

Type of Review: Project Completion Review

Project Title: Regional Stigma and Discrimination Unit, Caribbean

Date started: 14th January 2009

Date review undertaken: 8th – 27th August 2012

Instructions to help complete this template:

Before commencing the review you should have to hand:

- *the Business Case or earlier project documentation.*
- *the Logframe*
- *the detailed guidance (How to Note) - Reviewing and Scoring Projects,*
- *the most recent annual review and other related monitoring reports.*
- *key data from ARIES, including the risk rating*
- *the separate project scoring calculation sheet (pending access to ARIES)*

Two scores are produced at project completion - one based on achievement of the outputs and one based on achievement of the outcome. You should assess and rate both the individual outputs and the overall outcome using the following rating scale and description:

Output Description	Scale	Outcome Description
Outputs substantially exceeded expectation	A++	Outcome substantially exceeded expectation
Outputs moderately exceeded expectation	A+	Outcome moderately exceeded expectation
Outputs met expectation	A	Outcome met expectation
Outputs moderately did not meet expectation	B	Outcome moderately did not meet expectation
Outputs substantially did not meet expectation	C	Outcome substantially did not meet expectation

Introduction and Context

What support did the UK provide?

DFID provided £1.5m over 3 years 8 months from 2009/10 - 2012/13 to fund the development of a Regional Stigma and Discrimination Unit, in the Caribbean – working primarily in 12 countries and with a major focus on the countries of St Lucia, Guyana and Jamaica. The programme was designed to enhance the capacity of the Pan-Caribbean Partnership Against HIV and AIDS (PANCAP), a division of CARICOM, based in Guyana, to reduce the impact of stigma and discrimination in the region. The key deliverables for the programme were to establish the Regional Stigma and Discrimination Unit (RSDU) and to make it fully functioning; to ensure that evidence-based programmes were developed to address stigma and discrimination in the 12 countries, with a major focus on the 3 listed above; to establish country-led coordination mechanisms to promote local ownership and galvanise activities beyond and after the programme; and to ensure that best practices and proven methodologies, to reduce stigma and discrimination, were widely disseminated in the region and beyond.

When the programme was originally designed, KfW (the German development bank) were

planning to co-finance with Euros 200,000. DFID, PANCAP and KfW were involved in detailed negotiations but ultimately KfW decided not to co-finance the programme. This was disappointing and significantly reduced the potential scope and capability of the programme. In addition, there was a lack of clear communication, which meant that KfW's decision not to co-finance was not clearly communicated to DFID and the Programme Managers.

What were the expected results?

It was expected that the Regional Stigma and Discrimination Unit would be fully established by programme end and that PANCAP's capacity to coordinate a sustained response to stigma and discrimination in the region, would be substantially strengthened. It was anticipated that PANCAP would be in a position to fund, or to solicit for funding, the continuing costs of the RSDU.

It was expected that there would be a number of best-practice intervention packages developed and validated and that up to 12 countries in the region would have clear national programme components addressing stigma and discrimination specifically. At a later stage of the programme, the number of high-focus countries was reduced to 5, although some activities were continued in all 12 countries.

What was the context in which UK support was provided?

The Caribbean is the second most effected region of the world for HIV and AIDS (after Southern Africa), although UNAIDS reports that the epidemic in the region has slowed considerably since the mid-1990's. Incidence (the number of new infections) has been reducing somewhat, but 12,000 new infections per year is still far higher than the targets of UNAIDS and national governments. Prevalence (the total number of cases) is increasing in all regions, as more and more of those infected are placed on treatment with ARV drugs and there are an estimated 200,000 adults living with HIV and AIDS in the region (adult prevalence 0.9% - 1.0%) and 9,000 deaths per annum – likely to be an under-estimate . The region has particular difficulties in designing and sustaining National AIDS Control Programmes, as each island/group of islands is a separate sovereign state, with a wide range of size, capacity and funding. The largest epidemics of HIV are to found in Haiti, Dominican Republic and Jamaica.

Stigma and discrimination related to disease is certainly not new and there are documented examples related to leprosy, tuberculosis and various sexually transmitted infections. Stigma and discrimination related to HIV has been a significant problem globally and has particularly been an issue in the Caribbean since the outset of the HIV epidemic. Many of the countries are very conservative and, in relatively small island communities, it can be very difficult to offer confidential high quality services for the most vulnerable groups, particularly men who have sex with men, sex workers (male and female) and sexually active young people. Many islands

have a very high proportion of church attendance and there is an increasing influence of US-based conservative evangelical groups.

DFID first became involved in stigma and discrimination related to HIV in the Caribbean in July 2004, when support was provided to PANCAP to mount a series of Champions for Change meetings, firstly for senior politicians and leaders (attended by then PUSS Gareth Thomas) and secondly for religious leaders from the region in 2005. The RSDU programme was funded as a direct result of a commitment made by Gareth Thomas, at the first Champions for Change meeting, for the UK to provide initial support to establish and develop a unit to support those countries who wanted to take action to reduce the scale and impact of stigma and discrimination in the region.

Section A: Detailed Output Scoring

Output 1: Regional stigma and discrimination unit (RSDU) fully established and functioning

Output 1: final score and performance description: **B**

The RSDU was established but experienced significant difficulties throughout the project period. In the later stages of the programme, there was a marked lack of ownership from PANCAP, which undermined the wider programme. The regional coordinating committee, the Stigma Unit Advisory Committee had a mixed performance, many members were very committed, while some appeared to make little positive contribution. The Programme Managers were unable to achieve strong regional ownership of the programme, for a variety of reasons described later in section B. Overall the RSDU generated strong feelings in the region, many unfavourable and some supportive, and it looks unlikely that the RSDU will continue to function in the future, unless PANCAP can make far stronger efforts to generate funding.

Final results: The RSDU was established and has functioned, to some extent, throughout the programme. Regional ownership has been patchy, with some favourable support, but much strong criticism. The programme has largely functioned in the three focus countries, in St Lucia, Guyana and Jamaica but there have been significant activities in a number of others, notably Belize and Dominica. Ownership by PANCAP was stronger in the earlier stages of the programme, when a full-time Project Officer post was funded by the programme, based in PANCAP. After the end of this appointment, ownership by PANCAP reduced considerably, for a variety of reasons. Relationships between the Programme Coordinator and PANCAP staff appeared to be heavily strained. The re-location of the Programme Coordinator in the middle of the programme, from the region to the UK, has had a negative impact on the management and implementation of the programme, although the incumbent has made frequent visits to the region and other AID Inc. staff members were able to provide some cover. Some leading members of the Stigma Unit Advisory Group have been harshly critical of the way in which the programme has been managed and implemented. While some of this is undoubtedly justified, their contribution has not been balanced and this has had a negative impact on the implementation of the programme. Despite these major difficulties, the programme has produced some good work which has the potential to make a difference, particularly in St Lucia and among vulnerable groups and civil society organisations throughout the region.

Impact Weighting (%): 30%

Revised since last Annual Review? **Y/N No**

Risk: Low/Medium/High **High**

Revised since last Annual Review? **Y/N No**

Output 2: Evidence-based programmes developed addressing stigma and discrimination.

Output 2: final score and performance description: B

Needs assessments were completed in 12 countries and pilot programmes were partly implemented in St Lucia and Guyana and (to a lesser extent) in Jamaica. Baseline assessments were delayed, in part due to a lengthy validation process, which was a strong recommendation from the SUAG, and were completed in 5 countries. In Jamaica, the programme was not granted ethical approval for baseline assessments, due to a number of other alleged similar studies. The endline monitoring surveys are being completed in 4 countries, St Lucia and Guyana plus Belize and Grenada. The SCOR-B process developed through the programme does show considerable promise but there have been very long delays in the Programme Managers reporting back to counties on the outcome of the data collection. This has generated some frustration and a loss of confidence from some National AIDS Control Programme (NACP) officials and some members of the SUAG. If carried forward by PANCAP in future, the SCOR-B methodology could produce an appropriately validated approach to define and tackle stigma and discrimination, specifically for the Caribbean, which has not been done before.

Final results: The programme has developed some good work but has been let down by weaknesses in implementation, ownership and management. The SCOR-B methodology for developing a validated method to measure stigma and discrimination (carried forward in St Lucia, Grenada, Belize, Dominica and St Vincent), could be a significant international contribution but much of the work has not been reported back to key stakeholders and therefore impetus has been lost. A major achievement of the programme has been the strong engagement from the most vulnerable groups, particularly men who have sex with men and female sex workers, who are often ignored and experience substantial stigma and discrimination throughout the region. The direct involvement of people living with HIV and AIDS was also a strength. The approaches pilot-tested using educational drama (edu-drama) also appear to be promising and may be useful for PANCAP to further develop regional work among vulnerable groups, youth and adolescents.

Impact Weighting (%): 25%

Revised since last Annual Review? Y/N No

Risk: Low/Medium/High Medium

Revised since last Annual Review? Y/N No

Output 3: Country-led coordination committees monitor achievements of stigma and discrimination programmes developed, based on research findings.

Output 3: final score and performance description: B

Only four countries have established Country Advisory Boards or Sub-Committees, designed specifically to have an overview on stigma and discrimination, as a direct result of the

programme. This means that a total of 11 countries in theory have NACP-led coordination mechanisms to address stigma and discrimination issues. Yet almost all key stakeholders reported that stigma and discrimination is not receiving sufficient attention and that NACP's are not sufficiently joined-up on the subject. This is frustrating because PANCAP has clearly recognised the importance of these issues, in the Caribbean Regional Strategic Framework, where stigma and discrimination are identified among the key priority areas for action up to 2014. A very consistent picture emerged during the review. NACP's are spending the bulk of time and resources on treatment and ARV costs. It is readily accepted, by NACP Directors and Deputy Directors in Charge of Treatment, that stigma and discrimination *directly* result in reduced compliance, increasing drop-out rates, and ultimately increased resistance. Projected costs for second-line treatment in the region are extremely high and are likely to rise rapidly, unless stigma and discrimination can be reduced.

Final results: The programme has been only somewhat successful in improving country-level ownership and has had little success in generating coordinated action on stigma and discrimination. There is evidence that the programme was not sufficiently joined-up with other stigma and discrimination interventions, funded by USAID and GFATM, and PANCAP has had a mixed performance in galvanising NACP's across the region. It was a surprise to note that both USAID and UNAIDS had staged regional meetings regarding stigma and discrimination but had not initially invited the RSDU to participate. This is perhaps indicative of the strained relationships that have held back progress in reducing stigma and discrimination across the region. Progress appears to have been stronger during the early stages of the programme, when a full-time post in PANCAP was funded. The Programme Managers of the DFID-funded programme did claim to make some efforts to improve the situation but more could have been done, particularly to improve collaborative working with other major initiatives. The exception is regarding liaison with vulnerable groups and civil society organisations in the key countries, where the programme established strong and productive working relationships.

Impact Weighting (%): 30%

Revised since last Annual Review? *Y/N. No*

Risk: Low/Medium/High High

Revised since last Annual Review? *Y/N No*

Output 4: Best practices disseminated.

Output 4: final score and performance description: C

Given the delays in implementation and the issues around regional and country-level coordination, it has not been possible to achieve as much on dissemination, by the time of the review, but a range of dissemination activities are planned before project end and in the post-project period. Four best practice workshops on stigma and discrimination were held, 4 face-to-face on Guyana, St Lucia, Jamaica & Grenada and 2 by tele-conference with Dominica and St Vincent. A further 4 virtual workshops are planned by project end (Belize, British Virgin Islands, Anguilla, St Kitts & Nevis). Work has been done to improve the stigma and discrimination content of 8 country NACP websites. The RSDU website has been developed (www.rsdu.org) and has some very useful content, but activity appears limited since April 2012. There is also stigma content disseminated on the website of the Programme Managers (AID Inc.) PANCAP's own website does list details of the RSDU programme and has various media

reports and speeches by regional politicians on the subject, though the content appeared somewhat dated. The Programme Coordinator intends to ensure that a range of material from the programme is published in peer-reviewed journals, to enable some access to a wider international audience. This is very important to complete, though it now appears that this will have to be post-project. Overall dissemination has been relatively weak.

More could have been done and should still be done to disseminate the promising material, particularly SCORB.

Final results: While it is easy to understand why, there are many missed opportunities thus far due to a lack of dissemination and publication of tested methodologies in peer-reviewed publications. It is still possible for this to be addressed and ambitious plans for the final month of the programme were outlined. It seems inevitable now that the publication of results in peer-reviewed publications will need to be done after the programme ends, with a strong risk that key staff will move on to other programmes. An opportunity to disseminate information at the last AGM of PANCAP was missed, as materials could not be made ready on time.

Impact Weighting (%): 15%

Revised since last Annual Review? **Y/N No**

Risk: Low/Medium/High **Medium**

Revised since last Annual Review? **Y/N No**

If the project involved more than 4 Outputs please copy the box above and paste below.

Section B: Results and Value for Money.

1. Achievement and Results

1.1 Has the logframe been changed since the last review? Y/N No?

The Logical Framework was reviewed after the Inception Phase but the proposed revisions were never formally approved by the SUAG, therefore it was not possible for DFID to consider and approve formally. The Programme Managers repeatedly raised this matter and requested feedback from PANCAP and other key stakeholders. Even at the final meeting of the SUAG, the matter was again discussed and the Review Team were surprised to hear the PANCAP representative express the view that he thought it was pointless to comment on the revised logical framework. Clearly relationships had deteriorated and an adversarial atmosphere had developed, which has resulted in considerable difficulties for the programme. The Programme Managers have also been

criticised for their inability to finalise the details of the revised framework. It is clear that the Programme Managers did not fully understand that the revisions to the logical framework had not been formally submitted approved by DFID. With the benefit of hindsight, DFID staff could have provided clearer instructions on the process for receiving and approving changes to the logical framework.

1.2 Final Output score and description: B - Output moderately did not meet expectations.

1.3 Direct feedback from beneficiaries: The PCR Review provided the opportunity to discuss and assess the programme with a wide range of key stakeholders and beneficiaries. The beneficiary groups were largely those most vulnerable to HIV infection, those already infected and those being treated for the effects of AIDS. The visits were conducted in St Lucia, Guyana and Jamaica, chosen by the Programme Managers and DFID Caribbean as being representative of the wider work of the programme in the region. In general, those beneficiaries representing vulnerable groups (MSM, sex workers and youth) were most positive about the programme and the benefits which had accrued. These groups had helpful and constructive criticism to offer regarding how the programme might have been improved. Some regional officials (e.g. from PANCAP, UNAIDS) were far more critical of the programme and thought that little of value had been delivered. UNAIDS were critical of what they thought were high administrative costs, though a deeper examination of the budget later showed that many of the items highlighted were direct project costs, rather than administrative overheads. The programme generated strong positive and negative responses from beneficiaries.

1.4 Overall Outcome score and description: B - Outcome moderately did not meet expectations.

1.4 Impact and Sustainability: During the review, the programme was repeatedly described by stakeholders and beneficiaries as a “missed opportunity”. It is clear that the programme has done important work, developing potentially innovative approaches to validate how best to calculate the impact of stigma and discrimination, and to develop and document means of tackling these issues in the region. If the programme had received widespread regional support and been effectively managed and implemented, the potential impact would have been

substantial. There were clearly a wide range of management and implementation problems, partly caused by the Programme Managers and partly caused by a lack of support and an adversarial attitude from key stakeholders in the region, especially senior PANCAP staff. It was frequently reported that key stakeholders had started out positively supporting the programme but had become frustrated by delays and gradually lost confidence in the Programme Managers, and therefore the RSDU itself. But it is neither reasonable nor accurate to lay all the blame at the door of the Project Managers. It is clear from the records that repeated efforts were made to overcome blockages, but strained relationships and a lack of a genuine collaborative approach (perhaps on all sides) resulted in delays and frustration. The impact has, as a result, been far less than would have been expected. Although stakeholders and the Programme Managers expressed satisfaction with the way in which DFID Caribbean managed the programme, there was a protracted contracting delay between the approval of the Inception Period report (at the end of Year One) and the start of the 2 year Implementation Phase.

The seven month delay was largely due to internal inefficiency at DFID with the issuing of the contract for the Implementation Phase. The delay did result in a loss of impetus and some frustration and lack of confidence among key stakeholders.

Regarding long-term sustainability, the recent lack of ownership and interest from PANCAP gives rise to concerns that they will not be in a position to sustain the work on stigma and discrimination, or to further develop the approaches developed during the programme. This makes it all the more important that the key findings, tested methodologies etc., are disseminated in peer-reviewed journals and through other opportunities inside the region. However, as mentioned above, it is difficult to overstate the impact of stigma and discrimination on the epidemic in the region, facing the fact that the potential financial impact is likely to be enormous, if substantive action is not taken to reduce and halt the impact of stigma and discrimination. This is clearly recognised in the CRSF but financial allocations are not yet following the stated policy directions.

2. Costs and timescale

2.1 Was the project completed within budget / expected costs: Y/N Yes

There were budget difficulties when the US dollar appreciated against the £ and when

KfW decided not to co-finance the programme. This resulted in a substantial re-working of the approach and activities and the withdrawal of one of the key implementation partners, the International Centre for Research on Women, as they believed that the reduced scope and activities meant that the programme was no longer viable. DFID Caribbean decided that the budget should not be increased in light of the exchange fluctuations, as previous fluctuations had subsequently reverted back after time. When it became clear that the appreciation of the dollar against the £ would be more long-term, there had by then been delays in implementation and the programme required a no-cost extension to utilise the funds already allocated. There was some criticism by key stakeholders that DFID did not communicate very clearly as to whether, or not, they would be prepared to increase the budget to take account of cost escalations due to the appreciation of the dollar and the loss of anticipated funding from KfW.

2.2 Key cost drivers: These were staff, travel and training costs. The appreciation of the US dollar, against the £, was another key driver. Some of the losses in exchange rates were regained later in the programme but overall there was a shortfall in the dollar amounts available to the project.

2.3 Was the project completed within the expected timescale: Y/N No. A no-cost extension of eight months was granted by DFID. This was entirely appropriate as difficulties inside DFID had caused seven months of delays in processing the contract for the Implementation Phase of the programme. However, it is clear that the timescale allocated for the two Phases of the programme was over ambitious, taking into account the number of countries to be covered. It was inevitable that the programme staff would have to focus most activities on a smaller range of countries.

3. Evidence and Evaluation

3.1 Assess any changes in evidence and what this meant for the project.

The programme was designed, in part, to increase the evidence base on stigma and discrimination in the Caribbean and globally. Currently there is a lack of validated approaches to detect and measure the impact of stigma and discrimination. A UNAIDS Stigma Toolkit has been developed, but was pre-tested in only one Caribbean country (not an English-speaking country.) The UNAIDS Toolkit is designed for working only with people living with HIV and AIDS. The SCORB methodology, developed during the programme, therefore has the potential to increase the evidence base for the region.

3.2 Set out what plans are in place for an evaluation.

There are currently no plans to mount a full evaluation of this programme. The final review, to develop the PCR, involved a full review, including an external Senior Health Adviser. It will be some time, perhaps several years, before the full range of outputs and outcomes from the programme are clear, and given DFID's exit from HIV work in the region with the completion of this programme, a full evaluation is not considered appropriate. During the last few weeks of the programme, some evaluation work has been conducted by the Programme Managers, to measure the emerging changes in self-stigma and an increased focus on human rights among beneficiary groups and faith-based organisations.

4. Risk

4.1 Risk Rating (overall project risk): Low/Medium/High High

Did the Risk Rating change over the life of the project? **Y/N No**

This was a high risk programme, for a variety of reasons, and was correctly categorised. Most of the risk factors were adequately identified during design and appraisal and were factored into the design. The exception to this is the institutional risk, that PANCAP would be unable or unwilling to benefit appropriately from the programme. This risk was substantial and required additional work to address it fully. For example, the full-time Project Officer post in PANCAP should have been continued to the end of the programme and for some months beyond, in order to maximise the potential outcomes.

4.2 Risk funds not used for purposes intended

The risk of funds being misappropriated or misused was far smaller as the Programme Managers were in a position to oversee disbursement in the various countries and had staff on the ground in the major focus countries. This decision was very controversial with PANCAP, who would have preferred that all funds were channelled through them. This would not have been appropriate or feasible but the decision to channel all funding through the Programme Managers did result in a reduced ownership of the programme (and reduced interest in the latter stages) from PANCAP.

4.3 Climate and Environment Impact

The major climate and environment impacts were adequately identified at design and appraisal. These related to the impact of regional and international travel, which was a significant component – especially for training – but the distances involved for travel in the region are relatively small and this programme worked hard to reduce the amount of travel by making appropriate use of tele-conferencing and Skype. The one exception to this was the decision to allow the Programme Coordinator to re-locate to the UK during the programme. This did result in an increase in international air travel and the environmental impact could have been further considered when this change was approved.

5. Value for Money

5.1 Performance on VfM measures

The programme does not lend itself to standard VfM measures and was designed before the current Business Case methodologies on VfM were introduced. The overall judgement on VfM is that performance was mixed. The programme has clearly developed important and potentially innovative approaches, which could have a major impact (including wider than the region) in the future. However, due to a combination of delays, relationship breakdown between leading stakeholders and institutions, and an over-ambitious programme timetable, a considerable number of the potential outputs (and therefore outcomes) are yet to materialise. The lack of ownership from PANCAP, especially in the later stages of the programme, places a high risk that many of the outcomes will not be sustained over time. It is interesting to note that the SCORE-B methodology has generated a great deal of interest from participating NACP's and all those have expressed the intention to roll-out the methodology nationally in the future. If this can be achieved, after the programme has ended, it would be an important legacy of the programme.

5.2 Commercial Improvement and Value for Money

Largely not applicable to this programme. Tendering processes were conducted competitively, to achieve best value for money. In the individual small island states, training and accommodation venues were identified after comparing prices and ensuring the best/most competitive price.

5.3 Role of project partners

The inability of all the project partners to work effectively together has reduced the VfM of this programme. The stated outcome was to ensure that PANCAP had greater capacity to effectively coordinate better programmes to address stigma and discrimination in the region. A lack of ownership by PANCAP, perhaps exacerbated by the decision not to channel funding through them, has reduced the prospects for sustainability. The Programme Managers appear to have worked closely and well with the various vulnerable groups but appear to have failed to establish effective working relationships with many of the key regional stakeholders and NACPs, with some exceptions, particularly St Lucia, Guyana and Belize(although the last of these countries was not visited during the review). DFID might have acted earlier to address some of the key issues, though the in-fighting between leading institutions and personalities in the region is such that it is doubtful that the outcome would have been changed substantially. The programme was very ambitious and needed a longer period, even without the institutional difficulties.

5.4 Did the project represent Value for Money : Y/N On balance, Yes.

In the context of this programme a very difficult question to answer. On the positive side, the programme still has the potential to produce important findings that could improve the responses to stigma and discrimination across the region, and to a wider international group of countries where stigma and discrimination remain key causes for the continuing spread of HIV. If this is done effectively, the programme would represent VfM for DFID. However, on the negative side, a great deal of dissemination remains to be done during the last two months and it seems inevitable that publication of key findings, in respected peer-reviewed journals, will take many months to finalise. Key stakeholders in the participating countries have yet to receive detailed feedback and this is urgently needed, if NACPs and others are to amend their activities to take account of findings. For various reasons, some regional entities and key stakeholders have lost confidence in the programme and may therefore be unwilling to act on information, even where it is validated and sound.

6. Conditionality

6.1 Update on specific conditions

It was a condition of the grant that the funding was channelled through the Programme Managers and not through PANCAP. This was entirely consistent with the findings of the DFID-funded Institutional Review of PANCAP, which found that PANCAP was best placed to act as a coordination agency, galvanising an improved response to HIV and AIDS across the region, not acting as a project implementation agency – as this would place PANCAP in direct competition with the individual NACPs and the regional entities implementing GFATM and other programmes. At the time of design, PANCAP accepted this approach. However, it became clear during implementation that the DFID approach had not really been accepted. The former Director of PANCAP openly criticised the decision and the PANCAP section head on the SUAG is also on record criticising the approach. DFID made the correct judgement but failed to seek clear, unequivocal agreement from stakeholders before going ahead with the programme. Without a clear unequivocal agreement, the programme was struggling from the outset.

7. Conclusions

This was an important, ground breaking, potentially innovative programme working on a vital issue for those countries in the Caribbean who are seeking to reduce the spread of HIV and to make AIDS-treatment programmes more clinically appropriate and cost-effective. The outcome is a missed opportunity for all concerned, including DFID, UNAIDS, PANCAP, the participating countries and their NACPs, and especially for those who suffer the extremes of stigma and discrimination in the region, on a daily basis. DFID Caribbean were brave to take

this on and recognised the high risks involved. The programme was very ambitious and needed a longer period, particularly to cover 12 separate countries. The performance of the Programme Managers, AID Inc., was mixed and they did not manage to establish strong working relationships with key regional and national stakeholders. But they did establish strong and important links with vulnerable groups, which many others have failed to do, and these approaches could provide important learning for others. The Stigma Unit Advisory Group was designed to provide advice on programme direction and priorities but appears to have been a failure. Towards the end of the programme, PANCAP has demonstrated little leadership and interest in the programme.

8. Review Process

The review was conducted by a team comprising of Malcolm McNeil, Senior Health Adviser, Research and Evidence Division, DFID (independent assessor) and Richard Carter, Regional Social Development Adviser (Lead Adviser and Project Officer). The team visited the region from Monday 13th – Friday 17th August 2012 and visited Barbados, St Lucia, Guyana and Jamaica. The team were accompanied throughout by Ms Sarah Adomakoh, Programme Coordinator, AID Inc. The review team met with a wide range of national and regional stakeholders and attended a meeting of the Stigma Unit Advisory Group. The review team also consulted with a wide range of individuals and groups who had been directly or indirectly involved in the programme including DFID Health Adviser (Caribbean and Overseas Territories), NACP staff, staff of regional bodies (such as PANCAP and UNAIDS), members of vulnerable groups, programme staff from AID Inc. at headquarters and in-countries and volunteers. The team is grateful to all those who responded to questions and spoke openly about the strengths and weaknesses of the programme. Before and after the field work, Malcolm McNeil reviewed all the key documentation associated with the programme and also corresponded with key staff from other programmes working on stigma and discrimination in the region. A full list of those who were consulted, face-to-face or through e-mail and phone consultations, is shown in Annexe One of this report. Thanks are due to all the staff of DFID Caribbean, AID Inc. and the various NACP's for their support with logistical, travel and administrative arrangements.