



Youth Visioning for Island Living 2012-2013
Project proposal on HIV and AIDS in Jamaica

Children First Agency

Youth MSM Empowerment Project (YMEP)

PROJECT DOCUMENT
April 2012

Summary

In a culture that perpetuates discrimination among the minority groups, MSM are marginalized and are forced underground fostering self-discrimination, and causing them to struggle with internal conflict about who they are and their sexuality. Discrimination has many negative effects and can lead to the breakdown of the strongest, most confident individual. MSM are no exception and it has been revealed that the discrimination they face has influenced their risk taking behaviour. For this population, discrimination is faced at all levels, especially from service providers to whom they turn for help. Knowledge is power and sensitization of these service providers will enhance the experiences of MSM who seek support from these providers.

Our Youth MSM Empowerment Programme (YMEP) is a Children First Agency initiative to help combat homophobia and its effects on the HIV/AIDS epidemic amongst young MSM. Through participatory learning and sharing the project will enable the MSM to become a part of the decision making process and seek advocacy support, all the while sensitizing and educating key stakeholders.

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Section I - Project Implementation Strategy

1. **Organization or group submitting the project.** [Explain the background, important activities or projects already developed by your organization or group and why you are interested. Please specify who are the project leaders, their gender and age and contact information]

Children First Agency is a Non-Governmental Organization committed to serving the needs of children and vulnerable youths in Jamaica; the Agency provides life-changing programmes for children and adolescents at risk in varying circumstances. We undertake social and educational interventions/activities aimed at educating, sensitizing and empowering young people about HIV/AIDS and other STIs. Through promotion of healthy lifestyles with emphasis on HIV/AIDS education we offer a youth friendly service that provides HIV/STIs counselling, testing, sexual reproductive health education and support.

In the last two years we have undertaken MSM projects where we engage this vulnerable group in awareness of dispelling myths and misconceptions relating to HIV/AIDS, supporting mechanisms which will allow for a sustained holistic enabling environment. Fighting unnecessary HIV/AIDS related discrimination, (aligning our directives with the revised National MSM strategy 2012 we also seek to scale up VCCT) provided counselling and prevention and VCCT services. Our experience so far has unearthed valuable information as we have observed that these young men are in urgent need of services that empower them to develop good health seeking behaviours and accurate perceptions of their risk for infection. There has also been increased psychosocial and or counselling support to help MSM work through sexual identity issues as well as other self inducing development issues. Additionally, presentations by the agency in various schools to address the emerging trend of same sex relationships and bullying through the use of creative and effective edutainment pieces through peer education done by the Bashy Bus Kru.

The MSM's rights and protection are constantly under threat as such the services offered will include mental health support as families of these young men also require support to become more tolerant and nurturing. Further the systems responsible for their care and protection must become more sensitive to their needs. A significant number of the adolescent MSM we have engaged have been further marginalized through homelessness, exclusion from school and poor quality education. Through this project Children First hopes to strengthen existing programmes in

providing care, support and advocacy directives for the MSM population by addressing some key vulnerabilities of young MSM, strengthen linkages with health service providers and educate selected high schools in the corporate area to better serve and protect these young people.

Monitoring and evaluation of project processes overall objectives and goals will be done consistently over the 10 months period in accordance with specific project indicators based on activities developed to address the problems faced by the target groups. The overall monitoring of the project implementation will be managed by Children First Agency MSM Coordinator, who will be responsible for the overall coordination, supervision and implementation of the project. The Psychosocial Guidance Counselor will provide additional support and guidance counseling services to the targeted group.

For the implementation of the Youth MSM Empowerment Project (YMEP) the primary project leaders will comprise of Project Coordinator, Ms. Peta-Ann Morris, age 30 and MSM Coordinator Mr. Javan Campbell, age 24 and Psychosocial Counselor Ms. Rochell Daley, age 22. The YMEP project will also be supported by a Project Assistant and other Children First Team Members.

Project leaders can be contacted at:

2 Moresham Avenue

Kingston 10.

Telephone: (1876)937-5574, 984-0367

Email: Peta-Ann Morris achildrenfirst@yahoo.com

Email: Javan Campbell jvancampbell2009@hotmail.com

Email Rochell Daley rochell.daley@yahoo.com

One output of the project will be a drama presentation that will be performed for different audiences, followed by a feedback session where persons will write questions they have regarding the issues highlighted in the piece and this will be addressed by the group. Furthermore, documentation will be provided for each intervention conducted in the form of a written report highlighting attitude and trends among the general population toward MSM.

Documentation of focus group discussions will be maintained and attendance registers will be kept of MSM training sessions. A pre and post test item will be administered to assess the knowledge of participants. At the end of the session each participant will be asked to complete a reflection sheet where they will be asked to share their thoughts of the programme and make recommendations. Monthly reports will be done to update funder of activities taking place under the project. If possible we also extend an invitation to the funder to sit in on a training and/or sensitization session. Reports from the sensitization sessions will also be done and attendance registers of the different stakeholders engaged will be upheld.

The sustainability of this project will be ensured by equipping the participants of the project with the requisite knowledge and skills that can be easily replicated in their everyday life. The participants will be equipped with peer education skills that will permit them to appropriately engage their peers in reproductive health and risk reduction sessions even after the project has ended. These ten peer educators who are trained will be encouraged and empowered to continue support groups and session with their peers and act as mentors. The agency will offer follow up support to the group of peer educators and explore additional training opportunities and resources to continue the activity. Particular care will be exercised in the implementation of this project to ensure deliverables are met, therefore, securing supplementary funding from other agencies to further the cause when the project has ended.

2. HIV/AIDS and the human rights based approach. [Explain how your project refers to one or several of the action areas and why you consider you are having recourse to a human rights based approach]

Our project scope and activities refers to section 7 action areas to the extent that human rights based approach as it relates to the high levels of stigma and discrimination that have infringed upon the right for equal access and high quality healthcare and treatment. The link between homophobia, stigma, and HIV/AIDS is inextricable; increased stigma and discrimination from the general population has forced MSM into risky sexual resources as they do not readily obtain preventative resources (condoms and water based lubricant) and proper healthcare. They by extension continue to infect others and re-infect themselves as they are not aware of their HIV status. Previous interventions done with MSM have informed us that this vulnerable group constitute a hidden population whose members often face discrimination from others in the wider society. This atmosphere of exclusion and hostility often

deters many MSM from seeking health care and health information, thus many remain ignorant of their HIV status and increase their risk of contracting and spreading the virus. There have also been emerging trends within the MSM community such as the early initiation of boys as young as 12 years. No longer are they being initiated by older men but adolescents 18 and 19 years because of the apparent financial attractiveness of the lifestyle. As a result many struggle with their sexuality and need specialized psychotherapy to sort through the different emotions and come to terms with their sexuality. Another area of work that requires the expertise of a psycho therapist is the need to bridge the communication gap between parents who learn their boys are MSM.

Through lessons learnt and previous experience with the MSM population we have incorporated a human rights based approach in executing our programmes, this approach focuses on advocacy where MSM are trained as peer educators in risk reduction, human rights and responsibilities therefore improving their life chances. The Yogyakarta principles are a set of international human directives which is a bench mark for all to ensure equity in rights to all persons irrespective of the colour class or creed gender identity or sexual orientation etc. The human rights based approach supports this universally/internationally accepted document for the respect of rights for all. The human rights approach also seeks to raise awareness, lobby a cause, and sensitize key stakeholders as well as the general population, to influence views, attitudes and perceptions and to pose the question of ethics and what is acceptable. Does someone have more rights than the other? In addition to strengthening HIV prevention education among young MSM, this project will put an emphasis on care and support components which will rely on strengthening relationships between MSM and their parents and educating health service providers about working with this population to become more open and trained in understanding the needs of the young MSM to better able provide support to them.

3. Objective, results and activities

Overall Objective

Our Overall objectives are:

1. To strengthen knowledge and skills of our target group (50 young MSM aged 17-25 yrs old) on HIV/AIDS and other STIs;

2. To build the capacity of 20 key stakeholders to better relate to and interact with MSM, through targeted sensitization sessions;
3. To increase the availability of psycho-social support services for young MSM through advanced peer educator training for 10 MSM;

Results

- ❖ By the end of the project, at least 33 young MSM (65% of the target group) have increased knowledge and correct information on the transmission and prevention of HIV and other STIs.
- ❖ By the end of the project, at least 15 key stakeholders (75% of the target group) have been sensitized and are more aware of the challenges and current trends affecting the MSM population and willing to provide a supportive environment.¹
- ❖ By the end of the project at least 8 MSM (80% of the target group) are trained to act as psycho-social support links for their peers.

Activities

Activities for Objective 1:

- ❖ Create youth friendly edutainment drama presentation that uses cultural dance, songs and poetry to empower and promote awareness on MSM issues. The development of the presentations will be done in consultation with the target population and the drama presentations will be performed by the Children First performing group “ BASHY BUS KRU”
- ❖ Perform drama presentation at two pre-selected high schools
- ❖ Engage audience in question and answer reinforcement sessions to explore what they have learnt from the drama presentation
- ❖ Conduct empowerment sessions with young MSM on HIV/STI prevention to help reduce their vulnerability
- ❖ Conduct VCCT testing and enhance existing referral mechanism of agencies providing information and services to MSM

Activities for Objective 2:

- ❖ Conduct 3 focus group discussions with MSM to collect baseline data to inform the approach for workshops.

¹ The stakeholder groups will consist of health, social protection, law enforcement and education policy makers and service providers

- ❖ Conduct 1 workshop with 20 key stakeholders from health, education, social protection and law enforcement sectors to sensitize them to HIV/AIDS challenges, issues and developing trends occurring within the MSM population.
- ❖ Conduct 1 workshop with both MSM and stakeholders to discuss best practices and how care and support can be improved for MSM.
- ❖ From workshops held, develop a list of health care providers in targeted areas of New Kingston, Half- Way Tree communities and share with young MSM requiring services.

Activities for Objective 3:

From the 50 young MSM, 10 will be engaged in advanced peer education training.

- ❖ Conduct 8 advanced peer education session in life skills, human rights, conflict mediation, presentation skills and advocacy
- ❖ Conduct pre and post assessment
- ❖ Conduct risk reduction and self-empowerment sessions
- ❖ conduct recruitment and mobilization of new young MSM into the programme in order to expand its reach

Impacts. [Explain how your project aims to improve or enhance the HIV/AIDS targeted situation or population]

HIV prevalence among the general population has remained stable at less than 2% for many years; however prevalence rates among the most-at-risk populations are alarmingly high. Among men who have sex with men (MSM) HIV prevalence has been estimated as 32% (Figueroa 2011). HIV prevalence among female sex workers (SW) was 9% in 2005 and 4.9% in 2008; among prison inmates 4.8%, the homeless 10% and crack/cocaine users 5% (Duncan et al , Ministry of Health, Jamaica 2010, Figueroa et al 2008, UNAIDS 2010). A recent survey released by the MOH (2012) shows that the HIV rate has increased to at least 33 % among the MSM population. This represents an alarming rate, especially when compared to other at risk populations. The social and legislative environments have been unfriendly to MSM as widespread homophobia is supported by laws that criminalize anal sex. Adolescents and young people who are part of this group face high levels of stigmatization and discrimination on several levels when seeking services. As young people, there are challenges with accessing certain preventative services and commodities including information and life skills for HIV prevention, condoms, and voluntary confidential counselling and testing (VCCT). This can be further compounded if young people reveal their

homosexuality as negative attitudes by service providers can prove both intimidating and inhibiting. In the context of these challenges several areas have been identified in this proposal to commence and or strengthen, improved and or enhance HIV/AIDS prevention directives to align with some of the revised national strategic goals as it relates to strengthening anti stigma and discrimination intervention with various key stakeholders. By extension through the human rights based approach a more supportive and enabling environment to reduce stigma and discrimination against MSM through sensitization sessions and innovative behaviour change communication strategy (drama/skit) with civil society groups as well as to improve access to social protective services. All of these to raise create awareness for young males who have sex with other males (MSM) on HIV/AIDS and other STIs and create a space for open dialogue amongst young MSM, health service providers and other key stakeholders to discuss public education, peer education importance of advocacy and care and support.

❖ **Alliances.** [Add the partners you will work with for the project implementation. Please indicate their contact information]

The partners we will work with on this project includes but not limited to the following group listed below:

Caribbean Vulnerable Communities- 39 Dumbarton Avenue, Kingston10, (1 876)631-7299

Jamaica Constabulary Force / CISOCA- 3 Ruthven Road , Kingston 10,(1876)926-7318

Office of Children Advocate- 72 Harbour Street, Kingston, (1876) 967-3225

Child Development Agency – 48 Duke Street, Kingston, (1876) 948-7206

Ministry of National Security (Victim Support Unit), 2 Oxford Road Kingston 5,
(1876) 906-4908

Comprehensive Clinic Centre-55 Slipe Pen Road, Kingston 5, (1876) 922-2095

Office of the Children Registry- 12 Carlton Crescent, Kingston 10, (1876) 908-0246

National Aids Committee, Ministry of Health- 2-4 King Street, (1876) 967-1100-1

Ministry of Education- 2 National Heroes Circle, Kingston 4, (1876) 922-1400

Jamaica Youth Advocacy Network (JYAN) 2-4 King Street Port Royal
(1876) 948 2149-51

Jamaica Aids Support for Life – 4 Upper Musgrave Avenue, Kingston 10,978-2345

Jamaica Forum for Lesbians –All- Sexuals and Gays (JFLAG)- 4 Upper Musgrave Avenue, Kingston 10. (1876)9788988

Associated risks. [Explain the envisioned risks associated to the project execution]

We have acknowledged that there is associated risk foreseen from the implementation of the project in terms of the openness and acceptance of parents of MSM as some of the participants may be hesitant to participate in the intervention because their parents are not aware of their sexual orientation and the potential challenges this may bring forth. As such the situation will be carefully assessed before appropriate action is taken, to avoid punitive measures from concerned parents.

Additionally, the fatalistic mind set/approach already developed by some members of this population based on pre existing cultural stereotypes of MSM can hinder access to VCCT testing and on collecting test results.

Identify which of the following outputs your results contribute to and indicate how:

A. Sexual transmission of HIV reduced, including among young people, men who have sex with men and transmission in the context of sex work:

Outputs:

- (i) **Strengthened capacity of young people, youth-led organizations, key service providers and partners to develop, implement, monitor and evaluate HIV prevention programmes.**

Our Project output is the strengthened capacity of young people to address cultural and gender issues that underlie the risks and vulnerability of young MSM. This will be further achieved through conducting drama presentations in a creative and effective edutainment forum depicting same sex (MSM) issues and challenges including sexual identification and discrimination. The edutainment forum consists of cultural dances, songs, poetry and drama followed by moderated discussions. Additionally, using knowledge building and empowerment workshop sessions to engage the MSM, we would have fostered some level of advocacy and increased access to quality reproductive

health services. In strengthening the capacity of key stakeholders including child advocacy groups, law enforcement officials (police), high schools² to deal with stigma and discrimination, we hope to sensitize these groups to understand the existing issues of young MSM and enhance existing harmonization and collaborative approaches. Additionally it is important from meeting with these stakeholders that we establish strategic partnerships for the provision of related care and support services and impact mitigation programmes for young MSM.

(ii) Informed vocal & capable organizations of Men who have sex with men, sex workers & transgender people engaged as partners to advance universal access to HIV prevention, treatment, care and support, in major municipalities, with at least one comprehensive HIV programme that provides non-judgmental, non-stigmatizing & relevant services.

Identifiable partners that could aid in advancing universal access to HIV prevention, treatment, care and support and to strengthen a non-stigmatizing and non-judgmental HIV programme include the Caribbean Vulnerable Communities Coalition, Ministry of Health, Jamaica Forum for Lesbian Gays and All-Sexual, The Jamaica Red Cross, Jamaica Youth Advocacy network (JYAN) and Jamaica AIDS Support for Life. The identified organizations, including Children First, have been actively engaged in work with at-risk populations across the island and together share the mandate of enabling vulnerable groups to take charge of their sexual reproductive health and increase access to services for the population. From this combined effort there can be a strong partnership, with a cohesive and coordinated strategy which will aid in the holistic approach to scale up VCCT directives. Additionally, such an endeavour will aid in creating a supportive environment by including civil society organizations to inform the intervention. The resources of the different organizations will be pooled to support the intervention. Therefore, HIV testing with treatment and care services will complement advocacy and human rights based approaches offered by other partnering agencies. Sensitization and awareness with various stakeholders at all levels will inform them of the importance of a quality and non-stigmatizing comprehensive HIV healthcare and support services. These efforts may also influence policy makers in government as the combined effort seeks to ensure quality healthcare and accessibility to all, irrespective of sexual identity and or sexual orientation.

² Secondary High Schools were selected based on existing family life programmes offered at the schools. The role of the YMEP is to provide additional support and reinforcement information through the use of other tools such as the edutainment presentations.

General Goal: To increase awareness amongst 50 young MSM on HIV/STIs as it relates to their sexual and reproductive health and sensitize 20 stakeholders to appropriate, human rights based approaches in providing services to MSM.			
Results	Benchmarks / Indicators	Activities	Associated resources (US \$)
1. By the end of the project, at least 33 young MSM (65% of the target group) have increased knowledge and correct information on the transmission and prevention of HIV and other STIs.	<p>Documented views obtained from MSM population on the piece to ensure it is a true representation of their issues</p> <p>% of target group who correctly identify ways of preventing transmission of HIV and reject major misconceptions (baseline and final evaluation data)</p> <p>% of target group who correctly identify high-risk sexual behaviours associated with multiple sex partners and unprotected sexual intercourse</p> <p># of VCCT tests conducted and MSM aware of their status</p> <p># of MSM able to demonstrate how to properly use a condom</p> <p>% of participants engaged in psychosocial counselling and who have strengthened their skills in managing their sexuality</p> <p># of persons accessing the services of the intervention officer</p>	<p>1.1 Create a MSM youth friendly drama presentation that addresses key issues and challenges affecting the population</p> <p>1.2 Perform drama presentation within 2 targeted Secondary High Schools and engage audience in question and answer reinforcement sessions to explore what they have learnt from drama presentation</p> <p>1.3 Conduct 10 empowerment sessions with young MSM</p> <p>1.4 Conduct VCCT testing and enhance existing referral mechanism of agencies providing information and services regarding MSM</p> <p>1.5 Conduct psychosocial counselling sessions and provide support from an intervention officer for persons tested positive</p>	\$5,060.00
Subtotal \$5060.00			

<p>2. By the end of the project, at least 15 key stakeholders (75% of the target group) have been sensitized and are more aware of the challenges and current trends affecting the MSM population and willing to provide a supportive environment</p>	<ul style="list-style-type: none"> • # of stakeholders sensitized on MARYPS issues and have integrated a MSM health friendly approach to working with the population • # of sensitization/consultative meetings held with partners • Status of post sensitization reports 	<p>2.1 Conduct 3 focus group discussions with MSM to collect baseline data informing the approach for workshops.</p> <p>2.2 Conduct 1 workshop with key stakeholders such as the Police, health service providers and high school representatives to sensitize them of HIV/AIDS challenges, issues and developing trends occurring with the MSM population</p> <p>2.3 Conduct 1 workshop with both MSM and stakeholders to discuss best practices and how care and support can be improved for MSM.</p> <p>2.4 From workshops held, develop a list of health care providers in targeted areas of New Kingston, Half- Way Tree communities that can be shared with young MSM in need of services.</p>	<p>\$2,750.00</p>
<p>Subtotal \$2750.00</p>			

<p>4. By the end of the project at least 8 MSM (80% of the target group) are trained to act as psycho-social support links for their peers.</p>	<p>Documented, positive knowledge shifts on correct information on HIV/AIDs, STI and sexual reproductive behaviour from pre and post assessments conducted</p> <p># of participants engaged in advanced peer education training</p> <p>#of new MSM recruited from outreach activities done by participants</p> <p># of risk reduction sensitizations held after peer education training</p> <p># of bi-monthly meetings held with senior MSM peer educators to gain feedback on outreach activities and risk reduction sessions</p>	<p>1.2 Conduct 8 advanced peer education session in life skills, human rights, presentation skills and advocacy</p> <p>1.3 Conduct pre and post assessments</p> <p>1.4 Conduct condom demonstration</p> <p>1.5 conduct recruitment and mobilization of new young MSM into the programme.</p>	<p>\$2,200.00</p>
<p>Subtotal \$2,200.00</p>			
<p>TOTAL:\$10,010.00</p>			

Section III—Workplan and budget [please note the last three month period –Q4- only covers one month of execution]

Results	Activities	Execution period (10 months)				Responsible	Budget	
		Q 1	Q 2	Q 3	Q4		Detail	Amount (US \$)
1. By the end of the project, at least 65% of the target group has increased knowledge and correct information on the transmission and prevention of HIV and other STIs.	Activity 1.1: Create a MSM youth friendly drama presentation that addresses key issues and challenges faced by MSM population and conduct at least 2 pilot tests of drama piece to gain feedback.	x				Children First Agency Bashy Bus Kru team	Script development Talent Pre and post production cost Music Rehearsals Costume Stage props Transportation	800.00
	Activity 1.2: Perform drama presentation at stakeholder meetings and within 2 targeted Secondary High Schools	x	x			Children First Agency MSM Coordinator Facilitator	Transportation Refreshment Venue Phone credit (for making contact)	800.00
	Activity 1.3 Engage audience in question and answer reinforcement sessions to explore what they have learnt from drama presentation	x						

	Activity 1.4 Conduct 10 MSM empowerment sessions with young MSM	x	x	x		MSM Coordinator Social Worker	- Venue rental - Travel Allowance (for MSM group) - Refreshment	\$2260.00
	Activity 1.5 Conduct VCCT testing and enhance existing referral mechanism of agencies providing information and services for MSM	x	x	x		Children First Intervention Officer	- VCCT test kits - Material (Gloves, alcohol, cotton) - Stationery (computer ink, typing sheets)	\$200.00
	Activity 1.6 Conduct psychosocial counselling sessions and provide support from an intervention officer for persons tested positive	x	x	x	x	Psychosocial Guidance Counselor	Honorarium for psychosocial sessions	\$1000.00
2. By the end of the project, at least 15 key stakeholders (70% of the target group) have been sensitized and are more aware of the challenges and current trends affecting the MSM population and willing to provide a supportive environment	Activity 3.1 Conduct 3 focus group discussions with MSMs to collect baseline data informing the approach guide document			X	x	MSM Coordinator Psychosocial Guidance Counselor	Venue Pamphlets brochures, Photocopier and printer ink) Stationery Bus Fare support (MSM group) Refreshment Transportation (gas for vehicle)	\$750.00
	Activity 3.2: Conduct workshop with key stakeholders such as the Police, health service			x	x	Children First Social Worker MSM	- Venue - Work material (pamphlets, brochures)	\$1,000.00

	<p>providers and high school representatives to sensitize them to HIV/AIDS challenges, issues and developing trends occurring within the MSM population</p> <p>Activity 3.3 Conduct workshop involving both MSM and stakeholders to discuss best practices on dealing with MSM</p>					Coordinator	<ul style="list-style-type: none"> - Telephone credit - Travel allowance (MSM group) - Refreshment - Venue - Work material(pamphlets, brochures, - Stationery (paper, printer ink) - P.A system - Travel allowance (MSM group) - Refreshment -Transportation (gas for vehicle) 	\$1,000.00
3. By the end of the project at least 8 MSM (80% of the target group) are trained to act as psycho-social support links for their peers.	Activity 2. Conduct 8 advanced peer education session in life skills, human rights, presentation skills and advocacy	x	x	x	x	MSM Coordinator Senior Peer educator Psychosocial Counselor	<ul style="list-style-type: none"> - Venue rental - Travel Allowance (for MSM group) - Refreshment - Pamphlets - Brochures - Printing of pre and post assessment 	\$2200.00
	1.3 Conduct pre and post assessments	x						
	1.4 Conduct risk reduction sessions	x						

	1.5 conduct recruitment and mobilization of new young MSM		x	x	x			
TOTAL : \$10,010.00								