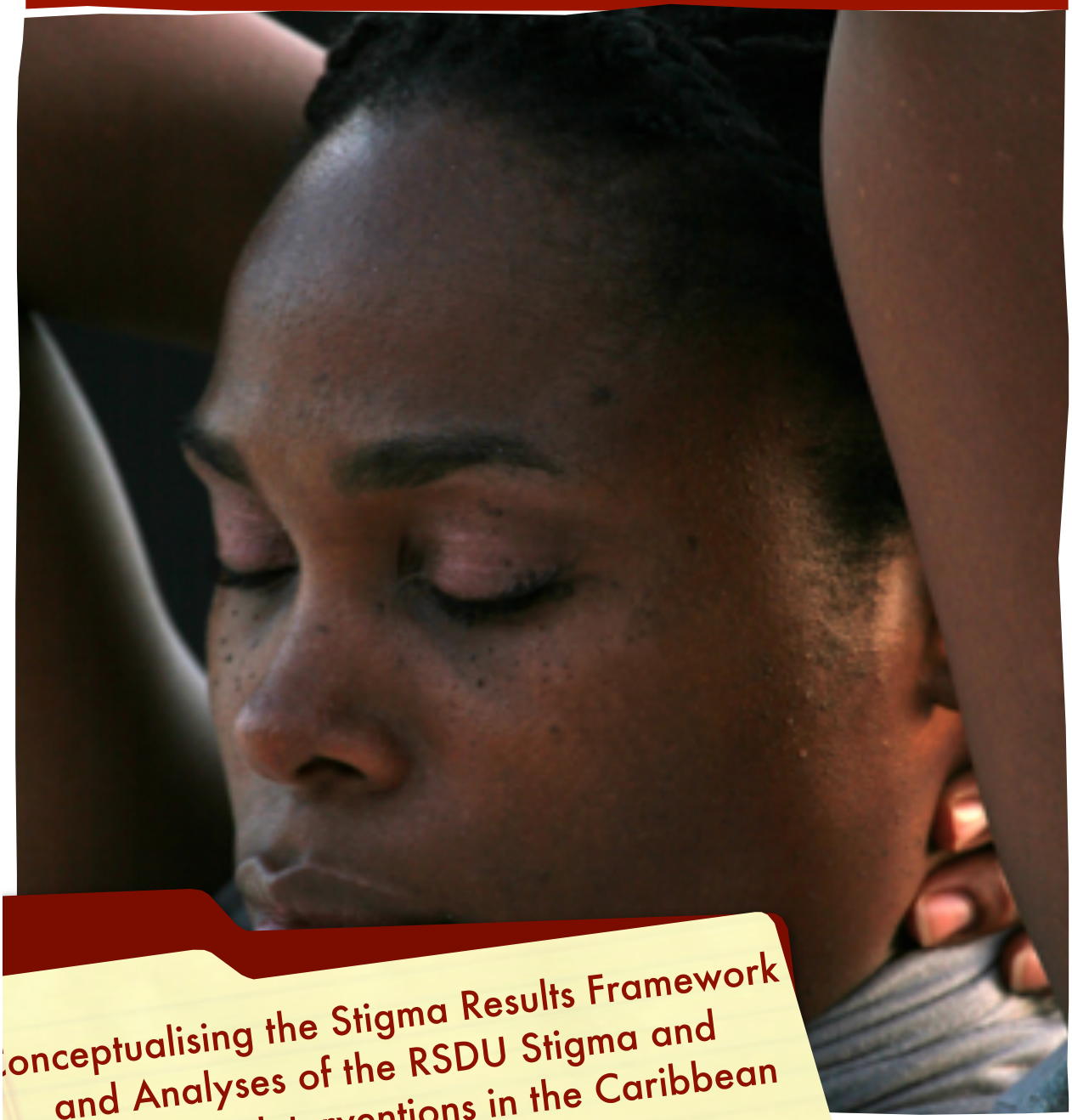
RSDU
PANCAP Regional Stigma and Discrimination Unit

UKaid
from the Department for International Development

THE STIGMA COMMUNITY RESPONSE BASELINE-(SCOR-B)©



Conceptualising the Stigma Results Framework and Analyses of the RSDU Stigma and Discrimination Interventions in the Caribbean

– Outline of the SCOR-B Indicators

AIDInc

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Conceptualising the Stigma Results Framework for the RSDU Stigma and Discrimination interventions

– Outline of SCOR-B Indicators

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Acronyms & Abbreviations

AIDS	Autoimmune Deficiency Syndrome
AIDInc	Associates for International Development
BCC	Behaviour change communication
CBMP	Caribbean Broadcast Media Partnership on HIV
CBOs	Community based organisations
CARICOM	Caribbean Community (and Common Market)
CfC	Champions for Change
CRN+	Caribbean Regional Network of Positives
DfID	Department for International Development
FBO	Faith based Organisations
HIV	Human Immunodeficiency Virus
MSM	Men who have sex with men
NAPs	National AIDS Programmes
OECS	Organisation of Eastern Caribbean States
PLHIV/PWH	Persons living with HIV
RSDU	PANCAP Regional Stigma and Discrimination Unit
SPSS	Statistical Package for the Social Services
UKAID	UK Agency for International Development

Part one: Background

RSDU responding to Stigma and Discrimination in the Caribbean

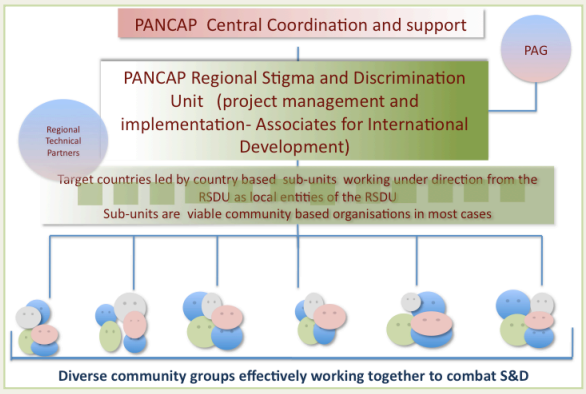
1 Background - The Inception of the Regional Stigma and discrimination Unit (RSDU)

Introduction: The Caribbean is still the second region most affected by HIV and AIDS in the world, after Sub-Saharan Africa. Heterosexual contact is the major transmission route for HIV. Over two decades since the first case, HIV continues to disproportionately affect vulnerable groups and in particular, marginalised groups. The burden of HIV/AIDS on key populations is exacerbated by the high levels of stigmatisation due to socio-cultural beliefs and norms, which are in turn reinforced by legislative barriers. Stigma and discrimination has been shown to reduce the efficiency of the regional AIDS response by reducing access of these groups to urgently needed HIV related preventative, curative care, support and information services. Following the launch of Champions for Change (CfC) anti-stigma initiative in St Kitts in November 2004, three major events have been held for senior political leaders, sports and cultural icons; leaders of faith-based organisations; and most recently owners and leading personalities from the electronic and print media. These events have galvanised interest and commitment, with a wide range of those attending signing up as "Champions for Change", but what has been missing is an implementation unit designed to directly support in-country programmes to carry forward activities to tackle stigma and discrimination. Against this backdrop, this project is an integral part of DFID's Regional Programme for HIV and AIDS in the Caribbean. The aim is to establish a regional stigma and discrimination Unit (RSDU) to tackle HIV related stigma and discrimination (S&D), under the auspices of CARICOM/PANCAP. The RSDU project will foster the development and implementation of strategic partnerships to support National AIDS Programmes (NAP), Community Based Organisations (CBO's) and the Private Sector (PS) and will work collaboratively with major stakeholders to develop a multi-sectoral response to challenge stigma and discrimination in the region. The project has begun to implement activities in participating Caribbean NAPs, using a phased, building blocks approach. The initial countries targeted are those in the OECS, Belize, Guyana and Jamaica.

Description: "Breaking New Ground". The RSDU exists to introduce innovative approaches to stigma reduction and to build upon key elements of successes and in-roads made in bringing S&D to the fore. Such successes include the CfC, the CIDA funded leadership intervention with FBOs and with health workers, CBMP's *LIVE UP* and *Heroes* Campaign, the PANCAP-CRN+ poster campaigns, and the Human rights desks.

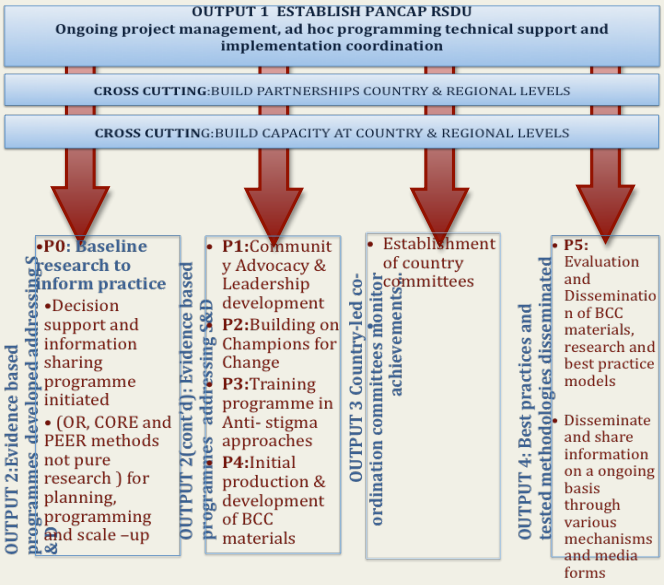
- Competing global priorities in international development amid increasing resource constraints, promotes cost saving and resource sharing strategies:
  - promotes innovative implementation partnerships
  - Promotes fundraising and cost-sharing
  - Grass roots ownership and volunteerism
  - Underscores the Importance of active demonstration of political will at country levels

Structure of the RSDU: Global best practice demonstrates that sustained and effective grass roots responses in the fight against S&D can only truly be achieved through the development of leadership capacity of community based Organisations (CBOs). As such, the RSDU operates both centrally, through its core coordinating and implementing offices in Guyana (PANCAP) and Barbados (A.I.D.Inc) and through linkages with sub units (existing and operational CBOs) based in each of the target countries. The project is being rolled out in 2 phases. The pilot (or test) countries for phase 1 are St Lucia, Guyana and Jamaica, to a lesser extent. Phase 1 is approximately a 9-month inception phase followed by a 2-year implementation phase (phase 2). The staffing pattern of the unit in phase 1 comprises 2 technical officers and 1 administrator supported by technical consultants and associates.



Goal: Stigma and discrimination against PLHIV, their families, and other vulnerable groups (including MSM, sex workers, youth at risk, single dependent women) decreases in the Caribbean region. **Purpose:** By project end, PANCAP will be enabled to ensure participating NAPs, civil society and private sector groups develop and implement high quality national programmes to tackle stigma and discrimination working in partnership with PLHIV and other vulnerable groups.

Envisaged outputs



Findings. In phase I (the project inception and pilot phase) the unit staff and technical partners, in collaboration with other related S&D projects, have begun to design and support local, culturally relevant stigma-reduction approaches and innovative best practices that serve to promote leadership, greater involvement and ownership of the S&D fight at the grassroots, in PLHIV and other marginalized groups. In addition to leadership development, the empowerment approaches adopted aim to (1) indirectly empower marginalized populations to cope and respond positively to meeting their own needs amid stigmatizing Environments and (2) promote their capabilities in other social and economic areas of their lives as they work with other community groups and national and regional institutions to break down the walls of shame and blame. The unit is also building S&D research programming capacity in regional specialists and within pivotal community actors (PCA) such as FBOs, health workers, to partner effectively with the RSDU as technical specialists. Emerging outputs include;

(1)Building partnerships: The staff of the RSDU will be working strategically with key regional and international technical partners in various input roles, from advisory to training and field research – partners include UWIHARP, CARIMAC, CBMP, Options UK, World AIDS Campaign, CRN plus and country CBOs. In addition, PLHIV organizations and pivotal community actors in St Lucia and Guyana are currently involved in a *building bridges* interventions that will empower them to work together in designing and developing sub-projects for joint roll out of activities and sharing of resources. (2)**Implementing Pilot interventions in the pilot countries:** Pilot interventions are underway and the unit has adopted a *building blocks approach,* recognizing a hierarchy of intermediate results that must be achieved if S&D materials, campaigns and other local action are to be effective in changing S&D attitudes and practices; and activities sustained beyond the project period. Pilot Interventions underway include;

Growing a cadre of regional specialists through the delivery of master training sessions. Building leadership in marginalised and pivotal community groups in St Lucia and Guyana, Jamaica (the pilot /test countries); Building capacity of country sub units; building advocacy and media skills in community groups; building upon or supporting existing interventions, including the Pre-testing of the CARICOM- Alliance draft S&D Toolkits; the development of BCC materials/audiovisual/ tools for S&D toolkits and campaigns; ***Research.*** Master training in community based contextual research and pilot research in Guyana (PEER - participatory Ethnographic Evaluation Research); undertaking Country level rapid assessments; Undertaking

Regional S&D interventions mapping study; Literature reviews, in order to keep implementing partners informed on emerging regional and international best practices in S&D programming. ***BCC skills development.*** Training marginalized groups in edu-drama and public speaking, including the writing of scripts by community groups for dramatization to targeted community groups and gatekeepers. The design and development of Print media for advocacy campaigns. ***Human rights and advocacy.*** Exploring and implementing support initiatives to country Human rights desks and building capacity of Human rights Officers in pilot countries. ***Information sharing.*** Development of Stigma & Discrimination Portal

Conclusion. As the inception phase reaches the closing stages, there have been considerable efforts and progress made in laying the foundation for coordinated action on S&D. For example, much time is being put into building partnership, clarification of roles and responsibilities and generating commitment from community groups following country rapid assessments and introduction of the RSDU at country level and briefings with NAPs. Local PLHIV and FBO organisations have committed to the long-term goals of the project. As such, country level empowerment and training in anti-sigma approaches, leadership and advocacy have been initiated. The project has initiated master training of regional and country specialists and is currently collaborating with existing regional S&D toolkit and media projects being implemented at country levels. So far the RSDU technical specialists have found that ensuring that marginalized populations are empowered to work with other community groups and government institutions in a stigma free setting is crucial to their continued commitment and participation in combating S&D.

The next step in the RSDU response is to build on the experiences if the inception phase pilot interventions described above and to ensure that the RSDU can document a compendium of processes that give rise to a best practices and lessons learned for effective S&D reduction in the Caribbean.

2 RSDU Project Implementation Approach

3.3 Overview of global standards of emerging good practices and best practices approaches informing the RSDU project approach

Best practice can only be deemed such, once interventions have been operational for a significant amount of time and have achieved significant coverage. In addition, a fairly robust process and outcome and impact evaluations (qualitative and /or quantitative) need to be conducted to establish that a best practice has taken place. In this regard, within the context of this project, the inception phase pilot interventions process and outcomes used to inform the implementation phase approach are at best deemed good practice and not best practices for the following reasons:

- The duration of implementation of the pilot interventions is too short for a robust evaluation and drawing conclusions of achievement of best practices. Instead process and outcomes experiences of these activities implemented for between 1 to 3 months with small target group numbers can serve to identify emerging good practices and possible likelihoods of achieving best practice and desired intervention goals if implemented over a longer time frame. Emerging good practices also serve to highlight strengths, weaknesses, opportunities and threats.

- The numbers targeted during the inception phase activities were small given the pilot nature of the interventions.

- Due to the short timeframe of implementation although process and immediate outcomes can be determined the sustainability of these cannot. Longer terms outcomes (impacts) can only be indicated and would require longer implementation period to be conclusive.

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

Stigma and discrimination against PLWHAs, their families, and other vulnerable groups, steadily and measurably decreases in the Caribbean region, from baseline levels;

The project seeks to achieve this goal through the implementation of a comprehensive strategy involving multiple approaches at all levels and involving a wide range of individuals and groups to tackle the individual and collective attitudes that promote or reinforce pre-existing and HIV related S&D and also seeks to create and enabling environment for marginalised populations to access prevention and other needed services.

Several S&D experts and technical specialists have drawn up guidelines that highlight the essential components within strategies to tackle S&D if best practice is to be achieved.

UNAIDS (Peter Aggleton *et al.*) recognises best practices in anti-stigma and discrimination programming as activities which operate at individual, community and institutional levels and have the potential to (among other things) initiate integrated care, foster greater involvement of PLHIV in programmes, address stigma through participatory training and build collaborations for programme development.

Their analyses points out that ultimately, stigma, discrimination and human rights provide three key entry points for successful work:

- **Preventing stigma** e.g. through stigma-reduction approaches—frequently consisting of community-based HIV and AIDS empowerment and prevention and care programmes, mobilizing a wide range of actors.
- **Challenging discrimination** when it occurs e.g. by specific antidiscrimination measures—often focused initiatives in institutional settings, such as workplaces or health-care centres and
- **Promoting and protecting human rights**, including monitoring and redressing human rights violations. e.g. generating greater understanding of rights , promoting dialogue and through redress mechanisms— using legal means to challenge discrimination against, and to seek redress and promote the human rights of, people living with HIV.

By addressing S&D at a myriad of levels, outcomes of S&D reduction are therefore experienced in different settings and manifested in different ways.

It is important to recognize that many S&D programmes are never formally evaluated and can simply be highlighted as good practices or “emerging best practices”.

The manifestation of positive effects of programmes that challenge stigma and discrimination and promote human rights can take time, and many factors can influence eventual outcomes. Hence, proving that best practice has occurred can take some time. Nevertheless, across different projects, programmes and activities, there are frequently observable impacts that may be used as indicators of a successful association between programme actions and outcomes. The RSDU project log frame, which is still evolving, seeks to evaluate some of these indicators of S&D reduction within the various groups, communities and workplaces targeted through the project (see revised log frame).

Nyblade has summarised the key features of emerging best practice of National S&D programmes:

KEY FEATURES OF EMERGING BEST PRACTICE TO REDUCE STIGMA AND DISCRIMINATION - An effective national Response	
Addresses underlying causes	Interventions need to address the root causes of stigma and help break the cycle of stigmatisation and discrimination.
Addresses multiple layers of stigma	Vulnerable groups typically experience stigma from multiple sources (e.g., drug use, sexuality, gender, sex work, HIV). Thus, interventions that address only HIV stigma may not improve prospects for these groups or facilitate the response to AIDS

Operates at multiple levels	Individual; family; community; organisational/ institutional; and government/ legal.
Engages multiple target groups, potential change agents, marginalised and vulnerable populations	Depending on key drivers of S&D, influential players in community ,etc These groups might include: opinion leaders (e.g., politicians, faith based leaders), frontline HIV responders (e.g., health care workers, NGO and community workers), people living with HIV and other stigmatized groups, communities, the media, private sector, schools, police, and the judiciary.
Employs a range of approaches:	Successful approaches will involve a combination of:
1. Prevent and reduce stigma 2. Challenge discrimination, particularly in institutional settings 3. Promote and protect human rights	■ Strengthening and building capacity of stigmatised individuals and groups (e.g., skills building, network building, counselling, training, income generation); ■ Contact or interaction with people living with HIV and other stigmatised people (e.g., men who have sex with men and sex workers); ■ Participatory and interactive education; ■ Behaviour change communication (e.g., media campaigns, edutainment programmes); ■ Institutional reform (e.g., addressing discrimination in workplaces, health care settings, schools and other institutions); ■ Policy dialogue, legal and policy reform with enforcement and mechanisms for redress, especially at local levels; and ■ Provision of services, care and treatment.

In a selection of case studies deemed best practices by UNAIDS, two common threads have been that programmes demonstrate:

1. Broad-based multi-pronged strategies are central to success in combating the stigma and discrimination to which AIDS has given rise, and in promoting the rights of people living with HIV, their families and people vulnerable to HIV infection.

2. That there are many potential entry points for the reduction of AIDS-related stigma and discrimination, and the promotion of the human rights of people living with HIV.

By looking closely at the work that has taken place, and by looking across projects and activities for common elements UNAIDS identified a number of key principles of success.

Each of these principles identified offers an entry point for innovative and potentially effective work. These are summarized below, also depicting the synergy of the principles with the envisaged sub project activities selected by key stakeholders for roll out during the proposed implementation phases.

3.4 Overarching building blocks approach of the RSDU

3.4.3 Track 1: Preparing for effective collective action and building sustainability

Track one activities have been informed by the pilots activities of the inception phase as detailed sections 3 to 5 . They will be designed to initiate, develop and sustain the new or existing anti-stigma and discrimination programmes, develop strong institutional partnerships at the national, regional and global level, to ensure these activities are sustained in the medium to long-term and that global best practices can be translated into the Caribbean setting. In addition, track one activities will build the capacity of key populations to be able to play a constructive role as partners in the project and leaders in the response, including developing and using advocacy skills on public platforms and to gain greater representation on national, regional and global boards.

Track 1 is characterised by;

- *Decision support programmes* (research for design and evaluation and information resource sharing strategy based in SU and in PANCAP)
- *Site level pilot programmes* that provide *tools ready to work* (instruments, resources - toolkits, videos, stories, brochures, etc)
- *Preparing community groups to participate meaningfully* (capacity building initiatives implemented in partners and vulnerable/target groups such as advocacy skills building, leadership development)
- *Institutional strengthening* (boards and organizational goals strengthened)
- *Establishing partnerships for sustainability* Strong *institutional Partnerships built* at country and regional levels and global levels

3.4.4 Track 2: Implementation of novel and evidence based targeted new behaviour change and communication programmes,

Track two will be the design, roll out, support and evaluation of pilot and scaled -up national programmes. The implementation activities will be characterized by ongoing mentoring and coaching of key populations and other project partners. This gives rise to the parallel approach that will ensure that sustainability building activities run along-side implementation, resulting in more efficient implementation timelines and use of project funds. The focus will be on changing attitudes and behaviours related to stigma and discrimination and access to services, led from the grass roots by newly trained key population groups that use:

- Edu-drama, puppetry, mascots, visual art, celebrities, music media and street theatre
- Community based dialogue and education using tailored and targeted anti-stigma toolkits
- Empowerment and motivational programmes for vulnerable populations
- BCC psycho social support, mentoring approaches
- *All supported by selected ongoing Track one activities - ongoing tools development, capacity building in BCC for stigma reduction approaches though cross fertilisation, workshops and in field training*

3.5 Package of tailored interventions - Description of projects to be implemented in each country,

Based on the key findings of the country level needs assessments (table 2) and in adhering to key features of emerging best practices to reduce S&D under an effective national response. (Nyblade 2008)

A building blocks approach was adopted in order to address the need to support NAPS to more form identification of stigma and human rights issues to be tackled, to mobilising a comprehensive team and bottom up and top down processes , to supporting teams to work together in designing and rolling out targeted action and evaluating their outcomes**.**

Each project to be implemented in target country constitutes a package of interventions directed towards a specific target group. The package of interventions are labeled as P1 to P5 in its entirety or part therefore, depending on country priorities and capacity to sustain P1 to P5. Each groups targeted comprises a project grouping.

P1 to P5 are described as follows;

P0: **Baseline research, response analyses and needs assessments -**to inform the design and implementation of anti stigma action

P1: **Preparing for Action - Community Advocacy & Leadership development** to promote involvement of key community and marginalised groups in the response and to foster partnerships by closing the gap between community groups striving to tackle the same issues.

P2: **preparing for Action - Building on Champions for Change** - Identification of and support to local champions and Ambassadors and strengthening there reach to marginalised groups and other key actors in the anti stigma response. These champions may be community leaders, politicians, key institutional leader, music or sporting celebrities, etc and will have interest in advocating publicly for rights of marginalised groups and n providing public platforms for the groups to voice their needs.

P3: **Training and capacity building of target groups in Anti- stigma approaches** including advocacy action and campaigning- once empowered to cope with self stigma issue sand to speak out, , marginalised groups will be better enabled to work together in skill building sessions to further acquire skills to develop and roll out advice and human rights actions for positive changes within there spheres of influence

P4: **Initial production & development of BCC materials and Advocacy action** – Target groups will be provided with opportunities and support for using their skills acquired in P3 in initiating, conceptualising and leading in the development of anti stigma and advocacy materials appropriate to the information needs, emotional needs and empowerment needs of their target groups.

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

County target groups

Table 1: Target groups identified across countries;

Country	Target groups	Avenues for Support						
		P0	P1	P2	P3	P4	P5	Tech supp
Belize	Govt/NAP							✓
	MSM	✓	✓	✓	✓	✓	✓	
	LGBT	✓	✓	✓	✓	✓	✓	
	PWH	✓	✓	✓	✓	✓	✓	
	FBOs, media, HCW, Govt	✓	✓	✓	✓	✓	✓	
Guyana	PWH	✓	✓	✓	✓	✓	✓	
	MSM,	✓	✓		✓	✓	✓	
	SW	✓	✓		✓	✓	✓	
	FBOs,HCW	✓	✓	✓	✓	✓	✓	
St Lucia	PWH,	✓	✓	✓	✓	✓	✓	
	youth	✓	✓	✓	✓	✓	✓	
	MSM	✓	✓	✓	✓	✓	✓	
	SW	✓	✓	✓	✓	✓	✓	
	FBOs, HCW	✓	✓	✓	✓	✓	✓	
St Vincent & G	PWH,	✓	✓	✓				
	MSM,	✓						
	FBOs,	✓	✓	✓	✓	✓	✓	
	HCW	✓	✓	✓	✓	✓	✓	
ST Kitts	Youth,	✓	✓					✓
	PWH	✓	✓					
	FBOs	✓	✓					
Antigua	Govt/NAP,							✓
	FBO		✓	✓		✓		
Jamaica	MSM,	✓	✓	✓	✓	✓	✓	
	youth,	✓	✓	✓	✓	✓	✓	
	FBOs	✓	✓	✓	✓	✓	✓	
BVI	Youth,		✓	✓	✓		✓	
	PWH,	✓	✓				✓	
Dominica	PWH,	✓	✓	✓	✓	✓		
	H	✓						
	MSM,	✓	✓	✓			✓	
	SW	✓						
	FBOs	✓	✓	✓			✓	
Grenada	PWH,	✓	✓	✓	✓	✓	✓	
	FBOs,	✓	✓	✓	✓	✓	✓	
	MSM	✓	✓	✓	✓	✓	✓	
	SW, Migrants	✓						
	HCW	✓						
Anguilla	Youth		✓					✓
	Tourism workers		✓					
Montserrat	MSM		✓					✓

Table 2: Summary of country level rapid needs assessment findings; stigma-specific Issues, suggested strategies and desired stigma outcomes of RSDU work

Issues of stigma identified through participatory country assessments	Objectives (expected results and intermediate results)	Strategies for sustained change (P0 to P5) based on lessons learned and evidence of success of these approaches
PWH		
PWH1: Self /internal stigma is high among PWH causing them to withdraw form or resist interacting with other community groups or to seek employment for fear of being 'found out'	ER: To reduce levels of self-stigma exhibited by PWH reached through the RSDU project by Oct 2012. IR: To identify levels (build capacity/knowledge) of self-stigma among PWH in target countries IR: to reduce internal stigma among PWH support groups and their families	**P1, P2 –** Leadership and Empowerment of PWH support group members and other individuals that can be reached - Increasing PWH self awareness, confidence and desire for change, knowledge of S&D, and ability to work with other groups **P0** – Baseline assessments to measure stigma experienced by PWH through 1. Self stigma (Berger scale) Enacted stigma measures **P1 :** Empowerment of family members of PWH
PWH2: PWH report the need for increased access (without disclosure) to comprehensive skills building to facilitate their re-entry into the workforce	ER: To decrease proportion of targeted PWH that report not being able to access needed services due to stigma IR: To identify access barriers experienced by PWH (in addition to self stigma)	**P1, P2** **P0** – Baseline assessments to measure stigma experienced by PWH through 1. PWH Reports of access barriers
PWH3:Members of PWH support groups expressed the need become more engaged in HIV activities and also in there own development socially and economically	To increase the involvement of targeted PWH in the RSDU and national response in selected countries (StL,Guy,Bel,Gre)	P1, P2, P3, P4 Moving PWH target groups from increased self awareness and confidence and desire for change, to increased knowledge of S&D and leadership/team work ability to S&D skills to action
PWH4: PWH report breaches of human rights related to access to quality health care and social care Including responsive, confidential and appropriate), rights to feel safe, rights to shelter	To assess levels of human rights breaches reported by PWH and human rights desk advocates To increase awareness of human rights issues in the general population and within key groups as identified by stakeholders To foster greater respect for human rights of PWH by key community groups	**P0-** Baseline assessments to measure stigma towards PLHIV groups by key groups, using 1. Human rights awareness and attitude measures 2. Homophobia assessment 3. HCW/ police and other target groups assessment of S&D and confidentiality practices 4. Reports by PWH, of enacted stigma (violence and abuse) **P3 and P4:** 1. Training in human rights & advocacy skills 2. Focus groups on human rights formative assessments with key groups & subsequent development and roll out of human rights messaging campaigns in specific countries

PWH5: Key stakeholders and informants report that stigmatising attitudes towards SW, MSM, migrants still prevail within key community groups and gate-keepers. e.g. HCW, FBOs, employers,	To identify levels of enacted and layered stigma S&D exhibited by key community groups in RSDU target countries To identify levels of stigmatising attitudes among key actors in the community To reduce proportion of those targeted that express negative attitude towards PWH. To increase the involvement of key community groups working with marginalised groups in the RSDU/National response	**P0** – Baseline assessments to measure stigma towards MSM, SW, migrants other groups using 1. The enacted stigma scale 2.The attitudes scale and 3. Shame, blame, values assessment **P4.** Develop targeted anti stigma approaches to tackle domains of stigma exhibited by community groups P1, P2, P3, P4 Moving key groups from decreased stigma, Increased awareness and desire for change, to increased knowledge of S&D and leadership/team-work ability to S&D skills to action
Other Marginalized groups (Sex workers, MSM, migrants and other marginalized groups)		
MG1:Self /internal stigma is reported among sex workers/MSM/migrants/other in response to stigma they specifically experienced from health care, schools, and FBOs , police, immigration (compounded when they are migrant sub groups)	ER: To reduce levels of self-stigma exhibited by marginalised groups reached through the RSDU project by Oct 2012. IR: to reduce internal stigma among MSM support groups and their families IR: To identify levels (build capacity/knowledge) of self-stigma among MG in target countries	P1 : Leadership and Empowerment of MG support group members and other individuals that can be reached P1 : Empowerment of family members of MSM to reduce self stigma
MG2: Marginalised groups report limited access to quality health services	ER: To decrease proportion of targeted MSM, SW and Youth subgroups (in selected countries) that report not being able to access needed services due to stigma IR: To identify access barriers experienced by (in addition to self stigma)	**P1, P2 -** Leadership and Empowerment of MG and of HCW **P0** – Baseline assessments to measure stigma experienced by PWH through 1. MG Reports of access barriers
MG3: Members of sex workers, MSM and youth support groups expressed the need become more engaged in advocacy and human rights action within their support groups	To increase the involvement of targeted MSM, SW and Youth subgroups (STL, Guy, Jam) (in the RSDU and national response in selected countries (StL,Jam, Guy, Bel, Gre)	P1, P2, P3, P4 Moving Marginalised target groups from increased self awareness and confidence and desire for change, to increased knowledge of S&D and leadership/team work ability to S&D skills to action *(i.e enabling MSM, sex workers and youth sub groups to bridge the gaps with other community groups e.g FBOs and to express themselves or their concerns without fear of verbal or physical 'attacks')*
MG4: SW , MSM, youth sub groups, migrants report breaches	To assess levels of human rights breaches reported by marginalised	

of human rights to quality health care and social care, rights to feel safe, rights to shelter	groups and other stakeholders To increase awareness of human rights issues in the general population and within key groups as identified by stakeholders To foster greater respect for human rights of marginalised groups by key community groups	
MG5:Key stakeholders and informants report that stigmatising attitudes towards specific marginalised groups still prevail within key community groups and gate- keepers. e.g. HCW, FBOs, employers	To identify levels of enacted and layered stigma S&D exhibited by key community groups in RSDU target countries To identify levels of stigmatising attitudes among key actors in the community To reduce proportion of those targeted that express negative attitude towards PWH. To increase the involvement of key community groups working with marginalised groups in the RSDU/National response	**P0** – Baseline assessments to measure stigma towards PLHIV and other groups using 1. The enacted stigma scale 2.The attitudes scale and 3. Shame, blame, values assessment **P4.** Develop targeted anti stigma approaches to tackle domains of stigma exhibited by community groups **P1, P2, P3, P4** Moving key groups from decreased stigma, Increased awareness and desire for change, to increased knowledge of S&D and leadership/team-work ability to S&D skills to action

General issues related to programme design		
There is a general consensus by stakeholders that knowledge levels are relatively high in most countries and Stigma (both felt, attitudinal and enacted) is no more about fear or lack of knowledge around transmission of preventions but more about human rights, lack of empathy and sensitivity and tolerance and judgment or self judgment and as such this is why it is more covert.	To identify levels of HIV transmission and prevention knowledge gaps that exist among the target populations To identify if people who self stigmatize are knowledgeable about transmission and prevention of HIV To fill the HIV Knowledge gaps in the target population	**P0 - Baseline assessment** **P1 and P4**

Part Two: Planning the baseline and end-line Evaluation questions - stigma outcome indicators

3 Formulation of stigma Indicators

The approaches indicated above set the framework for the development of Indicators for measuring stigma outcomes at the impact and outcome levels.

3.1 Overview of the Baseline Assessment:

Methods:
Refer to the SCOR-B handbook (ref) for greater detail on approach, sampling and ethical considerations

Approach to collection and analyses of data;

Epi-data freeware system to produce the data entry templates

Data entry and analysis - in Epi data, SPSS and Excel

Creative and Effective – reporting data analysts and thematic analyses of FG findings

What has been omitted from other indexes?

Gap: Asking PLHIV about their perceived attitudes of the public and characterizing Self stigma as a spin off of enacted stigma, isolation and community gate keeping practices

Gap: indentifying layers of stigma that may compound the manifestations of HIV stigma (i.e exploring layered or compounded stigma by asking other marginalized groups about their stigma experiences and self stigma).

3.2 Planning the evaluation

The methods of analysis for the baseline assessment and subsequent evaluation (The study) depended on

1. The goal and the strategies of the project that is being designed and subsequent programme design questions that need to be answered in order to develop appropriate and tailored intervention. e.g.

    - *What are the HIV transmission and prevention knowledge levels of PWH and other community groups?*
    - *What level of human rights awareness is observed in key groups?*
    - *Do marginalised groups take action against discrimination?*
    - *In the current period are PWH stigmatized because of their HIV positive*

status or because of other lifestyle choices or issues of sexual diversity?

2. The research questions for measuring the stigma related outcomes of the study, e.g.

    - *What forms of stigma still exist and in which groups?*
    - *What are the levels of stigma towards marginalized groups?*
    - *Has there been a reduction in the amount of stigma experienced and felt by marginalized groups targeted during the project period?*
    - *To what extent does stigma affect access to quality services by marginalized groups*
    - *Have there been any improvements in access to services by the end of the project period?*
    - *Has there been an increase in knowledge and respect for human rights?*
    - *Have stigmatising attitudes toward PWH and other marginalized groups decreased within key community groups by the end of the project period?*
    - *Have target groups become more involved in community responses?*

In addition, further considerations in developing analysis plans appropriate to the specific aims of a project have or will include:

- Type of measurements/Indicators to be measured – are the indictors best measured by responses to an individual question; or a validated set of individual questions (composite indicators); or a scale which measures a number of constructs to arrive at a valid measure
- Number of measurement occasions (longitudinal study vs. cross-sectional study, baseline and end-line evaluations)
- Completeness of the data that can be gathered
- Method for selection of subjects/respondents
- Examination of clustering and correlations within the data

3.3 Measurements: Indicators to be measured

Across this stigma reduction project, programmes and activities, there will be frequently observable impacts (longer term outcomes) and outcomes (intermediate outcomes and short term and medium term outputs) that may be used as indicators of a successful association between programme actions and outcomes. The project log frame of the RSDU, seeks to evaluate a minimum possible number of these indicators of S&D reduction within the various groups and communities targeted through the project.

3.4 Measures for assessing outcomes of stigma reduction – Indicators of success (RSDU project);

Within the cultural context of the Caribbean and the project focus areas, the RSDU have identified indicators of success as follows:

Impact level

According to the impact goal, The measures of stigma outcomes will be based on self-reports of different domains of stigma and discrimination by the members of the target groups that are reached through the project.

Impact of the project will be measured by three indicators for stigma reduction from the viewpoint and experiences of the marginalised groups and two indicators on self-reported positive attitudes of the targeted community groups ;

1. Reduced stigma:

% reduction of those exposed to targeted interventions that demonstrate self - stigma amongst PLHIV other marginalised groups (MSM, SW, Migrants, etc) in the past 12 months

% (of those demonstrating reductions in self stigma) that explicitly attribute the change to their exposure to RSDU interventions

Reduction in levels of self stigma among PWH: This indicator measures the 12-month change in the number/proportion of PLHIV that demonstrate self or internal stigma in response to scale of questions posed to them .

Disaggregation: by target groups (overall totals); by target group (by country); by sex

% reduction of key groups reporting enacted stigma (discrimination), in the past 12 months amongst PLHIV other vulnerable groups (MSM, SW, Migrants, youth)

Reduced reports of discrimination; This indicator measures 12month change in the number/proportion of PLHIV reporting specific experiences of enacted stigma such as violence, gossiping, social exclusion, verbal insults, etc. This data is currently not available for most of the target countries in formats that can be amalgamated to give an overall measure.

Disaggregation: by target group (and overall totals); by target group (by country); by sex

2. Increased positive attitudes of key targeted community groups

% Increase in proportion of targeted community groups members with a positive attitude towards the rights of PLHIV in the past 12 months

Disaggregation: by target group (and overall totals); by target group (by country); by sex

This indicator measures the 12-month change in the proportion of the targeted population (those identified as perpetrators of stigma during country assessments and targeted through BCC strategies initiated by the RSDU sub-projects and NAPS actions) who are;

1. Aware of the common basic human rights of all persons and;

2. Also strongly agree that these same rights are afforded to PLHIV and other marginalised groups.

% Increase in proportion of target groups members who demonstrate a positive attitude towards PLHIV in the past 12 months

Disaggregation: by target groups (overall totals); by target group (by country); by sex

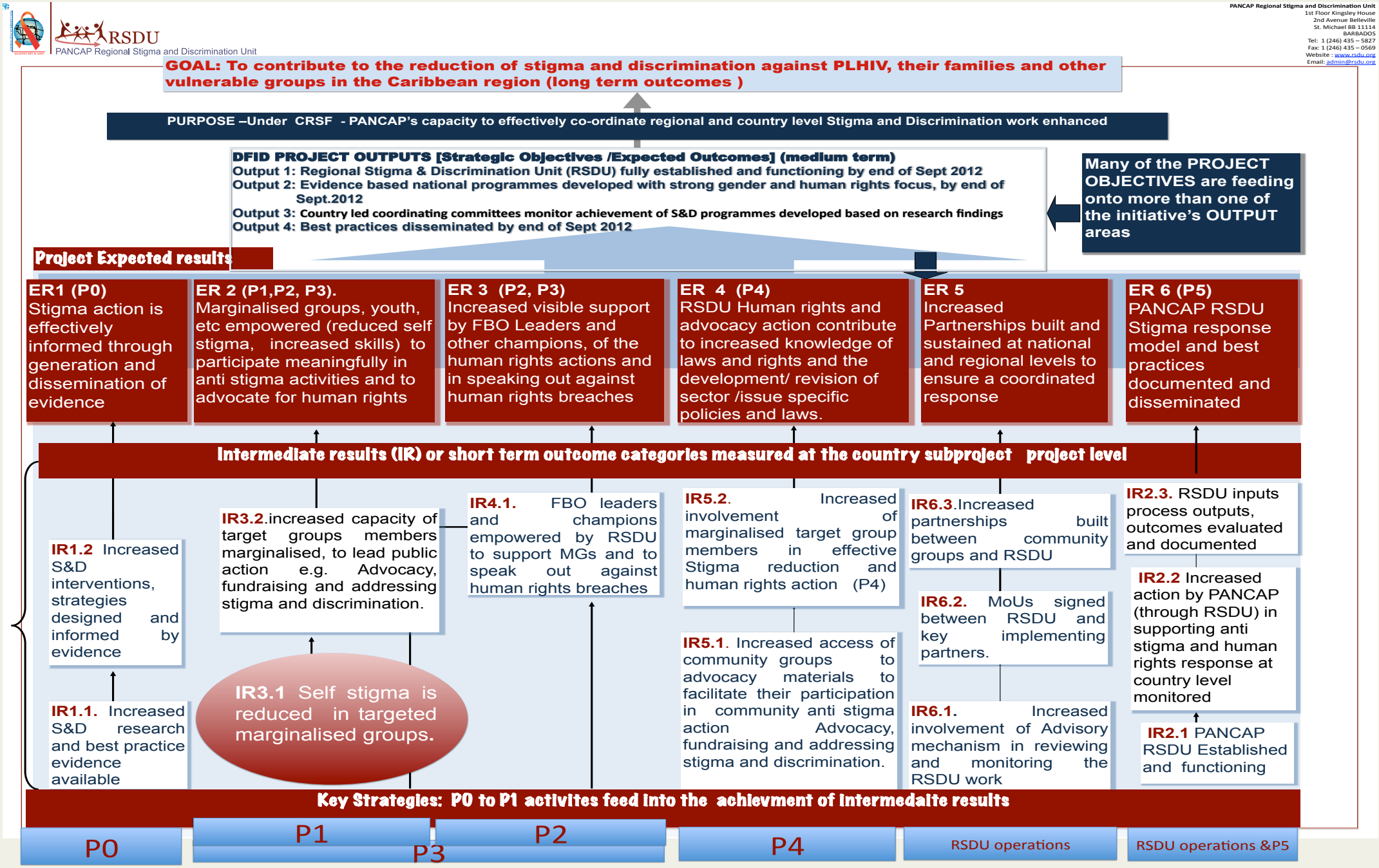
This composite indicator measures the 12-month change in the proportion of the targeted population who respond favourably to all questions on attitudes towards PWH

Table 3 below highlights describes the stigma related outcome indicators (only) required for evaluating the success of the project and others that target the reduction of S&D marginalised groups through empowerment initiatives and human rights-based approaches. The table also maps the specific questionnaire items within SCOR-B

It is expected that users do not measure all indicators given in the table for each S&D issue that is being tackled in any given project. Instead, in the interest of ease of data selection and time efficiency and containing related costs it is suggested that programmers select one to two indicators per issue identified especially in cases below , where more than 2 indicators have been suggested for measuring a specific issue.

In addition to the Stigma -related outcomes and intermediate result level indicators highlighted in table 3 below, output level indicators and other intermediate results related to numbers reached, capacity built , partnerships formed and sustained, materials produced , etc are also highlighted and discussed in the *detailed project M&E plan, results framework and overarching indicators that depict the overall project activities. The results framework and overarching indicators are in figures 2 and 3 below.*

3.5 Figure 2: RSDU Project Results Framework



3.6 Figure 3: RSDU Project overarching indicators linked to the RSDU project results framework (fig 2) and country level activity monitoring plans

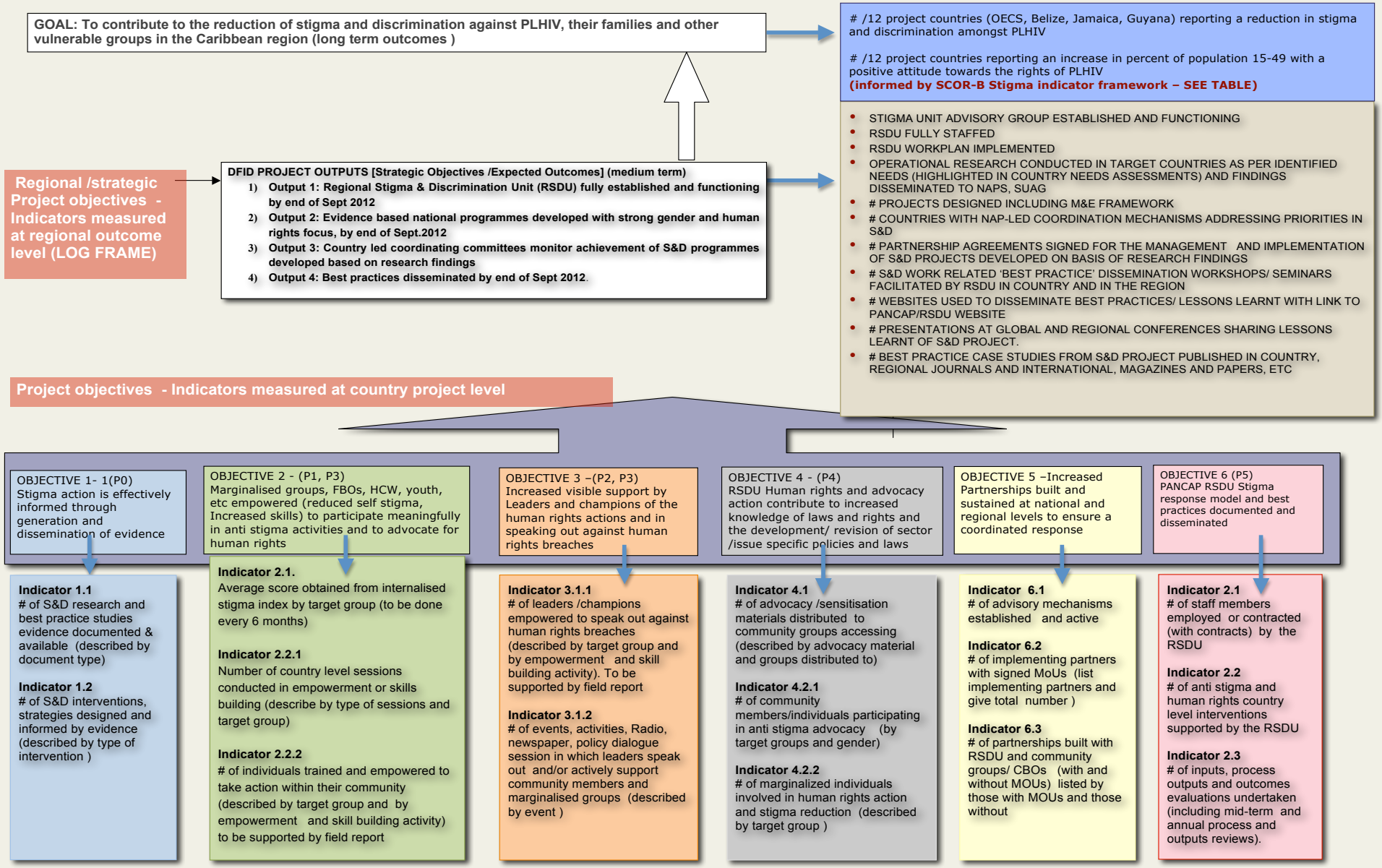


Table 3: RSDU Indicators for Measuring stigma reduction outcomes in specific target groups

Issues of stigma identified through participatory country assessments	Stigma reduction Goal/ Objectives	Indicators of change (outcomes)	Indicator description and SCOR-B source questions/scales	Disaggregation
IMPACT LEVEL (GOAL)				
Stigma and discrimination is driven by a myriad of issues include HIV related stigma and layered stigma towards marginalized groups other than PWH and as such this increases the vulnerabilities of MG in terms of access to needed health and social and services and information, increased self stigmatization and corresponding low self esteem and isolation for social and economic activities .	To effectively contribute to reduction of stigma and discrimination among PWH their families and other marginalized groups in the Caribbean	1a. # and % exposed to targeted interventions that demonstrate a reduction in self -stigma amongst PLHIV other vulnerable groups (MSM, SW, Migrants, youth) in the past 12 months	This indicator measures number/proportion of targeted PLHIV that demonstrate self or internal stigma in response to a scale of questions posed to them. Source : SCOR-B – adapted and validated Berger scale items on negative self image.	Disaggregation: by target groups (overall totals); by target group (by country); by sex
		1b. # and % (of those demonstrating reductions in self stigma) that explicitly attribute the change to their exposure to RSDU interventions	This attempts to identify number of those targeted that explicitly identify the RSDU project interventions as major contributes to their reduction in self stigma with personal value added results that can articulate.	
		2. # and % reporting a reduction in enacted stigma (discrimination) by key groups indentified, in the past 12 months amongst PLHIV other vulnerable groups (MSM, SW, Migrants, youth)	This indicator measures number/proportion of PLHIV reporting specific experiences of enacted stigma such as violence, gossiping, social exclusion, verbal insults, etc. Measured as % of that experience at least 1 act of stigma out of all related items asked in the instrument.	Disaggregation: by target groups (overall totals); by target group (by country); by sex
		% Increase in proportion of targeted community groups members with a positive attitude towards the rights of PLHIV in the past 12 months	This indicator measures the 12-month change in the proportion of the targeted population (those identified as perpetrators of stigma during country assessments and targeted through BCC strategies initiated by the RSDU sub-projects and NAPS actions) who are; 1.Aware of the common basic human rights of all persons 2.and also strongly agree that these same rights are afforded to PLHIV and other marginalised groups.	

		% Increase in percent of targeted community group members that demonstrate a positive attitude towards PWH	This composite indicator measures the 12-month change in the proportion of the targeted population who respond favourably to all questions on attitudes towards PWH. Source; in SCOR-B adapted from - UNAIDS general population survey; DHS AIDS Module; FHI BSS (adult); FHI BSS (youth); MICS (UNICEF).	
OUTCOME LEVEL				
PWH				
PWH1A: Self /internal stigma is high among PWH causing them to withdraw from or resist interacting with other community groups or to seek employment for fear of being 'found out'	**PWH1_ER1A.1:** To reduce levels of self-stigma exhibited by PWH reached through the RSDU project by Oct 2012.	**PWH1_ER1A.1.1. #** and % of PLHIV that have been exposed to targeted interventions that demonstrate a reduction in self - stigma	**PWH1_ER1A.1.1.**This indicator measures number/proportion of PLHIV attending RSDU session, that demonstrate self or internal stigma in response to scale of questions posed to them From the SCOR-B adapted and validated Berger scale. The level of self stigma will be assed only in those persons indicating that they attended RSDU sessions as asked in 20 and 20 a and 23 and 23a Section 4 of questionnaire - SCOR-B(P);	
PWH1B: PWH report the greatest and most hurtful stigma as those enacted by close family members including trusted friends/spouse	**PWH1_IR1B.1:** To reduce stigma towards PWH by their families and other household members	**PWH1_IR1B.1.1. #** and % of PWH reporting stigma enacted towards them by family members in the past 12 months	**PWH1_IR1B.1.1.1.** Section1D;(k) PWH who report that their family members stigmatize or discriminate against them in the past 12 months. This measures the conflict between PWH and family members and is required to be addressed in order to reduced self-stigma and promote the role of support groups in empowerment of PWH.	

			Question: SECTION 1D: 4.15. IN THE PAST 12 MONTHS - which of the following groups do you think have discriminated against or stigmatized you? Numerator: Those who tick family members and describe how they stigmatize are counted Denominator: all respondents in specific target group	
PWH1C: Internal stigma among PLHIV support groups is observed and gives rise to coordination direction of the organizations' membership pool, support activities and community involvement	**PWH1_IR 1C.1:** To reduce internal stigma among PWH support groups members	**PWH1_IR1C.1.1. #** and % of support groups members reporting unresolved stigma or discrimination by other PWH in the past 12 months	**PWH1_IR1C.1.1.1.** Section1D;(Q); PWH who report that their peers stigmatize or discriminate against them in the past 12 months. This measures the conflict between PWH within peer groups and is required to be addressed in order t o reduced self-stigma and promote the role of support groups in empowerment of PWH. Question: SECTION 1D: 4.15. IN THE PAST 12 MONTHS - which of the following groups do you think have discriminated against or stigmatized you? Numerator: Those who tick peers (other PWH) members and describe how they stigmatize are counted Denominator: all respondents in specific target group	
PWH2: PLHIV report the need for increased access (without disclosure) to comprehensive skills building to facilitate their re-entry into the workforce	**PWH2_ER2.1:** (increased access) To decrease proportion of targeted PWH that report not being able to access needed services due to stigma	**PWH2_ER2.1.1: #** and % of targeted PWH reporting that they have not been able to access needed services in the last 12 (or 6) months	**PWH2_ER2.1.1.**This measures the level of unmet need for important services by PWH. Source: SCOR-B Questions: Section4	

		PWH2_ER2.1.2: # and % of targeted PWH reporting that they have avoided or delayed seeking health care treatment or paid for private care because they were afraid of service providers' attitudes toward them as a person with HIV, In the past 12 months	1.In the past 12 months, have you had any of the following happen to you at a health care facility because of your HIV status? a. Health provider refused to attend you b. You were discharged too early e. You were being denied treatment—drugs, surgery—or relevant tests/investigations 14.Have you ever traveled to a clinic or hospital that is far away/abroad, instead of going to a nearby clinic/hospital, because you were trying to keep your HIV status a secret? 15. In the past 12 months have you ever avoided or delayed seeking health care treatment or paid for private care because you were afraid of service providers' attitudes toward you as a person with HIV? 16.Have you ever paid for treatment when it was available for free, because of your HIV status and S&D? <u>Numerator:</u> all respondents who have indicated yes for at least one of the items above <u>Denominator:</u> all respondents in specific target group **PWH2_2.1.2.** This measures the avoidance of services altogether by PWH Question: item 15 above is measured on it own.	

			Numerator: all respondents who have indicated yes for at least one of the items above Denominator: all respondents in specific target group	
PWH3: Members of PLHIV support groups expressed the need become more engaged in HIV activities and also in there own development socially and economically	**PWH3_IR: 3.1** To increase the involvement of targeted PWH in the RSDU and national response in selected countries (StL,Guy,Bel,Gre)	**PWH3_IR: 3.1.1. #** and % of targeted PWH reporting that they have been exposed to or participated in HIV response activities in the past 12 months.	**PWH3_3.1.1.** This indicator measures the number of persons who report that they have been engaged in Advocacy or other HIV prevention activities over the past 6 months Questions. Have you attended the stigma reduction/advocacy training session in the last 12 (or 6) months? Have you attended the empowerment sessions in the last 12 months? Have you participated in advocacy or sensitization events in the past months? Numerator: all respondents who have indicated yes for at least one of the items above Denominator: all respondents in specific target group	by country; By region (total); by RSDU led programmes)
PWH3_PWH4:PLHIV still report acts discrimination (enacted stigma) and violations of their rights to access quality health care and social care, Including responsive, confidential and appropriate), rights to feel safe, rights to shelter	**PWH3_ER4.1:** To reduce acts of discrimination towards PWH by key community groups identified	**PWH3_ER4.1.1. #** and % PWH reporting experiences in enacted stigma (discrimination) in the past 12 (or 6) months	**PWH3_ER 4.1.1.** PWH who report at least one act of discrimination out of a possible 11 questions asked and give reasoning that it was due to their status. (Source: SCOR-B)	By group (by country) By group (regional) Overall (by RSDU led programmes)

			Numerator Number of respondents who report who report at least one act of discrimination Denominator All respondents from the PWH target group	
	PWH3_IR4.1: To increase the number human rights breaches reported by PWH that were addressed by the human rights desk advocates or other mechanism ***Or more achievable and measurable:*** IR: to increase the number of PWH who know how to seek help/assistance for redressing human rights breaches	**PWH3_IR 4.1.1.** # and % of PWH reporting human rights breaches and that they took action or sought assistance in the past 12 (or 6) months ***or*** # and % of PWH that know where to seek assistance for redressing human rights breaches	**PWH3_IR 4.1.1.** This indicator measures proportion of PWH who cite incidences of human rights breaches AND of those who report breaches, those who have sought assistance and received some action (not necessarily resolution or redress) Numerator: all those answering 'yes' to; HR3b. Do you think you've ever been denied your rights? (If YES, please give brief details of how the rights were denied) AND WHO ALSO ANSWER 'YES' to one or more to the following questions; HR1. In the past 12 (or 6) months, have you sought help from any organizations to resolve an issue of discrimination? HR3. In the past 12 (or 6) months, have you confronted or challenged someone who was stigmatizing or discriminating against you, or another person? Numerator: All those answering YES to;	

			HR3b. Do you think you've ever been denied your rights? (If YES, please give brief details of how the rights were denied.) Source: SCOR-B	
	PWH3_IR4.2: To increase awareness of human rights issues in the general population and within key groups as identified by stakeholders	**PWH3_IR4.2.1.** # and % of members of targeted community groups and institutions that are aware of human rights issues asked	**PWH3_IR4.2.1.** This indicator measures human rights awareness among targeted community members (Source: SCOR-B and human rights awareness study to evaluate campaigns rolled out in selected countries) <u>Numerator</u> Number of respondents that answer yes to question: 1. Have heard of the term Human rights And then correctly to the 2 others: Accurately cite one or more rights that come to mind; Cite 3 rights accurately - that are important to them **also take note of % that are aware of the universal declaration of human rights.* <u>Denominator</u> All respondents from the target groups	
	PWH3_ER4.3: To foster greater respect for human rights of PWH by key community groups	**PWH3_ER4.3.1.** % and % of targeted community groups that express that they are respectful of the rights of PWH	**PWH3_ER4.3.1.** This measures the proportion of the target community group members that state that they believe that PWH have the same rights as all human beings. <u>Numerator</u> All those that respond positively to the 2 questions:	

			HR5: Do you think that everyone, regardless of race, religion, class, skin colour, income, gender, sexual orientation, criminal record or HIV status, is entitled to equal human rights? HR6: Do you think that everyone that is HIV positive is entitled to [all rights are listed and should be ticked]: <u>Denominator</u> All respondents from the target groups Source: SCOR-B	
PWH5: Key stakeholders and informants report that stigmatising attitudes towards SW, MSM, migrants still prevail within key community groups and gate- keepers. E.g. HCW, FBOs, employers,	**PWH5:** - **ER5.1:** To reduce proportion of those targeted that express negative attitude towards PWH.	**PWH5:** - **ER5.1.1 #** and % of targeted community who have positive attitudes towards PWH	**PWH5:** - **ER5.1.1.** This measures the proportion of targeted respondents expressing negative attitudes in at least one out of 20 questions asked over a series of types of stigma: fear of contagion (section 1 Aa - a) to g) , negative attitudes (Section 1ab - SD3-SD9); negative judgment about PLHIV (section 1b – h to m), Source: SCOR-B <u>Numerator</u> Number of respondents reporting negative attitudes on one or more of the questions in Section 1A,a, 1Ab and 1B by section. <u>Denominator</u> Total number of respondents to section 1As, 1Ab and 1B by section Also measures compounded and layered stigma- shame and blame	By group (by country) By group (regional) Overall (by RSDU led programmes)

			towards other groups around 14 questions (Section 1c – a to m).	
	PWH5: - **IR5.1:** To increase the involvement of key community groups working with marginalised groups in the RSDU/National response	**PWH5:** - **IR5.1.1.** # and % reporting that they have been exposed to or participated in HIV response or empowerment activities in the past 6 months and worked in partnership with members of other community groups /CBOs	**PWH5:** - **IR 5.1.1.** This indicator measures the proportion of respondents that have been involved AND also worked with other groups Source: SCOR-B This indicator measures the number of person who report that they have been engaged in Advocacy or other HIV prevention activities over the past 12 (or 6) months Questions. Have you attended a stigma reduction/advocacy training or sensitization session in the last 12 (or 6) months? Have you attended the empowerment sessions in the last 12 (or 6) months? Have you participated in advocacy or sensitization events in the past 12 (or 6) months? Numerator: all respondents who have indicated yes for at least one of the items above Denominator: all respondents in specific community target group	By group (by country) By group (regional) Overall (by RSDU led programmes)
Other Marginalized groups (Sex workers, MSM, migrants and other marginalized groups)				

MG1: Self /internal stigma is reported among sex workers/MSM/migrants/other in response to stigma they specifically experienced from health care, schools, and FBOs , police, immigration (compounded when they are migrant sub groups)	**MG1 - ER1.1**: To reduce levels of self-stigma exhibited by marginalised groups reached through the RSDU project by Oct 2012. **MG1 - IR1.1:** to reduce internal stigma among MSM support groups and their families	# and % of MG member exposed to targeted interventions that demonstrate a reduction in self - stigma in the past 12 months	**ER1.1.**This indicator measures number/proportion of targeted MG members that demonstrate self or internal stigma in response to scale of questions posed to them From the SCOR-B adapted and validated Berger scale. The level of self stigma will be assed only in those persons indicating that they attended RSDU sessions as asked in 20 and 20 a and 23 and 23a Section 4 of questionnaire - SCOR-B(P);	Disaggregated by; 1. By target marginalised group e.g. sex workers/MSM/migrants/other 2. By sex 3.By country 4. Totals
MG1B: MSM report stigma enacted by close family members including trusted friends/spouse	IR1b.1: To reduce stigma towards MSM by their families and other household members	# and % of MSM reporting stigma enacted towards them by family members in the past 12 months	**IR1B.1.** Section1D;(k) PWH who report that their family members stigmatize or discriminate against them in the past 12 months. This measures the conflict between MSM and family members and is required to be addressed in order to reduced self-stigma and promote the role of support groups in empowerment of MSM Question: SECTION 1D: 4.15. IN THE PAST 12 MONTHS - which of the following groups do you think have discriminated against or stigmatized you? Numerator: Those who tick family members and describe how they stigmatize are counted Denominator: all respondents in specific MSM target group	
MG1C: Internal stigma among MSM support groups is observed and gives rise to coordination direction of the organizations' membership pool, support activities and community	IR1c.1: To reduce internal stigma among MSM support groups members	# and % of support groups members reporting unresolved conflict and judgment with other MSM in the past 12 months	**IR1C.1.1.1.** Section1D;(Q); MSM who report that their peers stigmatize or discriminate against them in the past 12 months.	

involvement			This measures the conflict between MSM within peer groups and is required to be addressed in order To reduced self-stigma and promote the role of support groups in empowerment of MSM Question: SECTION 1D: 4.15. IN THE PAST 12 MONTHS - which of the following groups do you think have discriminated against or stigmatized you? Numerator: Those who tick peers (other MSM) members and describe how they stigmatize are counted Denominator: all respondents in specific target group	
MG2: Marginalised groups report limited access to quality health services	**MG2: - ER2.1**: To decrease proportion of targeted MSM, SW and Youth subgroups (in selected countries) that report not being able to access needed services due to stigma			
MG3: Members of MG (sex workers, MSM and youth support groups) expressed the need become more engaged in advocacy and human rights action within their support groups	**MG3 - IR3.1.** To increase the involvement of targeted MSM, SW and Youth subgroups (STL, Guy, Jam) (in the RSDU and national response in selected countries (StL,Jam, Guy, Bel, Gre)	**MG3 - IR: 3.1.1. #** and % of targeted Sex workers, Youth and MSM support groups reporting that they have been exposed to or participated in HIV response activities in the past 12 months.	**MG3 – IR 3.1.1.** This indicator measures the number of person who report that they have been engaged in Advocacy or other HIV prevention activities over the past 12 (or 6) months Questions. Have you attended the stigma reduction/advocacy training session in the last 12 (or 6) months? Have you attended the empowerment sessions in the last 12 months? Have you participated in advocacy	

			or sensitization events in the past months? <u>Numerator:</u> all respondents who have indicated yes for at least one of the items above <u>Denominator:</u> all respondents in specific target group	
MG4: MGs (SW , MSM, youth sub groups, migrants) report violations of their rights to access quality health care and social care, rights to feel safe, rights to shelter	**MG4 - ER4.1:** to reduced acts of discrimination towards MG by key community groups identified	**MG4 - ER4.1.1. #** and % MSM, SW, Migrants, Youth Sub groups reporting experiences in enacted stigma (discrimination) in the past 12 (or 6) months	**MG4 - ER 4.1.1.** MSM SW, Migrants, Youth Sub groups who report at least one act of discrimination out of a possible 11 questions asked and give reasoning that it was due to their status. (Source: SCOR-B) <u>Numerator</u> Number of respondents who report who report at least one act of discrimination <u>Denominator</u> All respondents from the target group	
	MG4 - IR4.1: To increase the number human rights breaches reported by MG that were addressed by the human rights desk advocates or other mechanism ***Or more achievable and measurable:*** **MG4 - IR4.1**: to increase the number of MG who know how to seek help/assistance for redressing human rights breaches	**MG4 - IR 4.1.1.** # and % of MG (by target group) reporting human rights breaches and that they took action or sought assistance in the past 12 months ***or*** **MG4 – IR4.1.1.** # and % of MG (by target group) that know where to seek assistance for redressing human rights breaches	**MG4 - IR 4.1.1.** This indicator measures proportion of MSM, SW, migrants, youth sub groups, who cite incidences of human rights breaches AND of those who report breaches, those who have sought assistance and received some action (not necessarily resolution or redress) <u>Numerator:</u> all those answering 'yes' to; HR3b. Do you think you've ever been denied your rights? (If YES, please give brief details of how the rights were denied) AND WHO ALSO ANSWER 'YES'	

			to one or more to the following questions; HR1. In the past 12 months, have you sought help from any organizations to resolve an issue of discrimination? HR3. In the past 12 months, have you confronted or challenged someone who was stigmatizing or discriminating against you, or another person? <u>Numerator:</u> All those answering YES to; HR3b. Do you think you've ever been denied your rights? (If YES, please give brief details of how the rights were denied.) Source: SCOR-B	
	MG4 - IR4.2. To increase awareness of human rights issues in the general population and within key groups as identified by stakeholders	**MG4 - IR4.2.1. #** and % of members of targeted community groups and institutions that are aware of human rights issues asked	**MG4 - IR4.2.1.** This indicator measures human rights awareness among targeted community members (Source: SCOR-B and human rights awareness study to evaluate campaigns rolled out in selected countries) <u>Numerator</u> Number of respondents that answer yes to question: 1. Have heard of the term Human rights And then correctly to the 2 others: Accurately cite one or more rights that come to mind; Cite 3 rights accurately - that are important to them	

			**also take note of % that are aware of the universal declaration of human rights.* <u>Denominator</u> All respondents from the target groups	
	MG4 - ER4.3 To foster greater respect for human rights of marginalised groups by key community groups	**MG4 - ER4.3.1.** % and % of targeted community groups that express that they are respectful of the rights of MSM, SW, Migrants , Youth sub groups	**MG4 - ER4.3.1.** This measures the proportion of the target community group members that state that they believe that MSM, Migrants, SW have the same rights as all human beings. <u>Numerator</u> All those that respond positively to the 2 questions: HR5: Do you think that everyone, regardless of race, religion, class, skin colour, income, gender, sexual orientation, criminal record or HIV status, is entitled to equal human rights? HR6: Do you think that everyone that is HIV positive is entitled to [all rights are listed and should be ticked]: <u>Denominator</u> All respondents from the target groups Source: SCOR-B	

MG5: Key stakeholders and informants report that stigmatising attitudes towards specific marginalised groups still prevail within key community groups and gate-keepers. e.g. HCW, FBOs, employers	**MG5- ER5.1**.To reduce proportion of those targeted that express negative attitude towards MSM, Migrants, SW	**MG5- ER 5.1.1. #** and % of targeted population 15-49 who have positive attitudes towards MSM, migrants and SW	**MG5- ER5.1.1.** This measures the proportion of targeted respondents expressing negative attitudes in at least one out of X questions asked Source: SCOR-B Numerator Those that express at least one element of layered stigma in questions related to shame and blame of the specific MG for spreading HIV asked in section 1c of the community tool Denominator All of respondents from the target group	Totals and by target groups