



JAMAICA PARTNERSHIP
To Eliminate HIV-Related Stigma & Discrimination



BREAKING DOWN BARRIERS TO END AIDS IN JAMAICA

2021 ANNUAL REPORT

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Progress report on programmes to reduce HIV-related stigma and discrimination; and improve access to justice for people living with and most affected by HIV in Jamaica.

The report is compiled by the Jamaica Partnership to Eliminate All Forms of HIV-related Stigma and Discrimination; with contributions from the National Family Planning Board and Jamaica AIDS Support for Life.

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Disclaimer:

The views and opinions expressed in this document do not necessarily reflect those of the individual partners who are members of the Jamaica Partnership to Eliminate All Forms of HIV-related Stigma and Discrimination.

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► Foreword



Hon. Juliet Cuthbert-Flynn, OD, MP


Minister of State, Ministry of Health & Wellness

Chair, Jamaica Partnership to Eliminate All
Forms of HIV-related Stigma & Discrimination

All Jamaicans, regardless of age, gender, sexual orientation, or HIV status, have the right to the highest standard of health care. To this end, the national HIV response holds, as part of its core, safeguarding access to quality health services, which give regard to the needs of people who identify in vulnerable groups.

Key to achieving this are sustained, comprehensive efforts to combat all forms of discrimination, whether they be in the workplace, health facilities or wider public space; in order that people living with and affected by HIV can have access to health care services. The Jamaica Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination, which I have the pleasure of chairing, works to achieve this outcome with its focus on ensuring coordination, coherence, and accountability among stakeholders.

Here in Jamaica, as this latest report tells us, there is ongoing work by a range of stakeholders, including civil society organisations and international development



partners, to end stigma and discrimination in all settings. Jamaica has progressed in promoting an enabling environment in order that people living with and affected by HIV can have access to prevention, treatment, and care services. However, physical assault, sexual abuse and domestic violence meted out to members of vulnerable populations remains a concern.

It is, therefore, critical that the national dialogue continues with a view to protecting key populations. This report, with its focus on 'Breaking Down Barriers to End AIDS', provides needed insight and should inform actions to

address the social and legal issues that are barriers to care.

It continues to be the mission of the Jamaica Partnership to see people living with and affected by HIV/AIDS treated with equity and supported by systems that allow for access to health for all. There is more work to be done, but we remain persistent in serving vulnerable communities affected by HIV and progressing towards the elimination of HIV-related stigma and discrimination in all settings.

► List of Abbreviations

ADR	Alternate Dispute Resolution
AHF	AIDS Healthcare Foundation
AIDS	Acquired Immunodeficiency Syndrome
BCC	Behaviour Change Communication
CBM	Community-Based Monitoring
CCM	European Union
CMS	Client Complaint Management System
CSO	Civil Society Organization
CVCC	Caribbean Vulnerable Communities Coalition
DRF	Dispute Resolution Foundation
EEHR	Enabling Environment and Human Rights
GBV	Gender-Based Violence
GF	Global Fund
HIV	Human Immunodeficiency Virus
HRMAJ	Human Resource Managers Association of Jamaica
IDEVAW	International Day for the Elimination of all forms of Violence Against Women
JADs	Jamaica Anti-Discrimination System
JASL	Jamaica AIDS Support for Life
JCF	Jamaica Constabulary Force
JCSF	Joint Civil Society Forum on HIV and AIDS
JCW+	Jamaica Community of Positive Women

JFJ	Jamaicans for Justice
JMEA	Jamaica Manufactures & Exporters Association
JN +	Jamaica Network of Seropositives
KP	Key Population
KSAMC	Kingston & St. Andrew Municipal Corporation
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersex
MoHW	Ministry of Health and Wellness
MSM	Men who have sex with men
NGO	Non-Governmental Organization
PLHIV	People living with HIV
PSOJ	Private Sector Organization of Jamaica
RHA	Regional Health Authority
S&D	Stigma and Discrimination
STI	Sexually Transmitted Infection
SW	Sex worker(s)
TG	Transgender persons
TPDCo	Tourism Product Development Company
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UPR	Universal Periodic Review
UWI	University of the West Indies
VAW	Violence Against Women
WLD	Women Living with Disabilities
WLHIV	Women Living with HIV



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▶ Introduction

Jamaica's HIV response has a robust enabling environment and human rights programme that is guided by and aligned to an Operational Plan; that was developed based on the [draft] National Strategic Plan for HIV.

This component of the response focuses on several areas intended to raise awareness about and promote human rights, facilitate and scale up access to justice, address gender-based violence in the context of HIV and promote positive health, dignity, and prevention (PHDP). It also seeks to address challenges related to access to social protection and assistance services for key and vulnerable populations.

The interventions for 2021, which were implemented by a myriad of stakeholders (as reflected in this report), are all aligned to the Operational Plan and The Global Fund (TGF) Baseline Programme Areas, as well as the social indicators in the Global AIDS Strategy 2022-2026. A plethora of strategies and approaches are used in this regard. These include training workshops, public education and awareness raising, capacity building and empowerment, research, and advocacy,

among others. Most of these strategies were implemented in the community and justice settings, with twenty-three (23) and fourteen (14) initiatives respectively. There were eleven (11) in health settings, three (3) in workplace settings and one (1) in education. In 2021, some of the initiatives undertaken included an anti-bullying campaign, public forum on gender-based violence, mystery shopper assessments at select health facilities, review of curriculum for medical students to include LGBT issues. There was also an analysis of human rights violations and provision of services to support key and vulnerable populations secure justice. These initiatives were funded by a wide range of donors. Among the donors were The Global Fund, UNAIDS, European Union, Sigrid Rausing Trust, AIDS Healthcare Foundation (AHF) and the Government of Jamaica (GOJ). However, while there are several donors, TGF is one of the largest donors for enabling



environment and human rights based on the 2019-2021 Grant Agreement which was for US\$12.03M. Of that sum, the country received US\$1M through a funding mechanism that was used for programmes to remove human rights-related barriers to health services. The Global Fund’s investment is therefore critical in helping to implement and scale up targeted and evidence-informed interventions that seek to address human rights barriers in the context of HIV.

This report provides an update on the implementation of the human rights investments in 2021, and an overview of the key achievements and results during the year as it relates to:

- Stigma and discrimination reduction in communities and public and private institutions

- Human rights training for improved services among healthcare workers, including frontline staff
- Human rights training among law enforcement officers and the judiciary to improve access to justice for key populations
- Legal Literacy and awareness among key populations, including “Know Your Rights” initiatives
- Community based monitoring exercises to improve service delivery in key institutions
- Increased Access to Justice through legal aid services
- Advocacy initiatives for improved laws and policies
- Gender-based Violence and Inequalities reduced as a cross-cutting issue in all programmatic interventions.

Through the initiatives undertaken during the year, partners were able to engage a wide range of stakeholders, including PLHIV, key populations, duty bearers and religious leaders. The programmes were critical in helping to engender an end to stigma and discrimination in education, health, justice, and community settings. However, while there was much success, the challenges experienced in recruiting consultants, engaging various stakeholders and those posed by the COVID-19 pandemic containment measures; as well as the late reprogramming exercise (in the case of TGF-funded activities), led to some activities not being implemented.



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▶ **Main Achievements in Ending HIV-related Stigma and Discrimination**

The interventions undertaken in 2021 were successful in helping to break down barriers that help to impede people's access to health, social and other services geared towards improving health outcomes. The following are some of the key highlights of the year:

In health settings: Equality for All Foundation (EFAF) Jamaica Ltd. partnered with the Faculty of Medical Sciences (FMS) at the University of the West Indies to conduct a comprehensive review and assessment of six programmes, including nursing and medicine. The review was conducted to ascertain whether the programmes included modules on LGBT people. The review provided recommendations to address the health experiences and needs of LGBT Jamaicans.

In community settings: The Prime Minister, Most Hon. Andrew Holness, was featured in the Jamaican Network of Seropositives' (JN+) Live Positively Campaign. The campaign seeks to promote respect for people living with HIV. The Minister and State



Minister of Health & Wellness, along with social influencers, also participated in the campaign which was broadcast in traditional and social media. The Kingston & St Andrew Municipal Corporation declared World AIDS Day, celebrated

each year on December 1, as a day of interest and public awareness in the City of Kingston. The resolution received bipartisan support and was passed unanimously. The Jamaica Council of Churches (JCC) conducted seventeen (17) sensitisation sessions, which reached three hundred and ninety-four (394) faith leaders and congregants, to sensitise persons about gender-based violence, human rights and HIV-related stigma and discrimination. The National Family Planning Board (NFPB) continued its partnership with the Office of the Public Defender (OPD) to roll out the national human rights campaign, Everybody Have Rights. The campaign is funded by both the Government of Jamaica (GOJ) and The Global Fund who spent J\$13,300,000 and J\$8,999,200 respectively. Seven campaign products were developed in 2021 and were placed in traditional and social media.

In justice settings: Fifty-two per cent (52%) (or 75) of the one hundred and forty-three (143) human rights violations reported to four (4) civil society organisations in 2021 were supported with legal advice and/or representation by Jamaicans for Justice and Jamaica AIDS Support for Life. Parliamentarians also came together to review evidence on stigma and discrimination and its impact on health outcomes of key and vulnerable populations. The legislators reaffirmed their commitment to tackle all forms of HIV-related stigma and discrimination and explored creating a working group to, inter alia, challenge harmful laws and policies, and host dialogues with people living with and affected by HIV.

In education settings: Children First implemented its anti-bullying initiative which targeted schools and children's homes. Sixty-one (61) wards and one hundred and thirteen (113) educators, social workers and other caregivers were reached with information about bullying and its impact on children and youth.

In workplace settings: The Jamaican Network of Seropositives (JN+) launched its Stigma Free Spaces (SFS) Initiative which seeks to make public, private and community spaces free from stigma, discrimination, and violence more accessible to people living with HIV and key and vulnerable populations. The pilot commenced at the Kingston & St Andrew Municipal Corporation (KSAMC) with various assessments among managers and relevant policies.

In addition to the progress in these settings, there were also efforts to engender greater coordination, coherence, and accountability in the response. Through the Jamaica Partnership to Eliminate HIV-related Stigma and Discrimination, a retreat was convened to review progress, identify strategies to address bottlenecks and develop a research agenda, among other things. The Partnership also conducted activities to promote alignment with the EEHR Operational Plan and developed an online reporting dashboard to improve data collection and reporting among stakeholders.

Jamaica EEHR Monitoring Report (2021)

Goal 1		Human rights of all persons living with or affected by HIV are respected, protected and promoted in community, policy, legislation and programmes					
OUTCOME 1.1		Increased knowledge and awareness of human rights, S&D and GBV among the general population					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O1.1 Percentage of women and men 15-49 years old who report non-discriminatory (positive) attitudes towards people living with HIV	Percent	2017	11.6	-	2025	25	No data
O1.1 Percentage of women and men who report positive attitudes toward transgender people	Percent	2019	25	-	2025	35	No data
O1.1 Percentage of women and men who report positive attitudes toward sex workers	Percent	2020	0	-	2025	20	No data
O1.1 Percentage of women and men who report positive attitudes toward men who have sex with men	Percent	2019	25	-	2025	35	No data
OUTPUT 1.1.1		Media/public education campaign developed and implemented					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O1.1.1 Percentage of persons who report campaign messages had a positive impact on them	Percent	2020	0	-	2025	30	No data
ACTIVITY 1.1.1.1		Develop, implement and monitor a national human rights media/public education campaign to address stigma and discrimination, promotion of PLHIV and awareness among general public					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.1.1.1.1 Number of persons reached	Number	-	-		2025	100000	On track
A.1.1.1.1 Number of campaigns or public education initiatives	Number	2020	5	25	2025	10	On track
A.1.1.1.1 Information collected for media report	Yes/No	-	-	0	2025	-	No data

OUTPUT 1.2.1		Members of professional associations, duty-bearers and employees within select sectors are trained on human rights, stigma and discrimination					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O1.2.1 Number of participants trained	Number	2020	536	334	2025	3000	Off track
O1.2.1 Percentage increase in knowledge	Percent	-	-	82	2025	-	On track
ACTIVITY 1.2.1.1		Conduct trainings on human rights and S&D					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.1.2.1.1 Number of training modules developed	Number	-	-	5	2025	1	On track
A.1.2.1.1 Number of trainings	Number	-	-	76	2025	10	On track
OUTPUT 1.3.1		Advocacy for the improvement, development and implementation of HIV-related policies and laws					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O1.3.1 Number of persons reached with S&D interventions	Number	-	-	21	2025	500	Off track
O1.3.1 Number of policy and decision-makers reached	Number	-	-	18	2025	30	No change
ACTIVITY 1.3.1.1		Develop and validate advocacy plan					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.1.3.1.1 Number of advocacy plans developed	Number	2018	1	5	2025	1	On track

ACTIVITY 1.3.1.6							
Community based advocacy scaled up among community of positive women against stigma and discrimination in health care settings							
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.1.3.1.5 Number of community-based advocacy activities/interventions	Number	-	-	8	-	-	On track
A.1.3.1.5 Number of women living with HIV participating in activities	Number	-	-	52	-	-	On track
ACTIVITY 1.3.1.7							
Advocacy for inclusion of non-discrimination as part of institutional and workplace policies							
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.1.3.1.6 Number of stakeholders participating in campaign	Number	-	-	3	2025	-	Off track
A.1.3.1.6 Number of meetings held with key public and private sector stakeholders	Number	-	-	8	2025	-	Off track
ACTIVITY 1.3.1.8							
Advocate for the decriminalization of sex work							
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.1.3.1.7 Number of advocacy initiatives implemented	Number	-	-	1	-	-	Off track
A.1.3.1.7 Number of non-HIV NGOs engaged	Number	-	-	2	-	-	Off track
ACTIVITY 1.3.1.9							
Advocate for a national anti-discrimination law							
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.1.3.1.9 Number of advocacy initiatives implemented	Number	-	-	3	2025	15	Off track
A.1.3.1.9 Number of non-HIV NGOs engaged	Number	-	-	8	2025	15	No change

ACTIVITY 1.3.1.10		Advocate for the establishment of a National Human Rights Institute					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.1.3.1.10 Number of advocacy initiatives implemented	Number	-	-	1	2025	15	Off track
A.1.3.1.10 Number of non-HIV NGOs engaged	Number	-	-	1	2025	15	Off track
ACTIVITY 1.3.1.11		Advocate for the repeal or amendment of the buggery law					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.1.3.1.11 Number of advocacy initiatives implemented	Number	-	-	6	2025	15	No change
A.1.3.1.11 Number of non-HIV NGOs engaged	Number	-	-	2	2025	15	Off track
ACTIVITY 1.3.1.13		Propose a legislative approach for a national gender identity law					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.1.3.1.13 Number of legislative recommendations completed	Number	-	-	1	2025	1	On track
OUTCOME 1.4		Key social influencers advocate against S&D and GBV					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O1.4 Number of public and social influencers public promoting respect for the rights of people living with HIV and key populations	Number	-	-	-	2025	50	No data

OUTPUT 1.4.1		Strategic partnership to tackle stigma, discrimination and gender-based violence built and promoted					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O1.4.1 Number of persons sensitized	Number	-	-	422	2025	50	On track
O1.4.1 Number of policies reviewed	Number	-	-	13	2025	5	On track
O1.4.1 Number of FBO stakeholders supporting non-discrimination and S&D interventions	Number	2020	450	-	2025	1000	No data
O1.4.1 Percentage increase in knowledge	Percent	-	-	-	2025	50	No data
O1.4.1 Percentage of FBO stakeholders reporting willingness to engage key and vulnerable populations	Percent	-	-	-	2025	40	No data
ACTIVITY 1.4.1.1		Engage ministers and key influencers to promote the elimination of stigma, discrimination and violence against people living with and affected by HIV					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.1.4.1.1 Number of interventions	Number	-	-	15	2025	40	On track
ACTIVITY 1.4.1.2		Engage parliamentarians to review and reform relevant policies and laws					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.1.4.1.2 Number of parliamentarians engaged	Number	-	-	24	2025	20	On track

GOAL 2		Human rights violations in education, health, justice, workplaces and communities is monitored and justice is accessed					
OUTCOME 2.1		Access to justice is scaled up					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O2.1 Percentage of law enforcement officers who report positive attitudes towards key populations	Percent	-	-	-	2025	70	No data
O2.1 Percentage of duty-bearers enabling access to justice for people living with and affected by HIV	Percent	-	-	-	2025	30	No data
OUTPUT 2.1.1		Redress mechanisms are linked and promoted through different stakeholders, and used by communities most affected by S&D					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O2.1.1 Number of people trained	Number	2020	25	-	2025	100	No data
O2.1.1 Percentage of persons reporting who saw campaign materials	Percent	-	-	-	2025	50	No data
O2.1.1 Number of organisations sharing campaign materials	Number	-	-	-	2025	30	No data
O2.1.1 Percentage increase in knowledge	Percent	-	-	-	2025	70	No data
O2.1.1 Percentage of persons who report training has had an impact	Percent	-	-	-	2025	40	No data

ACTIVITY 2.1.1.1		Linking JADS mechanism to other redress channels/stakeholders tackling S&D					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.2.1.1.1 Number of cases referred to other mechanisms	Number	-	-	85	2025	200	No change
ACTIVITY 2.1.1.3		Hire lawyers and provide support to redress officers to provide legal advice and referrals to PLHIV, key and vulnerable populations who report discrimination					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.2.1.1.3 Number of lawyers hired	Number	2020	2	1	2025	4	Off track
ACTIVITY 2.1.1.4		Promote legal advice and referral services among key populations					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.2.1.1.4 Number of IEC materials created	Number	-	-	18	2025	10	On track
A.2.1.1.4 Number of persons reached	Number	-	-	9000	-	-	On track
ACTIVITY 2.1.1.5		Training and sensitization for CSOs and duty-bearers on alternative dispute resolution, telephone hotlines, peer outreach					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.2.1.1.5 Number of workshops conducted	Number	-	-	1	2025	10	Off track
A.2.1.1.5 Number of persons participating	Number	2020	17	20	2025	250	Off track
OUTCOME 2.2		Community-based monitoring is scaled up					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status

MAIN ACHIEVEMENTS IN ENDING HIV-RELATED STIGMA AND DISCRIMINATION

O2.2 Percentage of people living with HIV who report experiences of stigma and discrimination in healthcare settings	Percent	2020	10	-	-	-	No data
O2.2 Percentage decrease in PLHIV who report experiencing stigma and discrimination	Percent	2020	33	-	2025	15	No data
O2.2 Percentage decrease in PLHIV who report internal stigma	Percent	2020	53	-	2025	25	No data
O2.2 Percentage of people living with HIV who report experiences of stigma and discrimination in community settings	Percent	-	-	-	2025	30	No data
O2.2 Percentage of key populations who report experienced stigma and discrimination (one indicator for each KP)	Percent	-	-	-	2025	30	No data
OUTPUT 2.2.1	Communities are trained in human rights, stigma, discrimination and gender-based violence monitoring						
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O2.2.1 Number of persons trained	Number	2020	25	50	2025	200	Off track
O2.2.1 Percentage of persons trained documenting human rights violations who report increased capacity	Percent	-	-	-	2025	50	No data
O2.2.1 Number of persons using app	Number	2020	0	-	2025	250	No data
ACTIVITY 2.2.1.2	Train community members in standardised modules for monitoring human rights violation in education, health, justice, workplaces and communities						
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.2.2.1.2 Number of trainings	Number	2020	1	5	2025	4	On track
A.2.2.1.2 Number of training modules developed	Number	-	-	3	-	-	On track

ACTIVITY 2.2.1.3		Monitoring tool/data collection instrument developed by CSO partners, including developing and promoting app for reporting					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.2.2.1.3 Number of organisations and individuals monitoring violations	Number	2020	0	13	2025	50	Off track
OUTCOME 2.3		Use of reporting and redress mechanisms is scaled up					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O2.3 Number of human rights violations reported	Number	2020	164	116	2025	500	Off track
O2.3 Number of cases reaching a resolution	Number	2020	18	25	2025	100	Off track
OUTPUT 2.3.1		Communities and other stakeholders use available access to justice and redress mechanisms					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O2.3.1 Number of reports received and documented	Number	2020	164	116	2025	500	Off track
O2.3.1 Number of cases receiving legal advice and representation	Number	2020	98	75	2025	500	Off track
O2.3.1 Percentage of persons who report the campaign messages had a positive impact on them	Percent	-	-	-	2025	40	No data
ACTIVITY 2.3.1.1		Communities monitor human rights violations in education, health, justice, workplaces and communities					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.2.3.1.1 Number of persons	Number	-	-	16	2025	30	No change
A.2.3.1.1 Number of cases monitored	Number	-	-	12	2025	500	Off track

ACTIVITY 2.3.1.2		Implement interventions with police to promote human rights reporting					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.2.3.1.2 Number of interventions	Number	-	-	9	2025	50	Off track
A.2.3.1.2 Number of police reached	Number	-	-	132	2025	50	No change
A.2.3.1.2 Number of reports to police	Number	-	-	4	2025	200	Off track
ACTIVITY 2.3.1.3		Conduct analysis of human rights violations reported by key and vulnerable populations annually					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.2.3.1.3 Number of analyses conducted	Number	2020	1	3	2025	1	On track
GOAL 3		Gender-Based Violence is eliminated					
OUTCOME 3.1		Public service cadre responds and monitor Gender-Based Violence					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O3.1 Percentage of HIV and related health and social services that are gender-responsive	Percent	-	-	-	2025	10	No data
O3.1 Number of parish courts supported taking action to integrate GBV	Number	-	-	-	2025	3	No data
OUTPUT 3.1.1		Public service cadre is trained on preventing, responding to and monitoring Gender-Based Violence					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O3.1.1 Number of duty bearers trained	Number	-	-	390	2025	1000	No change
O3.1.1 Number of entities engaged	Number	-	-	5	2025	30	Off track

O3.1.1 Percentage increase in capacity	Percent	-	-	-	2025	70	No data
O3.1.1 Percentage increase in knowledge and awareness	Percent	-	-	-	2025	80	No data
O3.1.1 Percentage of duty bearers trained who report using GBV training modules	Percent	-	-	-	2025	40	No data
O3.1.1 Percentage increase in police officers who are comfortable to deal with GBV	Percent	-	-	-	2025	50	No data
O3.1.1 Percentage of police trained who deal with GBV issues	Percent	-	-	-	2025	40	No data
ACTIVITY 3.1.1.1	800 Duty-bearers trained in GBV (600 MoHW and 200 by CSO) using GBV training modules						
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.3.1.1.1 Number of training module developed	Number	-	-	5	2025	1	On track
A.3.1.1.1 Number of trainings	Number	-	-	24	2025	10	On track
ACTIVITY 3.1.1.2	Sensitivity training conducted with the police in relation to GBV practices aimed at female sex workers and persons of trans experience						
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.3.1.1.2 Number of trainings	Number	-	-	6	2025	10	No change
OUTCOME 3.2	Integrate GBV interventions into legal service						
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O3.2 Percentage of legal services providing GBV interventions	Percent	-	-	-	2025	50	No data

OUTPUT 3.2.1		Prevention and response to GBV is integrated to comprehensive public services programmes					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O3.2.1 Number of parish courts judges trained	Number	-	-	-	2025	5	No data
O3.2.1 Number of parish courts supporting GBV	Number	-	-	-	2025	3	No data
O3.2.1 Percentage of police stations supported taking action to integrate GBV into their services	Percent	-	-	-	2025	50	No data
ACTIVITY 3.2.1.3		Provide technical assistance to JCF to integrate/improve sensitivity for GBV					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.3.2.1.3 Number of police stations receiving TA	Number	-	-	9	2025	20	No change
ACTIVITY 3.2.1.4		Conduct research on gender-based violence and HIV and access to justice					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.3.2.1.4 Number of research conducted	Number	-	-	1	2025	1	On track
OUTCOME 3.3		Scale-up programmes for GBV awareness, prevention and response among the general public					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O3.3 Percentage of ever-married or partnered women 15-49 years old who experienced physical or sexual violence from a male intimate partner in the past twelve (12) months	Percent	2017	14.8	-	2025	10	No data
O3.3 Number of women and men reporting having received messaging around GBV	Number	-	-	-	2025	30	No data

OUTPUT 3.3.1		Partnerships and multi-sector collaborations to address GBV are active					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O3.3.1 Number of partnerships active	Number	-	-	9	2025	30	Off track
ACTIVITY 3.3.1.1		Develop training module(s) for integration of GBV into pre-service programmes among duty-bearers					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.3.3.1.1 Number of training modules developed	Number	-	-	1	2025	1	On track
ACTIVITY 3.3.1.2		Expand partnership for integration of GBV training modules into pre-service, in-service programmes and community interventions					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.3.3.1.2 Number of pre-service training institutions integrating GBV training modules	Number	-	-	-	2025	5	No data
A.3.3.1.2 Number of community interventions	Number	-	-	15	2025	30	No change
OUTPUT 3.3.2		Communities are empowered to identify, prevent, respond to and monitor gender-based violence					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O3.3.2 Percentage of persons reached reporting willingness to support key and vulnerable populations	Percent	-	-	100	2025	50	No data
O3.3.2 Percentage increase in knowledge and understanding	Percent	-	-	-	2025	60	No data
O3.3.2 Percentage of persons reached who report comforting in dealing with GBV issues	Percent	-	-	79	2025	50	No data

ACTIVITY 3.3.2.1		Support programmes that build the capacity of parents and guardians in the dissemination of information on sexuality and gender norms to children and young adults					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.3.3.2.1 Number of stakeholders engaged at the community level	Number	-	-	1	2025	300	Off track
ACTIVITY 3.3.2.2		Community-based and other interventions to raise awareness about GBV and build capacity to respond in key spaces					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.3.3.2.2 Number of persons reached	Number	-	-	5013	2025	100	On track
ACTIVITY 3.3.2.3		Sensitization on GBV for FBOs and community leaders, IEC materials, capacity building for CSOs					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.3.3.2.3 Number of persons reached	Number	2020	450	267	2025	1500	Off track
GOAL 4		Positive Health Dignity and Prevention is reached by all people living with or affected by HIV					
OUTCOME 4.1		People living with and affected by HIV respond to and monitor human rights violations, stigma, discrimination and GBV					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O4.1 Percentage of people living with HIV who report internalized stigma among people living with HIV	Percent	2020	53	-	2025	35	No data
O4.1 Percentage of people living with and affected by HIV trained who respond to GBV	Percent	-	-	-	2025	40	No data

OUTPUT 4.1.1		People living with and affected by HIV, and their networks and organizations are trained on PHDP, participation and legal literacy					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O4.1.1 Percentage increase in knowledge among CSOs and government	Percent	-	-	-	2025	60	No data
O4.1.1 Percentage of persons who report training has had an impact	Percent	-	-	-	2025	40	No data
O4.1.1 Number of PLHIV networks strengthened	Number	-	-	-	2025	5	No data
O4.1.1 Percentage of persons who feel empowered who actively take action	Percent	-	-	-	2025	50	No data
O4.1.1 Percentage increase in knowledge among community leaders	Percent	-	-	-	2025	80	No data
O4.1.1 Percentage of persons who report being able to undertake trainings	Percent	-	-	-	2025	50	No data
O4.1.1 Number of PLHIV trained	Number	-	-	-	2025	300	No data
O4.1.1 Percentage of PLHIV trained/engaged enlisted in advocacy	Percent	-	-	-	2025	30	No data
ACTIVITY 4.1.1.1		Build the capacity of key partners in civil society and government in PHDP to increase their involvement in the comprehensive delivery of health care services					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.4.1.1.1 Number of workshops conducted	Number	-	-	2	2025	5	No change
A.4.1.1.1 Number of persons participating	Number	-	-	12	2025	30	No change

ACTIVITY 4.1.1.3		Training for community leaders in legal literacy to undertake trainings and sensitisation sessions for members of key populations					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.4.1.1.3 Number of workshops conducted	Number	-	-	4	2025	10	No change
A.4.1.1.3 Number of persons participating	Number	2020	161	60	2025	1500	Off track
ACTIVITY 4.1.1.4		Engage PLHIV to address issues of self-stigma					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.4.1.1.4 Number of workshops conducted	Number	-	-	12	2025	40	Off track
A.4.1.1.4 Number of persons participating	Number	-	-	78	2025	500	Off track
GOAL 5		People living with or affected by HIV access social protection services					
OUTCOME 5.1		People living with or affected by HIV receive social protection services					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O5.1 Percentage of PLHIV and key populations who report knowledge of social protection services	Percent	-	-	-	2025	40	No data
O5.1 Percentage of social protection providers who report negative attitudes towards PLHIV and key populations	Percent	-	-	-	2025	60	No data

OUTPUT 5.1.1		People living with or affected by HIV, stakeholders and general public is informed about available social protection services					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O5.1.1 Percentage of entities receiving brochures that report using materials	Percent	-	-	-	2025	50	No data
O5.1.1 Percentage of persons who report being more aware	Percent	-	-	-	2025	80	No data
O5.1.1 Percentage of entities reporting that they use information in their organisation's work	Percent	-	-	-	2025	40	No data
O5.1.1 Percentage of persons who feel they are better able to assist clients who need information about services	Percent	-	-	100	2025	40	No data
O5.1.1 Percentage increase in knowledge/awareness	Percent	-	-	100	2025	60	No data
O5.1.1 Percentage of persons reached who feel comfortable accessing services	Percent	-	-	-	2025	40	No data
ACTIVITY 5.1.1.2		Sensitise stakeholders around the services available and process to access services					
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.5.1.1.2 Number of workshops/sessions convened	Number	2020	5	8	2025	10	On track
A.5.1.1.2 Number of persons and entities participating	Number	-	-	15	2025	300	Off track
A.5.1.1.2 Number of PLHIV and key populations reached	Number	2020	79	133	2025	300	No change

MAIN ACHIEVEMENTS IN ENDING HIV-RELATED STIGMA AND DISCRIMINATION

A.5.1.1.2 Number of duty bearers reached	Number	2020	19	8	2025	150	Off track
A.5.1.1.2 Number of CSOs reached	Number	2020	12	7	2025	15	No change
OUTPUT 5.1.2	PLHIV and key and vulnerable populations and their needs included in social protection programme						
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
O5.1.2 Number of social protection programmes including PLHIV and key and vulnerable populations	Number	-	-	1	2025	3	Off track
ACTIVITY 5.1.2.1	Advocacy for improvement in availability and access to social protection services						
Indicator	Unit	Baseline Year	Baseline Value	Data Value	Target Year	Target Value	Status
A.5.1.2.1 Number of interventions	Number	-	-	4	2025	10	No change



3

▶ Scorecard

JANUARY – JUNE 2021

Ten entities provided reports on the interventions undertaken to promote human rights and an enabling environment for HIV and other health and social services during the period January to June 2021. There was a total of two hundred and fifty-six (256) interventions/activities for the period with two hundred and thirty-four (234) of them being planned and twenty-two (22) being ad hoc. Notably, TransWave Jamaica and Equality for All Foundation reported having the most interventions/activities for the period with ninety-five (95) and forty-one (41), respectively. Ashe, which primarily works around HIV prevention, had the least with (2) two. Key population-led organisations (i.e., Equality for All Foundation, TransWave Jamaica, Jamaica Community of Positive Women and Jamaican Network of Seropositives accounted for sixty one percent (61%) of all activities/ interventions).

The overall implementation rate for the period was fifty seven (57%) of all interventions/ activities being initiated with Children First, National Family Planning Board, Jamaica Youth Advocacy Network and Ashe having a one hundred percent (100%) implementation rate. The lowest implementation rate was TransWave Jamaica with twenty two percent (22%) of its ninety-five (95) activities implemented during the period. No setting was reported for eighty-four (84%) of the activities during the period. However, for those in which the settings were reported, justice and community

settings accounted for five percent (5%) and seven percent (7%) of interventions. Only thirty nine percent (39%) of interventions that were implemented were completed during the reporting period.

During the period, entities were able to directly engage a total of two thousand nine hundred and ninety-eight (2,998) people through in person and virtual sessions. Of note, thirty-two (32%) of them were members of the public, three percent (3%), or 100, were people living with HIV, nine percent (9%), or 262, were gay, bisexual, and other MSM, five percent (5%), or 158, being sex workers and five percent (5%), or 155, being healthcare workers. Other key and vulnerable populations (not specified) accounted for twenty-three percent (23%) or 679, of the total number of people reached during the period. Overall, twelve percent (12%) or 356, of all people reached were duty bearers with one hundred and fifty-five (155) being healthcare workers. Overall, Jamaica AIDS Support for Life accounted for most persons reached during the period with one thousand two hundred and seventy-seven (1,277) or forty three percent (43%) of the two thousand nine hundred and ninety-eight (2,998) people reached. Key population-led organisations accounted for eight hundred and sixty-two (862) or twenty nine percent (29%) of all people reached between January and June with eighty one percent (81%) of them, or 701, being reached by Equality for All Foundation.

Enabling Environment & Human Rights Operational Plan Scorecard Six-Month Review

Performance Summary			Number of Persons Reached (Jan-June 2021)		
	No	%		No	%
Total Number of Activities Planned	234		Total Number of Persons Reached	2998	
Total Number of Activities Initiated	125	53%	Total Number of Gay, Bisexual and other MSM	262	9%
Total Number of Activities Completed	78	33%	Total Number of PLHIV	100	3%
Total Number of Ad Hoc Activities	22	9%	Total Number of Sex Workers	158	5%
Total Number of Activities	256		Total Number of Adolescents & Youth	52	2%
Implementation Rate	57%		Total Number of Transgender Persons	127	4%
Completion Rate			Total Number of Other Key & Vulnerable Populations	679	23%
Total Number of Activities Not Initiated	104	41%	Total Number of General Population	949	32%
Total Number of Activities Moved to July-Dec	109	43%	Total Number of Policy & Decision-makers	6	0%
			Total Number of Healthcare Workers	155	5%

Intervention Summary by Partnership Settings			Total Number of Justice Stakeholders (e.g. JPs)	92	3%
	No	%	Total Number of Law Enforcers	71	2%
Health	5	2%	Total Number of Social Service Providers	12	0%
Communities	18	7%	Total Number of Other Duty-bearers	20	1%
Workplaces	2	1%	Total Number of Unspecified Persons	315	11%
Justice	13	5%			
Humanitarian	0	0%			
Education	4	2%			
Unspecified	214	84%			

JULY – DECEMBER 2021

Nine (9) entities provided reports on the interventions undertaken to promote human rights and an enabling environment for HIV and other health and services during the period July to December 2021. There was a total of three hundred and eighty-eight (388) interventions/activities for the period with two hundred and forty-one (241) of them being planned, ninety-eight (98) brought over from the January to June period, and forty-nine (49) being ad hoc. Notably, TransWave Jamaica and Eve for Life reported having the most interventions/activities for the period with one hundred and fifty-three (153) and ninety (90), respectively. Key population-led organisations (i.e., Equality for All Foundation, TransWave Jamaica, Jamaica Community of Positive Women and Jamaican Network of Seropositives accounted for sixty one percent (61%) of all activities/interventions).

The overall implementation rate for the period was sixty-three (63%) of all interventions/activities being initiated, with Children First and Jamaica Council of Churches both reporting a one hundred percent (100%) completion rate. Jamaica AIDS Support for Life and National Family Planning Board implemented ninety six percent (96%) and ninety three percent (93%) of their interventions/activities respectively. The lowest implementation rate was TransWave Jamaica

with thirty six percent (36%) of its one hundred and fifty-three (153) activities implemented during the period. No setting was reported for seventy percent (70%) of the activities during the period. However, for those in which the settings were reported, health and community settings accounted for ten percent (10%) and fourteen (14%) of interventions. Sixty-seven (67%) of interventions that were implemented were completed during the reporting period. Children First at one hundred percent (100%), Jamaica Council of Churches at one hundred percent (100%), and the National Family Planning Board at ninety-three (93%) recorded the highest completion rates among all entities.

During the period, entities directly engaged a total of eleven thousand seven hundred and sixty-four (11,764) people through online and in-person activities. Of note, seventy eight percent (78%) of those engaged were members of the public, four percent (4%) or 480, were

people living with HIV, one percent (1%) or 139, were gay, bisexual, and other MSM, and one percent (1%) or 179, were faith-based leaders and congregants. Other key and vulnerable populations (not specified) accounted for six percent (6%) or 679, of the total number of people reached during the period. Overall, six percent (6%) or 755, of all people reached were duty bearers with three hundred and twenty-seven or 327, being healthcare workers. Overall, Jamaica AIDS Support for Life accounted for most persons reached during the period with six thousand six hundred and eleven (6,611) or fifty six percent (56%) of the eleven thousand seven hundred and sixty-four (11,764). Key population-led organisations accounted for two thousand four hundred and forty-one (2,441) or twenty one percent one (21%) of all people reached between July and December with seventy one percent (71%) of them or 1,725, being reached by Equality for All Foundation.

Enabling Environment & Human Rights Operational Plan Scorecard Six-Month Review

Performance Summary			Persons Reached (Jul - Dec)		
	No.	%		No.	%
Total Number of Activities Planned	241		Total Number of Persons Reached		
Total Number b/f from Jan - June	98		Total Number of Gay, Bisexual and other MSM	139	1%
Total Number of Activities Initiated	197		Total Number of PLHIV	480	4%

Total Number of Activities Completed	210		Total Number of Sex Workers	30	0%
Total Number of Ad Hoc Activities	49	13%	Total Number of Youth	154	1%
Total Number of Activities	388		Total Number of Transgender Persons	79	1%
Implementation Rate	63%		Total Number of Other Key & Vulnerable Populations	679	6%
Completion Rate	67%		Total Number of General Population	9223	78%
Number of Activities Not Initiated	31	8%	Total Number of Policy & Decision-makers	8	0%
Number of Activities Moved to 2022	14	4%	Total Number of Healthcare Workers	237	3%
Intervention Summary by Settings			Total Number of Justice Stakeholders (e.g. JPs)	0	0%
	No	%	Total Number of Law Enforcers	74	1%
Health	40	10%	Total Number of Social Service Providers	100	1%
Communities	55	14%	Total Number of Other Duty-bearers	254	2%
Workplaces	1	0%	Total Faith-based Leaders and Congregants	172	1%
Justice	8	2%	Other	45	0%
Humanitarian	0	0%			
Education	11	3%			
Not Stated	273	70%			



Network of Seropositives

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► Coordination

ENABLING ENVIRONMENT & HUMAN RIGHTS RETREAT

The Enabling Environment for Human Rights (EEHR) Retreat provided an opportunity for stakeholders to learn about the work being done to address human rights barriers to HIV prevention, treatment, and support services in the country. The retreat was geared towards learning along the themes of law making, human rights, anti-discrimination legislation and the community-led monitoring process. Twenty-eight persons, including the Minister of State in the Ministry of Health & Wellness (MOHW), Hon. Juliet Cuthbert Flynn and Senator Natalie Campbell Rodrigues, participated. EFAF, JASL, and JCC shared information on the work they have been doing to promote human rights awareness and engender political leadership. Presentations were done around the UPR, proposed anti-discrimination legislation, and the National Human Rights Institute (NHRI). The learning sessions were useful in broadening participants' understanding of these critical aspects of the human rights framework. An informational session on community-led monitoring was also included in the proceedings. Minister Cuthbert-Flynn and Senator Campbell Rodrigues coordinated a session on engaging and working with Parliamentarians to create social, legislative, and political change. The other sessions delivered at the retreat included community-led monitoring in action, in which JN+ and EFAF shared their experiences implementing the scorecard and mystery shopper assessments respectively and understanding the policy and

law-making process. The retreat also focused on developing a research agenda and sharing information on plans for the upcoming year as well as areas in which collaboration with other partners will be necessary. The retreat participants shared that there is a need for additional research around issues of discrimination, where it is perpetrated and, on the perpetrator(s).

II. JAMAICA PARTNERSHIP

The Jamaica Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination focuses on ensuring coordination, coherence, and accountability among stakeholders implementing human rights interventions to bolster efforts to end HIV-related stigma and discrimination. The Jamaica Partnership provided support to the national HIV response in Jamaica. This formed part of efforts to strengthen the response to promote an enabling environment, in which people living with, and those most affected by HIV, have access to HIV prevention, treatment, care services and other health and social services. In 2021, the Jamaica Partnership embarked on an ambitious mission to promote the alignment of the human rights interventions with the EEHR Operational Plan, engage key political actors and business leaders around HIV and AIDS, strengthen the work of partners on EEHR and monitor and evaluate efforts to create an enabling environment and promote human rights.

During the year, there were a total of thirty-one (31) activities for which all but nineteen

percent (19%) of them were not completed. With sixty eight percent (68%) of activities for the year completed, The Partnership has been successful in its efforts to help promote greater coherence and accountability in the national HIV response. Among the highlights for the year were:

1. Parliamentarians agreed to the establishment of a bipartisan caucus to address HIV-related stigma and discrimination.
2. Launch and publication of the 2020 Annual Report on Enabling Environment Human Rights.
3. Review of the Annual Work Plans of several partners and the development of the scorecard showing alignment to the Operational Plan, UNAIDS 10-10-10 targets and TGF human rights baseline programme areas.
4. High Level Meeting on HIV-related Stigma and Discrimination to mobilise Parliamentarians' commitments to address HIV-related issues.
5. Publication of a Human Rights and Law Factsheet.
6. Proposal Writing and Budgeting capacity building workshop for community-led organisations.
7. Monitoring and evaluation trainings for EEHR stakeholders.
8. Sensitisation sessions on engaging political leaders for human rights and social justice.
9. Meetings with political leaders from both Parliament and Local Government in which the persons who were met with committed their support to be champions in ending HIV and a public health concern.
10. Commencement of the review of the Joint Civil Society Advocacy Plan.
11. The mid-term assessment of scorecard for EEHR interventions was published which highlighted the total number of interventions among organisations, implementation and completion rates and the number of persons reached.
12. Development of the online reporting dashboard for EEHR with up-to-date meta data.
13. Preparation and dissemination of packages of HIV-related advocacy materials to eighty-four (84) Members of Parliament to encourage them to be champions for HIV-related issues.
14. Development of a video featuring the Prime Minister, Most Hon. Andrew Holness, as he encourages Jamaicans to respect the rights of people living with HIV (for the Jamaican Network of Seropositives (JN+) Live Positively campaign).
15. Meetings with the Jamaica Manufacturers and Exporters Association of Jamaica (JMEA), the Private Sector Organisation of Jamaica (PSOJ) and the Human Resource Managers Association of Jamaica (HRMAJ).
16. Workshops on communication bias and designing and evaluating human rights-based interventions for HIV.
17. Participation of the Co-Chair of the Partnership, Minister of State for Health, Hon. Juliet Cuthbert-Flynn, at the UNAIDS



Programme Coordination Board where she shared information on Jamaica's progress tackling stigma and discrimination.

III. LEGAL & POLICY REVIEW COMMITTEE

NFPB convened eleven (11) meetings of the Legal & Policy Review Committee (LPRC). The LPRC was formed in 2020 to review policy and legislative issues and develop policy briefs in this regard. Six (6) briefs were developed and reviewed by the LPRC. NFPB also worked with the MoHW towards the finalisation of the SRH Policy. The SRH Policy Concept Paper and Cabinet submission were produced as part of the process.

IV. CIVIL SOCIETY FORUM FOR HIV

Five (5) meetings of the Civil Society Forum on HIV/AIDS were convened to look at various areas of collaboration and capacity building of members. A total of one hundred and one (101) persons attended the meetings. The meetings provided an opportunity for members to review and refine their vision and mission as well as core values of the Forum. The final drafts of both the model anti-discrimination legislation and the policy paper were presented to members for them to interrogate aspects of the model legislation proposed. Civil society leaders also met to review and make amendments to the anti-discrimination advocacy strategy and agree to a consensus on the way forward.

V. HIGH LEVEL MEETING OF PARLIAMENTARIANS ON HIV-RELATED STIGMA & DISCRIMINATION

At a meeting co-hosted by UNAIDS and Juliet Cuthbert-Flynn, the Minister of State for Health and Wellness and Chair of the Jamaica Partnership, parliamentarians from both the ruling and opposition parties, came together to review evidence on stigma and discrimination and its impact on health

Outputs of the Legal and Policy Review Committee

1. Cabinet Submission and Concept Note on Anti-Discrimination - April
2. Policy Brief - "Amend the Law: Dissecting the Savings Law Clause" - May
3. Policy Brief, "Addressing the Practical Challenges associated with Prosecuting Domestic Violence cases without Victim Participation." - June
4. Policy Brief and Cabinet Submission completed on "Task Sharing for Mid-wives to increase access to long acting reversible contraceptive" - July
5. Policy Brief Delimiting the Responsibilities of Duty Bearers in the context of fulfilling General Legal Obligations in Operationalizing Human Rights Commitments – August
6. Policy Brief - "Regulating Surrogacy: Ethical and Legal Considerations"- September and October





outcomes. Through discussions facilitated by the Minister of State and Opposition Spokesperson on Health, Dr Morais Guy, there was an opportunity to craft a way forward in which their role as lawmakers can contribute to eliminating stigma, discrimination, and violence. They reaffirmed their commitment to tackle all forms of HIV-related stigma and discrimination in Jamaica and to help enhance efforts to create an enabling environment for people living with and affected by HIV. The Parliamentarians explored creating a working group tasked with performing periodic reviews of relevant data, supporting the enactment of protective legislation, challenging harmful laws and policies, and hosting permanent dialogues with communities of people living with and affected by HIV. They discussed some of the challenges that they face as legislators

to perform their duties, and the contributions that UNAIDS can make in facilitating a more efficient, effective, and transparent law-making process in Parliament. Moreover, options to mobilize and engage citizens at the community level to challenge stigma were also discussed in response to the critical need of raising more awareness, tolerance and respect towards people living with and affected by HIV.

VI. IMPROVING MONITORING & EVALUATION FOR EEHR

Significant work was done around monitoring, evaluation and learning for EEHR during the year. A Human Rights Scorecard was completed and disseminated to stakeholders in the national HIV response. The scorecard features one hundred and thirty-eight (138)



interventions across ten (10) entities. The report shows the interventions are aligned to the UNAIDS social indicators, TGF Baseline Assessment and the Operational Plan for EEHR. Trainings on monitoring, evaluation and learning for EEHR were conducted with civil society and government stakeholders implementing interventions to remove human rights barriers.

In addition to these, the NFPB and UNAIDS and UNDP worked together to develop an online reporting dashboard to streamline the collection and reporting of data regarding human rights programming. The dashboard was developed using the M&E Framework for the EEHR Operational Plan and includes baseline and targets for indicators at varying levels. The dashboard has been included in the M&E framework for EEHR component of the TGF grant for 2022-2024. The online reporting dashboard was the focus of a working group session at the National HIV Retreat and Planning Meeting in November. The session was used to promote the dashboard among stakeholders and solicit feedback on use and promotion of the dashboard as well as learn about potential challenges that may impact on take up.

To view the dashboard visit: www.eehr.org



STIGMA-FREE SPACES

Fast-Track Cities Kingston

Background

Recent Stigma-Free 20 data indicated that 20% of respondents use the term of stigma or discrimination in their social contexts.

Recently, the Stigma-Free Spaces project is aimed at reducing HIV stigma and discrimination in public spaces and for economic, entertainment and public services and improving the lived experience of PLHIV.

Method

Stigma-Free Spaces is a collaborative process based on social sustainability and public value development principles. Strong partnerships are formed with public and private sector entities who are expected to interrogate implicit and explicit HIV stigma & discrimination within their institutions or services.

Entities are subsequently expected to ensure Diversity, Inclusion and Equity (DIE) and vulnerable.

PROCESS FLOW

1. A team of specialists is established to lead the project.

2. A series of workshops are conducted to map the project.



5

► Data Gathering and Analysis

I. HUMAN RIGHTS VIOLATIONS

One hundred and forty-three (143) human rights violations related to physical and verbal assault, sexual violence, forced displacement, and unauthorized disclosures, among others were reported in 2021.

The breakdown show one hundred (100) human rights violations were reported to the Jamaican Network of Seropositives (JN+) through the Jamaica Anti-Discrimination System (JADS) with eighty-one (81) of them being from PLHIV who are from key population groups. Fifty-nine (59) of the human rights incidents reported to the JADS were perpetrated in community settings. Sixteen (16) human rights violations were reported by LGBT persons to EFAF. Five (5) of them were reported to the police. Twenty-seven (27) violations were reporting to TransWave Jamaica. Three (3) of them were reported to the police and four (4) referred to JFJ.

II. COMMUNITY-LED MONITORING

EFAF coordinated a “Testing the Testers” intervention using Mystery Shopping approach for quality assurance evaluations of the HIV/STI Testing Sites that offer services to the LGBT Community in Jamaica. The assessment sought to examine the performance of the HIV/STI providers at testing sites across Kingston, St. Andrew and St. Catherine. Using the Ministry of Health and Wellness’ website, six (6) treatment sites that offered free, rapid HIV testing were selected in Kingston, St. Andrew and St. Catherine. Ten (10) LGBT individuals were recruited and underwent training to

conduct mystery shopping. Each testing site was shopped at twice at varying times, (e.g., morning versus afternoon or evening) and days (weekdays vs. weekends when applicable), by at least two mystery shoppers. Seven (7) out of the ten (10) mystery shoppers completed the assessment. A total of twenty-seven (27) assessments were conducted, and the findings and recommendations were summarized in a final report. The report, which is a follow-up to a previous Mystery Shopping Report, provided useful information on the testing sites that were not previously engaged. It also identified areas for improving service delivery. The dissemination of the findings and recommendations will be used to shape points of advocacy within the near future; given the inconsistencies identified in the different approaches taken within the same health region.

Eighteen (18) staff members at EFAF were trained in community-based monitoring as well. Twelve (12) of them in attendance were members of key population groups. Staff were exposed to the principles of community-based monitoring and the standards that exist within the organization; as well as their strategic plans and methods of data collection and research. They were sensitised to the use of the information garnered in routine, as well as research and advocacy activities. In addition to being exposed to the training material, the participants developed soft skills such as analytical skills, understanding perspectives, biases, empathy and how to navigate within politically correct

spaces. Most of the participants were satisfied with the training. Importantly, CBM has been mainstreamed as one of the major approaches to be undertaken within the organisation; not solely limited to healthcare settings, but varying sectors within which LGBT persons seek and access services.

JASL developed a technical report titled ‘Accessing Justice through Health’, which is a retrospective review of fifty-two (52) legal cases. The report found that thirty-nine (39) or seventy five percent (75%) of the parties in the cases experienced physical violence from their partner, and twenty-one (21) or forty percent (40%) were sexually assaulted or raped by current/previous partner, as well as family members. Nineteen of the fifty-two (52) women were sexually assaulted or raped at least once before, as early as thirteen (13) years old for one woman.

III. RESEARCH

A Rapid Assessment and Community Needs Assessment was conducted by EFAF to document the mental health needs of the LGBT community, and the readiness of mental health providers to provide non-discriminatory and responsive services to the community. Four hundred and twenty (420) persons including Psychologists, Psychiatrists, General Practitioners and LGBT Jamaicans participated in the study. Five (5) recommendations emanated from the report that are geared toward improving the mental healthcare system for the LGBT community. They are as follows: (i) identify service providers who



are also part of the LGBTQ+ community as they would offer a deeper understanding of experiences and challenges; (ii) increased conversation and specialized training in mental health organizations and among practitioners about the specific needs of the LGBTQ+

community, including college and university mental health care systems; (iii) development of LGBTQ+ specific policy and programmes; (iv) public diversity and/or LGBTQ+ awareness programmes to help to reduce stigma; and (v) standardizing the inclusion of gender identity and sexual orientation questions on mental health service intake forms and in intake interviews. Additionally, an output of the assessments is a listing comprising twenty (20) individuals and five (5) organisations of LGBT friendly and competent mental health services and service providers. This list includes information about each service providers' areas of expertise.

EFAF commissioned a study to assess LGBT Inclusivity and Diversity in select government based-youth programmes to help increase the number of safe spaces for LGBT youth. Data was collected from sixty five (65) participants across Jamaica's fourteen (14) parishes. The study sought to glean information on knowledge, attitudes, and practices about LGBT inclusion and diversity in government-run youth institutions. The respondents included the Ministry of Education, Youth, and Information (MOEYI), Youth Innovation Centres (YIC), and other governmental spaces dedicated to youth development that engaged in awareness and sensitization programmes.

EFAF also commissioned a qualitative assessment aimed at identifying the challenges faced by police officers when interacting with LGBT people. This assessment explored the interaction between members of the LGBT community and the police from the perspective

of members of the Jamaica Constabulary Force (JCF). The assessment examined the implementation of the Diversity Policy by members of the JCF when working with members of the LGBT community and how it could be improved. It revealed that ninety-four (94%) of officers surveyed are familiar with the Diversity Policy but sixty-six-point five percent (66.5%) of them had limited knowledge about individuals who fall in the 'diversity' category. The assessment found that there are challenges on the part of the police officers which need to be addressed to enhance service delivery and to reassure LGBT persons that they will be treated respectfully by the police. Importantly, note must be made of the impact of officers' belief system and their experiences with some members of the LGBT community.

A rapid assessment was conducted by EFAF to identify the challenges faced by LGBT people when interacting with members of the police force. This assessment explored the interaction between members of the LGBT community and the police from the perspective of members of the LGBT community. This rapid assessment quantified the experiences of the community in making reports to the JCF. It also revealed that the Jamaica Constabulary Force (JCF) continues to have challenges implementing its Diversity Policy. The slow pace of this implementation has negatively affected the relationship between the LGBT community and the police.



6

▶ Capacity Building

I. CAPACITY BUILDING TRAININGS FOR DUTY-BEARERS

Several training workshops were undertaken with duty-bearers in 2021 to sensitise them about human rights and build their capacity to provide non-discriminatory and responsive services to PLHIV, key and vulnerable populations and survivors of gender-based violence.

One hundred (100) duty-bearers were trained by JASL around human rights approaches to service delivery. An additional one hundred and twelve (112) healthcare workers were trained by NFPB. The trainings focused on stigma and discrimination, HIV, human rights, gender and sexual diversity, and gender-based violence.

Seventy-six (76) Community Health Aides, Customer Service Representatives, Contact Investigators, Adherence Counsellors, and other stakeholders from the private and public sector, including the Southern and Northeast Regional Health Authorities, ATL Automotive, Jamaica Fire Brigade, Sandals, Christopher Academy of Nursing and Tourism Product Development Company were sensitised about the JADS.

One hundred and seventy-nine (179) police officers and correctional officers and ninety-two (92) Lay Magistrates and Justices of the Peace were sensitised and trained by JASL and JFJ as part of efforts to reduce discrimination perpetrated against PLHIV

and key and vulnerable populations when they seek to access justice. A manual for the training of police officers was also developed to standardise future human rights trainings.

One hundred and eleven (111) duty-bearers and service providers to survivors of gender-based violence were engaged in training to increase their understanding of gender-based violence. The duty-bearers represented included Lay Magistrates, Justices of the Peace, social workers, and other community-based service providers. By the end of the training, eighty percent (80%) of respondents were able to correctly identify the difference between both protection and occupation orders.

Two 2-day training sessions were hosted by the Ministry of Labour & Social Security (MLSS) for Labour Officers and Workers' representatives to build their capacity around the complaint and redress mechanisms of the MLSS, Industrial Dispute Tribunal (IDT) and social protection services.

Twenty-three (23) workers and employers' representatives were trained by NFPB around managing cases of HIV-related discrimination; and sensitised about their rights and responsibilities under the National Workplace Policy on HIV and AIDS.

Four (4) capacity building trainings were conducted by NFPB with thirty (30) Health Education Officers from WRHA and NERHA to strengthen their capacity to sensitise persons to reduce discrimination, gender-based violence,



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Jamaica AIDS Support League

Love. Action.

A Jamaican society which celebrates
preserves the rights and dignity of all, and
all based on Love, Action and



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harmful gender norms and inequalities against women and girls.

Using the findings and recommendations from rapid assessments and the Community Mental Health Support Handbook for Practitioners, a capacity-building workshop for Mental Health Practitioners was executed by EFAF. The Council of Professions Supplementary to Medicine, in partnership with EFAF, delivered Continuing Education Units (CEUs) around providing for LGBT Mental Health with thirty-two (32) counsellors, psychologists, masters' level clinical psychology students and psychiatrists. The participants were trained to better provide mental health services for LGBT persons. Mental health practitioners will earn thirteen (13) continuing education hours from attending this capacity-building training.

II. PRE-SERVICE TRAINING FOR HEALTH CARE WORKERS AND OTHER DUTY-BEARERS

EFAF partnered with the Faculty of Medical Sciences (FMS) at the University of the West Indies, Mona (UWI, Mona) to conduct a comprehensive review and assessment of six programmes, including nursing and medicine, to ascertain whether they include modules on LGBT people. Best practices were identified regarding LGBT healthcare teaching, training and practice in Jamaica and other regions. Additionally, gaps and opportunities were identified in the current FMS programmes. The final draft of the FMS Curriculum Review included recommendations that address the unique health experiences and needs of

Jamaican LGBT. The relationship fostered with the Dean of the FMS has been instrumental in making the information accessible to the Faculty members. The engagement with the consultant and Faculty's Dean led to the establishment of a Memorandum of Understanding (MOU) with the Jamaica Medical Students' Association (JAMSA). Other recommendations included establishing the review regionally and including other Medical Science faculties at the other UWI campuses. EFAF has initiated establishing relationships with the UWI campuses in Barbados and Trinidad and Tobago (Cave Hill and St. Augustine respectively), presenting what was done at the Mona Campus and determining the way forward.

An inclusive programmes guide, entitled 'A Space for Me', was developed by EFAF to assist youth-led and youth-serving groups and organizations in Jamaica to create activities, events, and programmes in an inclusive way. The guide was developed to provide a unique understanding of what it means to be a member of the lesbian, gay, bisexual, and transgender (LGBT) community in Jamaica. It offered seven (7) Strategies for Inclusion. Once implemented, these strategies can help to create a sense of belonging for all LGBT youth, so that they can achieve their full potential.

III. SENSITISATION OF FAITH-BASED ORGANISATIONS

Seventeen (17) sensitisation sessions which reached three hundred and ninety four (394) persons were conducted by the Jamaica

Council of Churches (JCC) to sensitise persons about gender-based violence, human rights and HIV-related stigma and discrimination.

IV. SOCIAL PROTECTION ASSESSMENT AND TRAINING

The NFPB, in collaboration with MLSS, MLGRD, PIOJ, with support from UNAIDS conducted a HIV and social protection assessment. The assessment sought to enhance the understanding of existing social protection programmes in Jamaica, gaps in coverage within the services being provided, barriers to vulnerable and key populations in accessing existing social protection programmes, and HIV sensitivity of social protection programmes.

The assessment highlighted that there is a variety of HIV and social protection programmatic interventions across the life cycle. However, some Jamaicans were unaware of these programmes or the eligibility criteria. There are also several barriers to accessing them. The barriers included long queues and the challenge experienced by young mothers living with HIV in accessing social protection programmes, among others. The recommendations posited will aid in the advocacy efforts around social protection, among which are the following: (i) increase awareness of existing programmes; (ii) revise the selection criteria for social assistance; (iii) digitise enrolment and transfer payments; (iv) improve coordination between the Registrar General's Department and local authorities; (v) consolidation of the labour market programmes

and (vi) the commissioning of a feasibility study on a social insurance plan for the informal sector.

The NFPB conducted two (2) sensitisation sessions with social protection partners where they were sensitised to the: (a) issues faced by some members of key population groups; (b) impact of food and income insecurity on the achievement of positive health outcomes; (c) importance of HIV sensitive social protection and (d) the establishment of a formal referral mechanism among social protection providers. A total of (eleven) 11 social protection partners were reached.

V. TRAINING AND COMMUNITY EMPOWERMENT

A Speakers' Bureau training was done by JASL with fifteen (15) individuals who are from key population groups to empower and build their capacity to talk about challenges they experience in their daily lives in different spaces. Through a variety of exercises and approaches, they were engaged around public speaking and writing as advocacy and media engagement. EFAF also hosted its #OutLoudJa Speakers' Bureau training to build the capacity of LGBT Jamaicans and allies to share their lived experiences and speak on diverse social justice issues. Forty (40) LGBT persons and allies were selected and trained to become ambassadors and were equipped with the information and skills to use their stories to increase awareness about the experiences of LGBT Jamaicans. Additionally, #OutLoudJa

Your Way allowed for OutLoudJa trained ambassadors to create content (using audio, written, video and/or photographs) about economic, social, and cultural rights and share them on the website blog <https://www.outloudja.org>.

Three hundred and nine (309) people living with HIV and key and vulnerable populations participated in twenty-six (26) Know Your Rights legal literacy sessions that were done by five (5) organisations—JASL, JFJ, JCW+, JN+ and TransWave Jamaica. The sessions focused on providing participants with information about their rights, human rights violations, deed polls, and asylum processes.



VII. ENGAGING POLITICAL LEADERS AND INFLUENCERS

Two (2) webinars were convened with political activists and advisers and legislators in May. There were twenty-nine (29) persons in attendance for the webinar on May 12, and sixty-nine (69) attendees on May 19. A total of eighteen (18) persons completed an evaluation survey and indicated that they found the

webinars useful to their work. All persons would participate in future events and would tell a friend about it. Another online seminar was convened in September with Lance Price, current Chief of Staff for Kim Leadbeater in the UK Parliament and former senior adviser to British Prime Minister, Tony Blair between 1998 and 2000. Twenty (20) persons were in attendance from both civil society and

government and the Minister of State in MOHW, Juliet Cuthbert Flynn brought greetings and participated in the discussions. In November, Minister of State and Chair of the Partnership, Hon. Juliet Cuthbert-Flynn and Senator Natalie Rodrigues lead a three-hour session on engaging parliamentarians for social and political change. Over twenty (20) persons were in attendance.





7

▶ **Advocacy and Public Awareness**

I. ADVOCACY FOR ANTI-DISCRIMINATION LEGISLATION

Civil society organisations continued to advocate for an anti-discrimination legislation to be passed by Parliament. In addition to the drafting of a model anti-discrimination law, an advocacy plan was developed as part of efforts to inform actions toward the introduction and passage of the legislation by 2025. The joint advocacy plan seeks to empower key and vulnerable populations to advocate for change, raise awareness among the public about the importance of the legislation and engender political will.

II. HUMAN RIGHTS CAMPAIGN AND OTHER PUBLIC EDUCATION INITIATIVES

The National Family Planning Board (NFPB) continued its partnership with the Office of the Public Defender (OPD) to roll out the national human rights campaign. Under the theme, Everybody Have Rights, seven campaign products were developed in 2021 and were placed in traditional and social media. Other channels such as buses, billboards, bus stops and electronic boards in offices and in high traffic areas were also utilised. The campaign is funded by both the Government of Jamaica and The Global Fund who spent J\$13,300,000 and J\$8,999,200 respectively. The television ad was placed between June and July and in December 2021 on Television Jamaica and CVM Television and seven (7) radio stations were engaged to increase knowledge and awareness of human rights.

Four (4) JUTC buses and fifteen (15) bus stops were also used to promote the campaign messages across communities in Jamaica. The campaigns ran for a period of one year and three months respectively; specifically in the corporate area (Kingston), St. James, Manchester, Clarendon, and Portmore/St. Catherine. The bus ads used popular routes for which there is usually an eighty percent (80%) recall, and a possibility of seventy-one (71%) of persons seeing the ad each week. Social media was also used to amplify the campaign between August and September; these months recorded over three hundred and fifty thousand (350,000) impressions. A “Know Your Rights” radio initiative was also developed by the OPD and NFPB to amplify the campaign to raise awareness. The 10-minute radio feature was aired on Mello FM which is a particularly popular radio station in taxis across the island. Mello controls eleven-point five percent (11.5%) of radio listenership, reaching around 142,000 on the day the interview was aired.

EFAF executed its Sex Positivity in LGBT Sexual Health to feature some online conversations dubbed “Facing the Facts”. It was hosted on Twitter Spaces and engaged persons in discussions around health. Six (6) discussions were held around several topics such as: (i) PrEP in Jamaica, which was supported by the JASL, (ii) Sex-Positivity in Health Promotion, which was supported by other civil society organisations such as EVE for Life, iFLEX, Bashy Bus and Transwave and

(iii) NCDs and the LGBT community. Cumulatively, two hundred and one (201) participants joined the discussions online.

Nine sensitisation sessions were undertaken as part of the “Rispek Tour” to address stigma and discrimination, gender-based violence and human rights violations. A total of four hundred and twenty-nine (429) persons, including fifty-seven (57) healthcare workers, were reached across several parishes.

TOPIC / EVENT	VENUE	REACH
Human Rights including the UDHR and aspects of Jamaica’s Charter of Fundamental Rights and Freedoms	Alwyn Ashley Centre, Trench Town (Trench Town Youth Empowerment Programme)	15 participants
GBV capacity building workshop (to strengthen the capacity of HCWs to address gender-based violence (GBV) experienced by clients who access services through the network of HIV treatment sites)	IberoStar Hotel, Montego Bay	40 HCWs from the SRHA
GBV capacity building workshop (to strengthen the capacity of HCWs to address gender-based violence (GBV) experienced by clients who access services through the network of HIV treatment sites)	IberoStar Hotel, Montego Bay, St. James	17 HCWs from the parish of St. Elizabeth
Stigma and Discrimination Reduction Session	Comprehensive Health Centre	75 patients
Social Services Fair and outside radio broadcast in marginalised community	Maxfield Park Comprehensive Health Centre	245 community members

Gender-based violence prevention session	Social Development Commission, St. Thomas Parish Office	19 participants from communities in St. Thomas
Gender-based violence prevention train-the trainer workshop	Courtleigh Hotel & Suites	11 participants from Kgn.13
Human Right sensitisation	Bahia Principe	7 participants drawn from social protection agencies (HEART NSTA, NERHA, PATH, RADA) in the North-East Region.

One hundred and eighty-two (182) persons in St Mary, Hanover, St Thomas were reached with information about human rights toward reducing stigma and discrimination in communities. Several interventions, including virtual townhalls, were convened to raise awareness about HIV-related stigma and discrimination and other issues faced by key and vulnerable populations as well as build support for the introduction of an anti-discrimination legislation. Between September and November, Jamaica AIDS Support for Life (JASL), in partnership with social media influencer, Trudy Bell, organised ten townhalls called Justice After Dark which reached forty thousand four hundred (40,500) people. The discussions focused on issues such as unauthorized disclosure, discrimination, and violence against women.

TOPICS	GUESTS/PANELLISTS	REACH
'Wi Wah Justice: Exploring HIV related discrimination and justice'	1.Joan Stephen-PLHIV (JN+) 2.Nastassia Robinson-Attorney-At-Law (JFJ)	5,500 https://fb.watch/aDd4Bge_gz/
Sexual Harassment	1.Christopher Harper-Attorney-At-Law 2.Sandra McLeish-Private Sector of Jamaica Representative & Policy Maker	2,400 https://fb.watch/aDd3ELFZFP/

Religion vs Medicine: Can we Pray HIV away?	1.Bishop Romean Facey 2.Father Sean Campbell, Anglican Priest 3.Reverend Annette Brown	5,400 https://fb.watch/aDd2f8mMtg/
Healthcare, Insurance and HIV-related Discrimination	A panel of insurance experts	5,300 https://fb.watch/aDd0NeSTLn/
Unauthorised Disclosure: Need for Protection and Privacy HIV related information	1.Adley Duncan (Deputy DPP) 2.Dane Lewis (JN+ Programme Manager) 3.Jade Williams (Legal Support Officer)	5,400 https://fb.watch/aDc_-tu_Cu/
Tackling HIV related Discrimination in the workplace		5,600 https://fb.watch/aDcZuF4-QG/
Disabilities, HIV and Discrimination	1.Mary-Angela Fatta (Jamaica Association for the Deaf) 2.Andre Witter (Read to Sign, Executive Director)	3,600 https://fb.watch/aDcYgo8QzI/
Dating, Parenthood and Marriage for Persons Living with HIV	1.Mrs Dorraine Cox-Young (Associate Clinical Psychologist) 2.Dr Karen Carpenter (Sexologist & Counselling Psychologist) 3.Dr Terry Hall (HIV Specialist) 4.Bishop Dr Carla Dunbar (Minister of Religion)	3,100 https://fb.watch/aDcWTpeXRw/
Positive Parenting: Talking to kids about their Sexual and Reproductive Health, Rights and Diversity	A panel consisting of mothers and fathers	2,400 https://fb.watch/aDcVNwGwke/

END VAW	<ol style="list-style-type: none"> 1.Kandasi Levermore (JASL, ED) 2.Joy Crawford (Eve for Life, ED) 3.Jade Williams (Legal Support Officer) 4.Joyce Hewitt (Woman Inc, ED) 5.Survivors of Domestic Abuse 	<p>1,800</p> <p>https://fb.watch/aDcT4lhX7Z/</p>
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EFAF partnered with The Gleaner Co. Ltd. to host an Editor’s Forum on improving mental health services for LGBT Jamaicans. The forum on ‘the state of mental health services for LGBT Jamaicans’ was based on an EFAF commissioned study and was hosted in November by Jovan Johnson, Senior Staff Reporter at The Gleaner. The panellists for the Editors’ Forum were Glenroy Murray, Renae Green, Alexander Clennon, Shannan Miller and Minister of Health & Wellness, the Hon. Dr. Christopher Tufton. The forum had nine hundred and seventy-nine (979) views and produced five (5) articles on various aspects of the issue, which prodded public debate on the matter.

Two murals – Living Positively with HIV and Love.Action.Support were unveiled in downtown Kingston by JN+ and JASL to encourage greater respect for people living with HIV and commemorate their 30th anniversary, respectively. The JN+ mural was a collaboration with the KSAMC and funded by UNAIDS.

JN+ hosted six (6) discussions – Raw with HIV – via Twitter Spaces which reached over four hundred (400) persons to talk about HIV-related stigma and discrimination and related issues as well as promote JADS.

Topic	Guests Speakers	Description	Participant Reached
Topic: Raw Sex and HIV	Guest speakers: local CSO partners (Jamaica AIDS Support for Life, We-Change, Equality for all foundation)	The session looked at risks associated with raw sex	Reached 60 persons/ Twitter users

Topic: The Bottom Line	Guest speaker: Fetish Secretz	This session looked at anal intercourse, anal health and risks associated.	Reached 70 persons/ Twitter users
Topic: Access Points— issues faced by at risk communities accessing health care,	Guest speaker: Local CSO partners (Jamaica AIDS Support for Life, We-Change, Equality for all foundation, AHF Jamaica)	This session sought to highlight services offered to KP and at-risk groups by CSO partners in the HIV response	Reached 75 persons/ Twitter users
Topic: COVID-19 Vaccine and HIV,	Guest Speaker: Dr. Melody Ennis	This session sought to address vaccine hesitancy and increase vaccine trust and therefore up	Reached 98 persons / Twitter users
Topic: Born with HIV, Guest speakers:	Two (2) Women living with HIV	understanding of the issues faced by persons born with HIV	Reached 65 persons/ Twitter users
Topic: GBV— HIV and Violence: The Unspoken truth of Women experiences			Reached 79 persons/ Twitter users

For the International Day of Tolerance, which is observed in November each year, EFAF produced six (6) social media communication materials (2 videos and 4 graphics) which had a reach of twenty one thousand two hundred and thirty one (21,231). The campaign had the theme “Things That Sound Like Tolerance But Aren’t”; it challenged the problematic thoughts that persons think or voice even when they claim to be progressive and tolerant of the LGBT community.

Multiple activities were hosted to observe the International Day for the Elimination of Violence against Women despite the challenges faced due to the covid-19 pandemic. Media interviews



were done with TVJ’s “Smile Jamaica”, CVM at Sunrise, Power 106, Jamaica Observer, Loop Jamaica, Gospel JA, KOOL 97FM and Sun City Radio. Several organisations joined JASL in painting their social media pages purple by ensuring that their staff and members wore the shirts to whatever activities they were being engaged in on the day. Organisations that supported the initiative included Eve for Life, AHF, JN+, JCW+, Children First, Woman Inc., EFAF, TransWave Jamaica and the Jamaica Family Planning Association. A car which drove around Kingston & St Andrew was also wrapped with messages about VAW.

In recognition of International Women’s Day, Jamaica AIDS Support for Life (JASL) hosted a virtual symposium under the theme: ‘Unmasking Violence Against Women within the context of HIV and AIDS’. The symposium was held on Monday, March 8, and featured

several speakers and two-panel discussions aimed at exploring issues of sexual and gender-based violence and its intersectionality with HIV. It was used to make an urgent call on the government to strengthen legislation to offer greater protection to women. The symposium allowed for four (4) women who experienced intimate partner violence at the hands of their male partners, to share their stories to encourage other women to ‘get out’ of abusive relationships. Their stories highlighted how women are often further victimised by police when seeking redress. The organisation engaged the following state and non-state actors: Hon Alando Terrelonge, Minister of State, Ministry of Culture, Gender Entertainment & Sports; Mrs. Sharon Millwood-Moore, Senior Deputy Director of Public Prosecutions; Dr. Karen Carpenter, Head, Institute for Gender, and Development Studies, UWI Mona; Insp. Jacqueline

Dillon, Head, Jamaica Constabulary Force Domestic Violence Unit; and Emily Shields, Attorney-at-Law and Broadcaster.

EFAF produced an advertorial in The Jamaica Gleaner called “OUT Jamaica” which highlighted key issues and themes that affect the LGBT community in Jamaica. It also highlighted the community’s growth and development over the past twelve (12) years. It featured a list of top ten (10) moments for LGBT Jamaicans since 2010 and reiterated that the community has witnessed great strides in the advancement in advocacy, visibility, and policy. The advertorial received a circulation across Jamaica of fifty thousand (50,000).

JASL hosted an online seminar on the Sexual Offences Act with Senator Donna Scott-Motley, Deputy Leader of Opposition Business in the Senate and Opposition Spokesperson on Justice & Gender Affairs, as well as Hon. Alando Terrelonge, State Minister in the Ministry of Culture, Gender, Entertainment and Sports. The discussion reached one hundred and seven (107) persons and focused on recommendations that were made for changes to the legislation that were made by the organisation. Despite being accepted, these recommendations have yet been debated and passed into law.

III. TRANS HEALTH STRATEGY ADVOCACY

TransWave Jamaica launched its Trans Health Strategy Advocacy Plan and suggested legislative approach towards a gender

recognition legislation. The strategy was shared with partners in attendance.

IV. GENDER-BASED VIOLENCE

JN+ developed a GBV Guide for HIV Positive Women. The guide provides information on gender-based violence and what to do, as well as where available services and support can be accessed to help PLHIV women in these circumstances.



V. WORLD AIDS DAY DECLARED AS A DAY OF PUBLIC INTEREST IN KINGSTON

A public ordinance declaring World AIDS Day a day of interest and public awareness in the City of Kingston was passed in the Kingston & St Andrew Municipal Corporation (KSAMC) on November 10. Several councillors made interventions supporting the motion which was tabled by Cllr. Venesha Phillips of the Papine Division in Eastern St. Andrew.

The resolution, which reaffirmed Jamaica's commitment with the Sustainable Development Goals, the Fast Track City Initiative, and the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, resolves that on December 1st of every year, the City of Kingston, in partnership with the public and private sectors and affected communities, will commemorate WORLD AIDS DAY.

To celebrate WAD, social media pages were created on Instagram and Twitter to promote Kingston City in Red as an initiative of the Municipality. IEC materials were developed and published in the dailies and on social media. Light Kingston Red initiative was also undertaken by the Municipality with several key buildings being lit in red for two (2) weeks. Two (2) monuments and more than seven (7) buildings across the city, including the Municipal building and culture lane, participated in the initiative. The Mayor also engaged two (2) popular social media influencers to help raise awareness about HIV-related issues and the initiative.

VI. ANTI-BULLYING INITIATIVE LAUNCHED FOR SCHOOLS AND CHILDREN'S HOMES

Children First established partnership with caregivers of the Summerfield Girls 'Home in Clarendon and Manning Child Care Facility in St Elizabeth to design interventions to address the bullying concerns identified and share information around the impact of bullying. Due to the challenges of the COVID-19 pandemic, two (2) online sessions were conducted with sixty-one (61) wards and eight (8) caregivers. The sessions sought to increase awareness around the several types of bullying, how bullying manifests and coping mechanisms and strategies. Special emphasis was placed on cyberbullying due to the increase in online activities stemming from the COVID-19 pandemic, along with examining the more traditional forms such as verbal and physical bullying.

A blended (virtual and physical) two-day training session was held with seventy-two (72) representatives from schools, social agencies and other institutions. The session was very instrumental in providing a greater understanding of bullying in the Jamaican context; reviewing anti-bullying strategies, as well as developing innovative interventions and realistic action plans for implementation within institutions by the participants present. The sharing, lessons learnt, and information garnered were noted by the participants as particularly useful given the various contexts within which they work.



Similarly, a residential training with thirty-one (31) caregivers was held. Participants included guidance counsellors, teachers, and regional leaders from sixteen (16) schools and institutions from the Ministry of Education & Youth (MOEY) - Region III. The main objectives of the session were to increase the participants' awareness of bullying within a Jamaican context, review anti-bullying strategies and create action plans to tackle bullying for various target groups, including young KPs and ALHIVs.

In addition to the training, a social media campaign called "I Am Human" which seeks

to highlight individuals' experiences to bring awareness to bullying and its impacts in Jamaica was launched. The campaign reached fifty-two thousand five hundred and forty-three (52,543) people and saw many sharing messages/stories about bullying.

VII. LIVE POSITIVELY CAMPAIGN ENCOURAGES RESPECT FOR PLHIV

JN+ launched their #LivePositively campaign to help reduce self-stigma and the stigma and discrimination perpetrated against people living with HIV. By challenging stereotypes about people living with HIV and put faces and

voices to the movement, the campaign gave the community and their allies a platform to share messages about respect, hope, courage, and resilience.

Ten (10) videos featuring The Most Hon. Andrew Holness, Prime Minister of Jamaica, The Hon. Christopher Tufton, Minister of Health and Wellness, The Hon. Juliet Cuthbert-Flynn, State Minister of Health and Wellness, ZJ Sparks, Disk Jockey from ZIP FM, Fr. Sean Major-Campbell, Anglican Priest of Christ Church, Jodi-Ann Quarrie, International Human Rights Lawyer, Omar Morrison, taxi driver, Marcia Brown, vendor at Papine Market, Mario, owner of Mario's Barber & Beauty Salon, and Joan Stephen, a woman living with HIV and

Community Facilitator at JN+. The videos were placed on Instagram, Facebook, Twitter, and YouTube and reached thirty-five thousand (35,000) social media users.

To view the #LivePositively videos, click on the following link: https://drive.google.com/drive/folders/1U-N6mbQrrQcod_CT4CNMKN0XKjsRNCK?usp=sharing

Under the campaign, a 10-second billboard was placed in Barbican (a popular community in the Corporate Area) for three (3) months. It featured Joan Stephen encouraging Jamaicans to love and support people living with HIV. The billboard had approximately sixty thousand (60,000) rotations (number of times the ad was viewed).

Coordinate an implementation science agenda to bridge the science-practice gap

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► Partnership

I. STIGMA FREE SPACES LAUNCHED

The Jamaican Network of Seropositives (JN+), with support from UNAIDS, launched its Stigma Free Spaces (SFS) Initiative which seeks to make public, private and community spaces free from stigma, discrimination, and violence. The initiative also aims to make these spaces more accessible to people living with HIV and key and vulnerable populations. A multistakeholder Steering Committee comprised of individuals from government, private sector, and civil society organisations including JMEA, PSOJ, UNAIDS, KSAMC, HRMAJ and other partners was convened to oversee the initiative. More than ten (10) entities are to participate and be designated stigma free. The pilot for the SFS initiative commenced at the Kingston & St Andrew Municipal Corporation (KSAMC). On November 29, JN+, UNAIDS and KSAMC launched the stigma-free spaces project and announced that KSAMC is on its way to become stigma free. The launch was attended

by PLHIV, the Mayor, CEO of PSOJ, CEO of KSAMC, the UCD and others. The Mayor, Senator Councillor Delroy Williams, and CEO of KSAMC, Robert Hill, spoke at the event and committed to continuing to do their part to make the city of Kingston stigma-free.

II. SOCIAL JUSTICE SITES ESTABLISHED

Four social justice sites were established by JN+, in partnership JASL and Children First, in Grants Pen, St Andrew, Nannyville, St Andrew, Lilliput, St James, and Linstead, St Catherine. Working with several partners, the initiative targets communities that have a history of stigma and discrimination to conduct sensitisation and other sessions. Through the initiative, sixty-seven (67) persons were reached by the organisation with HIV prevention and treatment information, as well as commodities and information about HIV-related stigma and discrimination.



SUPPORT FOR LIFE
TRAINING SESSION WITH POLICE OFFICERS
ST. MARY DIVISION
**IMPROVING SERVICE DELIVERY TO
KEY POPULATION**
THURSDAY-FRIDAY
March 10 – 11, 2022
9:00 a.m. – 4:30 p.m.
CASA MARIA HOTEL



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▶ **Improving Access
to Justice**

I. MEDIATION TRAINING

Thirty-one (31) persons, including paralegals and attorneys, as well as individuals from civil society completed mediation training and received certification. The training provided a better understanding of the redress mechanisms and the referral processes. It was agreed that: (1) JADS would be the central point for referral of matters which would then be filtered to JFJ and other relevant agencies; (2) JASL will focus on cases related to persons who access their prevention, treatment, and care services; and (3) private attorneys will be used for matters that required specific expertise that was not present with the sector.

II. LEGAL SUPPORT & ASSISTANCE

Of the one hundred and forty-three (143) human rights violations reported in 2021, seventy-five (75) cases were supported with legal advice and/or representation by Jamaicans for Justice and Jamaica AIDS Support for Life. This represents a decrease from the ninety-eight (98) in the previous year. JFJ handled the bulk of cases with fifty-four (54) matters, while JASL had twenty-one (21). JFJ closed twenty-eight (28) cases because they had no legal uptake as the clients either did not want to pursue the matter, or the cases had no legal standing to be pursued. At the end of 2021, there were thirty-five (35) active cases which are heavily represented at the community level (15 cases), physical assault (7 cases); employment discrimination (5 cases) and police settings (6 cases). Health facility discrimination was the least represented with two (2) cases.

They involved six (6) men living with HIV and thirteen (13) among women living with HIV; five (5) general population female experiencing violence; five (5) men having sex with other men; four (4) female sex workers and two (2) transwomen. The twenty-one (21) cases being supported by JASL are matters related to physical assault, employment discrimination, sexual abuse, domestic violence, and child custody issues. These were reported by twenty-five (25) PLHIV (17 females and 8 males); one (1) woman who experienced violence; and six (6) gay, bisexual, and other MSM.

III. OTHER

Following the assessments conducted by EFAF regarding police and the LGBT community interactions and the JCF Diversity Policy, three meetings were held with police officers at police stations located within the St Andrew Central Police Division. The meetings had members from the LGBT community who experienced human rights violations, sharing their experiences when they have tried to make reports to the police on crimes committed against them. Twenty-two (22) police officers were in attendance and nineteen (19) expressed a willingness to maintain communication with EFAF to act as a liaison for community members to make reports. The meeting allowed participants an opportunity to examine the relationship between members of the LGBT community and the police from both perspectives.



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► Challenges and Lessons Learned & Way Forward

2021 was a successful year for the HIV response, where creating enabling environment and promoting human rights are concerned. There were several impactful interventions that helped to further breakdown barriers to HIV prevention and treatment and care services for people living with HIV and key and vulnerable populations. Almost fifteen thousand (15,000) people, including over five hundred (500) duty-bearers, were directly engaged by stakeholders. The national human rights campaign, implemented by the government, continued to raise awareness about human rights and encourage people to report and seek redress when their rights have been violated. Through this, and other efforts such as the Jamaica Anti-Discrimination System, scores of PLHIV and key populations received legal and other forms of assistance, having been a victim of a human rights violation. Critically, the mapping of interventions among stakeholders served to strengthen the work being done, by ensuring alignment to national priorities and enhancing coherence and coordination. This was further bolstered by the development of the online reporting dashboard to strengthen monitoring and evaluation over time.

However, despite the success of the programme, several challenges were experienced during the year. These impacted negatively on the efforts to address human rights barriers to HIV and other health and social services. Among the challenges noted were:

1. The cultural and political contexts regarding religious beliefs and limited political will, as well as the slow pace of change where human rights are concerned, continued to make it difficult to remove barriers through legislative reforms.
2. COVID-19 was a significant challenge during the reporting period. The government's protocols affected both the financial cost and implementation of several activities, especially those that involved groups. The COVID-19 pandemic, accompanied by curfew hours, as well as the introduction of no-movement days, delayed the implementation of some interventions. Duty-bearers, such as law enforcement officers and healthcare workers, also had challenges participating in activities due to the demand on their respective jobs. There was also limited interest among persons/targets, who may have been more focused on issues related to COVID-19.
3. Due to the pandemic, several activities were moved to online but generally unstable electricity, as well as limited and unstable internet connectivity, especially in rural communities, impacted efforts to conduct sessions online.
4. RHAs were in a period of restructuring of several staff positions which affected their involvement in the staging of the Rispek Tour.

5. Social Site Facilitators experienced difficulties implementing their activities because some of the Community Development Committees were not meeting; some had no telephone lines, the COVID guidelines and limited community participation owing to COVID-19 and the physical distancing requirement.
6. There was a low uptake of persons willing to be a part of the sensitisation sessions done by the JCC as many stakeholders expressed knowledge of the areas owing to over-saturation of information in the areas of HIV, GBV and S&D from other agencies. JCC also experienced a challenge reaching the social media handlers and handles of JCC members.

Based on the experiences, there were several lessons learned. These included:

1. How to mitigate the impact of COVID-19. Implementing partners have shifted modalities to ICT based activities, such as undertaking online seminar series and using videos as behaviour change strategies. Therefore, this strategy not only allowed by documentation of the training for future use, but reached a wider audience.
2. There was an openness/ willingness from Church leaders to start having conversations about GBV and HIV/AIDS, with congregants and some

faith-based leaders having incorporated GBV and HIV as agenda items in Church meetings.

3. The monitoring and evaluation of the programmes is an essential element, both at implementation and at scale, to monitor progress and track results of human rights related programming.

To continue improving efforts to reduce human rights barriers and address these challenges, it is recommended that:

1. Technical Support and resources are required for law and policy reform advocacy, as well as capacity building among select civil society organisations.
2. Greater effort must be expended to garner high-level government support for human rights-related advocacy in relation to the establishment of a National Human Rights Institution and the institutionalisation of police and judiciary sensitisation, among others.
3. Advocacy for the removal of punitive laws and policy should continue and be scaled up to engender greater political will among legislators to take action.
4. Capacity building and technical assistance are required to bolster work around an enabling environment, human rights and monitoring and evaluation.
5. The Global Fund should facilitate inclusion of agreed upon relevant and specific outcome indicators for key human rights programmes. Technical



assistance should then be provided to implementing partners, as well as the CCM through its oversight monitoring committee (OMC), on appropriate indicators for monitoring and evaluating human rights programmes in the context of HIV.

6. It is recommended that programmes to reduce HIV-related stigma and

discrimination be integrated into other HIV activities, such as social and behaviour change programmes, community outreach and mobilization, community and health systems strengthening, HIV testing and counselling, treatment, EMTCT, prevention among key populations and homebased care.

► List of Major Interventions

Intervention	Implementer	Funder	PA 1 - Stigma and crimation reduction for key populations	PA 2 - Training for HCW on human rights and medical ethics	PA 3 - Sensitization of lawmakers and law Enforcement agents	PA 4 - Legal Literacy (“Know Your Rights”)	PA 5 - HIV-related Legal Services	PA 6 - Monitoring and reforming laws, regulations and policies	PA 7: Reducing discrimination against women in the context of HIV	Communities	Justice	Workplace	Education	Health
‘Unmasking Violence Against Women within the context of HIV and AIDS’ Symposium	JASL	EU							x	x				
Advocacy for anti-discrimination legislation	JASL	TGF & EU						x		x				
Anti-bullying Initiative	Children’s First		x										x	
Capacity building training for Health Education Officers	NFPB	TGF		x										x

Intervention	Implementer	Funder	PA 1 - Stigma and discrimination reduction for key populations	PA 2 - Training for HCW on human rights and medical ethics	PA 3 - Sensitization of lawmakers and law Enforcement agents	PA 4 - Legal Literacy (“Know Your Rights”)	PA 5 - HIV-related Legal Services	PA 6 - Monitoring and reforming laws, regulations and policies	PA 7: Reducing discrimination against women in the context of HIV	Communities	Justice	Workplace	Education	Health
Capacity-building workshops for mental health practitioners to support the acquisition of competence in caring for people who identify as LGBT	EFAF	SRT and GiveOut		x										x
CHILL Series	Ashe	USAID	x							x				
Civil Society Forum for HIV	JASL	TGF & CVC												
Community Mental Health Support Handbook to increase awareness among providers of the specific needs of the community	EFAF	AFJ		x										x

Intervention	Implementer	Funder	PA 1 - Stigma and crimation reduction for key populations	PA 2 - Training for HCW on human rights and medical ethics	PA 3 - Sensitization of lawmakers and law Enforcement agents	PA 4 - Legal Literacy (“Know Your Rights”)	PA 5 - HIV-related Legal Services	PA 6 - Monitoring and reforming laws, regulations and policies	PA 7: Reducing discrimination against women in the context of HIV	Communities	Justice	Workplace	Education	Health
Conduct a qualitative assessment aimed at identifying the challenges faced by police officers when interacting or engaging with community members	EFAF	UNDP			x						x			
Conduct a rapid assessment to identify the challenges faced by community members when interacting with members of the police force	EFAF	UNDP			x						x			

Intervention	Implementer	Funder	PA 1 - Stigma and crimation reduction for key populations	PA 2 - Training for HCW on human rights and medical ethics	PA 3 - Sensitization of lawmakers and law Enforcement agents	PA 4 - Legal Literacy (“Know Your Rights”)	PA 5 - HIV-related Legal Services	PA 6 - Monitoring and reforming laws, regulations and policies	PA 7: Reducing discrimination against women in the context of HIV	Communities	Justice	Workplace	Education	Health
Conduct a study to evaluate if YEOs have developed more inclusive programmes and content and if LGBT youth feel more welcome and included in the activities, spaces and programmes of YICs.	EFAF	Comic Relief	x							x				
Development of Online Reporting Dashboard for EEHR	UNDP	UNAIDS												

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Document the mental health needs of the LGBT community and the readiness of mental health providers to provide non-discriminatory and responsive services to the community	EFAF	SRT		x										x
EEHR Retreat	UNAIDS	PEPFAR, TGF & CVC						x						

Intervention	Implementer	Funder	PA 1 - Stigma and crimation reduction for key populations	PA 2 - Training for HCW on human rights and medical ethics	PA 3 - Sensitization of lawmakers and law Enforcement agents	PA 4 - Legal Literacy (“Know Your Rights”)	PA 5 - HIV-related Legal Services	PA 6 - Monitoring and reforming laws, regulations and policies	PA 7: Reducing discrimination against women in the context of HIV	Communities	Justice	Workplace	Education	Health
Guide developed on how youth leaders (including YICs, heads of youth-led organisations, youth workers, etc) can create inclusive programmes in spaces to include school, work and recreational spaces	EFAF	Comic Relief	x							x				

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Health communication online conversation Series facilitating patient-centred conversations around issues such as the appeal for condomless sex/bareback, slut shaming etc, in order to improve shared decision making and outcomes for LGBT patients and their providers. In partnership with the MOHW	EFAF	N/A								x				
High Level Meeting for Parliamentarians on HIV-related Stigma & Discrimination	UNAIDS	UNAIDS			x						x			

Intervention	Implementer	Funder	PA 1 - Stigma and crimation reduction for key populations	PA 2 - Training for HCW on human rights and medical ethics	PA 3 - Sensitization of lawmakers and law Enforcement agents	PA 4 - Legal Literacy (“Know Your Rights”)	PA 5 - HIV-related Legal Services	PA 6 - Monitoring and reforming laws, regulations and policies	PA 7: Reducing discrimination against women in the context of HIV	Communities	Justice	Workplace	Education	Health
Host 3 meetings with police officers at different police stations within the St Andrew Central Police division.	EFAF	UNDP			x						x			
International Day for the Elimination of Violence against Women Social Media Activism	JASL	EU & AHF							x	x				
Jamaica Partnership to Eliminate HIV-related Stigma & Discrimination	UNAIDS	UNAIDS	x											
Justice After Dark	JASL	EU & AHF						x			x			

Intervention	Implementer	Funder	PA 1 - Stigma and discrimination reduction for key populations	PA 2 - Training for HCW on human rights and medical ethics	PA 3 - Sensitization of lawmakers and law Enforcement agents	PA 4 - Legal Literacy (“Know Your Rights”)	PA 5 - HIV-related Legal Services	PA 6 - Monitoring and reforming laws, regulations and policies	PA 7: Reducing discrimination against women in the context of HIV	Communities	Justice	Workplace	Education	Health
Know Your Rights Legal Literacy Sensitisation for PLHIV and KPs	JASL	TGF & EU				x				x				
Launch of Annual EEHR Report for 2020	UNAIDS	UNAIDS												
Legal & Policy Review Committee	NFPB	TGF						x						
Legal Support & Assistance for PLHIV and key populations	JFJ	TGF					x				x			
Legal Support & Assistance for PLHIV and key populations and survivors of gender-based violence	JASL	TGF, EU & MAF					x				x			
Live Positively Mural	JN+	UNAIDS	x							x				

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Love.Action. Support Mural	JASL	TGF & MAF	x							x				
Mediation Training	JASL	TGF & EU					x				x			
Monitoring Human Rights Violations	JN, TW & JFJ & EFAF	TGF					x				x			
Mystery Shopping	EFAF	TGF						x						x
National Human Rights Public Education Campaign	NFPB	TGF/ GOJ	x			x	x			x	x			
Newsletter that will seek to highlight key issues/themes that affect the community	EFAF	AFJ	x							x				

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Partnership with the Faculty of Medical Sciences to review the programme curriculum propose modules around stigma and discrimination, human rights and the unique health needs of LGBT people.	EFAF	SRT		x										x
Pinning of MPs for WAD 2021	UNAIDS	UNAIDS			x									
Proposal Writing & Budget Workshop	UNAIDS	JN+												

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Public Forum: Improving the mental health services for LGBT Jamaicans, an EFAF commissioned study	EFAF	AFJ	x							x				x
Raw with HIV Twitter Spaces	JN+		x							x				
Rispek Tour	NFPB	TGF/GOJ	x							x				
Sensitisation training on GBV, human rights and HIV-related stigma and discrimination for FBOs	JCC	TGF	x						x	x				
Social Justice Sites Established	JN+	TGF	x							x				

Intervention	Implementer	Funder	PA 1 - Stigma and crimation reduction for key populations	PA 2 - Training for HCW on human rights and medical ethics	PA 3 - Sensitization of lawmakers and law Enforcement agents	PA 4 - Legal Literacy (“Know Your Rights”)	PA 5 - HIV-related Legal Services	PA 6 - Monitoring and reforming laws, regulations and policies	PA 7: Reducing discrimination against women in the context of HIV	Communities	Justice	Workplace	Education	Health
Social protection training and assessment	NFPB							x						
Speakers Bureau Training for PLHIV and key populations	JASL	TGF & EU	x							x				
Speaker’s Bureau Training to build the capacity of LGBT persons and allies to talk about issues affecting them	EFAF	EU	x							x				
Stigma Free Spaces Initiative	JN+	UNAIDS						x		x	x			
Training in Community-led Monitoring	EFAF	TGF						x						x

Intervention	Implementer	Funder	PA 1 - Stigma and discrimination reduction for key populations	PA 2 - Training for HCW on human rights and medical ethics	PA 3 - Sensitization of lawmakers and law Enforcement agents	PA 4 - Legal Literacy (“Know Your Rights”)	PA 5 - HIV-related Legal Services	PA 6 - Monitoring and reforming laws, regulations and policies	PA 7: Reducing discrimination against women in the context of HIV	Communities	Justice	Workplace	Education	Health
Training in Managing HIV-related Stigma and Discrimination	NFPB	TGF					x					x		
Training on Complaints and Redress Mechanisms for Labour Officers & Workers’ Representatives	NFPB	TGF					x					x		
Training on GBV for Duty-bearers	NFPB								x	x				
Training on Human Rights for Healthcare Workers	JASL	TGF		x										x
Training on Human Rights for Healthcare Workers	NFPB	TGF		x										x
Training on Human Rights for Lay Magistrates	JASL & JFJ	TGF & EU					x				x			

Intervention	Implementer	Funder	PA 1 - Stigma and discrimination reduction for key populations	PA 2 - Training for HCW on human rights and medical ethics	PA 3 - Sensitization of lawmakers and law Enforcement agents	PA 4 - Legal Literacy (“Know Your Rights”)	PA 5 - HIV-related Legal Services	PA 6 - Monitoring and reforming laws, regulations and policies	PA 7: Reducing discrimination against women in the context of HIV	Communities	Justice	Workplace	Education	Health
Training on Human Rights for Police Officers	JASL	TGF & EU			x						x			
Trans Health Strategy Advocacy Plan, and legislative approach towards a gender recognition legislation	TransWave Jamaica	UNAIDS	x	x	x	x		x		x	x			x
Two 1-min videos and 3 graphics themed for International Day of Tolerance and issues related to tolerance in Jamaica.	EFAF	SRT	x							x				
World AIDS Day declared as a day of public interest in Kingston	KSAMC	KSAMC	x							x				





JAMAICA PARTNERSHIP

To Eliminate HIV Related Stigma & Discrimination