RE-EXAMINING THE EFFICIENCY AND EFFECTIVENESS OF HEALTH SERVICES OFFERED FOR LESBIAN, GAY, BISEXUAL AND TRANSGENDER PEOPLE IN JAMAICA

RAPID ASSESSMENT OF THE EFFICACY OF SERVICES DELIVERED BY NON-GOVERNMENTAL ORGANISATIONS

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November 2014

Examining the Efficiency and Effectiveness of Health Services Offered for Lesbian, Gay, Bisexual and Transgender People in Jamaica

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Contents

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
CF	Children's First
CME	Continuing Medical Education
CYLC	Clarendon Young LGBT Committee
GMT	Gay, Men who have sex with Men and Transgender
HIV	Human Immuno-deificency Virus
HPP	Health Policy Project
JASL	Jamaica AIDS Support for Life
JN+	Jamaica Network of Seropositives
JRC	Jamaica Red Cross
JYAN	Jamaica Youth Advocacy Network
KAP	Key Affected Populations
LGBT	Lesbian, Gay, Bisexual and Transgender
MSM	Men who have sex with men
NADA	National Anti-Discrimination Alliance
NCDA	National Council on Drug Abuse
NFPB	National Family Planning Board
NGOs	Non- Governmental Organisations
NHDRRS	National HIV Discrimination Report and Redress System
NHP	National HIV Programme
OVC	Orphans and Vulnerable Children
PAA	Parish AIDS Association
PLHIV	Person Living with HIV
S&D	Stigma and Discrimination
SRH	Sexual and Reproductive Health
SW	Sex Worker
SWAJ	Sex Work Association of Jamaica
YKAP	Young Key Affected Population

Executive Summary

Research shows that the criminalization of consensual same-sex intimacy and/or activities fuels stigma and discrimination against LGBT people and even allies. This drives the LGBT community underground and away from legal, health, social protection/welfare, and other services of state and non-state actors. This affects effective HIV/AIDS prevention, treatment, care and support programmes and services for gay, bisexual and other MSM. HIV prevalence among gay, bisexual and other MSM far outstrips the national average at a rate of 32.9% versus 1.7% in the general adult population. There is no data to suggest the rates of prevalence among lesbians, bisexual women and transgender people in Jamaica.

J-FLAG is committed to ensuring that our sexual orientation and gender identity do not determine how people are treated and that no Jamaican will feel inferior, powerless and invisible as a result. In so doing, J-FLAG is committed to working to reduce the vulnerability of LGBT people. J-FLAG has been working over the last two years to create more opportunities for all Jamaicans to learn from each other about gender and sexuality issues and in so doing, creating an enabling environment for LGBT people.

To this end, the organisation has embarked on a project entitled "Mitigating Risks and Enabling Safe Public Health Spaces for LGBT Jamaicans". As part of this project, the efficacy in service delivery of NGOs is being assessed in this consultancy. In order to conduct this assessment a mixed methodology was used which employed both quantitative and qualitative methods. A focus group with six organisations was conducted while in-depth interviews were conducted with three organisations. An online survey was distributed throughout the J-FLAG NGO contact list of 19 with only fourteen respondents.

An online survey was distributed among LGBT networks. A total of 101 respondents started this survey with only forty-four (44) fully completing it. Of all respondents there was an equal number of females as males responding. The majority of those who fully completed the survey reported being gay and identified as a man.

All the NGOs served the LGBT community. However, only one organisation, Grata Foundation exclusively served the LGBT community. The populations served by the NGOs are PLHIV, SW, youth, homeless, women and the general population. The service most offered by NGOs was that of empowerment workshops at 78% followed by the provision of condom and lubricants at

64% and SRH services at 57%. The most accessed service, at 50% by the LGBT community was that of human rights information and assistance. The two most accessed NGOs were J-FLAG at 53% and JASL at 31%.

The efficacy of the service delivery process is affected by several issues. These include lack of resources, including human and financial; lack of safe spaces, especially outside of Kingston & St Andrew; as well as the lack of a (more) coordinated referral system and advocacy strategy; among other things. Until these issues are addressed most of the needs of the LGBT community won't be met as an effective service delivery response is dependent on a coordinated approach which maximizes the strengths of each NGO and intrinsically assesses the needs of the client.

BOX 1: RECOMMENDATIONS

- Referral systems need to be coordinated and standardized

- More sustained and sustainable partnerships

- Ensure that programmes of NGOs are linked to the National Strategic Plans for SRH, HIV and other related development issues

- A more coordinated advocacy agenda must be developed.

- Expand the current redress mechanisms such as the NHDRRS operated by JN+, include or have an LGBT redress system

- Increased psycho-social support

- Build capacity of both NGOs and LGBT community members to in effective service delivery

- Recognize the LGBT is not homogenous and programme accordingly to meet the various types of members of the community.

Background

Effective and efficient service provision for members of LGBT community are hindered due to criminalization of same sex acts which in turn fuels stigma and discrimination against members of this community. This affects effective HIV/AIDS prevention, treatment, care and support programmes and services for gay, bisexual and other MSM. This is seen in the concentrated epidemic among the MSM population where HIV prevalence is 32% compared to 1.7% as seen in the general population. There is no data for the rates of prevalence among lesbians, bisexual women and transgender people in Jamaica.

J-FLAG is committed to ensuring that sexual orientation and gender identity do not determine how people are treated and that no Jamaican will feel inferior, powerless and invisible as a result. In so doing, J-FLAG is committed to working to reduce the vulnerability of LGBT people. J-FLAG has been working over the last two years to create more opportunities for all Jamaicans to learn from each other about gender and sexuality issues and in so doing, creating an enabling environment for LGBT people.

An enabling environment needs to be created so that LGBT people can access both social and health services in an equitable manner as the rest of the Jamaican population. Therefore, policies, programmes and supportive legislation to reduce their risk of infection or reinfection and to access needed treatment and care need to be implemented. Barriers that limit the creation of and support for these efforts include stigma and discrimination, failure to protect privacy and confidentiality across service sectors and workplaces, widespread gender role and sexuality stereotypes, inadequate and inappropriate education, persistent poverty and some religious beliefs. To achieve this goal key stakeholders need to be engaged such as civil society, policy makers, faith based organizations and members of vulnerable and at risk communities such as the LGBT community.

Civil society however does not have joint advocacy initiatives over specific needs around legislation, policy and programmes. Most of the advocacy efforts are conducted in a non-systematic way with a lack of monitoring and evaluation. Without a systematic response it is difficult to implement policies and programmes which create an enabling environment.

J-FLAG is therefore seeking to implement a project entitled "Mitigating Risks and Enabling Safe Public Health Spaces for LGBT Jamaicans" to foster the development of an enabling environment where LGBT people's right to health are promoted and respected in order to increase access among the population.

Objectives of the Project

1. To create/expand population friendly health services in five health facilities

2. To develop the capacity of NGOs to advocate for tailored programmes in healthcare facilities for LGBT population

3. To reduce stigma and discrimination against LGBT persons, including LGBT people living with HIV at five healthcare facilities

Introduction

This rapid assessment was conducted as part of J-FLAG's "Mitigating Risks and Enabling Safe Public Health Spaces for LGBT Jamaicans" project. The assessment sought to evaluate the efficacy of the services being delivered by NGOs to the LGBT community.

The assessment garnered information both from the service providers and members of the LGBT community in an attempt to have a broader view of the implementation of LGBT-focused programmes, interventions 0and services in Jamaica.

The information collected is expected to inform service delivery going forward and should allow for improvement in the sustained and coordinated response which benefits from the best practice of each NGO serving the LGBT community.

Methodology

A mixed methodology was used to conduct this rapid assessment. Both qualitative and quantitative methods were used to collect data for this assessment. The survey was conducted among non-governmental service providers for the LGBT community and clients of services in the LGBT community.

Fourteen out of nineteen service providers responded to the online quantitative survey; while six service providers participated in focus group discussions and three organisations participated in in-depth telephone interviews. Five of the participants in the focus group discussions and two of the three in-depth interview participants were respondents in the online survey.

Sampling

The online survey was emailed to all NGOs on a contact list provided by J-FLAG. There was no response from four organisations and one organisation declined to participate as it did not see its focus as the LGBT community.

A quantitative online survey was also disseminated among members of the LGBT community. Promotion of the survey took place in the J-FLAG, ASHE, JASL and other LGBT friendly online and offline spaces. J-FLAG also advertised the survey using paid services on Facebook. A total of 101 respondents, with fifty males and fifty-one females participated. However, only forty-four respondents completed the survey. However, analysis was done on the numbers who responded to each question.

A sample bias due to the method of data collection may have been created. Previous studies regarding internet usage in Jamaica have suggested that education level, geographic location, age, gender and socio-economic class are determinants in using the internet[1]. Therefore internet users tend to be females, younger, from Kingston and from higher socio-economic classes. Further to the Social Media Assessment done in 2011 among most at risk populations (MARPs) indicated that MSM who work and were more educated tended to access the internet more than their lower socio-economic counterparts[2].

Data Collection & Analysis

The online data collection and analysis platform "Survey Monkey" was used to collect the data from both NGOs and members of the LGBT community. The service also analysed the responses. Where open-ended responses were given the service allowed for individual analysis of the information. Therefore responses could be matched to respondents especially in the case of the NGOs.

The information collected in the focus group and in-depth interviews were used to assist in designing the online survey for the NGOs. The themes used to describe services provided were gleaned from the activities which NGOs indicated they offered.

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[1]Dunn Hopeton et al, 2011. *Caribbean Broadband and ICT Indicator-Jamaica Report*. Kingston Jamaica; Telecommunication, Policy and Management Programme, Mona School of Business

[2]Johnson, R., E. Bockh, S. Trim, A. Cushnie, S.J. Rogers, and K. Tureski. 2012. *Social Media Use among Most-at-Risk Populations in Jamaica*. Washington, DC: C-Change/ FHI 360.

Results

The majority of the service providers who responded to the online questionnaire and who participated in the focus groups and in-depth interviews were non-governmental (NGOs). Only one (1) organisation which responded to the online survey, Health Policy Project (HPP), identified itself as an international development partner.

With respect to the respondents from the LGBT community, 101 responded but only forty-four (44) fully completed the survey. There was an equal percentage of females and males respondents who started the survey. A greater number of males completed the survey, 59%. None of the respondents who completed the survey saw themselves as intersex. 56.82% of those who fully completed the survey reported their gender as man and 38.64% reported their gender as woman, whilst 4.55% or 2 persons reported as genderqueer.

Almost 29.6% of respondents who fully completed the survey were in the age group 20-24. The age group 20-39 accounted for the 79.6% who fully completed the survey. Of all respondents 30.7% were in the age group 20-24 and 77.3% were between 20 and 39. With respect to sexual orientation, a majority of the respondents, 36%, considered themselves gay and 31% reported being bisexual.

Just over half of all the respondents, 54.5%, were from Kingston and St. Andrew, while the majority were tertiary trained and employed at 69.3% and 62.4% respectively.
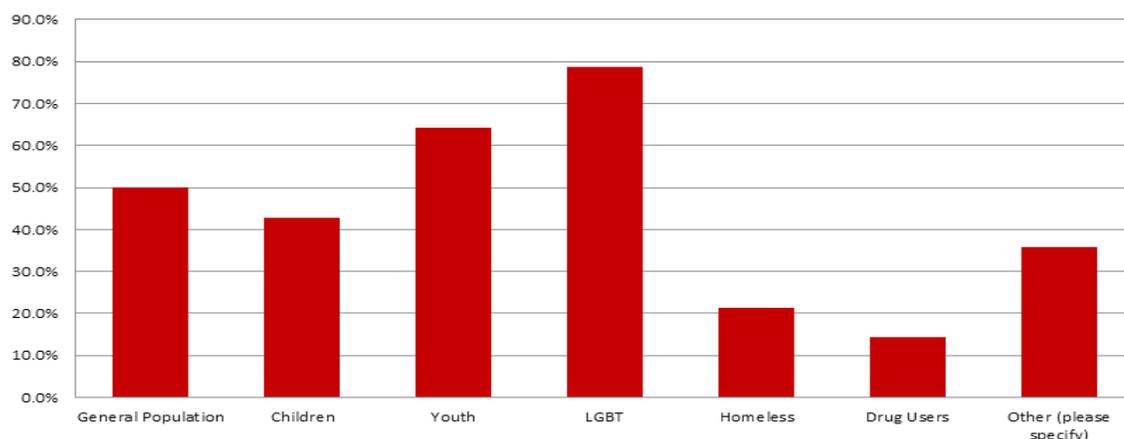
Who provides services to the LGBT Community?

The majority of the NGO respondents provided services to the LGBT community. Eleven of the fourteen or 78.6% of online respondents provided services to the LGBT community and all the participants in the in-depth interviews and all but one participant in the focus group offered services to the LGBT community specifically. Therefore a total of twelve (12) organisations reported providing services to the LGBT community. However, only one organisation, Grata Foundation, provides services only to the LGBT community. Three organisations, Richmond Fellowship, Sex Work Association of Jamaica (SWAJ) and Jamaica Youth Advocacy Network (JYAN) did not have the LGBT community as one of the populations it specifically served. They serve drug users, sex workers and youth respectively. Their work

however impacts the LGBT community.

iThe other target populations which are serviced by the NGO community are PLHIV, Sex Workers, Women at Risk and Journalists.

CHART 1: POPULATIONS SERVED BY NGOS

BOX 2: ORGANISATIONS WHICH PROVIDE SERVICES TO LGBT COMMUNITY

- Jamaica AIDS Support for Life
- Colour Pink Group
- Trelawny Parish AIDS Association
- St. Ann Parish AIDS Association
- Jamaica Network Seropositives
- Children's First
- PANOS

- Clarendon Young LGBT Committee
- ASHE
- Health Policy Project
- Grata
- Jamaica Red Cross
- NADA

Eleven of the fourteen NGOs who responded to the online survey indicated that they served less than 50 LGBT clients on a monthly basis. The other three NGOs served up to 100 clients on a monthly basis, these NGOs were, Colour Pink, Children First, and Jamaica AIDS Support for Life.

Most Accessed Organisations

An online survey was conducted among the LGBT community. Respondents were asked to identify the NGOs which they accessed the most for services and were given the option to choose at least five -responses. 53% of the fifty-eight respondents indicated that J-FLAG was the most accessed organisation, 31.6% indicated JASL, 26.3% indicated JRC and 14% indicated ASHE. The same question was repeated further down in the survey, but this time respondents were asked to choose the one organisation they accessed the most. Only 43 persons responded to this question, however, the previous order of most frequently accessed organisation was maintained, with J-FLAG[3] at 35% of respondents, JASL at 21%, JRC at 11.6% and ASHE at 9%.

This could be due to the fact that these organisations have well established programmes which target not only the LGBT community in the case of J-FLAG, JASL, JRC and ASHE but also these organisations are more organized and have a presence online and in the case of JASL offer multiple services.

CHART 2: MOST ACCESSED SERVICE PROVIDERS BY LGBT CLIENTS
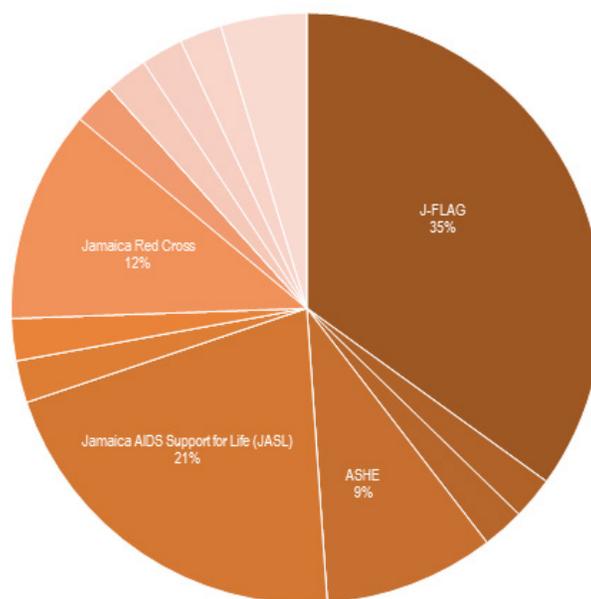
[3]A bias based on social media network could have been created as J-FLAG advertised and promoted the online survey through its social media networks thus most of those who responded could have used the services of J-FLAG than that of other organisations.

Considering the survey was done online, it may indicate that the online/social media presence of these organisations accounted for them being reported as the most accessed as JRC, J-FLAG and ASHE have a social media presence. In the case of JASL as it is known as one of the NGOs which provides several services, it was listed by 9 of the 14 NGOs, or 69% of the NGOs as the organisation it referred clients, therefore increasing the probability of clients using and accessing its services. It was followed with 61% indicating that they referred clients to health centres and clinics. Other places where clients were referred were private psychological counselling and Food for the Poor.

BOX 3: ORGANISATIONS WHICH RECEIVE THE MOST REFERRALS FROM NGOS

- Jamaica AIDS Support for Life
- Health Centres and Clinics
- Jamaica Networks for Seropositives

- Sex Work Association of Jamaica
- National HIV Programme
- J-FLAG

Geographical Distribution of Organisations

Most of the organisations which participated in the survey offered services in Kingston. Of the fifteen organisations which participated in the assessment, 11 of them or 73%, offered services in Kingston & St Andrew. St. James and St. Ann had 8 organisations each offering services in those parishes. St. Catherine and Clarendon followed close behind with 7 organisations each offering their services in these parishes. (See annex 1 for list of NGOs and parishes where services are offered)

Some organisations such as the Jamaica Red Cross (JRC) and Jamaica Network for Seropostives (JN+) offer services in all parishes or have a presence in all parishes however in the case of the JRC, the LGBT community is only a focus in Kingston & St Andrew and St. James, in all other parishes services are provided on an ad hoc or case by case basis and there is no coordinated and structured programme. In the case of JN+ and Sex Work Association of Jamaica (SWAJ) although they work in several parishes their target population is not the LGBT community.

Jamaica AIDS Support for Life (JASL), Children First (CF), Clarendon Young LGBT Committee

(CYLC), Trelawny Parish AIDS Association (TPAA) and St. Ann Parish AIDS Association (SAPAA) all have offices outside of Kingston & St Andrew and also provide services outside of Kingston. In fact CYLC only operates in the parish of Clarendon, while the Trelawny PAA and the St. Ann PAA provide services only in Trelawny and St. Ann respectively.

CHART 3: PARISHES WHERE NGOS OFFER SERVICES TO THE LGBT COMMUNITY
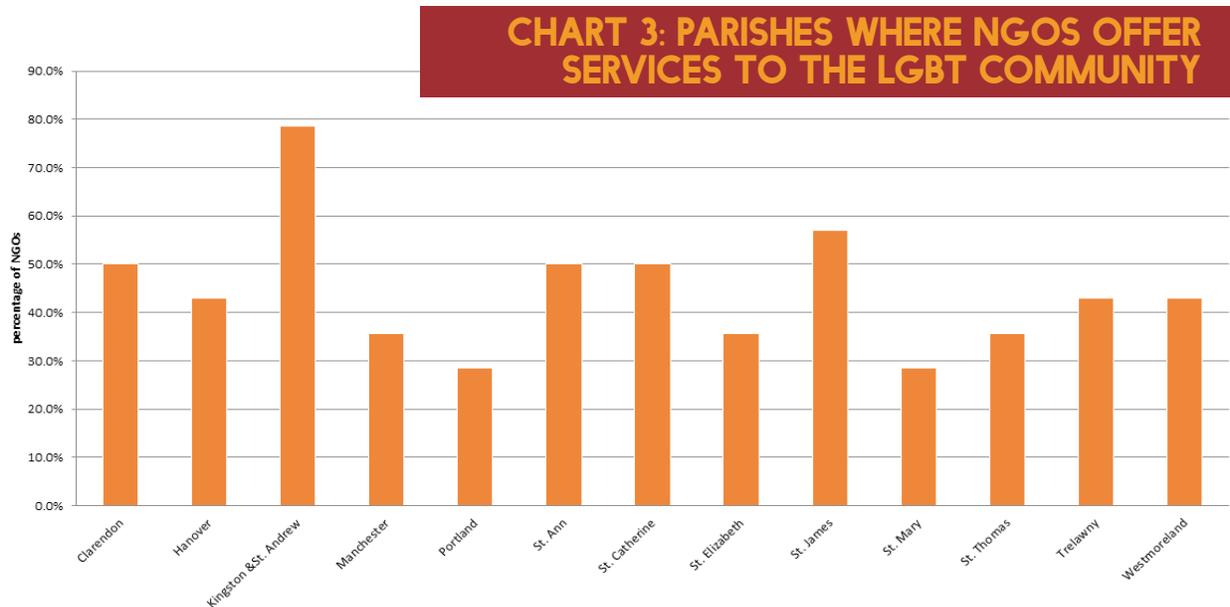
Services Offered by NGOs

The NGOs indicated that they offered various services. Some offered more than one service while others offered only one. The service which was most offered was that of empowerment workshops, with 78% of the online respondents indicating that they offered this service. Of the two organisations which participated in the in-depth interviews and focus group respectively that did not participate in the quantitative online survey, neither of them, St. Ann PAA and NADA, offered empowerment workshops. They however offered referral services. In the case of NADA this was done online for both LGBT and youth, while in the case of St. Ann PAA referrals are made, mainly to JASL in St. Ann when persons contact the organisation.

In the case of JASL and JRC, they offer several services at each of their branches island wide. These include providing condoms and lube, treatment, care and support, human rights support, HIV testing and empowerment workshops as well as referral services. Ashe offers services in several parishes although they only have one office in Kingston. Their services focused mainly on HIV Testing, providing condoms and lube, referral services, empowerment workshops and SRH services.

CHART 4: MOST OFFERED SERVICES BY NGOS
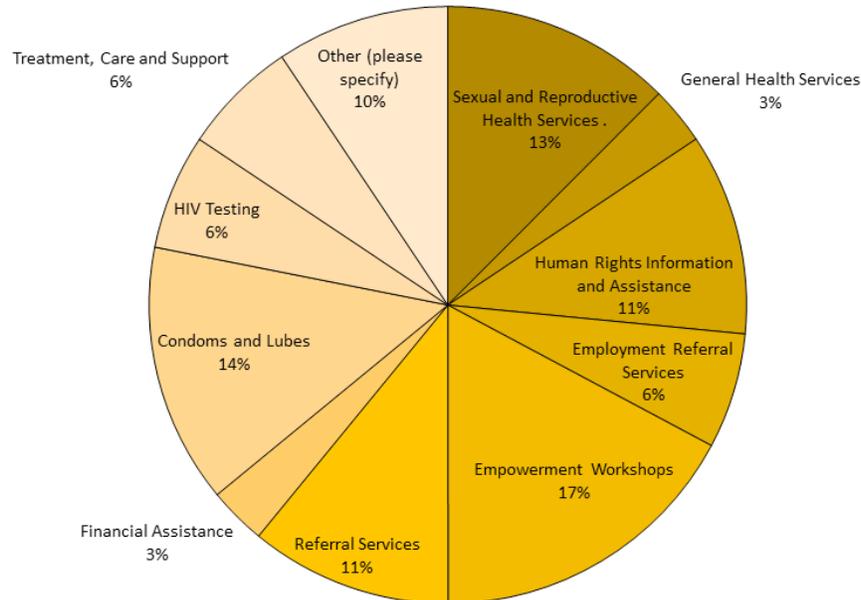
The Colour Pink Group offers not only referral services for the LGBT community but also employment referral systems. Additionally, they offer sensitization regarding LGBT issues with various groups such as security guards along with care and support services such as the distribution of care packages to the homeless. Colour Pink is also unique in the fact that they conduct a stigma and discrimination assessment of the systems and organisations to which they refer clients.

Grata Foundation, the only NGO that offers services only to the LGBT community, does mainly research which is aimed at ascertaining the needs of the end user -- members of the LGBT community. They also provide CME related courses for medical professionals through an interactive online platform. Further to that they offer health services in mainly Kingston & St Andrew.

Trelawny PAA one of the only NGOs which operates outside of the Kingston & St Andrew, offers referral services, as well as counselling support for members of the LGBT community in Trelawny. They work with the Behaviour Change Communication (BCC) officers from the Ministry of Health in the parish to conduct empowerment workshops. They also refer many of their clients to JASL.

CYLC which is the only NGO based in Clarendon offers counselling and support services to young LGBT in the Clarendon area. They also participate in LGBT awareness sessions with the general population when invited and refers clients to J-FLAG, JASL, Colour Pink Group along with health centres.

The other services offered are policy development guidance by Health Policy Project (HPP) and basic vocational training which is offered by Children First. In the case of JN+, support groups are convened across the island with PLHIV. Some of the organisations such as Colour Pink and NADA also take part in advocacy activities via mainstream media and social media.

BOX 4: SERVICES OFFERED BY NGOS

- Empowerment Workshops
- Condoms and Lubes
- Sexual Reproductive Health
- Human Rights Information & Assistance
- Referral Services
- Employment Referral
- HIV Testing
- Treatment and Care- including counselling and psycho-social support
- Basic vocational training
- Research
- Advocacy

Most Accessed Services

There seems to be a discrepancy between most of the services being offered and those which are mainly accessed by the community. Fifty percent (50%) of the fifty-seven (57) respondents who answered the question on the service they accessed, indicated human rights information and assistance. Empowerment Workshops as well as provision of condoms and lubes were also other services which were mainly accessed at 39.7% and 34.5% respectively. This was followed by HIV testing.

This disconnect between the services offered and those which were accessed by the respondents from the LGBT community can be seen as an effect of the sample size, as it will be less likely for tertiary educated individuals to need empowerment workshops, however the issue and challenge of human rights information would more than likely be needed.

Further to this, as J-FLAG's network was used to invite persons to respond, the likelihood that most persons have accessed human rights services, as J-FLAG is known as a human rights and advocacy organisation was high.

LGBT respondents identified empowerment workshops as the second most accessed service, however if it is the most offered service by NGOs, the probability that a large number of persons have accessed it is great. It was therefore reported as the second most accessed service.

CHART 5: SERVICES MOST ACCESSED BY LGBT CLIENTS
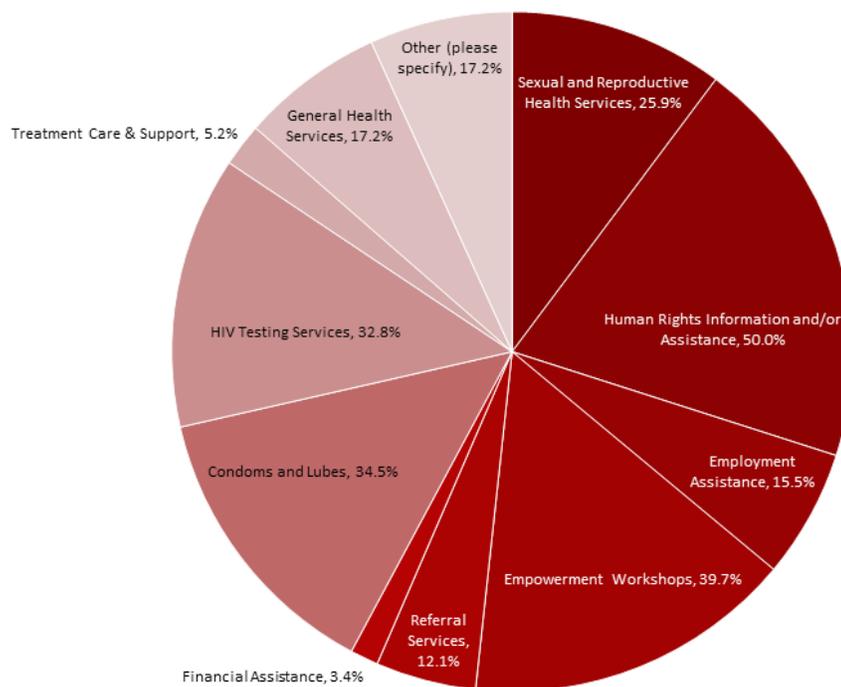
Organisational Structure

The strength of the NGOs' organisational structures varied. Some had very strong structures which included permanent office spaces, in the case of organisations such JASL, JRC and Children First, who had more than one office space.

Several others did not have office space and had to depend on meeting in ad hoc areas and utilizing the spaces of partners. CYLC and Trelawny PAA had no permanent office space. CYLC has their meetings at various spaces in Clarendon. The Trelawny PAA is in the process of acquiring new office space. Colour Pink Group, Grata Foundation and NADA also do not have physical office spaces. In the case of Colour Pink and NADA, they use the offices of their partners. Colour Pink, for example, uses the spaces of partners such as HPP and UNAIDS.

It should be noted that most NGOs kept contact information for their clients, however only approximately 33% keep records on the next of kin of the clients. 50% of the NGOs indicated that they keep information on the services accessed as well as the organisation which referred the client. About 66% of the NGOs kept information on the organisations from which their clients were referred.

The lack of physical space affects the kind of information which is kept by organisations. In fact Colour Pink indicated that because of no physical space they have to be creative in how they store and keep information on clients.

An organisation such as CYLC has one main person doing all the work and no physical space, it therefore affects and challenges its ability to keep records more than general contact information of clients. Technical assistance is sought from J-FLAG when needed.

BOX 5: ORGANISATIONS WITH NO PERMANENT OFFICE SPACE

- Clarendon Young LGBT Committee
- Colour Pink Group
- Grata Foundation
- National Anti- Discrimination Alliance
- Trelawny Parish AIDS Association

Trelawny PAA has three persons assigned to the LGBT community, although they are currently in the process of acquiring a new physical space. This is done to protect the privacy of the clients. Furthermore, these counsellors' capacities have been developed in providing services to the LGBT community. This indicates that a system to manage and implement services to the LGBT community in this area has been designed and informs delivery of service. The challenge which this PAA faces is the inability to follow up with participants who change their telephone numbers and addresses frequently. The organisation however pointed out that the regular MSM clients' contact information is known.

Other organisations such as JASL, JRC, JN+ and Children First who are more established and have physical spaces not only keep contact information about their clients but also have documents such as a project document, an MOU or vision/mission statements which guide the implementation of their service delivery to the LGBT community. In the case of Children First they also keep assessment records of clients to monitor their progress.

TABLE 1: ORGANISATIONS WHICH HAVE DOCUMENTED PROTOCOLS FOR ITS SERVICES

ORGANISATION	DOCUMENTED PROTOCOL FOR SERVICES PROVIDED
ASHE	No
Children First	Yes
Clarendon Young LGBT Committee	No
Colour Pink	No
Grata Foundation	No
Health Policy Project	No
Jamaica AIDS Support for Life	Yes
Jamaica Network of Seropositives	No
Jamaica Red Cross	Yes (documented referral process)
Jamaica Youth Advocacy Network	No
National Anti-Discrimination Alliance	No
PANOS	Yes
SWAJ	Yes (documented referral process)
St. Ann PAA	No
Trelawny PAA	Yes

CHART 6: TYPES OF CLIENT INFORMATION RECORDED BY NGOS
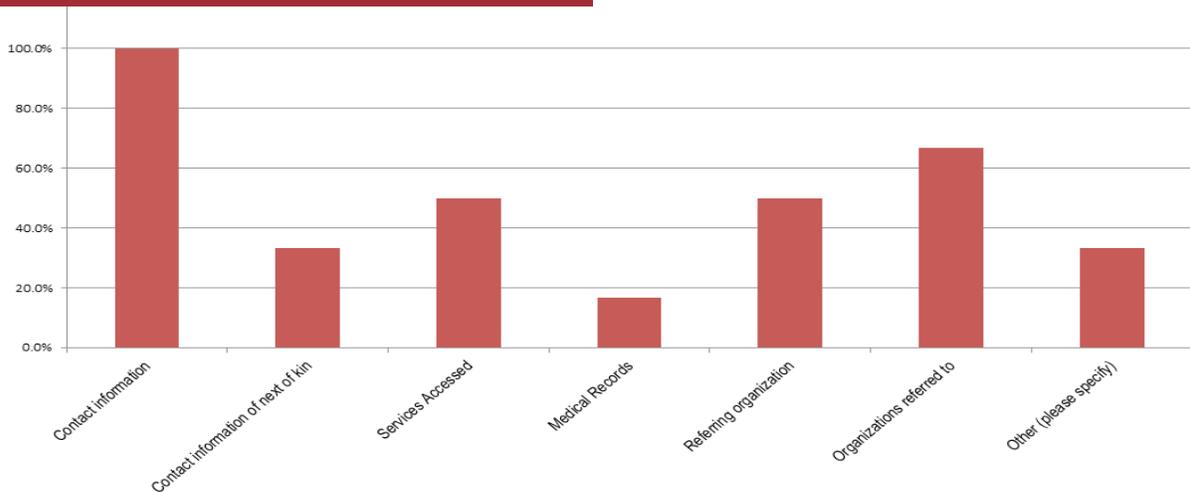
Advocacy Programmes

Only six of the fourteen respondents or 42.9% of the NGO respondents indicated that they had an advocacy plan. Interestingly, NGOs which stated that they were involved in advocacy, like Colour Pink Group, during the focus group discussions did not report having an advocacy plan on the quantitative online tool.

The only organisation which had an LGBT focus with an advocacy plan was CYLC. The other NGOs' advocacy plans are not specific to the LGBT community however, members of the LGBT community could benefit from these advocacy plans (see appendix 2). Organisations such as JN+ which seek to decrease stigma and discrimination in the health services as well as to strengthen social services to the PLHIV population will inevitably impact the care, support and stigma and discrimination reduction of members of the LGBT community as the national data estimates a 32.9% prevalence of HIV among MSM. In the case of JYAN which focuses on young key affected populations (YKAP), young LGBT can benefit from the work of this organisation.

It should be noted that the six NGOs that have advocacy plans reported sharing the aim of the plans with their clients. Although the focus of each advocacy plan varies, it can be said that the overall aim of the advocacy plans is to decrease stigma and discrimination and its impact on key affected populations as well as to empower these populations, which is best summed up by the aim of the Trelawny PAA which is "To create the opportunity for Jamaica to be a place where each member can be accepted and allowed to be".

Recommendations, Challenges & Discussion

As noted in previous sections, the sample size of the LGBT community may have created some bias. When evaluating the efficacy of the services provided to the community, this therefore has to be taken into consideration.

The information collected from the service providers must also be placed into perspective. This survey did not ascertain from the service providers the socio-economic class which they served, however the 2014 GARP report makes note of the fact that although the HIV prevalence among MSM is high, there is a bias as most persons which were involved in the study were from lower socio-economic backgrounds and they were recruited through the Ministry of Health and NGOs with existing programmes[4]. This therefore indicates that NGOs mainly cater to MSM from the lower socio-economic class. Knowledge of this demographic will assist in the most effective and efficient programmatic and policy interventions for all sectors of the LGBT community.

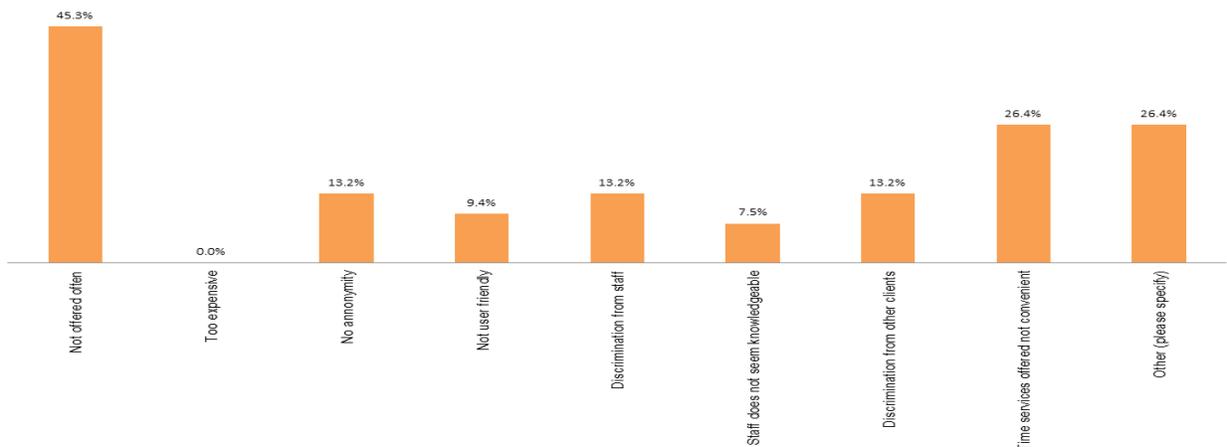Notwithstanding, the recommendations made by both LGBT community members and service providers can possibly still be beneficial to all members of the LGBT community. In fact, some of the recommendations which were suggested overlapped both groups.

Both groups saw the need for safe spaces which includes friendly, approachable and

[4]Jamaica Country Progress Report, Global AIDS Response Progress Report, 2014

confidential staff as something which needs to be improved in delivering service to the LGBT community. In fact in some rural areas members of the community are hesitant to attend activities geared towards them because of fear of disclosure of their sexual orientation. Both groups also identified homelessness as an issue in the community and services which can assist in this aspect need to be improved or developed. The skills and capacity of members of the community also need to be built as it relates both to personal and professional development. Lack of employment which in some cases is caused by discrimination has to e addressed if the community is to be fully empowered.

CHART 7: MAIN ISSUES WITH NGO SERVICE PROVIDERS AS SEEN BY CLIENTS

Category	Value
Not offered often	45.3%
Too expensive	0.0%
No annonymity	13.2%
Not user friendly	9.4%
Discrimination from staff	13.2%
Staff does not seem knowledgeable	7.5%
Discrimination from other clients	13.2%
Time services offered not convenient	26.4%
Other (please specify)	26.4%

Psycho-social support was highlighted by both groups as an area which needed improvement. There was also concern from both groups regarding the lack of human resources in the provision of services to the LGBT population. Suggestions were made that even persons who volunteer would be accepted. Further to this both groups intimated that the needs of more peers to be involved in service delivery to the LGBT community would be beneficial. NGO service providers also believe the linkages to care and retention need to be bolstered and this would be improved by building a cadre of trained individuals who can effectively deliver the services which will meet the needs of the community.

BOX 7: GAPS IN SERVICE DELIVERY TO LGBT COMMUNITY

- Lack of resources and funding for some NGOs

- Lack of Human Resources whether paid or voluntary

- Lack of competent staff in service delivery to LGBT community

- Kingston Centric Focus of Service Delivery

- Services not offered at convenient times

- Non-availability of some services such as Lubes not being readily available

- The lack of anonymity/ Lack of safe spaces especially outside of Kingston

- Insufficient case management- this is tied to the lack of information gathered on clients and them being lost to follow up

- Lack of interventions/activities/networks for middle class MSM, Lesbians and Bi-sexuals

As noted in previous sections, most of the NGOs provide referral as part of their service delivery. Only one indicated that it did not refer clients to other organisations; however less than half the respondents, including those who participated in the in-depth interviews and the group discussions, did not have documented or official referral systems. This is cause for concern as there is no check list and process to officially determine the best organisation to refer the clients, thus the clients may not be served to an optimum and can still have unmet needs. The standardizing of the referral system across organisations will allow for more effective and efficient case management which will inform service delivery efficacy.

The need for more advocacy and human rights was also mentioned by both service providers and the community respondents. In fact it is the most sought after service by the LGBT population, however less than half the NGOs report having advocacy plans and activities. The advocacy plans and programmes of organisations need to be developed and refined so that they are more targeted and achievable. Smaller organisations also need assistance in implementing their advocacy initiatives and need to build their partnership with organisations who have more established advocacy initiatives such as the redress system of JN+. A similar one can be developed for the LGBT community or one can be paired with the existing one. Also important in defining the advocacy agenda is the needs and wants of the community of what issues should be advocated on. A developed advocacy agenda can assist in reducing the general stigma and discrimination which still exist in the general population.

BOX 8: ISSUES WHICH AFFECT SERVICE DELIVERY

Skills building among the community

Employment- several members of the community find it difficult to find employment

Stigma and Discrimination among the general population

Homelessness among the community. This affects the quality of services they are able to access

It must be highlighted that the LGBT community is not homogenous and the needs of each member of the community have to be assessed. One of the gaps noted is that most activities and services focus on the MSM community and not enough activities for lesbians and bi-sexuals and in keeping with the social demographic of the respondents, it was noted that not many programmes and spaces for middle class MSM. Additionally, this assessment did not ascertain that there were any discrete programmes for transgender individuals as the services mentioned by organizations seemed to be all encompassing. Further to this only two transgender participated in the online survey. More needs assessments targeting this population must be done if any effective programme is to be developed for this group.

Currently, the efficacy of service delivery is also affected by the "Kingston centric" focus of the responses; improving the quality of service to other regions needs to be examined. Other issues which affect service delivery include lack of products when providing services such as lubes.

BOX 9: RECOMMENDATIONS

• Referral systems need to be coordinated and standardized

• More sustained & sustainable partnerships

• Ensure that programmes of NGOs are linked to the National Strategic Plans

• A more coordinated and developed advocacy agenda must be developed.

• Improve on current redress systems such as JN+ system, include or have an LGBT redress system

• Increased psycho-social support

• Build capacity of both NGOs and LGBT community members

• Recognize the LGBT is not homogenous and design programmes accordingly

Conclusion

In order to increase the efficacy of service delivery by NGOs to the LGBT community there needs to be a more coordinated approach which ascertains the needs of the community and maximizes on the strengths of the organisations which offer services, thus, building capacities of organisations, systems and persons where necessary.

Inevitably efficacy in an LGBT service delivery system would be tied to a national strategic plan which focuses on the community and their needs. In order to ensure this efficacy organisational plans and policies should indicate some level of coherency and harmony with the national strategic plan which focuses on services to the LGBT community; therefore an analysis of organisational plans and mandates and how they are aligned to national plans should be conducted if an effective and efficient NGO service delivery system is to be developed.

Appendix 1 - Mapping of NGOs and Services

Organisation	Services Offered	Parishes Services are offered	Target Populations	Comments
ASHE	• SRH • Empowerment • Condoms and Lubes • HIV testing • Referral Service	Kingston, Clarendon, St, Catherine St. Thomas Manchester	General Population Youth, Children, LGBT	
Children First	• HIV Testing • Condoms & Lubes • Empowerment Workshops • Referral Services • Employment Referral Service • SRH Services • Basic Vocational Training • Pyscho-social support	Kingston St. Catherine	Drug users LGBT Homeless Youth General Population Children	
Clarendon Young LGBT Committee	• Counselling • Condoms and Lubes • Empowerment Workshops • Human Rights Information • SRH	Clarendon	Youth, LGBT	No physical space for meetings. Organisation is run by one individual

Organisation	Services Offered	Parishes Services are offered	Target Populations	Comments
Colour Pink	• Media Advocacy • Care and Support • Human rights information sensitization to General Public regarding LGBT • S&D assessment of referral services	Kingston	GMT and Homeless	No physical space. Uses offices of partners such as HPP and UNAIDS
Grata Foundation	• Research • Health Services	Kingston and St. Andrew	LGBT	No physical space. Offers outreach services quarterly
Health Policy Project	• Policy Development	Kingston & St. Andrew	LGBT organisations	International Development partner. Serves organisation not individuals
Jamaica AIDS Support for Life	• Treatment, Care and Support • SRH, Referral, Financial Assistance, General Health Services, HIV Testing, Condoms and Lubes, Human Rights and Employment referral systems	All parishes	General Population, Youth, Children, LGBT	3 offices-Kingston, Ocho Rios and Montego Bay
Jamaica Network of Seropositives	• Referral Services • Empowerment Workshops • Condoms and Lubes • Human Rights	All parishes	PLHIV LGBT	Support groups in all parishes for PLHIV

Organisation	Services Offered	Parishes Services are offered	Target Populations	Comments
Jamaica Red Cross	- Referral Services - Empowerment workshops - Condoms and Lubes - HIV Testing - Treatment Care and Support	St. James Kingston	General Population, Homeless, Youth, children, LGBT	Works in all parishes but LGBT services mainly in St. James and Kingston
Jamaica Youth Advocacy Network	- SRH Services - Condoms and Lubes - Human Rights - Empowerment workshops	Clarendon, Kingston, St. Ann, St. James	Youth	
National Anti-Discrimination	- Social Media Advocacy including Human Rights information for LGBT community - Care and Support - Referral	Kingston	LGBT Homeless Youth	No fixed office
Panos	- Human Rights - Empowerment Workshops	Kingston St. James ST. Ann	LGBT Youth Children Women at risk Journalist	
Richmond Fellowship	Treatment and Care	All parishes	Drug users	
Sex Work Association of Jamaica	- Human Rights - Empowerment Workshops	St. James, St. Ann and Kingston	Sex Workers	
St. Ann PAA	HIV Testing Outreach		General Population, Youth	PAA not very active due to lack of resources
Trelawny PAA		Hanover, Trelawny, Westmoreland and St. James	Youth, General Population, LGBT, Children	No office space at the moment, in the process of setting up new office.

Appendix 2 - Organisations with Advocacy Plans

Organisation	Advocacy Plan Objectives
Jamaica Network for Seropostives	• Decreased stigma and discrimination in health services; • Address gaps in health treatment, care for infected and affected populations; • Strengthen social care and support for PLHIV communities and individuals.
Jamaica Youth Advocacy Network	• To teach youth about HIV and AIDS and sexual reproductive health issues and how they impact young people with focus on YKAP. • To sensitize persons about the tools and techniques in effective policy advocacy and leadership • To develop a policy position on main areas of SRHR that impact them to be used as an advocacy tool for policy makers and key stakeholders • To teach youth how to effectively undertake grass roots mobilization through peer influence • To create core YKAP councils to coordinate grassroots and policy advocacy directives in each parish
Sex Work Association of Jamaica	• To engage key stake holders in the education of issues that affects the sex work industry • To educate the sex work community on the Laws that targets Prostitution.
Jamaica AIDS Support for Life	• To achieve an enabling environment and mitigating the impact on the lives of our clients.
Clarendon Young LGBT Committee	• Sensitize the public about the negative effects of discrimination against LGBT • To provide a safe haven for all LGBT person in May Pen, Clarendon
Trelawny Parish AIDS Committee	• To create the opportunity for Jamaica to be a place that everyone can be accepted.