1 Community Empowerment

Contents

What's in this chapter?

Community empowerment is the foundation for all of the interventions and approaches described in this tool. This chapter:

- **defines community empowerment** and explains why it is fundamental to addressing HIV and STIs among men who have sex with men in an effective and sustainable way (Section 1.1)
- **describes elements of community empowerment,** with examples from a number of programmes (Section 1.2).

The chapter also presents:

- examples of **indicators** to measure community empowerment and mobilization (Section 1.3)
- a list of **resources and further reading** (Section 1.4).

1.1 Introduction

2014 Key Populations Consolidated Guidelines: Community Empowerment [1]

Programmes should work toward implementing a package of interventions to enhance community empowerment among key populations.

Programmes should be put into place to provide legal literacy and legal services to key populations so that they know their rights and applicable laws and can receive support from the justice system when aggrieved.

Men's health groups and organizations of men who have sex with men are essential partners in providing comprehensive training on human sexuality and delivering services and so should be actively engaged. They also can facilitate interaction with members of sexually diverse communities, thereby generating greater understanding of their emotional health and social needs and the cost of inaction against homophobia. *(pp.102–103)*

In all countries where there is reliable epidemiological data, men who have sex with men shoulder a disproportionate burden of HIV infection compared to the general population. In the context of HIV programming, men who have sex with men play a critical role in addressing the social and structural factors responsible for this inequity. They are also important in ensuring more urgent and more responsible national HIV responses. It is therefore essential that communities of men who have sex with men are well resourced and able to take individual and collective ownership of the HIV response.

Empowered communities are best positioned to reach their members, rally support and lobby their respective governments to tailor national HIV responses to the needs of key populations. Empowered men who have sex with men are best positioned to challenge societal homophobia as well as the internalized homophobia that may lead to self-hatred, poor self-esteem, depression and drug use. Empowered communities start with empowered individuals. Empowered individuals, groups and communities are best positioned to successfully counter stigma and discrimination by changing hearts and minds.

1 Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: WHO; 2014.

Box 1.1

A note on community

In most sections in this tool, "community" refers to populations of men who have sex with men rather than the broader geographic, social or cultural groupings of which they may be a part. Thus, "outreach to the community" means outreach to men who have sex with men, "community-led interventions" are interventions led by men who have sex with men, and "community members" are men who have sex with men.

It is important to remember that while men who have sex with men have a range of shared sexual behaviours and attractions, they do not necessarily share an identity related to those behaviours. They are also diverse in terms of age, ethnicity, class background, religion, gender identity, gender expression, family background and HIV serostatus. Those that do express an identity related to sexual behaviours may call themselves "gay" or may adopt other terms specific to their cultural, language or country contexts.

In many places and situations, men who have sex with men choose not to disclose their sexual orientation or behaviour to members of their family, friends, neighbours, co-workers or health-care professionals, for fear of harsh or even violent reactions. Cohesive or identifiable communities of men who have sex with men may not exist or may not be immediately apparent because of repression. Individual empowerment and empowerment of small groups are pre-conditions to community empowerment.

In many contexts, community empowerment and an organized response to HIV among men who have sex with men have initially involved those who self-identify in terms of their sexual orientation or behaviour, e.g. as gay, bisexual, MSM, or another term specific to their language or culture. Men who do not identify in these terms may not identify with community empowerment initiatives or participate readily in them. However, the services, rights and protections that may result from community empowerment should be made available to all men who have sex with men, regardless of how they self-identify.

Given these realities, we recommend an open-minded, sensitive and thoughtful consideration of what "community" might mean when conceptualizing interventions that are "community-led" for men who have sex with men. See also the definition of community outreach worker in the Glossary.

1.1.1 Power and health

Community empowerment can only be fully understood by considering the social contexts in which power is exercised. Power relations between two or more people are always linked to how societies are structured and how they allocate resources. Both power and community empowerment should therefore be considered across the many social contexts in which people live, work and play. They are social, political, economic and cultural phenomena: each of these factors determines who has what kind of power and how much of it they have.

The relationship between power and health is also mediated by different social contexts: those of the individual, family/community and wider society. Health and well-being are brought about by conditions that promote:

1. **Choice and control** (the personal dimension of perceived and actual power)
2. **Community and community integration** (through social support, networking, identity formation, learning and adopting important social roles, and enhancing participation in community life)
3. **Access to essential resources** (work, education, housing, health care, nutrition, personal safety, security and other material and non-material conditions linked to the quality of life).

These are the pillars of empowerment. Table 1.1 outlines some of the empowering qualities of social contexts that are likely to impact the health of men who have sex with men.

Table 1.1 A model for understanding the relationship between power and health

Key dimensions of power	Qualities of social contexts that promote power	Health impact
Choice and control	Social policies and laws that protect and promote the human rights of men who have sex with men	Reduced prevalence of violence, discrimination, stigma, blackmail, suicide, depression, anxiety and risk for HIV
	Governmental and nongovernmental organizations (NGOs) that provide opportunities for self-development and leadership training	Men who have sex with men develop leadership competencies, strong communications skills and self-efficacy
	Support for individual expression and personal decisions about same-sex friendships and sexual relationships	Men who have sex with men are self-accepting and retain active roles within their families and social networks
Community and community integration	Governmental organizations and NGOs that provide men who have sex with men with a voice and choices in social and civic affairs	Men who have sex with men have a voice and are actively engaged in social and civic affairs, including national HIV planning processes
	Organizations and community-based programmes that provide opportunities for leadership and meaningful participation	Men who have sex with men have influence in the organizations and programmes in which they are involved
	Family members and friends who are accepting of homosexuality and roles for men who have sex with men	Men who have sex with men experience improved relationships with family members and friends
Access to essential resources	Social policies and laws that reduce inequality and facilitate access to health services	Adequate income, steady employment, stable and affordable housing, food, personal safety and security, education and health care, including HIV services
	Robust community infrastructure, including civil-society groups with strong technical and organizational capacities	Programmes and services are easily available, accessible, acceptable and tailored to the needs of men who have sex with men
	Strong bonds and communications between family members and within social networks	Social support from family members and friends

Source: Adapted from articles in the Journal of Community & Applied Social Psychology's Special Issue: Power, control and health. 2001;11(2):75–165.

Interventions delivered through a community empowerment framework implicitly recognize the role of power in producing population-level health and wellness. Community empowerment interventions therefore engage with local men who have sex with men to raise awareness about their rights, the establishment of community-led safe spaces (drop-in centres),[2] and the formation of organizations that determine the range of services to be provided, as well as outreach and advocacy.

Powerful communities have been the backbone of the HIV response for 30 years. In many places, men who have sex with men have led the response from the beginning by taking charge of community processes, mobilizing with other men who have sex with men to develop solutions to the issues they face, and advocating for their rights as members of a community and as human beings.

Community empowerment is more than a set of activities in the service of linking men who have sex with men into prevention, treatment and care. It can also contribute to positive self-esteem and peer norms as well as a sense of urgency, altruism and fellowship. In this sense, community begins with the individual in order to leverage stronger and more involved responses to HIV. It is an approach that should be integrated into all aspects of health and HIV programming.

Box 1.2

Case example: The Mpowerment Project

This community-level intervention is for young men who have sex with men of diverse backgrounds. It mobilizes men to reduce risky behaviour and to get HIV testing frequently.

The Mpowerment Project offers a comprehensive manual (in both English and Spanish), three-day trainings, phone and web-based technical assistance and 10-minute audio-slideshows for executive directors, supervisors, coordinators and funders. These materials focus on lessons learned from real-world implementation in diverse communities. Materials are available at www.mpowerment.org

Community empowerment is also linked to a broader social movement that supports the self-determination of men who have sex with men. It requires governmental, nongovernmental, public, private, political, cultural, health and religious institutions and organizations to address and remove the social exclusion, stigma, discrimination and violence that violate the human rights of men who have sex with men and heighten associated HIV risk and vulnerability. Community empowerment includes working towards the decriminalization of sex between males and the elimination of the unjust application of any laws and regulations used against men who have sex with men.

Investing in community empowerment is critical to achieving impact because choice, control, community integration and access to essential resources produce positive health outcomes. Strategies for delivering comprehensive HIV services are more effective and sustainable when

2 A safe space or drop-in centre is a place where men who have sex with men may gather to relax, meet other community members and hold social events, meetings or training. See Chapter 4, Section 4.4.4 for details.

carried out by empowered individuals, groups and communities. Programmes led by men who have sex with men have resulted in improved reach, access, service quality, service uptake, condom use and engagement of men who have sex with men in national policies and programmes. Scaling up comprehensive, community empowerment-based HIV services helps prevent significant numbers of new HIV infections, particularly in settings with high rates of HIV. Community empowerment is the cornerstone of a human-rights-based approach to HIV and, as such, underpins all the recommendations and components presented in this tool.

Box 1.3

What does a community empowerment framework for men who have sex with men mean?

- Men who have sex with men coming together for affirmation, mutual assistance and support
- Addressing individual and community needs in a supportive and safe environment
- Facilitating connectedness and affinity with others who share similar experiences around sexuality and gender expression
- Being sex-positive—affirming and nonjudgemental of sex, sexuality and gender expression
- Respecting each individual's self-determination and control of his own body
- Meaningfully and respectfully engaging men who have sex with men in all aspects of programme design, implementation, management and evaluation, and removing barriers and creating opportunities for their participation and leadership
- Acknowledging and using the strengths and abilities of men who have sex with men as individuals and communities, recognizing and leveraging their diversity
- Trusting that men who have sex with men know best how to identify their priorities and the context-appropriate strategies to address those priorities
- Strengthening partnerships among communities and groups of men who have sex with men, government, civil society and local allies
- Promoting and supporting mobilization of financial, technical and other resources for organizations and communities of men who have sex with men, which become responsible for determining priorities, activities, staffing and the nature and content of service provision. Ultimately, community-led organizations may become the employers of relevant staff (doctors, nurses, social workers, outreach workers), rather than men who have sex with men being solely volunteers, community outreach workers[3] or employees.

3 In this tool, "community outreach worker" is used to mean a man who has sex with men who conducts outreach to other men who have sex with men, and who is not generally full-time staff of an HIV prevention intervention (full-time staff might be called "staff outreach workers" or also simply "outreach workers"). Community outreach workers may also be known by other terms, including "peer educators", "peer outreach workers", "peer navigators" or simply "outreach workers". The terms "community" or "peer" should not, however, be understood or used to imply that they are less qualified or less capable than staff outreach workers or outreach workers who are not community members.

1.2 Key elements of community empowerment

The process of community empowerment is, by definition, driven by men who have sex with men themselves. It is therefore impractical to adopt a prescriptive, inflexible approach to implementing community empowerment initiatives. However, some key elements of community empowerment have been found relevant by groups of men who have sex with men across the world (Figure 1.1).

Figure 1.1 Key elements of community empowerment among men who have sex with men

The approach is flexible and adaptable to individual community needs. There is no fixed order in which the elements should be addressed; the process may flow from working with communities of men who have sex with men to fostering community-led outreach, to the development and strengthening of organizations and networks led by men who have sex with men and, consistent with local needs and contexts, to shaping human rights-based policies and creating an enabling environment for a sustainable movement.

This process represents a paradigm shift, away from men who have sex with men being recipients of services and towards the self-determination of communities of men who have sex with men. Community empowerment builds a social movement where the community collectively exercise their rights, are recognized as an authority, and are equal partners in the planning, implementation and monitoring of health services.

1.2.1 Working with communities of men who have sex with men

Community empowerment is a process that takes significant time and effort, especially since in many contexts homosexual identity or behaviour is stigmatized and criminalized. Trust, empathy and respect are important for all partners. Building trust involves treating all men who have sex with men, regardless of HIV serostatus, with dignity and respect, listening to and addressing their concerns, and working with them throughout the process of developing and implementing an intervention.

The meaningful participation of men who have sex with men is essential to building trust and establishing relationships and partnerships that have integrity and are sustainable (see Box 1.4). This may be challenging for service-providers who are more accustomed to establishing the parameters within which services are provided, and prescribing how relationships or partnerships are to be conducted. As men who have sex with men and the organizations they may form become more empowered, there will be greater expectations of power-sharing and power-shifting (see Chapter 6, Section 6.2.5). In the initial stages of community empowerment, men who have sex with men may have less experience in organizing as a group. National, regional and global networks of men who have sex with men are able to provide essential technical assistance and support (see Chapter 6, Section 6.5.1). Allies also have an important role in facilitating meaningful participation of men who have sex with men, by intervening on behalf of men who have sex with men in places and situations in which men who have sex with men have no voice.

Box 1.4

Meaningful participation

Meaningful participation in service delivery and in national policy processes means that men who have sex with men:

- choose how they are represented, and by whom
- choose how they are engaged in the process
- choose whether to participate
- have an equal voice in how partnerships are managed.

Stigma towards men who have sex with men encourages discriminatory civil and criminal laws which perpetuate social and political exclusion. Every aspect of the lives of men who have sex with men is adversely affected by this stigma because it encourages negative attitudes on the part of family, community and policy-makers. Negative societal attitudes about homosexuality may become internalized, resulting in self-hatred and peer stigma (or stigma from within communities of men who have sex with men). All partners should share the responsibility for supporting the shift from disempowerment of men who have sex with men to their empowerment. Especially in countries

where same-sex sexual practices and relationships are criminalized, safeguards need to be built into programmes and partnerships to ensure that men who have sex with men do not face a backlash for organizing, do not fear that identifying themselves as men who have sex with men will lead to blackmail, arrest, harassment or violence, and do not experience further stigmatization from health-care providers.

1.2.2 Fostering programmes led by men who have sex with men

There is a difference between programmes that are done *for* men who have sex with men and those led *by* men who have sex with men. Table 1.2 summarizes these approaches. Programmes that are done *for* men who have sex with men are likely to result in services that are viewed with apprehension and therefore underused. Programmes done *with* or *led by* men who have sex with men are likely to result in earlier service engagement and improved retention in services, yielding better health outcomes.

Initiatives led by men who have sex with men operate under the principle that men who have sex with men are best equipped to help each other learn to protect themselves from risks to their health and safety and from human-rights violations. Men who have sex with men should therefore be the driving force in targeted programmes addressing HIV. It is not enough to consult with them before creating a programme. Rather, programmes should be based on their needs, perceptions and experiences.

This element in the community empowerment process requires service-providers to reflect on how they can move from providing services to men who have sex with men, towards a situation where organizations of men who have sex with men are themselves the employers of service-providers.

Table 1.2 Characteristics of programme approaches

Done for men who have sex with men	Done with or led by men who have sex with men
Prescriptive: Programmes sometimes focus on telling men who have sex with men what to do and how to do it.	**Collaborative:** Programmes listen to men who have sex with men's ideas about what to do and how to do it.
Paternalistic: Often assume that knowledge, skills and power reside with the programme staff and managers and not with community members.	**Participatory:** Honour and actively seek to leverage the knowledge, skills and power that reside with the community of men who have sex with men.
Tokenistic: Involve men who have sex with men in programme implementation mainly as volunteers, not as equal partners.	**Inclusive:** Involve men who have sex with men as equal partners in programme design, implementation and evaluation, more commonly as paid employees working with the community, not for an external organization.
Commodity-oriented: Monitoring mainly focuses on goods and services delivered and targets to be achieved.	**Quality assurance-oriented:** Monitoring mainly focuses on quality, safety, accessibility and acceptability of services and programmes, community engagement, community cohesion and community connectedness, as well as adequacy of service coverage.
Top-down: Focus on building relationships mainly within the health system with health-care providers. Less emphasis on building relationships among groups of men who have sex with men.	**Bottom-up:** Focus on building relationships within communities of men who have sex with men as well as between men who have sex with men and other organizations, service-providers, human-rights institutions and similar groups.

In order to ensure the trust and confidence of men who have sex with men, it is important to also employ health-care workers, HIV service staff, health educators and outreach workers who are themselves men who have sex with men. As service planners and providers, men who have sex with men:

- share a common experience that may decrease internalized stigma and increase self-worth and collective solidarity
- have knowledge about and access to networks and communities of men who have sex with men that can inform sensitive outreach and programme activities.

As service recipients, men who have sex with men:

- are likely to be more comfortable discussing intimate details of their lives with someone who is experienced and knowledgeable about their issues
- are more likely to follow up on referrals to services, adhere to treatment and engage in health-seeking behaviours if they trust the person providing the advice.

However, men who have sex with men should not be limited to these roles in community-led programmes. Rather, they should participate in all other levels of the programme, including decision-making on programme implementation, management, resource mobilization and governance. Capacity-building and mentoring should be a priority to enable them to take up these positions.

1.2.3 Developing cohesive communities

Developing cohesive communities of men who have sex with men will only be successful if the process is initiated and led by men who have sex with men. A common first step is to provide a safe space where men who have sex with men can come together to socialize and discuss issues (see also Chapter 4, Section 4.4.4). This can be an empowering exercise in and of itself (see Box 1.5) and helps men who have sex with men identify common issues and a sense of purpose and connectedness. In addition to protecting the safety and respecting the anonymity and confidentiality of the individuals using safe spaces, establishing a regular schedule of meetings and events is important for building expectations, cohesiveness and a sense of continuity.

Activists and organizers of such spaces and meetings should remember that most individuals who participate will not have an immediate awareness of issues that affect them at the community or country level. New participants may not have a sense of involvement or a desire to participate in activism. Those who use safe spaces should not be expected or pressured to participate in group activities immediately.

Group and community processes start with the individual. Before individuals can feel that they belong to a group, they must have their own needs attended to. In stigmatizing and hostile environments, the most important gains from group interactions for men who have sex with men are feeling listened

to, having the chance to share individual concerns, and knowing that they are not alone. Where possible, concrete needs may also be addressed, especially for men who are in danger, unemployed or without stable housing.

After a group or safe space has addressed individual issues, such as self-acceptance and experiences of societal stigma, discrimination or violence, a typical next step can involve men who have sex with men meeting together more regularly to discuss key topics or issues that affect them individually but that require a group response, such as rejection by the family, discrimination at school or in the workplace, violence, blackmail or harassment; or they may identify common needs such as seeking sexual and romantic partners or places to get evidence-based sexual-health information.

Box 1.5

Bringing men who have sex with men together

- Organize group activities at safe spaces (drop-in centres) based on the interests of the group members.
- Plan activities for special occasions.
- Invite men who have sex with men who are activists or community outreach workers from neighbouring areas to speak at a gathering of local men who have sex with men.
- Facilitate coalition-building with allies.
- Use the Internet to create virtual "safe spaces"

A third step in developing communities is formally establishing an organization. This is covered in detail in Chapter 6, Section 6.5.1. There are multiple paths to community empowerment and the formation of community organizations, given the diversity of political and cultural contexts of men who have sex with men. Organizations and networks have varying developmental trajectories and may function in many different ways. However, it is crucial to note that community-*led* organizations (i.e. those led by men who have sex with men) are not synonymous with generic community-*based* organizations. In community-led organizations, power and decision-making lie in the hands of community members, whereas in a community-based organization power may reside only with some members of the community, or with non-community members who act as administrators. It is the self-determining and self-governing nature of an organization, and its commitment to pursue the goals that its own members have agreed upon, that characterize community-led processes.

Box 1.6

Case example: Community building in Romania

Population Services International in Romania began the programme *I am! You?* by inviting visible and well-connected local men who have sex with men to a series of meetings. Those attending extended social support to one another and shared experiences of discrimination, challenged self-stigma, and discussed health, romantic and sexual relations and social equality. Following these initial discussions, the participants were invited to explore issues that they felt negatively impacted their local lesbian, gay, bisexual and transgender (LGBT) "community", and to brainstorm ideas for activities to address these issues. Several discussion groups were established by local volunteers who participated in the original group. Volunteers received funding and organizational support to design, implement and document small projects addressing issues of concern.

Volunteer teams were then convened for two days to share their projects in a competition. The winning project was awarded funding for a second round to implement the interventions they had designed. Additionally, members of the local groups were trained and given the opportunity to conduct social inclusion and anti-discrimination workshops in local high schools.

By motivating and supporting more influential informal opinion leaders, supporting the groups to carry out small projects of their choosing, and then bringing groups together to build a sense of belonging on a national scale and constructive competition, *I am! You?* laid the foundation for sustainable community-building and empowerment in 10 Romanian cities.

Evaluation baseline and post-intervention questionnaires administered to men who have sex with men nationally showed significant increases in self-reported condom use, HIV testing, HIV knowledge, peer support and interpersonal disclosure of one's sexuality among men exposed to the intervention, compared to men who did not participate.

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1.2.4 Strengthening community systems

Building community is challenging, but maintaining and strengthening it is even more difficult. Organizations and networks of men who have sex with men, like many community-led movements around the world, face significant barriers, including inadequate funding, too few paid staff, diverse and complex needs, political opposition to their existence, competition for resources from within and outside their communities and lack of recognition of the importance of their populations. In most countries, the marginalization and lack of visibility of men who have sex with men within legal, social and economic structures at all levels of society means that their organizations and networks are typically underfunded and undervalued.

When implementing an HIV response, governments, donors, the broader civil-society movement, local organizations and multilateral agencies have a responsibility to provide sustainable support to organizations and networks of men who have sex with men to ensure their capacity. Such support should not be tied to particular donor-driven ideologies that may conflict with the needs and priorities determined by the community. This risk can be mitigated—and more productive funding strategies negotiated—if a community empowerment process is pursued.

A strong community-led organization is characterized by vibrant membership, increasing ability to responsibly manage finances, greater political power and wider social engagement. For example, a well-functioning, community-led organization or network is:

- participatory in the approaches it takes
- accountable to its core constituency
- able to respond to and communicate with constituents quickly
- well-connected with policy-makers and donors
- transparent, with well-articulated ways for constituents to be involved
- analytical—able to understand the impact of bad policies
- flexible and adaptable—able to change with shifts in the policy landscape
- financially stable, organizationally strong and well-managed
- influential—able to foster change.

In 2009, the Global Fund to Fight AIDS, Tuberculosis and Malaria introduced the concept of community systems strengthening to its model. It actively encourages applicant countries to budget and plan for interventions that engage systematically in community mobilization, community-led service delivery and strengthening accountability, in order to increase the scale and impact of responses to disease at the population level. The six core components of the Global Fund's community systems strengthening framework are summarized in Box 1.7, with cross-references to the parts of this tool that cover these components.

Box 1.7

The community systems strengthening framework: six core components of community systems

1. **Enabling environments and advocacy** – including community engagement and advocacy for improving the policy, legal and governance environments, and for affecting the social determinants of health (Section 1.2.6).
2. **Community networks, linkages, partnerships and coordination** – enabling effective activities, service delivery and advocacy, maximizing resources and impacts, and coordinated, collaborative working relationships (Chapter 4, Section 4.4 and Chapter 6, Sections 6.5.1 and 6.5.7).
3. **Resources and capacity-building** – including human resources with appropriate personal, technical and organizational capacities; financing (including operational and core funding); and material resources (infrastructure, information and essential commodities, including medical and other products and technologies) (Chapter 6, Sections 6.2.8, 6.4, 6.5.2–6.5.7).
4. **Community activities and service delivery** – accessible to all who need them, evidence-informed and based on community assessments of resources and needs (all chapters).
5. **Organizational and leadership strengthening** – including management, accountability and leadership for organizations and community systems (Chapter 6, Section 6.5.2).
6. **Monitoring and evaluation (M&E) and planning** – including M&E systems, situation assessment, evidence-building and research, learning, planning and knowledge management (Section 1.3 and Chapter 6, Section 6.2) .

When each of these components is strengthened and functioning well, they will contribute to:

- improved outcomes for health and well-being
- respect for people's health and other rights
- social and financial risk protection
- improved responsiveness and effectiveness of interventions by communities
- improved responsiveness and effectiveness of interventions by health, social support, education and other services.

In strengthening community systems, it is important to invest time and resources in building leadership among men who have sex with men through mentorship and by involving them in:

- trainings
- conferences
- project design, implementation, evaluation, research, reporting and fundraising activities
- the wider LGBT rights movement.

It is also essential to develop the organizational skills and capabilities of community members, including those of young men who have sex with men. This may involve enhancing the M&E, business and management skills of members. Peer-to-peer mentorship and coaching may assist with the process.

Developing a wider base of skills and leadership can help ensure the sustainability of organizations of men who have sex with men in the face of changing donor funding or policy environments at the country and local levels.[4]

1.2.5 Promoting a human-rights framework

2014 Key Populations Consolidated Guidelines: Law and Policy

Laws, policies and practices should be reviewed and, where necessary, revised by policy-makers and government leaders, with meaningful engagement of stakeholders from key population groups, to allow and support the implementation and scale-up of health-care services for key populations. *(p.91)*

Countries should work towards implementing and enforcing antidiscrimination and protective laws, derived from human-rights standards, to eliminate stigma, discrimination and violence against people from key populations. *(p.96)*

Countries should work toward developing policies and laws that decriminalize same-sex behaviours. *(p.91)*

Countries should work toward developing non-custodial alternatives to incarceration for drug users, sex workers and people who engage in same-sex activity. *(p.94)*

It is important that countries secure political commitment, with appropriate investment in advocacy and adequate financial resources for HIV-related key population programmes and health services. *(p.95)*

Promoting and protecting the human rights of men who have sex with men is central to all community empowerment processes. The 2014 Key Populations Consolidated Guidelines specifically address the

4 See also the policy brief on Community systems strengthening and the HIV response: http://www.stopaidsnow.org/sites/stopaidsnow.org/files/filemanager/General_Policy_Brief_CommunitySystemStrengthening-SAA.pdf and the web page of the International Council of AIDS Service Organizations (ICASO) containing resources on community systems strengthening: http://www.icaso.org/community-systems-strengthening

human rights of men who have sex with men. Two further documents also contribute fundamentally to understanding the human rights of men who have sex with men, including in relation to HIV.

The report of the Global Commission on HIV and the Law, *Risks, Rights & Health*, published by the United Nations Development Programme in 2012, notes that laws in many countries, rather than providing protection, frequently make men who have sex with men and other key affected populations more vulnerable to HIV. Eighty-three countries—mainly with governments influenced by conservative interpretations of religion—make same-sex sexual activity a criminal offence, with penalties ranging from whipping to execution.[5] Among its recommendations, the report calls for governments, civil society and international bodies to:

- outlaw all forms of discrimination and violence directed against those who are vulnerable to or living with HIV
- repeal punitive laws and enact laws that facilitate and enable the effective responses to HIV, including access to services for all who need them
- decriminalize private and consensual adult sexual behaviours, including same-sex sexual acts and voluntary sex work.

The *Yogyakarta Principles: Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity* (2007) were developed by human-rights jurists and scholars. They are intended to help interpret human-rights treaties by applying international human-rights legal standards to address violation of the human rights of lesbian, gay, bisexual and transgender people. There are 29 principles along with recommendations to governments, regional intergovernmental institutions, civil society and the United Nations.

Challenging stigma and discrimination, mobilizing support, educating community members on the universality of human rights and changing the attitudes of the wider community are activities that test the most robust of organizations and networks. The strength of community-led organizations, mobilization efforts and alliances is crucial to promoting a human-rights framework. Law-enforcement authorities must be involved in the promotion and protection of the human rights of men who have sex with men, and programmes to create enabling legal and policy environments, including training of law-enforcement officers, judges and parliamentarians, should be funded and supported (see Chapter 2, Sections 2.2.2 and 2.2.3).

In many social and political contexts, men who have sex with men face stigma, discrimination, blackmail, violence and criminalization. Despite these challenges, it remains both necessary and feasible to deliver HIV services in ways that protect the safety, confidentiality and well-being of men who have sex with men. Service-providers have an ethical obligation to serve men who have sex with men impartially and equitably and to prevent human-rights violations when they can. Access to health is a human right. Empowered communities play a key role in demanding and monitoring high-quality, accessible, acceptable, affordable and safe services. For more information, see Chapter 2, especially Sections 2.2.1 and 2.2.5.

5 Based on the list of countries and political entities with criminal laws against sex between males compiled by the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA), May 2014.

1.2.6 Shaping policy and creating enabling environments through advocacy

Community empowerment processes reach beyond the community to influence policy and create enabling environments through advocacy. Advocacy is how rights are realized and respected and is the consequence of empowered communities. It involves community organizing, educating policy-makers, raising public awareness, documenting the lived experiences of community members, training, demonstrations, litigation and lobbying. Advocacy can use communications strategies including mainstream media and Internet-based communications technologies to issue public statements or raise awareness (see Chapter 5, Section 5.4).

Advocacy can result in substantive changes in law, policies, funding, treatment costs and HIV service access. For example, communities can influence:

- HIV programmes to affirm and promote the universality of human rights for men who have sex with men, including their rights to health, dignity and lives free from violence, discrimination and stigma. Programmes should also design and implement "Know Your Rights" campaigns to raise awareness among men who have sex with men. (For details on addressing violence, see Chapter 2.)
- national strategic health plans to recognize the heightened HIV risk and vulnerability of men who have sex with men and to ensure that integrated, high-quality health services are safe, available, affordable, acceptable and accessible for them. Where pre-exposure prophylaxis (PrEP) is not available, this may include advocacy for its provision as an HIV prevention option, while also safeguarding the availability of treatment to those who are already living with HIV (see Chapter 4, Section 4.2.7, Part E).
- health professionals, including HIV service-providers, through regular training and sensitization to the needs of men who have sex with men, including training on human sexuality, informed consent, confidentiality and the ethical obligations of health professionals to deliver care.
- economic security of men who have sex with men, by providing opportunities for stable housing and employment. Economic security is undermined by violence, stigma, discrimination and consequent mobility; this may be particularly true for young, poor, ethnic-minority, trans-identified and HIV positive men who have sex with men (see also Chapter 2).
- access to education for men who have sex with men (many are denied education because of bullying or lack of support from educational systems).
- donor organizations to fund organizational development by making the case for the importance of community empowerment and strengthened organizations led by men who have sex with men (see Chapter 6).

Advocacy designed to influence law and policy must consider the safety and security of community members. This includes protecting the confidentiality of individuals and data collected for advocacy purposes. Programmes serving men who have sex with men in criminalized settings should have safety and security protocols in place to respond quickly to violence, blackmail or arbitrary arrests.

The Robert Carr Civil Society Networks Fund (RCNF)

Launched in Washington, DC, USA in July 2012, RCNF aims to support civil-society networks in addressing critical factors for scaling up access to HIV prevention, treatment, care and support and to protect the rights of inadequately served populations across the world.

http://www.robertcarrfund.org/

1.2.7 Adapting to local needs and contexts

Men who have sex with men are not a monolithic group. They live, work and play in diverse legal, political, social and health environments and identify themselves in many ways or none (see Box 1.1). As a result of this diversity, different communities of men who have sex with men have varying needs and challenges that may be addressed through community empowerment initiatives. HIV programmes need to be sensitive to the diversity that exists among men who have sex with men. Flexibility, responsiveness and adaptability are essential in implementing community empowerment initiatives. Intervention goals need to be aligned with and address the needs of men who have sex with men, even if these change over time.

Box 1.8

Case example: Islam, sexual diversity and access to health services

At the 10th International Congress on AIDS in Asia and the Pacific in Busan, South Korea in 2011, a Faith and Sexuality Working Group, formed by the Asia Pacific Coalition on Male Sexual Health (APCOM) and consisting of representatives from faith-based organizations and men who have sex with men, discussed faith, sexual diversity, the impact of stigma and discrimination, and access to health. The group formulated context-specific strategies to address discrimination and human-rights concerns in Muslim contexts. Recommendations were published by APCOM and launched at a session on HIV programming in Islamic contexts at the 7th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention in Kuala Lumpur, Malaysia, in 2013.

See http://www.apcom.org/printpdf/18952

1.2.8 Supporting community mobilization and sustaining social movements

Community mobilization is intricately linked to community empowerment. Community mobilization is the process by which men who have sex with men use their knowledge, strengths and competencies to address shared concerns through collective action. Community mobilization efforts should be seen as legitimate structural-level or social interventions by HIV advocates, policy-makers and donors because they alter the power relations between marginalized and dominant groups that can in turn lead to important legal and policy changes. Community mobilization involves:

- raising consciousness among men who have sex with men about their rights and strategies for demanding them
- engaging in advocacy with stakeholders, including policy-makers and donors
- identifying barriers to and facilitators of HIV service access (e.g. availability of condoms, lubricants, antiretroviral therapy)
- reducing health risks, including sexual-health risks, and promoting health-seeking behaviours
- extending mutual, peer-led support in coping with and challenging stigma, discrimination and violence
- responding to human-rights crises and incidence of violence and acting to deter future incidents
- developing leadership with a focus on engaging younger men who have sex with men who might subsequently take on management roles within organizations serving men who have sex with men
- monitoring and educating media in their coverage of issues related to HIV and men who have sex with men
- facilitating activities to enhance networking and information exchange
- monitoring funding trends and the enactment of policies.

When communities of men who have sex with men are mobilized over time and across geographic areas, they form movements. To sustain themselves, movements of men who have sex with men should operate in solidarity with other social movements, particularly those that also advocate for human rights. This may include international LGBT movements, youth movements, women's rights movements and movements of other key populations with similar experiences of social exclusion, such as sex workers, people who use drugs, and transgender people, some of whom are men who have sex with men. Organizations led by and working on behalf of men who have sex with men should also be linked with organizations and networks of people living with HIV. Collaboration between movements strengthens the collective response and ensures that communities are at the centre of that response.

Community advocates should be viewed as respected partners in policy-making, regardless of the legal status of sex between males. That said, it is unreasonable to expect any group to grow from a small collection of individuals to a movement whose members actively contribute to the national HIV response unless it receives sustained support. It is therefore essential that development partners working in low- and middle-income countries, governments and other stakeholders actively support the sustainability of programmes, organizations, networks and movements led by men who have sex with men.

B-Change

B-Change is a social enterprise group whose mission is to promote social change through the use of Internet-based technologies. It accomplishes this by designing and sharing digital ideas that stimulate real-world action. It works with community groups to design their own tech-based programs for HIV prevention, care, treatment and support.

http://www.b-change.org/

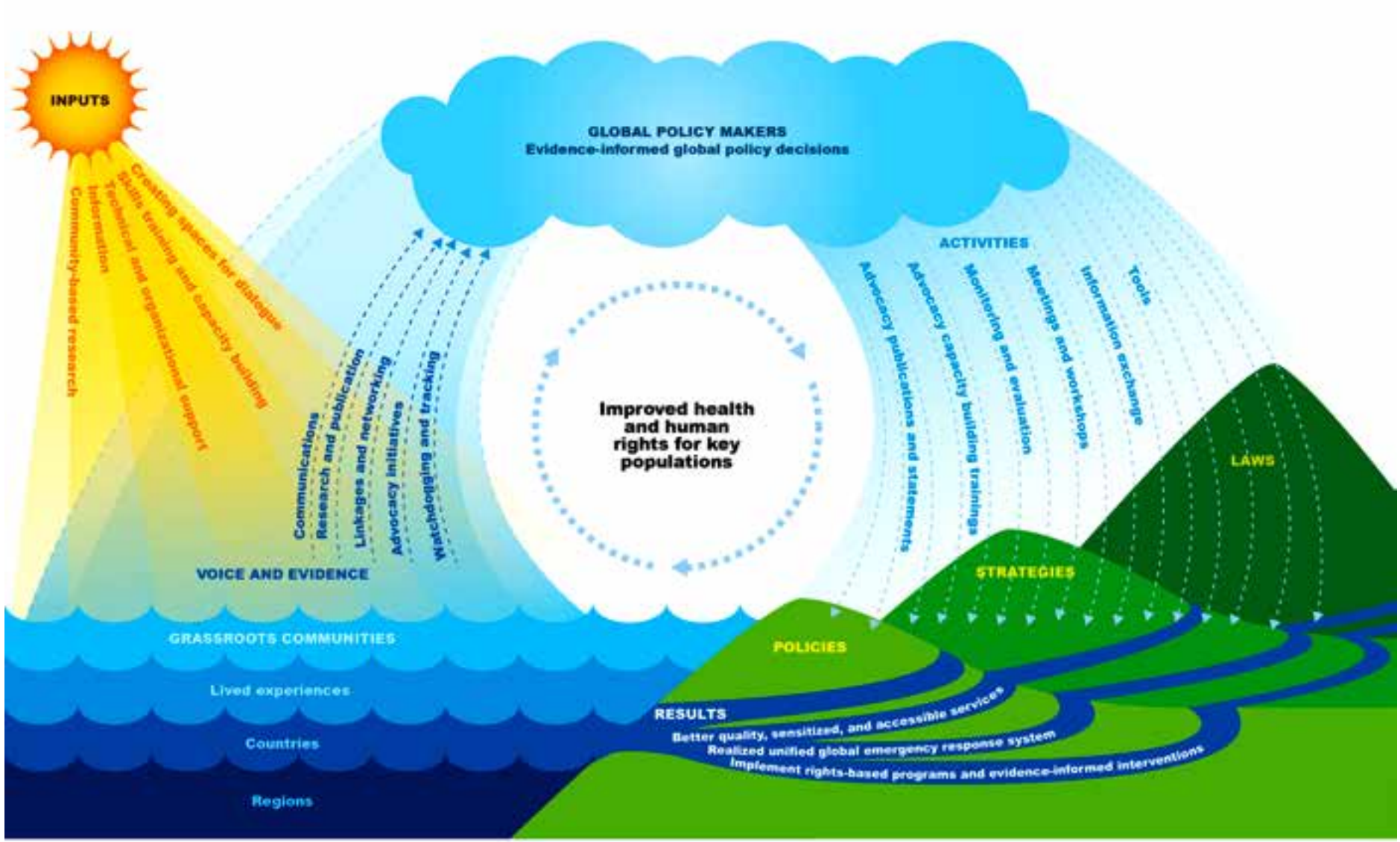
1.3 Monitoring progress

In a programme based on community empowerment, monitoring and evaluation should not only include services provided and health outcomes achieved, but should also attempt to monitor and evaluate whether and to what extent the community empowerment process is occurring. Frequently, programme indicators measure quantitative outputs, such as individuals contacted and condoms distributed, rather than documenting organizational progress and social inclusion.

Short- and long-term objectives and goals should be established to specifically address the community empowerment process. As an example, monitoring community empowerment in relation to HIV prevention, treatment, care and support and health services would measure the involvement of men who have sex with men in each of the following: how services are run, quality assurance, funding allocations, training of health personnel to address stigma, and advocacy to address discrimination.

Monitoring progress towards community empowerment requires early and methodical planning. Community-led programmes and organizations should consider partnering with trusted evaluators or researchers who are knowledgeable about organizational development processes and structural or social interventions and experienced in measuring them. Advocates should also consider developing theories of change or using logic models or log frames to evaluate their processes and intended outcomes (see Figure 1.2).

Figure 1.2 A theory of change for advocacy focused on the health and human rights of key populations



Source: Global action with local impact: why advocacy matters. Global Forum on MSM & HIV (MSMGF) in partnership with the Global Network of People Living with HIV (GNP+), the International Network of People Who Use Drugs (INPUD), the Global Network of Sex Work Projects (NSWP) and the International Treatment Preparedness Coalition (INPC); 2014.

Indicators for monitoring community empowerment should be selected with care to ensure that they are appropriate for the national context. Table 1.3 describes some approaches.

Table 1.3 Monitoring indicators for empowerment of men who have sex with men

Level	Empowerment activities	Empowerment indicators
Central	• Work to decriminalize same-sex sexual behaviour • Strengthen and expand rights networks to promote the rights of men who have sex with men at a global level • Prioritize and invest in community-led HIV prevention approaches • Include men who have sex with men in policy, programming and funding decisions	• Inclusion of MSM movement in national policies and programmes • Amount of funding allocated to programmes led by men who have sex with men • Inclusion of groups led by men who have sex with men in policy-making on such issues as HIV prevention • Recognition of organizations led by men who have sex with men at the national level
State/ provincial level **District/ county level**	• Incorporate participation of men who have sex with men in formation of local/district/state-level policies and programmes • Train health-care providers, police and social-service agencies in rights and needs of men who have sex with men • Involve men who have sex with men in planning, implementation and delivery of health, legal and social services	• Inclusion of MSM movement in state/district policies and programmes • Number of health-care providers, police and social-service agents trained in rights and needs of men who have sex with men • Level of involvement of men who have sex with men in service design and delivery, including health care, legal services and social services • Changes in attitudes and practices of health-care providers, police and social service agents towards men who have sex with men • Changes in degree of discrimination perceived by men who have sex with men from health-care providers, police and social-service agents
Municipality/ sub-municipality	• Raise wider community's awareness of rights of men who have sex with men • Forge relationships with organizations led by men who have sex with men and other community groups	• Level of participation of men who have sex with men in public life (i.e. public office) • Degree of social acceptance of men who have sex with men by members of the general community • Number of outside organizations that report contact and partnering with organizations led by men who have sex with men
Frontline worker	• Create safe communal spaces (physical and virtual) • Identify common priorities, needs and goals • Establish and sustain organizations led by men who have sex with men • Hold meetings, marches and rallies for rights of men who have sex with men, to the extent the legal context allows • Train legal advocates to document and challenge human-rights violations	• Number of safe spaces created • Percentage of men who have sex with men who report reduced self-stigma • Degree of social cohesion among groups of men who have sex with men • Number of organizations/groups led by men who have sex with men established • Number of meetings, marches or rallies held to promote rights of men who have sex with men • Percentage of men who have sex with men who report participation in an organization/group of men who have sex with men • Number of men who have sex with men trained as legal advocates • Documentation of human-rights violations

While community empowerment, mobilization and movement-building are increasingly acknowledged as important interventions in the HIV response at national, regional and global levels, few studies have investigated how these interventions contribute to improving conditions for men who have sex with men, including improved HIV outcomes. A 2013 study in Andhra Pradesh state, India, assessed community mobilization using indices that measure collective efficacy, collective agency and collective action. It also measured participation in public events among men who have sex with men at the risk of being "outed" (identified as homosexual). The study found strong positive relationships between community mobilization on the one hand and consistent condom use and use of government health facilities among men who have sex with men at high risk for HIV infection.[6] Inspired by this study, Table 1.4 presents some additional domains to consider when supporting and monitoring community empowerment.

Table 1.4 Empowerment and mobilization domains and their measures

Domain	Definition	Measure *(individual items when asked together make a scale)*
Collective efficacy	A community's belief in its power to work together to bring about positive change.	How confident are you that your community can work together to: keep each other safe from harm; increase condom use; speak up for your rights; improve your lives?
Collective agency	The choice, control and power communities have to act for themselves to claim their rights and to hold others accountable for their rights.	How often in the past XX months have you negotiated with or stood up against: police; neighbours, family members, friends, co-workers, employers—in order to help other men who have sex with men?
Collective action	Strategic and organized activities by mobilized community members to increase the community's visibility in wider society and present or enact its agenda for change (e.g. through rallies, demonstrations or meetings with stakeholders).	Did your group or organization come together to demand: equitable access to HIV services; introduction of PrEP; lower HIV drug pricing; decriminalization of same-sex behaviours or relationships; legal protections against violence; services that are more sensitive to the needs of men who have sex with men; improved funding for community-led services; inclusion in national AIDS planning processes?
Participation in public events	Participation in public events.	In the past 6 months, how often did you participate in: a public rally; demonstration; meeting with policy-makers; consultation; marches or parades; health fairs—at the risk of revealing that you are a man who has sex with other men?

6 Saggurti N, Mishra RM, Proddutoor L, Tucker S, Kovvali D, Parimi P, et al. Community collectivization and its association with consistent condom use and STI treatment-seeking behavior among female sex workers and high-risk men who have sex with men/transgenders in Andhra Pradesh, India. AIDS Care. 2013;25(1):55–66.

1.4 Resources and further reading

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