

**Baseline assessment report for the PANCAP and CVC/COIN Global Fund Grants
5 June, 2017**

**“Removing barriers to accessing HIV and sexual and reproductive health services for key
populations in the Caribbean”**

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Acronyms

AG	Attorney General
AIDS	Acquired Immunodeficiency Syndrome
APC	Advancing Partners and Communities
ART	Anti-retroviral therapy
CARICOM	Caribbean Community
CariFLAGS	Caribbean Forum for the Liberation and Acceptance of Genders and Sexualities
CARIMIS	Caribbean Men's Internet Survey
CARPHA	Caribbean Public Health Agency
CCJ	Caribbean Court of Justice
CCM	Country Coordinating Mechanism
COHSOD	Council on Human and Social Development
COIN	Centro de Orientación e Investigación Integral
COTRAVETD	Comunidad de Trans and Trasvestis Trabajadores Sexuales
CRN+	Caribbean Regional Network of People Living with HIV
CSO	Civil society organization
CSWC	Caribbean Sex Work Coalition
CVC	Caribbean Vulnerable Communities Coalition
CYA	CARICOM Youth Ambassadors
DRL	United States State Department Bureau of Democracy, Human Rights and Labor
ECADE	Eastern Caribbean Association for Diversity and Equality
GAR	Global AIDS Report
GARPR	Global AIDS Response Progress Report
GEF	Global Equality Fund
GIZ	German Corporation for International Cooperation
HFLE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
HPP	Health Policy Project
HP+	Health Policy Plus
HR	Human rights
IACHR	Inter-American Commission on Human Rights
IADB	Inter-American Development Bank
IBBS	Integrated biological and behavioral surveillance survey
IDAHOT	International Day Against Homophobia and Transphobia
IGLHRC	International Gay and Lesbian Human Rights Commission
ILO	International Labor Organization
IOM	International Organization for Migration
IRN	International Rescue Network
JASL	Jamaica AIDS Support for Life
JFA	Justice for All
J-FLAG	Jamaica Forum for Lesbians, All-sexuals and Gays
JN+	Jamaica Network of Seropositives
JURIST	Judicial Reform and Institutional Strengthening
LAC	Latin American and Caribbean
LBT	Lesbian, bisexual, transgender
LCI	Local Capacity Initiative
LEA	Legal Environment Assessment
LGBTI	Lesbian, gay, bisexual, transgender and intersex
M&E	Monitoring and evaluation
MoH	Ministry of Health
MOT	Modes of Transmission
MOSCTHA	Socio-Cultural Movement for Haitian Workers
MSM	Men who have sex with men
MY	Migrant youth
NAP	National AIDS Program

NCPI	National Composite Policy Index
NGO	Non-governmental organization
NHDRRS	National HIV-Related Discrimination Reporting and Redress System
OAS	Organization of American States
ODHGV	El Observatorio de Derechos Humanos para Grupos Vulneralizados
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership against HIV/AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
PGA	Parliamentarians for Global Action
PLHIV	People living with HIV
REDNAJCER	Red Nacional de Jóvenes Viviendo Con VIH/SIDA
RCM	Regional Coordinating Mechanism
SASOD	Society Against Sexual Orientation Discrimination
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SW	Sex worker
TRANSSA	Trans Siempre Trans
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNIBAM	United Belize Advocacy Movement
UNSGSE	United Nations Secretary General Special Envoy
UPR	Universal Periodic Review
U-RAP	University Rights Action Project
UWI	University of the West Indies
VCT	Voluntary Counselling and Testing

Background

The Pan Caribbean Partnership against HIV and AIDS (PANCAP) and the Caribbean Vulnerable Communities Coalition in partnership with the Centro de Orientacion e Investigacion Integral (CVC/COIN) have been awarded grants by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for the period 1 October 2016 to 30 September 2019.

The goal of the CVC/COIN grant is to reduce, across the Caribbean region, the spread and impact of HIV in key populations (KPs) and to reduce stigma and discrimination against people living with HIV (PLHIV) and KPs. The grant will advance the following objectives:

1. Improved legal and policy environments that support the delivery of and access to health and justice services for key populations;
2. Increased capacity of health care workers to deliver stigma and discrimination free services in order to improve access to and retention in care for key populations;
3. Strengthening of community systems and key population networks to use effective advocacy strategies to obtain social accountability mechanisms and scale-up of best practice interventions by national programs.

The goal of the PANCAP grant is to contribute to the removal of barriers that impede access to HIV and sexual and reproductive health (SRH) services for key populations, thereby promoting the achievement of regional HIV targets. The grant objectives are:

1. To promote law and policy reform to remove barriers that impede access to services to prevention, diagnostic, treatment, care and support services for key populations;
2. To increase access to HIV and health services for key populations and improve their retention on the continuum of care.

Together, the grants represent complementary approaches to achieve regional HIV targets and goals. As such, the grant programmes will be implemented over the same time period, with monitoring and evaluation taking place on the basis of a shared Joint Evaluation Framework derived from the logic models of both grant programs. Implementation arrangements differ, both in terms of the institutions managing and implementing grant activities, as well as in the target audiences, with PANCAP working to engage policy makers, Heads of Government, Ministers of Government, National AIDS Program Managers, Permanent Secretaries, Chief Medical Officers, while CVC/COIN works directly with key population organizations and communities. The grant program budgets and the range of beneficiary countries also differ, with PANCAP working in sixteen countries and CVC/COIN working in eight, although there is overlap.

The Baseline Evaluation

The CARICOM Secretariat has commissioned a baseline evaluation in order to collect information to enable on-going measurement of implementation progress and effectiveness of activities under both Global Fund grants

The objectives of the baseline evaluation are:

- To establish benchmarks for progressive monitoring of the Global Fund-supported regional project to remove the barriers that impede access to HIV and sexual and reproductive health services for key populations;
- To establish benchmarks for progressive monitoring of the Global Fund-supported regional project to reduce the spread and impact of HIV in key populations and to reduce stigma and discrimination against PLHIV and key populations.

The Evaluation Framework

An evaluation framework was designed to guide the scope and implementation of the baseline assessment. A key concern was to ensure the adequacy and relevance of data collection to respond to the evaluation questions and sub-questions and ultimately, to measure progress towards the Joint Evaluation Framework indicators. The framework was developed based on careful analysis of the evaluation questions and sub-questions, an initial document review, and extensive consultation with representatives of CARICOM, UNDP, PANCAP, CVC and COIN.

Data collection

Data collection methods were selected to ensure adequate data to establish the baseline status for both Global Fund-supported grant programs, and to maximize the reliability of the data and replicability of data collection. Key considerations were the short time period available for conducting the baseline assessment; the need to manage the multiplicity of countries and stakeholders involved with the two grants; and the need to ensure that data collection will be replicable throughout the grant implementation period and for final evaluation.

The baseline assessment employed a combination of primary and secondary data collection methods. These include:

- **Key informant interviews.** Protocols and interview lists were developed for two sets of interviews designed to target (1) leaders in the regional HIV response and (2) regional key population leaders. The key informant list (Annex 2) includes the following categories of stakeholders:
 - Grant management and implementing partners (PRs, SRs, SSRs);
 - Institutional grant beneficiaries, including key population organizations that are written into the grants and others that may or may not receive funding under the grants;
 - Non-institutionally affiliated persons from key populations, political and faith leaders and other stakeholder groups;
 - National authorities, including Parliamentarians, CCM Coordinators and National AIDS Programs;
 - Regional institutions such as the CARICOM Secretariat and development partners such as UNAIDS.

- **Surveys.** Five sets of surveys were implemented as follows:
 - An online survey for representatives of key population organizations to assess the current advocacy capacity of their organizations;
 - An online survey for faith leaders to confidentially probe their understanding and support for issues related to KP rights, legislative and policy reform. This survey was also implemented with regional/faith leaders prior to a PANCAP meeting in Trinidad and Tobago, 20 April 2017;
 - An online survey for National AIDS Program (NAP) Managers to investigate the current status and capacity of the HIV response in beneficiary countries;
 - A survey for youth prior to their participation at the PANCAP Meeting of Youth Leaders in Trinidad and Tobago, 21 April 2017;
 - A survey administered to parliamentarians from Barbados, Belize, Guyana, Haiti, Jamaica, St. Kitts and Nevis, Saint Lucia, Suriname, and Trinidad and Tobago prior to their participation at the PANCAP Regional Parliamentarians Forum, 30-31 May 2017.

The surveys for key population organizations and regional/faith leaders were translated into French and Spanish, and were disseminated by UNDP, to improve reach of stakeholders in Haiti, Cuba and the Dominican Republic.

- **Document review.** An extensive document review was conducted, including project documents, secondary data sources and grey literature accessed through a targeted online search and in consultation with the Reference Group and key stakeholders. Reports reviewed include reports

generated from national and regional projects and programs, national Global AIDS Monitoring (GAM) Reports, NCPI Reports, reports issues by regional and international bodies such as the IACHR and UNDP. Websites, blogs and other social media were also searched and reviewed to extract relevant information. A complete list is attached as Annex 1.

- **Field work.** The consultant conducted face-to-face interviews with representatives of national and regional CSO organizations (SASOD, CariFLAGS, CSWC, GSWC, Guyana Trans United, APC Guyana), PANCAP and the CARICOM Secretariat during a mission to Guyana (17-21 April, 2017). The consultant attended the PANCAP Regional Forum of Parliamentarians in Jamaica (30-31 May, 2017). This provided the opportunity to directly observe the activity, to interact with all categories of participants, both formally and informally, and to collect primary data from key stakeholders via a survey administered prior to the start of the meeting. The mission to Jamaica also allowed for a meeting with the UNDP and CARICOM Program Management Teams and a discussion with the Chair of the PANCAP PACC.

Draft evaluation report

A draft report was widely circulated to stakeholders by CARICOM and UNDP. These included members of the PANCAP RCM as well as the sub-recipients and sub sub-recipients of the grant. All feedback was reviewed by the consultant and taken into consideration in the final revision of the baseline assessment report.

Structure of the Baseline Assessment Report

The Baseline Assessment Report provides a summary regional status for each of the outcomes, evaluation questions and sub-evaluation. It provides supporting evidence for the summary status including information that is available about specific countries. The report is quite lengthy because it is intended to serve as a comprehensive reference tool for monitoring and evaluation of the grant programs. For ease of access, a summary matrix of findings aligned to outcomes and evaluations questions and sub-questions is provided at the beginning of the document. Responses to the surveys administered are provided both in the text and as annexes. Excel databases will also be provided to the CARICOM Secretariat.

Evaluation Limitations

- The scope of the evaluation was limited by the short timeframe for its completion. There were several implications:
 - Field work was constrained by the need to maximize the number of days available for data collection, analysis and report writing. Specifically, the evaluation timeframe was insufficient for planning and undertaking field work in Cuba, as this would have required significant advance notice for planning and logistical arrangements.
 - Time constraints also limited the number of stakeholders that could be reached with interviews. This was mitigated through the use of surveys and through attendance at the PANCAP Regional Forum for Parliamentarians.
- The baseline evaluation was initiated some months after the implementation start date of both Global Fund grant programs. This means that participants' responses to surveys and interviews may not accurately reflect the status prior to grant implementation.
- Very few responses were received to the Spanish and French surveys. It is, however, possible that survey responses from Cuba, the Dominican Republic and Haiti are included what was received through the online survey. It was also not possible to interview stakeholders from the Dominican Republic although attempts were made to do so.
- While large volume of data was available from the document review and was collected through interviews and surveys. Some data, particularly from the document review, is not precisely aligned with that evaluation questions.

- Some of the evaluation questions cannot be investigated or answered at baseline. In those cases, the baseline assessment report tries to provide a summary of relevant activities and conditions or to summarize international guidance and best practice that can, if necessary, help to assess the quality and relevance of activities implemented under the grant programs.
- The lack of information from Cuba is a significant but not unexpected gap resulting from challenges in communication and access. However, this can be remedied over the course of grant implementation. Implementation of grant activities will provide opportunities for surveys to be administered and these responses can be added to the pool of baseline information.

Summary matrix of key baseline evaluation findings

Outcome	Joint principle evaluation question	Sub-evaluation questions	Summary status at baseline
<p>Impact Goals:</p> <p>To remove legal and human rights barriers that contribute to marginalization and discrimination and impede access to HIV and sexual and reproductive health services, especially for key populations.</p> <p>To reduce the impact of HIV on key populations across the Caribbean, focusing on men who have sex with men (MSM), transgender people, sex workers, people who inject drugs (PWID), people living with HIV (PLHIV) and young people belonging to these core populations; this will include underserved sub-populations such as transgender and migrant sex workers, non-gay identifying MSM, MSM sex workers and MSM in prisons.</p>			
<p>Joint CVC-COIN and PANCAP Outcome 1: Improved legal and policy environments to support delivery and access to health and justice services for key populations.</p>	<p>What progress was achieved in improving the enabling environment, including the removal of legal and policy barriers, have been achieved as a result of the joint efforts of the CVC-COIN and PANCAP projects?</p>	<p>1.1 To what extent did the LEA assessments facilitate greater understanding by key stakeholders, government, and civil society of the legal and political challenges facing KPs and expand the evidence base for interventions to address them?</p> <p>1.1.1 To what extent was coverage of issues pertaining to specific KP sub-populations achieved within the context of the LEAs?</p>	<p>A Legal Environment Assessment (LEA) is available for Jamaica and is in process in Belize. A review of the Jamaican LEA and international guidance provides guidance with regard to the scope of LEAs but the framing of each LEA should take into consideration the country context and consultation with national stakeholders, including key populations, in order to ensure that it is useful for identifying priority issues and measuring change. The Jamaica LEA does not coverage issues pertaining to specific KP sub-populations.</p>
		<p>1.2: To what degree did the project's provision of legal education and legal support services to CSOs result in increased reporting (through formal channels) of and legal challenges to rights abuses?</p>	<p>Legal literacy is scarcely developed among the KPs in the region who, in general, also lack access to effective legal aid. COIN's Human Rights Observatory for Vulnerabilised Groups in the DR has shown the feasibility and benefits of access to legal aid by KPs. The University Rights Advocacy Project (U-RAP) promotes human rights in the region by collaborating with pro bono lawyers and CSOs on strategic litigation. It has supported the challenge to the buggery law in Belize (Orozco v. AG) and initiated the English-speaking Caribbean's first case to affirm the human rights of transgender people in Guyana.</p>

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		<p>1.3: What progress was achieved by the project in strengthening redress and accountability for KP rights abuses?</p>	<p>There exists no effective, systematic framework to document stigma, discrimination, and human rights abuse related to HIV and the key populations, and to transform that information into pattern analysis and effective countermeasures. Capacity has not been established among KP communities at either the national or regional levels to systematically document cases of stigma, discrimination and rights abuse, nor to share and to use that data and the information from legal environmental assessments to pursue legal change, policy improvement, and advocacy goals. Several national LGBTI CSOs document human rights abuses but there is typically no possibility to attain redress for these. Institutionalized support mechanisms for documentation and use of data on stigma, discrimination and rights abuse are lacking, such as an easily usable database, clearinghouse and reference functions, pro bono legal and paralegal services, and connections to advocacy and media resources. COIN's human rights Observatory in the DR has had limited coverage to date.</p> <p>A key barrier to reporting is discrimination by the police in responding to reports of violence and the perception that the police will not facilitate access to justice or may perpetuate further victimization. CVC is spearheading development of a human rights observatory that will invite participation from across the Caribbean through an online platform with software that can be used to document individual cases and then aggregate, analyze, and generate reports.</p>

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		<p>1.3.1: To what extent did the documentation and reporting systems impact the attainment of or failure to attain redress for KP human rights abuses?</p>	<p>People who experience discrimination on the grounds of HIV status, gender, disability and sexual orientation are largely without redress. Multiple reports have documented how states have failed to protect key populations, particularly LGBT people, from violence and human rights violations, undermining their own HIV prevention efforts. Weak justice systems, with backlogs of cases, poor witness protection, and a limited culture of rights litigation results in impunity. Sub-populations face specific concerns. Transgender women sex workers face arbitrary detention, and inhuman and degrading treatment and punishment at the hands of police, including sexual extortion.</p>
		<p>1.5: To what extent did the country and regional- level KP advocacy action plans facilitate progress towards law and policy reform, better use of existing laws and policies, or social accountability?</p>	<p>Key populations continue to face oppressive legal, policy and regulatory regimes. This includes laws that criminalize consensual sex between adults of the same sex; laws that ban the entry of homosexuals to the country and criminalize HIV transmission; laws that restrict entry to PLHIV; criminalization of sex work in all English-speaking countries; legislation that creates disparities between the age of consent and the age at which health care can be accessed without parental consent; the absence of a legal framework for protection of PLH and their families; exclusion of LGBT people from family law protections; Laws to protect LGBT youth from violence and discrimination are also lacking in the region. The right to privacy is protected by Caribbean constitutions but may not be enforceable. In most countries, there is no comprehensive anti-discrimination legislation and no Caribbean constitution explicitly provides protection against sexual orientation discrimination.</p> <p>The arbitrary application of laws and policies allows authorities to repress gays, sex workers, participants in transactional sex, transgender people, cross dressers, street youth, drug users and others using arbitrary interpretations of laws.</p>

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			<p>While many CARICOM countries are signatories to various ILO conventions, there are different policy approaches to the treatment of migrant workers (legal and illegal) across the region that lead to different outcomes in respect of vulnerabilities of migrant workers.</p>
		<p>1.5.1: To what extent did the national and regional advocacy plans reflect the priorities of particular KP sub-populations both nationally and regionally?</p>	<p>A survey of 29 national KP organizations shows that 79% have an advocacy plan; 65% are engaged in litigation, 19% in lobbying and 62% in capacity building for advocacy; 79% are active in regional advocacy efforts and 21(72%) in global advocacy efforts.</p> <p>There are no regional-level advocacy plans. PANCAP has established a Policy and Strategy Working Group on Stigma and Discrimination as an external specialized advisory technical group for PANCAP and national HIV programs.</p> <p>The priorities of key populations and sub-populations differ across countries but include anti-discrimination that explicitly protects from discrimination on the grounds of sexual orientation and/or gender identity, especially in the areas of employment, education, healthcare and when accessing goods and services; and policies to address bullying and workplace discrimination.</p>
		<p>1.6: How effective were the protection mechanisms for rights defenders and what degree of impact did such protection mechanisms have on KP rights abuse reporting behavior?</p>	<p>Provisions to protect human rights defenders from legal or physical harm in reaction to their activism are generally lacking, and needs are undefined. Protection mechanisms for rights defenders are largely informal and depend on networks of activists and ease of movement between CARICOM countries. International organizations have offered security training for LGBTI rights defenders.</p> <p>Human rights defenders may be systematically subjected to unfounded criminal proceedings, and that defenders working advance sexual and reproductive rights and LGBTI rights have been more frequently targeted.</p>

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			<p>HR defenders also face threats from non-State actors within the context of societies where rule of law is weak. A broader perspective of what constitutes a risk is needed to consider, for example, feasible exit strategies exist for activists, including for safety reasons, and how to address economic protections, mental health, etc.</p>
		<p>1.7 (PNCP): What evidence of high-level political commitments exist for protecting and promoting the human rights of KPs?</p>	<p>States have made international and regional commitments to protect and promote human rights of key populations, although attention has focused largely on MSM and youth. There has also been progressive rhetoric as well as national-level actions which can be taken as further evidence of this commitment. However, evidence of meaningful action to protect and promote human rights continued to be lacking. International and regional commitments include a 2013 PAHO resolution, various IOM and other international conventions on protecting and promoting the rights of migrants. Participation in regional events hosted by PANCAP and Parliamentarians for Global Action (PGA), as well as sign-off on resolutions emanating from these events can signal high level political commitment and interest in protecting and promoting human rights. National level actions have included establishment of special select committees and formal responses to mechanisms such as the IACHR. Other the other hand, CARICOM countries have a mixed track record with regards to votes at the UN and in the use of referenda to decide human rights-related issues. Progressive rhetoric by high-level leaders can also be seen as an indication of political support for human rights.</p>

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		<p>1.8 (PNCP): To what extent has the understanding among high-level leaders (including political, faith-based, and professional) of the link between HIV and the need to protect and promote the human rights of KPs increased?</p>	<p>The level of understanding of political, faith-based and professional leaders is generally low. There is increasing understanding of the challenges facing MSM, and much less information available about the challenges facing transgender people, sex workers, migrants, people using drugs and young people within these key populations.</p> <p>A poll of 10 regional HIV leaders reveals that Heads of States and faith leaders are perceived to have the lowest levels of understanding while regional HIV and civil society leaders are perceived to have the best understanding of the link between HIV and human rights of KPs.</p>
		<p>1.9 (PNCP): How has the KP engagement with high level leaders contributed to improved political commitment to formulate national strategies and policies?</p>	<p>At the national level, opportunities for KP activists to engage with high level leaders are rare and typically occur through national CCMs, HIV coordinating bodies and the PANCAP Regional Coordinating Mechanism/Executive Board. The GIZ Migrant Project worked to improve inclusion of migrants on regional and national HIV Bodies in order to advocate for equal access to health care. Some progress has been made on supporting the inclusion and participation of KP groups in oversight and decision-making for the regional response with the PANCAP RCM now including seats for MSM, transgender, SW, vulnerable youth, migrants, and people living with HIV. PANCAP has had limited success in engaging with marginalized young people.</p> <p>There is little political will for law and policy reform among heads of government. This is evident in the deferral of the actionable, time-bound commitments contained in the regional Justice For All declaration and the failure of any country to adopt the PANCAP model legislation. Even where progressive laws have been drafted, such as in the Dominican Republic and Haiti, the process for enacting them has stalled. Caribbean governments have sought to block region-wide efforts to protect sexual minorities. Government calls for referenda on issues related to LGBTI-</p>

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			<p>rights, including decriminalization, can also be seen as evidence of a lack of political commitment to protecting and promoting KP rights.</p>
<p>Joint CVC-COIN and PANCAP Outcome 2: Strengthened KP linkage to treatment and care through improvements in the treatment cascade.</p>	<p>What progress was achieved by the project in improving the treatment cascade through strengthening of KP linkage to and retention in care?</p>		<p>National programs continue to experience significant challenges in reaching key populations and meeting their needs. The majority of countries do not have KP-specific data to determine the current status of linkage and retention in care, and many are not implementing KP-specific programming. Gaps in the response for KPs include: low coverage with prevention interventions, testing and treatment, and low retention and viral suppression rates.</p> <p>Many countries lack capacity for comprehensive HIV prevention programming and effective linkage to care and and lack the capacity to develop and implement KP-specific programming along the prevention, diagnosis, treatment and care continuum.</p> <p>Migrant-specific interventions have been developed for Antigua and Barbuda, Barbados, Belize, the Dominican Republic, Trinidad and Tobago and Suriname. Key population specific interventions targeting MSM, sex workers and transgenders have been implemented in Belize, Guyana, Haiti, Jamaica and Suriname.</p>
		<p>2.1 (PANCAP): To what extent has the project strengthened reporting and monitoring of quality data related to KPs, including HIV treatment.</p>	<p>KP-specific data for the continuum of care are not available for the region and there is inadequate documentation of key population coverage, particularly in smaller countries where information systems are not appropriately developed. Incomplete reporting of risk factor data, mortality data and inconsistent compliance with national reporting standards negatively impact the quality and timeliness of surveillance data in some countries. There are major challenges throughout the region in the analysis, uptake and use of data in decision-making and programming.</p>

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<p>Impact Goals:</p> <p>To remove legal and human rights barriers that contribute to marginalization and discrimination and impede access to HIV and sexual and reproductive health services, especially for key populations.</p> <p>To reduce the impact of HIV on key populations across the Caribbean, focusing on men who have sex with men (MSM), transgender people, sex workers, people who inject drugs (PWID), people living with HIV (PLHIV) and young people belonging to these core populations; this will include underserved sub-populations such as transgender and migrant sex workers, non-gay identifying MSM, MSM sex workers and MSM in prisons.</p>			
			<p>There are substantial gaps in evidence to support an understanding of the epidemic in KPs and KP-specific programming in the Caribbean. Data and research are particularly scarce for lesbian, transgender and intersex communities and LGBT youth. Because most countries continue to regard transgender women as biological males who have sex with other males, there is very little disaggregated data available, although some national programs have started to provide transgender specific data, largely for trans women. While efforts to improve the availability of data in target countries, capacity to use of data for evidence-informed programming is weak.</p>
		<p>2.2: What progress was achieved by the project in supporting national programs to map the treatment cascade for KPs?</p>	<p>No country has been able to map complete treatment cascades for specific key population groups. Countries are working towards generating national (not disaggregated) treatment cascades, with the following countries reporting that they have mapped a national treatment cascade: Barbados, Guyana, Jamaica, Suriname, Dominican Republic and Haiti. Other countries, including Belize and the OECS countries, are working to build capacity to collect, clean, analyze data to generate treatment cascades. There are site-specific or partial KP treatment cascades available in some countries, including Dominican Republic, Guyana and Suriname. JASL in Jamaica also generates cascade data but it is not KP-specific, although the majority of their clients are KPs.</p>
		<p>2.3: To what extent did the onward granting program for KP organizations enable the identification of effective, evidence-based approaches for linking and</p>	<p>Several NSPs cite limitations in their health systems that restrict the provision of effective services to KPs. Efforts to improve KP access to services continue to be hamstrung by data limitations and lack of attention to monitoring progress. While poor adherence to appointment schedules and to treatment, especially by KPs, are major barriers to improving treatment outcomes, other obstacles include lack of adherence</p>

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		<p>retaining KPs in the continuum of care? 2.3.1: To what extent to did the identified good practices reflect coverage of the established KP sub-population specific gaps in the treatment cascade?</p>	<p>to protocols, poor geo-targeting of services, non-employment of new technologies, staff shortage, and inadequate linkages with CSOs and the private sector. Stigma and discrimination by health care workers and breaches of confidentiality continue to be common barriers to services for key populations.</p> <p>Common challenges to coverage of KP sub-population specific gaps in the treatment cascade include: the weakness of national strategic planning to address KP issues; poor quality data to assess interventions, especially for KPs; limited use of data to inform decision-making; limited implementation of high-impact evidence-driven interventions for KPs; limited utilization of civil society and the private sector; high levels of stigma and discrimination limiting access to services; and weak legislative protections and redress systems for breaches of patient rights. Further, survey among NAP managers revealed the following capacity gaps that inhibit coverage of KP-specific issues along the cascade: limited understanding of KPs (size estimates, venue mapping and social networks); lack of specific KP behavior data; lack of understanding of special needs for KPS to promote linkage and retention in care.</p>
		<p>2.4: What results were achieved through improving CSO/NAP collaboration in addressing gaps within the continuum of care for KPs?</p>	<p>CSOs are a key element of the HIV response for key populations. Several groups are active in most countries, including human rights and LGBTI rights organisations (advocacy, legal support, activism, police harassment, support groups, HIV prevention) and HIV groups. Community involvement in the regional and national responses to HIV is primarily focused on prevention, testing and counselling, adherence counselling, peer support, and advocacy, as well as addressing stigma and discrimination and the need to improve access to health services. CSO capacity and collaboration with national programmes is uneven across countries.</p>

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		<p>2.5 (PNCP): To what extent have the projects increased the capacity of NAPs to analyze and use data to inform evidence-based policies, strategies, and programming?</p>	<p>National-level capacity has been improved in the areas of monitoring and evaluation (M&E) capacity, development and implementation of M&E plans, analyze data and produce data-driven reports, including national program evaluations; sensitization of key senior officials in ministries of health. Key outcomes have been growth in the number of M&E-related positions within ministries of health and national AIDS programs; increased demand for M&E training and for technical assistance to prepare key M&E documents. 75% of countries have a current M&E Plan for HIV and are collecting GAM data to meet their international reporting obligations. Countries have increased capacity to produce data-driven reports, undertake evaluations and use evaluation findings. Ongoing challenges include limited capacity of in-country staff, infrastructure and systems to absorb technical assistance or training. In some countries, limited infrastructure and systems, including paper-based systems, make data compilation and analysis difficult. Many countries do not currently report data disaggregated by key populations. There is no mechanism for reporting on S&D indicators across the region.</p>
<p>Joint CVC-COIN and PANCAP 3: Community systems and key population networks employing effective advocacy to obtain social accountability and scale-up best practice</p>	<p>Principle Evaluation Question: What results were achieved by the project in strengthening critical community systems, and have those</p>		<p>At the regional level, the CSWC has in place a viable organizational structure but connections to the national level are only formalized in three countries. CariFLAGS does not currently have an institutional structure, networking and collaboration are strong as are linkages to the national level. CRN+ has a formal structure in place at the regional level but this is not currently functioning well. National groups exist with varying capacity. At the national level, LGBTI community systems are better organized and funded and in general, more effective at advocacy and collaboration with national programs, than are community systems for sex workers, migrants, marginalized you and people using drugs. Regional and national community systems for migrants and people using drugs are weak to non-</p>

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interventions by national programs.	efforts fostered an environment more conducive to the protection of KPs rights?		existent in the majority of countries. Marginalized youth are mobilized and organized within youth arms of national LGBTI and SW organizations.
		3.1: What level of progress was achieved by the project's social mobilization, community linkage, and cross-movement collaboration initiatives in decreasing S&D?	There is evidence of increasing levels of social mobilization and community linkage and cross-movement collaboration. This is strongest among LGBTI organizations, youth and is less evident among sex workers. Social mobilization is weakest among migrants and people using drugs. Community linkage continues to be challenge for regional networks because of the resources required to interface with national and community groups in order to maintain effective communication, coordination and collaboration. This is particularly difficult where there are few or no formal national organizations, as is the case for all KP populations except MSM.
		3.2: What progress was achieved towards increased leadership, coordination and oversight of KP initiatives at the regional level?	CVC supports the development of national CSOs to undertake advocacy, service provision, public education campaigns and initiatives towards legal reform. CVC's oversight mechanisms include Board of Directors and Annual General Meeting. The Community Mini Grants Management Manual provides guidance for CSOs in reporting and data collection, including through a web-based system. The PANCAP RCM/Executive Board provides oversight of KP initiatives that are funded with resources received to support the regional response through PANCAP. The PANCAP Coordinating Unit is responsible for reporting on implementation progress to the RCM/Executive Board which is comprised of representatives of national governments, civil society, regional KP representatives, technical agencies and development partners. CariFLAGS currently has no board, secretariat or other organizational structure for oversight or coordination, but is represented on the PANCAP

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			<p>RCM/Executive Board which could provide oversight for the network. CSWC has a board but no secretariat function to support effective oversight, and enable communication and coordination. Its leadership has depended on a limited number of activists and has been unchanged for several years. The CRN+ Board is functioning in a limited way with an interim board and no secretariat support following the closure of the Global Fund Round 9 grant. Regional organizations face the following challenges to oversight:</p> <ul style="list-style-type: none"> • Resources and capacity to conduct oversight in multiple countries and to convene regional meetings. • Meeting the needs of many national groups with diverse capacity and implementing a range of activities. • Challenges in communicating across multiple countries. • Coordination is constrained by the capacity of national level groups and networks. • Board members of regional networks are unpaid volunteers and face time and resource constraints. • Small number of activists working at the regional level leads both to fatigue, time constraints and limits effectiveness and representativeness.
		<p>3.3: What progress was achieved towards effective advocacy and social accountability by KP networks and CSOs?</p>	<p>Advocacy efforts have, to date, been limited in their reach, effectiveness and strategic focus. Key population voices are largely absent at the highest levels of regional advocacy efforts, both as a result of lack of access and because of the need to develop advocacy skills and capacity among regional and national KP leaders. Countries have not been held accountable for implementing HR commitments, in large part because there is no routine monitoring or reporting on relevant aspects of the social</p>

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			<p>and legal environment and on the programmatic response to human rights in the context of HIV.</p> <p>Country-level CSO action plans to work toward law and policy reform and to improve access to justice and proper law enforcement have not been developed. National programs, for the most part, have not integrated KPs in program design, planning, and in all areas of implementation. Effectiveness can be unclear because of inadequate evaluation of the impact of advocacy and social accountability mechanisms and efforts CVC's best practices series and attempts to document outcomes of small grants is helpful in this regard. A number of efforts have been implemented to strength capacity for advocacy and social accountability.</p>
		<p>3.4: What progress was achieved towards the development and dissemination of innovative models that prevent or respond to GBV?</p>	<p>Across the region, there is a great need to build capacity to reduce and respond to GBV through advocacy and other structural interventions. Initiatives to prevent or respond to GBV are overwhelmingly focused on violence against women and girls while there is also increasing evidence of violence against LGBTI communities. Current regional and national levels are largely focused on awareness raising but there is regional attention being played to improving capacity of the judiciary to respond to GBV and gender discrimination. Community-led initiatives are limited.</p>

Section 1. Joint CVC-COIN and PANCAP Outcome 1: Improved legal and policy environments to support delivery and access to health and justice services for key populations.

1.1 What progress was achieved in improving the enabling environment, including the removal of legal and policy barriers, have been achieved as a result of the joint efforts of the CVC/COIN and PANCAP projects?

1.1.0 To what extent did the LEA assessments facilitate greater understanding by key stakeholders, government, and civil society of the legal and political challenges facing KPs and expand the evidence base for interventions to address them?

Status: At baseline, a Legal Environment Assessment (LEA) is only available for Jamaica; an LEA is being conducted in Belize but the results are not yet available. The Jamaican LEA and international guidance is useful for suggesting the scope of LEAs to be carried out under the project. Ultimately the scope of the LEAs should be determined based on the country context and through consultation with national stakeholders, including key populations. The framing of the LEA should maximize its utility in identifying priority issues and measuring change.

Sub-evaluation question 1.1.1 To what extent was coverage of issues pertaining to specific KP sub-populations achieved within the context of the LEAs?

The baseline assessment describes the scope of the Jamaica LEA and international guidance, in order to suggest key issues that should be covered by LEAs implemented under the grant.

The LEA should review:

- All international, regional and national human rights obligations and commitments, and gaps in compliance with international human rights instruments.
- All relevant current or proposed national laws, including common law, statutory law, case law, customary law and religious law; regulations; policies and codes of conduct relevant to HIV and/or to key populations.
- Relevant strategies and planning documents relating to HIV, health and other key sectors and populations at higher risk of HIV exposure, such as national strategic plans on HIV, national gender strategies, national disability frameworks etc. The LEA may have a broad scope and aim to examine all legal and policy concerns related to HIV and all persons and communities infected and affected by HIV.
- Research, reports and case studies relating to HIV-related legal and human rights issues, such as:
 - Stigma Index studies detailing the nature and extent of HIV-related stigma and discrimination;
 - Research, reports, submissions and case studies by civil society organizations—for example, on knowledge, attitudes and practices of communities, service providers, lawmakers and law enforcers;
 - Reports on stigma and discrimination, advocacy on HIV-related laws, access to justice and law enforcement issues within the country etc.;
 - Research and reports by statutory institutions (e.g. Human Rights Commission or Law Commission) on HIV, legal and human rights issues including the implementation and enforcement of laws and policies; and
 - Research and reports by international organizations (e.g. Human Rights Watch, UN organizations) on HIV, legal and human rights issues.

Laws to be reviewed may include: HIV; anti-discrimination (e.g. constitution, equality laws); legislation to outlaw discrimination based on HIV status; legal protection of populations based on their vulnerability to HIV; privacy and autonomy of the person; status (e.g. age of majority, status of women, children, laws that

restrict access to sexual and reproductive health (SRH) services for young people (under 18); people with disabilities, refugees); legal identity; marriage; inheritance; children; women; migrants/refugees; correctional services and prisons; the armed and security forces; health (e.g. public health legislation, regulation of medicines, regulation of medical professionals, patient rights, medical schemes); trade and industry, and intellectual property; criminalization (e.g. laws regulating sexual offences, sex work, same-sex relationships, HIV exposure or transmission, drug use); drugs; social welfare and development; education; labor and employment; traditional dispute resolution mechanisms; business and insurance.

With regard to the situation of KPs and sub-populations, the LEA should, inter alia, include:

- The extent to which the current legal framework protects rights or acts as a barrier to access to HIV-related social, legal and health services, in compliance with international, regional and national human rights commitments;
- The extent to which these protections are known (e.g. by communities, service providers, law enforcers), implemented and enforced and, for which people are able to access justice;
- A review of access to justice and law enforcement issues;
- Consideration of legally condoned customs that produce profound gender inequality; domestic violence, human rights violations of key populations and sub-populations, stigma and discrimination;
- Analysis of access to essential services: sex education, harm reduction and comprehensive reproductive services, HIV prevention; testing, counselling and referral; treatment, social protection and material assistance; public education research and information exchange;
- Analysis of quality in public and private life: spanning political, social and family life; family sexual and reproductive life; education and training; employment, work and economic life; private and public housing; entry, stay and residence; and non-criminalization of HIV exposure and transmission;
- Analysis of access to justice and law enforcement issues: spanning access to judicial services, fair trial and the enforcement of remedies; and protection of privacy and confidentiality.

1.1.2. Which specific elements within the LEA measurement framework will be used as proxies for any expected change?

The suggested elements can be used to guide the scope of the LEAs to be carried out, although the scope will largely depend on the specific country context and the guidance of national stakeholders on the key HIV, legal and human rights issues of concern and how these are addressed by laws, regulations and policies.¹ A key first step is to determine how the LEA can best be framed in order to be useful for identifying priority issues and measuring change.²

While the Jamaica LEA may not provide a template that is transferrable to other countries, the following elements within the LEA measurement framework may be used as proxies for change:

- Implementation of proposed revisions to statutes, secondary legislation and policies that prohibit access to counseling, care and treatment and/ or support stigma and discrimination against all persons living with and affected by HIV including key populations;
- Adoption of the PANCAP Model Anti-discrimination Bill 2012. Where anti-discrimination legislation already exists, strengthening or enactment that specifically refers to key populations and sub-populations, e.g. explicit inclusion of sexual orientation in anti-discrimination legislation and policies;
- Implementation of accompanying actions in support of (actual or proposed) legal revisions including public education, capacity building for institutional support and national systems;
- Capacity building of entities providing legal aid for persons vulnerable to HIV-related abuse of rights;
- Sensitization of key stakeholders direct and indirect effects of outdated, inconsistent and discriminatory HIV-related laws on the incidence of HIV;

¹ UNDP. Practical Manual. Legal Environment Assessment for HIV: An operational guide to conducting national legal, regulatory and policy assessments for HIV. January 2014

² Interview with Tracy Robinson and Arif Bulkan

- Development of action plans to address compliance gaps resulting from *de jure* and *de facto* legal and policy practices in areas where discrimination is likely to occur for key populations and sub-populations: access to essential services; equality of PLHIV in public and private life; and access to justice, including through mechanisms to document rights abuses.

1.2: To what degree did the project’s provision of legal education and legal support services to CSOs result in increased reporting (through formal channels) of and legal challenges to rights abuses?

1.2.1 What types of legal education and/or legal services are currently being provided to KPs? Or to CSOs serving KPs?

Status: KPs in the regional lack access to legal literacy and effective legal aid. COIN’s Human Rights Observatory for Vulnerabilised Groups in the Dominican Republic has shown the feasibility and benefits of access to legal aid by KPs.

International guidance suggests that HIV-related legal services can facilitate access to justice and redress in cases of HIV-related discrimination or other legal matters including in the areas of: estate planning; breaches of privacy and confidentiality; illegal action by the police; discrimination in employment, education, housing or social services; and denial of property and inheritance rights.

HIV-related legal services may include:

- Legal information and referrals;
- Legal advice and representation;
- Alternative/community forms of dispute resolution;
- Engaging religious or traditional leaders and traditional legal systems (e.g. village courts) with a view to resolving disputes and changing harmful traditional norms; and
- Strategic litigation.³

In Jamaica, the Jamaica Legal Aid Act in 2000 and Legal Aid Council were established for the provision and administration of legal aid, organization, establishment and operation of clinics, review of laws and policies in force relating to legal aid, and administration of resources of the Council. Legal aid is provided to persons in criminal and civil matters who meet the means or merit tests. In addition to the Legal Aid Council, there are other quasi-governmental bodies providing legal assistance, advice and to a lesser extent, legal aid. In practice, legal assistance, legal advice and legal aid, particularly relating to human rights violations, is mainly offered through CSOs.

A study looking at legal aid provisions for PLHIV has found Jamaica’s legal aid system to be underfunded and overburdened. Specific limitations include:

- Inadequate scope with legal aid prioritized for criminal matters and no services, including legal education, directed specifically to PLHIV and other key populations. The majority of HIV-related discrimination cases summarized in the 2013 review are civil cases, suggesting that PLHIV have little access to legal aid for HIV-related discrimination complaints
- Inadequate government support for CSOs that provide legal aid, advice and education.
- No government-funded or pro bono legal services.⁴

At a regional level, the University Rights Advocacy Project (U-RAP) of The University of the West Indies (UWI) collaborates with pro bono lawyers and CSOs on strategic litigation. It has supported development of a test case for decriminalization in Belize (*Orozco v. AG*) and as well as a challenge to the cross-dressing law in Guyana (*McEwan v. AG*). U-RAP conducts legal and social science research as well as legal work, engaging student volunteers in both.

³ UNDP. Practical Manual. Legal Environment Assessment for HIV: An operational guide to conducting national legal, regulatory and policy assessments for HIV. January 2014

⁴ Jamaica Legal Environment Assessment

1.3: What progress was achieved by the project in strengthening redress and accountability for KP rights abuses?

1.3.1: To what extent did the documentation and reporting systems impact the attainment of or failure to attain redress for KP human rights abuses?

Sub-evaluation question: What are the gaps and challenges in reporting of rights abuses?

Status: There exists no effective, systematic framework to document stigma, discrimination, and human rights abuse related to HIV and the key populations, and to transform that information into pattern analysis and effective countermeasures.

There is abundant evidence of widespread stigma, discrimination and human rights abuses experienced by KPs and the lack of justice and redress for people experiencing violations:

- In the Dominican Republic, police abuse of transgender women engaged in sex work is widespread, with 80 percent of survey respondents reporting having been arrested or detained and 36 percent exchanging sex to avoid arrest. Also widespread is the perception that the police will not facilitate access to justice, so that transgenders do report violence to the police for fear of further victimization. The CSO, Trans Siempre Trans (TRANSSA) has been responding to violence and hate crimes against transgender sex workers for many years and notes high levels of impunity.⁵
- In Guyana, the police are extremely discriminatory in responding to cases of violence reported by LBT women. Between 2014 – 2015, SASOD documented five separate cases where women have either been refused assistance or have otherwise been discriminated against by the police because of their sexual orientation and/or gender identity. In three cases, the police had failed to investigate the report of a homophobic crime. In one instance, members of the police force attempted to intimidate the complainant and to solicit bribes and sexual favors.⁶

Capacity has not been widely established among KP communities, at either the national or regional level, to systematically document cases of stigma, discrimination and rights abuse. Key populations by and large lack skills and tools for documentation and to use the information collected for evidence-based advocacy.⁷ Institutionalized support mechanisms for documentation and use of data on stigma, discrimination and rights abuse are lacking. Several national LGBTI CSOs document human rights abuses but many do not utilize the information in any way, and there is typically no possibility to attain redress for these, even where the CSOs provide support for reporting to the police. Only 20% of the 29 KP national organizations surveyed reported that they have been involved in litigation efforts. More experienced CSOs compile and utilize reports of abuses for advocacy through media efforts and reports to regional and international mechanisms. While these mechanisms can place pressure on governments to take certain actions, they do not provide any tangible redress to the individuals experiencing the HR abuses. Some NGOs provide support for and encourage reporting to the police but in the majority of cases, this does not result in redress.

Illustrative list of Shadow Reports:

- Submissions in the petition on the “Human Rights Situation of Young Persons in Guyana” by the Guyana Equality Forum (GEF) member organizations during the 161st Period of Sessions of the Inter-American Commission on Human Rights (IACHR) on March 22, 2017.
- *Suffering in Silence: Violence against LBT Women in Guyana* Compiled by the Society Against Sexual Orientation Discrimination to inform the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (Convention of Belém do Pará), of areas where Guyana is non-compliant with obligations to respect and protect the human rights of women, especially lesbian, bisexual and transgender (LBT) women. 8/1/2016

⁵ Discrimination and violence towards transgender women in the Dominican Republic. Report prepared by the Human Rights Observatory for Vulnerable Groups, TRANSSA, Comunidad de Trans and Travestis Trabajadores Sexuales (COTRAVETD), Dominican Republic 27 October 2014.

⁶ <https://www.oas.org/es/mesecvi/docs/Round3-ShadowReport-Guyana.pdf>

⁷ CVC/COIN Concept Note

- Human Rights Violations Against Lesbian, Gay, Bisexual, and Transgender (LGBT) People in Jamaica: A Shadow Report Submitted for consideration at the 118th Session of the Human Rights Committee October 2016, Geneva. Submitted by Jamaica Forum for Lesbians, All-sexuals and Gays (J-FLAG) Women's Empowerment for Change (WE-Change), The Colour Pink Foundation TransWave Center for International Human Rights, Northwestern Pritzker School of Law of Northwestern University Global Initiatives for Human Rights of Heartland Alliance for Human Needs & Human Rights
- Human Rights Violations of Lesbian, Gay, Bisexual, and Transgender (LGBT) People in Belize: A Shadow Report Submitted for consideration at the 107th Session of the United Nations Human Rights Committee. March 2013, Geneva. Submitted by the United Belize Advocacy Movement (UniBAM) and the Heartland Alliance for Human Needs and Human Rights
- Human Rights Violations of Lesbian, Bisexual, and Transgender (LBT) People in Guyana: A Shadow Report. Submitted for Consideration at the 52nd Session of the Committee on the Elimination of Discrimination Against Women. July 10, 2012, New York
- Submission by J-FLAG for the Universal Periodic Review UN Human Rights Council, Twenty-Second Session (April/May 2015)
- The status of lesbian, gay, bi-sexual and transgender (LGBT) individuals in Grenada developed with assistance from IGLHRC and submitted on July 9 to the United Nations Human Rights Committee for its 90th session, July 9-27, 2007.

The National HIV-Related Discrimination Reporting and Redress System (NHDRRS) in Jamaica is a national mechanism designed to “deal systematically with incidents of HIV-related discrimination by collecting, investigating and being a focal point for redress for complaints of discrimination related to the real or perceived HIV status of an individual.” The NHDRRS sought to integrate existing reporting mechanisms and government agencies under the Ministry of Health, with three agencies collecting complaints: the Jamaica Network of Seropositives (JN+), the Ministry of Labor and Social Security, and the Ministry of Education. A 2013 review of reported cases compiled by JN+ shows the most prevalent forms of discrimination faced by PLHIV to be breaches of medical confidentiality; harassment/verbal abuse; denial of health care; employment disputes (hiring and firing decisions based on HIV status); denial of access to education; denial of access to adequate housing; discrimination and being forced out by family and community members; and threats to person or property. A number of structural weaknesses of NHDRRS have been identified, including: underfunding; lack of awareness; and the lack of formal arrangement between the NHDRRS and other professional regulatory bodies that precluded the use of these bodies to address HIV-related discrimination.⁸ The evaluation of Jamaica's National Strategic Plan, conducted by CARPHA, found that the National HIV-Related Discrimination Reporting and Redress System (NHDRRS) did not have the requisite internal skills and capacity and thus was ineffective in providing redress. CARPHA recommended placing greater emphasis on creating an enabling environment that would allow PLHIV to access the NHDRRS and to follow through with complaints, and that this could only happen by strengthening the involvement of PLHIV and other KPs in the functioning of the NHDRRS.⁹

Also in Jamaica, CVC has been collaborating with J-FLAG, JN+ and other CSOs on documenting and publicizing individual cases of human rights violations and on advocating for human rights. This has included research to understand which human rights violations are of most concern to KPs, and sensitization sessions with the National AIDS Council and other duty-bearers.¹⁰ CVC is developing a regional human rights observatory that can be accessed by member organizations across the Caribbean through an online platform with software that can be used to document individual cases and then aggregate, analyze, and generate reports.

⁸ CVC/COIN Concept Note

⁹ CVC/COIN Concept Note

¹⁰ El Observatorio de Derechos Humanos para Grupos Vulnerabilizados (ODHGV) Advancing the rights of people living with HIV and most at risk of infection in Dominican Republic. A CVC/COIN Profile of Good Practice by Stuart Adams, 10 January 2016

El Observatorio de Derechos Humanos para Grupos Vulnerabilizados (ODHGV), hosted by COIN in the Dominican Republic, provides a good working model for a human rights observatory, but has had only very limited coverage to date.¹¹ Its members included 33 civil society, government and multilateral organizations. The ODHGV's main purposes are to document complaints of human rights violations experienced by individuals vulnerable to HIV; to generate information that CSOs can use for evidence-based advocacy and for highlighting how human rights violations drive the HIV epidemic in socially marginalized groups. The ODHGV offers:

- Case documentation and research on human rights violations, referrals to pro bono legal services or legal aid and case advocacy;
- Capacity building to strengthen CSOs' ability to document and use evidence and other resources to advocate for human rights;
- Advocacy and media work, including development of legislative briefs and reports;
- Human rights education including public campaigns and training workshops for rights-holders and duty-bearers;
- Engagement with regional and international human rights mechanisms.
- During 2015, a teenager who had stabbed a transsexual was sentenced to 5 years in prison.¹²
- During 2017, a group of organizations fighting for human rights helped to achieve a decision to sentence to 20 years in prison someone who killed a transsexual two years ago¹³

Reports of HR abuses:

- From December 2013 through December 2014, the ODHGV had received reports of 59 incidents of human rights violation. Of those, 17 involved transgender sex workers; 7 were incidents of alleged gender-based violence; 3 were incidents involving alleged discrimination based on HIV status. The ODHGV determined that 37 constituted alleged criminal violations and 2 constituted alleged civil violations.
- During 2015, the ODHGV's Helpline received 222 calls. These calls reported and followed up on 28 cases of human rights violation: 10 involving LGBTI people, 11 involving PLHIV, 4 involving victims of gender-based violence, and 3 involving marginalized youth. In addition, they provided psychological counselling to 14 people. Forty cases of human rights violation against MSM, sex workers, transgender women and parking attendants were documented.
- During 2016 and 2017, 70 cases were documented, of which 20 involved people with HIV, 30 police abuse and arbitrary detentions and 20 planting of drugs.

Access to redress:

- During 2015, the ODHGV assisted with the successful trial and conviction of the perpetrators of two hate crimes against transgender women, through collaboration with the Attorney General's Office and CSOs TRANSSA and COTRAVETD. The complaint resulted in the removal from office of the general in charge of the police in Santiago.

Enabling factors and good practices:

- The ODHGV best serves KP groups represented and served by CSOs that actively collaborate with the ODHGV to bring attention to violations against transgender women.
- The ODHGV and its member organizations campaign for human rights through strategic media efforts to focus attention on individual cases and on major reports.

¹¹ El Observatorio de Derechos Humanos para Grupos Vulnerabilizados (ODHGV) Advancing the rights of people living with HIV and most at risk of infection in Dominican Republic. A CVC/COIN Profile of Good Practice by Stuart Adams, 10 January 2016

¹² <http://transsadominicana1.blogspot.com/search?q=adelly>

¹³ <https://www.diariolibre.com/noticias/justicia/organizaciones-valoran-como-un-logro-condena-por-asesinato-de-un-transexual-GX7132954>

- The ODHGV facilitates training workshops for rights-holders and for duty-bearers as well as to help member CSOs to become more active in case documentation and follow-up.
- The ODHGV team puts makes an effort to resolve reported cases through counselling and mediation without referral to legal aid. ODHGV's lawyers accompany victims to lodge complaints so agencies receiving the complaints cannot deny they have received them.

How do current reporting systems impact ability to attain redress? What are the main challenges facing KPs when trying to attain redress?

Status: People who experience discrimination on the grounds of HIV status, gender, disability and sexual orientation are largely without redress.¹⁴

Multiple reports have documented how states have failed to protect key populations, particularly LGBTI people and sex workers, from violence and human rights violations.^{15,16,17,18,19} Weak justice systems, with backlogs of cases, poor witness protection, and a limited culture of rights litigation results in impunity.²⁰ Transgender women sex workers face arbitrary detention, and inhuman and degrading treatment and punishment at the hands of police, including sexual extortion.^{21,22} KP sub-populations face specific concerns.

The inability of PLHIV and other key populations to attain redress is described in the Assessment of the Jamaican Legal AID system:²³

- PLHIV and other KPs are not interested in approaching the courts for constitutional redress for human rights breaches, as the remedies currently available do not merit risking exposure of their HIV or other status. Existing domestic laws do not single out HI as a basis for legal assistance; there is no general anti-discrimination law or HIV or sexual orientation specific legislation. Protection and redress efforts must be offered in the context of the Charter of Rights, under the Constitution. This does not meaningfully meet the needs of KPs for concrete solutions for discrimination relating to employment, housing, maintenance and custody matters, privacy and confidentiality issues.
- Many HR violations occur at the hands of public authorities and take place in public institutions such as hospitals, public laboratories, educational facilities, etc. The level of intervention and legal assistance offered by the Public Defender in such circumstances is usually limited to investigation and occasionally, sanctions without providing compensation to the victim. Even when citizens are awarded cost and damages against the government, it is difficult to enforce this.
- One of the major deterrents of reporting is stigma and discrimination from police, armed forces, and judicial officials. Efforts to address this through training have had limited coverage, have not been systematic and sustained, and have not been shown to be effective. These have included

¹⁴ UNAIDS (2011), *Keeping Score III: The Voice of the Caribbean People*

¹⁵ Human Rights Watch (2004), *Hated to Death: Homophobia, Violence and Jamaica's HIV/AIDS Epidemic*, Human Rights Watch

¹⁶ Inter-American Commission on Human Rights (2012), *Report on the Situation of Human Rights in Jamaica*, Organization of American States,

¹⁷ See Caribbean Sex Worker Coalition (CSWC) Montego Bay Declaration, September 2013, <http://caribbeansexworkcollective.org/index.php/en/campaigns-and-upcoming-events/119-montego-bay-declaration> and <http://www.hivlawcommission.org/index.php/news/news/200-caribbean-sex-workers-coalition-calls-for-an-end-to-discrimination-against-sex-workers-urges-transgender-recognition> . (Full doc.)

¹⁸ CVC/COIN *Diversity and Commonality: A look at Female and Transgender Sex Workers in three Caribbean countries*, CVC/COIN, Dominican Republic,

¹⁹ CVC/COIN (2014) Caribbean Sex Work Coalition Regional Meeting Report, p. 21, Report on file with CVC/COIN

²⁰ Jamaicans for Justice and Lawyers without Borders Canada (2014) *Strategic Litigation of Human Rights Abuses: A Manual for Legal Practitioners from the Commonwealth Caribbean*, Quebec, Kingston

²¹ Diversity and Commonality

²² Human Rights Observatory DR/TRANSSA/CONTRAVEDT (2014)

²³ Assessment of the Jamaican Legal AID System

pilot programs for the police and armed forces under the CVC/COIN GF R9 grant in Trinidad and the Dominican Republic and by CSWC in Guyana.²⁴

- An analysis of the Jamaica Legal Aid System has identified a number of gaps and challenges related to the pursuit of redress via legal aid mechanisms. These include:
 - Insufficient access with no government-provided legal aid facilities specific to PLHIV or other key populations. Education and adequate resources (eg transportation and time) to access legal aid are critical factors.
 - Lack of confidence in the Jamaican justice system and high degree of distrust among those people in lower socioeconomic groups. There is a widely-held belief that justice in Jamaica, is for the rich as poor people face lengthy delays, lack of information and high costs. The poor and vulnerable are less likely to access the legal system by choice. Public perception of low standard of service by legal aid providers. Lack of funding has resulted in the inability to attract or retain experienced attorneys. Legal aid matters are not prioritized, so they can drag on for many years.
 - Lack of relevance, as several areas of law are sidelined under the existing legal aid system. There is no reference to human rights or HIV-related issues in the Legal Aid Act.
 - The absence of a general anti-discrimination law means that there is no real actionable redress. People must rely regulatory bodies, such as the Public Defender's Office, to intervene by way of disciplinary hearings or other means outside of court proceedings. there is no law, policy or government-funded program promoting legal literacy training among PLHIV. There is no evidence that HIV-related issues are included in public and private law school curricula.²⁵
- In Haiti, although there are no protective laws which explicitly refer to gender or sexual orientation, the largely neutral legislative framework has encouraged local LGBT NGOs to work for redress for people who are victims of violence or discrimination. In practice, however, court cases typically are not resolved in favour of the litigant.²⁶ Further, the police and justice system routinely do not protect the LGBT community. FACSDIS reported that lesbians who are raped are afraid to tell police that their rape was motivated by their sexual orientation. According to one FACSDIS member, "if we told them it would be like we were being raped all over again, they just tell us it's our fault."²⁷
- In Guyana, weak rule of law generally is a major deterrent to the pursuit of redress.²⁸

1.5: To what extent did the country and regional- level KP advocacy action plans facilitate progress towards law and policy reform, better use of existing laws and policies, or social accountability?

Status: A survey of 29 national KP organizations shows that 23 (79%) have an advocacy plan; 19 (65%) engage in litigation, 5 (19%) in lobbying and 16 (62%) in capacity building for advocacy; 23 (79%) are active in regional advocacy efforts and 21 (72%) in global advocacy efforts. There are no regional-level advocacy plans,²⁹ but PANCAP has established a Policy and Strategy Working Group on Stigma and Discrimination that functions as an external specialized advisory technical group for PANCAP and national HIV programs to advance human rights and support the elimination of stigma and discrimination in the Caribbean.

²⁴ CVC/COIN Concept Note

²⁵ Jamaica Legal Environment Assessment

²⁶ Interview with Smith Maxime

²⁷ March 2013 MADRE and IWHRC Report to the Commission on the Status of Women. Violence and Discrimination Against Women and Girls and LGBT People in Haiti

²⁸ Interview with Joel Simpson

²⁹ Email Correspondence with Dereck Springer, 5/20/2017

1.5.1: To what extent did the national and regional advocacy plans reflect the priorities of particular KP sub-populations both nationally and regionally? What are the priorities of the KP sub-populations?

The priorities of key populations and sub-populations differ across countries, a function of the extent of social mobilization, capacity of KP organizations, constituency needs, the political environment, and priorities and positions of their governments. Some areas of focus that have been identified through interviews are:

- The need for legislation that explicitly protects persons from discrimination on the grounds of sexual orientation and gender identity, especially in the areas of employment, education, healthcare and when accessing goods and services;
- The need to address the legality of excluding LGBTI people from protections with respect to violence and the 'gay panic' defense;
- Policies to address bullying and workplace discrimination;
- The right to change legal identification for transgenders;
- Rights of intersex children.

Decriminalization is often conflated with a marriage equality agenda, although national MSM and LGBTI organizations are clear that marriage equality is not a priority on the advocacy agenda in the vast majority of countries. For some national LGBTI groups, decriminalization is a distraction from the work that is necessary to create a legal framework to protect against, and offer redress for, discrimination and to ensure the economic and social rights of the community, while others see it as an important preliminary step for achieving further legal and policy gains.

A recent submission by the Guyana Equality Forum to the 161st Period of Sessions of the IACHR identifies a number of priority issues for young people, transgenders and LGBTI people:

- Bullying and expulsion from schools because of their sexual orientation and gender identity;
- Workplace discrimination with employees and job applicants being dismissed and told to subdue their sexual orientation, gender identity and gender expression;
- Transgender women being barred from attending court;
- Transgender people being placed in hospital wards that do not correspond with their gender identities.³⁰

A study conducted with transgender people in the Dominican Republic has identified the following priorities:³¹

1. Access to health providers knowledgeable about sexual diversity and trans health, and offering a full range of services, including to address emotional and mental health. Many self-medicate, especially with hormone replacement therapy.
2. Develop trans health protocols, and develop strategies in the health facilities to comply with pronouns the users prefer.
3. Include transgender people in decision-making spaces;
4. Work with biological families and family circles to raise awareness about needs, and support issues in trans and diversity.
5. Raise awareness and train teachers and other education sector personnel about sexual diversity and bullying.
6. Increase involvement and awareness of the Ministry of Labor and the judiciary to document and respond to specific issues of human rights violations.
7. Document hate crimes and other acts of violence against trans people, and identify strategies for its resolution.

³⁰ <http://www.stabroeknews.com/2017/opinion/letters/04/22/coalition-government-fallen-woefully-short-meeting-obligations-lgbt-citizens/>

³¹ Paulino-Ramírez, Robert; Rodríguez-Lauzurique, Mayra; Castillo, María, y Saleh-Ramírez, Aysa. 2015. *Diagnóstico de las Necesidades de Salud de las Poblaciones Trans de la República Dominicana*. Santo Domingo, República Dominicana. Avanzando con Socios y Comunidades, APC/USAID.

8. Create opportunities for education and employment including through access to grants for education.
9. Empower trans organizations with training and support, and include organizations in the planning, implementation, and evaluation of programs for transgender people to ensure that actions respond to the needs of the communities.
10. Create community-based organizations that advocate for the rights of transmen.

What is the status of law and policy reform?

Status: Key populations in the Caribbean continue to face oppressive legal, policy and regulatory regimes.³²

Criminalization

- Ten Caribbean countries criminalize consensual sex between adults of the same sex: Antigua and Barbuda, Barbados, Dominica, Grenada, Guyana, Jamaica, St Kitts and Nevis, Saint Lucia, St Vincent and the Grenadines, and Trinidad and Tobago. In Barbados, Trinidad and Tobago, and Saint Lucia all acts of same-sex activities are illegal, while the Guyanese and Jamaica laws forbid MSM relations but do not refer to same-sex relations between women. In some countries, these laws have been nullified or amended. In the Bahamas, the law proscribes consensual same-sex activity between adults in public but not in private.³³ Belize was recently added to the list of those who do not, and same sex relations among consenting adults are legal in Haiti, Montserrat and Suriname.
- Laws in Belize and Trinidad and Tobago explicitly ban the entry of homosexuals to the country and criminalize HIV transmission.³⁴
- Three countries (Belize, Dominican Republic and Suriname) have laws which restrict entry to people who are HIV positive.
- All countries in the English-speaking Caribbean criminalize sex work.³⁵
- In Jamaica, as elsewhere, there is disparity between legislation prescribing the age of consent (16 years) and the age at which health care can be accessed without parental consent (18 years) make it difficult to provide prevention interventions and to treat infected and at-risk youth.³⁶
- Regional drug laws treat substance use exclusively as a law enforcement issue rather than a public health one.

Exclusion from law

- The absence of a legal framework for protection of PLHIV and their families in the majority of countries is widely acknowledged to restrict the promotion of human rights and actions to address stigma and discrimination. Only in the Dominican Republic does a recent law protect PLH and guarantees their full rights as citizens.³⁷
- Throughout the English-speaking Caribbean, LGBT people are entirely excluded from family law protections: their unions are not recognized; same-sex partners receive nothing under rules of intestacy; they have no entitlement to maintenance; there is no half-share entitlement in the family home; and they have limited protection from domestic violence. Laws to protect LGBT youth from violence and discrimination are also lacking in the region.³⁸
- In Haiti, there is no law that prohibits same-sex intimacy but in 2013, a new adoption law was passed that explicitly discriminates against homosexuals by not allowing adoptions by same-sex

³² L. Gruskin and S. Ferguson (2008). *Ensuring an Effective HIV Response for Vulnerable Populations: Assessing national legal and policy environments*. Harvard School of Public Health, Boston. p. 1.

³³ Human Rights Watch. *Hated to Death: Homophobia, Violence and Jamaica's HIV/AIDS Epidemic*. Human Rights Watch, 2004. 5.

³⁴ Belize NSP 2012–2016, pp. 58–59.

³⁵ PANCAP (2009) *Prostitution, Sex Work and Transactional Sex in the English, Dutch- and French-Speaking Caribbean: a literature review of definitions, laws and research*, CARICOM, p. 16.

³⁶ Jamaica's Draft National Integrated Strategic Plan for Sexual and Reproductive Health & HIV 2014-2019 (pp. 29 – 30)

³⁷ DR NSP 2015-2018, pp.17-18.

³⁸ COC Regional Assessment

couples regardless of their marital status. In all other aspects, Haitian law is “neutral” with respect to the rights of LGBT people, however, there have been recent moves to strengthen legal constraints to LGBT rights, with a law proposing to criminalize public homosexual activity tabled in parliament in November 2016. The President of the National Assembly has declared, "Haiti is not ready and will be ever ready to legalize homosexual practices. And no Haitian law allows homosexuality."³⁹

Privacy

- The right to privacy is protected by Caribbean constitutions but may not be enforceable under the redress provisions of most Caribbean constitutions, although this may be possible in Antigua and Barbuda, Belize, St. Kitts and Nevis and Trinidad and Tobago.⁴⁰

Protection from discrimination

- In most countries, there is no comprehensive anti-discrimination legislation and no Caribbean constitution explicitly provides protection against sexual orientation discrimination.⁴¹ In Belize, Guyana and Trinidad and Tobago, general equality rights are guaranteed but this does not extend to the equality rights of KPs.⁴² In Guyana, sexual orientation and gender identity are not included as grounds of protection in Article 149 on protection from discrimination in the Guyana Constitution's nor are they expressly referenced in any of the other equality-rights articles of the Constitution.⁴³ Although Trinidad and Tobago has an Equal Opportunities Act, gender and HIV status are currently not protected categories.⁴⁴ This means that LGBT people have very little legal recourse when they experience discrimination.⁴⁵ The Dominican Republic has draft anti-discrimination legislation which is currently under presidential review.
- Migrant workers have many protections under the ILO conventions with respect to protection from HIV. In addition, many CARICOM countries (including Antigua and Barbuda and Barbados) have adopted the ILO *Code of Practice on HIV/AIDS and the World of Work* (2010). As signatories to various ILO conventions, CARICOM states are required to have provisions in their laws and policies that would protect these workers, whether in the formal or informal sectors. Nonetheless, CARICOM countries appear to have different policy approaches to the treatment of migrant workers (legal and illegal). These differences may indeed lead to different outcomes in respect of vulnerabilities of migrant workers.⁴⁶

Arbitrary application of laws

More generally, the arbitrary application of laws and policies not only perpetuates and legitimizes stigma and allows authorities to repress gays, sex workers, transgender people, cross dressers, marginalized youth, drug users and migrants.^{47,48}

Evidence base of legal and political challenges

Documentation of the legal and political challenges facing KPs exists in numerous forms, including:

- Reports from regional mechanisms such as the IAHRRC, OAS.

³⁹ <https://travel.state.gov/content/adoptionsabroad/en/country-information/learn-about-a-country/haiti.html>

⁴⁰ Tracy Robinson, <http://unaids-caribbean.org/node/165>

⁴¹ Jamaica Gleaner Editorial

⁴² Tracy Robinson, <http://unaids-caribbean.org/node/165>

⁴³ <http://www.stabroeknews.com/2017/opinion/letters/04/22/coalition-government-fallen-woefully-short-meeting-obligations-lgbt-citizens/>

⁴⁴ Bulkan, Arif (2013) The Poverty of Equality Jurisprudence in the Commonwealth Caribbean, *The Equal Rights Review*, Vol 10, p. 18. Available at: http://www.equalrightstrust.org/ertdocumentbank/ERR10_art1.pdf.

⁴⁵ Jamaica Gleaner Editorial

⁴⁶ The University of the West Indies, Mona, UWI/HARP, Mona December 2011 Improving Universal Access to HIV Prevention, Treatment, Care and Support: Consultancy for a Study on the HIV Vulnerabilities of Migrant Workers in the Informal Economy Among Migrant Workers from CARICOM Countries in Antigua and Barbuda and Barbados.

⁴⁷ CVC/COIN Analysis of HIV Response

⁴⁸ *Ibid.* p.67.

- UNDP 2011. *Global Commission on HIV and the Law (2011), Report of the Caribbean Regional Dialogue of the Global Commission on HIV and the Law*, Port of Spain, Trinidad and Tobago, 12-13 April 2011 (2012), and *Regional Issue Brief* prepared for the Caribbean Regional Dialogue of the Global Commission on HIV and the Law, April 2011.
- International reports such as L. Gruskin and S. Ferguson (2008). *Ensuring an Effective HIV Response for Vulnerable Populations: Assessing national legal and policy environments*. Harvard School of Public Health, Boston; Report A/HRC/27/L.27/Rev.1 of the United Nations Human Rights Council “*Human Rights, sexual orientation and gender identity*”
- Regional research such as G. Alleyne and R-M. Belle Antoine (eds.) (2013). *HIV and Human Rights: Legal and Policy Perspectives on HIV and Human Rights in the Caribbean*
- PANCAP (2012) *Perspective on Human Rights*.
- People who use drugs: Biko Agozino (2014) *Drug and Alcohol Consumption and Trade and HIV in the Caribbean: A Review of the Literature*. *J HIV AIDS Infect Dis* 2: 1-12.
- PANCAP reports on the vulnerabilities of migrants in Antigua and Barbuda, Barbados, Belize and Trinidad and Tobago
- Jamaica Legal Environment Assessment;
- Media reports (see for example, CariFLAGS Facebook page)
- Testimonies collected and published by CSOs such as J-FLAG, SASOD
- Shadow reports prepared by civil society organizations (listed on page X).
- Two Human Rights Watch Reports⁴⁹ and an Inter-American Commission for Human Rights Report⁵⁰ over the past ten years have highlighted how human rights abuses towards lesbian, gay, bisexual and transgender (LGBT) people and sex workers act as social determinants in the HIV epidemic in Jamaica. The results of the HIV and the Law Commission’s Regional Report corroborate similar findings at a regional level and call for removal of laws and policies, which criminalize sex work and same-sex relations.⁵¹
- Discrimination and violence against MSM and LGBT persons have been documented in PANCAP’s survey on HIV stigma in six Caribbean countries⁵² and by the UNAIDS Caribbean Men Internet Survey (CARIMIS) conducted in 2011-2012 which identified many instances of violence, stigma and discrimination associated with HIV testing and service provision experienced by men who have sex with men in the Caribbean.⁵³

Evidence base for interventions

The current evidence base for interventions includes primarily documentation of CSO initiatives implemented under the Global Fund Round 9 grant program, including the final evaluation and CVC/COIN best practice series, as well as other interventions supported by other international partners. These reports include:

- Reaching 90-90-90 for KPs: Can CSOs Help National Health Programs Improve Performance?
- <http://www.focusright.org/index.php/es/component/k2/item/154-flying-at-38-000-feet-cvc-coin-s-sexual-health-training-for-prevention-with-vulnerabilised-populations>
- CVC/COIN (2012) *From Tolerance to Rights: HIV and Sex Worker Programs in the Caribbean – Effective Models and Opportunities for Scale-Up*, The Caribbean Vulnerable Communities Coalition (CVC), El Centro de Orientación e Investigación Integral (COIN), Pan Caribbean Partnership Against HIV and AIDS (PANCAP), CARICOM Community Secretariat, Available at: http://www.focusright.org/files/Review_of_Models_and_Best_Practices_of_SW__inglessmallpdf_com_1.pdf

⁴⁹ Human Rights Watch (2004), *Hated to Death: Homophobia, Violence and Jamaica's HIV/AIDS Epidemic*; and Human Rights Watch (2014), *Not Safe at Home: Violence and Discrimination towards LGBT people in Jamaica*

⁵⁰ IACHR (2012), *Report on the Situation of Human Rights in Jamaica*, OAS

⁵¹ UNDP, Global Commission on HIV and the Law (2011), *Report of the Caribbean Regional Dialogue of the Global Commission on HIV and the Law*, Port of Spain, Trinidad and Tobago, 12-13 April 2011.

⁵² H. Royes (2007). *PANCAP Survey of HIV/AIDS Stigma and Discrimination in Six Caribbean Countries*. PANCAP, Guyana.

⁵³ UNAIDS Caribbean Regional Support Team (2014). *Caribbean Men's Internet Survey (CARIMIS)*. Trinidad

- CVC/COIN (2012) HIV and Marginalized Youth Programs in the Caribbean – Effective Opportunities and Models for Scale-Up, COIN, PANCAP, and CARICOM Community Secretariat, Available at:
- CVC/COIN (2011) Strategic Framework for Strengthening National Responses to HIV for Gay Men, Other MSM, and Trans people
- CVC/COIN (2013) Caribbean Showcase Series: Monitoring services for youth living with HIV, A community program run by youth living with HIV.
- Best practices compiled under the CARISMA Caribbean Social Marketing Program⁵⁴
- End of project report for the GIZ Migrant project.
- PANCAP (2014) Best Practice Approaches to HIV Programming. This report focuses on effective practices implemented through collaborations between national HIV programs and CSOs.

Status: There have been no systematic efforts to map and track policy and law reform work, including pilot programs in countries and the adoption and implementation of protective measures.⁵⁵

Model legislation

The PANCAP Model Anti-discrimination Legislation, although endorsed by the COHSOD in 2012, has not been adopted by any country, and while all countries have integrated some elements of human rights in their national response to HIV, in many instances, new policies are not being implemented.⁵⁶ The GIZ Migrants project proposed an amendment to the Model Legislation to include a specific reference to migration but this was not approved by the COHSOD.⁵⁷

Strategic litigation

In a number of countries, efforts have included strategic litigation to challenge specific laws and attempts to sway public opinion in favour of constitutional reform to explicitly strengthen protection with respect to gender and sexual orientation. These include:

- **Guyana:** In 2010, four trans women and the Society Against Sexual Discrimination (SASOD) brought an action challenging the constitutionality of an 1893 colonial vagrancy law which makes it an offence for a ‘man’ or a ‘woman’ to cross-dress in public ‘for any improper purpose’. In February 2017, the Court of Appeal confirmed an earlier ruling that the expression of one’s gender identity as a trans person is not in and of itself a crime, but dismissed an appeal based on the contention that the law discriminates based on gender and violates multiple equality provisions in the Constitution. The appellants confirmed that they intend to appeal this ruling to the Caribbean Court of Justice (CCJ).⁵⁸
- **Belize:** Filed in 2010, Orozco vs AG challenged the constitutionality of section 53 of the Criminal Code 1981 of Belize which states that ‘every person who has carnal intercourse against the order of nature with any person or animal shall be liable to imprisonment for ten years.’ In a decision delivered in August 2016, the Chief Justice held that S. 53 violates the Belizean constitution and should be read down to exclude consenting same-sex intimacy in private between adults.⁵⁹
- **Bermuda:** In July, 2016, amendments aimed at solidifying marriage as between a man and a woman were passed in the House of Assembly. A civil action brought against the Government of Bermuda by a same-sex couple seeking an order from the Supreme Court to compel the Registrar to post their marriage bans, in accordance with the Marriage Act, was successful.⁶⁰ In a May 2017 ruling, the court concluded that the common law discriminates against same-sex couples by excluding them from marriage and more broadly speaking the institution of marriage.⁶¹

⁵⁴<http://www.carisma-pancap.org/resources/a-z>

⁵⁵ Caribbean Vulnerable Communities Coalition (CVC) Concept Note 2016

⁵⁶ UNAIDS (2011), *Keeping Score III: The Voice of the Caribbean People*

⁵⁷ GIZ Project Final Report and email correspondence from Dereck Springer

⁵⁸ <http://www.sasod.org.gy/sasod-blog-cross-dressing-case-likely-heading-ccj>

⁵⁹ <http://www.u-rap.org/web2/index.php/2015-09-29-00-40-03/orozco-v-attorney-general-of-belize/item/2-caleb-orozco-v-attorney-general-of-belize-and-others>

⁶⁰ <http://www.bermuda-online.org/marriages.htm>

⁶¹ <http://bernews.com/2017/05/court-rules-in-favour-of-gay-couple/>

- **Jamaica:** In May 2013, the J-FLAG brought a suit in the Supreme Court to declare unconstitutional the criminality of same-sex sex. The suit was opposed by the Attorney General, who was joined by a several religious groups and other CSOs. Javed Saunja Jaghai v. the Attorney General of Jamaica is another suit that was brought before the Jamaica Supreme Court.
- A Jamaican attorney made a case to the Caribbean Court of Justice (CCJ) that he had been prejudiced in the enjoyment of his right as a CARICOM national to enter Belize and Trinidad and Tobago, due to the Immigration Acts which include homosexuals as a class of prohibited persons. The case sought an order for both countries to amend their Immigration Acts. The claim was dismissed after the CCJ ruled that Tomlinson had not been prevented from entering either country and had done so several times in the past without hindrance.⁶²
- **Trinidad and Tobago:** A lawsuit is challenging Section 13 of the Sexual Offences Act which identifies buggery as a criminal offence.⁶³

Other efforts:

- **Aruba:** In September 2016, the Parliament of Aruba voted to amend the Aruban Civil Code provisions on marriage so as to officially recognize same-sex registered partnerships. The amendment will give same-sex couples the same benefits granted to married partners under the Code, such as the right to pension benefits in the case of a spouse's death and the right to make medical decisions on the spouse's behalf.⁶⁴
- **Suriname:** The Government of Suriname introduced anti-discrimination legislation including sexual orientation in grounds for non-discrimination complaints and recently organized public hearings in collaboration with civil society, to discuss the expansion of the rights of LGBTI people, including marriage equality.⁶⁵ A legislative initiative is being discussed in the Public Health Committee of the National Assembly, which should allow undocumented migrants free access to any type of HIV services.
- **Antigua:** A law was adopted on the basis of project initiatives in February 2015 that also undocumented migrants get unrestricted access to health services.⁶⁶
- **Haiti:** A draft anti-discrimination bill has been drafted and is awaiting parliamentary review and approval. The bill has been stuck at this stage for over ten years largely because there have been no advocacy efforts to move it forward. Recently, PLHIV marched in the capital with the aim of pressuring law makers to act on the bill.⁶⁷
- **Dominican Republic:** A final draft of the General Law on Equality and Non-Discrimination was presented to the President of Dominican Republic on August 10, 2016.⁶⁸ In February, 2017 the Bill was revised based on suggestions provided by the Executive (CJPE) and was re-submitted. The Attorney General made some suggestions regarding its legislative development unit, created recently. Subsequently, a new phase of advocacy to undertake consultations with key actors, was initiated.

Referenda

- **The Bahamas:** In June 2016, voters rejected constitutional reform to advance gender equality and end discrimination based on sex.⁶⁹
- **Grenada:** In November 2016, voters rejected all seven bills up for consideration in a constitutional referendum. Bill #6 (Rights and Freedoms) (Amendment) Bill sought to expand the list of fundamental rights and freedoms to include, among other, gender equality for all.⁷⁰
- **Jamaica:** The Prime Minister called for a referendum to validate its discriminatory laws. One 2014 poll found that 91% of respondents opposed repeal.⁷¹

⁶² <http://www.trinidadexpress.com/20170223/news/gay-rights-advocate-challenges-tts-homosexuality-laws>

⁶³ <http://www.trinidadexpress.com/20170223/news/gay-rights-advocate-challenges-tts-homosexuality-laws>

⁶⁴ <http://www.loc.gov/law/foreign-news/article/aruba-same-sex-partnerships-recognized-by-law/>

⁶⁵ www.pgaction.org

⁶⁶ GIZ Project Final Report

⁶⁷ Interview with Edner Bouciouat

⁶⁸ www.pgaction.org

⁶⁹ <http://www.constitutionnet.org/news/bahamian-voters-reject-constitutional-reforms-enhancing-gender-equality>

⁷⁰ <http://grenadaconstitutionreform.com/#Bills>

⁷¹ Economist article

- **Guyana:** The Government has called for a referendum on the decriminalization of the sodomy law.

A survey of faith leaders asked:

1. **Considering the current educational, social, and political context, do you think antidiscrimination legislation should be strengthened or adopted now or in the near future?**
 7 yes with consultation
 2 no
2. **Considering the current educational, social, and political context, do you think repeal of laws criminalizing same-sex intimacy can be achieved now or in the near future?**
 3 yes
 6 no
3. **Looking ahead, how likely do you think it is that antidiscrimination measures will be adopted in the next 5 years?**
 3 yes
 6 no
4. **If antidiscrimination legislation is adopted, what issues do you think the state needs to be most concerned about related to its implementation?**
 5 upholding the law/ ending discrimination
 4 preserving religious rights
 1 erosion of values
 1 hate crimes
 1 cultural reaction
5. **Looking ahead, how likely do you think it is that the repeal of laws criminalizing same-sex intimacy will be achieved in the next 5 years?**
 2 yes
 9 no, no political will
6. **If criminalizing laws are repealed, what issues do you think the state needs to be most concerned about?**
 3 promiscuity
 2 religious freedom
 2 abuse/rape

A survey of regional leaders asked:

How would you rate the level of political commitment to formulate national strategies and policies that promote antidiscrimination and KP rights?

Stakeholder	Average score
Heads of State	2 - Limited understanding
Ministers of Health	3 - Some understanding
Ministers of Justice	3 - Some understanding
Leaders of the Opposition	2 - Limited understanding
National AIDS Programmes	3 - Some understanding
Faith leaders	1 - No understanding
Regional HIV leaders	4 - Fair understanding

Regional civil society leaders	4 - Fair understanding
National civil society leaders	3 - Some understanding

How are existing laws and policies currently used?

Arbitrary application of discriminatory laws and policies is linked to high levels of human rights violations as they legitimize repression and the failure of states to protect LGBT people.^{72,73} The Caribbean report of the Global Commission on HIV and the Law found human rights abuses and laws that criminalize key populations impede access to sexual and reproductive health and justice services across the Caribbean.⁷⁴

In the context of public hearings on Belize, Guyana, Jamaica and Trinidad and Tobago, the IACHR expressed concern about information received about the criminalization, discrimination, harassment, and abuses suffered by LGBT persons in those countries, and about the impact of legislation criminalizing consensual sex between adults of the same sex, even if not applied in practice, with respect to the rights to life, personal integrity, personal liberty, privacy, access to health, access to justice and other services.⁷⁵ Human Rights activists report that the threat of prosecution under the cross-dressing and sodomy laws is routinely used for extortion. These events never make it into the formal legal system and are not reported. Non-prosecution is a fallacy as the use of these laws for extortion is routine in LGBTI populations throughout the region. This is not documented, even by civil society organizations.⁷⁶

From <http://www.ibtimes.com/homophobia-caribbean-anti-sodomy-laws-persecution-being-gay-no-fun-islands-1377485>

While the laws are not normally enforced with jail time, activists say they are commonly used to marginalize those in the gay community. “The law is used to extort gay men,” Tomlinson said, pointing to instances where police see men in a “compromising position” and demand bribes in exchange for silence. Tomlinson, a Jamaican attorney, says he’s heard of several instances in Jamaica where police have driven men to ATM machines and made them withdraw the maximum amount the machines would allow.

Caleb Orozco, 39, executive director of United Belize Advocacy Movement (UNIBAM), said he has witnessed similar episodes in Belize, his homeland. As the only visible activist in Belize, he has been engulfed in a three-year court battle to abolish the former British colony’s anti-sodomy law. “They don’t want to put any attention on themselves and let their mistreatment slide,” he said of episodes in which individuals have allegedly faced discrimination based on their sexual orientation, but whose complaints never proceeded beyond initial reports. Orozco points to Belizean cases he knows of where a teacher was fired for his sexuality and another of a person accused of “transgender expression” who wanted the case dropped and “no trouble.”

From <https://www.barbadostoday.bb/2017/05/18/can-we-talk-honestly-about-same-sex-relations/>:

⁷² Human Rights Watch (2004), *Hated to Death: Homophobia, Violence and Jamaica's HIV/AIDS Epidemic*, Human Rights Watch

⁷³ Inter-American Commission on Human Rights (2012), *Report on the Situation of Human Rights in Jamaica*, Organization of American States

⁷⁴ UNDP, Global Commission on HIV and the Law (2011), *Report of the Caribbean Regional Dialogue of the Global Commission on HIV and the Law*, Port of Spain, Trinidad and Tobago, 12-13 April 2011.

⁷⁵ IAHCR 2016 report

⁷⁶ Interview with Joel Simpson

In Barbados, the Canadian High Commissioner recently noted, “Although I have been told, including by the Attorney General, that in Barbados the anti-buggery law is not enforced, the fact remains that it is a criminal offence and, as such, it is often used to blackmail or extort money from members of the LGBT community. Discrimination can take the form of violence, threats, bullying, denial of employment and access to services.”

In Guyana, both the sodomy and cross-dressing laws have been used to oppress the LGBTI community. The cross-dressing law is unique to Guyana and has been directly enforced by the State, with prosecutions and arrest occurring in 2006 and 2016. In these instances, human rights advocates believe that the cross-dressing law was used selectively to further other agendas. For example, in a 2015 case, a transgender woman was arrested in her home and charged with cross-dressing. She believes that the arrest was an attempt to exert pressure because of a family quarrel. In 2006, 7 people were arrested over a 24-hour period, an unprecedented large-scale crackdown that she believes to have other motives than anti-trans prosecution.

With regard to migrants, in 2013, the Dominican Republic’s Constitutional Court handed down judgment TC/0168/13 which redefined, retroactively, the criteria for acquiring citizenship by giving a new interpretation to the concept of foreigners in transit. The IACHR reports that the judgment has had a discriminatory effect, leading to the arbitrary deprivation of mainly Dominicans of Haitian descent; retroactively depriving them of their nationality; and relegating them to the status of stateless persons, i.e., persons whom no State claims as its citizens under its laws.⁷⁷

What are existing social accountability mechanisms or processes? How effective are these?

Status: At the national level, there are generally no effective social accountability mechanisms or processes. However, there are a number of regional mechanisms which work to hold governments accountable for their HR obligations and commitments. Civil society organizations view engagement with these mechanisms as a successful strategy for influencing national political leadership.⁷⁸

Caribbean Court of Justice (CCJ): The CCJ settles disputes between CARICOM Member States, and also serves as the highest court of appeals on civil and criminal matters for the national courts of Barbados, Belize and Guyana. The CCJ does not have competence to hear individual complaints of alleged human rights violations, except in its capacity as a court of final appeal in civil and criminal matters, which often involve fundamental rights. A person must have the CCJ’s permission to bring proceedings before it and moreover the CCJ’s original jurisdiction only extends to the application and interpretation of the Treaty of Chaguaramas,⁷⁹ and not human rights generally. In Barbados, Belize and Jamaica, the CCJ has jurisdiction as the court of last resort in civil and criminal matters, and has addressed human rights issues.

Organization of American States (OAS)/ Inter-American Commission on Human Rights (IAHCR): The OAS brings together all 35 independent states of the Americas and constitutes the main political, juridical, and social governmental forum in the Hemisphere. Early OAS resolutions expressed concern and condemned homophobic violence, charging OAS bodies to address the human rights of sexual minorities at the next session (Res 2435, 2008), urging states to investigate violations of the human rights of sexual minorities and requesting the IACHR to consider LGBTI human rights issues (Res 2504, 2009). The OAS supports political dialogue, and legal and follow-up instruments, including the Inter-American Commission

⁷⁷ Report on the Situation of Human Rights in the Dominican Republic IACHR Report

⁷⁸ Interview with Joel Simpson

⁷⁹ The Treaty of Chaguaramas established the Caribbean Community and Common Market, later known as CARICOM. It came into effect on 1 August 1973.

on Human Rights (IACHR) which has advocated for and defended LGBTI rights. The IACHR works with states to help strengthen the laws and institutions that provide human rights protections, and conducts onsite visits and public hearings to receive information on the situation of the rights of LGBTI in the Americas. Information gathering focuses particularly on discrimination and violence these persons face on the basis of their sexual orientation, gender identity and gender expression. It must be noted that the resolutions of the OAS General Assembly are not binding law on the thirty-five member states of the OAS nor are they a source of legal obligations for other states.

The IACHR Strategic Plan specifically addresses LGBTI rights and during the 141st Period of Sessions in March 2011, the IACHR decided to give special thematic emphasis to these rights. A specialized unit within the Executive Secretariat IACHR coordinate LGBTI rights activities, including the Rapporteurship on the Rights of LGBTI persons. The Rapporteurship continues the main lines of work of the LGBTI Unit addressing issues of sexual orientation, gender identity, gender expression, and body diversity. In 2015, the IACHR published a Report on Violence against LGBTI Persons.⁸⁰

Office of the High Commissioner for Human Rights in Haiti: In 1995, the Commission on Human Rights adopted the Resolution 1995/70, which established the mandate of an Independent Expert on the situation of human rights in Haiti, to provide assistance to the Government of Haiti in the area of human rights, to examine the development of the situation of human rights in Haiti and to monitor the fulfilment by Haiti of its obligations in this field. The mandate has changed over the years to respond to the evolving situation in the country and now includes a focus on technical assistance and capacity-building. It is now guided by the Human Rights Council Presidential Statement.^{81,82}

UNDP Regional Service Centre Panama: In terms of HIV, UNDP is the lead UN agency addressing human rights, gender and sexual diversity issues. Having spearheaded the Caribbean regional dialogue on HIV and the Law, it has experience convening regional and national actors to discuss rights-based responses to HIV. The Caribbean Dialogue on HIV and the Law (2011) provided a platform for documenting the most frequent human rights violations in the region; it focused on the LGBT population, youth, and gender-based violence. UNDP has also supported civil society participation in the general assembly of the Organization of American States (OAS) where a landmark antidiscrimination resolution that included sexual orientation and gender identity was adopted in June 2013.

University Rights Advocacy Project (U-RAP) of the University of the West Indies (UWI): U-RAP promotes human rights in the region by collaborating with pro bono lawyers and CSOs on strategic litigation. U-RAP does legal and social science research as well as legal work, engaging student volunteers in both.

1.6: How effective were the protection mechanisms for rights defenders and what degree of impact did such protection mechanisms have on KP rights abuse reporting behavior?

Status: Protection mechanisms for rights defenders are largely informal and depend on networks of activists and the ease of movement between CARICOM countries.⁸³ There are a number of international organizations which offer security training for LGBTI rights defenders.⁸⁴

The United Nations *Report of the Special Rapporteur on the situation of human rights defenders*⁸⁵ provides a framework for assessing the effectiveness of protection mechanisms for rights defenders. It defines a

⁸⁰ IHCHR website.

⁸¹ <http://www.ohchr.org/EN/HRBodies/SP/CountriesMandates/HT/Pages/IEHaiti.aspx>.

⁸² Agenda item 10 of the Human Rights Council, Twenty-eighth session, 26 March 2015 - A/HRC/28/L.37

⁸³ Interview with Lucien Govaard

⁸⁴ Interview with Colin Robinson

⁸⁵ United Nations, 1 February 2016

good practice in protecting human rights defenders as “a practice that contributes to the full respect of their rights and strengthens their security, including by mitigating the risks they face, addressing threats and building support for their work.”

The following seven principles are proposed to underpin good practices by States in the protection of human rights defenders:

- They should adopt a rights-based approach to protection, empowering defenders to know and claim their rights and increasing the ability and accountability of those responsible for respecting, protecting and fulfilling rights.
- They should recognize that defenders are diverse; they come from different backgrounds, cultures and belief systems
- They should recognize the significance of gender in the protection of defenders and apply an intersectionality approach to the assessment of risks and to the design of protection initiatives. They should also recognize that some defenders are at greater risk than others because of who they are and what they do.
- They should focus on the holistic security of defenders, in particular their physical safety, digital security and psychosocial well-being.
- They should acknowledge that defenders are interconnected. They should not focus on the rights and security of individual defenders alone, but also include the groups, organizations, communities and family members who share their risks.
- They should involve defenders in the development, choice, implementation and evaluation of strategies and tactics for their protection. The participation of defenders is a key factor in their security.
- They should be flexible, adaptable and tailored to the specific needs and circumstances of defenders.

A number of effective approaches are proposed, including:

- Strengthening the resources and capacities of defenders by:
 - Fostering a culture of holistic security that encompasses economic, political, environmental, digital, psychosocial well-being and gender-sensitive measures.
 - Developing the knowledge, skills and abilities of defenders to recognize and defend their rights.
 - Building and supporting networks among defenders and their supporters to mitigate risk.
 - Protecting and supporting defenders in emergencies including with emergency grants, and relocation initiatives.
- Fostering an enabling environment for defenders by:
 - Building support for human rights and the work of defenders through public awareness of human rights, rights education, awards to draw attention to the work of defenders, building support beyond usual allies.
 - Developing and strengthening legislation, policies and practices for protecting defenders
 - Plans of action should contain concrete commitments to achieve specific targets.
 - National protective mechanisms to monitor and report on the situation of defenders.
 - Developing effective policies and guidelines for the protection of defenders.
 - Supporting the monitoring of and responses to the situation of defenders eg the Office of the Rapporteur on the Situation of Human Rights Defenders of the Inter-American Commission on Human Rights monitors the situation of defenders and issues “precautionary measures” requesting States to take action when defenders are at acute risk. The Special Rapporteur receives and acts on communications from defenders at risk. The treaty bodies, mandated to monitor the implementation of State parties’ obligations under the treaties, can consider individual communications and conduct inquiries and investigations through country visits. The universal periodic review has also provided a forum for considering the situation of defenders.
 - Providing resources for the protection of defenders.

What is the current need for protection mechanisms for rights defenders?

Status: Provisions to protect human rights defenders from legal or physical harm in reaction to their activism are lacking, and needs are undefined.⁸⁶

A 2016 report of the IACHR⁸⁷ documents the misuse of criminal law by State and non-State actors with the aim to criminalize the work of human rights defenders. The report finds that human rights defenders may be systematically subjected to unfounded criminal proceedings and certain groups of defenders have been more frequently targeted because of their work in the defense of sexual and reproductive rights, and to advance LGBT rights. In its 2006 and 2011 Reports, the Commission identified the following risks that defenders face most often:

- extrajudicial executions and enforced disappearances; assaults, threats and harassment;
- smear campaigns;
- violation of the home and other arbitrary interference;
- intelligence activities;
- restrictions on access to information and habeas data;
- arbitrary administrative and financial controls to human rights organizations; and
- impunity in investigations of attacks against defenders.⁸⁸

The IACHR reported specific cases of criminalization of defenders who promote LGBT rights in Caribbean countries, including through:

- The use of preventive custody or the temporary detention of individuals, including political dissidents and human rights defenders, in the context of peaceful social protests in Cuba.
- Human rights defenders in The Bahamas face a hostile environment that endangers their safety and work with members of the Grand Bahama Human Rights Association (GBHRA) threatened for speaking out against recent changes in migration policies. The defenders also indicated that government officials made statements against the defenders.
- Criminalization of same-sex sexual relations affects the right to defend human rights, since in some cases the right of association is prohibited under the argument that the object of these organizations is illegal. This negatively affects their right to defend the rights of LGBT persons, and ultimately lends to or facilitates the criminalization of their work.
- Restrictions imposed by other laws, outside of the criminal context, also negatively impact the right to defend human rights. For example, Belize and Trinidad and Tobago still have legislation that prohibits gay persons "or persons who have earned a living off of homosexuality" from entering the country. In addition, prohibited in Trinidad and Tobago is the entrance of persons "for homosexual purposes." Civil society organizations report that these immigration restrictions can have a serious impact on the right of assembly of those who work in defending the rights of LGBT people.
- In 2008, in Trinidad and Tobago an organization tried to register under the name of "National Pride: The Society of Trinidad and Tobago against Sexual Orientation Discrimination," which provoked the General Registry's review of the application.
- A rise in negative discourse by public officials against lesbian, gay, trans, bisexual persons, and against those who defend their rights that has the effect of undermining the recognition of the rights of lesbian, gay, trans, bisexual and intersex persons, endangering them and those who defend their rights, and hindering democratic debate.
- Some organizations in Jamaica have reported that they fear their registration will be denied if they include within their purpose the promotion and protection of the rights of LGBT persons. This is because the organization's registration may be viewed as pursuing "immoral purposes" and senior officials have issued statements against organizations that defend and promote the rights of LGBT people.

⁸⁶ CVC/COIN Concept Note

⁸⁷ IACHR Criminalization of Human Rights Defenders 2016

⁸⁸ IACHR 2011 Report

Recently in Jamaica, a women's rights activist was arrested and charged with breaching the Cybercrimes Act after she posted the names of alleged sexual predators. Her arrest came days after she helped organize the country's first major protests against sexual abuse.⁸⁹

In Haiti, outreach workers for the LGBTI community have been physically and verbally assaulted, and experience ongoing harassment, including from police officers while engaging in their work in displacement camps and poor neighborhoods. SEROvie reported that they are repeatedly forced to explain to the police that their office is a place of official HIV/AIDS advocacy and education. In October 2012, the police followed a group they perceived as LGBT individuals walking towards the FACSDIS/SEROvie office. The police entered the office and asked what "all the gays were doing" and conducted a hostile search of the office.⁹⁰

In the Caribbean, mechanisms to protect human rights defenders need to consider threats from non-State actors within the context of societies where rule of law is weak. For example, activists in Guyana have faced threats from high-profile people who are seen to be above the law. Further, a broader perspective of what constitutes a risk is needed. For example, to consider what feasible exit strategies exist for activists who want to retire (including for safety reason), and how to address economic protections, mental health, etc.⁹¹

1.7 (PNCP): What evidence of high-level political commitments exist for protecting and promoting the human rights of KPs?

Status: States have made international and regional commitments to protect and promote human rights of key populations. There has also been progressive rhetoric from government and opposition leaders that has been widely reported in the media, as well as national-level actions that can be taken as evidence of this commitment. These actions have largely focused on the LGBTI community, and have not been followed up with meaningful action to protect and promote human rights.

International and regional commitments

- In 2013, PAHO member States "resolved to address these and other problems that lead to health inequities for LGBT people by collectively endorsing a resolution, titled 'Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons.'" stigma and discrimination are major barriers to health for lesbian, gay, bisexual and transgender (LGBT) people throughout the Americas, including the Caribbean.
- CARICOM governments have signed on to International Office of Migration (IOM) and other relevant international conventions as evidence of their commitment to protect and promote the rights of migrants. The *International Convention on the Protection of Migrant Workers and Members of Their Families 1990* is the most comprehensive instrument protecting the rights of migrants but only St Vincent and the Grenadines has ratified this convention.⁹² With respect to migrant workers, some countries have ratified the following conventions: #97 Migration for Employment; #111 Concerning discrimination in respect of employment and occupation; and #138 Concerning minimum age for admission to employment.⁹³
- Several parliamentarians from the region have participated in events organized by Parliamentarians for Global Action (PGA), a membership organization for parliamentarians which aims to strengthen

⁸⁹ <https://www.theguardian.com/world/2017/mar/15/latoya-nugent-tambourine-army-arrested-jamaica-sex-crimes>

⁹⁰ March 2013, MADRE and IWHRC Report to the Commission on the Status of Women Discrimination Against Women and Girls and LGBT People in Haiti.

⁹¹ Interview with Joel Simpson

⁹² The University of the West Indies, Mona, UWI/HARP, Mona December 2011 Improving Universal Access to HIV Prevention, Treatment, Care and Support: Consultancy for a Study on the HIV Vulnerabilities of Migrant Workers in the Informal Economy Among Migrant Workers from CARICOM Countries in Antigua and Barbuda and Barbados.

⁹³ Trinidad Migrants Report

government protection and promotion of human rights. PGA's Caribbean campaign seeks to empower participating MPs to identify and act on inconsistencies between discriminatory legislation and international commitments in each country. PGA is currently implementing a program aimed at strengthening the legislative environment for LGBTI rights in the Dominican Republic, Belize, Suriname and Trinidad and Tobago. These are countries where parliamentarians signaled a strong interest in PGA's programming. Participating parliamentarians have signed on declarations and made statements which reflect high-level commitment to protect and promote human rights. Participating parliamentarians have signed on declarations and made statements which reflect high-level commitment to protect and promote human rights. Participating parliamentarians have signed on declarations and made statements which reflect high-level commitment to protect and promote human rights. Parliamentarians from other Caribbean countries such as Antigua and have also participated.⁹⁴

- Parliamentarians at PANCAP's Justice For All consultations have participated in the development of national commitments that include legislative and policy reform targets in addition to a regional roadmap.

Votes at the UN

- At the confirmation vote for Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity appointed by the UN Human Rights Council, on 21 November 2016, 8 CARICOM countries (Antigua and Barbuda, Guyana, Jamaica, St Kitts and Nevis, Saint Lucia, St Vincent and the Grenadines and Suriname) opposed the appointment of the Independent Expert. Barbados, Haiti and Trinidad and Tobago abstained. On 19 December 2016, a second attempt to block the appointment saw Belize, Guyana, Jamaica, Saint Lucia and St Vincent and the Grenadines voting against the Independent Expert. On 23 December 2016, Guyana was the only CARICOM country that joined Islamic and African countries in a third attempt to suspend the appointment of the Independent Expert.
- Former Guyana Minister of Health, Dr. Leslie Ramsammy, describes Guyana's votes on gay rights at the UN as "consistently despicable".⁹⁵

Other actions

- In November 2012, the National Assembly of Guyana set up a special select committee to look at the following recommendations from the 2010 United Nations' Universal Periodic Review (UPR): abolition of the death penalty, prohibition of corporal punishment in schools and protection from discrimination and decriminalizing LGBT activities. When parliament was prorogued in 2014, the special select committee ended without any work on the LGBT human rights issues.
- Lack of political commitment is evident in the failure of any State to adopt the PANCAP Model Anti-Discrimination legislation; and sluggish progress on the adoption of anti-discrimination legislation in countries such as the Dominican Republic and Haiti;
- A number of countries have sought to use referenda to sidestep sensitive political decisions. Most recently, the Government of Guyana has indicated its intention for "the Guyanese people [are] to decide in a referendum whether homosexuality should remain a criminal offence."⁹⁶

Statements by high-level leaders

There have also been statements of support for LGBT rights from national leaders, for example:

- In Belize, the First Lady has made several statements in support of LGBT rights.⁹⁷

⁹⁴ www.pgaction.org

⁹⁵ <http://guyanatimesgy.com/guyana-continues-to-shame-itself-at-the-un-by-voting-against-lgbt-envoy/>

⁹⁶ <http://www.caribbeannewsnow.com/topstory-Guyana-attorney-general-calls-for-referendum-on-legality-of-homosexual-intimacy-34487.html>

⁹⁷ <https://www.facebook.com/search/top/?q=belize%20first%20lady%20idahot>

- In Dominica, a Senator has called for decriminalization of buggery (while also appearing to oppose the criminalization of marital rape).⁹⁸
- In Barbados, the Finance Minister says the government will make morality central to next election. In response, a priest made a public statement calling homosexuality a rights issue and not a moral problem.⁹⁹
- A Jamaican commentator calls for rights of LGBT citizens to be recognized and for activists to move beyond the buggery laws and gay marriage.
- In Grenada, religious leaders have made positive statements.¹⁰⁰
- In October 2016, the Haitian Office of Protection of the Citizen, a state structure publicly recalled that LGBTI people have the same rights as everyone else.¹⁰¹
- In May 2017, a Barbados government minister strongly denounced same sex marriages.¹⁰² A fellow minister spoke out against this statement, warning his party “to stop playing the homosexual card”.¹⁰³
- The Government of Guyana recently articulated its position in a letter to the IACHR, following the 161st Ordinary Period of Sessions, which addressed issues of Human Rights Violations against Young Persons in Guyana. The Government’s response stated that the President “has signaled his support for the reformation of the laws with respect to the LGBTI community.” The Government said that the issue of repeal had been brought to the attention of the Legislative arm on several occasions but that it was not appropriate for the legislature to decide on the matter but that the people of Guyana should decide by referendum.¹⁰⁴

1.8 (PNCP): To what extent has the understanding among high-level leaders (including political, faith-based, and professional) of the link between HIV and the need to protect and promote the human rights of KPs increased?

What is current level of understanding by key stakeholders, government and civil society of the legal and political challenges facing KPs? What is the current level of understanding among leaders of the link between HIV and human rights of KPs?

Status: While initiatives aimed at improving the level of understanding of parliamentarians and technical leaders have been implemented prior to initiation of the Global Fund grants, the level of understanding is remains low. There is increasing understanding of the challenges facing MSM, and much less about the challenges facing transgender people, sex workers, migrants, people using drugs and young people within these key populations.

The Legal Environment Assessment for Jamaica notes:

“The lack of recognition by political and religious leaders of the relationships between criminalization, discrimination, and HIV vulnerability remains a key challenge in moving HIV-related legal and policy reforms forward. Despite increased public discourses, HIV awareness has not been fully translated into legal or policy actions. Persistent social attitudes including gender roles and stigma and discrimination towards PLHIV and various key populations present great challenges in HIV prevention in Jamaica.”

⁹⁸ www.dominicavibes.dm

⁹⁹ <https://www.barbadostoday.bb/2016/11/08/of-morality-and-the-next-general-election/>:

¹⁰⁰ IRN Blog

¹⁰¹ <http://minustah.unmissions.org/ha%C3%AFti-les-homosexuels-face-aux-barri%C3%A8res-culturelles-religieuses-et-l%C3%A9gales>

¹⁰² <https://www.barbadostoday.bb/2017/05/18/more-backlash-for-lowe/>

¹⁰³ <https://www.barbadostoday.bb/2017/05/16/judge-not/>

¹⁰⁴ <http://www.stabroeknews.com/2017/opinion/letters/04/22/coalition-government-fallen-woefully-short-meeting-obligations-lgbt-citizens/>

A poll of 10 regional HIV leaders reveals that Heads of States and faith leaders are perceived to have the lowest levels of understanding while regional HIV and civil society leaders are perceived to have the best understanding of the link between HIV and human rights of KPs.

How would you rate the level of understanding of the following stakeholders of the legal and political challenges facing KPs?

Stakeholder	Average score
Heads of State	2 - Limited understanding
Ministers of Health	3 - Some understanding
Ministers of Justice	2 - Limited understanding
Leaders of the Opposition	2 - Limited understanding
National AIDS Programs	4 - Fair understanding
Faith leaders	2 - Limited understanding
Regional HIV leaders	5 - High level of understanding
Regional civil society leaders	4 - Fair understanding
National civil society leaders	3 - Some understanding

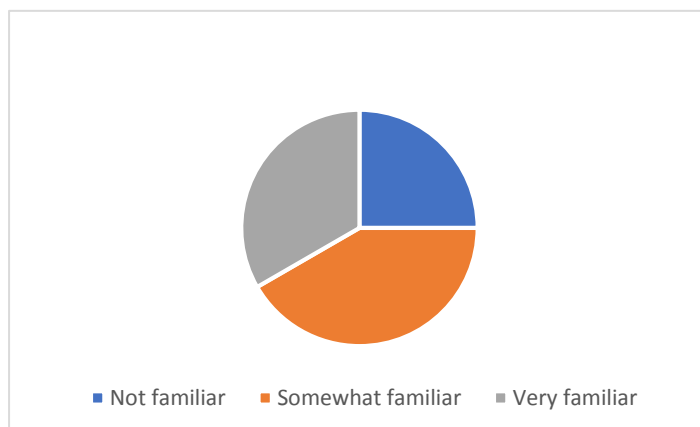
How would you rate the level of understanding among leaders of the link between HIV and human rights of KPs?

Stakeholder	Average score
Heads of State	2 - Limited understanding
Ministers of Health	3 - Some understanding
Ministers of Justice	3 - Some understanding
Leaders of the Opposition	2 - Limited understanding
National AIDS Programs	4 - Fair understanding
Faith leaders	2 - Limited understanding
Regional HIV leaders	5 - High level of understanding
Regional civil society leaders	5 - High level of understanding
National civil society leaders	3 - Some understanding

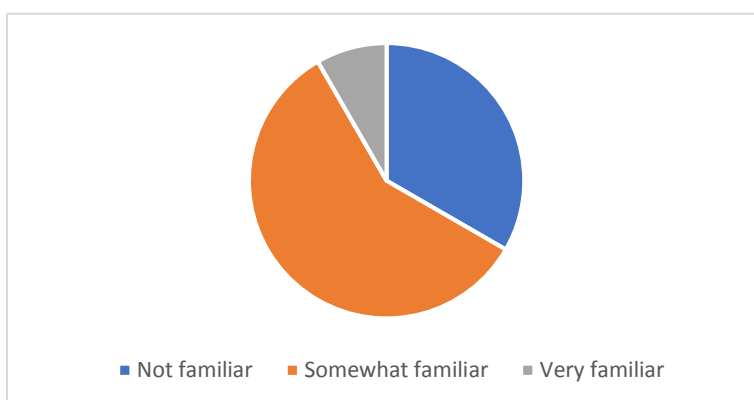
A confidential poll of faith leaders prior to their participation in a PANCAP meeting also reflects limited understanding of the issues key populations face specifically in relation to HIV. For example, they are largely unaware that key populations, with the exception of young people, are particularly affected by HIV

transmission and see lifestyle choices, values and promiscuity as more of a challenge than stigma and discrimination.

How familiar are you with efforts to repeal laws criminalizing same-sex intimacy?



How familiar with you with efforts to strengthen antidiscrimination policies and legislation to include explicit attention to gender and sexual orientation?



Thirty parliamentarians were polled prior to the initiation of a PANCAP meeting, in order to investigate their understanding of HIV KP-related issues.¹⁰⁵

Currently, what three issues do you think are at the top of the policy agenda in your country?

The leading issues identified by Parliamentarians are:

- HIV-related programming and outcomes
- Other health concerns
- Economy, jobs, investments
- Education

¹⁰⁵ Parliaments represented Barbados, Belize, Guyana, Haiti, Jamaica, Suriname, St. Kitts and Nevis, and Trinidad and Tobago.

Currently, what three issues do you think are at the top for the policy agenda for a more effective HIV response (ending AIDS)?

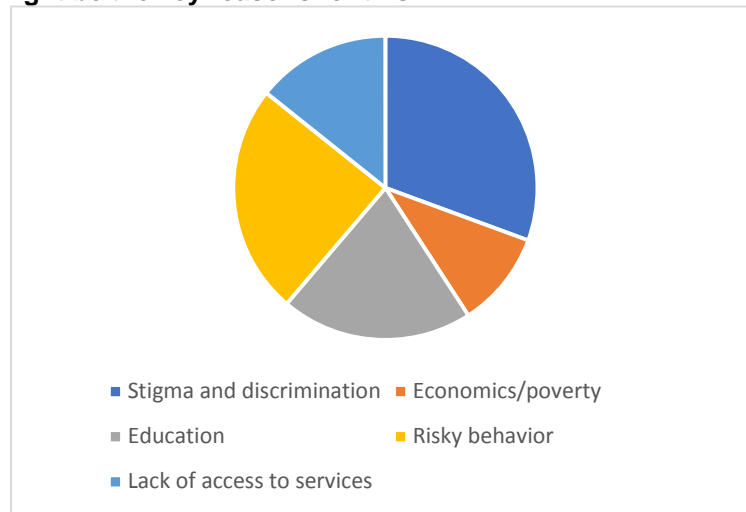
The following issues are most identified by parliamentarians as top on the HIV policy agenda:

- Education
- Stigma and discrimination
- Access to services
- ARV coverage

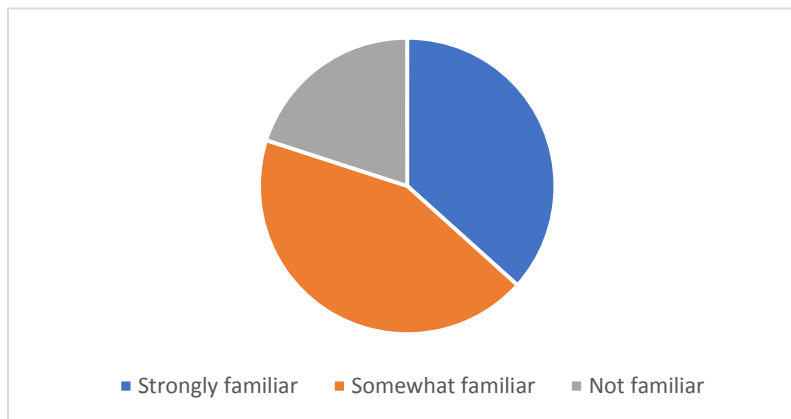
Which population groups do you think are most affected by HIV transmission?

Most parliamentarians cite at least one key population group as being among those most affected by HIV transmission, followed by young people and women and girls.

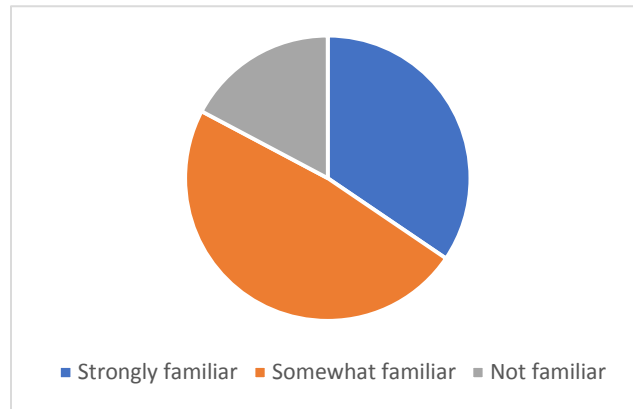
What do you think might be the key reasons for this?



How familiar are you with efforts to repeal laws criminalizing same-sex intimacy?



How familiar with you with efforts to strengthen antidiscrimination policies and legislation to include explicit attention to gender and sexual orientation?



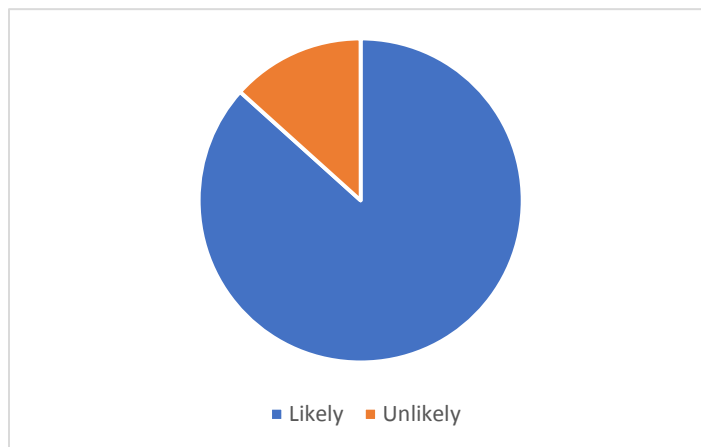
What individuals, constituencies, or groups do you see as the main advocates for these kinds of law and policy changes?

Overwhelmingly, parliamentarians see the lesbian and gay community (18 or 60%) as the main advocates for law reform. This is followed by civil society (11 or 37%) and parliamentarians/politicians (9 or 30%).

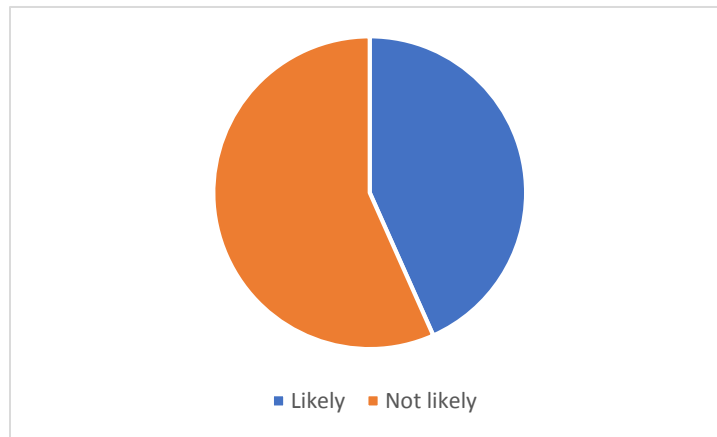
Who do you see as the main opponents?

Parliamentarians primarily see churches and faith leaders (24 or 80%) as the main opponents of law reform efforts. These are followed by society in general (6 or 20%) or parliamentarians themselves (4 or 13%).

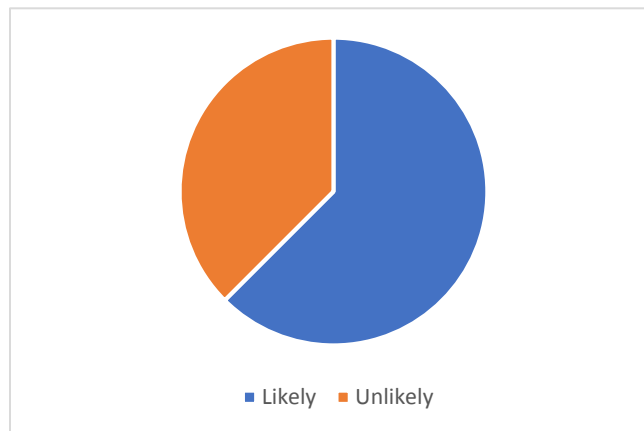
Considering the current educational, social, and political context, do you think antidiscrimination legislation should be strengthened or adopted now or in the near future?



Considering the current educational, social, and political context, do you think repeal of laws criminalizing same-sex intimacy can be achieved now or in the near future?



Looking ahead, how likely do you think it is that antidiscrimination measures will be adopted in the next 5 years?

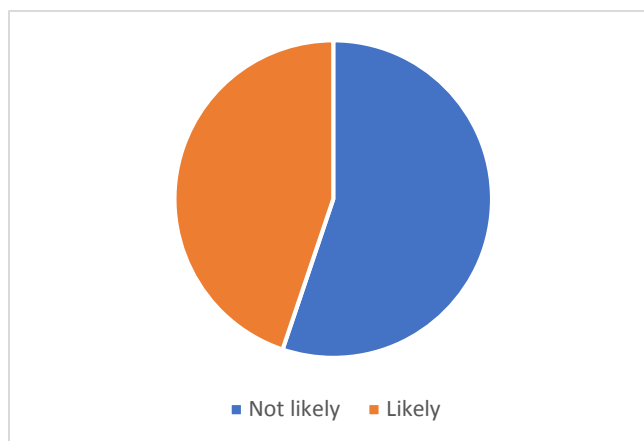


Many politicians who do not think this is likely, suggest that “society is not ready for that”.

If antidiscrimination legislation is adopted, what issues do you think the state needs to be most concerned about related to its implementation?

Societal backlash against KPs and politicians (12 or 40%), the need for education (12 or 40%) and enforcement (10 or 33%) were the most cited issues about which the State should be concerned.

Looking ahead, how likely do you think it is that the repeal of laws criminalizing same-sex intimacy will be achieved in the next 5 years?



If criminalizing laws are repealed, what issues do you think the state needs to be most concerned about?

A negative societal response, particularly from the faith community (14 or 47%) and ongoing stigma and discrimination (11 or 37%) are seen as the main risks to law reform. Other concerns are the need for education (7 or 23%), enforcement of amended laws (3 or 20%), as well as increased health risks resulting (4 or 13%) from an increase in irresponsible sexual behavior. One (3%) parliamentarian suggested the need to protect minors and another, that the State must be prepared to address the question of same-sex marriage.

What is your role in the response to HIV?

Overwhelmingly, parliamentarians see their role in the HIV response as educators and advocates for an effective HIV response. Support for legislation and policy, for civil society, ensuring funding, leadership, oversight and monitoring of the national response were also mentioned by isolated respondents.

A number of activities have been implemented to increase the level of understanding of the legal and political challenges facing KPs. These have included trainings for the judiciary at the regional level, in order to improve understanding of key populations interact with the justice system. While some judges who have received training still reflect their society's cultural biases against homosexuality, many were willing to accept at least the fundamental right to privacy for all citizens, regardless of their sexual orientation."¹⁰⁶

The below list may point to countries where the level of understanding of certain stakeholders may be higher, as a result of previously implemented initiatives:

- The implementation of Justice for All Consultations under the Global Fund Round 9 grant, suggests that the level of understanding should be higher among parliamentarians and other key stakeholders in the following countries: Jamaica, Guyana, Grenada, St Kitts and Nevis, Suriname and Belize. Consultations were held with a cross section of stakeholders – parliamentarians, civil society, faith-based organizations and youth, and were informed by a status report on the legal

¹⁰⁶<http://www.aidsfreeworld.org/Publications-Multimedia/Countdown-to-Tolerance/2013/October/Gay-Rights-in-the-Caribbean.aspx>

issues that perpetuate stigma and discrimination. Consultations were intended to establish a basis for countries to devise their own strategies to achieve the desired results. The total number of participants at the consultations was 359.

- PANCAP commissioned research into the vulnerabilities of migrants in four Caribbean countries: Antigua and Barbuda, Barbados, Belize and Trinidad and Tobago. These studies fed into efforts to integrate migrant-specific approaches into the work of national HIV programs. At the end of the Project, migrant workers had access to HIV prevention services including education and testing for HIV in the beneficiary countries.
- COC Netherlands commissioned a regional assessment of trends related to LGBTI rights, as well as country-specific assessments for Belize, Guyana and Haiti.
- Other efforts have focused on linking activism and academia:
 - UWI hosted a series of conferences -- Beyond Homophobia 2015 and 2017 – with the object of furthering intellectual engagement with LGBT and sustained exploration of sexualities, gender identities and expressions in Jamaica and the wider Caribbean. The conference is a collaboration between the Department of Sociology, Psychology and Social Work, the Institute of Caribbean Studies, and J-FLAG.
 - J-FLAG hosts an annual Larry Chang symposium which offers a space for rethinking of stereotypes based on a better understanding of the diversity of people's realities.
 - Recent academic publications include: Shapre, Jenny, and Samantha Pinto. 2006. *The Sweetest Taboo: Studies of Caribbean Sexualities: A Review Essay in Signs: Journal of Women in Culture and Society*; Andil Gosine's *Sexualities* paper on CAISO; Jarrett Lovell's *Contemporary Justice Review* paper about his fieldwork with J-FLAG; UWI lecturer Cecil Gutzmore's "Casting the First Stones", and a study on the experiences of doctors treating LGBT patients in Barbados.
 - The Caribbean International Rescue Network (IRN)¹⁰⁷ is a clearinghouse of information on scholarship and activism related to diverse genders and sexualities in the Caribbean. The Caribbean IRN supports and encourages regional projects, organizations, and collaborations. Projects include: an Advanced Sexuality Studies Course that is sponsored by the International Association for the Study of Society, Culture and Sexuality (IASSCS); a collection of Oral History Interviews in collaboration with the Digital Library of the Caribbean; a listserve, titled "Advocacy Network for Latin America and the Caribbean" to share information on Latin American and Caribbean advocacy related to sexual rights and sexual orientation; a digital multimedia collection of activist reports, creative writing, critical essays, film, interviews, music, and visual and performance art reflecting the complexities of homophobias in the Caribbean; digital archives of the *Activist and Related Work in the Caribbean* (dloc.com).¹⁰⁸
 - SASOD's #ExpressYourself, an online campaign, in observance of International Family Equality Day (IFED) and International Day Against Homophobia, Biphobia and Transphobia (IDAHOT), highlights the challenges that LGBT persons face in coming out to their families and the public.¹⁰⁹
 - The GIZ Migrant project worked in Antigua & Barbuda, Guyana, Sint Maarten, Suriname, Guyana and Trinidad & Tobago, Dominican Republic and Haiti (border region). The Final Project Report notes challenges with ownership, defined as the demand and willingness to participate in project activities, because of frequent changes of decision makers and responsibilities in relevant ministries or national departments such as Ministry of Health, National AIDS Programs or Ministry of Justice.¹¹⁰ Each of the GIZ countries has developed a plan for migrants that is intended to sustain the interventions initiated under the GIZ project.

¹⁰⁷ <http://www.irnweb.org/regions/caribbean/>

¹⁰⁸ There are three established collections: a general one presenting a variety of relevant material from the region (www.dloc.com/icirn), Gay Freedom Movement of Jamaica (www.dloc.com/icirmgm), and Rainbow Alliance of the Bahamas (in progress).

¹⁰⁹ <http://www.stabroeknews.com/2017/news/stories/05/20/social-media-campaign-chronicles-trials-triumphs-coming/>

¹¹⁰ GIZ Final Report

1.9 (PNCP): How has the KP engagement with high level leaders contributed to improved political commitment to formulate national strategies and policies?

How do KPs currently engage with high level leaders?

At the national level, opportunities for KP activists to engage with high level leaders are rare and typically occur through national CCMs, HIV coordinating bodies and the PANCAP Regional Coordinating Mechanism/Executive Board.

NAPs managers were asked which key populations are represented on their country coordinating mechanism or national steering committee		
Value	Percent	Responses
MSM	85.7%	6
Sex workers	71.4%	5
Transgender	42.9%	3
Migrants	28.6%	2
Young people	85.7%	6

The GIZ Migrant Project worked to improve inclusion of migrants on regional and national HIV Bodies in order to advocate for equal access to health care. This was achieved as follows: Guyana (2 NGOs), DR (2 NGOs), Suriname (1 TWG–HIV + Migrant/MoH), Antigua (1 NGO 3 H Foundation), 1 NGO (Caribbean Vulnerable Coalition Trainings to empower migrants and their representatives are conducted in: Antigua, the Dominican Republic, Guyana, Suriname, and Trinidad and Tobago.¹¹¹ The participation of migrant representatives on the Country Coordinating Mechanism (CCM) in Suriname proved enabled the inclusion of vulnerable migrants as a key population in its Global Fund grant and the founding of a non-governmental organization for migrants.

Some progress has been made on supporting the inclusion and participation of KP groups in oversight and decision-making for the regional response with the PANCAP RCM now including seats for MSM, transgender, SW, vulnerable youth, migrants, and people living with HIV. PANCAP has had limited success in engaging with young people; while the CARICOM Youth Ambassadors program (CYA),¹¹² a regional network of Caribbean young people has long been represented on the PANCAP Executive Board/RCM, the recent inclusion of a seat for vulnerable youth reflects the recognition that CYA cannot fully represent the diversity of youth population in the region and in particular, the needs of youth belonging to KP communities. As this seat is currently not filled, there may be more systematic work required with young people belonging to KPs who are more difficult to reach from a regional vantage point. The transgender

¹¹¹ GIZ Project Final Report

¹¹² The Youth Ambassadors (CYAs) are the Community's focal points for deepening the regional integration and development process through advocacy and peer education initiatives. Membership of the network currently stands at thirty-four (34) CYA's from fourteen Full and four Associated States and are selected from the membership of National Youth Councils or other representative youth organizations and/or are experienced youth leaders.

seat is also currently unfilled and the migrants seat is filled by representatives of the IOM, again suggesting the need for work around social mobilization of migrants.¹¹³

There is regional civil society representation on the LAC contingent to the Global Fund Board which is coordinated by the Director of PANCAP.

Meetings convened by Parliamentarians for Global Action have also served as opportunities to bring parliamentarians and activists together, both at the country and regional level. At PGA's regional seminars, activists have the opportunity to make presentations to all of the convened parliamentarians. PGA's work in the Caribbean focuses on LGBTI rights.

What is the current level of political commitment to formulate national strategies and policies?

Status: There is little political will for law and policy reform among heads of government. This is evident in the deferral of the actionable, time-bound commitments contained in the regional Justice For All declaration.¹¹⁴

Additional examples of the deficit of political leadership to formulate national strategies and polities include:

- The PANCAP model legislation has not been adopted by any CARICOM country. Even where progressive laws have been drafted, such as in the Dominican Republic and Haiti, the process for enacting them has stalled.
- In 2001 Guyana's legislature passed a constitutional amendment banning discrimination based on sexual orientation, but the president blocked it.
- Caribbean governments have sought to block region-wide efforts to protect sexual minorities. For example, at a meeting of the Organization of American States from June 13th to 15th, Jamaica and Barbados formally objected to the gay-rights segments of a human-rights resolution.¹¹⁵ At Universal Periodic Review and Inter-American Commission on Human Rights hearings, governments have repeatedly rejected recommendations to repeal laws that criminalize sex between men, citing lack of public support as a reason for retention of discriminatory laws, policies and practices.¹¹⁶
- Government calls for referenda on issues related to LGBTI rights, including decriminalization can be seen as evidence of a lack of political commitment to protecting and promoting KP rights.¹¹⁷

The survey with NAP managers asked: Is your ministry or NAP engaged in efforts to change laws or policies? If so, please specify legislation or policy?

- Access to care for adolescents
- As the coordinating mechanism responsible for resource mobilization and advocacy the National AIDS Commission is engaged in efforts to address laws that impede access to health care services. The legal review was recently conducted in Belize with a draft presented to the NAC membership.
- Currently, the NAP is working with the CCM to have the policy completed.

¹¹³ At its first meeting under the new grant, the RCM mandated the RCM secretariat to follow up with key population groups to fill the trans and youth seats.

¹¹⁴ PANCAP Concept Note

¹¹⁵ PANCAP Concept Note

¹¹⁶ Interview with activist, December, 2016

¹¹⁷ Joel Simpson, SASOD, <http://www.caribbeannewsnow.com/topstory-Guyana-attorney-general-calls-for-referendum-on-legality-of-homosexual-intimacy-34487.html>

- The NAPS in collaboration with UN conducted a National HIV and the Law Dialogue in 2016 as the first step towards reviewing the laws that govern same sex relationship and Cross Dressing.
- There is currently no progressive action with regards changing the laws.
- Yes. Working on age of access to health care Services without parental consent. The removal of discriminatory laws e.g. Criminalization of HIV transmission
- No
- Not at the moment.

Section 2. Joint CVC-COIN and PANCAP Outcome 2: Strengthened KP linkage to treatment and care through improvements in the treatment cascade.

What progress was achieved by the project in improving the treatment cascade through strengthening of KP linkage to and retention in care? What is the current status of KP linkage and retention in care?

Status: In general, national programs continue to report challenges in reaching key populations and meeting their needs. The majority of countries do not have KP-specific data to determine the current status of linkage and retention in care, and many are not implementing KP-specific programming.

A review in selected countries reveals gaps in the treatment response throughout the region.¹¹⁸ Program monitoring data suggest low rates of prevention intervention coverage for key populations (~20%).¹¹⁹ Specifically, this includes:

- Low coverage with testing, reflected in low positivity rates from key population testing events.¹²⁰ Regional estimates indicate that 70% of PLHIV in the Caribbean know their status.¹²¹ Approximately 40% of PLHIV receive a concurrent HIV and AIDS diagnosis.¹²²
- Regional treatment coverage falls below 50%.¹²³
- Available continuum of care data show low retention and viral suppression rates. Retention of ART patients declines after 12 months.¹²⁴ The 12-month retention rate for adults and children is as low as 33% in St. Kitts and Nevis.¹²⁵ 43% and 83% of patients on ART are virally suppressed in Jamaica and Barbados, respectively. In Jamaica, viral suppression rates of patients on ART vary by site from 38–71%.¹²⁶

Comprehensive HIV prevention programs to support reduction in the spread of HIV, facilitate linkages to the continuum of care and serve as a catalyst for reducing stigma, are lacking in the majority of countries. Many countries do not have targeted programs for KPs and lack the capacity to develop and implement KP-specific programming along the prevention, diagnosis, treatment and care continuum.¹²⁷

Under the Round 9 Global Fund project, efforts were made to integrate migrant-specific interventions into the national HIV response in Antigua and Barbuda, Barbados, Belize and Trinidad and Tobago. Key population specific interventions targeting MSM, sex workers, miners and loggers have been implemented under the Global Fund project in Guyana. Jamaica, Belize, Suriname and Haiti have also implemented

¹¹⁸ *Ibid.*

¹¹⁹ PEPFAR 2015. *Caribbean Regional Operational Plan 2015*

¹²⁰ *Ibid.*

¹²¹ Global Report - *UNAIDS Report on the Global AIDS Epidemic 2013*

¹²² PAHO (2015). World Health Organization “*Treat all*” recommendation: *impact and feasibility: Portion of Late Diagnosis Ppt*

¹²³ PHCO Presentation to 25 COHSOD (2013). *The Rationale for Implementing the WHO Option B+ Treatment Approach in the Caribbean*, September 2013.

¹²⁴ PAHO 2013; GARPR 2014 reports

¹²⁵ *Ibid.*

¹²⁶ PEPFAR (2015) *Caribbean Regional Operational Plan 2015*

¹²⁷ PANCAP Concept Note

Global Fund-funded projects for KPs. However, these interventions typically cease with the end of external funding support.

In Haiti, reaching MSM, sex workers and youth is a priority for PEFAR and Global Fund-funded programming. Prevention activities include condom promotion and psychological support through CBOs (FOSREF and SEROVie), as well as peer education and sensitization on HIV prevention. PEPFAR is supporting NGOs such as FOSREF, SEROVie and KOURAJ for condom distribution, and to address social and environmental issues, especially stigma and discrimination related to sexual orientation. Recent achievements include a budget allocation by the Ministry of Health for provision of lubricants with condoms. There have been two studies on gender, sex workers and MSM, and data has been collected on MSM networks and on HIV prevalence. There are 24 KP-friendly facilities nationwide.¹²⁸ Trinidad's GARPR reports that the National Strategic Plan 2013-2018 identifies MSM, sex workers, youth, PLHIVs, substance users and prisoners as vulnerable and key populations. However, a rapid HIV situational assessment of key populations conducted in 2015 found that "Trinidad and Tobago's centralized health service delivery approach has led to challenges in effective programming for key populations. HIV-related stigma and discrimination against men who have sex with men, sex workers and transgender people remain high. These and other structural barriers hinder access, uptake, and retention in services, and have further marginalized members of key populations. Many of the elements of a comprehensive network model are in place, but outreach modalities need to be updated based on current evidence, and case management models need to be strengthened to ensure that individuals who are referred to care and treatment remain within the network. There remain considerable gaps in information on service usage, and effective linkage between services as part of the continuum of care."

2.1 (PANCAP): To what extent has the project strengthened reporting and monitoring of quality data related to KPs, including HIV treatment.

What is the current level of monitoring and reporting of data related to KPs, including HIV treatment? How many countries are reporting what kind of data and for which KPs?

Status: KP-specific data for the continuum of care are not available for the region and there is inadequate documentation of key population coverage, particularly in smaller countries where information systems are not appropriately developed. Incomplete reporting of risk factor data, mortality data and inconsistent compliance with national reporting standards negatively impact the quality and timeliness of surveillance data in some countries. There are major challenges throughout the region in the analysis, uptake and use of data in decision-making and programming.¹²⁹

It has been challenging for national programs to collect data from key populations and while community has been more successful in this area, the development of true partnerships has been few. The result of this lack of collaboration has been the substantial gaps in evidence to support an understanding of the epidemic in KPs and KP-specific programming in the Caribbean.¹³⁰ Data and research are particularly scarce for lesbian, transgender and intersex communities and LGBT youth.¹³¹ Available research is largely focused on MSM sexual behaviors and the implications of repressive buggery/sodomy laws on HIV so that, "visibility in the debate over sexuality in the Caribbean public sphere belongs predominantly to male homosexuality".¹³² Because most countries continue to regard transgender women as biological males who have sex with other males, there is very little disaggregated data available, although some national programs have started to provide transgender specific data, largely for trans women. Countries receiving Global Fund grants – Belize, Guyana, Jamaica and Suriname – have initiated MSM and trans-specific

¹²⁸ CVC Situational Analysis

¹²⁹ *Ibid.*

¹³⁰ CVC Situational Analysis

¹³¹ <http://www.advocatesforyouth.org/publications/publications-a-z/1762-overlooked-and-at-risk>

¹³² Shapre, Jenny, and Samantha Pinto. 2006. The Sweetest Taboo: Studies of Caribbean Sexualities: A Review Essay. Signs: Journal of Women in Culture and Society: 32(1): 247-74.

policies and programming. On-going work supported by PEPFAR and Global Fund country grants focuses on improving national data collection and reporting systems including routine program M&E for KPs and the clinical cascade, as well as MSM and FSW bio-behavioral surveys. While these efforts will improve the availability of data in target countries, capacity to use of data for evidence-informed programming is weak.¹³³

In the Dominican Republic, Haiti Jamaica, Guyana and Suriname some KP-specific data is available, in large part because the national program is able to access and report on data collected by CSOs. In Trinidad and Tobago, some CSOs such as Family Planning Association (FPATT) regularly report to the Ministry of Health utilizing national program data collection forms that require information on age, sex, presenting symptoms, results, basic demographics etc. FPATT also uses a daily log provided by the Ministry of Health trapping all persons tested and sent to the Ministry at the end of the year. In Trinidad and Tobago, although some targeted programming with SW has been implemented by CSOs to connect SW with HIV testing and other services, the data from the results of these efforts have not been analyzed or reported. No sero-surveys have been conducted amongst SW in recent years. Very little work has been done to assess HIV prevalence within prisoners and migrants. No modes of transmission studies have been completed.¹³⁴

Table 1. Countries reporting data on KPs in latest GARPR Report

	MSM	SW	PUD	Migrants	Transgender
Trinidad and Tobago	√	X	X	X	X
Grenada	X	X	X	X	X
Antigua and Barbuda	X	X	X	X	X
The Bahamas	X	X	X	X	
Saint Lucia	X	X	X	X	X
Belize	X	X	X	X	X
Dominica	X	X	X	X	X
Cuba	√	√	X	X	X
DR	√	√	X	X	
Guyana	√	√	X	X	√
Haiti	√	√	X	X	X
Suriname	√	√	X	X	X
Jamaica	√	√	X	X	X

Reported data is largely limited to prevalence rates, numbers reached with prevention services and numbers tested.

2.2: What progress was achieved by the project in supporting national programs to map the treatment cascade for KPs?

What progress has been made in the mapping of the treatment cascades for specific KPs?

Status: No country has been able to map complete treatment cascades for specific key population groups. Countries are working towards generating national (not disaggregated) treatment cascades, with the following countries reporting that they have mapped a national treatment cascade: Barbados,¹³⁵ Guyana, Jamaica, Suriname, Dominican Republic and Haiti.

¹³³ PANCAP Concept Note

¹³⁴ Trinidad and Tobago. Elimination of Mother to Child Transmission of HIV and Congenital Syphilis Progress Report. Ministry of Health Trinidad and Tobago. March, 2015

¹³⁵ Barbados treatment cascade 2013 - Anton Best presentation to NAPs Managers Meeting – Implementation of Treat All in Barbados, March 2017

Belize reported that viral load data would be available in 2016 to enable mapping of a national treatment cascade. The GARPR report stated that a cascade was available without data on viral suppression as viral load testing was not available on a regular basis until the latter part of 2015. Retained on ART was used as a proxy for patients with viral suppression. Viral load data will be available at the end of 2016.

There are CSOs in some countries such as Suriname;¹³⁶ the APC-supported CSOs in Guyana;¹³⁷ COIN in Dominican Republic¹³⁸ which are able to generate KP-specific treatment cascade data that is fed into the national program. JASL in Jamaica also generates cascade data but it is not KP-specific, although the majority of their clients are KPs.¹³⁹

2.3: To what extent did the onward granting program for KP organizations enable the identification of effective, evidence-based approaches for linking and retaining KPs in the continuum of care?

What are key gaps and challenges in KP linkage and retention in care?

Efforts to improve KP access to services continue to be hamstrung by data limitations and lack of attention to monitoring progress. This will be alleviated through research currently being conducted on LGBT access to health care through an initiative funded by the Global Fund in Jamaica.¹⁴⁰

While poor adherence to appointment schedules and to treatment, especially by KPs, are major barriers to improving treatment outcomes, other obstacles include lack of adherence to protocols, poor geo-targeting of services, non-employment of new technologies, staff shortage, and inadequate linkages with CSOs and the private sector.¹⁴¹ In the Dominican Republic, the monitoring system created by REDNAJCER for young people living with HIV is an example of civil society collaboration with healthcare providers to highlight barriers to services that were resulting in low adherence rates. The monitoring system showed that this was due in part to the unfriendly services and discrimination received in the clinics.¹⁴²

Stigma and discrimination by health care workers and breaches of confidentiality continue to be common barriers to services for key populations.^{143,144,145} Stigma is named as the main reason for the lack of attention to marginalised groups in HIV prevention efforts and their general lack of access to HIV-related services.¹⁴⁶

Barriers to access to services by PLHIV have been documented in health facilities in St. Kitts and Nevis.

Suriname's MoH has recognized that reluctance due to widespread perception of stigma and discrimination is a barrier to access to care and treatment services, and is increasing challenges related to adherence.¹⁴⁷

Several NSPs cite limitations in their health systems that restrict the provision of effective services to KPs. A typical example is that of the Dominican Republic, which mentions the following:

“Health centre and prevention programme staff lack training to work with KPs, creating inequality of treatment (in comparison with that provided to others), including expressions of stigma and discrimination, non-compliance with gender-related standards, and failure to

¹³⁶ Interview with Mylene Pocorni

¹³⁷ Interview with Lisa Thompson

¹³⁸ CVC/COIN Concept Note

¹³⁹ Interview with JASL staff.

¹⁴⁰ UWI HARP presentation to NAP Managers Meeting, March 2017

¹⁴¹ Jamaica's Draft National Integrated Strategic Plan for Sexual and Reproductive Health & HIV 2014 – 2019, pp. 29-30.

¹⁴² CVC/COIN. 2013. Monitoring Services for Youth Living with HIV: A community monitoring program run by youth living with HIV. Caribbean Civil Society Showcase Series, CVC/COIN Vulnerabilised Groups Project (GF R9 Grant), p. 5.

¹⁴³ The Health Policy Project (2013b), Getting to “Stigma-Free” HIV Services in St. Kitts and Nevis. Testing and Rolling-out an Intervention Package for Health Facilities.

¹⁴⁴ Suriname NSP,

¹⁴⁵ UNAIDS Caribbean Regional Support Team (2014) *Caribbean Men's Internet Survey*, Port of Spain, Trinidad.

¹⁴⁶ *Regional Issue Brief* prepared for the Caribbean Regional Dialogue of the Global Commission on HIV and the Law, April 2011.

¹⁴⁷ Ministry of Health: Suriname Report on the Mid-Term Review, Towards the 10 Political Declaration Targets, Suriname, June 2013,

implement national strategies. This restricts the ability to establish standard interventions and to focus on particular subgroups.”¹⁴⁸

Transgender participants in a qualitative study in the Dominican Republic said they prefer private clinics because they are treated better and the staff is more educated. Some said they do not use health services because it is difficult to find a physician who treats them well.¹⁴⁹

National programs do not adequately meet the needs of mainstream youth, much less those of marginalized youth and youth belonging to KP communities. The dissonance between the action age of sexual initiation (before age 15), prevailing legislation on the age of consent (16 years), and the age for independent access to health care (18 years) plays a large role. Youth who identify as MSM, transgender, or who engage in transactional sex have also reported experiencing discrimination in health services.¹⁵⁰

CVC/COIN studies with marginalized youth in three countries¹⁵¹ show how their access to HIV and STI testing, prevention, treatment and other health services is constrained by stigma and discrimination. Only 61% to 84% feel comfortable with treatment received from health care centre staff; 16% to 37% reported feeling they had been treated differently by a health care worker; 29% to 60% do not think their health centres respect confidentiality and 19% to 49% do not think the HIV testing centre respects confidentiality.

In a recent study in Jamaica on the costs of homophobia, LGBT respondents saw healthcare service providers refusing to treat someone because they were identified as LGBT as a very serious problem.¹⁵²

In Haiti, the level of homophobia in society is very high, with reports of health personnel denying care to persons perceived as being gay.¹⁵³

The need to go to regular health system labs is often a barrier for KPs, since they can usually be easily observed by others at those places offering CD4, viral load and other procedures associated with HIV.¹⁵⁴

Access and adherence to treatment for migrants who are HIV+ present real challenges, since most governments restrict access to treatment to legal residents, and because migrants prescribed treatment in one country will have to begin again in the country that they are migrating to.¹⁵⁵ In the majority of countries, the HIV-related needs of migrants and mobile populations are not integrated in the national HIV response and existing health care programs. Little data is available on diverse mobile populations and there are no culturally and linguistically appropriate HIV intervention programs targeting mobile populations, especially high-risk groups including sex workers and MSM.¹⁵⁶ Strict immigration policies adopted by the Barbados Government may to sex workers underground, thereby making them and their clients more vulnerable to contracting HIV. Migrant workers in Belize are consistently listed among the most vulnerable populations owing to, among other factors; their legal status, lack of access to information and services, language barriers and poverty. However, to date no comprehensive strategies exist to address HIV prevention among this vulnerable population. There is limited understanding of the profile of the epidemic among migrant workers or the factors that increase this population’s vulnerability to HIV.¹⁵⁷ In Trinidad and Tobago, gaps in the national HIV response that particularly impact migrants, are:

- Centralization of treatment sites
- Lack of confidentiality at health and social service facilities
- HIV-related stigma and discrimination

¹⁴⁸ DR NSP (República Dominicana Plan Estratégicos Nacional Para La Respuesta a Las ITS y al VIH-SIDA 2015-2018), p. 20.

¹⁴⁹ Ibid.

¹⁵⁰ According to this study, half of HIV youth who identify as MSM, SWs or transgender feel they have been discriminated against when attending HIV services. See: Red Nacional de Jóvenes Viviendo con VIH/SIDA (REDNACEJ) (2012). *Informe de Veeduría en la prestación de servicios de salud a jóvenes usuarias/os en Servicios de ITS VIH y Sida*. REDNACEJ, p. 11 – 12.

¹⁵¹ CVC/COIN. 2012. Baseline study on marginalized youth in Trinidad, Jamaica and the Dominican Republic: A report on the triangulation of quantitative and qualitative research results. Pp. 30, 35, 36, 39, 53, 59, 61, 65, 77, 81, 82 & 84.

¹⁵² McFee, R. and E. Galbraith (eds.). 2016. Developmental Cost of Homophobia: the Case of Jamaica. J-FLAG. Pp. 58-59.

¹⁵³ CVC/COIN Analysis of HIV Response (2014), *op. cit.* p. 13.

¹⁵⁴ CVC/COIN Concept Note

¹⁵⁵ CVC/COIN Concept Note

¹⁵⁶ Jamaica Legal Environment Assessment

¹⁵⁷ Shiela Middleton-Kerr Belize Report on Migrants

- Insufficient social, economic and support services for PLHIV
- Homophobia and denial of sexuality within the context of punitive legislative frameworks
- Insufficient number of rapid testing sites and VCT testers.¹⁵⁸

Some improvement was achieved with the GIZ project which reported the following of migrant-friendly HIV services: 2 Antigua, 3 DR /Haiti, 1 Trinidad, 2 Guyana, 1 Suriname. NGOs in Suriname continue to provide migrant friendly services for both HIV and malaria. In Guyana, services for migrants and mobile populations are provided under the Global Fund grant but may not otherwise be sustained. In the Dominican Republic, MOSCTHA, a non-profit organization, has been implementing projects for more than thirty years, aimed at improving the quality of life of Haitian immigrants, their families, and other vulnerable populations. MOSCTHA heads a migrant alliance, a network of more than ten local NGOs specifically working with Haitian immigrants on issues related to health and human rights.

Other specific vulnerabilities of migrant workers which are challenges to linkage and retention in care are:¹⁵⁹

- Not being aware of their right to information and right to health due to legal status, stigma, and socio-economic and cultural alienation.
- Not being exposed to the relevant HIV education and information
- Not aware of where to access basic prevention information and products, as well as where and how to take advantage of services that migrants are not excluded from
- Lack of familiarity with the institutions and discourse in the host country
- Lack of citizen rights, dependency and xenophobia in the host societies
- Poor working conditions and absence of social security, such as health insurance
- Fear of deportation prevents access to health services to test for HIV, and even if they do get tested they may not collect the result.
- Sexual exploitation and human trafficking.

In the DR, there is evidence that CSOs are able to maintain cascades at a higher level with KP clients than can the national health system with a less vulnerable clientele.¹⁶⁰ COIN offers primary health care to LGBT, sex workers and drug users of all ages at its *Clinica de Salud Integral*. Via YurWorld, it opened an extension called *El Centro Salud Joven* (CeSaJo) In 2012, it moved CeSaJo to a nearby neighborhood where it had enough space for the clinic plus YurWorld's offices and some elements of a youth center.

USAID's Advancing Partners and Communities (APC) project in the DR and Guyana has piloted peer-to-peer work on prevention, HIV testing, and links to the continuum of care with SW, MSM, and TG CSOs.¹⁶¹

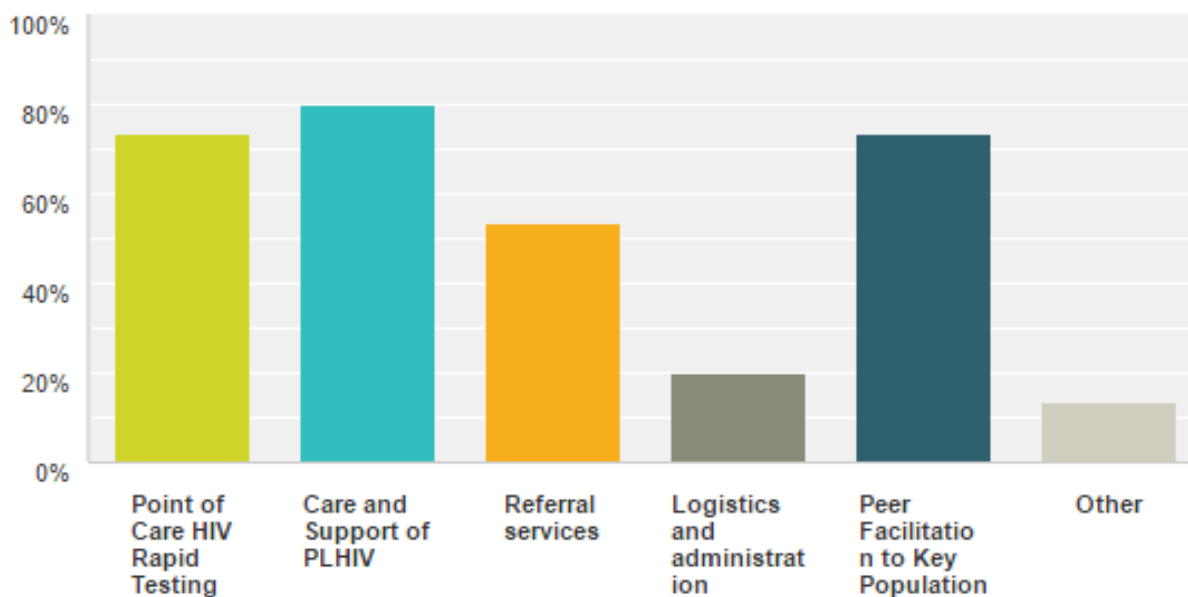
¹⁵⁸ A. Noguera-Ramkissoon, of ABNR Consultants, on behalf of the Pan Caribbean Partnership against HIV/AIDS (PANCAP), December 2011b HIV Vulnerabilities of Migrant Construction Workers in Trinidad and Tobago

¹⁵⁹ The University of the West Indies, Mona, UWI/HARP, Mona December 2011 Improving Universal Access to HIV Prevention, Treatment, Care and Support: Consultancy for a Study on the HIV Vulnerabilities of Migrant Workers in the Informal Economy Among Migrant Workers from CARICOM Countries in Antigua and Barbuda and Barbados.

¹⁶⁰ Technical Annex TA 7 - Reaching 90-90-90 for KPs: Can CSOs Help National Health Programs Improve Performance?

¹⁶¹ CVC/COIN Concept Note

Figure 1. A survey of NAP Managers identified CSO involvement in reaching the 90-90-90 targets.¹⁶²



2.3.1: To what extent did the identified good practices reflect coverage of the established KP sub-population specific gaps in the treatment cascade?

What are gaps in the KP treatment cascades?

Status: Gaps in the continuum of care persist throughout the region with too few PLHIV being aware of their status; suboptimal linkage and retention in care with lagging ARV coverage and insufficient viral suppression levels.

Challenges in achieving the 90-90-90 targets

Under the Round 9 regional grant, CARPHA completed outcome evaluations of several national strategic plans. Common themes from these evaluations included the weakness of national strategic planning to address KP issues; poor quality data to assess interventions, especially for KPs; limited use of data to inform decision-making; limited implementation of high-impact evidence-driven interventions for KPs; limited utilization of civil society and the private sector; high levels of stigma and discrimination limiting access to services; and weak legislative protections and redress systems for breaches of patient rights. These are all challenges that contribute to gaps in the treatment cascade for KPs.¹⁶³

Further, HIV responses for key populations KPs were under-resourced for many years,¹⁶⁴ and Caribbean countries have only recently re-classified their epidemics as mixed or concentrated, as in the Dominican Republic.¹⁶⁵ Antigua and Barbuda, The Bahamas and Trinidad and Tobago have reported the following

¹⁶² Presentation by Gardenia Desteng-Richardson to NAP Managers Meeting, March 2017

¹⁶³ PANCAP Concept Note

¹⁶⁴ International HIV/AIDS Alliance (2009), 'Report on access to Global Fund resources by HIV/AIDS Key Populations in Latin America and the Caribbean'. p. 13

¹⁶⁵ Feliz B., L.E. and A. Ramirez. 2014. El Estado Epidemico del VIH en la Republica Dominicana. Informe final del análisis y consulta sobre el tipo de epidemia. DIGECITSS, Ministerio de Salud Publica y Asistencia Social. pdf, p.6

challenges in reaching sex workers and MSM: limited or no data on HIV prevalence in the population; inadequate knowledge of risk behaviors specific to the population; the population is difficult to identify and hard to reach with specific interventions.¹⁶⁶

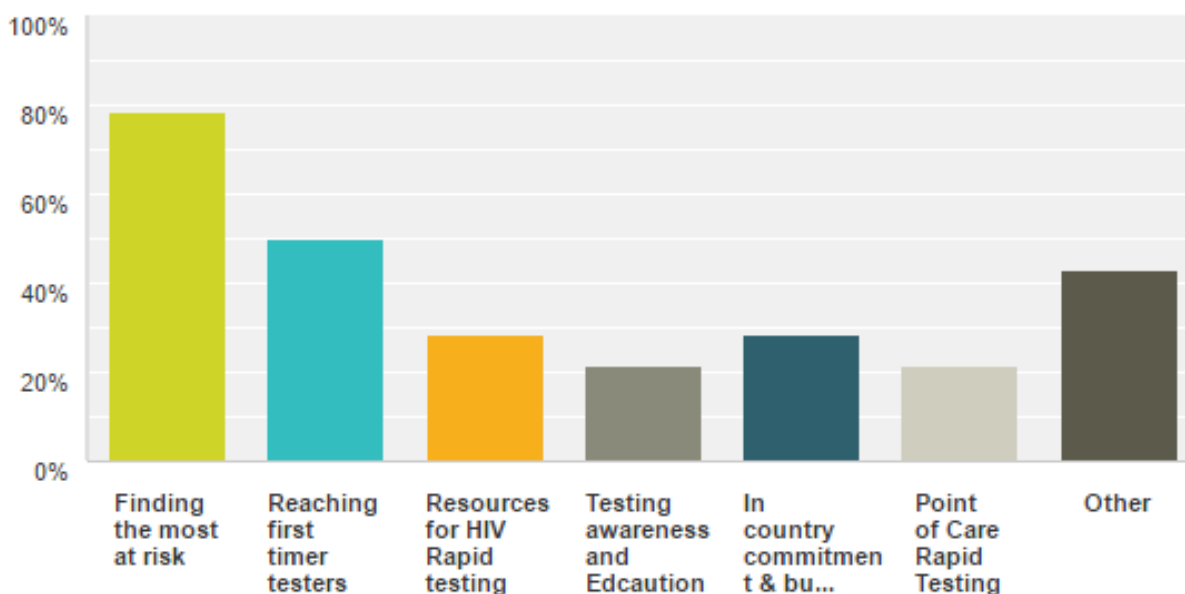
An interview with JASL suggests that in Jamaica, specific challenges pertain to encouraging testing in MSM and in linking SW to treatment and care.¹⁶⁷

Programmatic data, and analysis from the Haiti longitudinal HIV/AIDS case-based Surveillance System (HASS) highlights two important issues: low rates of early linkage to care after HIV diagnosis, and large attrition within the overall ART cohort. The results of the last IBBS in Haiti conclude that stigmatization and violence are consistently reported by a majority of MSM and female SW.¹⁶⁸

In the Dominican Republic, testing among vulnerable populations is higher than the general population. However, rates for both MSM and SW declined from the 2008 BSS. For the MSM populations a 268.4% increase is required to meet a target of 70% in 2018; SW will require an increase of 96.1% to meet a target of 90%; drug users a 109.2% increase and prisoners a 67.4% increase to meet targets of 50% set for 2018.¹⁶⁹

The 2017 NAP Managers and Key Partners Meeting provided a general assessment of challenges through a survey of national AIDS programs. While not specific to key populations, these provide a general indication of areas of programmatic weakness.

Figure 2. NAP Managers-reported challenges in reaching the first 90 target related to testing.



¹⁶⁶ PANCAP Concept Notes

¹⁶⁷ Interview with JASL, March 12 2017

¹⁶⁸ PEPFAR Haiti COP

¹⁶⁹ CONAVIHSIDA. PTMCT and Comprehensive Care Indicator Analysis Report 2014.

Figure 3. NAP Managers-reported challenges in reaching the second 90 target related to treatment.

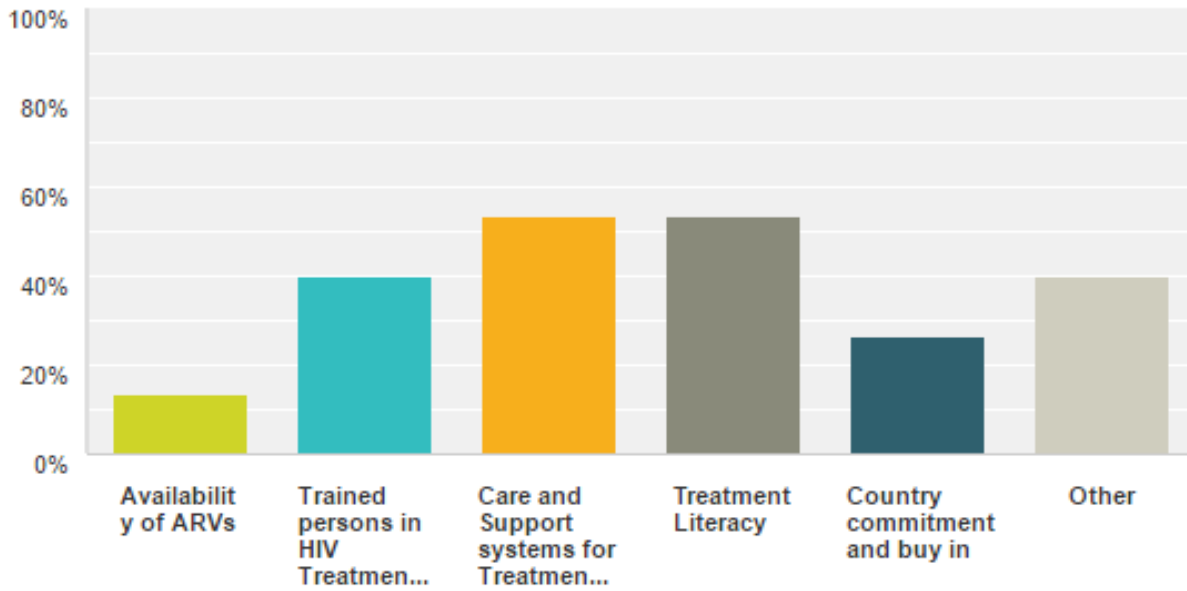
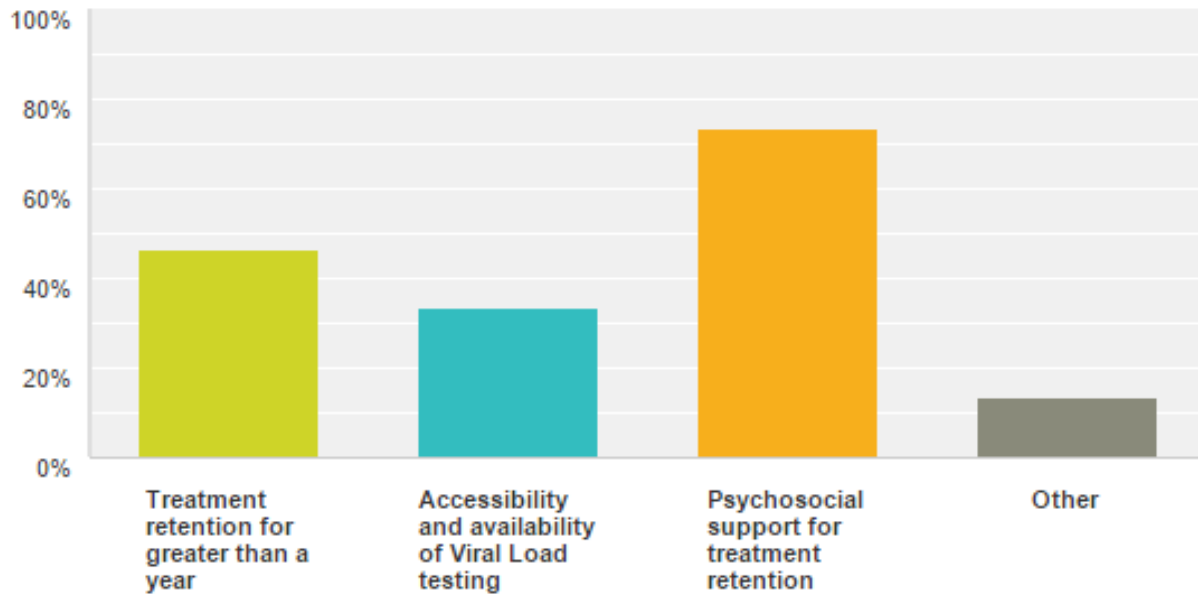


Figure 4. NAP Managers-reported challenges in reaching the second 90 target related to treatment



Technical capacity building needs

The NAP Managers survey identified the following technical assistance needs for reaching targets related to testing, treatment and viral suppression:

- Regional best practices on scaling up testing
- Support for integration of HIV into primary health services
- Capacity building for CSO to conduct HIV rapid tests
- Innovations to reach youth and men
- Innovations of reaching persons over 40 and the elderly
- Stigma and discrimination sensitization training
- Support for testing supplies (kits, reagents)
- Support to develop IEC materials on the 90-90-90 targets and testing
- Strategies to reach key populations
- Lab strengthening
- Assistance in training of clinicians in HIV management
- Support for empowering PLHIV to improve adherence
- Technical assistance for the development of treatment literacy materials
- Laboratory strengthening to support viral load testing
- Training in S&D reduction in health facilities
- Training of persons in psychosocial support
- Adherence interventions
- Monitoring systems
- Patient literacy materials.

An action plan developed from the fifth annual meeting of the NAP Managers includes:

- Addressing the external and internal factors that hinder achievement of targets at each step of the cascade. A midterm review of the status of the cascades, especially as it relates to viral suppression may be helpful.
- Using the 90-90-90 targets to leverage for increased resources for HIV programs
- Improving capacity for countries to address challenges with viral load testing. In some countries, the capacity for viral load testing is suboptimal or low.

Knowledge gaps

A survey conducted by the PANCAP-K4Health Project identified knowledge gaps in PANCAP member countries that present challenges to the implementation of test and start.¹⁷⁰ In response to these needs, the K4Health project has mapped a thematic approach to content synthesis and product development around each of the 90-90-90 targets. A minimum standard package is proposed with an infographic, fact sheet, testimonials, webinars and infographics. Content synthesis and product development will also address the some of the cross cutting issues such as stigma and discrimination.

¹⁷⁰ PANCAP-K4Health Project presentation to the NAPS Managers Meeting, March 2017

First 90 Gaps	Second 90 Gaps	Third 90 Gaps
Need to offer rapid HIV Testing	Special needs for key populations	Interruptions in the supply chain system, including stock-outs of reagents, consumables, and supplies
Limited understanding of the key populations (size estimates, venue mapping, and social networks)	Retention in treatment and loss to follow-up	Limited transportation capabilities, including cold storage
Lack of specific key population behavior data	Inadequate human resources for patient tracking	Significant downtime on equipment as a result of poor maintenance
	Poor linkages from testing to treatment	Poor communication between laboratory staff and clinicians at HIV treatment sites
Cross-cutting: economic, legal, social, and cultural environments; stigma and discrimination; human rights violations; strategies to better integrate services provided by National AIDS Programs NAPs and CSOs; sustainability of the HIV response, sustainability of the CSO response ; human resource constraints both in numbers and skill mix; language barriers to accessing services		

Laboratory capacity

Capacity and access to HIV/HIVDR lab services is recognized as a key challenge in strengthen the regional implementation and monitoring of HIV support care and treatment towards 90-90-90 targets by 2020. Stock-outs and sustainable funding are particular challenges. A 2015 survey of laboratory network managers reveals regional capacity as described in the table below.

Assay	Number of CARPHA Members States
HIV screening	21
EID testing	9
CD4 T cell count	13
Viral load	8
Genotyping	4

HIV laboratory testing capacity in CARPHA Member States		HIV Screening	EID Testing	CD4 T-cell count	Viral Load	HIV Genotyping
CARIBBEAN COUNTRIES						
Anguilla						
Antigua & Barbuda						
Aruba						
Bahamas						
Barbados						
Belize						
Bermuda						
British Virgin Islands						
Cayman Island						
Dominica						
Grenada						
Guyana						
Haiti						
Jamaica						
Montserrat						
St. Kitts & Nevis						
St. Lucia						
St. Vincent & Grenadines						
Suriname						
Trinidad & Tobago						
Turks and Caicos Islands						

2.4: What results were achieved through improving CSO/NAP collaboration in addressing gaps within the continuum of care for KPs?

What is the current status of CSO/NAPs collaboration in addressing gaps in the continuum of care for KPs?

The civil society organisations addressing needs of gay men, transgender persons and other MSM are a key element of the HIV response for key populations. Several groups are active in each country, including human rights and LGBTI rights organisations (advocacy, legal support, activism, police harassment, support groups, HIV prevention) and HIV groups.¹⁷¹ Community involvement in the regional and national responses to HIV is primarily focused on prevention, testing and counselling, adherence counselling, peer support, and advocacy, as well as addressing stigma and discrimination and the need to improve access to health services. However, CSO capacity and collaboration with national programmes is uneven.

In Haiti, the Volontariat pour le Développement d'Haïti (VDH) has evolved from providing HIV prevention education and condom distribution to providing HIV testing services for KPs, including adolescent MSM and SW.¹⁷² This has increased uptake of screening, improved collaboration with the Ministry of Health and the National Health Laboratory, and improved quality of community screening. Similarly, CSOs in the Dominican Republic, Jamaica, Guyana, Suriname and St Lucia also provide prevention, treatment and care services. In Jamaica, the National AIDS Program of the Ministry of Health has formally integrated the Jamaica AIDS Support for Life (JASL) into the national response, supporting their provision of clinical services and incorporating their data collection into the national system. A similar arrangement has been made in the Dominican Republic, integrating the clinical and prevention services of COIN. COIN's clinic works with licensing and other assistance from the Ministry of Health's Division for Controlling STIs and

¹⁷¹ CVC/COIN. 2014. Analysis of the HIV Response for Gay Men, Transgender Persons and other Men who have Sex with Men (GTM) and Persons Who Use Drugs (PWUD). Haiti, Guyana and Suriname, p. 69.

¹⁷² Haiti (2014), Global AIDS Progress Report, p. 39-41.

HIV (DIGECITTS) plus financing from the CVC/COIN Project.¹⁷³ Under the Round 9 grant, CVC/COIN has provided mini-grants to KP CSOs and some of these have supported project to improve HIV service provision for KPs. In Guyana, collaboration between the national program and CSOs takes place in the implementation of Global Fund program interventions for KPs and with CSOs supported by the APC project. The CDC also supports the provision of clinical services through collaboration between CSOs and private hospitals (PUSH sites), that are effective in reaching KPs.

Table 2. Overview of the Civil Society Organizations (CSOs) Grants: Mini Grants supported by CVC/COIN for the Key Populations

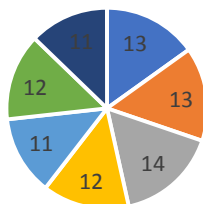
Suriname	Foundation He & HIV	HIV+ MSM	Outreach, referrals, testing and care and support for low-income HIV positive MSM.
Suriname	Double Positive Foundation	MY	Develop a peer education model with marginalized youth in rural neighborhoods and address structural determinants of HIV through sensitization of community leaders.
Dominican Republic	TRANSSA (Trans Siempre Trans)	Transgender women living with HIV	Provide a minimum package of services to HIV positive transgender women as well as information about safer feminization processes and access to primary healthcare.
Dominican Republic	Este Amor	MSM	Peer education model to reach young MSM with a minimum package of prevention services as they become sexually active.

How do CSOs collaborate with NAPs? The chart below shows how 29 national organizations and youth responded.

	Number and percentage of respondents				
	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
Our organization collects and shares information about challenges faced by KPs in accessing HIV prevention and treatment interventions	2 (8)	1 (4)	4 (15)	10 (39)	9 (35)
Our organization collaborates with the National AIDS Programme to improve KP-specific data collection.	1 (4)	1 (4)	5 (20)	9 (35)	9 (35)
Our organization collaborates with the National AIDS Programme on planning to improve KP treatment cascades.	2 (8)	1 (4)	10 (39)	6 (23)	7 (27)

¹⁷³ ProActividad Tolerance

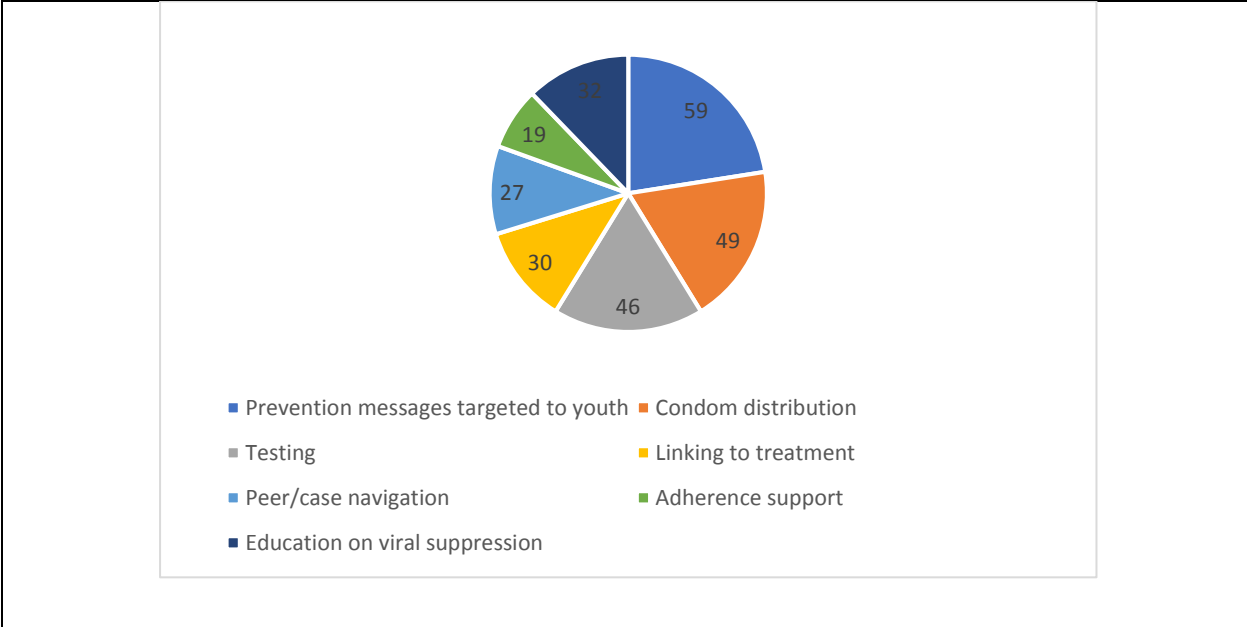
Focus of CSO collaboration with NAPs



- Prevention messages to KPs
- Condom distribution
- Testing
- Linking to treatment
- Peer/case navigation
- Adherence support
- Education on viral suppression

How do CSOs collaborate with NAPs on youth issues?

	Number and percentage of respondents				
	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
Our organization collects and shares information about challenges faced by youth in accessing HIV prevention and treatment interventions	5	11	19	19	30
Our organization collaborates with the National AIDS Program to improve youth-specific data collection	8	11	19	19	30



2.5 (PNCP): To what extent have the projects increased the capacity of NAPs to analyze and use data to inform evidence-based policies, strategies, and programming?

What is the current level of reporting on key populations and linkage with national planning, resource allocation and programming? What is the current capacity of NAPS to analyze and use data for policy and programming?

Status: Under the Round 9 grant, strategic information was improved at the national level, but country capacity to use data for policy and programme development is limited.

Under the Round 9 grant, the Caribbean Public Health Agency (CARPHA) worked toward increasing the availability of strategic information on HIV in the region by developing monitoring and evaluation (M&E) capacity and assisting countries to develop and implement M&E plans, analyze data and produce data-driven reports, including national program evaluations. CARPHA-provided technical support to strengthen national HIV M&E systems included sensitization of key senior officials in ministries of health on the importance of M&E to program performance management. Key outcomes have been growth in the number of M&E-related positions within ministries of health and national AIDS programs; increased demand for M&E training and for technical assistance to prepare key M&E documents. Furthermore, 75% of countries have a current M&E Plan for HIV and are collecting GAM data to meet their international reporting obligations.

Countries have been slowly strengthening their capacity to produce data-driven reports. For example, the Ministry of Health, Wellness and the Environment in St. Vincent and the Grenadines, produced a 2014 Health Sector M&E Report with minimal input from CARPHA. Several other countries have produced an M&E report of some sort in the past 3-5 years. The number of countries undertaking evaluations has increased as well as those responding to and implementing recommendations following evaluation exercises.

Countries continue to require technical assistance for strengthening systems for data generation, reporting and use. In Haiti, for example, where the online MESI database, a tool for compiling and reporting on data from the National HIV/AIDS Program, is recognized as a best practice for Caribbean HIV programme data

capture and storage, additional work is required to facilitate easier access to data and more in-depth analysis of some indicators.¹⁷⁴

Ongoing challenges include limited capacity of in-country staff, infrastructure and systems to absorb technical assistance or training. In some countries, limited infrastructure and systems make data compilation and analysis difficult. The M&E system and data collection may be paper-based, making it difficult to generate timely and accurate data.¹⁷⁵ Many countries continue to be unable to report on KP indicators as Ministries of Health do not currently collect data disaggregated by key population profile, and traditional data collection forms are not designed to collect such information.

At the regional level, standardized and comparable data on HIV and health outcomes across countries is insufficient. Regional (CARPHA) and international (Global AIDS Monitoring (GAM)) databases have too many gaps, and there is currently no mechanism in place for recording and verifying reporting on S&D indicators across the region. Regional reporting on GAM indicators is inconsistent and does not provide a complete picture of the region's progress.

¹⁷⁴ Haiti HIV/AIDS PMTCT, Treatment and Care Programme Indicator Review. November 2015

¹⁷⁵ CARPHA 2016: State of Monitoring & Evaluation in the Caribbean: Successes, Challenges and Key Lessons

Joint CVC-COIN and PANCAP 3: Community systems and key population networks employing effective advocacy to obtain social accountability and scale-up best practice interventions by national programs.

Principle Evaluation Question: What results were achieved by the project in strengthening critical community systems, and have those efforts fostered an environment more conducive to the protection of KPs rights?

Under the PANCAP Round 9 grant, community systems strengthening work focused on supporting KP networks, facilitating national programming and outreach to these populations, and conducting KP-specific monitoring and evaluation and research. The PANCAP Coordinating Unit provided significant administrative and technical support to revitalize the Caribbean Regional Network of People Living with HIV (CRN+). Efforts by CVC/COIN included capacity development and strengthening of the Caribbean Sex Worker Coalition and CariFLAGS, the regional networks of SW and MSM, as well as transgender and youth networks. A mini-grant initiative supported national NGOs providing strengthening in many areas and facilitating participatory research projects.

At the national level, community involvement in the HIV response has evolved from family- and community-led financial, social and psychological support to individuals, to the establishment of formal community-based HIV support organizations and networks. Community networks have strong representation on national CCMs and coordinating bodies in most countries in the region. It now focuses on testing, education and health promotion at the local level with linkages to health services. At the regional level, community involvement is now more evident in planning, implementation and advocacy in support of the HIV response, including through membership on the PANCAP RCM. Both regional and national networks have played a significant role in promoting social acceptance and advocacy of people living with HIV and other key populations in the Caribbean.

What are the critical community systems?

At the regional level, there are 3 primary key population networks: CariFLAGS serving MSM and transgenders; the Caribbean Sex Worker Coalition and CRN+.

Caribbean Forum for Liberation and Acceptance of Genders and Sexualities (CariFLAGS): CariFLAGS was revitalized by a core group of key activists in 2011, and has become a region-wide coalition of leaders and organizations rooted in LGBT communities across the Caribbean. It is legally incorporated, with five NGOs as directors in different countries. CariFLAGS has been involved in regional mobilizing, national and international advocacy, and strategic litigation. Its goal is to be a representative voice for its members and a regional expert on sexual orientation and gender identity issues. CariFLAGS's institutional and governance structures (secretariat, sub-regional hubs and board) have not been maintained following the close of grant from the USG Department of Rights and Labor. Regional networking continues in an organic way that is driven by national organizations and is typically highly effective.

A number of well-established national activists have re-started discussions on how to move forward with CariFLAGS. Stakeholders throughout the region continue to express a strong commitment to the regional movement and there is broad consensus on the importance of CariFLAGS for political access to regional governance and international human rights mechanisms; for leveraging national efforts for regional impact; for developing cross-movement linkages to broaden support LGBT rights; and for holding regional partners to account. Further, CariFLAGS has a key role to play in achieving economies of scale in capacity building and resource mobilization; and as a knowledge clearinghouse for research, mapping, sharing information and linking resources and people across the region.¹⁷⁶

¹⁷⁶ Final Evaluation Report of the DRL grant

Caribbean Sex Worker Coalition (CSWC): is a regional network of sex worker-led CSOs and sex worker advocates. It has developed regional campaigns and projects to reduce stigma and discrimination towards SW, and is an important and growing advocacy voice for SW across the Caribbean. Its most active members include the Guyana Sex Worker Coalition and the Sex Worker Association of Jamaica.

Caribbean Regional Network of People living with HIV (CRN+): is the authentic voice of Caribbean people living with HIV and AIDS. CRN+ is committed to empowering and supporting persons infected and affected by HIV and AIDS through advocacy, research, partnership, capacity building and resource mobilization. CRN+, the only regional persons living with HIV coalition, comprises 27 national affiliates in the English, Spanish, French and Dutch Caribbean. CRN+ provides a regional framework for many of the CSOs working with PLHIV.

Eastern Caribbean Alliance for Diversity and Equality (ECADE): is an umbrella body for national LGBTIQI human rights groups that aims strengthen the institutional capacity of member organizations and provide a platform to strategize and work towards equality within the eastern Caribbean. ECADE's mission is to strengthen regional capacity and intersectional collaboration, training, network expansion, development of grassroots human rights defenders and organizations and sensitization of policy makers, legislators, government and service providers. It intends to monitor, report and document human rights related issues; and to represent small island states internationally on issues affecting the LGBTI community.¹⁷⁷

What is the current status of these systems?

Status: At the regional level, the Caribbean Sex Work Coalition has in place a viable organizational structure but connections to the national level are only formalized in three countries. While CariFLAGS does not currently have an institutional presence at the regional level, networking and collaboration are strong as are linkages to the national level. CRN+ has a formal structure in place at the regional level but this is not currently functioning well. National groups exist with varying capacity. At the national level, LGBTI community systems are better organized and funded and in general, more effective at advocacy and collaboration with national programs, than are community systems for sex workers, migrants, marginalized youth and people using drugs. Regional and national community systems for migrants and people using drugs are weak to non-existent in the majority of countries. Marginalized youth are mobilized and organized within youth arms of national LGBTI and SW organizations.

Under the Round 9 grant, Regional KP networks including the Caribbean Network of People Living with HIV (CRN+), Caribbean Sex Workers Coalition (CSWC), Caribbean Forum for Liberation and Acceptance of Genders and Sexualities (CariFLAGS) received financial and technical support to improve their capacity for advocacy and to meaningfully contribute to the regional response. CRN+ and its affiliate national networks were revitalized and training provided in the regional epidemic and response with the aim of increasing their understanding and response to the Caribbean epidemic in support of universal access to HIV services. Board meetings, a secretariat and coordinator were also supported under the grant.¹⁷⁸ CVC/COIN has strengthened the CSWC and CariFLAGS through regional coalition meetings and supported CariFLAGS to secure a US State Department Grant to operationalize a secretariat and regional hubs. Funding for CariFLAGS also included small grants to strengthen the capacity of establish national groups to function as regional hubs and of nascent national organizations to strengthen and diversify the network.¹⁷⁹

Following the closure of the Round 9 Grant, the status of the three regional networks is as follows:

- CSWC has strong international connections and has been successful in securing financial support from international funders such as the Robert Carr Fund. It has a Board in place that includes

¹⁷⁷ ECADE Press release November 2016

¹⁷⁸ PANCAP Concept Note

¹⁷⁹ CVC/COIN Concept Note

representatives from multiple countries and is implementing training activities at the national level in some countries. It is working to mobilize sex workers to formalize a national organization in Barbados. A Secretariat is being established in Guyana. A key challenge with CSWS is to diversify the regional leadership which has developed around a limited number of activists who have been very influential in shaping the organization.

- CRN+ was unable to maintain its secretariat without support from the Round 9 grant. However, the work of national networks is ongoing, to varying degrees, in several countries. The current Secretary of the Board is working to revitalize the network and has secured the support of several technical advisors who are well-experienced and well-positioned in the regional HIV response. A program officer for the CRN+ Secretariat is in the process of being hired and it is expected that the Secretariat will be co-located with a regional agency such as the PANCAP Coordinating Unit. Board elections are also planned.¹⁸⁰
- In 2013, the United States State Department Bureau of Democracy, Human Rights and Labor (DRL), provided a Global Equality Fund (GEF) grant to CVC to manage a program to support the revitalization of CariFLAGS. Following the closure of the grant, CariFLAGS's organizational and governance structures (secretariat, sub-regional hubs and board) have not been maintained but regional networking continues in an organic and effective manner. Over the years, CariFLAGS has achieved significant progress in many areas and continues to hold great potential as a regional network with experienced and strategic leadership that is strongly linked to the national level and driven by the expressed needs of national members. Even while there is no formal institutional structure in place, activists lean on years of working together to ensure that a culture of collaboration and accountability. Key achievements have included:
 - o Peer learning and information sharing, strengthened cross-country partnerships, and an important collaboration with U-RAP around strategizing and advocacy related to strategic litigation.
 - o Coordinated positions and action, and strengthened engagement with international and regional mechanisms such as the United Nations Human Rights Committee, UPRs and the OAS. Caribbean activists are playing leadership roles in a range of international fora.
 - o Greater visibility and increased positive media coverage of LGBTI issues and the work of national organizations. Of particular note are PRIDE events that are becoming annual occurrences in Jamaica, Belize, Curaçao, Guyana; Coming Out Week in Suriname; IDAHOT events; the Annual Caribbean Women and Sexual Diversity Conference, implemented with widespread international funding support (including from COC Netherlands, Astraea Lesbian Foundation, Arcus Foundation, Outright Action International, and ARC International).
 - o Strengthened sub-regional organizing in the Eastern Caribbean that has been formalized through ECADE.

National groups: Most countries have a domestic LGBT organization, and many of the more established groups in larger countries are connected to regional work through CariFLAGS, PANCAP, CVC. Networks that support transgenders and marginalized youth are nascent, strong in some countries and absent in others. There are transgender networks in several countries, including: Guyana, Trinidad and Tobago, Belize, Suriname, Jamaica, Dominican Republic, Cuba.

There are 3 established national sex work organizations in Guyana, Jamaica, Suriname and one in the nascent stages of organization in Barbados. In other countries, networking occurs through connections with national focal points. There are national PLHIV networks in the majority of beneficiary countries. A recent poll by CRN+ shows national affiliates in the following countries: Antigua, The Bahamas, Barbados, Belize, British Virgin Islands, Dominican Republic, Haiti, Saint Lucia and Suriname.¹⁸¹

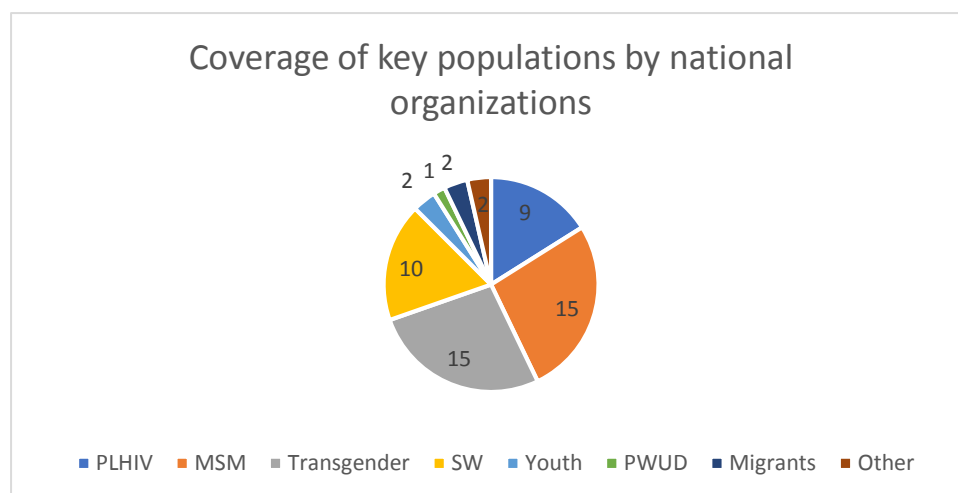
¹⁸⁰ Interview with Winfield Tannis-Abbot

¹⁸¹ Email correspondence from Winfield Tannis-Abbot

Table 3. Principal Key Population Organizations by Country¹⁸²

Country	PLHIV	MSM	Trans-gender	SW (PPST in Cuba)	Marginalized Youth	DU	Others
Belize	PASMO CNET+	EYBM UNIBAM	Caribbean Trans In Action				POWA PETAL
Cuba	Linea de Trabajo PLH	Linea de Trabajo HSH Asociación Quisicubaba	Red Trans Cuba Asoc. Quisicubaba	Líneas de Trabajo HSH, mujeres Asoc. Quisicubaba			
Dominican Republic	REDNAJ CER	*Amigos Siempre Amigos Este Amor GAYP DIVERSIDAD DOMINICANA	TRANSSA COTRAVETD	*MODEMU CEPROSH COTRAVETD	CAJIR REDNAJ CER Red Jóvenes Uni-dos de Guachupita	Fundoreda	
Guyana	G Plus Artistes In Direct Support (A.I.D.S.) Guyanese Network of PLHIV	*SASOD, One Love Artistes In Direct Support Guybow	Guyana Trans United	*Guyana SWC CSWC Youth Challenge Guyana	Youth Challenge Guyana Volunteer Youth Corps	*Phoenix Recovery Project Salvation Army	Transitional House Lifeline Coun-seling Merundoi Inc. Hope Foundtn
Haiti	PLHIV Platform, Fondation Esther Boucicaut Stanilas (FEBS), SEROVie POZ, GHESKIO	*Kouraj FEBS Fondation SEROVie	Kouraj SEROVie	FOSREF	MOSCTHA VDH POZ *FOSREF	APAAC	FACSDIS, Esther Boucicaut Foundtn Housing Works
Jamaica	JN+, * JASL Positive Youth in Action Eve for Life, Panos NE Parish Aids Comm. Western Reg. PAA Trelawny PAA, JCW+ CHARES, *UWI HARP	*JFLAG *JASL Grata Foundation The Ashe Company Stand Up For Jamaica Pride in Action Children First	*JFLAG JASL Aprodite's Pride The Color Pink Group Children First	SWAJ JASL Joy Town Community Development Fund	Positive Youth in Action, JYAN Clarendon PYC Stand Up For Jamaica Sistren Theatre Co. Jamaica Youth Theatre Children First	NCDA Richmond Fellowship Jamaica Ashe Teen Challenge Jam.	
Suriname	Foundation He + HIV Double Positive	Suriname Men United Foundation He + HIV LGBT Platform	LGBT Platform Trans in Action	Liefdevolle Handen SUCOS Changes For Life	Double Positive	Liefdevolle Handen	Proud to be Stichting Lobi De Stem
Trinidad & Tobago	CARE South AIDS Support	Friends for Life CAISO Silver Lining Foundatn I am One	Friends for Life CAISO	*FPATT	Friends for Life *YMCA T & T CARE Silver Lining Foundation	*CARE Oasis Drop-in Center Rebirth House	

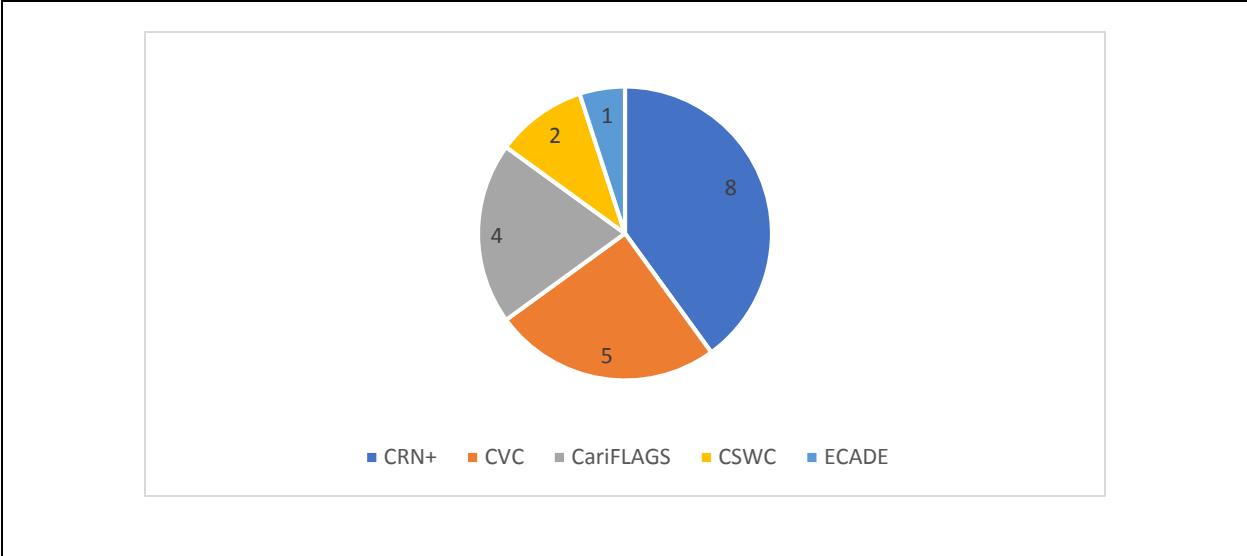
Which key populations do national CSOs work with?



Some of the 29 respondents work with multiple key populations. Those that responded as working with LGBT populations were checked for both MSM and Transgender. Only three specifically indicated that they work with transgender.

Which regional networks are national CSOs affiliated with?

¹⁸² CVC/COIN Concept Note



At the national level, NGOs report increased networking and improved linkages with NAPs, CCMs, other NGOs and donors. The strengthening of youth networks has not been as successful, in part due to maturation and turnover of participants.

In Cuba, the functions of CSOs are exercised largely by mass organizations which have sectors that generate somewhat alternative discourses to that of the state and help modify public policies and programs. Traditional civic, special interest and religious networks, some of which overlap, increasingly serve to represent community interests. In the HIV and gender arenas, groups like the Federation of Cuban Women, the Federation of Latin American Rural Women, the NGO Félix Varela Center, and the LGBT Rights Observatory have all attracted notice for their work on gender-related issues; groups like the National Mutual Support Network, Línea de Apoyo mutual support group, Amigos de Verdad, and Asociación Quisicuba have strongly supported the HIV response. The NAP deploys impressive numbers of peer educators and volunteers in the ranks of large national networks that provide wide HIV outreach to KPs, including prevention interventions, regular support group meetings, recreational outings, and municipal award ceremonies. The Centro Nacional de Promoción y Educación para la Salud (CNPES) and with the Centro Nacional de Educación Sexual (CENESEX) are important for CVC/COIN to gain access and ensure action on prioritized issues.¹⁸³

In Belize, a key achievement has been validation of the work of civil society, in particular sub-national HIV committees and the networks of vulnerable populations such as the Collaborative Network of Persons Living with HIV (CNET+) and the United Belize Advocacy Movement (UNIBAM). In the 2014 National Composite Policy Index (NCPI), key respondents reported that coordination has improved, with more networking among civil society organizations as they collaborate on similar projects and capitalize on limited resources.¹⁸⁴

In Haiti, the civil society organizations dealing with the MSM and transgender populations have the potential to take a leadership role with the support of international partners. Opportunities to mobilize additional funding to support community organizations exist, including new sources of funding. However, there should be better coordination among community organizations to ensure better collaboration and joint initiatives, including collaboration on resource mobilization. This will be supported by existing or upcoming initiatives on strategic information (MOT study, size estimates, repeat of HIV prevalence surveys and investment case).¹⁸⁵

¹⁸³ CVC/COIN Concept Note

¹⁸⁴ Belize (2014), Global AIDS Progress Report.

¹⁸⁵ Haiti Global AIDS Progress Report

What were critical gaps and challenges?

Strengthening critical community systems and more effective efforts to protect KP rights require addressing the following key challenges:

- While civil society representation on National AIDS Commissions, CCMs and the PANCAP RCM has increased trust and partnership, in some countries, civil society continues to fight for inclusion in all decision-making bodies.¹⁸⁶
- National LGBTI organizations face multiple stressors that deeply impact their capacity for longevity. These include access to funding, safe and appropriate infrastructure and skills human resources. MSM and TG groups receive very little support from governments. However, they obtain funding from various external sources (Global Fund, UN, USAID, and other international NGOs or foundations), usually in small amounts. With a few exceptions, these groups have small numbers of members and serve small numbers of clients. This is part of their weakness in terms of being recognised as full partners in the national instances of coordination. The MSM/TG CSOs need to develop solid coordination mechanisms among themselves, in order to increase their weight in the face of their opponents, to be recognised as full partners at national level and to develop joint strategies for advocacy and lobbying, as well as for resource mobilisation.¹⁸⁷
- Financing continues to be the number one constraint to community involvement. Many organizations, regardless of their focus, now face severe sustainability challenges that have led to closures, reduction of human resources and service provision.¹⁸⁸
- The need to strengthen regional representation of transgenders, marginalized youth, migrants and people using drugs. Apart from the CARICOM Youth Ambassadors, youth representation is through groups whose primary focus is on other issues, including LGBTI rights, PLHIV rights.

The CSO Baseline Assessment for the LCI project looked at capacity in the following areas: Organisational Management Systems (OMS), Governance, Strategic Planning, Resource Mobilization, and Policy and Advocacy. The main findings were as follows:

- Need for capacity building in organizational management systems, financial systems, strategic planning, resource mobilization, and proposal writing
- Possess governance systems but Boards are not effectively executing their responsibilities.
- Lack capacity to develop advocacy materials
- Lack opportunity for interaction with key policy/decision makers.¹⁸⁹

What has been the effect of these systems on fostering an environment more conducive to the protection of human rights?

Status: Community systems at both the regional and national levels have increasingly been advocating for States to address issues that impact key populations and increase accountability, including those related to breaches of rights as well as to service delivery. While there are some important achievements which may point to greater acceptance of LBGTI populations, in particular, in the absence of law and policy reform, the environment cannot be said to be more conducive to the protection of human rights.

The chart below shows areas in which national CSOs are working. Most of the 29 respondents work in multiple areas.

¹⁸⁶ Suriname Global AIDS Response Report 2014

¹⁸⁷ Ibid., p. 70.

¹⁸⁸ End of Project evaluation of PANCAP Round 9 Project November 2015

¹⁸⁹ LCI Coordinator presentation to the NAPS Meeting, March 2017



An important and effective strategy has been to utilize regional and international forums and media engagement for advocacy and to place pressure on national governments. These efforts have included;¹⁹⁰

1. Submissions in the petition on the “Human Rights Situation of Young Persons in Guyana” brought up by the Guyana Equality Forum (GEF) member organisations during the 161st Period of Sessions of the Inter-American Commission on Human Rights (IACHR) on March 22, 2017.
2. Joint statement by Caribbean activists at the 2016 Global LGBTI Human Rights Conference in Uruguay: The 7-Point Montevideo Caribbean Platform—July 2016
3. Regional training to increase Caribbean advocacy using UPR/OAS processes, August 10 -16, 2014.
4. CARIFLAGs written submissions were filed in the CCJ case challenging the immigration laws of Belize & Trinidad and Tobago.
5. CariFLAGs participation in the Inter Guyana's Conference, June 23, 2015. .
6. CariFLAGs co-delivered the civil society statement at Latin American and Caribbean regional workshop in Brasilia (a process leading up to a 2013 UN Human Rights Council resolution on sexual orientation and gender identity).
7. CariFLAGs was represented on a side panel on “Human Rights of LGBTI persons. Regional developments, International Responsibilities” at the 26th Session of the Human Rights Council.
8. CariFLAGs was represented at the Oslo Conference on Human Rights.
9. CariFLAGs partnered with Groundation Grenada, GrenCHAP, SRI and other organisations to deliver a statement to the State of Grenada, before the UN, at its ongoing Universal Periodic Review of human rights issues.
10. Joint Media Release from CariFLAGs, SASOD, GTU, CVC and U-RAP: Constitutional Court Rules Cross-Dressing is Not a Crime if Not for “Improper Purpose” - Rights Groups Plan Appeal on Dubious Decision
11. Joint statement by ARC International and ILGA World (in collaboration with the Saint Kitts Alliance for Equality, United and Strong INC and CariFLAGs) during the adoption of UPR outcome for St. Kitts and Nevis.
12. Annual Caribbean Women and Sexual Diversity Conference convened by United and Strong in collaboration with CariFLAGs. The conference is a movement-building tool for LBT activists and organisations, which have articulated the need for additional capacity building of women to contribute more significantly to activism on LBT issues.
13. CAISO participation in WorldPride Human Rights Conference as part of the LGBTTTI OAS Coalition and CariFLAGs.

¹⁹⁰ Final Evaluation of the USDS DRL CariFLAGs grant.

14. EC Regional Men's Conference as a collaboration of ChapDominica, Groundation Grenada, Saint Lucia National Youth Council, GrenCHAP, St. Kitts/Nevis Gay-Straight Alliance for Progress, Caribbean Youth Summits, Caribbean Regional Youth Council, St. Vincent and the Grenadines Red Cross Society, LGBT rights in Barbados, BGLAD, Caribbean360, CAISO | GSPOTTT | Trinidad & Tobago/CariFLAGS.
15. CariFLAGS & Caribbean activists team with Parliamentarians globally in a groundbreaking initiative for lawmakers to deepen their understanding of sexual orientation and gender identities, hosted by the Dominican Republic House of Representatives. Civil society engagement and advocacy has been critical for the completion of a draft of the General Law on Equality and Non-Discrimination.
16. CSOs have led advocacy targeted to constitutional reform to explicitly strengthen protection with respect to gender and sexual orientation.¹⁹¹ For example, the efforts of CAISO with regard to the Equal Opportunities Act in Trinidad, Groundation Grenada with constitutional referendum in Grenada. These efforts have not been successful.

There are signals of more increasing social acceptance of and support for LBGT rights, in particular. These have included:¹⁹²

- Collaboration of CSOs with mainstream organizations in the academic, media, health and private sectors, to increase awareness and understanding of LGBTI issues and to provide training aimed at reducing stigma and discrimination. These collaborations have recognized the technical expertise and leadership of activists, and have included both a focus on HIV and a wider rights-based approach.
- International and regional visibility has been strengthened through strategic communications efforts and intensive media engagement. For example, CariFLAGS's Facebook page continues to engage and connect activists with regional and international counterparts, sustaining the sharing of information and ideas in an organic way.
- More positive media coverage and fewer instances of misrepresentations of the LGBTI community and of the work of KP organizations.
- In several countries, national groups have been able to formalize organizational structures by completing processes previously stymied by experiences of stigma and discrimination, such as legal registration, opening of bank accounts and securing office spaces.
- CSOs have been able to access and maintain safe office spaces that are utilized by community members with no negative backlash.
- Annual International Day Against Homophobia and Transphobia (IDAHOT) and pride day celebrations signify unprecedented visibility of LGBTI concerns in the region. Guyana Trans United now hosts an annual first transgender beauty queen contest that is well received by the public.
- Strategic litigation currently being pursued by CariFLAGS members, in collaboration with U-RAP, has brought visibility to human rights violations experienced by LBGTI persons and has encouraged public debate about the application and impact of discriminatory laws.
- Regional engagement by grassroots organizations secured political support for the PANCAP/CARICOM¹⁹³ Roadmap on shared responsibility for AIDS and the PANCAP 2010 Declaration.¹⁹⁴

In spite of these efforts, there has been little movement on legislative and policy reform, as noted in Section 1 of this report, and as is evident in the deferral of the regional Justice For Declaration that included time-bound commitments to remove discriminatory laws and policies and to enact protective laws and policies. At Universal Periodic Review and Inter-American Commission for Human Rights hearings, governments have repeatedly rejected recommendations to repeal laws that criminalize sex between men, citing lack of public

¹⁹¹ These have taken place in Aruba, The Bahamas, Belize, Bermuda, Grenada, Guyana. A new legal challenge has been brought in Trinidad and Tobago.

¹⁹² Final evaluation of DRL CariFLAGS project.

¹⁹³ CARICOM, the Caribbean Community, is an organization of 15 Caribbean nations and dependencies that promotes economic integration and cooperation among its members. Based in Guyana, it provides a legal, diplomatic, and administrative framework for PANCAP's work with the Caribbean nations.

¹⁹⁴ Resolution of the 10th Annual General Meeting of PANCAP 2010, Annex 76

support as a reason for retention of discriminatory laws, policies and practices.^{195,196} On three occasions, Caribbean countries voted to oppose the appointment of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity appointed by the UN Human Rights Council.¹⁹⁷

3.1: What level of progress was achieved by the project’s social mobilization, community linkage, and cross-movement collaboration initiatives in decreasing S&D?

What is the current status of social mobilization, community linkage, and cross-movement collaboration initiatives in relation to S&D?

Status: There is evidence of increasing levels of social mobilization and community linkage and cross-movement collaboration. This is strongest among LGBTI organizations, youth and is less evident among sex workers. Social mobilization is weakest among migrants and people using drugs. Community linkage continues to be challenge for regional networks because of the resources required to interface with national and community groups in order to maintain effective communication, coordination and collaboration. This is particularly difficult where there are few or no formal national organizations, as is the case for all KP populations except MSM.

With regard to cross-movement linkages, the CVC/COIN Concept Note suggests that, “different KP groups tend to organize and act alone, even though they may be addressing the same issues. They seldom link effectively with broader human rights, women’s or other movements that are working on parallel topics, often with far wider audiences and influence.” It highlights the need “to break down issue- and identity-based silos and reinforce the core nature and goals of all social justice work as reflected in local and national advocacy.”

Evidence of increasing social mobilization, community linkage, and cross-movement collaboration include:

- A number of national-level CSOs report linkages to Latin American PK networks such as REDLACTRANS, REDTRASEX.
- More established KP organizations, like SASOD, have pursued a deliberate strategy of engaging with broader policy issues to build the constituency supporting LGBT rights. Small grants recipients have successfully parlayed grant-supported capacity to develop new partnerships with both government and civil society agencies. Guyana Equality Forum is a broad coalition committed to combating discrimination, including the decriminalization of same-sex conduct and cross-dressing. In Trinidad and Tobago, CAISO and other organizations have been working together on the issue of child marriage and LGBT community groups work together as the Alliance for Justice and Diversity.
- In Dominica, working with different partners to build social capital in the participatory development of a national HIV policy, the Health Policy Project (HPP) trained a cohort of 20 persons on facilitating discussions, sharing information and learning about health, stigma, discrimination and HIV. The project convened public consultations and discussion groups with members of communities around the island. The National AIDS Program worked closely with affected populations of PLHIV and MSM, to put together a process to help bridge the communication and collaboration between health service delivery and service users, especially those with fear of rejection and negative treatment.¹⁹⁸

¹⁹⁵ Interview with Joel Simpson

¹⁹⁶ PANCAP Concept Note

¹⁹⁷ 21 November 2016, 19 December 2016, 23 December 2016.

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- In Jamaica, HPP is working with different sectors, including health services, academia, and affected communities, including faith communities, to bring together evidence and collectively analyze and discuss implications. These different sectors are considering policy implications and developing recommendations to bring to policymakers, not only at the national level but at facility and parish levels. Service providers, service users and community leaders come together to feed into policy dialogue.¹⁹⁹
- Strengthened sub-regional organizing in the Eastern Caribbean has been formalized through ECADE, and builds on a long-held understanding of the need for collective action across small islands in order to have a voice within the region and of the value of a multi-country approach to resource mobilization.²⁰⁰
- In the absence of an organized youth movement, other KP organizations have provided a forum for youth involvement through the establishment of youth arms and in less formal ways.

Social mobilization of key populations					
The responses of 29 national-level organizations working with key populations are presented in the table below					
	Number and percentage of respondents				
	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
Our organization understand needs of our stakeholders	2 (8%)		1 (4%)	12 (46%)	11 (42%)
Our organization consults regularly with key stakeholders	2 (8)		4 (15)	14 (54)	5 (19)
Our vision and strategy for the next few years is based on consultation with our key stakeholders	2 (8)		3 (12)	14 (54)	7 (27)
Our stakeholders would agree that changing laws and policies is an important way for our organization to achieve impact	2 (8)		3 (12)	9 (35)	12 (46)
Our organization has an advocacy plan with articulated goals, targets and activities.	1 (4)	2 (8)	6 (23)	11 (42)	6 (23)
Our organization tracks the results of activities to understand their impact and routinely reports on these to national stakeholders	1 (4)	3 (12)	7 (28)	12 (48)	2 (8)
Our organization has at least one active staff member or board member with significant experience or expertise in advocacy.	3 (12)		5 (19)	6 (23)	12 (46)
Our organization has useful connections with and communicates directly with local policymakers about KP-specific needs and human rights issues	1 (4)	2 (8)	4 (15)	16 (62)	3 (12)
Our organization keeps key stakeholders informed about where policymakers stand	1 (4)	2 (8)	6 (23)	14 (54)	3(12)

¹⁹⁹ PANCAP Perspectives Vol 3

²⁰⁰ Final Report of the DRL CariFLAGS project

on issues that may affect them or the rights movement more generally					
Our organization finds ways to inform the general public about where policymakers stand on issues that may affect them or the rights movement more generally.	2 (8)	1 (4)	9 (35)	12 (48)	2 (8)
Our organization plans for and understands how its work is related to and dependent on other work happening in the movement	1 (4)	1 (4)	4 (15)	13 (52)	6 (2)
Our organization communicates effectively with other movement organizations	1 (4)	1 (4)	2 (8)	17 (65)	5 (19)
Our organization has partnered with other organizations to engage policymakers	2 (8)	1 (4)	3 (12)	14 (54)	6 (23)
Our organization is active in regional advocacy efforts	1 (4)	1 (4)	5 (20)	14 (54)	4 (15)
Our organization is active in global advocacy efforts	2 (8)	3 (12)	6 (23)	11 (42)	4(15)

Social mobilization of young people

Thirty-seven youth were polled at the start of a start PANCAP/CVC/COIN event to investigate the status of youth representation by civil society organizations in the region. While participants in general seemed happy with the representation of youth in their organization, they were less satisfied with how this translated into advocacy work, information sharing and collaboration.²⁰¹

	Percentage of respondents				
	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
My organization understand needs of youth	0	8	5	35	51
My organization consults regularly with youth	11	38	3	41	38
Our vision and strategy for the next few years is based on consultation with youth	5	8	5	16	65
Our organization has at least one active staff member or board member who is a youth.	5	3	5	22	76
Our organization has useful connections with and communicates directly with local policymakers about youth needs and human rights issues.	5	8	14	38	35
Our organization keeps youth informed about where policymakers stand on issues that may affect them.	5	14	8	30	27

²⁰¹ Youth represented 12 organizations: Caribbean Family Planning Affiliation (CFPA); Caribbean Forum for Liberation and Acceptance of Genders and Sexualities (CariFLAGS); Caribbean Regional Network of People Living with HIV AND AIDS (CRN+); Caribbean Sex Work Coalition (CSWC); Caribbean Vulnerable Communities Coalition (CVC); CARICOM Youth Ambassadors Corp (CYA); The University of the West Indies (UWI); Guyana Responsible Parenthood Association (GRPA); Youth Advocacy Movement Suriname; Jamaica Youth Advocacy Network; C-NET+, Belize; COIN: Dominican Youth: Overview Centro de Estudios Biopsicosociales LGBT (CEB-LGBT)

Our organization is active in regional youth advocacy efforts	11	3	11	24	35
Our organization collects and shares information about challenges faced by youth in accessing HIV prevention and treatment interventions	5	11	19	19	30
Our organization collaborates with the National AIDS Program to improve youth-specific data collection	8	11	19	19	30

How have these contributed to decreasing S&D?

Status: Stigma and discrimination continue to be a major factor in limiting access to HIV and other health services. The level of homophobia in society, including in the health sector, remains high in all three countries, with recent reports of homophobic violence and murders in Guyana, Haiti and Trinidad.²⁰²

The perception of societal opposition to advancing LGBTI rights is a key driver of, and rationale for, the lack of political leadership on SOGI issues. In Jamaica, for example, the Prime Minister has called for a referendum to validate its discriminatory laws. One 2014 poll found that 91% of respondents opposed repeal.

Stigma associated with socially marginalised groups, especially MSM, remains very strong and acts of discrimination are common.²⁰³ In the Caribbean Men's Internet Survey, 38% of respondents reported experiencing verbal insults or name-calling in the past year while roughly half (48%) had been stared at or intimidated because people knew or presumed they were attracted to men. About one in nine (11%) reported being physically assaulted in the last five years; 14% of those diagnosed with HIV reported having been denied medical help.²⁰⁴

Surveys conducted in three countries by the Health Policy Plus Project (HP+) and the University of West Indies' HIV and AIDS Response Programme (UWI-HARP) have found high levels of stigma and discrimination among staff in health facilities.²⁰⁵

Multiple reports have documented how states have failed to protect key populations, particularly LGBT people, from violence and human rights violations, undermining their own HIV prevention efforts.^{206,207} Some studies also suggest forced sex is commonly experienced by MSM; 11% of gay men, transgender people and other MSM had experience forced sex in the past year in Santo Domingo.²⁰⁸ Sex workers are

²⁰² Analysis of the HIV Response for Gay Men, Transgender Persons and other Men who have Sex with Men (GTM) and Persons Who Use Drugs (PWUD). Haiti, Guyana and Suriname, pp. 68-69.

²⁰³ Legal Reforms, Social Change: HIV/AIDS, Human Rights and national development in Jamaica (2013) by Dr Jennifer Chan (UNDP, UNAIDS, National HIV/STI Program), p. 94 – 99.

²⁰⁴ UNAIDS. 2014. CARIMIS: The Caribbean Men's Internet Survey, p.50.

²⁰⁵ UWI presentation to NAP Managers

²⁰⁶ Human Rights Watch (2004), *Hated to Death: Homophobia, Violence and Jamaica's HIV/AIDS Epidemic*, Human Rights Watc

²⁰⁷ Inter-American Commission on Human Rights (2012), *Report on the Situation of Human Rights in Jamaica*, Organization of American States, p. 95 – 109.

²⁰⁸ CONAVIHSIDA (2012)

subject to arbitrary detention, police violence, and discrimination in health services.^{209,210,211} Weak justice systems, with backlogs of cases, poor witness protection, and a limited culture of rights litigation results in impunity.²¹² Sub-populations of sex workers face specific concerns. Transgender women sex workers face arbitrary detention, and inhuman and degrading treatment and punishment at the hands of police, including sexual extortion.^{213,214}

Studies on sex work indicate high levels of stigma and discrimination, violence and police abuse, especially in transgender women in the DR and migrant Hispanic sex workers in Trinidad.²¹⁵ A study involving 240 non-gay-identifying MSM sex workers and 65 clients in the Dominican Republic found a third felt discriminated against by society including friends, neighbours, police and health professionals.²¹⁶

Marginalized youth have been studied by CVC/COIN in three countries.²¹⁷ Roughly one-fifth to more than a third has experienced discrimination on the street. A quarter to a third reports having been discriminated or mistreated by police. About half know how to obtain legal protection; but just under half do not. Depending on country, from one to three fifths know of an NGO that can protect his/her rights.

Shadow reports and engagement of CSOs in regional and international fora continue to provide indications of the persistence of stigma and discrimination. A recent submission from the Guyana Equality Forum (GEF) at a thematic hearing of the Inter-American Commission on Human Rights (IACHR) described the human rights situation affecting young persons in Guyana, including rights abuses, the lack of implementation of policies and laws that would develop youth and protect young people's rights and citizen security. Specific issues raised include:

- Discriminatory laws and open prejudice in society which encourages homophobic and transphobic bullying in schools, a cause for many LGBT students to drop out and end their education prematurely
- Disadvantaged youth driven into poverty to fend for themselves and some come into contact with the law, turn to sex work and suffer disproportionately to realize their right to work
- LGBTI youth face marginalization and challenges accessing health care due to expressive, non-conforming sexual orientation and gender identity (SOGI) and the lack of security and protection from the state
- The publicly-funded and implemented abstinence-only Health and Family Life Education (HFLE) program, ignores young people's basic human rights to the highest attainable standard of health by denying them critical life-saving information and the fundamental public health principle of accurate, balanced sex education
- Policies to encourage adolescent mothers and teenage mothers to continue their secondary education
- Attention to cases of police brutality, bullying and state shortcomings against youth in the penal and judicial systems of Guyana.²¹⁸

²⁰⁹ See Caribbean Sex Worker Coalition (CSWC) Montego Bay Declaration, September 2013, <http://caribbeansexworkcollective.org/index.php/en/campaigns-and-upcoming-events/119-montego-bay-declaration> and <http://www.hivlawcommission.org/index.php/news/news/200-caribbean-sex-workers-coalition-calls-for-an-end-to-discrimination-against-sex-workers-urges-transgender-recognition>

²¹⁰ CVC/COIN *Diversity and Commonality: A look at Female and Transgender Sex Workers in three Caribbean countries*, CVC/COIN, Dominican Republic

²¹¹ CVC/COIN (2014) Caribbean Sex Work Coalition Regional Meeting Report, p. 21, Report on file with CVC/COIN, p. 24

²¹² Jamaicans for Justice and Lawyers without Borders Canada (2014) *Strategic Litigation of Human Rights Abuses: A Manual for Legal Practitioners from the Commonwealth Caribbean*, Quebec, Kingston

²¹³ Diversity and Commonality

²¹⁴ Human Rights Observatory DR/TRANSSA/CONTRAVEDT (2014)

²¹⁵ CVC/COIN. 2012. Diversity and Commonality: a Look at Female and Transgender Sex Workers in Three Caribbean Countries. Santo Domingo, Dominican Republic.

²¹⁶ CVC/COIN. 2012. Diversity and Commonality op. cit.,

²¹⁷ CVC/COIN. 2012. Baseline study on marginalized youth in Trinidad, Jamaica and the Dominican Republic: A report on the triangulation of quantitative and qualitative research results.

²¹⁸ <http://www.sasod.org.gy/sasod-blog-civil-society-delegation-reports-human-rights-situation-affecting-youth-guyana-government>

Numerous studies^{219,220,221,222} describe how gender inequality in the Caribbean is manifested in early sexual initiation, and often through coercion; transactional sex with older, more sexually experienced partners; and high prevalence of intimate partner violence and gender based violence. Violence against LGBTI persons has been extensively documented by PANCAP,²²³ and for sex workers, physical, sexual and psychological abuse, threats, coercion and arbitrary deprivation of liberty, is common.²²⁴ These gender norms, legitimated by the legislative and policy environment, are the main drivers of LGBT human rights violations, and the high rates of gender-based violence recorded in the region.

Transgenders are among the groups most affected by stigma, discrimination, and human rights abuse. For example, in Guyana transgender persons face harassment from the police and can be charged under a “cross dressing law”. There, and elsewhere in the region, they are heavily stigmatised and discriminated against, particularly with regard to access to employment and health care services. In Guyana, for example, 30% of transgender sex workers report feeling stigma every day or regularly.²²⁵ Suriname is an exception, where employment in the public sector or in a small business is possible.²²⁶ Jamaica is singled as one of the most dangerous places in the world for trans- and gender non-conforming people.²²⁷

Migrants continue to face limited access to health and social services, exploitative employment, and fear of persecution by authorities. Migration for sex work is one of many factors increasing the vulnerability of female sex workers. It implies loss of family support, difficulties accessing services, and increased stigma and discrimination. Discrimination against foreign sex workers is considered worse than that experienced by sex workers living with HIV.²²⁸ Migrant and undocumented sex workers, such as Hispanic sex workers in Trinidad²²⁹ identify immigration status and language as barriers to accessing HIV services.

On the other hand, UNAIDS Polls²³⁰ show increasing public acceptance of LGBTI. UNAIDS polls conducted in 2013 suggest that 58% of Guyanese²³¹ are tolerant or accepting of homosexuals and 78% of Trinidadians²³² disagree with discrimination against gays, while in Jamaica 37% of those interviewed felt that government efforts to protect the LGBT community from discrimination and violence, were insufficient.²³³

²¹⁹ UN WOMEN. *Addressing the Links Between Gender-Based Violence and HIV in the Caribbean: Summary of Recerca and Recommended Actions.*

²²⁰ J. Hasbun (2012)

²²¹ Le Franc, E., et al., *Interpersonal violence in three Caribbean countries - Barbados, Jamaica and Trinidad and Tobago.* Revista Panamericana de Salud Publica, 2008. 24(6): 409-21.

²²² UNFPA, *ONUSIDA, Nuevas evidencias del vínculo entre violencia contra la mujer y VIH, República Dominicana*, Junio 2011

²²³ H. Royes (2007). *PANCAP Survey of HIV/AIDS Stigma and Discrimination in Six Caribbean Countries.* PANCAP

²²⁴ See Caribbean Sex Worker Coalition (CSWC) Montego Bay Declaration, September 2013,

<http://caribbeansexworkcollective.org/index.php/en/campaigns-and-upcoming-events/119-montego-bay-declaration> and

<http://www.hivlawcommission.org/index.php/news/news/200-caribbean-sex-workers-coalition-calls-for-an-end-to-discrimination-against-sex-workers-urges-transgender-recognition>

²²⁵ National AIDS Program Secretariat and MEASURE Evaluation. 2014. *Guyana Biobehavioral Surveillance Survey (BBSS).* National AIDS Program, Ministry of Public Health, Guyana. p. 68.

²²⁶ CVC/COIN. 2014. *Analysis of the HIV Response for Gay Men, Transgender Persons and other Men who have Sex with Men (GTM) and Persons Who Use Drugs (PWUD).* Haiti, Guyana and Suriname

²²⁷ <http://www.loopjamaica.com/content/jamaican-%E2%80%98trans-woman%E2%80%99-featured-national-geographic%E2%80%99s-%E2%80%98gender-revolution%E2%80%99-island-bashed->

²²⁸ GIZ, PANCAP and Government of Trinidad and Tobago (2010) *Improving Access to HIV Services for Mobile and Migrant Populations in the Caribbean*

²²⁹ *Diversity and Commonality*

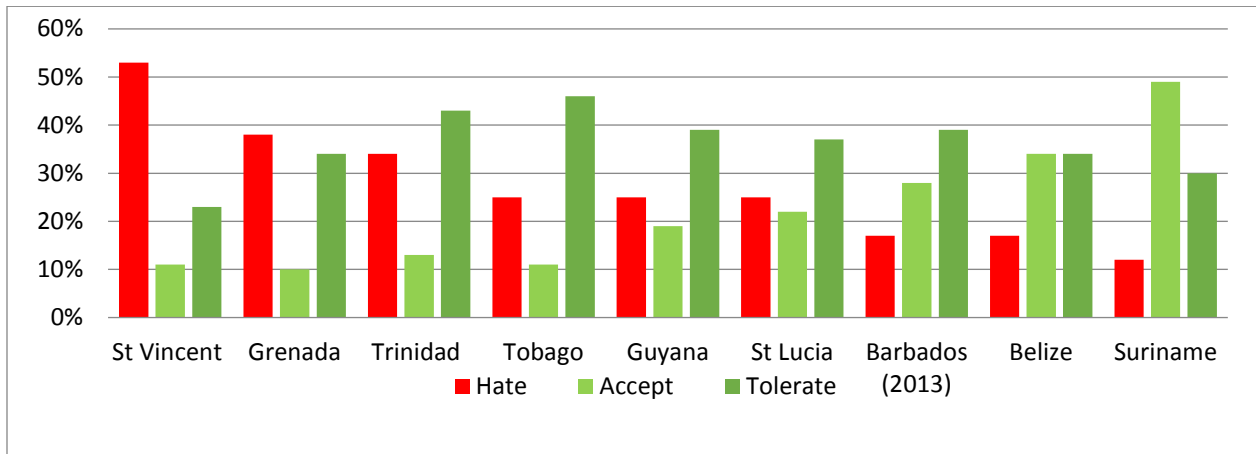
²³⁰ Edward Beck presentation to NAP Managers

²³¹ Caribbean Development Research Series Inc (2013) *Attitudes towards homosexuals in Guyana, CADRES*, p. 4.

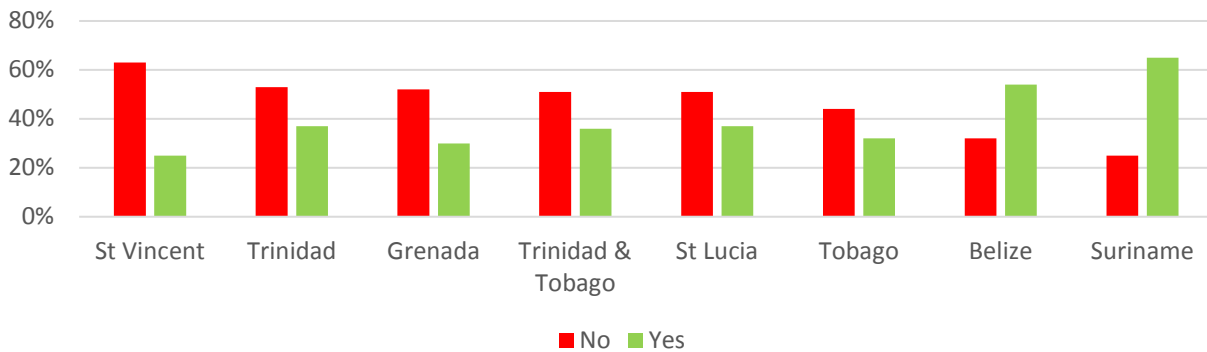
²³² UNAIDS (2014). *Public Attitudes on Gender Inequality, Sexual and Reproductive Health and Discrimination: Trinidad and Tobago by CADRES.*

²³³ Boxill (2015). *National Survey of Attitudes and Perceptions of Jamaicans Towards Same Sex Relationships.* Department of Sociology, Psychology and Social Work, UWI, Mona, JFLAG and AIDS Free World, p. 20.

UN Country Polls on Attitudes towards Homosexuals: hate, accept or tolerate



Country Polls: would you “lime”/ “hang-out” with a homosexual?



In a 2016 editorial, J-FLAG acknowledges positive trends in public support in Jamaica:

Although there continue to be incidents of violence and harassment against the LGBTQ population, we have seen the slow shift toward tolerance and respect for the population as is the sentiment expressed in many of our sensitization sessions and greater appreciation within the community of our rights and responsibilities ... the Jamaican society’s attitudes have slowly matured to one of greater tolerance. In August, J-FLAG staged its second incident-free PRiDE Week Celebrations which are in themselves an indication of how far we have come. PRiDE is no longer a small party in an office but is now a week of various events capturing the diverse interests of the community.²³⁴

In contrast to this, the space for LGBT acceptance and activism appears to be closing in Haitian society. In September 2016, the Haitian government imposed a ban on a LGBTI film and arts festival proposed by national LGBTI organization, Kouraj. Ensuing public debate has surfaced opposition in sectors across society but with strong religious leadership: in a note published a few days after, the Episcopal Conference of Haiti, including bishops and archbishops, insisted on the importance of marriage and the family in the

²³⁴ <https://www.washingtonblade.com/2016/12/15/jamaican-lgbt-group-celebrates-18-years-progress/>

promotion of moral, human and spiritual values. Reports note growing intolerance evidence through increasing incidence of hate crimes and a number of public protests initiated by the Christian church over the past three years. The international community in Haiti has rallied in support of the LGBT community. The UN Independent Expert on human rights in Haiti, Gustavo Gallon, during its 6th mission in the country in 2016, condemned the threats faced by the LGBTI community. The Ambassador of the European Union in Haiti regretted that "the rights of women and the rights of minorities, particularly the rights of homosexuals are still taboo in the country" and the U.S. Embassy supported a pro-LGBT rights radio program which was cut short after severe public condemnation.²³⁵

3.2: What progress was achieved towards increased leadership, coordination and oversight of KP initiatives at the regional level?

What is the current status of regional leadership, coordination and oversight of KP initiatives? Who is engaged? Through what mechanisms?

Caribbean Vulnerable Communities Coalition (CVC) is a coalition of community leaders and non-governmental agencies that are advocates and service providers, working with and on behalf of populations who are especially vulnerable to HIV infection or often forgotten in access to treatment and healthcare programs. CVC plays a role in supporting the development of national NGOs to undertake advocacy, direct service provision, anti-stigma and discrimination public education campaigns and initiatives towards legal reform. CVC provides oversight of KP initiatives implemented with funding that it has facilitated. CVC's oversight mechanisms include Board of Directors and Annual General Meeting. The CVC Community Mini Grants Management Manual provides guidance for reporting and data collection, including through a web-based system.

The PANCAP Regional Coordinating Mechanism and Executive Board provide oversight of KP initiatives that are funded with resources received to support the regional response through PANCAP. For example, PANCAP is currently implementing the PEPFAR-funded Local Capacity Initiative (LCI), in collaboration with the University of the West Indies Health Economic Unit (UWI-HEU), that provides small grants for both regional and national KP organizations. The PANCAP Coordinating Unit is responsible for reporting on implementation progress to the RCM and Executive Board. The RCM and Executive Board are comprised of representatives of national governments, civil society, technical agencies and development partners. All of the key regional KP networks are represented on the PANCAP RCM/ Executive Board.

There is currently no Board, secretariat or other organizational structure in place for **CariFLAGS** to be able to play an oversight or coordinating role. Discussions are on-going among regional leaders about the most appropriate structure and approach for the regional network, with proposals being developed for how to move forward. CariFLAGS is represented on the PANCAP RCM and Executive Board which could provide oversight for the implementation of regional initiatives by the network.

CSWC has a functioning Board that includes country representatives. However, at the beginning of the grant, a secretariat function to support effective oversight, and enable communication and coordination is lacking. CSWC has not managed funds for distribution to the three existing national organizations but has received support from several funders for regional-level work. Its leadership has depended on a very limited number of activists and has been unchanged for several years.

The **CRN+** Board is functioning only in a limited way with no secretariat support following the closure of the Global Fund Round 9 grant. With support from the Round 9 grant, oversight activities included regular Board meetings, an Annual General Meeting and regular reports to the PANCAP Coordinating Unit and

²³⁵ <http://minustah.unmissions.org/ha%C3%AFti-les-homosexuels-face-aux-barri%C3%A8res-culturelles-religieuses-et-1%C3%A9gales>

Executive Board/RCM. A senior program officer within a secretariat based in Trinidad and Tobago was responsible for coordination and communication functions.

What are key challenges and gaps?

Across the board, regional organizations face the following challenges to oversight:

- Resources and capacity to conduct oversight activities for projects being implemented in multiple countries.
- Challenges in collecting information from organizations in multiple countries, including the need to work in multiple languages. Internet and telephone connectivity remains a challenge in many places.
- Coordination is constrained by the capacity of national level groups and networks.
Regional meetings and communication require funding and administrative support that the networks cannot source without donor funding.
- Board members of regional networks are unpaid volunteers and face time and resource constraints in being able to execute oversight activities.
- Small number of activists working at the regional level leads both to fatigue, time constraints and limits effectiveness and representativeness. Leadership of CSWC has been unchanged for many years, for example. Interpersonal issues negatively affected the implementation of the DRL-support grant to build the capacity of CariFLAGS.
- Meeting the needs of many national groups with diverse capacity and implementing a range of activities requires significant resources.

3.3: What progress was achieved towards effective advocacy and social accountability by KP networks and CSOs?

What activities have been/ are being undertaken by KP networks and CSOs?

Status: Advocacy efforts have, to date, been limited in their reach, effectiveness and strategic focus. Key population voices are largely absent at the highest levels of regional advocacy efforts, both as a result of lack of access and because of the need to develop advocacy skills and capacity among regional and national KP leaders. Countries have not been held accountable for implementing HR commitments, in large part because there is no routine monitoring or reporting on relevant aspects of the social and legal environment and on the programmatic response to human rights in the context of HIV.²³⁶

KP networks and CSOs have undertaken a range of advocacy activities and efforts to improve social accountability. These have included:

- Peer learning and information sharing, an increased in cross-country partnerships, and an important collaboration with U-RAP around strategic litigation.
- Coordinated positions and action, and strengthened engagement with international and regional mechanisms such as the United Nations Human Rights Committee, UPRs and the OAS. Caribbean activists are playing leadership roles in a range of international fora, including the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) Women's Secretariat.
- Greater visibility and increased positive media coverage of LGBT issues and the work of national organizations. Of particular note are PRIDE events that are becoming annual occurrences in Jamaica, Belize, Curaçao, Guyana; Coming Out Week in Suriname; IDAHOT events; Annual Caribbean Women and Sexual Diversity Conference with wide international funding support.²³⁷
- KP populations networks have used shadow reports as an advocacy strategy. Shadow reports are submitted to treaty monitoring bodies at the United Nations and other international institutions as

²³⁶ PANCAP Concept Note

²³⁷ Final Evaluation of the CariFLAGS DRL grant

an alternative to a government's official report regarding the human rights situation in its respective country. It is an opportunity for advocacy in an international legal environment. The resulting Concluding Observations issued by the committee can be very useful in subsequent advocacy work.²³⁸

- Training in human rights for their own constituencies and duty-bearers. For example, Caribbean Sex Work Coalition is providing training in the Sex Worker Implementation Tool (SWIT) tool.

Table 3 lists the CSOs supported under the Round 9 grant through CVC/COIN's mini-grants initiative.²³⁹

Country	CSO	KP Focus	Summary of Project
Dominican Republic	GAYP	MSM	This project will deliver an LGBT-led community radio show addressing a wide range of health and human rights issues in the community.
Dominican Republic	CAJIR (Consejo Asesor Internacional de la Juventud Rural)	MY	This project will develop a peer education model with marginalized youth in an impoverished, rural community of the DR called Vallejuelo.
Dominican Republic	Fundación Red de Jóvenes Unidos de Guachupita	MY	This project is a youth-led peer education and empowerment model with MY in several of the most underserved and stigmatized <i>barrios</i> .
Dominican Republic	Centro de Promoción y Solidaridad Humana (CEPROSH)	Migrant SW	This project uses peer education in Creole to target migrant Haitian women engaged in transactional sex and sex work in Puerto Plata. It includes sensitization of duty-bearers such as police and health services to address structural violence and barriers to health services.
Dominican Republic	Red Nacional de Jóvenes viviendo con VIH/SIDA (REDNAJ CER)	MY	This project builds on the findings of the community monitoring system built in Phase I, and will sensitize SAI's (centers of attention, care and support for PLHIV) about the findings of the Phase I study which showed high levels of perceived and real discrimination towards MY.
Dominican Republic	Fundoreda	DU	This project is a drug user-led, needle exchange program targeting both non-injecting and injecting drug users in Santo Domingo. The project also includes sensitization trainings for decision-makers on the structural determinants of drug use and HIV, and barriers for drug-user access to services.
Dominican Republic	Movimiento de Mujeres Unidas (MODEMU)	SW	This project is a peer education model reaching non-identifying, home and street-based sex workers in Barahona, one of the poorest provinces of the Dominican Republic. The project provides a minimum package of services to women and transgender sex workers, many of whom experience high levels of gender-based violence.
Dominican Republic	COTRAVETD	Trans SW	This peer education model aims to increase access to primary and SRH health care services for transgender women sex workers.

²³⁸ <https://www.newtactics.org/using-shadow-reports-advocacy/using-shadow-reports-advocacy>

²³⁹ CVC/COIN Concept Note

Jamaica	National Council on Drug Abuse (NCDA)	DU	This model integrates peer education and mobile outreach to people who use crack in Kingston, Jamaica.
Jamaica	Jamaica AIDS Support for Life	MSM and SW	As one of the region's oldest civil society organizations reaching sex worker and MSM peers, JASL is scaling-up the quality of its interventions with increased training of its peers in sexual health.
Jamaica	Sex Workers Association of Jamaica	SW	This sex-worker led project aims to provide empowerment and human rights education for sex worker peers and sensitize police officers in Jamaica.
Jamaica	ASHE	MY	This project provides theatre/edutainment interventions and VCT with MSM youth in Kingston.
Jamaica	Stand Up for Jamaica	MSM	This new project for Phase II will intervene MSM in prisons in Kingston and develop a peer education model and minimum package of services.
Jamaica	Jamaicans for Justice	MY	This project will deliver sexual reproductive and human rights focused interventions with young people in institutions in Jamaica. It has an advocacy component for structural change.
Trinidad	Friends For Life	MSM, Trans and Male SW	This project will host a Rainbow chat-room, counseling and referrals for MSM and transgender people in Port of Spain.
Trinidad	Community Action Resource (CARE)	DU	A PLHIV-led organization runs this project which will provide a minimum package of prevention services for people who use crack and other drugs, with particular focus on linking drug users to healthcare services and support groups.
Trinidad	YMCA of Trinidad and Tobago	MY	This project will continue to intervene boys in institutions and their carers using a sexual health approach.
Trinidad	FPATT	SW	This project will provide peer education and mobile clinic services to Hispanic sex workers in Trinidad. It will also build a sex worker support group.
Guyana	Artistes in Direct Support	MY	This project targets young MSM and aims to give them the life-skills and SRH information they need as young MSM.
Guyana	Youth Challenge Guyana	SW	This project aims to reach low-literacy sex workers in mining communities with a minimum package of services.
Guyana	Volunteer Youth Corps Inc.	MY	This project will provide peer education, income generation training and case management for marginalized youth.
Guyana	SASOD	LGBT	This project will address stigma and discrimination towards LGBT people in Guyana through targeted campaigns.
Haiti	Kouraj	Gay men /MSM	This project will deliver peer education to MSM in Port-au-Prince in 3 neighborhoods.

Haiti	Movimiento Socio Cultural Para Los Trabajadores Haitianos/as (MOSCTHA)	MY	This project will work with marginalized youth to deliver peer education and strengthen youth advocates for structural change.
Haiti	SEROvie	MSM	This project will continue to decrease the vulnerability towards HIV infection and Human rights violations and abuses of MSM in the Artibonite region of Haiti by increasing their capacity to advocate for their human and sexual rights, increasing their communication skills and ability to intervene in the media, and reinforcing and increasing HIV prevention sensitizations
Haiti	Fondation Esther Boucicaut Stanilas (FEBS)	MSM	This project will deliver a peer education program targeting MSM; build capacity of MSM leaders, and sensitize community leaders to reduce stigma and discrimination.
Suriname	Suriname Men United	MSM	This project will outreach to gay-identifying MSM and develop media spots to address LGBT stigma and discrimination.
Regional Campaign	CariFLAGS	LGBTI	A regional LGBTI-led campaign to strengthen alliances with domestic and regional trade unions to achieve public support by unions and businesses for workplace protections for SOGI issues. CariFLAGS also aims to work with disability rights and HIV advocates to campaign for national policies that address SOGIE issues in the workplace.
Regional Campaign	Caribbean Sex Work Coalition (CSWC)	SWs	Four sub-regions of sex workers will all develop campaigns to address harassment, discrimination and violence by police and other duty-bearers.

The Local Capacity Initiative (LCI) is supported by the Health Policy Project, coordinated by PANCAP and implemented by the University of the West Indies Health Economics Unit (UWI-HEU). CSO partners will receive training, including to strengthen their organizations and to develop advocacy plans, and small grants to implement these. Regional networks will receive funding to play a mentoring role during the 18 months of implementation.

Table 5. Small grants provided under the LCI project

Country	Civil society organization	Target group	Description
The Bahamas	Society Against STIs and HIV in the Bahamas (SASH Bahamas)	MSM and Transgender	Identify barriers that impedes MSM access to health services, share findings and recommendations with service providers to increase MSM and transgender people unimpeded access to STI and HIV clinical health services.
	Bahamas Urban Youth Development Centre (BUYDC)	SWs, and young women	Determine employers' perceptions and attitudes towards hiring persons involved in sex work, develop an advocacy campaign against organizations that

			refuses to hire SWs, MSM, and PLHIV due to their involvement in sex work.
	Haitian Organization for Prevention of HIV/AIDS and Sexually Transmitted Infections (HOPHAS)	SWs Haitian Migrant Population, HOPHAS Staff	Develop public awareness campaign on SWs human rights, provide legal literacy training for HOPHAS Staff, and advocate for removal of legislative barriers.
	The Bahamas AIDS Foundation	Adolescents and parent/guardian of adolescents infected/affected by HIV/AIDS	Public awareness and adherence management campaign to address non-compliance to medication in disadvantaged HIV-positive adolescents.
Barbados	Barbados Family Planning Association (BFPA)	SWs, MSM, and BFPA Staff	Build BFPA capacity in client/patient advocacy and human rights surveillance and strengthen KP advocacy by empowering KP advocates.
	Family Care Support Group (FCSG) and Movement Against Discrimination Action Coalition (MOVADAC)	Barbados Police Force (inclusive of new trainees)	Train the Barbados Police Force on LGBT human rights, stigma and discrimination and the rights of all citizens. Advocate for the implementation of the training module in the Regional Police Training Unit (RTU) Program.
	Jabez House	FSW, and the potential employers	Advocate for employment opportunities for FSWs and the institution of S&D workplace policy.
	Caribbean Media Alliance (formerly Caribbean Broadcast Media Partnership on HIV/AIDS)	CSOs providing services to MSM, SWs, and PLHIV	Build capacity of KPs CSO in the use all media tools and channels to share key advocacy messages to create allies, reduce stigma & discrimination, and increase access to critical services, including prevention and testing.
Jamaica	Jamaica Network for Seropositive (JN+)/Jamaica Community of Positive Women (JCW+)	MSM, SWs, and PLHIV	Conduct Patient Empowerment Training focused on S&D, Treatment literacy, Disclosure, and Advocacy and Self-care. Build capacity of community leaders and advocates in targeted areas to improve their capacity to serve MSM, SWs, and PLHIV.
	Jamaica AIDS Support For Life (JASL)/Sex Workers Coalition aka (Sex Workers Association of Jamaica (SWAJ))	SWs, CSOs (providing services to SWs), policy makers, and the general public	Build capacity of CSOs to better understand the legal and policy framework which prevents critical access to health and social services, raise public awareness on issues affecting SWs, and engage policy makers and key stakeholders for rapid law reform on sex work.
	Stand Up For Jamaica (SUFJ)	MSM (prisoners/ex-prisoners), correctional officers, and policy/decision makers	Develop a position paper on treatment of MSM inmates, conduct anti-discrimination workshop with inmates and correctional officers, and advocacy training for MSM inmates using videography.

	The Ashe Company	CSOs providing HIV services to MSM and Transgender people	CSOs frontline staff will be exposed to self-efficacy and advocacy skills and creative ways of exploring issues affecting MSM and transgender people.
	Equality For All Jamaica (EFAJ/JFLAG)	MSM, SWs, and PLHIV	Raise awareness of social protection services available to MSM, SWs, and PLHIV, and advocate for their unimpeded access to social protection services.
	Jamaica Family Planning Association	PLHIV	Engage in media advocacy to CSO to advance PLHIV interests, develop position papers targeting key Ministers of government.
	Trans In Action (TIA) and Women's Way	Lesbian, Bisexual, and Transgender (LBT) Community, and CSOs providing HIV services to the LBT community	Build capacity of CSOs providing HIV services to the LBT community in management, leadership, and proposal writing. Conduct research to assess level of S&D affecting LBT community, and design and implement an intervention to address S&D affecting the LBT community.
Suriname	stg.Liefdevolle Handen	SWs, traditional authority, and religious groups / faith based organizations	Develop information, education and communication (IEC) materials to increase awareness of SWs rights, and conduct awareness training for traditional authority and religious groups / faith based organizations
	Parea and LGBT Platform Suriname	Lesbian, Gay, Bisexual, and Transgender (LGBT)	Collaborate with CSOs to develop a joint LGBT advocacy action plan, raise awareness among allies (CCM, private sector, and LGBT communities) on LGBT rights, and develop a public awareness campaign to sensitize the public on LGBT issues.
	COCON Foundation	School drop-outs and teenage mothers, CSOs providing services to at risk youths	Determine the sexual and reproductive health rights (SRHR) legislative and policy issues affecting drop-outs and teenage mothers, advocate for an integrated organizational policy around sexual education, and share evidence and recommendations with policy makers/government officials.
	Suriname Men United	LGBT, and SMU stakeholders	Increase awareness and sensitivity among SMU's direct and indirect stakeholders and the Surinamese society on LGBT human rights.
	Double Positive	Boys and Girls living with HIV	Advocate for the right of boys and girls of legal age to work and have vocational training opportunities, and research to assess level of workplace S&D against boys and girls living with HIV/AIDS.
	Foundation HE +HIV	MSM, LGBT	Identify policies that impedes young MSM access to health services, produce LGBT educational magazine, and facilitate MSM empowerment training.

Trinidad and Tobago	Family Planning Association of Trinidad and Tobago	PLHIV, Adolescents, At-Risk Youth, and KPs	Conduct research to assess usefulness of interactive tools in providing sexual health information, develop recommendations for influencing sexuality education policies, and share recommendations with key ministries.
	Anglican Church of Trinidad and Tobago	Clerics Youth, Faith Leaders, and lay persons	Build capacity of Clerics Youth and lay persons to advance their understanding of issues around human rights, investigate current church practices and policies that contribute to social exclusion and discrimination, and develop outreach strategies to build bridges between the church and marginalized communities.
	Soroptimist International of Port of Spain	Young PLHIV	Provide music and other creative arts therapy to young PLHIV to address their needs in communication, cognition, and socio-emotional well-being, and raise awareness of the needs of young PLHIV experiencing S&D.
	Friends for Life (FFL)	LGBTQI Community, FFL staff	Build capacity in the use of social media as an effective tool in LGBTQI human rights advocacy, develop a social media strategy to promote LGBTQI human rights, use of cultural events to promote dialogue on gender diversity.
Regional	CARICOM Youth Ambassadors Program (CYAP)	Youth 15-29 years old	Determine the knowledge gap and needs of youths, design social media messages, and collaborate with government agencies and CSOs to develop strategy to address the needs of youths: All Member States
	Caribbean Family Planning Affiliation (CFPA)	SWs, MSM, and PLHIV	Determine factors which impedes KPs access to healthcare services, develop information and education material, and develop briefing material for government and service provider engagements: Antigua and Barbuda, Dominica, and Grenada
	Caribbean Sex Work Coalition (CSWC)	Law enforcement officers (Antigua and Barbuda and St. Kitts and Nevis).	Conduct sensitization training for immigration and law enforcement officers, and health care providers: Antigua and Barbuda, and St. Kitts and Nevis

What are key challenges or gaps to be addressed to improve advocacy and social accountability?

Status: Country-level CSO action plans to work toward law and policy reform and to improve access to justice and proper law enforcement have not been developed. National programs, for the most part, have not integrated KPs in program design, planning, and in all areas of implementation.²⁴⁰ Effectiveness can be unclear because of inadequate evaluation of the impact of advocacy and social accountability mechanisms and efforts CVC's best practices series and attempts to document outcomes of small grants is helpful in this regard. A number of efforts have been implemented to strength capacity for advocacy and social accountability.

The Health Policy Project (HPP) has worked closely with CSOs, including networks of people living with HIV and key populations, to strengthen their capacity to advocate for policy change, negotiate with health authorities and providers, and improve key populations' access to high-quality, non-stigmatizing health services. It has reinforced the advocacy and strategic planning capacities of MSM (men who have sex with men) organizations and civil society partners, including regional members of CVC. At the national level, HPP has strengthened civil society's networking, advocacy, and communication skills to combat HIV-related stigma and discrimination, and trained CSO leaders to increase their confidence and skills in working with healthcare personnel, other service providers, and policymakers to improve quality of care.

USAID's Local Capacity Initiative (LCI) will strengthen the capacity of CSOs in policy advocacy. LCI project objectives are to strengthen capacity of PLHIV, MSM, and SW CSOs a to implement technically-sound HIV response activities, including addressing stigma and discrimination, advocacy for key populations, and strengthening their own financial viability; and to facilitate CSO involvement in national and regional policy/legislation processes, including linking CSOs and government bodies to increase advocacy for the inclusion of key populations. Five countries are targeted by LCI at this point—Jamaica, Trinidad and Tobago, Suriname, Barbados, and The Bahamas—as well as regional KP networks, including CVC and CariFLAGS. LCI capacity building training was completed in Trinidad and Tobago with 10 CSOs; in Jamaica with 11 CSOs; in Barbados with 15 CSOs; and in Suriname with 10 CSOs. Baseline assessments were completed in Barbados, Jamaica, Suriname, and Trinidad and Tobago.

In Trinidad, an EU-funded UWI Faculty of Law (FOL) Human Rights project is working to strengthen Trinidad and Tobago's institutional capacity for elevating the standard and execution of human rights protection to established international human rights expectations. Activities include training for NGOs and other stakeholders, public discussions, production and publication of research and educational materials. The project's work will also assist the faculty to produce shadow reports and to assist parliament in reviewing proposed and existing legislation. The project dovetails with the Faculty's newly instituted International Human Rights Clinic.²⁴¹

3.4: What progress was achieved towards the development and dissemination of innovative models that prevent or respond to GBV?

What initiatives to prevent or respond to GBV currently exist?

Status: Across the region, there is a great need to build capacity to reduce and respond to GBV through advocacy and other structural interventions.²⁴² Initiatives to prevent or respond to GBV are overwhelmingly focused on violence against women and girls while there is also increasing

²⁴⁰ CVC/COIN Concept Note

²⁴¹ <https://sta.uwi.edu/law/articles/euhumanrights.php>

²⁴² From Tolerance to Rights: HIV and Sex Work Programs in the Caribbean - Effective Models and Opportunities for Scale Up. At http://www.focusright.org/files/Review_of_Models_and_Best_Practices_of_SW__inglessmallpdf_com_1.pdf (full document)

evidence of violence against LGBTI communities.²⁴³ Current regional and national levels are largely focused on awareness raising but there is regional attention being played to improving capacity of the judiciary to respond to GBV and gender discrimination. Community-led initiatives are limited.

- UN Women has supported the development of national action plans to address GBV in five countries (Antigua and Barbuda, Belize, Grenada, Jamaica and St. Kitts and Nevis); the revision to domestic violence laws in three countries over the last five years; revisions and/or adoption of legislation and protocols to respond to GBV; capacity building for regional policing institutions; pioneered an accountability, court-based program for perpetrators of domestic violence; supported the creation of a network of men advocates as partners for gender equality (CariMAN). The Governments of Belize, Grenada and Antigua and Barbuda have received grants from the UN Trust Fund to End Violence against Women to support implementation of national action plans.²⁴⁴
- In Jamaica, UN Women will lead the development and coordination of the Joint Program in Jamaica on eradicating gender-based violence through the implementation of the National Strategic Action Plan to Eliminate Gender-Based Violence, with equal focus on establishing protocols, data management and required capacities to implement policies and legislation; and strong focus on primary prevention, targeting both inner-city neighborhoods and parish communities. The Jamaica AIDS Support for Life (JASL) is working to strengthen the implementation of laws, policies and action plans for “Expanding Gains to Decrease and Prevent Violence against Women in the Context of HIV and AIDS”.
- UN Women Caribbean launched the HeforShe campaign in 2015. The campaign aims to enable men to identify with the issues of gender equality and to recognize their role in ending inequality faced by women and girls.
- The UNiTE Caribbean Campaign is based on a strategy focused on four areas: strengthening state accountability with an emphasis on law reform and strengthening capacity for implementation of existing legislation; building political will; engaging men as partners and agents of change and developing a social communications strategy. The Caribbean UNiTE Consensus provides a roadmap for programming response to end violence against women.
- UN Women has developed a gender portal to support continued collaboration and information sharing with regional and international partners on the status of gender equality in the Caribbean. It aims to facilitate access to information on which national commitments to equality can be upheld and strengthened.²⁴⁵
- Baseline studies on the policing and prosecution of sexual offences were conducted in seven countries of the Caribbean region by UN Women in collaboration with the Association of Caribbean Commissioners of Police. These studies served as an indicator of the response of justice and security sectors to gender-based violence and reveal deficiencies in the administration of justice for victims of sexual violence. UN Women is supporting the development of a Caribbean model of Prevalence Surveys on Gender-Based Violence based on a global methodology development by the World Health Organization (WHO). The survey assesses the prevalence of gender-based violence in intimate partner settings, and is primarily focused violence against women and girls.
- The Judicial Reform and Institutional Strengthening (JURIST) Project is working on the development of model guidelines for sexual offence cases and survivors of sexual offences. Gender Equality Protocols will be finalized before the end of September 2017. Barbados is the first CARICOM Country to have gender protocols developed for its judiciary, and these will also be

²⁴³ CVC/COIN. 2012. Diversity and Commonality: a Look at Female and Transgender Sex Workers in Three Caribbean Countries. Santo Domingo, Dominican Republic. P. 74.

²⁴⁴ <http://caribbean.unwomen.org/en/our-work/ending-violence-against-women><http://caribbean.unwomen.org/en/our-work/ending-violence-against-women>

²⁴⁵ <http://caribbean.unwomen.org/en/caribbean-gender-portal#sthash.iLkrsKcP.dpuf>

developed for Trinidad and Tobago, Guyana, Belize and Jamaica.²⁴⁶ Gender sensitization training is also planned for the Judiciary and Magistracy. The JURIST Project has partnered with the Caribbean Association of Judicial Officers (CAJO).

- PEPFAR is addressing gender-based violence as a driver of the HIV epidemic through activities under the S/GWI-PEPFAR Gender-based Violence Small Grants Initiative which provides support grassroots organizations in Barbados, Saint Lucia, and Grenada to address the intersection between gender-based violence and HIV. U.S. Embassy Bridgetown also supports a number of public awareness efforts, such as a national rally in St Kitts and Nevis in April 2013 themed “Break the Silence – End Child Sexual Abuse,” as well as a series of workshops for non-governmental organizations in Saint Vincent and the Grenadines and Barbados working on gender-based violence related issues.²⁴⁷
- The Alliance For Justice and Diversity is a coalition of LGBTI community groups in Trinidad and Tobago (Womantra, Friends for Life, the Silver Lining Foundation, I am One and the Women’s Caucus of T&T) that has launched a safety awareness campaign in response to the murders of three gay men, all Caribbean migrants, in a monthlong period in 2017. The group has offered partnership and pressure to the police in investigating the murders, and is focusing on encouraging LGBTI people to report crimes and to ensure accurate information reaches the public. Support and advocacy is offered to victims of crimes. The Alliance for Justice and Diversity, say Something and the University of the West Indies will undertake a 3-year project that includes family groups, strengthening policing, school safety and legislative change.²⁴⁸
- UWI-HARP’s *Understanding and addressing gender-based violence and discrimination: A tool for improving uptake of HIV services among key populations* is a study which seeks to understand the link between GBV and HIV risk, as a means of improving uptake of HIV services.²⁴⁹
- PSI-Caribbean’s Make It Stop gender based violence prevention project in Trinidad and Tobago seeks to ensure the health and safety of women and girls experiencing interpersonal violence (IPV) and to address IPV in real and concrete ways.²⁵⁰

²⁴⁶ UNWomen website

²⁴⁷ <https://www.humanrights.gov/dyn/addressing-gender-based-violence-in-the-caribbean-building-a-collective-movement.html>

²⁴⁸ <http://www.looptt.com/content/lgbqi-community-launches-safety-campaign-0>

²⁴⁹ UWI presentation to NAP Managers Meeting

²⁵⁰ <http://psicaribbean.com/psi-caribbean-make-it-stop-youth-rally-2016/>

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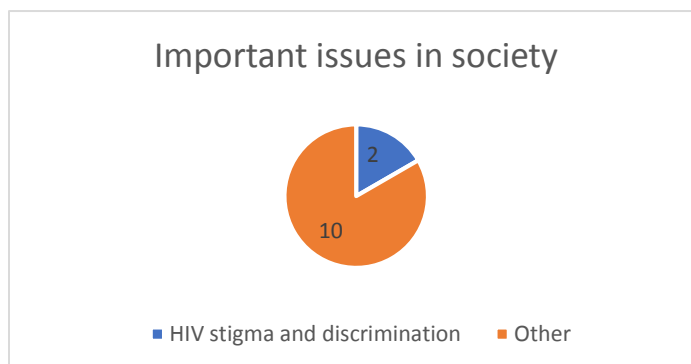
Annex 1. List of Stakeholders Interviewed

1. Tracy Robinson, U-RAP
2. Arif Bulkan, U-RAP
3. Colin Robinson, CAISO
4. Dane Lewis, J-FLAG, CariFLAGS
5. Dereck Springer, PANCAP
6. Carolyn Gomes, CVC
7. Douglas Slater, ASG CARICOM Secretariat
8. J. Edward Greene, UNSGSE
9. Joel Simpson, SASOD, CariFLAGS
10. Lucien Govaard, CariFLAGS, Suriname
11. Miriam Edwards, CSWC, Guyana SWC
12. Lisa Thompson, ACP, Guyana
13. Winfield Tannis-Abbott, CRN+
14. Sandra Jones, PAHO
15. Marlon Taylor, CWSC, JSWC, Guyana Trans United
16. Quincy McEwan, Guyana Trans United
17. Dave Milton, Guyana Trans United
18. Lynette Hardy, OECS Secretariat
19. Elizabeth Lloyd, CARPHA
20. Otilia St. Charles, UNAIDS
21. Cedriann Martin, UNAIDS
22. Mickel Jackson, JASL
23. Davina, JASL
24. Joan Didier, OECS RCM
25. Smith Maxime, Haiti
26. Vidyaratha Kissoon, Guyana
27. Mylene Pocorni, Suriname RCM
28. Edner Bouciouat, Haiti RCM
29. Anton Best, NAP Manager, Barbados

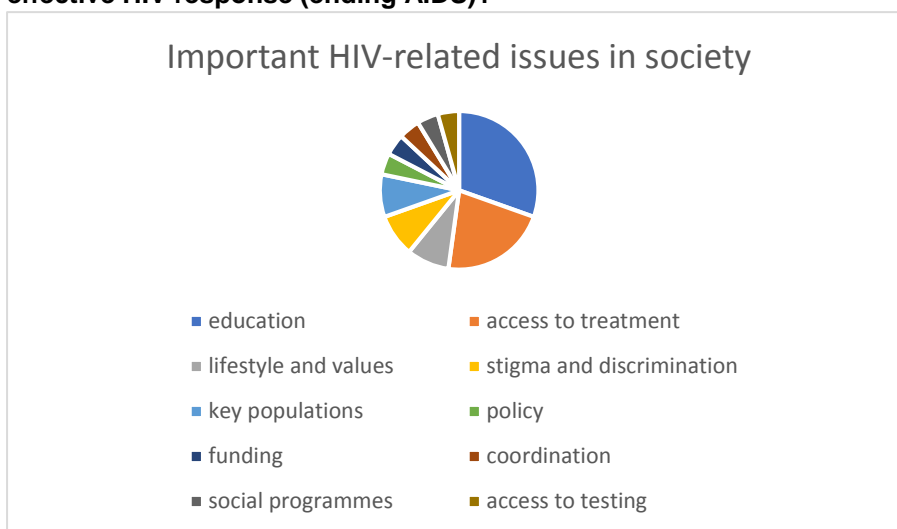
Annex 2. Results of Survey with 12 Faith Leaders from Trinidad and Tobago

A confidential survey to gauge existing levels of understanding and support for legislative and policy reform efforts was implemented with 12 faith leaders prior to the start of a PANCAP meeting in Trinidad and Tobago.²⁵¹

1. **Currently, what three issues do you think are at the top of the policy agenda in your country?**



2. **Currently, what three issues do you think are at the top for the policy agenda for a more effective HIV response (ending AIDS)?**



3. **Which population groups do you think are most affected by HIV transmission?**

²⁵¹ Participants represented the following denominations: Hindu, Muslim, Christian, United Church, Bahai, Baptist, Pentecostal, Evangelical, Gospel, Brahma Kumari.



- young people
- poor, uneducated
- those practicing alternative sexual lifestyles
- women
- heterosexuals and homosexuals

4. **What do you think might be the key reasons for this?**
 - 5 immoral lifestyles/values/promiscuity
 - 3 unsafe sex
 - 3 lack of education
5. **How familiar are you with efforts to repeal laws criminalizing same-sex intimacy?**
 - 3 Not familiar
 - 5 Somewhat familiar
 - 4 Very familiar
6. **How familiar with you with efforts to strengthen antidiscrimination policies and legislation to include explicit attention to gender and sexual orientation?**
 - 4 Not familiar
 - 7 Somewhat familiar
 - 1 Very familiar
7. **What individuals, constituencies, or groups do you see as the main advocates for these kinds of law and policy changes?**
 - 7 LGBTI
 - 2 religious leaders
 - 1 youth
 - 1 liberals
 - 1 those committed to stopping spread of HIV
8. **Who do you see as the main opponents?**
 - 6 religious groups
 - 2 older/general population
 - 1 politicians
9. **Considering the current educational, social, and political context, do you think antidiscrimination legislation should be strengthened or adopted now or in the near future?**
 - 7 yes
 - 2 no
10. **Considering the current educational, social, and political context, do you think repeal of laws criminalizing same-sex intimacy can be achieved now or in the near future?**
 - 3 yes
 - 6 no
11. **Looking ahead, how likely do you think it is that antidiscrimination measures will be adopted in the next 5 years?**
 - 3 likely
 - 6 unlikely

12. If antidiscrimination legislation is adopted, what issues do you think the state needs to be most concerned about related to its implementation?

- 5 upholding the law/ ending discrimination
- 4 preserving religious rights
- 1 erosion of values
- 1 hate crimes
- 1 cultural reaction

13. Looking ahead, how likely do you think it is that the repeal of laws criminalizing same-sex intimacy will be achieved in the next 5 years?

- 2 yes
- 9 no, no political will

14. If criminalizing laws are repealed, what issues do you think the state needs to be most concerned about?

- 3 promiscuity
- 2 religious freedom
- 2 abuse/rape

15. What is your role in the response to HIV?

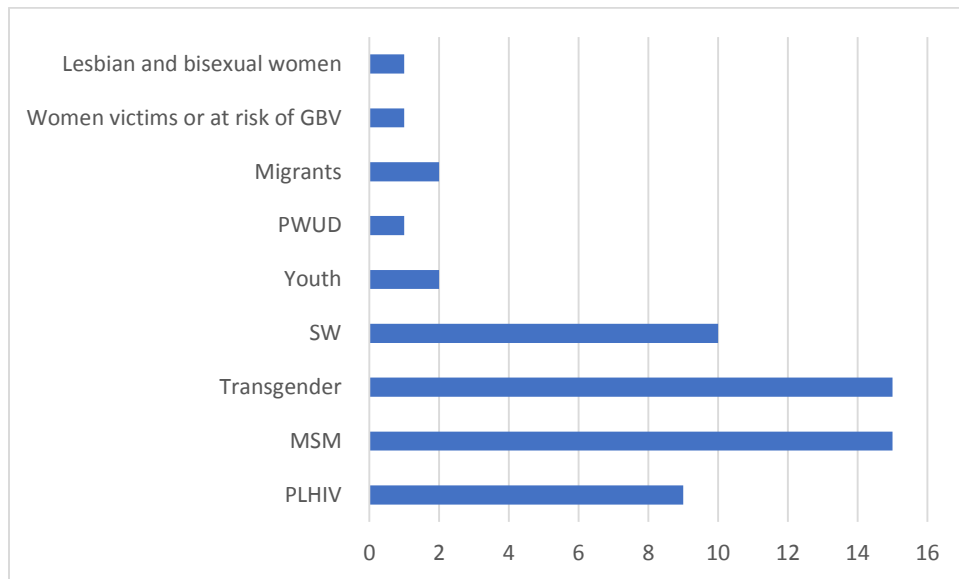
- 8 education
- 4 care and support
- 3 advocacy
- 2 control spread
- 1 policy

Annex 3. Responses to Survey for Youth

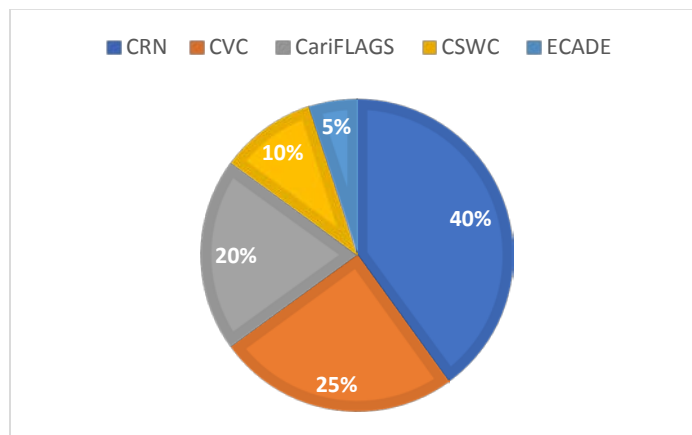
	Percentage of respondents				
	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
My organization understand needs of youth	0	8	5	35	51
My organization consults regularly with youth	11	38	3	41	38
Our vision and strategy for the next few years is based on consultation with youth	5	8	5	16	65
Our organization has at least one active staff member or board member who is a youth.	5	3	5	22	76
Our organization has useful connections with and communicates directly with local policymakers about youth needs and human rights issues.	5	8	14	38	35
Our organization keeps youth informed about where policymakers stand on issues that may affect them.	5	14	8	30	27
Our organization is active in regional youth advocacy efforts	11	3	11	24	35
Our organization collects and shares information about challenges faced by youth in accessing HIV prevention and treatment interventions	5	11	19	19	30
Our organization collaborates with the National AIDS Program to improve youth-specific data collection	8	11	19	19	30

Annex 4. Responses to Survey with KP Organizations

What stakeholders do you work with?



Are you part of a regional network or umbrella group? If so, please name. If not, why not?



Please select which of the following activities your organization is involved in:



Please select the most appropriate response to the following statements (5 point scale from strong disagree to strongly agree)

	1	2	3	4	5
Our organization understand needs of our stakeholders	2 (8)		1 (4)	12 (46)	11 (42)
Our organization consults regularly with key stakeholders	2 (8)		4 (15)	14 (54)	5 (19)
Our vision and strategy for the next few years is based on consultation with our key stakeholders	2 (8)		3 (12)	14 (54)	7 (27)
Our stakeholders would agree that changing laws and policies is an important way for our organization to achieve impact	2 (8)		3 (12)	9 (35)	12 (46)
Our organization has an advocacy plan with articulated goals, targets and activities.	1 (4)	2 (8)	6 (23)	11 (42)	6 (23)
Our organization tracks the results of activities to understand their impact and routinely reports on these to national stakeholders	1 (4)	3 (12)	7 (28)	12 (48)	2 (8)
Our organization has at least one active staff member or board member with significant experience or expertise in advocacy.	3 (12)		5 (19)	6 (23)	12 (46)
Our organization has useful connections with and communicates directly with local policymakers about KP-specific needs and human rights issues	1 (4)	2 (8)	4 (15)	16 (62)	3 (12)
Our organization keeps key stakeholders informed about where policymakers stand on issues that may affect them or the rights movement more generally	1 (4)	2 (8)	6 (23)	14 (54)	3 (12)
Our organization finds ways to inform the general public about where policymakers stand on issues that	2 (8)	1 (4)	9 (35)	12 (48)	2 (8)

may affect them or the rights movement more generally.					
Our organization plans for and understands how its work is related to and dependent on other work happening in the movement	1 (4)	1 (4)	4 (15)	13 (52)	6 (23)
Our organization communicates effectively with other movement organizations	1 (4)	1 (4)	2 (8)	17 (65)	5 (19)
Our organization has partnered with other organizations to engage policymakers	2 (8)	1 (4)	3 (12)	14 (54)	6 (23)
Our organization is active in regional advocacy efforts	1 (4)	1 (4)	5 (20)	14 (54)	4 (15)
Our organization is active in global advocacy efforts	2 (8)	3 (12)	6 (23)	11 (42)	4(15)
Our organization collects and shares information about challenges faced by KPs in accessing HIV prevention and treatment interventions	2 (8)	1 (4)	4 (15)	10 (39)	9 (35)
Our organization collaborates with the National AIDS Programme to improve KP-specific data collection.	1 (4)	1 (4)	5 (20)	9 (35)	9 (35)
Our organization collaborates with the National AIDS Programme on planning to improve KP treatment cascades.	2 (8)	1 (4)	10 (39)	6 (23)	7 (27)

Our organization collaborates with the National AIDS Program on activities to link and retain KPs in treatment and care. Please select which of the following activities:

- Prevention messages to KPs 13
- Condom distribution 13
- Testing 14
- Linking to treatment 12
- Peer/case navigation 11
- Adherence support 12
- Education on viral suppression 11

Annex 4. Responses to Survey with NAP Managers

Number of respondents: 8

1. What are the top three current priorities for your national HIV response?

- Strengthening prevention efforts
- Retention in treatment and viral suppression
- Scale-up and expansion of service provision
- Sustainability
- Improve strategic information
- Identification of new patients, with emphasis on key populations (KPs)
- Increasing early enrollment

2. What process was used to determine your priorities?

- Assessment of HIV programs and services
- Assessments/evaluation of data collected
- Stakeholder consultations

3. What key populations are represented on your country coordinating mechanism or national steering committee?

Value	Percent	Responses
MSM	85.7%	6
sex workers	71.4%	5
transgender	42.9%	3
migrants	28.6%	2
young people	85.7%	6

4. What reports are generated by your program and who are the recipients?

- OECS reports – ART chart, procurement lists
- Donor and partner reports: Global Fund, PEPFAR, CARPHA, PAHO
- GAM reports
- Annual and quarterly internal/program reports
- Cased based surveillance reports
- NASA
- TraC study
- Modes of transmission study

5. What KP-specific data does your national program collect? For which years and which population?

- None (2)
- KPs reached with prevention

- KPs reached with testing
- KP demographics, treatment, CD4 and viral load suppression etc.
- Youth

6. Population-specific treatment cascades available for:

Young people in 4 countries

7. What are the key gaps that exist in treatment cascades:

- Currently treatment cascades are not available for KP at the national level in any responding country because:
 - KPs self-identify and are not always captured on enrolment to care, with the exception of the 2 private hospital sites and that cohort is not nationally representative.
 - No population-specific data collection
 - KPs are not easily Identified
 - NO KP size estimates.

8. What are the main challenges for the national program in generating KP-specific treatment cascades?

- Identifying KPs (5)
- Data is not collected for specific KPs (2)
- Data is not disaggregated by KPs (1)

9. Do population-specific approaches exist for linking the following KPs to care?

Value	Percent	Responses
MSM	66.7%	4
sex workers	66.7%	4
transgender	50.0%	3
migrants	33.3%	2
young people	50.0%	3

10. Do population-specific approaches exist for retaining the following KPs in the continuum of care?

Value	Percent	Responses
MSM	50.0%	2
sex workers	50.0%	2
transgender	25.0%	1
migrants	50.0%	2

Value	Percent	Responses
young people	75.0%	3

11. What are the main challenges for linking and retaining the following KPs in the continuum of care?

- Stigma and discrimination (3)
- Confidentiality (2)
- Identification and reach of KPs (2)
- Being evaluated

12. Does your national program collaborate with CSOs to address gaps in the continuum of care for KPs? Please list CSO and area of collaboration.

- St. Vincent and the Grenadines: Care SVG
- Trinidad and Tobago: FPATT (service provision, testing of KP, linking of KP to care); 4orless (linking of KP to testing and care services, retention in care services) Com Talk (retention in care services); South AIDS support (retention in care services)
- Grenada: GrenCHAP - Advocacy, Surveys and Training GrenAIDS - Advocacy, Surveys and Training HopeALS - Advocacy, Surveys and Training Grenada Planned Parenthood Association - Rapid Testing Grenada Red Cross - Advocacy, Training and general support
- Dominica: The Dominica Planned Parenthood Association: SRH education and services, rapid testing CHAP Dominica: support for LGB, encouragement to attend SRH education sessions, commodities distribution, invitations to test, assist in organizing targeted and closed testing
- The National Program collaborates with the main organization representing the LGBT community and CSW. We participate in testing and counselling for these groups.
- Belize: UNIBAM, CNET+, Empower Yourself Belize Movement, Our Circle, Trans in Action Belize, Belize Empower Yourself Belize Movement
- Turks and Caicos: Scotia Bank, Turks and Caicos AIDS Awareness Foundation, Digicel, Roteract, Graceway Pharmacy, Beaches Turks Resort and Spa and Caicos
- Guyana: Artistes in Direct Support; Lifeline Counselling; Guyana Trans United; Guyana Sex Work Coalition; Hope Foundation; Hope for All; Linden Care Foundation; IOM; SASOD; Alpha and Omega; United Bricklayers; GBCHA. All CSOs address diagnosis and linkage to care. Life Line, Artistes in Direct Support, GTU, Hope Foundation, Hope for All also address retention.

13. Does your national program use KP-specific data for planning, resource allocation and programming? If yes, please describe.

- Yes (5). KP specific data is utilized for planning but not to the extent that it ought to be used.
- No (3)

14. Please describe the current capacity of your national program to analyze and use data for policy and programming?

- Capacity building will definitely enhance the ability to analyze and use data for policy and programming.
- The national program still does not have a trained M&E Officer and thus the programme depends on the Surveillance Officer for support in data analysis and direction.
- The capacity is limited at the moment due to lack of staff
- The capacity is limited due to attrition of human resources and the need for capacity building at all levels
- Within the Ministry of Health, there is a National Infectious Diseases Control unit with the human resource and capacity to utilize data in program planning and service delivery.

- There is some capacity within the unit, however it can be further developed. Data is also analyzed within the Epidemiology Unit at the Ministry of Health.
- Fair
- There is need for capacity building in this area

15. Do you think that changing laws and policies is important for achieving the goals and targets of your national HIV response? If yes, please specify legislation or policy.

- Yes, the National AIDS Commission recently hired a consultant to conduct a Legal Environmental Assessment and have identified several areas where changing laws and policies may assist the NAC in achieving the goals and targets of the National HIV response.
- Yes, the National Policy continues to be in draft form and needs to be completed for submission to Cabinet for approval. Legislation that increases the population's response to stigmatize and discriminate; eg. the sexual offences act which criminalizes buggery can be examined and revised or removed from the books. This same legislation makes it impossible to provide commodities in prison and leaves this at-risk population at a much higher risk of contracting STIs including HIV.
- Yes, endorsement of the treat all policy which is fundamental to achieving the 90-90-90 goal, implementing laws/policies that address stigma and discrimination,] and protect against GBV.
- Yes.
- Yes. Legislation that criminalizes commercial sex and men who have sex with men.
- Yes, need to decriminalize the act of MSM
- Yes, criminalization of HIV transmission

16. Is your ministry or NAP engaged in efforts to change laws or policies? If so, please specify legislation or policy.

- Yes (4):
 - Access to care for adolescents
 - A legal review was recently conducted
 - Conducted a National HIV and the Law Dialogue in 2016 as the first step towards reviewing the laws that govern same sex relationships and cross-dressing.
 - The NAPS in collaboration with UN
 - Working on age of access to health care Services without parental consent. The removal of discriminatory laws e.g. criminalization of HIV transmission.
- No (3):
 - There is currently to progressive action with regards changing the laws.

Annex 6. Responses to Survey with Regional Leaders

Number of respondents: 6

1. What denomination do you work in?

- Advocacy
- African Methodist Episcopal Church
- Church of God/Professor
- Evangelical
- Religious Evangelical
- Vodou

2. What country?

- All Caribbean countries
- Barbados (2)
- Haiti (2)
- The Bahamas

3. Currently, what three issues do you think are at the top of the policy agenda in your country?

Faith leaders identified the following national priorities:

- HIV-related
- Other health
- Finance
- Education

4. Currently, what three issues do you think are at the top for the policy agenda for a more effective HIV response (ending AIDS)?

Faith leaders identified the following top priorities for the HIV response:

- Education
- Access to treatment
- Prevention
- Mobilizing and engaging leaders

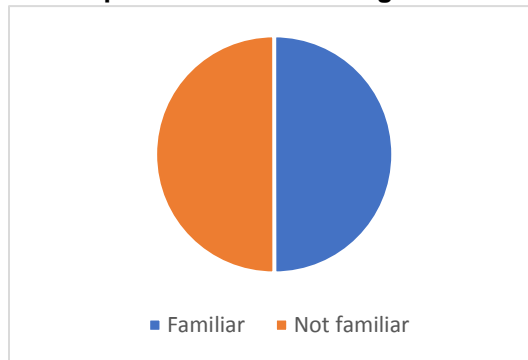
5. Which population groups do you think are most affected by HIV transmission?

- LGBTI
- Youth
- Prisoners
- 17-35 years old
- 25-49 years old

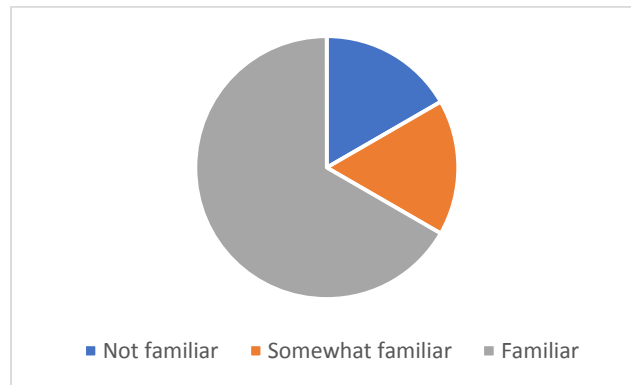
6. What do you think might be the key reasons for this?

- Socioeconomic status
- Risky sexual activity
- Social status
- Stigma and discrimination

7. How familiar are you with efforts to repeal laws criminalizing same-sex intimacy?



8. How familiar with you with efforts to strengthen antidiscrimination policies and legislation to include explicit attention to gender and sexual orientation?



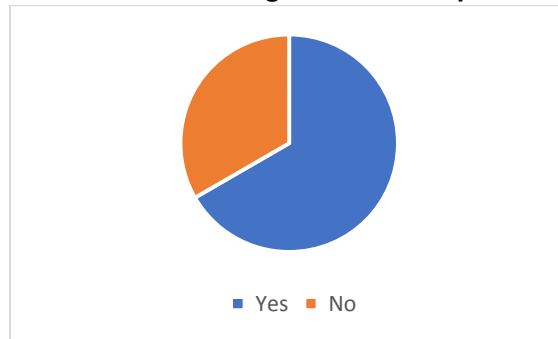
9. What individuals, constituencies, or groups do you see as the main advocates for these kinds of law and policy changes?

- LGBT
- Christian Church and family institutions
- Civil society
- PANCAP in collaboration with UNAIDS
- Youth

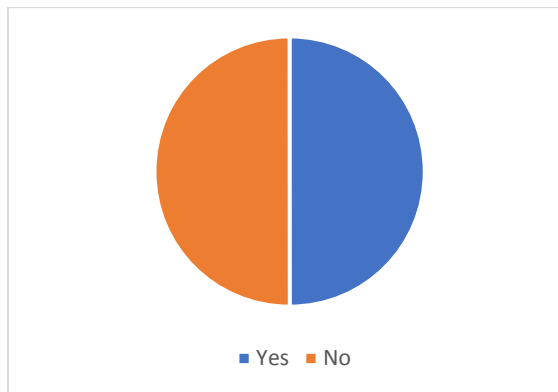
10. Who do you see as the main opponents?

- Religious organizations

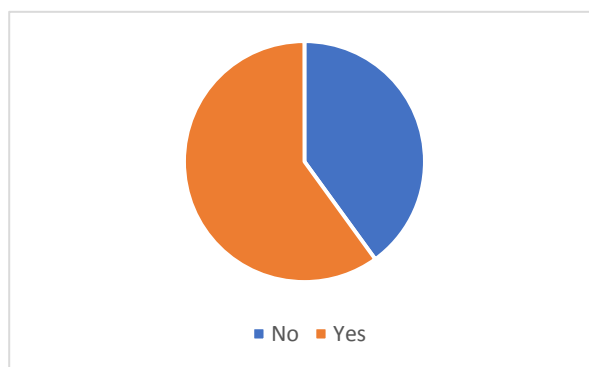
11. Considering the current educational, social, and political context, do you think antidiscrimination legislation should be strengthened or adopted now or in the near future?



12. Considering the current educational, social, and political context, do you think repeal of laws criminalizing same-sex intimacy can be achieved now or in the near future?



13. Looking ahead, how likely do you think it is that antidiscrimination measures will be adopted in the next 5 years?

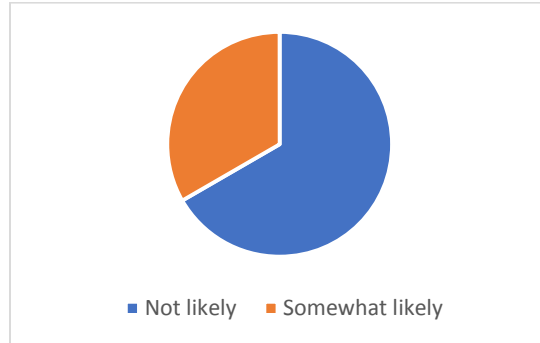


14. If anti-discrimination legislation is adopted, what issues do you think the state needs to be most concerned about related to its implementation?

- Those who benefit from any repeal do not seek to impose their views unilaterally on others.
- Mechanisms for enforcement
- Sustaining public support

- Training, sensitization and awareness raising

15. Looking ahead, how likely do you think it is that the repeal of laws criminalizing same-sex intimacy will be achieved in the next 5 years?



16. If criminalizing laws are repealed, what issues do you think the state needs to be most concerned about?

- Education to build understanding
- Discrimination

17. What is your role in the response to HIV?

- Education, including on safe sex to young people
- Formal participation in national response mechanism
- Advocacy
- Training
- Support organizations
- Promote a focus on vulnerability in the Christian community

Annex 7. Responses to Spanish language survey

Five responses from the Dominican Republic are incorporated below

1. En qué denominación o sector trabaja usted?

- Estado (Respuesta nacional)
- ONGs
- OSC (Insalud)
- Provincia de Santo Domingo y el Distrito Nacional
- Salud y Educación, Derechos Humanos y asistencia legal, Desarrollo Comunitario

2. En qué país trabaja usted?

- República Dominicana (4)
- República Dominicana y Haití

3. En su opinión, cuáles son actualmente los tres asuntos más importantes en la agenda política de su país?

- Educación (4)
- tema económico (2)
- Salud (2)
- Seguridad Social
- Reducción de la Pobreza (2)
- Temas de corrupción (3)
- Ley de partido
- Violación de Derechos Humanos a los defensores

4. En su opinión, cuáles son actualmente los tres asuntos más importantes en la agenda política para que la respuesta ante el VIH sea más eficaz (Poner fin al SIDA)?

- Incorporación ARV en sistema de Seguridad Social.
- Ejecución de programas de educación y prevención con presupuesto adecuado
- Incremento del presupuesto para la prueba de inicio y programa de prevención.
- Acceso a condones.
- Iniciar prevención en la seguridad social y que esta asuma el reto del VIH.
- Creación de redes.
- Artículos con el estado para la respuesta comprensiva del tema del VIH.
- Considero que no existe un punto de interés para la erradicación del sida en RD
- Fortalecer los programas de prevención para evitar nuevas infecciones
- Fortalecer los programas de realización de pruebas de VIH

5. Cuáles grupos poblacionales cree usted son los más afectados por la transmisión del VIH?

- HSH (5)
- T.S Masculino/ Femenino (5)
- Usuarios Drogas (2)
- Migrantes Haitianos (5)
- Jóvenes Marginalizados (3)
- Bajo niveles de Escolaridad (2)

- Trabajadoras Sexuales

6. Cuáles son las principales razones de que estos grupos son los más afectados?

- Pobreza
- Estigma y discriminación (2)
- Bajo niveles educativos (2)
- La exclusión social (2)
- Vulnerabilidad de sus derechos
- La migración, bajos ingresos, analfabetismo, falta de conocimiento, mitos y tabues, hacinamiento, relación con múltiples parejas

7. Qué tan familiarizado(a) está usted con los esfuerzos que se hacen para derogar las leyes que penalizan la intimidad entre personas del mismo sexo? Por favor, marque con una x.

- No familiarizado
- Algo familiarizado (4)
- Muy familiarizado (1)

8. Qué tan familiarizado está usted con los esfuerzos de fortalecer las políticas y leyes antidiscriminatorias para que éstas incorporen la atención explícita a la orientación sexual y de género? Por favor, marque con una x.

- No familiarizado
- Algo familiarizado (1)
- Muy familiarizado (4)

9. Cuáles personas, públicos o grupos considera usted son los principales defensores de estos tipos de modificaciones de las leyes y políticas?

- CONAVIHSIDA (2)
- Legisladores (5)
- Seguridad civil (2)
- GLBTI (3)
- Colectivos Feminista

10. Quiénes son los opositores principales?

- OBF(3)
- La iglesia, la sociedad conservadora y el gobierno y algunos partido político influenciado por la corriente religiosa
- Las iglesias, los legisladores y sectores de la sociedad

11. Tomando en cuenta el contexto actual educativo, social y político, cree usted que la legislación antidiscriminatoria debe ser fortalecida o adoptada en un futuro próximo? Por favor, marque con una x.

- Sí (5)
- No (1)

12. Tomando en cuenta el contexto actual educativo, social y político, cree usted que se logrará en un futuro próximo derogar las leyes que penalizan la intimidad entre personas del mismo sexo? Por favor, marque con una x.

- Sí (2)
- No (3)

13. Mirando hacia el futuro, ¿cuál es la probabilidad de que se adopten medidas antidiscriminatorias en los próximos 5 años?

- Muy probable (4)
- El nivel de empoderamiento de la población y la capacidad reivindicativa que ha hecho más visible el problema, lo cual de una manera u otra conllevara a que los tomadores de decisiones tomen acciones al respecto y por último la solidaridad nacional e internacional hacia la problemática.

14. Si se adoptaran leyes antidiscriminatorias, sobre cuáles asuntos el Estado debe estar más preocupado con respecto a su implementación?

- Servicio de calidad y calidez a PVVIH en los servicios de salud, que no sean violados los DDHH de las poblaciones
- Acceso a servicios de salud, justicia y educación
- La aplicación de la ley (4)
- Enfocada en lo laboral, el ámbito de la salud y la educación
- Proceso de concienciación en la población general.

15. Mirando hacia el futuro, cuál es la probabilidad de que se logre en los próximos 5 años la derogación de la legislación que penaliza la intimidad entre personas del mismo sexo? Por favor, marque con una x.

- No probable
- Poco probable (4)
- Muy probable (1)

16. Si se derogaran las leyes de penalización, sobre cuáles asuntos el Estado debe estar más preocupado.

- El país no está preparado aún
- Crear plan de abogacía
- Que una vez se adopten las leyes se elaboren el reglamento de aplicación de dicha ley (2)
- Proceso de concienciación en la población general.

17. Que papel cumple usted en la respuesta ante el VIH?

- Director ejecutivo del CONAVIHSIDA
- Presidente de la Coalición ONG´ SIDA
- Actor clave en la respuesta nacional y miembro de coalición SIDA
- ONG MOSCATHA
- Soy promotor de salud, y veedor independiente de los derecho de la comunidad de jóvenes gay que vivimos con VIH, también dirijo un institución por la erradicación de la muerte por sida