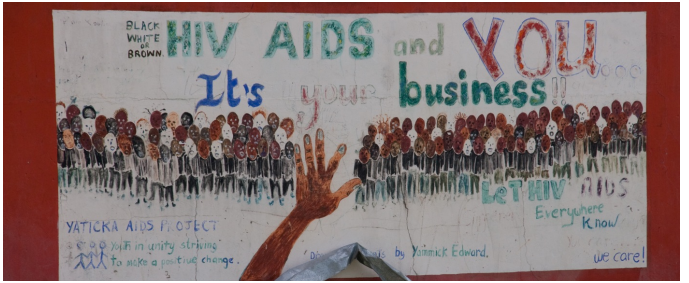
Pilot Initiative

A master trainer's workshop was designed to assist communication specialists and advocates in streamlining their messages with the World AIDS Campaign (WAC) messages Human Rights and Universal Access. Through this workshop, individuals representing different sectors collaborated on the production of tailored evidence based materials.
This facilitated development of materials that were created using evidence (and common themes) that reflected the realities of the Caribbean experience, whilst addressing the overall WAC theme for 2010. The process entailed HR advocates, BCC specialist collaborating to:

★Conduct a survey of human rights knowledge in 3 Caribbean territories through survey administration and focus group discussions

★Translation of the findings into radio and print BCC messages.

★ Pretesting and refining of posters/ PSA to resonate in St. Lucia and Dominica, Jamaica.



Immediate Outcome

This process facilitated partnership building amongst advocates within different sectors and communication specialists who collaborated on designing cohesive educational campaign (complementary radio and print messages).

Expected Longer term Outcome

There is an increased capacity of participants in designing and implementing programmes and a greater understanding of the benefits of strategic collaborations.

The collaborative process is also ensured greater involvement of persons living with HIV through the human rights recourse mechanisms.

Media concepts for Human rights Messaging

Edu-drama – dramatic skits exploring aspects of stigma and discrimination in the context of Human Rights. To be broadcast on television. Note: dramatic skits addressing various issues are currently being aired in St. Lucia; both Laurna and Brenda agreed that these programmes are "extremely popular". Shelly-Ann noted that plays are currently very popular in Jamaica and suggested that a popular playwright, e.g. Brian Heap, could be contracted to write and produce a production to run over a period of time. The production would be marketed as a regular play marketed as a regular play on the landscape so the Jamaican audience wouldn't know that it is a deliberately constructed message, or it could be made free with an accompanying marketing / public relations campaign which targets schools and other special groups. Either way it would feature the same human interest, "cass cass" angle, with lots of humour and a good plot with the issue of stigma and discrimination skilfully underlying the story. Oliver Samuels (one of Jamaica's best loved actors) could be an asset.

PSAs – campaign featuring "ordinary people" (taxi-drivers, vendors, domestic workers, etc.) and well known persons (artistes, DJs, sports personalities, etc.) addressing issues related to human rights and the interplay with stigma and discrimination. Messages would be aired on radio and television with placement during the most popular programmes/timeslots. Note: Laurna, Brenda and Shelly-Ann agreed that such PSAs would be effective in both St. Lucia and Jamaica. John noted that he has seen excellent results from using PSAs during the periods while persons are "on hold" when calling certain organisations in Dominica.

Posters – these essentially would be the print counterpart of the PSAs. Posters to be placed in locations where people tend to wait — doctors' offices; utility companies; banks; dental offices; clinics, etc. Note: Laurna pointed out that such targeted distribution of the posters would be advisable in St. Lucia as people tend to tear down posters posted in more public areas. billboards were effective media in St. Lucia and Jamaica.

Comic strips– Brenda and Laurna noted that there were two characters in St. Lucia newspaper who have been able to capture the attention of the youth as well as the general population.

Mobile text messaging – Shelly-Ann noted that this medium was particularly popular in Jamaica where the youth in particular were very text savvy. We agreed that the text messaging campaign would need to be tied to some incentive (competition) to encourage recipients to read and internalise the information. We also noted that we would need to investigate what the legislation in specific countries would allow in terms of such us of cell phones.

Print Advertising – may be used to support the PSA messaging campaign. This would largely depend on the personalities that agree to lend their images to the campaign and whether the feedback from the questionnaire indicates a case for print advertising. Shelly-Ann noted that with respect to Jamaica print may be an advisable option in reaching the general population, even if not extensively used: The Star (gossip) paper is a good option for the masses/grassroots; the Gleaner and Observer newspapers tend to be read more by professionals and corporate types.

Booklets – booklets for general distribution. These would be pocket-size with colourful illustrations and simple language. John noted that these would not be effective in Dominica.

Human Rights Training Toolkit – to be developed along the lines of that produced for training in Edu-Drama.

Presentations – these would target youth in schools, etc. Focus on leader groups to create movement within the schools and support through Yo Magazine in St. Lucia and Radiocation, ZIP FM, etc. in Jamaica.

Posters for Human rights Messaging

"BREAKING DOWN THE WALLS OF SHAME AND BLAME"

PANCAP REGIONAL STIGMA & DISCRIMINATION UNIT

HUMAN RIGHTS MESSAGING CAMPAIGN TO REDUCE HIV AND AIDS RELATED STIGMA & DISCRIMINATION IN THE CARIBBEAN

DFID AID Inc. PANCAP

LESSON

- Through this process partnerships are developed and bridges of understanding are built between FBOs, PLHIV, NAPs and BCC specialists who can then adopt shared approaches with regards to human rights advocacy action.
- Successes with collaboration indicate that supporting networking of key groups for implementation of activities could promote greater resource mobilization, reduce duplication and serve to improve cost effectiveness of the initiatives of the RSDU
- In light of this, the unit will facilitate development of strategic partnerships at local and regional levels amongst different sectors to improve efficiencies and ensure maximum utilization of limited resources.

"The intervention approach has allowed me to take the same posters I designed back to the youth who were involved in the focus groups. This caused them to realise that their input is valuable and reminds them that they do have a voice".

FBO partner, St Lucia

The Way Forward

Implementation Structure

The Implementation phase activities are aligned around four specified RSDU project outputs;

Output 1 [O1] -ESTABLISH PANCAP RSDU, including country level Start-up

- Ongoing project management,
- *ad hoc* programming technical support and implementation coordination ,
- establishment of advisory mechanisms
- Core capacity building

Output 2 [O2] - [Undertaking, Initiaiting, Supporting] Research to inform S&D policy and practice

- Decision support and information sharing programme initiate (OR, CORE and PEER methods not pure research) for planning, programming and scale –up
- Undertaking of Rapid Assessments

Output 3 [O3] –Design and Implementation of effective S&D programmes

- P1:Community Advocacy & Leadership development
- P2:Building on Champions for Change - identification and support to local champions and ambassadors
- P3:Training programmes in Anti- stigma approaches
- P4:Initial production & development of BCC materials

Output 4 [O4] – Dissemination of emerging information, outcomes and models of best practice

- Disseminate and share information on a ongoing basis through various mechanisms and media forms , locally, regionally and globally

Varied Levels of Inputs to Target Countries

The evidence gathered to date and experiences of the RSDU inception phase activities and pilot sub - projects has informed the design of the implementation phase which is due to run from 2010 to 2012.

Amid budget limitations, the implementation phase inputs have been planned for 12 target countries; Dominica, St Lucia, St Vincent & Grenadines, St Kitts & Nevis, Antigua& barbuda, Grenada, Montserrat, Anguilla, British Virgin Islands(BVI), Jamaica, Guyana, Belize. RSDU levels of input into target countries differ and have been determined by several criteria which include;

- 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 role 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)
- Positive outcomes obtained or emerging from the piloting of sub-projects
- Emergence or existence of strong 2-way partnerships with NAPs and other country level stakeholder groups
- 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)
- Countries demonstrate the desire for generating and using information to inform policy directives and planning.

Expected Results

Together, the inception and Implementation phase activities of the PANCAP Regional Stigma and Discrimination Unit [with leadership and support of country NAPS and community partners] are expected to; establish a viable unit coordinated by the PANCAP PCU; strengthen regional and county level partnerships between governments and civil society organisations; and to deliver the following Outcomes in stigma reduction;

- Reduction in proportion of targeted PLHIV and other marginalised groups reporting at least one act of stigma towards them or their family.
- reduction in reported self-stigma by PLHIV and other marginalised groups
- Reduction in proportion of persons in targeted groups who report accepting or supportive attitudes towards the rights of HIV+ persons and other marginalised groups
- Reduction in proportion of targeted PLHIV who, in the past 12 months chose not to access [or excluded themselves from] health care, education opportunities, support, or friendships

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