



German contributions to the Caribbean AIDS response

Development cooperation
in a specific epidemiological context



Table of Contents

The German HIV Practice Collection	3
Executive summary	4
The Caribbean, its AIDS epidemic and its youth	5
A region of extraordinary diversity and complexity	5
An AIDS epidemic second only to sub-Saharan Africa's	5
The vulnerability of Caribbean youth	6
Regional collaboration on AIDS and youth	12
Before 2001: collaboration among CARICOM countries	12
Since 2001: Caribbean-wide collaboration	13
Empowering youth to shape national AIDS responses	15
Building local youth-run services	15
Building national and regional youth networks	22
Involving youth in policy and programme development	29
Results in Trinidad and Tobago	31
Results in the Dominican Republic	33
Results in the Caribbean region	34
Lessons Learnt	35
Caribbean Social Marketing to Prevent HIV and AIDS (CARISMA):	
A regional approach with multi-donor funding	37
Bibliography	43
Acronyms and Abbreviations	45
Contacts and credits	45

Acknowledgements

German Development Cooperation would like to thank the many local, national, regional and international partners with whom it collaborated on the programmes and projects described in this publication. Too numerous to list here, they are mentioned at appropriate places throughout the report but key partners included the Caribbean Community (CARICOM), Caribbean Epidemiology Centre (CAREC), Pan Caribbean Partnership against AIDS (PANCAP), and national AIDS councils and health authorities in Belize, Dominican Republic, Haiti, Jamaica, and Trinidad and Tobago.

The current version of this report is an expansion of the original, with an added chapter on Caribbean Social Marketing to Prevent HIV and AIDS (CARISMA). The original was a collaborative effort involving a number of individuals. In particular, Dr Uli Wagner headed the CAREC-GTZ youth initiative team and Annegret Spelleken headed the Proyecto Supra-Regional (ProSuRe) “Juvéntud y Sida en el Carib” team. Ozzie Warwick and Dr John Waters were members of the ProSuRe team and, in January 2007, were very generous in volunteering their time as facilitators for the writer’s visits to the region. The following people were generous in agreeing to be interviewed about the programmes and projects in which their organizations were involved: Dr. Angel Almánzar, Jorges Aquino, Patricia Belmar, Dr Juan Burgos-Soto, Altagracia Canajal, David Camejo, Filipa Garcia, Yaneris Gonzalez, Svenn Miki Grant, Ernesto Kesar, Ginelle Yearwood McDonald, Salorne McDonald, Antonio de Moya, Dr Ana María Navaro, Elias Ramos, Leonardo Sánchez, Dr. Rosa Victoria Sánchez, and Leroy Serapio.

German Development Cooperation is grateful to: Yvonne Schöenemann and Dr Henri van den Hombergh; Ginelle Yearwood McDonald, Annegret Spelleken, Ozzie Warwick, and Dr John Waters for reviewing drafts of the original report; Anna von Roenne, Secretary of the German HIV Practice Collection, for coordinating the editing and production process; Stuart Adams, the writer of this publication for the extra time, skill and commitment put into documenting a unique regional context and complex project histories.

The German HIV Practice Collection

Peer-reviewed

Objective

In 2004, HIV experts working for German development agencies and their partner institutions worldwide launched the German HIV Practice Collection. From the start, the objective has been to share good practices and lessons learnt from HIV initiatives supported by German Development Cooperation. The actual process of jointly defining good practice, documenting it and learning from its peer review is considered as important as the resulting publications.

Process

Managers of German-backed initiatives propose promising ones to the Secretariat of the German HIV Practice Collection at ghpc@giz.de. An advisory board of HIV experts representing German development organizations and the Ministry of Economic Cooperation and Development (BMZ) select those they deem most worthy of write-up for publication. Professional writers then visit selected programme or project sites and work closely with the national, local and German partners primarily responsible for developing and implementing the programmes or projects.

Independent, international peer-reviewers with relevant expertise then assess whether the documented approach represents “good or promising practice”, based on eight criteria:

- Effectiveness
- Transferability
- Participatory and empowering approach
- Gender awareness
- Quality of monitoring and evaluation
- Innovation
- Comparative cost-effectiveness
- Sustainability

Only approaches that meet most of the criteria are approved for publication.

Publications

All publications in the Collection describe approaches in sufficient detail to allow for their replication or adaptation in different contexts. They have a standard structure and are presented in plain language that aims to appeal to a wide range of readers, as well as specialists in the field. The publications also direct readers to useful tools and are issued in full-length and in short versions that can be read online, downloaded or ordered as printed copies.

Get involved

Do you know of promising practices? If so, we are always keen to hear from colleagues who have developed responses to challenges in the fields of health and social protection. Please also check out our website to comment on, discuss and rate all of our publications. Here you can also learn about proposals and approaches currently under peer review.

Our website can be found at www.german-practice-collection.org. There you can also download the short version of this publication and both long and short versions of other publications. For more information, you can also contact the Managing Editor at ghpc@giz.de.

To download the short version of this report and other publications in this collection, go to www.german-practice-collection.org.

Executive summary

It is often pointed out that the groups most vulnerable to HIV infection are men who have sex with men, sex workers and injecting drug users and that, as the epidemic spreads, females are more vulnerable than males. It is less often pointed out that large proportions of people in all of those categories are young and that more than half of the people newly infected with HIV each year are under the age of 25 (UNAIDS, 2006a; UNAIDS Inter-agency Task Team on Young People, 2006).

This publication looks at initiatives supported by the German Technical Cooperation Agency (GTZ) and German Development Bank (KfW), beginning in 1995 and 2005, aimed at HIV prevention among youth and the social marketing of condoms and behaviour change communications. It differs from other publications in this Collection in that it describes the context of such initiatives in considerable detail. This is so because the Caribbean is a region of extraordinary diversity and complexity with unique characteristics that call for unique responses; and because the Caribbean has a complex set of national and regional mechanisms for coordinating its responses to the AIDS epidemic.

The publication is divided into four parts. The first part looks at the region and its epidemic in context. It points out that the region's epidemic emerged among men who have sex with men in a social and cultural environment that is deeply hostile to homosexuality. That hostility has contributed to delays and distortions in mounting practical and effective responses to AIDS. Sex work and transactional sex, related only in part to the tourism industry, are common throughout the region and the predominantly young women and men who engage in such sex are at high risk of being infected by HIV and transmitting their infection to others. In addition, the Caribbean is a region famous for the macho attitudes and behaviour of its men and these contribute to the

sexual exploitation and abuse of women and of both female and male adolescents and children, putting them all at high risk of HIV infection.

The second part looks at regional mechanisms, policies and programmes for responding to AIDS. It makes a distinction between those serving the CARICOM sub-region, now home to 37.5% of the region's population, and those serving all 29 countries of the region, home to more than 40 million people. The third part describes the promising practices through which GTZ supported the three components of capacity development for an effective youth-initiated, youth-centred response to AIDS:

- Strengthening local youth-run services
- Establishing and supporting national and regional youth networks and
- Ensuring youth participation in the development and implementation of national and regional policies and programmes countering HIV among youth.

The third part also looks at the results of these projects, including achievements, identified challenges and lessons learnt.

The fourth part looks at a regional programme, supported by KfW, called Caribbean Social Marketing to Prevent HIV and AIDS (CARISMA). Since 2005 the programme has been implemented in Belize, the Dominican Republic, Haiti and Jamaica. The beneficiaries range from the general population (Jamaica) to young girls and boys (Dominican Republic, Haiti), migrants (Belize, Dominican Republic) and men who have sex with men and sex workers (several countries). It looks at achievements and limitations, and draws lessons from this regionally oriented approach. (Note that this part has not yet been through the peer review process).

The Caribbean and its AIDS epidemic

A region of extraordinary diversity and complexity

The Caribbean region, as defined by membership in the Pan Caribbean Partnership against HIV/AIDS (PANCAP), contains 29 countries:

- Thirteen island nations (Antigua and Barbuda, Bahamas, Barbados, Cuba, Dominica, Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago).
- Three mainland nations, one on the coast of Central America (Belize) and two on the coast of South America (Guyana and Suriname).
- Twelve island territories of which six are associated with the United Kingdom (Anguilla, Bermuda, British Virgin Islands, Cayman Islands, Montserrat, and Turks and Caicos Islands), two with France (Guadeloupe and Martinique), two with the Netherlands (Aruba and Netherlands Antilles) and two with the United States of America (Puerto Rico and United States Virgin Islands).
- One mainland territory on the coast of South America and associated with France (French Guiana).

The 29 countries have a combined population of 40.1 million people. Their main official languages are Spanish, English, French and Dutch. Also spoken are many dialects (some called Creole or Papiamentu) that combine elements of European, African, Asian and Amerindian languages. The region's linguistic diversity is reflected in the diversity of its people's ancestry (African, European, Asian, Amerindian, and other) and of its music and political, religious and other traditions.

In most Caribbean countries there are huge income disparities and large percentages of people who are poor and not provided with



education, health and other services that meet acceptable standards. In many, human rights legislation and enforcement are weak and discrimination based on gender, sexual preference, socioeconomic status and ethnicity thrive.

An AIDS epidemic second only to sub-Saharan Africa's

During 2007 in the Caribbean, there were an estimated 17,000 new HIV infections, down from 20,000 in 2001, and an estimated 11,000 deaths from AIDS, down from 14,000 in 2001. At the end of 2007, there were an estimated 230,000 Caribbean people living with HIV, up from 190,000 in 2001 because improved access to antiretroviral therapy was allowing people with HIV to live longer. The rate of HIV prevalence among adults 15 to 49 years old has stabilized in the Caribbean, with prevalence of around 1.0% in both 2007 and 2001 (UNAIDS, 2007).

At the end of 2005¹, the estimated HIV prevalence rates among adults 15 to 49 years old in the Caribbean region's ten most populous nations (arranged from the most to the least populous) were 0.1% in Cuba, 1.1% in Dominican Republic, 2.2% in Haiti, 1.5% in Jamaica, 2.6% in Trinidad and Tobago, 2.4% in Guyana, 1.9% in Suriname, 3.3% in Bahamas, 1.5% in Barbados, and 2.5% in Belize. The estimated percentages of those in urgent need of antiretroviral therapy who were given such therapy were 100% in Cuba, 17% in Dominican Republic, 12% in Haiti, 56% in Jamaica, 38% in Trinidad and Tobago, 50% in Guyana, 55% in Suriname, unknown in Bahamas, 95% in Barbados, and 31% in Belize.

¹ Every second year, at the International AIDS Conference (IAC), UNAIDS releases new HIV and AIDS estimates for individual countries in its Report on the global AIDS epidemic. UNAIDS is expected to release more up-to-date country estimates, to the end of 2007, at the XVII IAC in Mexico City in August 2008.

The Caribbean continues to rank as second only to sub-Saharan Africa for HIV-prevalence and the Caribbean's epidemic

continues to grow, clear indications that there is insufficient attention paid to prevention. At the same time, HIV-positive people are living somewhat longer, an indication of slow but gradual progress on providing access to HIV testing and treatment.

The vulnerability of Caribbean youth

The UNAIDS Inter-agency Task Team on Young People recently completed a review of evidence from developing countries and found:

“In countries where HIV is concentrated among sex workers, injecting drug users or men who have sex with men, high-risk behaviour commences for most during adolescence, and large proportions of these high-risk populations are younger than 25 years. In countries with generalized epidemics, the epidemic is also driven by young people.... Many young people do not have the basic knowledge and skills to prevent themselves from becoming infected with

HIV. Young people continue to have insufficient access to information, counselling, testing, condoms, harm-reduction strategies and treatment and care for sexually transmitted infections. Countries that have reported a decline in HIV prevalence have recorded the biggest changes in behaviour and prevalence among younger age groups” (UNAIDS Inter-agency Task Team on Young People, 2006).

The World Youth Report 2003 identifies the main ways in which both young and older people become infected with HIV – through unprotected sexual penetration (anal or genital) and injecting drug use – and also identifies some of the main factors that contribute to high rates of infection among young people (UN, 2004). The following discussion looks at some of the factors at work in the Caribbean.

Early initiation, multiple partners and unprotected sex

A 2002 school-based survey covering nine Caribbean countries² asked 15,695 students from 10 to 18 years old to fill out confidential questionnaires on behaviour that might affect their health (Halcón L et al, 2003). Some of the findings were:

- 22% of the girls and 52% of the boys had had sex.
- Of those who had had sex, 48% of the girls and 32% of the boys said their first sex was forced or somewhat forced; 24% of the girls and 55% of the boys were less than 10 years old when they first had sex.
- Of those who had had sex, 10% of the girls and 33% of the boys had had six or more sexual partners; 30% of the girls and 24% of the boys always used birth control (including condoms); 60% of the girls and 50% of the boys used condoms during their last sex.



Discussion at a Rap Port centre in Trinidad.

Also in 2002, a Trinidad Youth Council survey supported by the Caribbean Epidemiology Centre (CAREC) and GTZ found that among school-going and non-school-going youth from 13 to 18 years old:

- 33% of the girls and 43% of the boys had had sex at least once; among those, 25% of the girls and 49% of the boys had had sex by age 14.
- For girls who had had sex, the median age of first sex was 16 and the median age of their first partners was 20; for boys who had had sex, the median age of first sex was 15 and the median age of their first partners was 16.
- Of all who had had sex within the past six months, 49% had used a condom at least once but only 2% had used condoms on all occasions. 56% said they could get condoms easily but only 43% said they would feel comfortable purchasing condoms (Trinidad Youth Council, 2003).

More recent studies in Haiti have found that young people 15 to 24 years old are becoming more sexually active, are doing so at younger ages and, in the majority of cases, are not using condoms with their casual partners (Gaillard et al, 2006). Only 28% of young women and 42% of young men used condoms during their last experience with a casual partner (Institut Haïtien de L'Enfance et al, 2006).

The special vulnerability of young females

At the end of 2006, women accounted for an estimated 50% of all adults 15 and over infected with HIV in the Caribbean. Only in sub-Saharan Africa did they account for a higher percentage, 59% (UNAIDS, 2006b).³

In countries where HIV prevalence is more than 1% among adults 15 and over, women are accounting for steeply increasing percentages of all young people infected with HIV. In Trinidad and Tobago, teenage girls from 15 to 19 are now six times as likely as boys of that age to be

HIV-positive. In Jamaica, they are two and one half times as likely as boys to be HIV-positive (Inciardi et al, 2005). In three of Haiti's departments, 4.2% of young women compared to 2.2% of young men are HIV-positive (Ministry of Public Health and Population Haiti, 2006).

For biological reasons, when engaged in heterosexual activity with an HIV-positive partner, a female is from two to four times more likely to become infected than a male and younger females are at higher risk than older ones. In addition, sexually transmitted infections are more likely to be asymptomatic in females than in males, so females are less likely to seek treatment and more susceptible to infection by HIV (WHO, 2004).

"Gross inequality" means women cannot negotiate safe sex

Sir George Alleyne, the UN Secretary General's Special Envoy for HIV/AIDS in the Caribbean, delivered the keynote address at the Caribbean Summit on HIV/AIDS held on 21 January 2007 in St. Croix, United States Virgin Islands. He said that, on the whole, women are better educated than men in the Caribbean but "gross inequality in power between the sexes" means that women are at a disadvantage when "negotiating sexual relations" (St. Croix Source, 2007).

Added to the biological reasons are socioeconomic ones. Poverty and unemployment drive females toward commercial sex, transactional sex (for gifts, food, shelter, etc.) and sex with older men. Prevalent social attitudes and traditions compound the problem, depriving females of the knowledge and skills to protect themselves from harm and leaving many males with the attitude that females, even children, are "fair game."

³ In North America, they accounted for 26%; in Western and Central Europe, for 28%.

Sex between males, homophobia and the implications for all youth

When the epidemic first emerged in the Caribbean, most cases of HIV infection were among males who have sex with males (MSM). That remains the case in Cuba, where HIV prevalence is low and MSM account for 80% of all HIV infections (Ministerio de Salud de Cuba, 2006). It is no longer the case in other Caribbean countries, where HIV prevalence is high, but even there rates of infection among males who admit to being MSM remain much higher than among the general population. Recent studies have found HIV prevalence of 21% among males who admit to being MSM in one region of Guyana and of 11% among males who admit to being MSM in three cities in the Dominican Republic (Guyana Presidential Commission on HIV/AIDS, 2006; Toro-Alfonso, Varas-Diaz, 2005).

The 2002 school-based survey covering nine Caribbean countries found that, of all the male students from 10 to 18 years old, 6% were sexually attracted only to other males and 4% were equally attracted to both males and females (Halcón L et al, 2003). An earlier study of males from 17 to 28 years old in Santo Domingo, capital of the Dominican Republic, found that 28% from the “lower-class” had had homosexual experiences, while 18% from the “middle-class” and 8% from the “upper-class” had done so (de Moya and Garcia, 1996).

According to a recent presentation at the 14th Conference on Retroviruses and Opportunistic infections, “criminalization, stigma, discrimination and taboo all limit the availability and access of MSM to HIV/STI prevention information, treatment and care” and, by UNAIDS estimates, only one in ten of all the world’s MSM have access to services that address their needs. In many countries, including ones in sub-Saharan Africa and Latin America

and the Caribbean, the same factors have also stopped serological and behavioural surveillance that would provide reliable estimates of the extent to which homosexual transmission accounts for HIV infection among males and bisexual behaviour contributes to HIV infection among females (Van Griensven, 2007).

Twelve of the Caribbean’s independent nations are former territories of the United Kingdom but lag far behind the United Kingdom in legal reforms that grant basic human rights to males who have sex with males. In all twelve of those countries, homosexual acts – even between consenting adults in private – are strictly illegal and punishable by from 10 to 15 years in prison. Though there are signs that attitudes are changing, these laws remain popular. Violently expressed hatred of males believed to be gay is common in the English-speaking Caribbean (Human Rights Watch, 2004; Reding, 2003).

In the rest of the Caribbean, homosexual acts between consenting adults in private are legal but there is often little official tolerance of homosexuality. In the Dominican Republic, for example, attitudes toward homosexuality are complicated. In the poor barrios of Santo Domingo, the nation’s capital, flamboyantly effeminate males, including transvestites, are sometimes called “expensive women,” treated with great respect by other males and valued as receptive partners in sexual relations. Masculine males who are their active partners are not judged to be less than “real men.” The same is true of masculine males who are the active partners in commercial or transactional sex with other males. Otherwise, there is strong prejudice against males known or suspected to be sexually and emotionally involved with other males and to play the receptive role in homosexual intercourse (de Moya and Garcia, 1996).

Consequences of such antipathy toward homosexuality include that many young males have great difficulty in coming to terms with their own most deeply felt emotions. They may become anxious, depressed and suicidal and prone to deliberately engaging in sexual behaviour that puts their own lives and those of others at risk. They may also become extremely secretive about their behaviour and use casual female partners, girlfriends and wives as covers.

Hated to death

So goes the heading of a 2004 Human Rights Watch Report on homophobia and AIDS in Jamaica. Another report provides an example of how homophobia endangers not only men known or suspected to be gay. In his early twenties, Everton Mattis was almost beaten to death by a Jamaican mob that suspected him of being gay. Twelve years later, he was a father with two children and he infected his live-in girlfriend with HIV. He confessed, "I was trying to be straight and sleeping with every woman I could find, but I still couldn't fight the urges" (Human Rights Watch, 2004; Reding 2003).

Homophobia has serious consequences for everyone in the Caribbean. At the Caribbean Summit on HIV/AIDS in January 2007, health officials said that AIDS is widely perceived as a "gay disease" in the Caribbean and that discrimination against gays and people infected with HIV is so pervasive that people with symptoms delay getting tested and treated. Douglas Slater, Health Minister for St. Vincent and the Grenadines said, "It's going to be a political challenge because, unfortunately, we live in a society that is very homophobic" (Associated Press, 2007).

Sex work and transactional sex

Whether female or male, sex workers are mostly young. In the Caribbean, they are numerous and account for large percentages of all HIV infections in many countries. Recent studies have found that in Georgetown, the capital of Guyana, 31% of female sex workers are HIV-positive; in Jamaica, almost 9% of female sex workers are HIV positive (Allen et al, 2006; Gebre et al, 2006).

In the Dominican Republic, there are an estimated 100,000 female sex workers and, depending on where they live and work, they have HIV infection rates of from 3% to 12%. There are a great many male sex workers, too, though data on their numbers and rates of infection is scarce. Antonio de Moya, an anthropologist who works with the Presidential AIDS Council (CO-PRESIDA), says that tourism has doubled in the Dominican Republic over the past 15 years and sex tourism is booming. Away from the beach resorts, there is a large sex-work industry that caters to locals. Its places of work include brothels, discos and car washes (Cohen, 2006).

In Santo Domingo, capital of the Dominican Republic, there are drive-in motels and walk-in hotels called *casas de citas* and built for sexual rendezvous, with features that stop staff from seeing anyone who comes and goes. To meet young sex workers, all potential clients need do is sit on benches in city squares and wait. Fourteen year old shoeshine boys may let it be known they are available for "fun" and, at a nearby beach popular with both locals and tourists, people approach likely clients and point them in the direction of brothels with girls and boys as young as 7 years old.

The literature on sexual behaviour and AIDS often makes a distinction between commercial sex, for cash, and transactional sex, for gifts and other favours. While transactional sex is a large grey area, the point of making the distinction is that, in places like the Caribbean where many young people are poor, both locals and tourists can easily find young females and males who are ready, without negotiating cash payment, to be their escorts for a few hours, their girlfriends or boyfriends for longer or, maybe, their partners for life.

Both sex work and transactional sex can expose young people to multiple partners about whose sexual histories and HIV status they know nothing and, also, to the likelihood that some of their partners will refuse to wear condoms and treat them roughly, tearing membranes that provide some protection against infection. Sex work is impossible to stop and difficult to regulate but, where authorities simply turn a blind eye instead of introducing harm reduction measures they expose not just sex workers but their clients and their clients' other sexual partners to the risk of infection.

Substance abuse

Outside of Bermuda and Puerto Rico, injecting drug use is not common in the Caribbean. However, ingesting alcohol and drugs through the mouth and nose is very common and, while it is not a mode of HIV transmission, it can reduce sexual inhibitions and contribute to risk-taking behaviour. Also, serious abuse of alcohol and drugs can be expensive and, at the same time, reduce capacity to hold regular employment. Abusers often exchange sex for money to pay for their alcohol and drugs. Recruiters know this well and often begin recruitment by introducing potential young sex workers to drugs.

Of particular concern in Caribbean countries is that they are transshipment points for South American cocaine, opium and their derivatives and significant markets for the cheapest form of cocaine, crack. A sexual stimulant, crack is also associated with paranoid feelings and violence, including sexual violence against females and violence against males suspected of being gay. A recent study among substance abusers in Georgetown, Guyana, found that 97% used crack cocaine, most had multiple sex partners, 13% were commercial sex workers, and 13% of the males and 53% of the females were HIV positive (Stabroek News, 2007).

Another study at a rehabilitation centre for female substance abusers in Trinidad and Tobago found that one in five crack users were HIV positive (Reid, 2006).

Insufficient spending on services for groups most at risk

According to the *2006 Report on the global AIDS epidemic*, most developing countries now have national AIDS plans but these plans are not sufficiently strategic, targeted and evidence-based and, as a result, spending on AIDS is misallocated (UNAIDS, 2006a). Of particular concern is the frequent lack of enough serological and behavioural surveillance to identify the people most at risk of infection. Typically overlooked are people of whom the authorities and many others disapprove or prefer to ignore (e.g., MSM, sex workers, injecting drug users, ethnic minorities, and the very poor) but these groups invariably overlap with all other groups and serve as bridges for the epidemic to cross.

Throughout the Caribbean, non-governmental organizations and the media question government expenditures and policies on health and AIDS. In the Dominican Republic, for example, they point out that people are required to get doctors' prescriptions before they can get tested for HIV and these cost more than many can afford. Local health care units are not equipped to provide HIV treatment and urge those who need it to go to major cities but many cannot afford to do that, either.

Widespread stigma and discrimination against HIV-positive people and concerns about lack of confidentiality also serve as barriers to HIV testing and treatment (Amnesty International, 2006; Agua Buena Human Rights Association, 2006).

In Barbados, the government requires that anyone under the age of 18 get their parents' permission before being tested for HIV. Given the levels of ignorance and prejudice surrounding homosexuality and HIV and given that many 18 year olds have poor communications with their parents and may not live at home, this policy serves as an obstacle that probably stops many young people from getting tested (Barbados Advocate (2007).

Local, national and regional networks and organizations representing youth in general and those most at risk (e.g., young women, MSM, sex workers) in particular can play critical roles in ensuring that the money flows to interventions that work for youth.

Regional collaboration on AIDS

■ CARICOM
■ Non CARICOM



PANCAP member countries

Before 2001: collaboration among CARICOM countries

CARICOM and the Caribbean Epidemiology Centre (CAREC)

The Commonwealth Caribbean consists of the 18 small English-speaking countries that were or remain territories of the United Kingdom. In 1965, some of them established the Caribbean Free Trade Association (CARIFTA) and, in 1973, it evolved into the Caribbean Community (CARICOM). Dutch-speaking Suriname and French-speaking Haiti joined in 1995 and 2002. CARICOM now has 15 members and 5 associate members with a combined population of 15,306,000, or 37.5% of the region's total.

Established in 1975 and administered by the Pan American Health Organization (the World Health Organization's Regional Office for the Americas), the Caribbean Epidemiology Centre (CAREC) supports CARICOM countries plus Aruba and Netherlands Antilles with epidemiological research and other health-related services. Located in Port of Spain, the capital of Trinidad and Tobago, it began tracking the AIDS epidemic in CARICOM countries in 1984. In 1987, it established a Special Programme on

Sexually Transmitted Infections to respond to HIV and other sexually transmitted infections.

CAREC was the main mechanism driving regional collaboration on the AIDS response before the Pan Caribbean Partnership Against AIDS (PANCAP) was established in 2001. CAREC now supports PANCAP and serves as another vehicle for participation by bilateral donors and organizations in the UN system.

The CAREC-GTZ youth initiative

At the end of 1995, Germany's Federal Ministry for Economic Cooperation and Development (BMZ) agreed that GTZ would provide technical support to CAREC's Special Programme on Sexually Transmitted Infections (SPSTI), with the aim of strengthening the Caribbean regional response to AIDS. Within that context, there would be a special focus on prevention among youth.

Since Caribbean organizations that represented or served youth had various definitions of "youth," the CAREC-GTZ youth initiative was flexible in its use of the term but was primarily interested in young people roughly between the ages of 10 and 25. There were two reasons for this:

- At that stage in life, people are exploring their sexual feelings and establishing their sexual orientations and patterns of sexual behaviour. Giving them knowledge and skills to avoid unwanted sex and negotiate safe sex might help them face the challenges posed by sexually transmitted infections and HIV, acquire safe sexual habits and protect themselves and their partners from harm.
- There was evidence that, in the Caribbean, many in that age group had distanced themselves from the influence of adults and were reluctant to use services provided by established institutions. On the other hand, they were inclined to trust their own peers and networks and this suggested the need for new approaches, initiated by youth and centred on youth.

The CAREC-GTZ youth initiative had two aims:

1. To make the Special Programme on Sexually Transmitted Infections more youth-friendly and youth-responsive by establishing alliances with organizations that represented or served youth;
2. To assist young people in efforts to establish their own programmes, through base-line research and pilot projects.

Since 2001: Caribbean-wide collaboration

The Pan Caribbean Partnership against AIDS (PANCAP)

In 1998, a consultation meeting on HIV and AIDS in the Caribbean brought members and non-members of CARICOM together. Out of that meeting came a task force charged with finding ways to expand and strengthen regional collaboration on the response to AIDS. In 2000, the CAREC-GTZ youth initiative assisted by conducting evaluation missions to four Caribbean countries and finding that organizations representing or serving youth were not sufficiently well-organized to make meaningful contribu-

tions to the political dialogue on AIDS. The countries had strategic frameworks to guide their responses to AIDS but the frameworks did not address prevention among youth and youth had not been involved in developing them (GTZ, 2000).

In February 2001, acting on findings of the task force, the CARICOM Heads of State agreed to establish the Pan Caribbean Partnership against AIDS (PANCAP) and give it a home in CARICOM headquarters in Georgetown, Guyana. PANCAP has since become the main mechanism for promoting and supporting a regional response to AIDS in the Caribbean. Its members include all 29 Caribbean countries plus a number of UN agencies, bilateral organizations, regional and international organizations, networks of people living with HIV and AIDS, faith-based organizations, academic institutions, and private sector groups.

While PANCAP was getting established, CAREC worked with the task force on drafting a regional framework and the CAREC-GTZ youth initiative ensured that it took youth into account.

In March 2002, PANCAP published the Caribbean Regional Strategic Framework for HIV/AIDS 2002-2006 (PANCAP, 2002).

It identified eight Priority Areas and Priority Area 3 was “prevention of HIV transmission, with a focus on young people”.

ProSuRe-GTZ: “Youth and AIDS in the Caribbean”

In April 2002, the International Federation of Red Cross and Red Crescent Societies and UNAIDS co-hosted a meeting in Santo Domingo, capital of the Dominican Republic, to discuss ways of reducing transmission of HIV among youth in the Caribbean. Delegates came from 13 Caribbean countries and represented youth organizations, other national and interna-

tional NGOs, government ministries, UN organizations, and bilateral donors. They agreed that the Caribbean needed a mechanism to share experiences among all organizations concerned with youth and AIDS and to develop tools they could all use, including guidelines for youth-friendly health services, peer education and countering stigma and discrimination. Thus, the Caribbean HIV/AIDS Youth Network (CHAYN) was born. (See more on CHAYN later in this publication.)

Priority Area 3: HIV prevention, with a focus on youth

The objectives for Priority Area 3 of the Caribbean Regional Strategic Framework for HIV/AIDS 2002–2006 are to:

- ensure general access to reliable and accurate information about HIV/AIDS
- ensure recognition of gender issues within all prevention campaigns
- improve and support the implementation of Health and Family Life Education Programmes
- integrate HIV and sexually transmitted disease (STI) issues into adolescent programmes including reproductive health programmes
- promote the development of HIV/AIDS prevention programmes for young people, including condom distribution
- advocate for the provision of youth-oriented health services and facilities
- promote and support innovative peer counselling for youth, parents and teachers
- ensure the access of out of school youth to HIV/AIDS prevention services.

GTZ provided technical support to that meeting and, while doing so, recognized opportunities to build on achievements of the CAREC-GTZ youth initiative with a new initiative that reached beyond CARICOM. In February 2003, GTZ launched the Supra-Regional Project “Youth and AIDS in the Caribbean” or, in Spanish, the Proyecto Supra-Regional (ProSuRe) “Juventud y Sida en el Carib”. After a planning workshop and assessment missions to five countries, GTZ decided to focus ProSuRe-GTZ on region-wide initiatives and on two pilot countries. It would continue providing technical support to youth projects in Trinidad and Tobago (as it had been doing under the CAREC-GTZ youth initiative) and it would extend similar support to youth projects in Dominican Republic.

KfW and other donors: Caribbean Social Marketing to Prevent HIV and AIDS (CARISMA).

In 2005, the German Development Bank (KfW) and other bilateral and multilateral donors started an ongoing regional HIV prevention initiative which provides behaviour change communications (BCC) and social marketing of high-quality condoms. To date, the programme has been implemented in Belize, the Dominican Republic, Haiti and Jamaica. Implementation is the responsibility of PANCAP, working under the auspices of CARICOM. A wide range of vulnerable populations have been targeted, including young girls and boys (Haiti, Dominican Republic); the general population (Jamaica); migrants (Dominican Republic, Belize); and sex workers and men who have sex with men in several countries. The initiative is an example of harmonization in international development cooperation, carried out in concert with other partners such as the Canadian International Development Agency (CIDA), UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Empowering youth to shape national AIDS responses

This chapter describes capacity development measures supported by CAREC-GTZ and ProSuRE-GTZ aimed at empowering youth to participate in shaping and delivering the three levels of a youth-oriented AIDS response:

1. Local youth-run services
2. National and regional youth networks
3. Youth in policy and programme development.

Building local youth-run services

The ultimate aim of AIDS policies and programmes is to deliver services to the front lines of the epidemic, to the neighbourhoods and communities where the people most in need of services live and work. GTZ believes that the most solid response to AIDS is one built from the ground up and from the top down at the same time. Local initiatives should be launched as soon as possible, based on existing evidence or new baseline surveys. They should be adjusted and improved as overall policies and programmes are developed and refined, based on a growing body of evidence resulting from serological and behavioural surveillance, special studies and monitoring and evaluation.

Rap Port Youth Information and Outreach Centres

The basics

On the Island of Trinidad (not on Tobago), the Rap Port centres grew out of focus group discussions with youth initiated by the National AIDS Programme of the Ministry of Health (NAP/MoH). Youth across the Island said they needed their own spaces where they could talk about the issues and learn to address them for themselves. The first Rap Port centre was opened in Port of Spain, the national capital, in 1995. From the outset, the NAP/MoH has provided it with space and other support. The European Union provided start-up funding and CAREC-GTZ provided financial and technical support from 1996 through 1999.

In 1999, the NAP/MoH took over core funding of the first centre, then of two additional centres in 2002 and 2003. The second is in Arima, in the northwest of Trinidad, and the third is in San Fernando, in the south-east. (Before these centres were opened, there were surveys of youth in the surrounding areas to identify issues the centres should address.) In 2003, the MoH agreed to employ the staff of the three centres on a fixed-term basis. Each centre has five or six full-time staff and from four to six part-time staff.

Rap Port staff members are from 19 to 30 years old, selected for their maturity and demonstrated interest in the issues surrounding AIDS but with no advanced education or professional experience that would qualify them as “experts”. Once on staff, they receive training in communications, counselling and other skills they need to carry out their work. When faced with issues that are beyond their competence, they refer people to the appropriate professionals or institutions. The initial idea was to establish a formal network of service providers but it was soon discovered that many were not consistently youth-friendly. Staff now does informal monitoring of young people’s experiences with service providers and makes referrals only to those currently known to be the best.



Puño y Letra in concert

The in-centre and outreach programmes

“Rap Port” alludes to “rapport” and “rap music”. The initial focus was on using music, dance and drama to convey information about sexuality and sexual health and to counter stigma and discrimination. The music, dance and drama soon created demand for more information and services and the slate of centre-based and outreach programmes expanded to meet that demand. Rap Port centre-based programmes now provide:

- drop-in facilities where young people can “lime” (hang out) and receive and exchange information in informal settings
- information in a variety of formats, including posters, brochures and videos covering a range of sexual and reproductive health issues including: puberty and adolescence, incest and rape, peer pressure, relating to strangers, contraception and parenting, HIV and AIDS, drug and alcohol abuse, and so on
- “open days” with sessions for individuals and groups that allow, for example, school classes to come and learn about the issues surrounding HIV and AIDS
- individual counselling and telephone hot-lines.

The Rap Port outreach programmes reach far more people than the centre-based ones. A 2003 review found that anywhere from 30 to 250 people came to the Rap Port centre in Port of Spain each month but that, over the course of a year, the centre’s staff delivered more than 400 information, education and discussion sessions to schools, youth groups, religious and community groups, professional institutions and private businesses, all in venues away from the centre.

Since 2002, the Rap Port centres have been extending their reach even further by providing training in peer education to school students, youth clubs (e.g., YMCAs), private companies and others. Most training sessions are tailor-made to meet the unique needs of particular groups. In addition, Rap Port staff

often work with radio and television stations to promote the centres’ work and to engage youth and the wider public in discussion about sexual and reproductive health issues.

Toco Youth and Sexuality Project

The basics

Based in Toco, the largest of the 13 small towns and villages in St. David County in the northeast of Trinidad, the Toco Foundation aims for the County’s sustainable economic development while preserving its natural and social environment. The County’s 70,000 residents suffer from low average income and high unemployment and no one is more affected than the County’s youth. The Toco Foundation supports a community radio station, distance learning centre, nature conservation, ecotourism, young farmers’ projects, and women’s income generating projects.

In 1998, five young activists from the County approached the Foundation with their proposal for the Toco Youth and Sexuality Project. With the Foundation’s approval, they then approached CAREC and GTZ looking for financial and technical support. The Project began with a survey using questionnaires and focus groups and covering primary and secondary school students and out-of-school youth under the age of 25. It found that the median age of first sex was 10 for boys and 14 for girls and that both boys and girls, but especially boys, were experiencing a lot of peer pressure to have sex. Half of the students had experienced sex within the past six months. The ones who were sexually active knew condoms could protect them from sexually transmitted infections and HIV but only 10% always used condoms and only 21% had ever used them.

The results of the survey were presented and discussed at a community meeting with students, teachers, parents and community leaders in attendance. This meeting opened the eyes of

adults to the reality of young people's sexual behaviour and marshalled support for the project. With that support and the survey results in hand, the project team developed a set of strategies, which included:

- Creating a core group of young communicators/facilitators/trainers
- Training and supervising peer-educators suitable for the County's 13 primary schools and three secondary schools and for out-of-school youth
- Engaging schools and other service providers, parents and community and religious groups and leaders in discussions and meetings to create an environment where the sexual health of youth could be discussed openly
- Using the community radio to spread information and generate discussion.

By 2003, the project had 10 paid staff and 15 volunteers between the ages of 19 and 33.

The in-school and out-of-school programmes

Members of the project team conduct most of the school-based activities but also train students of different ages as peer educators to carry on the work from day-to-day. The methods include presentations, drama and role-play where HIV and other sexual health issues are addressed in the wider context of young people's sexual feelings and experiences and how these differ between the genders and among individuals. The aim is to promote positive attitudes toward sexual activity but to clear away misconceptions and encourage responsible behaviour. Condoms are not distributed in schools but students can get them from the project's staff and volunteers.

Out-of-school activities include:

- Group sessions and house-to-house visits to engage parents and community and religious leaders and groups in discussion
- Sessions in many of the County's 37 churches, many of which have agreed to condom demonstrations after church services

- Collaboration with nurses in health clinics to provide pregnant women with information and counselling
- Seizing any good opportunities – e.g., festivals, sports events, places where young people “lime” – to inform and engage people in discussion
- Using day-to-day opportunities for informal exchanges that arise from the fact that the County's villages are small and the project's staff and volunteers are well-known.

Leonard Serapio, Director of the Project, says that the approach is to be as holistic as possible. That means dealing with low self-esteem and other negative feelings that result when young people are sexually exploited and abused and also getting adults, churches and other organizations to deal with those issues. The approach, however, is also to emphasize the positive and get young people to feel good about themselves and express themselves in constructive ways that do not hurt themselves and other people.

What makes a highly effective youth leader?

Of the five young leaders who launched the Toco Youth and Sexuality Project back in 1998, Leonard Serapio is recognized as the driving force. Leonard said his number one hero and best teacher has always been his mother. His father had 40 children and his mother had to raise her seven on her own. Like most families in St. David County, they were poor but she saw to it that her children never wanted for food, clothing, shelter, support for their schooling and other endeavours, and, most of all, her love and inspiring example.

The Boy Scouts reinforced his mother's teaching that “if there is a problem, there is no one better than you to solve it” and they showed him how to build a problem-solving team. Leonard says he also had excellent teachers in primary and secondary school but his biggest regret is that he never went to university. He tells young volunteers to learn from his example. They have to look out for their own interests, too, and make sure they get the education they need to qualify for jobs that are personally rewarding and give them the financial means to take good care of their own families.

Professionals with university degrees and well-paying jobs would do well to remember that the most effective leadership for change in communities almost invariably comes from within those communities. The real experts are the Leonard Serapios but they need recognition and the financial and technical support to achieve their aims.



Informal meeting in ProSuRe-GTZ's office in Santo Domingo

Tobago Integrated Youth and Reproductive Health Project

The basics

The Island of Tobago is semi-autonomous, with its own elected House of Assembly. It has a population of 50,000, largely dependent on tourism and allocations from the central government of Trinidad and Tobago, and half the population is under the age of 25. Churches are Tobago's most influential institutions and they tend to be very conservative when it comes to their views on sexual behaviour.

In 1999/2000, anonymous serological surveillance found HIV prevalence rates of 2.5% among Tobago's pregnant women, 3.5% among those from 14 to 19 years old and 3.6% among those from 20 to 24 years old. Seeing the evidence that AIDS was a major problem among the Island's youth, the Tobago House of Assembly asked the Family Planning Association of Trinidad and Tobago and also CAREC-GTZ for help in developing a response. CAREC-GTZ recommended a behavioural survey as a first step and, with financial support from the Netherlands Embassy, they worked with the Family Planning Association and the Tobago AIDS Society (an NGO supporting people living with HIV) on the design and execution of a survey covering young people from 14 to 24 years old (Allen C et al, 2000).

The survey found that 46% were sexually active. Of those, 6.3% had their first sexual experience before they were 10 years old and 25% before they were 12 years old. Ten percent said their first sexual experience was with an older relative, 17% said it was against their will and roughly the same percentages of girls and boys said those two things. The median age of their first sexual experience was 15 for girls and 13 for boys, while the median age of their first sexual partners was 19 for girls and 14 for boys. Of all girls and boys, only 25% said they always used condoms, while 39% used them sometimes and 36% never.

Girls were more likely than boys to say they had no control over the use of condoms, no access to condoms or they were too embarrassed to buy them. Many girls said that a girl in love will not insist on a condom and, anyway, it is up to boys and men to decide whether or not to use condoms.

Following the survey and discussions with many concerned groups and individuals on the Island, CAREC and GTZ held a planning workshop with key stakeholders identified through the discussions. Participants included active members of the Tobago Youth Council and the Tobago House of Assembly's Secretariats for Youth, Health and Education. The results were presented and discussed in the first youth assembly ever held in the Tobago House of Assembly and it resolved to demand the establishment of youth-friendly services in Tobago.

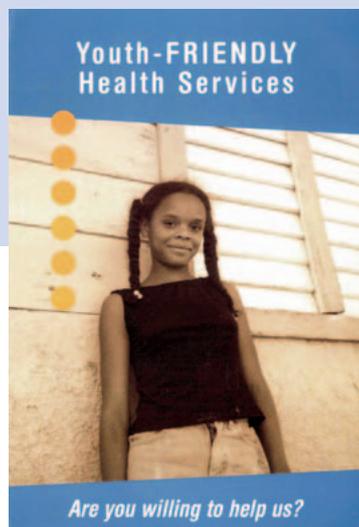
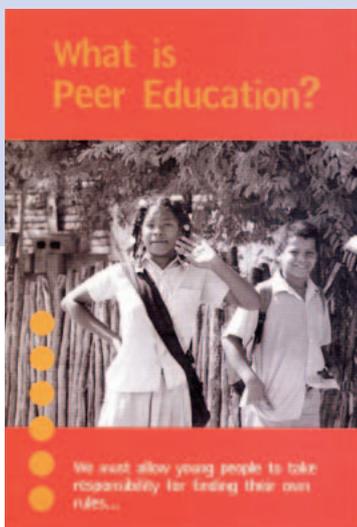
It was decided that the Family Planning Association and the Tobago AIDS Society would be the main implementing agencies, guided by a Steering Committee of which at least 50% would be young people. Beneficiaries of the project would be some 8,000 young people from 14 to 25 years old and the strategies would be:

- Mobilizing and empowering young people to take responsibility for their own sexual and reproductive health
- Providing youth-friendly services through creation of new services or reform of existing ones
- Creating a more youth-friendly political, social and cultural environment in which it would be easier for youth to develop sexually.

Staff from the Rap Port centres and the Toco Youth and Sexuality Project trained the first peer-educators and developed modules for them to use in training others.

The Project's programmes were slow to get well-established for a number of reasons. Tobago's population is small and ethnically homogeneous, with people of predominantly African ancestry, and the majority of people are church-going Christians whose traditional values make them uncomfortable talking about sexual matters of any kind, let alone matters like the incest and rape revealed in the survey. Also, young people in Tobago tend to be deferential in the presence of adults and are not accustomed to asserting their own opinions. In addition, there was discomfort with people from Trinidad (i.e., from the Family Planning Association, Rap Port centres and Toco) coming in and "telling us what to do".

Gradually, however, Tobago's own peer-educators were trained and, as they gained self-confidence, they gained the confidence of others. In addition, a decision was made to establish the Tobago Oasis Foundation as a peer support group for families infected and affected by HIV and to place the Project under its umbrella. Located in Scarborough, Tobago's main administrative and commercial centre, the Tobago Oasis Foundation Information and Counselling Centre on HIV/AIDS now functions in much the same way as the Rap Port centres, with similar in-centre and outreach programmes.





Enjoying an event at the Ideas Youth Café

Ideas Youth Café

The proposal

The concept for the Ideas Youth Café arose from discussions among youth at informal gatherings in Santo Domingo, Dominican Republic, (see more on these informal gatherings under discussion of the “Tertulia”, later in this publication). With ProSuRe-GTZ support, a committee of young leaders decided that the café’s staff and clientele would be young men and women, especially those living with HIV or at high risk of infection. The café would give marginalized youth, excluded from other social groups, a place where they could feel comfortable and a base from which they could achieve social and cultural integration into the wider community. The objectives would be:

- To provide youth with knowledge and skills to prevent HIV and other sexually transmitted infection or, if infected, to manage their infection and stay healthy
- To provide HIV-positive youth who lacked financial resources with opportunities to learn all manner of arts and crafts and to generate income from their products and productions
- To promote and support the participation of youth in activities to counter stigma and discrimination and promote human rights
- To promote and support positive, healthy and responsible sexual attitudes and behaviour
- To encourage positive attitudes, personal development, the pursuit of knowledge, self-confidence, and self-determination.

These objectives would be achieved through a combination of informal and more organized social, recreational, educational and cultural activities. The aim would be to develop a flexible model for such a venue that might be adapted for use anywhere in the Dominican Republic or in other countries in the Caribbean or other regions of the world.

Once established, the café would be operated through a one year period during which different things might be tried and there would be ongoing monitoring and evaluation and adjustment in order to produce the most practical model. Ideally, the café would eventually become self-sustaining, generating enough revenue to cover costs, possibly through marketing its space and services to various organizations in the public, non-governmental and private sectors.

Preparation and three-month trial

For a variety of reasons, it was not possible to get commitments in place in a timely manner to establish the Café and operate it on a sustainable basis, with fair wages paid to employees. This posed a major challenge to the committee. Many young people interested in being involved in the Café said that operating it would take a lot of time and energy. They came from families with modest means and had to make not just their own livings and but also financial contributions to their families.

In the fall of 2005, however, the committee decided to proceed on a trial basis, opening on Thursday and Friday evenings and during Saturday and Sunday afternoons and evenings. As might be expected during a trial run, some days were much busier than others at the Café and some events were more successful than others. At a meeting toward the end of the Café’s trial run, young people summed up what it was all about by describing it as “a string of beads” where the beads were workshops, conferences,

talks, exhibitions, poetry readings, music concerts, and theatre events. Some of things they liked about it were “non-discrimination,” “learning to cope and live with HIV,” “learning to care for one another,” “sharing and solving problems,” “young people expressing themselves,” “building capacity for education and prevention of sexually transmitted infections and HIV,” “training and learning to be advocates,” “learning survival and life skills”. They also liked that it was fun, entertaining and culturally stimulating.

The future

Through regional meetings and workshops facilitated by ProSuRe-GTZ, the young people involved in the Ideas Youth Café were well aware of the Rap Port centre in Port of Spain, Trinidad and Tobago, and that its success led to the opening of two other Rap Port centres and contributed to the establishment of programmes addressing HIV among youth throughout Trinidad and Tobago. Their hope was that the Ideas Youth Café might be the beginning of something similar in the Dominican Republic. As of this writing, there is good reason to think that this might still turn out to be the case and that, more than a year after its trial run, the Ideas Youth Café will be established on a sustainable basis.

Música e información a los jóvenes con "Puño y letra"

SANTO DOMINGO. El Cuerpo de Paz de los EEUU, la Asociación Dominicana Pro Bienestar de la Familia (PROFAMILIA), el Fondo de Población de las Naciones Unidas (UNFPA) y la Agencia de Cooperación Alemana (GTZ) han unido fuerzas para iniciar una gira musical con carácter educativo llamada "Hip Hop de Emergencia", con el grupo de Rap Puño & Letra.

Estas actividades ya se vienen realizando en distintas provincias del país, para llevar diversión e información para reflexionar, especialmente por parte de la población joven.

"Puño y Letra" se presentará el sábado en Santiago.

El sábado 20 de noviembre, a las 8:00 de la noche, tendrá lugar una nueva actividad con "Puño y letra", esta vez en la Hacienda Marcelino Calderón, carretera Don Pedro Km. 5, antes del cruce (Santiago). ■ DL



Puño y Letra in concert

Puño y Letra

Now popular dance music throughout the world, reggaetón originates in the Spanish-speaking Caribbean and Central America and combines elements of Jamaican reggae, Latin American bomba and pena and North American hip-hop and rap. In the Dominican Republic, Puño y Letra is a reggaetón group that uses music to entertain young people at the same time as talking to them, through the lyrics, about poverty, hunger, racism, macho behaviour, HIV and other issues that face them daily. The lyrics also talk about sexual and reproductive rights and women's rights and how young people, individually and collectively, can overcome challenges and make better futures for themselves and their friends, families and communities.

ProSuRe-GTZ supported Puño y Letra in developing a schedule of concerts that took them around the country to some of the poorest barrios, towns and villages, where they also provided training to young people so they could use music to express themselves and their concerns. By the time the ProSuRe project ended in early 2006, more than 11,000 young people had attended the concerts and more than 100 had learned to express themselves through music.

The support ProSuRe-GTZ gave to Puño y Letra is the sort of support an Ideas Youth Café might give similar groups of young people with good ideas, only a well-established Ideas Youth Café would be able to give such support on a more sustainable basis. It might collaborate with the Rap Port centres in Trinidad and Tobago and similar youth centres in other countries to organize events such as music festivals featuring groups like Puño y Letra.

Building national and regional youth networks

Through networks, youth running local services can pool resources and share experiences, lessons and tools with other service providers in their countries and regions. Networks can be the most cost-efficient and effective ways for service providers to support each other and collaborate on building effective national and regional responses to AIDS.

Trinidad Youth Council

The current Youth Councils of Trinidad and Tobago trace their roots back to 1949 and the founding of the National Youth Council of Trinidad and Tobago. It lay dormant for a number of years until, in 1999, youth involved in the Rap Port centres, the Toco Youth and Sexuality Project and the Tobago Integrated Sexual and Reproductive Health and Youth Project joined with other young leaders to split it in two and revive it as the Trinidad Youth Council and the Tobago Youth Council.



The CAREC-GTZ youth initiative provided financial and technical assistance to the Trinidad Youth Council as it worked with Rap Port and Toco to establish its own youth and AIDS programme. The first step, in 2002, was to support the Trinidad-wide survey of young people described earlier in this publication, under the sub-heading “Early initiation, multiple partners and unprotected sexual activity” (Trinidad Youth Council, 2003). Now many groups belonging to the Council have their own peer educators doing many of the same things Rap Port and Toco do but in different parts of Trinidad.

The Tertulia and the Alianzas

The Tertulia

A *tertulia* is a series of informal social gatherings where people exchange information and opinions on a subject of mutual interest. ProSuRe-GTZ worked closely with Antonio de Moya, an anthropologist who was then the Technical Assistant to the Executive Director of the Presidential AIDS Council (COPRESIDA), on establishing the Tertulia focussed on how to address AIDS among youth in Dominican Republic. Representatives from organizations representing or serving youth came to the first gathering in November 2004. They agreed to have monthly gatherings and, in accord with *tertulia* tradition, to invite anyone else who might be interested in the subject. That way, the Tertulia could expand until, eventually, it would provide a forum for representatives from organizations and networks across the country.

Within a year, attendance grew from 20 to 30 or 40 at most gatherings and, when a lot of young people showed up, there were sometimes as many as 100. Those who attended said they loved the informality of the Tertulia and the expanding and contracting size and differing attendance at each session. It made them feel relaxed and comfortable and able to express themselves in the presence of older adults. Among those who attended were representatives from groups of young people living with HIV, gay men, male and female sex workers, and gangs from the barrios of Santo Domingo. Also attending were representatives of government and UN agencies, medical students, and religious leaders from across the spectrum (Catholic, Methodist, Mormon, Pentacostal, Hari Krishna, etc.). It was common for people attending the Tertulia to say they were not used to socializing with people from certain groups and doing so had opened their eyes and made them much more understanding and sympathetic with people who were unlike themselves but, nevertheless, had similar feelings and needs.



Small group discussions at Tertulia gathering

Participants in the Tertulia and related ProSuRe-GTZ projects

Following are brief descriptions of some of the groups and individuals that participated in the Tertulia and some of their experiences and perceptions.

Alianza Solidaria para la Lucha contra el VIH (Alliance for Solidarity in Action against AIDS) is known by its acronym ASOLSIDA. It has more than 1,000 members, including HIV-positive people and their partners. With a small office provided by COPRESIDA, it gets its operating funds from CONNECTA, a national group associated with Family Health International, and it also gets small project grants from UNAIDS and others.

With encouragement and support from the Tertulia and ProSuRe-GTZ, ALSOSIDA was active in establishing **Jovenes por Siempre** (Youth Forever) for HIV-positive youth and their partners. Now 31, Jorge was a founding member of Jovenes por Siempre (JPS) and says that the Tertulia and ProSuRe-GTZ did their best to make sure young people were involved in key events within the Dominican Republic and throughout the regions of Latin America and Caribbean and also taught them how to participate in such events and be effective. For example, he accompanied GTZ to the Central American STI/HIV/AIDS Congress (CONCASIDA) in Panama in October 2003 and made one of the few presentations from a young person living with HIV.

Germinando Ideas (Generating Ideas) is a group of young women within the Colectiva Mujer y Salud (Women's Health Collective). Altagracia Canajal was 23 years old when she first attended the Tertulia as a member of Germinando Ideas and says it provided her with her first opportunity to talk with government and UN officials and representatives of other major organizations involved in addressing AIDS in the Dominican Republic.

The views of a medical student who belongs to the Women's Health Collective



Altagracia Canajal joined the Colectiva Mujer y Salud (Women's Health Collective) when she was 18. She says girls and women in the Dominican Republic learn in their families, churches and schools to defer to men and to tolerate gender-based violence without complaining. As a result, male doctors get away with treating female patients roughly and not providing them with the basic information and advice they need to understand and address their own health issues. Even middle-class women are served badly by the country's health care system but poor girls and women are treated worse and those from the country's large Haitian minority are treated atrociously. "It is really critical that Haitian and other poor women become involved in planning and monitoring programmes to address HIV and AIDS".



Performers at Tertulia gathering

Amigos Siempre Amigos (Friends Forever Friends) was founded in 1989 to support gay men in efforts to raise their self-esteem, gain public acceptance of openly gay men and address sexually transmitted infections and HIV through prevention and other means. They now have 13 staff disseminating information through pamphlets and newsletters and providing peer education, counselling, referrals, and social and psychological support for gay men. Leonardo Sánchez, their Executive Director, says that the Tertulia was very successful in trying to give young people a voice in the national response to AIDS and in providing them with the knowledge, skills and connections they needed to become effective in shaping policies, developing and managing programmes, and securing financial support. With encouragement and support from the Tertulia and ProSuRe-GTZ, Amigos Siempre Amigos developed a proposal to add HIV counselling and testing capabilities to their centre. It got them as far as receiving furniture and equipment from the Division for Controlling Sexually Transmitted Infections and HIV (DIGECITSS) within the Ministry of State for Public Health and Social Assistance but they need additional support before they can implement the proposal.

Los Muchachos y Muchachas de la Mesa de Atras (Boys and Girls at the Back Table) was founded by a small group of gay, lesbian and bisexual friends who met informally at the back table of a café in Santo Domingo. After some of them attended the Tertulia, they decided to formalize their group and define their purposes as social and political action, advocacy and information dissemination about gays, lesbians and bisexuals and their vulnerability to sexually transmitted infections and HIV. The group now has about 30 members between the ages of 18 and 35.

Los Pandemicos is a group of young people from Herrera, one of Santo Domingo's poorest barrios, who took to the streets to educate their peers about HIV/AIDS and distribute condoms without any funding and very little support. They created "Mr Super Condom," subsequently adopted by COPRESIDA as a cartoon character in prevention campaigns. Kervelyn Duncan, a single mother belonging to Los Pandemicos, was one of the most active members of the Tertulia. She was elected by the Tertulia as one of two Youth Ambassadors representing the Dominican Republic at regional meetings. Coming from a poor barrio, she stood out in meetings with Youth Ambassadors from CARICOM countries, who were appointed by national Ministries of Youth and CARICOM and mostly came from privileged backgrounds. She opened their eyes to the realities faced by the very poor, sex workers, drug users and other marginalized people.

United Youth Network of Guachupita was formed by fifteen gangs from Guachupita, another one of Santo Domingo's poorest barrios. It uses graffiti, *reggaetón* (combining elements of reggae, bomba and other Latin music, hip-hop and rap) and *bachata* (a musical tradition that comes from poor rural parts of the Dominican Republic) to convey positive messages. People used to say they would die for their gang but they began saying they would die for their barrio and then "for my barrio I live" and "there is life in my barrio". Providing them with advice on HIV prevention messages was a man associated with Amigos Siempre Amigos. He had spent five years in prison for drug possession, a not uncommon experience for young men from the poor barrios of Santo Domingo.

HIV-positive drug users were among those who attended the Tertulia. They included a group of 12 who were kicked out of a drug abuse treatment centre when they were found to be HIV-positive. They banded together and found their own tiny, squalid place where they still do their best to support each other, with little assistance from anyone else.

Red Nacional de Jóvenes (National Network of Young People). A number of young people attending the Tertulia worked for non-governmental organizations involved in AIDS work and belonged to the National Network of Young People. It serves as their platform for raising their voices inside and outside their workplaces.

The 13 Alianzas

In 2006, COPRESIDA replaced the Tertulia with 13 Alianzas, each focused on particular at-risk groups (youth, males who have sex with males and so on) and consisting of representative from organizations designated by COPRESIDA. So far, there have been few meetings of the Alianzas and people who participated in the Tertulia are waiting to see how effective they become. They are worried that they will be run too formally and serve as sounding boards for proposals generated by COPRESIDA, rather than as generators of their own proposals for consideration by COPRESIDA. In addition, they are concerned that having 13 separate Alianzas means that people of widely different backgrounds and interests will no longer benefit from meeting and finding they have a lot to offer each other. No longer, for example, might someone from Amigos Siempre Amigos find himself working with gangs in the poor barrios of Santo Domingo because they had connected at the Tertulia.



Meeting of CHAYN network

Caribbean HIV/AIDS Youth Network (CHAYN)

A strategic plan and first action plan

When delegates from 13 Caribbean countries met in Santo Domingo in April 2002 and established the Caribbean HIV/AIDS Youth Network (CHAYN), they appointed a Core Group to plan the next steps. It had representatives from Barbados, Dominican Republic, Haiti, Jamaica, St. Lucia, Suriname, and Trinidad and Tobago and, thus, covered countries where all four of the region's main languages were spoken. ProSuRe-GTZ facilitated the Core Group's first meeting in April 2003 and it took the form of a six-day workshop to draft a strategic plan. The plan envisions an expanded, youth-driven response to sexually transmitted infections and HIV among youth and sets five objectives:

1. To advocate for regional and national policies and programmes
2. To mobilize financial and technical resources from partners
3. To establish an information and communications system through which national and regional youth organizations and networks can collaborate on developing and sharing information and experiences
4. To build the capacity of those organizations and networks
5. To establish CHAYN as a legal entity and the main regional mechanism for achieving the first four objectives.

While the strategic plan envisions CHAYN as the main mechanism, it recognizes that CHAYN would be one of many partners. The others would include PANCAP, CARICOM, CAREC, national AIDS authorities, UN organizations, bilateral organizations, national and international NGOs, and private sector groups.

The Core Group also developed an action plan for the year ahead and chose a representative from the Red Cross Caribbean HIV/AIDS Network (CARAN) as the Coordinator responsible for implementing the action plan. ProSuRe-GTZ gave him a contract to start establishing CHAYN.

A review, new structure and new action plan

In April 2004, ProSuRe-GTZ hosted the Core Group's second meeting, again in Santo Domingo. It was found that there had been little communication among Core Group members over the past year and that the Coordinator and members had not followed through on most of the actions specified in the action plan. As a result, there was nothing so basic as a list and profiles of CHAYN's member organizations and their designated representatives and, while the Coordinator had phoned some of the Core Group members, he had not established regular lines of communications.

Members of the Core Group reviewed the strategic plan and agreed that it was still valid and they were still strongly committed to its five objectives. They agreed they would not dwell on past errors but learn from them and make appropriate changes. The most significant change was in their organizational structure. There would now be a Lead Focal Person, preferably given a full-time job, and there would be Focal Persons for each country, starting with Barbados, Dominican Republic, Haiti, Jamaica, St. Lucia, Suriname, and Trinidad and Tobago and building from there.

The Core Group drew up a much more detailed action plan, outlining specific tasks, time schedules and expected outcomes and, also, providing for a lead person and team responsible for carrying out each task. They set deadlines for identifying the skills, experiences, attitudes and availability of Core Group members and assigning them to particular tasks. They also set deadlines for drawing up terms of reference for the Focal Persons, a budget and so on.



*Ginelle Yearwood McDonald,
Regional CHAYN coordinator*

Rapid strides with a paid Regional Coordinator

At the April 2004 meeting of the Core Group, Ginelle Yearwood McDonald was one of the two representatives from Trinidad and Tobago and she reported that she was no longer working as the manager of the Rap Port centre in Port of Spain. It was subsequently agreed that she would become the Lead Focal Person for CHAYN but would be called the Regional Coordinator instead. Under a six-month CHAYN/ProSuRe-GTZ contract she had a limited budget and used it to build from her base in Port of Spain outwards across the Caribbean. As the Core Group's Focal Person for Trinidad and Tobago, Leroy Serapio (Director of the Toco Youth and Sexuality Project) helped her in Trinidad and Tobago. At the same time, the ProSuRe project facilitated her participation in key regional events and otherwise supported her activities.

By the end of her contract, in January 2005, results included:

- CHAYN had a legal name, email address, telephone number and offices.
(The offices were shared with the Trinidad Youth Council.)
- With legal assistance from the Latin American and Caribbean Council of AIDS Services (LACASSO), CHAYN had draft articles of incorporation and it had been agreed that incorporation would take place in Trinidad and Tobago.
- CHAYN had developed an information package (mainly in English but also in Spanish) that was distributed widely to government ministries and agencies, UN organizations, bilateral organizations and NGOs.
- The Regional Coordinator spoke at a number of events and in television and radio interviews to inform people about CHAYN.
- Strategic alliances were established with many regional organizations that had offices in Trinidad and Tobago and these included faith-based organizations such as Catholics for Free Choice, Islamic Response to HIV/AIDS,

the Muslim Youth Community, and the Pentacostal Assembly of the West Indies.

- With assistance from a consultant, CHAYN worked with ProSuRe-GTZ and UNICEF on planning and delivering a three-day capacity-building workshop on "HIV/AIDS and You" for CARICOM Youth Ambassadors and other Caribbean youth leaders.
- There was comprehensive recognition of CHAYN in Trinidad and Tobago, including recognition by the National AIDS Coordinating Committee, the National AIDS Programme of the the Ministry of Health, the Ministry of Youth and Sports, the Trinidad and Tobago HIV/AIDS Alliance, and CAREC.
- There was recognition by the National AIDS Programmes of the Bahamas, Barbados, St. Kitts and Nevis, and Suriname and also by government authorities in Antigua and Barbuda, Guyana and St. Lucia.
- CHAYN's members included 46 organizations in 13 countries and an additional 20 organizations had expressed their interest in joining.

In her final report at the end of her contract the Regional Coordinator noted that CHAYN had received a number of offers for continuing technical support, help with dissemination of information and so on. However, it had received no offers of financial support to pay for human resources or office space, equipment, supplies or services. She stated that CHAYN still needed financial and technical assistance to develop capacity for budgeting, accounting, documentation of its activities, general management, and language so it could communicate in all of the region's four main languages. She also proposed a new vision for CHAYN: to become a Principle Recipient for grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria so that its members would have access to financing for their endeavours.

Without paid staff: a long stall and an uncertain future

After the end of the Regional Coordinator's contract in January 2005, CHAYN continued to function on a volunteer basis and with small contracts to provide advice and training for a number of initiatives supported by ProSuRe-GTZ at the regional level and within Dominican Republic, Trinidad and Tobago and other countries. Ginelle Yearwood McDonald was acting in her capacity as Regional Coordinator of CHAYN when she participated in planning for and presentations at the XVIth International AIDS Conference in Toronto in August 2006.

However, CHAYN was then stalled and it has remained stalled ever since, due to lack of financial and technical support for its work. As ProSuRe-GTZ was winding down in early 2006, there was tentative agreement from UNAIDS that they would provide a grant to cover the costs of a second general meeting of CHAYN but this grant has never been released and CHAYN has never pressed for its release. It is not too late to revive CHAYN and turn it into the regional organization it aspires to be but it will need financial and technical support soon if its achievements, so far, are not to sink into memory and then be lost entirely.



Caribbean youth representatives at the International AIDS Conference 2006 in Toronto

Involving youth in policy and programme development

National and regional youth networks are the ideal vehicles for involving youth including representatives of youth organizations delivering local services in the development of national and regional youth policies and programmes. They can ensure that these policies and programmes provide the direction, structure and resources needed to promote and support effective action on the front lines of the epidemic.

CARICOM's Regional Strategy for Youth Development

Strengthening the Regional Strategy

In 2004, the CARICOM Directors of Youth Affairs (from the CARICOM Secretariat and from Ministries of Youth Affairs in CARICOM countries) held two meetings in St. Kitts and Nevis to review and update CARICOM's Regional Strategy for Youth Development. ProSuRe-GTZ provided technical support for the participation of more than 50 representatives from six youth networks, including the Caribbean HIV/AIDS Youth Network (CHAYN). The impact of AIDS on youth was one of the main topics of discussion and the representatives urged the Directors of Youth Affairs to adopt a strategy that called for youth-driven action to counter AIDS at the grassroots level, while applying international standards of best practice.



Meeting of CARICOM youth representatives

Over the following months, there were further consultations with youth until, in 2005, the CARICOM Directors of Youth Affairs met again and agreed on a final version and it was endorsed by CARICOM's Council for Human and Social Development (COHSOD). Its Implementation Plan addresses four thematic priorities:

- 1) social and economic empowerment of youth
- 2) protection of youth
- 3) youth leadership, governance and participation
- 4) health and reproductive rights of youth.

It also identifies three cross-cutting themes: 1) gender, 2) capacity building and 3) youth participation. Under "gender" it sets a goal of eradicating "all forms of discrimination against young men and women, particularly those based on gender, race, religion, sexual orientation, age and disability". It makes a number of references to HIV/AIDS as a priority issue and the importance of eradicating stigma and discrimination in order to ensure access to prevention, care and treatment (COHSOD, 2005).

Implementing the Regional Strategy

CHAYN representatives believe the strategy provides strong support for their agenda within CARICOM countries and also a valid framework for action in non-CARICOM countries of the Caribbean region. It sees the CARICOM Youth Ambassadors and other youth organizations and networks as strong allies but not as substitutes for CHAYN. It aspires to remain independent from political organizations such as CARICOM, to extend its reach to all 29 countries within the Caribbean region and to stay focussed on HIV/AIDS and other sexually transmitted infections among youth.

One of CHAYN's priorities is to provide training on youth and AIDS to other youth networks and organizations. At a three-day capacity-building workshop (held in Trinidad) on "HIV/AIDS and You" for Caribbean youth organizations, CHAYN provided technical support for sessions on "HIV/AIDS sensitization" and on "training and advocacy".

Youth and AIDS Unit of Trinidad and Tobago's NACC

Established in 1986, the National AIDS Programme (NAP) of Trinidad and Tobago is located in the Ministry of Health (MoH). In 2004, a National AIDS Coordinating Committee (NACC) was established and located in the Prime Minister's Office in order to make the country's response to AIDS more truly multisectoral and multidimensional. A new National Strategic Plan 2004-2008 was then developed to guide this broader response and, in 2005, the Government established HIV Focal Points in eight ministries.

ProSuRe-GTZ kick-started a process (supported by the NACC and Ministry of Sports and Youth Affairs) whereby the Trinidad Youth Council employed CHAYN to facilitate a review of the National Strategic Plan with a view to strengthening the response to AIDS among youth. The results included a National Youth Strategic Plan on HIV/AIDS, completed in 2006, and a decision to establish a Youth and AIDS Unit under the NACC. When this Unit is established, it will promote and coordinate an expanded response to AIDS among youth in Trinidad and Tobago.



CHAYN team of trainers

Results in Trinidad and Tobago

Achievements

From 1995 to 2006, GTZ provided technical support to efforts to empower youth to shape national AIDS policy and design and deliver AIDS programmes in Trinidad and Tobago. Throughout, it worked in close collaboration with the Caribbean Epidemiology Centre (CAREC) and the National AIDS Programme of the Ministry of Health (NAP/MoH) and, starting in 2004, with the new National AIDS Coordinating Committee (NACC). All three of those partners played critical roles in ensuring that sustainable financing for new youth initiatives was brought on-stream in timely manner, whether the money came from the national government, CARICOM, PANCAP or other sources.

With eleven years of technical support from GTZ and commitments from the national government and regional agencies, these achievements were possible:

- Step by step, starting with the first Rap Port centre in Port of Spain, youth built a national network of youth-run centres and programmes that deliver prevention of HIV and other sexually transmitted infections to youth. This step-by-step approach has allowed each new centre and programme to learn from the ones that were born before it and to draw on their human and other resources.
- As youth-run centres were established and operated, strong youth leaders emerged. They revived the National Youth Council, split it into the Trinidad and the Tobago Youth Councils and built them into effective vehicle through which youth participate in political and administrative processes and do their best to ensure that the concerns of Trinidad and Tobago's youth are fully addressed in national and regional AIDS policies and programmes.

- When the country's new National AIDS Coordinating Committee (NACC) was established in 2004, the Trinidad Youth Council was able to ensure that its new National Strategic Plan 2004-2008 incorporated appropriate strategies against AIDS among youth. They were also able to secure commitments from the NACC and the Ministry of Sports and Youth Affairs to establish and finance a Youth and AIDS Unit within the NACC and to lay out a vigorously pro-active agenda for that unit.

What is "promising" about these achievements?

The editorial board of the German HIV Practice Collection has set out a number of criteria that must be met to qualify GTZ-supported initiatives for to be published in the Collection (see The German HIV Practice Collection, p.3). The youth initiatives GTZ supported in Trinidad and Tobago meet most of these criteria. Collectively, they are **innovative, cost-effective, sustainable, transferable, participatory, empowering, and well-documented** and they demonstrate **gender awareness**. Like many AIDS-related initiatives, they are weak on **quality of monitoring and evaluation** and that weakness means that their **effectiveness** and **success** cannot be confidently specified.

Challenges

Trinidad and Tobago now has solid foundations for a vigorous youth-led response to AIDS among youth. However, much remains to be done to make that response stronger:

Countering stigma and discrimination. As the Country Situation Analysis posted on the UNAIDS website points out, stigma and discrimination and cultural taboos sustain a situation where people have little confidence that HIV test results or treatment will be confidential and fear anyone knowing that they are seeking access to AIDS-related services. Young leaders interviewed for this publication are well aware

that the above weaknesses pertain to youth-run services for youth. There is urgent need for effective programmes to counter stigma and discrimination and for more serological and behavioural surveillance and special studies to identify exactly which youth are most vulnerable, what makes them vulnerable and what interventions can reduce their vulnerability.



Learning the correct way to put on a condom

Engaging young males. Young leaders say they have a hard time attracting young males to AIDS-related programmes, whether as staff, volunteers or beneficiaries. The ones who do participate often joke around and mock others. Significant contributors to this situation would appear to include the popular misunderstanding that HIV is “a gay disease” and extreme ignorance and prejudice against gay men. Countering these phenomena and engaging males are matters of extreme urgency.

Countering youths’ sexual exploitation. The evidence suggests that children and adolescents experience a great deal of pressure to engage in sexual activity and are highly vulnerable to sexual exploitation and abuse by their peers and adults, including their own relatives. This situation makes children and adolescents highly vulnerable to HIV infection and establishes patterns of behaviour that leave them highly vulnerable as they grow older. Countering these phenomena is also a matter of extreme urgency.

Improving M&E systems. The country’s youth-run services for youth could make a significant contribution to the global response to AIDS if they could work out how to do excellent monitoring and evaluation. Methods might include, for example, peer educators administering questionnaires immediately before and some months after sessions to keep track of exactly which young people are receiving peer education and to what extent the sessions have added to their knowledge of HIV and changed their attitudes and behaviour.

Achieving sustainability of youth-run services. Young leaders interviewed for this publication observed that youth-run services for youth have constant struggles to achieve the right balance between their dependence on financial and other support from government and their need for autonomy. To ensure continuity they must find a way of retaining the knowledge and wisdom of experienced staff whilst adhering to the principle that staff must qualify as youth and have the same reforming spirit and activism of the leaders who founded the services and who had the courage to innovate and set new directions.

Results in the Dominican Republic

Achievements

ProSuRe-GTZ provided technical support to efforts to empower youth in the Dominican Republic for only three years, from 2003 to 2006. Launched in 2001, the country's Presidential AIDS Council (COPRESIDA) was still getting established and sorting out jurisdictional matters with the Division for Controlling Sexually Transmitted Infections and HIV (DIGECITSS), the unit within the Ministry of State for Public Health and Social Assistance that previously had had primary responsibility for the country's response to AIDS. Also launched in 2001, the Pan Caribbean Partnership Against AIDS (PANCAP) was just getting established too. Meanwhile, not a member of CARICOM or CAREC, Dominican Republic had not been party to the CAREC-GTZ youth initiative.

During this period of transition, GTZ did not have the same well-established and close working relationships with its national and regional partners in Dominican Republic as it had had in Trinidad and Tobago under the CAREC-GTZ youth initiative and maintained during ProSuRe-GTZ. The most critical consequence was that sustainable financing for new youth initiatives was not brought on-stream in the same timely manner in the Dominican Republic and some initiatives were left in states of uncertainty.

Despite the above, there were some strong comparative advantages to working with youth groups in the Dominican Republic. It is a much larger and poorer country than Trinidad and Tobago and its national capital, Santo Domingo, is a big cosmopolitan city. Many gay men are "out" and they and other vulnerable groups have established formal and informal organizations and networks to advocate on

their behalf. In collaboration with key staff in COPRESIDA, the ProSuRe project was able to work with these organizations and networks and these achievements were possible:

- While it lasted, the Tertulia proved itself to be a very promising example of how representatives from the most vulnerable groups can meet with representatives from government and other organizations in a dynamic and creative way that generates innovative ideas for responding to AIDS among youth. The Tertulia has been replaced by 13 Alianzas where different categories of vulnerable group meet separately. Whether or not these Alianzas will prove to be as dynamic and creative as the Tertulia, they are nevertheless vehicles that did not exist before for engaging vulnerable groups in the national response to AIDS.
- Through a brief trial period, the Ideas Youth Café showed great promise of becoming the equivalent of the first Rap Port Trinidad and Tobago and, through in-centre and outreach programmes, delivering prevention and other AIDS-related services to youth from all elements of society in Santo Domingo. Like the first Rap Port centre, it could become the first of a country-wide network of such centres.

What is "promising" about these achievements?

The GTZ-supported youth initiatives in the Dominican Republic meet enough of the criteria to qualify for the HIV Practice Collection. Specifically, they are **innovative, participatory, empowering** and demonstrate **gender awareness**. Which of the other criteria they may meet in the months and years ahead remains to be seen.

Challenges

The two immediate challenges facing youth concerned with AIDS in the Dominican Republic are to:

- To work with COPRESIDA on trying to ensure that the Alianzas are effective vehicles for the participation of youth, in general, and youth from the most vulnerable groups, in particular, in the national response to AIDS. One possibility would be to build the strengths of the Tertulia into the Alianza dedicated to youth and make sure youth from all vulnerable groups are represented.
- To achieve the financial and other support needed to establish the Ideas Youth Café on a sustainable basis and to use it as a springboard for establishing similar centres at strategic locations across the Dominican Republic.

Beyond those two immediate challenges, youth in the Dominican Republic will face challenges similar to those listed for Trinidad and Tobago.



Young leaders in front of mural in the Dominican Republic

Results in the Caribbean region

Achievements

Within the CARICOM sub-region, the CAREC-GTZ youth initiative and ProSuRe-GTZ have supported these achievements:

- Strategies for countering AIDS and stigma and discrimination have been incorporated into CARICOM's Regional Strategy for Youth Development.
- The CARICOM Youth Ambassadors have been provided with appropriate training and have been actively involved in implementing the AIDS-related components of the Regional Strategy for Youth Development.

Within the whole Caribbean region, the CAREC-GTZ youth initiative and ProSuRe-GTZ have supported these achievements:

- The Caribbean Regional Strategic Framework for HIV/AIDS 2002-2006 sets "prevention of HIV transmission, with a focus on young people" as Priority Area 3 and sets out appropriate strategic objectives under that priority area.
- The Caribbean HIV/AIDS Youth Network (CHAYN) has been established as the only Caribbean-wide mechanism focussed on youth and AIDS and with broad representation from organizations representing youth or serving youth.
- The PANCAP/CARICOM Youth Ambassadors Mini-Grant Programme has been established as a mechanism for channelling financial resources to youth-run organizations providing AIDS-related services to youth.

What is “promising” about these achievements?

While the youth initiatives at the sub-regional and regional levels in the Caribbean have the potential to meet some of the criteria to qualify for documentation in the HIV Practice Collection, it remains to be seen whether they will meet other criteria in the years ahead. As indicated below, what they lack most at this stage is strong commitments from key partners to give them sufficient and sustainable financial support.

Challenges

- Without sustained financing to cover its operations, the Caribbean HIV/AIDS Youth Network (CHAYN) is largely dependent on the time and energy of a few volunteers and has been unable to go far towards achieving the five objectives laid out in its strategic plan or its ambition to qualify as a Principle Recipient of grants from the Global Fund against AIDS, Tuberculosis and Malaria. There is a danger that if it continues to be starved of funds it could wither and die.
- Assuming it is able to secure the financing it needs, CHAYN will be faced with the challenge of engaging organizations and networks representing youth from all elements of Caribbean society and especially youth from marginalized and vulnerable groups. It might look to the Dominican Republic’s experience with the Tertulia for ideas as to how this might be achieved.

Lessons Learnt

Securing commitments, maintaining good relations.

The sustained, step-by-step process of building mechanisms for empowering youth in Trinidad and Tobago was made possible by strong partnerships among key players, including recognized national and regional AIDS authorities. These partnerships were secured by written agreements and maintained through close working relations. Some of the youth initiatives in the Dominican Republic and at the regional level were trying to get launched and well-established during transitions (COPRESIDA and PANCAP were just getting established) when partnership arrangements were not as clear as they as they should have been.

Supporting young leaders and using their spirit and energy.

In Trinidad and Tobago, there is a long history of support for youth movements through schools, churches and organizations such as the Boy Scouts, Girl Guides, YMCA and National Youth Council and this means that the country benefits from experienced and talented young leaders who are full of innovative spirit and energy. Young leaders such as these initiated many of the projects described in this publication and the success of those projects continues to depend on the spirit and energy of them and their successors. It has also depended on giving them and their projects sustained financial and technical support, including training, guidance and supervision. The Dominican Republic has less of a history of support for youth movements. This means that potential young leaders sometimes have to be identified, recruited and nurtured and that there is need for more intensive technical support sustained over a longer period of time. The three-year duration of ProSuRe-GTZ was insufficient.

Limiting demands on volunteers.

Youth interviewed for this publication frequently remarked that adult-run organizations serving youth too often assume they can engage youth as volunteers who will work for free. Youth from marginalized groups, in particular, are among the least well-placed of all people to be working for free. They need to be concerned about supporting themselves and their families and about furthering the education and vocational training they need to qualify for paying jobs. Organizations that need young workers on more than a somewhat limited part-time or short-term basis should see to the needs of these workers.

Providing sustainable financing for operations.

Closely related to the tendency to view youth as a source of free labour is the tendency to assume youth-run organizations can be financed with small grants for events or short-term activities. The youth-run Rap Port centres on the Island of Trinidad require sustainable financing that enables them to cover the same operating costs (including wages) that would occur if they were run by older adults. The same can be said of the Ideas Youth Café in the Dominican Republic and the Caribbean HIV/AIDS Youth Network (CHAYN), though they have yet to secure commitments to provide them with sustainable financing.

Achieving diversity and dynamic and creative communications.

At their best, youth are very open to new experiences and ideas and to people from backgrounds very unlike their own. The Tertulia in the Dominican Republic was a model of good practice in that it took advantage of this fact and brought together youth from all elements of society to exchange experiences and opinions and to generate new ideas. It is a model well worth considering by anyone looking for ways to engage young people, especially those from high-risk groups, in developing and delivering a vigorous response to HIV and AIDS among youth.



Young women trained as peer educators

Caribbean Social Marketing to Prevent HIV and AIDS (CARISMA): A regional approach with multi-donor funding

In 2005, the German Development Bank (KfW) embarked on an innovative regional HIV prevention initiative which provides behaviour change communications (BCC) and social marketing of quality condoms. PANCAP has overall implementation responsibility, working under the auspices of CARICOM. To date, the initiative has been implemented in Belize, the Dominican Republic, Haiti and Jamaica. Its overall goal is to contribute to the reduction of sexually transmitted diseases and HIV infection. It takes place under a cooperation agreement between KfW and UNAIDS, in accordance with the Paris Declaration on Aid Effectiveness, to promote regional approaches to HIV and AIDS in Central America, the Caribbean and Africa. (Note that this initiative has not been peer reviewed, as it is too early for results to be evaluated according to the criteria established by the German HIV Practice Collection.)

A regional approach

In designing the initiative, a regional response was considered necessary for the following reasons.

- *Population mobility* has been a common feature of the region for much of its history. More recently, huge socio-economic inequalities between neighbouring countries have created strong pressures for migration. There is also extensive movement of sex workers among the countries and islands, and a massive influx of tourists from around the world.
- *Limited capacity to respond adequately to HIV and AIDS* is evident in individual countries, many of which have very small populations. The size of a nation's economy is very often a serious constraint.
- *Multi-sectoral, multi-level, multi-partner collaborations* are known to be important for effective responses to a complex challenge like HIV and AIDS.

The initiative has two objectives. The first is to improve availability of and access to low-priced high-quality condoms and other health products for the target groups in the context of a growing condom market. The second is to increase preventive knowledge, attitudes and behaviour with regard to HIV and sexually transmitted diseases among the target populations.

Five population groups are targeted, each with appropriate activities and health products:

- Commercial sex workers and their clients
- Men who have sex with men
- Garifuna populations (descendants of Amerindian and African people)
- Migrants
- Travel industry workers.

The four countries covered by the programme, to date, have a combined population of 20.6 million people.

What is Social Marketing?

The social marketing of condoms is considered a key pillar of efforts to combat HIV/AIDS (UNAIDS, 2000). Social Marketing is a set of concepts and strategies to bring about shifts in people's awareness and attitudes and voluntary changes of their behaviour. It can be used to achieve different aims including, for example:

- more and better schooling for girls
- fair trade
- take-up of vaccinations
- use of safe water
- prevention of HIV/AIDS.

Implementation phase

PANCAP began the implementation phase in March 2005, with tendering for the planned social marketing activities in the Dominican Republic and Haiti. Implementation in these two countries commenced later in the same year, while activities in Belize and Jamaica followed at the beginning of 2007. Country selection was based on criteria such as size of the epidemic, poverty, and availability of HIV/AIDS funding from other sources such as the Global Fund to Fight AIDS, Tuberculosis and Malaria).

PANCAP hired a regional consultant (Options Consultancy Services with its partner Emerging Markets Group/EMG) to oversee social marketing activities in the selected countries. Co-financing for the regional consultant was provided by the Canadian International Development Agency (CIDA), which also finances the Eastern Caribbean Social Marketing Initiative (ECSMI). Based in Trinidad, ECSMI's aim is to ensure that the poorest parts of the Eastern Caribbean island populations, including migrants, have access to affordable condoms to prevent the spread of sexually transmitted infections and HIV.

The regional consultant's responsibilities include guiding and monitoring the programme, coordinating activities at both country and regional level, and carrying out regular checks to ensure the funds are being used efficiently, effectively and transparently.

Belize

Belize has a unique population mix and historical context which provides a number of special challenges to HIV and STI prevention programming. For the last 30 years, the country has seen considerable demographic and cultural change. The majority of its population was once Afro-American and English-speaking but, now, around 50% of its population speaks only Spanish. Prevention activities must now

be bilingual, if not multilingual. In addition, work with the Garifuna population requires special linguistic and cultural sensitivities.

The implementing partner in Belize is the PSI-associated Pan American Social Marketing Organization (PSI/PASMO). It works with a number of non-governmental organisations, the public sector, and key private sector distributors and retailers.

These include Belize Family Life Association, Dangriga HIV/AIDS Society, United Belizean Advocacy Movement, Hand in Hand Ministries, the National AIDS Commission, the Ministry of Health, and Cayo AIDS Committee. Although it is too soon for an evaluation, expected results include:

- Increased demand for male condoms, female condoms and water-based lubricants distributed by the public, commercial and NGO sectors. It is hoped that, by using state-of-the-art research tools and innovative advertising and promotion campaigns, the programme will increase the total condom market by at least 25% during the 14-month implementation phase.
- The creation of a distribution network that will maximize coverage, minimize costs, ensure better access to groups most at-risk and encourage sustainability beyond the programme period.
- Improved knowledge about the relationship between HIV prevention and abstinence, partner reduction and condom use. The programme will target men who have sex with men, sex workers and their clients, Spanish-speaking migrants, Garifuna populations and travel industry workers. It is hoped that the programme will increase the proportion of people in these target groups who believe they are at risk for STIs and HIV, can name three ways of preventing STI and HIV transmission, are confident in their ability to convince partners to use

- condoms, know that oil-based lubricants lead to condom breakage, report that they would seek medical attention for an STI, and believe it is important to know one's HIV status.
- Increased HIV preventive behaviour among the target groups. The programme aims to motivate these populations to say no to risky sex, reduce partners, use condoms consistently, learn their HIV status, and treat sexually transmitted infections (STIs) correctly.

What is Social Marketing in HIV Prevention?

Social marketing in this context addresses two key aspects of HIV prevention: behaviour change and increased condom access. Behaviour change communications (BCC) uses both mass media and interpersonal communications (such as peer education) to encourage individuals to protect themselves from HIV and AIDS. The messages focus on increasing demand for condoms as part of a broader approach to prevention that also includes reducing numbers of partners. Messages may be "branded" (using a specific condom brand name) or "generic." Both approaches share the objective of educating consumers about the benefits of correct and consistent condom use. Much of CARISMA's behaviour change resources are not allocated to promoting brands, but to delivering communication messages that encourage and support consumers' use of quality condoms. The second aspect – increased condom access – aims to help consumers obtain condoms in locations convenient to them. CARISMA seeks to increase availability of and demand for all condoms, not just those that are distributed by the social marketing programmes, and thereby to increase the use of condoms.

(Source: www.carisma-pancap.org)

Dominican Republic

In the Dominican Republic, CARISMA's implementing partner is PSI Dominican Republic. The overall goal is to increase safer sexual practices among high-risk groups: sex workers, youth, and the residents of the bateyes (communities at former sugar plantations, now home to poor families who are descended from the Haitian plantation workers and who have much higher rates of HIV prevalence than the national average). Activities are carried out in cooperation with a number of local NGOs and objectives include:

- Improved access to condoms and lubricants among high-risk groups
- Enhanced local capacity for social marketing
- An increase in the total condom market in the Dominican Republic
- Strengthened capacity in behaviour change communication
- Increased preventive attitudes and knowledge among high-risk individuals, with increased motivation and ability to engage in safe sexual behaviour
- Improved access to condoms and lubricants among high-risk groups.

The Youth Programme targets two specific age groups. First, it aims to encourage teenagers 10 to 14 years old to delay their sexual debut and to communicate better with their parents. Activities include the creation of a website (www.sejevi.org) and a Youth campaign called "Sex is not a Game", which produces TV and radio spots in cooperation with UNICEF. Free radio airtime was secured to promote condom use. Training was provided for hotline counsellors, and 180 people from NGOs were trained in campaign messages. By the end of 2006, local NGOs reached 8,165 youth with direct interventions. The programme also aims to help people 15 to 24 years old to understand their personal risk and overcome barriers to safe behaviour with their partners. Activities include capacity build-

ing in social marketing and BCC through different media. In order to increase the total condom market, the programme promotes the “Escudo” brand of condom distributed by PROFAMILIA as well as “Pante”, the CARISMA brand.

The Batey Programme targets the poorest people in the country, Haitian migrants and Hatian families in rural settlements. Partners include ADOPLAFAM, FUSABI and other local NGOs. The programme focuses on people from 20 to 49 years old. Objectives include decreasing the number of sexual partners and increasing correct and consistent condom use. In 2006 over 5 million condoms were packed, and 326 sales points opened in 88 bateyes. Capacity building in social marketing was supported by providing training in sales and reporting for 20 supervisors and 137 promoters from local NGOs. In addition, 7 supervisors were trained in Social Marketing management. A new Soap Opera dealing with related themes was produced in and for the bateyes (“Amor de Batey”), along with with a printed BCC guide for NGOs working there. In addition, radio spots for “Pante” condoms are broadcast. The programme also has a research component.

The Sex Worker Programme focuses on social marketing of condoms and water-based lubricants, with the objectives of increasing condom use and decreasing the use of oil-based lubricants that damage latex condoms. This component does not use mass media and is carried out only in areas where sex workers - both male and female – are found. An issue being addressed is the fact that not all sex workers understand Spanish, as many come from Creole-speaking Haiti.

All personnel but one (the director) are Dominican and this has helped the initiative achieve credibility and considerable trust and cooperation with partner agencies and institutions.

“A man who uses a condom is attractive”

In 2006 a survey of 1,500 people was carried out in the bateyes to investigate sexual behaviour, use of condoms, local availability of condoms, and knowledge and awareness of HIV and AIDS and the benefits of condom use. The results indicated that condom use in the bateyes does not depend on knowledge or cultural beliefs surrounding HIV/AIDS, but on notions of trust and identity. Armed with this knowledge, a BCC campaign is being designed around messages that “a man who uses a condom is attractive” and “an attractive man uses a condom.” The campaign will also focus on partner trust issues, with the key message being “trust does not protect you from getting infected”. (PSI DR)



Innovative

The CARISMA programme in Dominican Republic has teamed up with six NGOs working with batey communities across the country in a pioneering television soap opera called “Amor de Batey.”

Broadcast nationwide on Canal 11, the twelve-part series follows the lives of batey couple Lucy and Pedro. Using their stories and those of friends and neighbours, the soap opera encourages viewers to look at their personal risk, reduce the number of their sexual partners, adopt a positive attitude toward condoms and use them regularly.

Haiti

Haiti is one of the poorest countries in the world, and has the largest number of people living with HIV in the Caribbean. Recent behavioural surveillance has shown that a significant proportion of the country's largely young population is sexually active and having unprotected sex. It has also shown that 18% of urban women in their late teens have been pregnant at least once.

In Haiti, CARISMA is implemented by PSI Haiti. Its overall goal is to increase safer sexual practices among youth aged 15 to 24, sex workers, and Haitian migrant workers now living in the Dominican Republic. KfW's financial support for this work in Haiti complements funding from the US government and from the Global Fund to Fight AIDS, TB and Malaria.

The work began with research to identify social marketing needs in Haiti, and to establish a baseline in order to measure impact and success. One of the key findings was that "Pante" condoms, the Haitian social marketing brand, are inconsistently available in different parts of the country. Based on the research findings, a multi-donor HIV prevention programme was designed to reach sex workers and youth through mass media, interpersonal communications and enhanced distribution of male and female condoms.

In addition, activities for children and youth – both in and out of school -- were carried out by FOSREF, an NGO well-known in Haiti for its work with young people. An 11-module peer education activity was designed targeting young people aged 11 to 22 years in Carrefour, a densely populated and poor neighbourhood in the capital, Port au Prince. After training, with support by supervisors, 60 peer educators held about 900 sessions in Carrefour, reaching an estimated 10,000 pupils and 2,000 out of school youths in 2006.

Jamaica

HIV prevalence appears to have stabilised at around 1.2% among Jamaicans aged 19 to 49. Although higher levels of infection are found among males, among young people more females are infected. In 2004, the number of new cases of HIV among females aged 15 to 24 years was three times higher than their male counterparts. Such findings have been linked to high rates of forced sex, sexual intercourse with older men, and transactional sex. Sex work figures prominently in the Jamaican epidemic. Many men maintain multiple sexual relationship, and do not use condoms consistently or at all.

CARISMA is among several HIV prevention programmes operating in close cooperation with Jamaican authorities. The implementing partner is Constella/Futures. The overall programme goal is to increase the consistent use of condoms, and to significantly expand the overall condom market through marketing and communications.

Activities focus on mass media interventions targeting both men and women, and promote the consistent use of condoms with every partner, including trusted ones. The latter is based on research showing there is a relatively rapid turnover of trusted partners, and that there may be sexual relations with several at once. In such circumstances, consistent condom use is judged to be a more effective HIV prevention message than fidelity.

Potential benefits and lessons learnt

The experience of implementing CARISMA, so far, suggests that regional approaches can have far greater beneficial effects than initially expected. Though these have not been formally evaluated, the following advantages have been observed:

- *Harmonisation of policies and administration.* In all regional programmes supported by KFW, the monitoring mechanisms, communication policies and procurement procedures have been harmonised through consultations with all national and regional organisations concerned. The regional implementing organisations, main national government and non-governmental partners, and international donor organisations have agreed to a common implementation and monitoring framework. This has increased their “buy-in” to the framework and reduced the number of separate agreements and processes.
- *Enhanced sustainability.* Financing an HIV/AIDS prevention programme like CARISMA through several donors enhances the sustainability of all country programmes. In many cases, the consultations described above led to recruitment of additional financial partners. For example, the Canadian International Development Agency (CIDA) became a partner in financing the regional consultant. The demonstrated success of this approach led to better coordination among partners in other programmes.
- *Deepening regional integration.* The regional institutions involved in CARISMA were able to extend their range of activities and gain greater acceptance. For example, CARICOM’s profile has been raised in member countries as it is seen to be dealing not only with economic issues but with the regional HIV epidemic. This has caused

Caribbean partners to identify more closely with the regional institution.

- *Increasing programme efficiency.* Regional programmes allow economies of scale, with potential cost savings in procuring condoms or developing awareness and advertising campaigns.

It is also hoped that regional programmes to prevent HIV may have greater impact because they cross the borders. National programmes can only reach small groups in different countries at great expense, whereas regional programmes provide more efficient coverage of mobile workers and of special populations such as the Garifunas, who live on the Caribbean coast of several Central American countries. Regional programmes also make it possible to reach groups that would otherwise be excluded from HIV prevention efforts. For example, culturally appropriate regional prevention messages can reach the region’s large population of expatriate Haitians, many of whom are working illegally in the Dominican Republic and elsewhere.

Finally, regional programmes create a platform for regular exchanges of lessons learnt about programme implementation, making it possible to draw on the experience of a large number of different regional and national partners.

Would you like to know more?

Additional information is available at the website www.carisma-pancap.org. The website includes an overview, summaries of country programmes, and direct links to reports and materials.

Bibliography

- Agua Buena Human Rights Association (2006). Dominican PLWA call for massive scaling up treatment access and end to widespread discrimination. San Jose, Costa Rica, Agua Buena Human Rights Association, June 2006.
- Allen C et al (2000). The Sexual Health Needs of Youth in Tobago, 2000. Port of Spain, Family Planning Association of Trinidad and Tobago, Tobago AIDS Society, Caribbean Epidemiology Centre, GTZ, and the Netherlands Embassy.
- Allan C et al (2006). STI service use and risk factors for HIV infection among female sex workers in Georgetown, Guyana. *Journal of Acquired Immune Deficiency Syndromes*, 43(1): 1-6.
- Amnesty International (2006). HIV/AIDS and Human Rights in the Dominican Republic and Guyana. Amnesty International, 1 February 2006.
- Associated Press (2007). *Caribbean officials say fight against AIDS undermined by ignorance*. International Herald Tribune, 21 January 2007.
- Barbados Advocate (2007). Counsellor: Mixed message in law on HIV testing for youth. *Barbados Advocate*, 27 February 2007.
- CARICOM (2005). Youth training advances in regional HIV/AIDS fight. Press release 179/2005. Georgetown, Guyana, Caribbean Community (CARICOM) Secretariat.
- CARICOM (2007). Address by H.E. Runaldo Ronald Venetiaan, President, Republic of Suriname, at the Launch of the CARICOM Commission on Youth Development, 5 March 2007, Suriname.
- COHSOD (2005). Revised Draft Regional Strategy for Youth Development. Georgetown, Guyana, Council for Human and Social Development (COHSOD), CARICOM.
- CARICOM Youth Ambassadors (2002). CARICOM Youth Ambassadors Programme (CYAP): Strategic Plan 2002-2005. Georgetown, Guyana, CARICOM Youth Ambassadors.
- Cohen J (2006). *A sour taste on the sugar plantations*. *Science*, 313: 473-475.
- De Moya EA and Garcia R (1996). AIDS and the Enigma of Bisexuality in the Dominican Republic. *Bisexualities and AIDS: International Perspectives*. Ed. Aggleton P. London, Taylor and Francis Ltd.
- Derens S et al (2004). HIV prevalence among high-risk Puerto Rican drug users: a comparison of East Harlem, New York, and Bayamon, Puerto Rico. *Journal of Acquired Immune Deficiency Syndromes*, 36(5):1067-1074.
- Estrada C (2002). Caribbean meeting – Empowering youth to fight HIV/AIDS stigma and discrimination. International Federation of Red Cross and Red Crescent Societies, Santo Domingo, 10 April 2002.
- Gaillard EM et al (2006). Understanding the reasons for decline of HIV prevalence in Haiti. *Sexually Transmitted Infections*, 82 (2), April 2006.
- Gebre Y et al (2006). Tracking the course of the HIV epidemic through second generation surveillance in Jamaica: survey of female sex workers. Abstract CDC0313. XVI International AIDS Conference, 13-18 August 2006, Toronto.
- GTZ (2000.) GTZ Evaluation Caribbean Mission Report. Eschborn, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH.
- Guyana Presidential Commission on HIV/AIDS (2006). *Status of the national response to the UNGASS Declaration of Commitment on HIV/AIDS: for the reporting period of January 2003 to December 2005*. Georgetown, Guyana Presidential Commission on HIV/AIDS
- Halcón L et al (2003). Adolescent Health in the Caribbean: A Regional Portrait. *American Journal of Public Health*, Vol. 93, No. 11.
- Inciardi JA, Syvertsen JL, Surratt HL (2005). HIV/AIDS in the Caribbean Basin. *AIDS Care*, 17 (Suppl. 1): S9-S25.
- IISD (2005). A summary report of the Community Commons: A Dialogue on Local Approaches to the MDGs. *Community Commons Bulletin*, Volume 111, No. 1, Tuesday, 21 June 2005. New York and Winnipeg, International Institute for Sustainable Development (IISD).
- Institut Haïtien de L'Enfance et al (2006). *Enquête mortalité, morbidité, et utilisation des services. EMMUS-IV: Haïti 2005-2006*. Juillet. Pétiion Ville et Calverton, Institut Haïtien de L'Enfance et ORC Macro.
- Jamaica Observer (2007). ICC CEO praises Children's first for work with kids and HIV/AIDS. *Jamaica Observer*, 15 March 2007.

- Ministry of Public Health and Population Haiti (2006). *UNGASS report: Haiti 2005*.
- Naryan P (2006). Not just another recommendation
- PANCAP (2002). The Caribbean Regional Strategic Framework for HIV/AIDS. Georgetown, Guyana, Pan-Caribbean Partnership Against HIV/AIDS.
- PANCAP (2005). PANCAP Mini-Grant Programme Handbook – 2006-2009. Georgetown, Guyana, Pan-Caribbean Partnership Against HIV/AIDS.
- Salazar X et al (2005). “Vulnerability and sexual risks: *Vagos* and *vaguitas* in a low income town in Peru.” Culture, Health & Sexuality, July-August 2005, Vol. 7, No. 4, 375-387.
- St. Croix Source (2007). Caribbean Leaders Pinpoint Regional Problems at First HIV-AIDS Summit. *St. Croix Source*, United States Virgin Islands, 22 January 2007.
- Stabroek News (2007). HIV in drug users “alarming high – new study finds. *Starbroek News*, Guyana, 13 February 2007.
- Toro-Alfonso J, Varas-Diaz (2005). Proyecto de identificación y descripción de conocimiento, actitudes, creencias y comportamientos de riesgo para la transmisión del VIH en población de homosexuales y hombres que tienen sexo con hombres en la República Dominicana. Santo Domingo, CESDEM, CONECTA.
- UN (2004). World Youth Report 2003: The global situation of young people. New York, United Nations.
- UN (2006a). Political Declaration on HIV/AIDS. 60th Session, 87th plenary meeting of the UN General Assembly, 2 June 2006, A/RES/60/262. New York, United Nations.
- UN (2006b). World Population Prospects: The 2004 Revision, Volume III, Analytical Report. New York, United Nations Department of Economic and Social Affairs, Population Division.
- UNAIDS (2005). A Study of the Pan Caribbean Partnership Against AIDS (PANCAP): Common goals, shared responses. Geneva, Joint United Nations Programme on HIV/AIDS.
- UNAIDS (2006a). 2006 Report on the global AIDS epidemic. Geneva, Joint United Nations Programme on HIV/AIDS.
- UNAIDS (2006b). AIDS epidemic update, December 2006. Geneva, Joint United Nations Programme on HIV/AIDS.
- UNAIDS (2007). AIDS epidemic update, December 2007. Geneva, Joint United Nations Programme on HIV/AIDS.
- UNAIDS Inter-agency Task Team on Young People (2006). Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries. WHO Technical Report Series 938. Geneva, World Health Organization.
- UNDP (2006). Human Development Report 2006. New York, United Nations Development Programme.
- UNICEF (2002). Health and Family Life Education...10 Years & Beyond. *Children in Focus, Vol. 15, No. 2*. Bridgetown, Barbados, UNICEF Caribbean Office.
- Van Griensven F (2007). What's Driving the Global MSM Epidemic. Session 19, Drivers of the HIV Epidemic and Potential Interventions. 14th Conference on Retroviruses and Opportunistic Infections, 25-28 February 2007, Los Angeles.
- Washington Post (2007). Speeding HIV's Deadly Spread: Multiple, Concurrent Partners Drive Disease in Southern Africa. *Washington Post*, 2 March 2007.
- World Bank (2006). 2006 World Development Indicators. Washington, World Bank.
- Yearwood McDonald, G (2005). Regional Coordinator's Report # 3. Port of Spain, Caribbean HIV/AIDS Youth Network.

Acronyms and Abbreviations

AIDS Acquired Immune Deficiency Syndrome	MSM males who have sex with males
BCC Behaviour Change Communication	NACC National AIDS Coordinating Committee
BMZ Germany's Federal Ministry for Economic Cooperation and Development	NAP National AIDS Programme
CAREC Caribbean Epidemiology Centre	NAP/MoH National AIDS Programme of the Ministry of Health
CARICOM Caribbean Community	NGO Non Government Organisation
CARIFTA Caribbean Free Trade Association	PANCAP Pan Caribbean Partnership against HIV/AIDS
CARISMA Caribbean Social Marketing to Prevent HIV and AIDS	ProSuRe Proyecto Supra-Regional "Juvéntud y Sida en el Carib"
CHAYN Caribbean HIV/AIDS Youth Network	SPSTI Special Programme on Sexually Transmitted Infections
COHSOD Council for Human and Social Development	STI Sexually Transmitted Infection
COPRESIDA Presidential AIDS Council	UN United Nations
DIGECITSS Division for Controlling Sexually Transmitted Infections and HIV	UNAIDS United Nations Programme on HIV/AIDS
GIZ Deutsche Gesellschaft für Internationale Zusammenarbeit	UNDP United Nations Development Programme
GTZ Deutsche Gesellschaft für Technische Zusammenarbeit (now GIZ)	UNESCO United Nations Educational, Scientific and Cultural Organisation
HBC Home Based Care	UNFPA United Nations Population Fund
HIV Human Immune Deficiency Virus	UNHCR United Nations High Commission for Refugees
LACASSO Latin American and Caribbean Council of AIDS Services	UNICEF United Nations Children's Fund
	VCT Voluntary Counselling and Testing
	WHO World Health Organisation

Contacts and credits

Published by:

The German HIV Practice Collection (GHPC)
GHPC run Project 'Strengthening the German contribution to the global AIDS response'
Responsible: Dr. Thomas Kirsch-Woik
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
Dag-Hammarskjöld-Weg 1-5
65760 Eschborn / Germany
E ghpc@giz.de
I www.german-practice-collection.org

Contact at KfW Entwicklungsbank
Katharina Anschütz
Sector Economist Health
E katharina.anschuetz@kfw.de

Contact Person in the Federal Ministry for Economic Cooperation and Development (BMZ)
Dr. Simon Koppers, Section 311
E simon.koppers@bmz.bund.de

Contributing experts and consultants

Annegret Spelleken, Ulrich Wagner, Ozzi Warwick, John Waters

Writer

Stuart Adams

Photographs

The ProSuRe team

Design and Production:

Metzgerdruck, 74847 Obrigheim/Germany

Eschborn, first edition: March 2008
this edition January 2011

Published by:
The German HIV Practice Collection (GHPC)
GHPC Secretariat run by project 'Strengthening the German
contribution to the global AIDS response'

Responsible: Dr. Thomas Kirsch-Woik

Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH
Dag-Hammerskjöld-Weg 1-5
65760 Eschborn / Germany
E ghpc@giz.de
I www.german-practice-collection.org