

Stand Up for Jamaica:

Preventing HIV and AIDS, promoting human rights and providing life skills training to MSM and other men in prison

Overview

Stand Up for Jamaica (SUFJ) has received four CVC/COIN Mini-Grants: US\$36,000 to fund work among men who have sex with men (MSM) in prison in 2013-2014; US\$25,000 to fund work among MSM and other prisoners in 2014-2015; US\$8,000 to fund additional work among MSM and other prisoners in 2015; US\$25,000 to fund research underway at the time of this writing.

With these grants SUFJ piloted and scaled up programmes to prevent HIV and AIDS, to promote sexual health and human rights, and to provide life skills to inmates in Jamaica's two oldest, largest and most overcrowded and run-down prisons. These are the country's two maximum security prisons for men: Tower Street Adult Correctional Centre (TSACC) in Kingston and St. Catherine Adult Correctional Centre (ST.CACC) in Spanish Town.

SUFJ began this work among self-identified and suspected men who have sex with men (MSM) isolated from other prisoners in their own cell blocks. It then extended this work to cover all prisoners including known and suspected MSM. Throughout, SUFJ also informed and sensitized Correctional Officers and other prison workers about issues surrounding HIV and AIDS and the human rights of prisoners.

About Stand Up for Jamaica

Maria Carla Gullota is the Executive Director of Stand Up for Jamaica (SUFJ). She has been Amnesty International's representative and Italy's Consul to Jamaica and has worked in the country's entertainment industry producing events.

In 1999, she and some of her colleagues in Gruppo 105 (a chapter of Amnesty International in Rome, Italy) decided to found SUFJ. They were inspired by Bob Marley's song *Stand Up for Your Right* when they chose the name and their priority was to oppose violence against individuals, whether by the state or other individuals. They planned to use SUFJ as a vehicle for staging beach parties and other events to raise money and put it to work providing victims of violence with assistance in covering their legal costs and daily expenses. The groups they planned to target first were prisoners on death row – two cell blocks called Gibraltar 1 in the ST.CACC complex – and women and children in emergency situations.

Once launched, SUFJ broadened its focus and began to support projects that help vulnerable people avoid violence in the future, that promote their sexual health and human rights, and that provide them with education, job training and life skills. Since 1999, SUFJ's work has included:

- Providing job training to young women in the March Pen Road community of St. Catherine Parish. This programme provides them with skills at housekeeping, bartending and food preparation and then finds them jobs in hotels across Jamaica.
- Finding, refurbishing and equipping a new home for an existing kindergarten in Drapers, a small town in Portland Parish, and then supporting the kindergarten's efforts to provide

children from low-income families with the foundation skills they need to do well in primary school. The kindergarten is now known as Drapers Basic School.

- Also in Drapers, supporting a homeless shelter.
- Partnering with Jamaicans for Justice to provide courses in human rights at the National Police College of Jamaica. Formerly known as Jamaica Police Academy, this college is run by the Jamaica Constabulary Force and is located in Twickenham Park, St. Catherine Parish.
- Spearheading similar courses for Correctional Officers at Tower Street Adult Correctional Centre (TSACC) in Kingston.
- Also at TSACC, refurbishing an existing school and computer lab; taking over management of the school and lab, which had been managed in a haphazard way in the past; providing new equipment and training materials. The school is now fully functional and, from Monday through Friday each week, it provides remedial education and prepares prisoners to pass exams for all grades through to graduation.
- Since 2012, running a similar school at St. Catherine Adult Correctional Centre (ST.CACC). Mainly for prisoners, this school also serves Correctional Officers.
- Providing a separate school in TSACC's chapel for known and suspected men who have sex with men (MSM) because they are isolated from other prisoners and not allowed to attend the main school. Also operating from Monday to Friday, this school focuses on providing prisoners with English literacy and numeracy.
- Since 2009, refurbishing and managing TSACC's radio station and music studio. Radio programmes are produced and hosted by prisoners and cover issues from entertainment to politics to corrections and so on.
- Participating in the production of numerous television, radio and newspaper stories that have focussed on TSACC's school, radio station and music studio. Stand Up for Jamaica's use of music in rehabilitation was featured in a Spanish director's film, *Songs of Redemption*. This film won the award for best from the Caribbean Region at the 2012 Los Angeles Film Festival.
- Since 2013, partnering with Jamaica's HEART Trust/NTA (Human Employment and Resource Training Trust, National Training Agency) to provide courses qualifying inmates for certification in data processing, customer services, musical performance, and arts and crafts in Jamaica's three maximum security prisons for adults: TSACC and ST.CACC for men and Fort Augusta Adult Correctional Centre (FACC) for women.

SUFJ became a legally registered not-for-profit organization in 2011. Its board of directors consists of Jamaican and European professionals who have established it as a well-managed, highly credible civil society organization that receives its core funding from the European Union. It now has nine years of experience managing or supporting programmes providing human rights, sexual health and other education to Jamaica's police, probation officers, prison workers and prisoners.

SUFJ's Executive Director Maria Carla Gullota oversees the projects financed by CVC/COIN and the project team includes:

- **Project Coordinator Orrin Zanj Carr.** With a B.A. in literature and history, Orrin has worked as a teacher and DJ and has his own media business. He is Director of Di (The)

Institute for Social Leadership. Run by an independent not-for-profit organization, this is a children's social centre located in a Kingston neighbourhood known as Allman Town and it aims to support children's educational development and help them realize their leadership potential. He also works with the disabled community at University of the West Indies and reaches out to work with other vulnerable communities, including prisoners. (Orrin became Project Coordinator in late 2014 after the first Project Coordinator, Patrick Lalor, accepted a similar position with the Sex Work Association of Jamaica. Patrick has a B.A. in business administration and is a trained and experienced peer educator.)

- **Facilitator George Young.** George has trained and worked as a peer educator with Jamaica AIDS Support for Life (JASL), where he focussed on delivering peer education to MSM, sex workers and other vulnerable groups. He has also worked as a peer educator with USAID's JA-STYLE (Jamaica's Solution to Youth Lifestyle and Empowerment) project. An active volunteer with the Caribbean Vulnerable Communities Coalition (CVC), he is a Justice of the Peace, a Supreme Court Mediator and a Counsellor. George is deeply committed to human rights advocacy and is featured in the We Are Jamaicans video campaign run by the Jamaican Forum for Lesbians, All-Sexuals and Gays (J-FLAG).
- **Facilitator Amoy Douse-Mullings.** She works as a Reproductive Health Coordinator with Jamaica's Ministry of Health while she also studies for her Master in Public Health the University of Technology (UTech). She has been working with vulnerable populations, including prisoners, for nine years.

Homophobia and HIV in Jamaica's overcrowded, run-down prisons

Prisons dating back to slavery and never designed for rehabilitation

The Honourable Peter Bunting, MP, became Jamaica's Minister of National Security in January 2012. Before then, he had served as Opposition Spokesman on National Security and had become known for supporting abolition of Jamaica's death penalty and other National Security reforms. In his presentation to the Sectoral Debate (an annual government planning exercise) on 19 June 2013, he said the Ministry's Department of Correctional Services "has traditionally been an area of neglect by successive governments." He went on to say,

"It is an indictment on us as a nation that after 50 years of independence, our principal penal institutions date back to slavery. In one way it is understandable. There is not a large political constituency sympathetic to inmates...certainly not adult ones. In fact, many people believe that persons are sent to prison to be punished; and, therefore, the conditions there should be harsh.

"This Administration does not share that view. Convicted persons are sent to prison as punishment. Once there, it must be the goal of the Department of Correctional Services to rehabilitate them, and prepare them for re-integration into the society. Even from an enlightened self-interest perspective, since most of our inmates will be released within three years, it certainly makes no sense to dehumanize these, mostly young men, for that period of time...before releasing them back into society.

"Most of the existing facilities were never designed with rehabilitation as a priority; and further, in some cases, they are literally crumbling to pieces. Therefore, we must look at

new facilities. Certainly over the medium term we will need at least two new facilities for adults and juveniles, respectively.”¹

Besides new facilities, the Minister outlined plans to increase staff, improve supervision, reduce corruption and provide educational opportunities for vulnerable youth.

[Prisons that violate prisoner’s rights to humane treatment and rehabilitation](#)

In 2011, The Independent Jamaican Council for Human Rights and The Death Penalty Project published *Prison Conditions in Jamaica*.² This report observes that Jamaica has long been near the top of the list of countries with the world’s highest rates of murder and gang and drug related crime and that this has long contributed to “the politics of punishment.”

It also observes that Jamaica is signatory to the *International Covenant on Civil and Political Rights*, ratified by the UN General Assembly in 1966. Article 10 of the Covenant specifies that “all persons deprived of their liberty shall be treated with humanity and with respect for the dignity of the human person” and that the essential aim of prisoners’ treatment “shall be their reformation and social rehabilitation.” Jamaica has never honoured its commitment to that Covenant by making sure its prisons conform to the *United Nations Standard Minimum Rules for the Treatment of Prisoners* established in 1955. One reason is that it has no mechanism for inspecting prisons and ensuring compliance.

According to the Institute for Criminal Policy Research, Jamaica’s prisons currently have more than 4,000 inmates of whom 95% are male, 6.5% are less than 18 years old and 16.9% are pre-trial detainees.³ Technically, Jamaica’s 11 prisons (seven for adults and four for juveniles) are full to only 87.7% of their capacity but, in fact, the vast majority of male prisoners are jammed into just two overcrowded prisons, TSACC and ST.CACC.

A recent report by Jamaica’s Auditor General explained this by observing that the Department of Correctional Services consistently fails to assess inmates and transfer them from maximum security prisons to medium or low security prisons and, as a consequence, medium and low security prisons run at only 43-51% of their capacity.⁴

[Shocking conditions at Jamaica’s maximum security prisons for men](#)

The *Prison Conditions in Jamaica* report focussed much of its attention on conditions found during a 2009 inspection of TSACC and ST.CACC. These are just a few of its findings:

- Built in the mid-1800s, TSACC was once known as the General Penitentiary. At time of inspection, it had 1663 inmates but an official capacity only 900.
- ST.CACC was built in 1655 when Oliver Cromwell was Lord Protector of England and its colonies. Its original purpose was to house slaves being held for auction to plantation owners. Since 1840, it has functioned as a prison. At time of inspection, it had 1285 inmates but an official capacity of only 690.

¹ Hon. Peter Bunting (2013). Presentation in the 2013 Sectoral Debate by the Hon. Peter Bunting, MP, Minister of National Security, June 19, 2013. Theme: Making Strides Towards and Safe and Secure Jamaica. Kingston, Government of Jamaica.

² Robottom J. et al (2011). *Prison Conditions in Jamaica: A Report based on James Robottom’s visit in August 2009*. London, The Death Penalty Project.

³ For more information go to <http://www.prisonstudies.org>.

⁴ Nelson J (2015). The degrading and inhumane treatment in our prisons. *Jamaica Gleaner*, April 23, 2015.

- Since 1898, ST.CACC has housed all Jamaicans condemned to death and also the gallows to hang them. There have been no executions since 1988 but the death penalty is still in place and, to any prisoners condemned to death by Jamaican courts, the gallows serve as a grim reminder of their possible fate. Within the ST.CACC complex, they are kept in two cell blocks known as Gibraltar 1 on the top floor of the two-floor Gibraltar building where they are confined one per cell and not allowed to mingle with other inmates. The bottom floor is known as Gibraltar 2 or “the punishment block” and houses inmates given extra punishment for bad behaviour.
- In both prisons (outside of Gibraltar 1), small cells designed for one inmate typically have three and, sometimes, four or five inmates.
- Inmates are locked up in these severely overcrowded cells for 16-17 hours every day, from 3-3.30pm until 8.30-9am.
- Some cells on outer walls face into open courtyards and have bars that let light in but most face inwards and are very dark, with no windows or electric lighting. Inmates manage to find their own electric bulbs and connect them with wires to sockets outside their cells but they are often not allowed to use these lights during daylight hours even though daylight does not reach their cells.
- Most cells are poorly ventilated and, in Jamaica’s climate, are often very hot and humid.
- The cells have no beds or bunks. Some prisoners are given thin sponge mattresses but others sleep on sheets of cardboard. Many prisoners have no blankets or other bedding whatsoever and sleep on hard stone floors.
- The cells have no toilets or running water and inmates cannot access toilets or taps outside their cells for the 16-17 hour daily lock-down periods. They are given slop buckets for human waste but have to find their own plastic containers for water and some manage to find only very small containers.
- Cells and shared spaces are typically run-down and ill-maintained so that toilets, showers and taps often do not work. Metal is rusting, paint is peeling, open gutters are filled with stagnant water and rotting food, there is sometimes an overpowering stench, and infestation with insects is common.
- The prisons are under-staffed and under-supervised and lack adequate procedures for allowing prisoners to complain and for ensuring compliance with their rights to humane treatment.

[A hyper masculine and homophobic prison culture](#)

During the third week of August 1997, 14 prisoners died and another 40 were seriously injured in a riot at TSACC. The worst prison riot in Jamaican history, it was set alight by an official announcement that condoms would be distributed to Correctional Officers and inmates to prevent the spread of HIV and other sexually transmitted infections. The Correctional Officers were incensed by the inference that they might be homosexual and having sex with prisoners and went on strike soon after the announcement. With the Officers out on strike, the prisoners seized the opportunity to assault known and suspected MSM.

During the ensuing inquiry, it was decided to institute the current practice of isolating all known and suspected MSM in their own cell blocks at both TSACC and ST.CACC. The *Prison Conditions in Jamaica* report observes that many of the men assigned to these cell blocks are

merely suspected to be homosexual by Corrections Officers or other inmates, perhaps because they seem effete, shy or vulnerable. Many have been shunned and attacked by other inmates and the stated intention is to protect them but separating them out further stigmatizes them and supports the suspicion that they are homosexual even if they are not. (SUFJ reports that there are now around 150 of them among 1650-1750 prisoners in TSACC and around 65 of them among 1000 prisoners in ST.CACC).

Extreme homophobia among Jamaica's Correctional Officers and prisoners reflects extreme homophobia in Jamaican society. The country's homophobia hit world headlines with the release of a 2004 Human Rights Watch report called *Hated to Death: Homophobia, Violence and Jamaica's HIV/AIDS Epidemic*. Ten years on, a 2014 Human Rights Watch report called *Not Safe at Home: Violence and Discrimination against LGBT People in Jamaica* found there had been some but not nearly enough progress against homophobia.⁵

Human Rights Watch and the Human Dignity Trust both suggest that homophobia is, to a large extent, a colonial legacy. Jamaica is one of 40 Commonwealth countries that retain out-dated English colonial laws that criminalize private, consensual sex between members of the same sex even though England, itself, stopped criminalizing such behaviour in 1967 and other Commonwealth countries such as Australia, Canada and New Zealand were not far behind.⁶

Coerced and consensual sex in prisons

There may be anecdotal evidence but there are no statistics on the general prevalence or annual incidence of coerced or consensual male-male sex in Jamaica's prisons. Evidence from other countries includes, for example:

- A 2003 study found that up to 80% of South Africa's male and female prisoners are raped while in remand (awaiting trial) and up to 65% of male prisoners have sex with other men while in prison. Male prisoners have gangs that recruit new members by raping them and teaching them to exchange sex for protection, drugs and other favours from gang leaders.⁷
- A 2011 article in the *New York Review of Books* reviewed *Bureau of Justice Statistics* bulletins reporting that in the United States in 2008 more than 216,600 people were sexually abused in prisons.⁸ That figure broke down into 69,800 people raped by force or threat of force; 36,000 coerced into non-consensual sex by blackmail, offers of protection or demands for repayment of debts; 65,700 (including 6,800 juveniles) who said they had consensual sex with prison staff despite the fact that prison staff are forbidden by law from having sex with prisoners; 45,000 who said they had experienced unwanted sexual touching. The authors of the article were sceptical that these figures told the whole story, given the reluctance of prisoners to report sexual abuse and the

⁵ Both of these reports can be found at <https://www.hrw.org/americas/jamaica>.

⁶ For more on this subject go to <http://www.humandignitytrust.org/pages/COUNTRY%20INFO/Commonwealth%20Countries>.

⁷ Goyer K et al (2003). *HIV/AIDS in prisons: Problems, Policies and Potential*, Monograph 79, February 2003. Pretoria: Institute for Security Studies.

⁸ Kaiser A and Stannow L (2011). *Prison Rape and the Government*. The New York Review of Books, March 24, 2011.

reluctance of prison authorities to record it. Important to note, too, is that none of the Bureau's figures include prisoners having consensual sex with each other.

- In the United Kingdom, the Howard League's Commission on Sex in Prison recently found there has been very little research into coerced or consensual sex in that country's prisons. The UK has no law against consensual sex between prisoners of the same sex but prisons are deemed to be public places and, if anyone observes them, they can be charged with having sex in a public place. In addition, prison authorities forbid sex between prisoners because they believe it impossible for prison staff to distinguish between coerced and consensual sex. Despite those facts, prison staff believe sex to be common in prisons and anecdotal evidence from former prisoners confirms that to be the case. A National AIDS Trust submission to the Commission said, "Attempts to control sexual activity between prisoners risk undermining efforts to promote HIV prevention and improved sexual health in prison populations." The Commission concluded "the public health agenda must be paramount" and there must be "a mature approach" to providing prisoners with the sexual health services they need.⁹
- In the global community of people working to prevent and treat HIV and AIDS it is common knowledge that, when men have no opportunities to have sex with women for extended periods of time, many of them turn to having sex with each other even though they consider themselves heterosexual. This was illustrated in a documentary – *How Gay is Pakistan?* – shown on BBC television on 20 October 2015. Like Jamaica, Pakistan inherited its laws forbidding consensual sex between men from its British colonial past. Like many Jamaicans, many Pakistanis are extremely homophobic and justify their homophobia by referring to their religious traditions. The documentary finds, however, that poor labourers in Pakistan commonly have sex with each other because they are single or working far away from their wives and cannot afford to pay sex workers. Being poor, they sleep in close quarters, share beds and have furtive sex under cover of night. In other words, they live in conditions not unlike those found in Jamaica's overcrowded prisons.

[HIV and AIDS and other sexually transmitted infections in prisons](#)

In 2006, medical scientists from Johns Hopkins and Tulane Universities collaborated with Jamaica's Ministry of Health and Department of Correctional Services on a study that aimed to provide baseline data for programmes to prevent HIV and AIDS and other sexually transmitted infections (STIs) in Jamaica's prisons.¹⁰ The study team chose to test prisoners in Jamaica's largest prison, TSACC, which then housed 43% of all the country's prisoners.

The total number of prisoners in TSACC during the March-October 2006 study period was 2057, with prisoners coming and going and less being there at any one time. (Prisoners at TSACC are serving sentences of anywhere from 30 days to life.) All were offered pre-test counselling and 1560 (76%) accepted. Of those, 1200 (77%) already in the prison were offered voluntary testing and 753 (63%) accepted; 360 (23%) new entries to the prison were offered mandatory opt-out

⁹ Commission on Sex in Prison (2014). *Consensual Sex among men in prison*. London: Howard League for Penal Reform.

¹⁰ Andrinopoulos K et al (2010). Establishment of an HIV/sexually transmitted disease programme and prevalence of infection among incarcerated men in Jamaica. *International Journal of STD & AIDS*, February 2010.

testing and 303 (84%) accepted. Among those who accepted voluntary testing there was HIV prevalence of 3.3%, chlamydia prevalence of 2.5%, syphilis prevalence of 0.7% and gonorrhoea prevalence of 0%. Among those who accepted mandatory testing, the figures were slightly higher. Among prisons isolated in cell blocks set aside for known and suspected MSM, there was HIV prevalence of 25%.

The study compared those figures with Ministry of Health estimates that, in 2006, HIV prevalence countrywide was 1.5% among all adults, 31% among MSM and 10% among sex workers. The latest Ministry of Health estimates are that, in 2013, HIV prevalence was 1.8% among all adults, 32.8% among MSM, 4.1% among sex workers, and 12% among homeless persons.

The Ministry says the main drivers of the HIV epidemic are poverty, unemployment, low academic achievement, early sexual debut, multiple partnerships, and transactional and commercial sex.¹¹ All of those drivers (plus heavy use of alcohol and drugs) are commonly found among the marginalized populations that generally end up in prisons across the world and are the reason why HIV prevalence tends to be anywhere from 2 to 50 times higher among prison populations than among general populations.¹² There are two likely reasons why HIV prevalence is only 2 times as high inside Jamaica's prisons compared to outside. First, HIV prevalence is already extremely high outside the country's prisons. Second, injecting drug use is largely absent throughout Jamaican society and, unlike many countries' prisons, Jamaican prisons do not have significant problems with contaminated needles and syringes that spread HIV and Hepatitis C.

The 2006 study discussed above demonstrated that large percentages of a prison population will take up HIV and AIDS interventions when they are offered. They also demonstrate that intense and sustained collaboration between prison and health authorities and knowledgeable experts make it possible to offer interventions. In Jamaica's prison system, lack of political will, underfunding, poor management and homophobia have been the major roadblocks to delivery of a full package of effective interventions, including distribution of condoms and lubricants.

Since the 2006 study, Reproductive Health Coordinators from the Ministry Health, accompanied by teams of HIV and AIDS specialists, have been visiting Jamaica's prisons on a regular basis. They have been offering HIV counselling and testing and referral for treatment but they have been frustrated by low uptake of the offer. Extreme homophobia and the mistaken notion that HIV and AIDS are confined to MSM are the apparent reasons for low uptake.

Piloting SUFJ's approach to sexual health & human rights in prisons

In its proposal for its first CVC/COIN grant, Stand Up for Jamaica (SUFJ) described the three pillars of its approach to promoting sexual health and human rights in prisons:

1. Sexual health and human rights education for inmates and prison staff
2. Voluntary HIV counselling, testing and treatment for inmates

¹¹ Ministry of Health et al (2014). Country Progress Report, 31 March 2014. Kingston: National HIV/STD Control Programme, Ministry of Health, Government of Jamaica and National Family Planning Board.

¹² For more on this subject go to <http://www.avert.org/prisoners-hiv-aids.htm>.

3. Life skills training for inmates.

The approach is designed to work around the fact that Jamaica's prison system does not permit the distribution of condoms and lubricants. It emphasizes abstinence from sexual penetration while in prison but the correct and consistent use of condoms and lubricants outside of prison.

[Piloting sexual health and human rights education among MSM and staff at TSACC](#)

In TSACC, SUFJ runs a school in the prison chapel for known and suspected MSM not permitted to attend the school it runs for other prisoners. Operating from Monday to Friday every week, this prison chapel school provides basic education in English and Mathematics.

Over a period running from November 2013 to June 2014, SUFJ added two three-hour sessions per week —on Tuesdays and Thursdays from 10:30 am to 1:30 am — to the school's regular programmes. SUFJ invited 100 known and suspected MSM to participate in these sessions. It then divided them into four groups and delivered the sessions in two phases. In the first phase, groups 1 and 2 each attended one of the two weekly sessions and each attended a total of 15 sessions. In the second phase, Groups 3 and 4 did the same. That is, there were a total of 60 sessions, 15 per group.

SUFJ's Facilitators provided much of the content to these sessions while guided by CVC/COIN's Facilitator's Manual.¹³ They were assisted, when appropriate, by CVC/COIN staff and consultants and by health professionals, including a psychologist. Where appropriate, people were offered stipends for their time, expertise and travel expenses.

The Facilitators took care to ensure all participants in these sessions felt they were in a safe space where they could talk frankly and explore issues surrounding their sexuality, their imprisonment and their lives in general. The aim was to make these sessions highly interactive while providing education and skills (applicable both inside and outside prisons) pertaining to HIV and AIDS and other sexually transmitted infections (STIs), how to prevent them and how to negotiate safe sex: human rights and how to assert their human rights in constructive ways in various situations.

In each of the two phases, 10 prison workers (including Correctional Officers and Ministry of Health Reproductive Health Coordinators and members of their teams) were sensitized to issues surrounding HIV and AIDS, sexual diversity and the sexual health and human rights of prisons. The prison authorities required that at least one Correctional Officer be present at all training sessions for prisons. SUFJ's Facilitators invited others to attend and some came on their own accord. [SUFJ hopes that, in future, prison workers might be active participants in these sessions and not just observers.]

[Piloting HIV counselling, testing and treatment among MSM and staff at TSACC](#)

In each of the two phases of the educational component of the first CVC/COIN grant project, the participating groups were offered voluntary HIV counselling and testing. This was done on the next-to-last day of each phase so that participating prisoners would already be well-informed about HIV and AIDS and the importance of knowing their status. In addition, each of them would already have had at least one session with the project's psychologist.

¹³ Vega, A (2014). Sex Positive Model for HIV Prevention & Promotion of Sexual Health: Facilitator's Manual. Kingston and Santo Domingo, CVC/COIN Vulnerabilised Groups Project.

The prison was already visited regularly by a Reproductive Health Coordinator from the Ministry of Health. She and her team of HIV and AIDS specialists retained primary responsibility for the HIV and AIDS counselling and testing but were assisted by SUFJ's Facilitators and by volunteers from among the prisoners who had participated in the educational component of the project. The whole team took care to assure prisoners that the counselling and testing results would be absolutely confidential and that they need have no fear of exposure.

Those prisoners who tested positive were referred to the Reproductive Health Coordinator and she was responsible for ensuring provision of appropriate care, psychosocial support and treatment.

[Piloting life skills training among MSM at TSACC](#)

During the educational component of the first CVC/COIN grant project, the last half hour of each three hour session was devoted to life skills training that would better equip prisoners for life both inside and outside prison. Guided by CVC/COIN's Facilitator's Manual, SUFJ's Facilitators made these half-hour segments highly interactive while covering issues such as self-esteem, personal hygiene, deportment, personal growth and development, goal setting, writing resumes and job applications, and undergoing job interviews.

SUFJ believes these half-hour segments were essential because almost all prisoners come from marginalized groups who have experienced stigmatization and social exclusion and this is especially the case with known and suspected MSM. As a result, they tend to have extremely low self-esteem, to lack direction and ambition, to lack basic social skills and to neglect their personal hygiene.

Periodically during these life skills segments, SUFJ distributed care packages to keep participants supplied with personal and washing-up soap, wash cloth, deodorant, toothbrush and toothpaste. This was because the prison supplies only a bar of soap and a roll of toilet paper once or twice per month and most prisoners have been abandoned by their families and have no one else to keep them supplied with personal hygiene products.

[Piloting graduation ceremonies among MSM at TSACC](#)

SUFJ held a graduation ceremony at the end of each phase of the educational component. At these, a special guest speaker delivered the main address. All participants were awarded certificates saying they had participated. Those who had participated in at least 12 of the 15 three-hour sessions were given certificates recognizing them as qualified peer educators. The most outstanding participants were given special awards. During the ceremonies, participants were provided with refreshments and care packages.

[Piloting short-term and long-term monitoring and evaluation among MSM at TSACC](#)

Short-term evaluation methods included:

- **Recaps.** At the beginning of each new session, one participant was chosen at random and asked to recap what they had all discussed and learned during the last session. He and the other participants asked each other questions and added information so that SUFJ's Facilitators could see what they had learned and decide whether or not to review some of the material covered during the last session.

- **Role play.** During sessions, participants were periodically divided into groups of 5 and asked to do role play on topics under discussion. This allowed the Facilitators to see how well they understood the issues surrounding that topic.
- **Presentations.** After the sessions covered certain topics, groups of five were asked to prepare and make presentations on those topics. Since they had no access to the internet or libraries, each group had to use what they had learned in the sessions covering those topics.
- **Quizzes.** After each five sessions, SUFJ's Facilitators administered quizzes to test participants' retention of knowledge from those sessions.

Long-term evaluation methods included:

- **Measuring results against numerical targets.** Stand Up set targets of:
 - 1) providing HIV and human rights education to 100 known and suspected MSM isolated from other inmates at TSACC;
 - 2) providing life skills training to the same 100 inmates
 - 3) providing HIV and human rights education to 20 prison workers including Corrections Officers, Probation Officers and other personnel that works in the TSACC on a regular basis or visits periodically to deliver health and other services.
- **Observing results in terms of behaviour change.** Since Stand Up runs TSACC's special school for known and suspected MSM five days per week, it is well-placed to observe some kinds of behaviour change (for example, improved hygiene, deportment and attitudes towards school work) and to inquire about other kinds of behaviour change (for example, abstaining from sex or practicing safe sex and asserting human rights in constructive ways) in group discussions and one-on-one conversations. In addition, it can follow up on released prisoners through its parish coordinators and their contacts in the released prisoners' parishes.

Scaling up and adapting SUFJ's approach

Almost immediately extending all elements of the pilot to MSM and staff at SC.CACC

SUFJ has a shorter history of engagement with known and suspected MSM at SC.CACC, where around 65 of them are located in the "Side Cell". They are, thus, somewhat isolated but they have more opportunities to mingle with other prisoners than do their MSM peers at TSACC. SUFJ has created a safe space where it provides them with the same kind of basic education it provides to their MSM peers at TSACC.

When these inmates learned of what SUFJ was doing to promote sexual health, human rights and life skills among their peers at SACC, they asked that SUFJ offer them the opportunity to benefit from similar activities. SUFJ proposed this to CVC/COIN and was given a supplement to its first Mini-Grant to finance the extension to SC.CACC.

Adapting the approach to cover both MSM and other prisoners at TSACC

As discussed earlier, homophobia among both staff and prisoners has made it extremely difficult even to offer HIV and AIDS counselling, testing and treatment let alone to offer prevention to all prisoners. Motivating them to take up the offer is an even more daunting challenge.

Such was the success of the pilot among MSM at TSACC and its extension to MSM at SC.CACC that SUFJ proposed to adapt their approach and apply it to both MSM and all other prisoners at TSACC. CVC/COIN gave them a second Mini-grant of US\$25,000 to finance this work, which stretched over a period from July 2014 to August 2015.

Financial resources were not enough to extend all elements of SUFJ's preferred approach to all 1650-1750 prisoners, including 150 known and suspected MSM, in TSACC at the time. In particular, it was not feasible to provide each of the many prisoners with 15 three-hour sessions of highly interactive education. For that reason, it was decided instead to provide two-months of training to 45 peer educators: 15 known and suspected MSM who had already participated in the sessions provided to their group; 30 other prisoners. The training and monitoring and evaluation methods were similar to those already described but training placed additional emphasis on:

- What it means to be a peer educator
- How to become models of good practice when it comes to healthy lifestyles and responsible behaviour
- How to provide the full range of peer education to other prisoners
- How to help other prisoners improve their self-esteem, deportment and personal hygiene and how to motivate them to be more ambitious
- How to encourage other prisoners to pass on what they have learned to their peers
- How to advocate for change (e.g., in prison practices that impact on prisoners' health) in constructive ways
- How to establish networks for mutual support, information exchange and advocacy.

Once trained, the 45 peer educators were asked to extend peer education to at least 1000 prisoners, both known and suspected MSM and others. They were also asked to get at least 500 prisoners to take up the offer of voluntary HIV counselling and testing. Another aim was to sensitize at least 10 prison workers to issues surrounding HIV and AIDS and the sexual health and human rights of prisoners. This would be done largely by having the prisoner workers witness and, sometimes, participate in the training and work of the peer educators and otherwise interact with the peer educators and other prisoners.

A hope was that it would be possible to get the MSM and other peer educators interacting in each other's spaces as they learned about issues surrounding human sexuality and its many diverse dimensions. Another hope was that this would have positive repercussions both in terms of reduced homophobia among all prisoners and prison staff and in terms of increased willingness to take up the offer of voluntary HIV counselling and testing.

[Adapting the approach to cover both MSM and other prisoners at SC.CACC](#)

SUFJ's proposal for its fourth (US\$8,000) grant from CVC/COIN indicates that in 2015 there were usually just under 1000 prisoners in SC.CACC at any one time and that roughly 65 of them were known and suspected MSM isolated in their own cell block. Work under this grant is still underway at time of this writing. It has included recruitment and training of 15 peer educators including: 7 known and suspected MSM who had already participated in the sessions provided to their group; 8 other prisoners.

The aims, in this case, are to provide peer education to at least 50 of the known and suspected MSM, at least 160 other prisoners and a total of at least 210 prisoners.

[Doing research to provide more evidence for action](#)

With its fourth CVC/COIN grant, SFUJ has recently partnered with two experts to design and administer an HIV-related Knowledge and Stigma Questionnaire to a sample of at least 192 inmates at TSACC. One of these experts is Hopeton Moving, a naturopathic doctor and counselling psychologist who specializes in cognitive behaviour therapy, behaviour change and lifestyle management. The other is Rohan McCalla, a Ph.D. candidate in educational psychology at the University of West Indies.

The research proposal outlines the results of previous research — done in 2011 and supported by SFUJ — that included interviews with 25 prisoners and focus group discussions that sought to understand the relationships among HIV-related knowledge, behaviour and HIV-related stigmatization. This new research — with a questionnaire suitable for self-administration or administration by interviewers — will seek to quantify those relationships and answer these four questions:

- How much do TASCC's inmates know about HIV and AIDS and how to prevent them?
- What is the relationship between their knowledge and the degree to which they stigmatize people known or suspected to HIV-positive?
- What are the differences in knowledge by age and sexual self-identity?
- What are the differences in stigmatization by age and sexual identity?

[Achievements after two years of applying SUFJ's approach](#)

[The numbers: targets versus results](#)

Together, SUFJ and CVC/COIN used a number of methods and tools to ensure rigorous monitoring and evaluation. These included those already described plus reporting forms that had to be filled out by Facilitators and peer educators. SUFJ's Project Coordinator held regular team meetings and otherwise monitored the situation and was responsible for sending monthly narrative reports and monthly M&E reports plus end of project reports to CVC/COIN. The following information is taken from these reports.

For its 2013-2014 project targeting known and suspected MSM at TSACC:

Target 1: 100 MSM provided with HIV and human rights education
Result: target achieved

Target 2: 100 MSM provided with life skills training
Result: target achieved

Target 3: 20 prison workers sensitized
Result: target achieved.

For its 2013-2014 project extension targeting known and suspected MSM at SC.CACC:

Target 1: 65 MSM provided with HIV and human rights education
Result: target achieved

Target 2: 65 MSM provided with life skills training
Result: target achieved

Target 3: 20 prison workers sensitized.
Result: target achieved.

For its 2014-2015 project targeting both MSM and other prisoners at TSACC:

Target 1: 45 inmates (15 MSM and 30 others) trained as peer educators
Result: target achieved

Target 2: 1000 inmates (MSM and others) interact with peer educators on a regular basis during the duration of the project
Result: target surpassed, with peer educators reaching out to almost all inmates on a regular basis during the duration of the project

Target 3: 500 MSM taking up offer of voluntary HIV counselling and testing
Result: disappointing, with only 91 taking up the offer for reasons explained later under the heading "Challenges."

For its 2015 project targeting both MSM and other prisoners at SC.CACC:

Target 1: 15 inmates (7 MSM and 8 others) trained as peer educators
Result: target achieved

Target 2: 210 inmates (50 MSM and 160 others) interact with peer educators on a regular basis during the duration of the project
Result: not known, since the project is ongoing at the time of this writing.

[Less measurable, qualitative results](#)

Alice Pelosi did a mid-term evaluation towards the end of the 2013-2014 projects targeting known and suspected MSM in both prisons. SUFJ's monthly narrative reports and end-of-project reports and this consultant's conversations (via Skype) with SUFJ's project team and CVC/COIN staff all suggest that the only significant failures of all SUFR's CVC/COIN funded interventions surround the offer and uptake of voluntary HIV testing and counselling. This matter is discussed under the next heading.

Otherwise, the results have been impressive and can be summarized as:

Retention of knowledge by participating prisoners. By all indications, those prisoners who received SUFJ's intensive and highly interactive training have retained almost everything they learned. Those who received peer education from the prisoner's own peer educators also have retained most of what they learned.

Behaviour change among participating prisoners. By all indications, retention of knowledge is reflected in positive behaviour change. There have been noticeable improvements in prisoners' deportment, personal hygiene and communications skills. Most encouraging, there is less extreme homophobia than there was in the past and this is particularly obvious among the non-MSM who were given the intensive and highly interactive training required to become peer educators. Non-MSM peer educators were much more willing to mingle with known and suspected MSM than they had been in the past and it was evident that they had internalized a better understanding and acceptance of the full diversity of human sexual experience.

Attitude and behaviour change among sensitized prison workers. Those Correctional Officers who observed project activities and Ministry of Health personnel who participated in project activities – especially the Correctional Officers who were regularly present at training sessions – became considerably more understanding of known and suspected MSM and of the issues surrounding the sexual health and human rights of all prisoners. Correctional Officers demonstrated this by backing away to respectful distances to indicate that they were not listening in during highly personal discussions that were part of the prisoners' training.

The SUFJ team notes that Correctional Officers and other prison staff tend to be underpaid, undermanaged and otherwise under-supported. This makes them feel underappreciated and gives them their own issues with low self-esteem. They have to work their shifts in the same extremely unpleasant and distressing conditions in which the prisoners have to live 24 hours a day and they are not unsympathetic with how the prisoners feel about these conditions.

That said, the SUFJ team also notes that some Correctional Officers did their best to avoid participating in project activities, apparently due to their strong aversion to known and suspected MSM and possibility also to their lack of sympathy for prisoners in general.

Improvements in prison conditions. SUFJ has had significant presence in both TSACC and ST.CACC for some years precisely because they are part of on-going efforts to improve prison conditions and, in particular, to strengthen efforts to provide prisoners with the "reformation and social rehabilitation" promised by Jamaica's signature ratifying the *International Covenant on Civil and Political Rights*. The SUFJ team reports that there have been noticeable improvements in prison conditions over the course of these two projects. It believes that these are largely due to greater awareness on the part of prisoners and prison staff that prisoners have the right to "be treated with humanity and with respect for the dignity of the human person" promised by the *Covenant*.

[The main roadblock to greater achievement](#)

Senior managers in Jamaica's Department of Correctional Services (DCS) continue to be haunted by the August 1997 riots and its roots in extreme homophobia among both prison workers and prisoners. They persisted in saying that, if prisoners took up offers of voluntary HIV counselling and tested, they would be marked as gay and they would pay the price when other prisoners punished them. They used that as their excuse for consistently making it extremely difficult and sometimes impossible to extend the offer.

When DCS agreed to allow the offer of HIV counselling and testing at a TSACC Health Fair, the Ministry of Health was not prepared to make a Reproductive Health Coordinator and HIV counselling and testing team available for the occasion. This seemed to be due to lack of good communications and good collaboration between the DCS and Ministry of Health and was another indication of lack of commitment by the DCS. In fairness, SUFJ recognizes that DCS continues to be severely under-resourced and cannot do everything its critics would like it do.

Looking ahead

With core funding from the European Union, Stand Up for Jamaica (SUFJ) has been doing a remarkable job of helping the Ministry of National Security and its Department of Correctional Services (DCS) fill the huge gap between what Jamaica's prisons have been offering and what they should be offering to prisoners in terms of rehabilitation through education.

Over the past two years, with modest grants from CVC/COIN, SUFJ has also been piloting what have proved to be very promising efforts to promote the sexual health and human rights of prisoners and to better prepare them for life inside and outside prisons. Clearly, SUFJ should be provided with all the support it needs to build on its achievements and scale up and sustain long-term programmes that prevent HIV and AIDS and other sexually transmitted infections among prisoners, that promote the human rights of prisoners and that improve the health and well-being of prisoners and prepare them for entry back into Jamaican society.

Ultimately, scaling up and sustaining SUFJ's programmes will require political commitment at the highest levels. Summarized earlier, the Minister of National Security's presentation to the 2013 Sectoral Debate gives reason to hope that this political commitment will be forthcoming.

The CVC/COIN Profiles of Good Practice Collection

All projects covered in this series of CVC/COIN Profiles of Good Practice were supported by the CVC/COIN Vulnerabilised Groups Project during its Phase Two (April 2013-March 2016). They include a variety of projects from the six countries covered by Phase Two and at least one demonstrating an effective approach to sexual and reproductive health and rights (SRHR) among each of the Project's six target populations: men who have sex with men (MSM), transgender women, sex workers, drug users, prisoners, and marginalized youth. A project's exclusion from coverage in this series in no way implies it was not good practice.

Stuart Adams, the consultant who did the final evaluation of Phase One, participated in the selection and then researched and wrote each Profile. To be approved for selection, a project had to meet or come close to meeting all five of the criteria for good practice recommended by the OECD's Development Assistance Committee (DAC) plus three additional criteria used by the German Federal Ministry for Economic Cooperation and Development (BMZ) when it selects projects worthy of being covered by publications in the German Health Practices Collection. The eight criteria are:

- **Relevant:** For example, based on sound behavioural, serological or other evidence of need for the intervention.
- **Effective:** For example, indicated by reliable evidence of results measured against objectives and targets established at the outset.
- **Efficient:** For example, makes good use of whatever human, financial and other resources may be available, including collaboration with partners that add value.
- **Impactful:** For example, reaches or demonstrates potential to reach large numbers of target populations with effective HIV prevention, treatment and care; creates safe environments where human rights are recognized and respected.
- **Sustainable:** For example, is sufficiently relevant, effective and efficient to merit continuing support from existing partners and to merit support from potential new partners.
- **Empowering:** For example, provides people from at-risk groups with knowledge, skills and tools to engage in responsible sexual behaviour or to assert their right to essential health care.
- **Transferable:** For example, develops and demonstrates the use of methods and tools that can be adapted for use by other organizations in other locales.
- **Well monitored:** Regularly gathers, analyses and reports data to measure results against objectives and targets and to identify any problems that may require corrective action; records events and personal stories to preserve qualitative information that may enrich knowledge and be useful for educational or advocacy purposes.

Collectively, the projects and programmes profiled in this series have made significant contributions to knowledge about HIV and how to respond to it among vulnerabilised groups in the Caribbean.