COMMUNITY MOBILIZATION

E-TUTORIAL

Duration: 1 hour

INTRODUCTION

LESSON 1: WHAT IS COMMUNITY MOBILIZATION?

   a) **Definition**
   b) **How does it work?**
   c) **What does it achieve?**
   d) **Challenges**
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LESSON 2: WHY INVEST IN COMMUNITY MOBILIZATION?

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LESSON 3: THE INDIAN STORY: Karnataka Health Promotion Trust and Project "Sankalp"

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CONCLUSION

INTRODUCTION

A rapidly growing number of most vulnerable communities with the highest HIV prevalence are demonstrating that they can successfully lead efforts to develop and implement solutions to improve the health of those infected by HIV, reduce new infections besides addressing underlying causes of their vulnerability. Just as important, they are also actively engaged in building civil society by strengthening their capacity to achieve and sustain positive health and other development results. To achieve these results, HIV/AIDS programs are using community mobilization as a primary strategy, expanding their efforts to reach multiple districts and even the national scale.

Some donors and policymakers who do not have experience with the transformational power of community mobilization are sceptical of the process, confused by the range of definitions and approaches, and they have raised a number of legitimate concerns: community mobilization is too messy; takes too long; is too time intensive; costs too much; and cannot achieve large-scale impact.

Present evidence from the field proves that community mobilization can be used as part of broader national program to achieve the goal of halting and reversing the epidemic of HIV/AIDS. To achieve high-quality, sustainable programming on a large scale community mobilization can be used as a strategy together with other complementary program strategies (mass media, services strengthening, and policy advocacy) rather than on its own. It can be done most effectively when it is integrated into a broader national health plan where there is political, financial and technical commitment and support; when there is a clear vision and implementation strategy that respects and builds on local structures, relationships and resources.

The long term goal of any community mobilization process is beyond addressing an epidemic. A mobilization process usually happens with marginalized/vulnerable communities and in this context it includes the Female Sex Workers and Men who have Sex with Men. Therefore, mobilization addresses vulnerabilities of communities which makes them self reliant and confident to take responsibilities for their lives and question power structures that constantly reinforce their vulnerabilities.

This e-tutorial will describe how community mobilization when inducted into a broader health strategy has served to contribute in reduction of risk and vulnerability in high risk groups. The concept of risk and vulnerability and their interrelation and relevance to HIV prevention forms the basis of community mobilization process.

LESSON 1

WHAT IS COMMUNITY MOBILIZATION

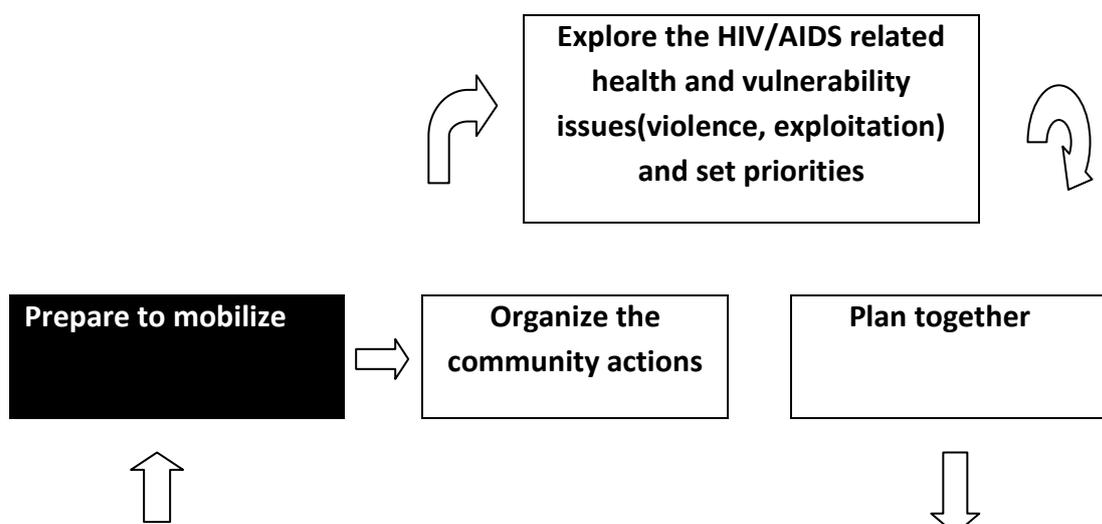**Definition of Community Mobilization:**

It is a capacity building process through which community members, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to reduce the HIV prevalence besides improving other conditions, either on their own initiative or stimulated by others. It involves important processes like raising community awareness and building commitment, giving the citizens opportunity to explore their current beliefs, attitudes, and practices, setting priorities, planning how best to meet their challenges, implement their plans and monitor their progress and evaluating results.

Community mobilisation of a key population is seen as a means to reduce its vulnerabilities to HIV. It is a process where individual attitudes and beliefs, capabilities and critical consciousness produce collective action resulting in positive transformation. Collective agency can result in strong community based organisations and networks that empower the key population to challenge power structures and create enabling environment to access their rights.

> Community mobilization incorporates values and principles that empower people to develop and implement their own solutions to health and other challenges.
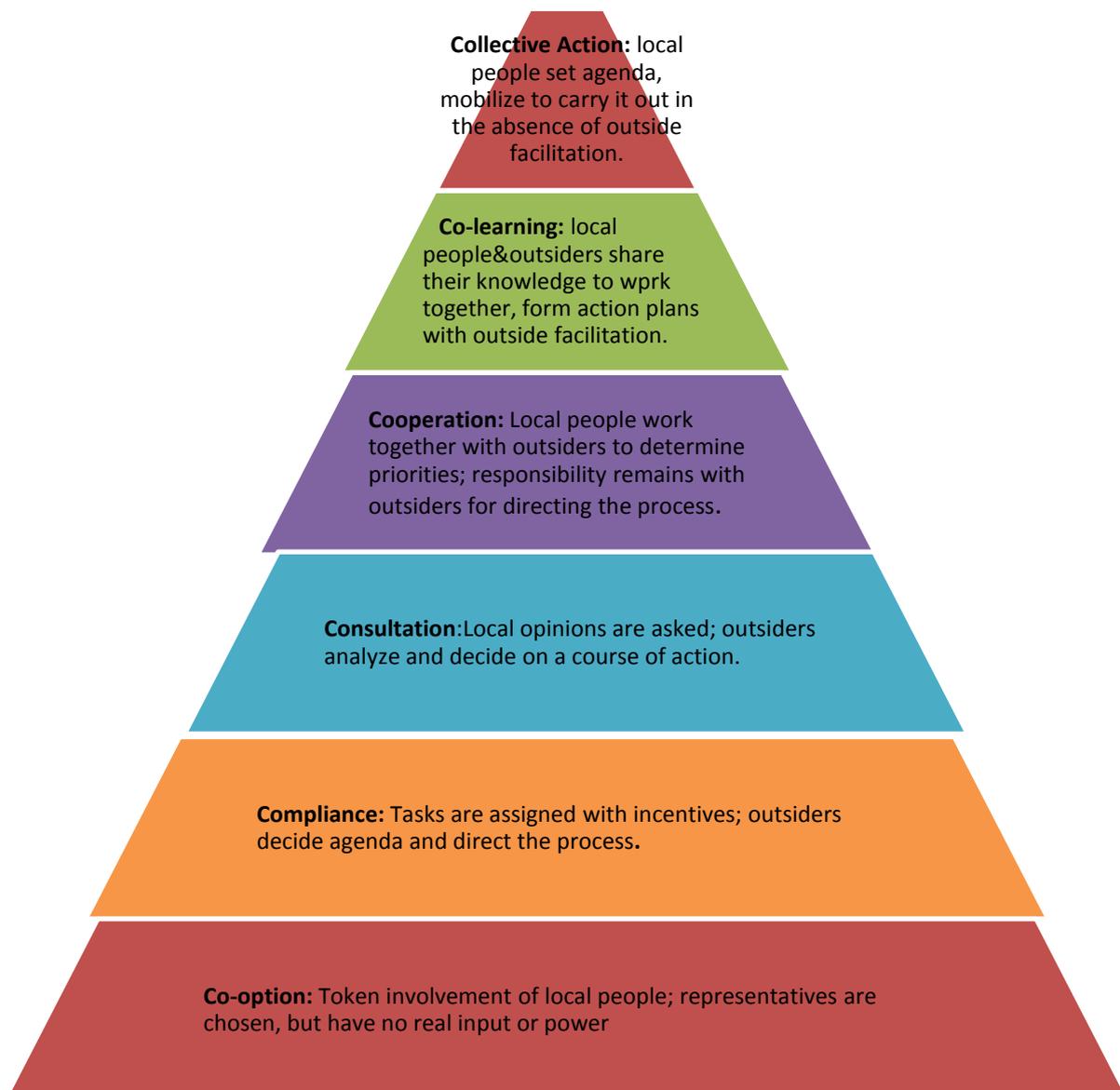
How does community mobilization work?

THE COMMUNITY ACTION CYCLE

Prepare to scale up	⇐	Evaluate together	⇐	Act together
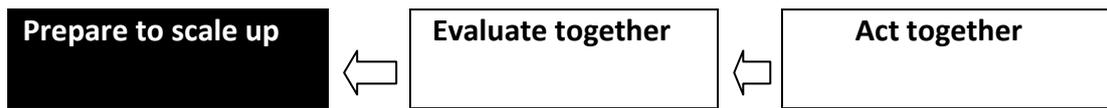
* Action by Community Mobilization Action Team

Community Action Cycle is a summary of all the activities of the community in the comprehensive strategy.Community members are involved from the very beginning and throughout the Community Action Cycle while other individuals and organizations from inside and outside the community who may provide technical and resource support are invited to participate at appropriate points along the way.

Collective Action: local people set agenda, mobilize to carry it out in the absence of outside facilitation.

Co-learning: local people&outsiders share their knowledge to wprk together, form action plans with outside facilitation.

Cooperation: Local people work together with outsiders to determine priorities; responsibility remains with outsiders for directing the process.

Consultation: Local opinions are asked; outsiders analyze and decide on a course of action.

Compliance: Tasks are assigned with incentives; outsiders decide agenda and direct the process**.**

Co-option: Token involvement of local people; representatives are chosen, but have no real input or power

DEGREES OF COMMUNITY PARTICIPATION AND ITS IMPACT ON COMMUNITY OWNERSHIP & SUSTAINIBILITY

What does community mobilization achieve?

When carried out at the higher levels of participation, community mobilization:

✓ Builds on social networks to spread support, commitment, and changes in social norms and behaviours.
✓ Builds local capacity to identify and address community needs.
✓ Through strengthening capacity, helps to shift the balance of power so that the community gains a voice in decision making, increased access to information and services while addressing many of the underlying social causes of their vulnerability (discrimination, poverty, low self-esteem and self –efficacy, low social status, violence etc).
✓ Mobilizes local and external resources to address the issue and establishes coordination and monitoring systems to ensure transparency, accountability, and effective management of these resources.
✓ Motivates communities to advocate for policy changes to respond better to their real needs.
✓ Plays a key role in linking communities to HIV related health services, helping to define, improve on, and monitor quality of care from the joint perspectives of community members and service providers, thereby improving availability of, access to, and satisfaction with health services.

Challenges in community mobilization

➢ Often Community Mobilization process is designed only to address HIV or program issues rather than exploring community needs and priorities and it is for this reason that usually the process loses its steam half way through.
➢ Programs that carry out all of the community mobilization steps but do not embrace its values and principles will not empower communities to achieve lasting results. They may also run the risk of setting poor precedents that leave communities feeling co-opted, manipulated, and reluctant to work with external organizations in the future.
➢ When communities do not develop the skills necessary to leverage their own resources, the problem arises when the external support comes to an end and citizens refuse to work on their own because future programs cannot or will not meet the established expectations.
➢ It is a challenge to develop/adapt and document in a user-friendly way a methodology that any facilitator can pick and use, manuals that serve to provide guidance on how to facilitate each phase of the action cycle.

Indicators to measure the success/failure of community mobilization program: Community mobilization is successful in a HIV program when two things are accomplished:

➢ When a community achieves its goal of reducing new HIV infections and ensures treatment, care and support to those infected, and
➢ When a community strengthens its capacity to identify and address its needs including and beyond HIV and AIDS.
➢ When a community is able to address collectively vulnerability issues, demand rights and be included in state level policies and schemes in the long run.

Through their participation in the process, communities establish necessary organizational structures and relationships, and people develop their knowledge, skills, social support networks, and ability to access and manage resources, which help them to sustain health improvements and improve other aspects of their lives.

Measuring community capacity to sustain HIV related programs and successfully address other issues important to the community is an important indicator to measure the success/failure of community mobilization strategy. In AIDS program systematic measurements have been done in community capacity resulting from community mobilization approaches.

For example, important indicators programs have reported included more **equitable participation of community in decision-making; increased linkages** and **coordination with social services; better ability to leverage** and **manage local and external resources; increased CBO participation in networks** and **coalitions around specific issues to influence policies** and **resource allocation; greater leadership;** and **improved ability to plan, implement, monitor** and **evaluate collective action.**

LESSON 2

WHY INVEST IN COMMUNITY MOBILIZATION

THE BENEFITS

There are three major reasons why community mobilization is an indispensable strategy in a program. The benefits are:

1. To raise awareness and foster commitment
2. To address the underlying causes of inequitable access and care
3. To strengthen community capacity

TO RAISE AWARENESS AND FOSTER COMMITMENT

When community mobilization is implemented effectively, it raises people's awareness of their needs, and it presents an opportunity to achieve a goal that is of clear benefit to the community. When the goal (in this case, reducing HIV prevalence in the community and ensuring care, support and treatment for those who are infected) resonates with people and they are offered the opportunity to address it in a meaningful way, they become engaged.

TO ADDRESS THE UNDERLYING CAUSES OF INEQUITABLE ACCESS AND CARE

Often high HIV/AIDS prevalence in a community of high risk group is the result of physical, social, cultural and political factors much beyond an individual's control. Beneath these factors we often find discrimination, power imbalances, and marginalization of vulnerable communities (including female sex workers, men who have sex with men and injecting drug users) that contribute directly and indirectly by limiting access to information and services. Community mobilization aims to address these underlying issues through collective consciousness and action. Communities that previously recognized the need to address the issue but felt helpless to do anything on their own, gain strength in the knowledge that they are not alone and that there is something they can do.

As community members build their understanding, increase their skills, and develop relationships with men, community leaders, and organizations, they often become more valued and respected in the community, and they start to play a more active role in the community decision-making process, inserting HIV/AIDS related concern into the agenda of the group and inviting other members to help support their goal. As they gain access to decision-making processes, their status and value in their homes and community increase, and the very power imbalances that underlie their ability to access information, services and other resources become more equitable, enabling them to better identify and meet their needs.

TO STRENGTHEN COMMUNITY CAPACITY

Strengthening HIV related services component is not sufficient for sustained impact unless equal focus is given to strengthen the capacity of the community to sustain themselves on addressing HIV prevention, care, support and referrals. It is an assumption that if adequate services are available and the community knows about it, community will use them. However, there are many factors that

determine if the community will make use of a particular service: physical access (distance, availability of transport), community and social norms and beliefs, economic access, quality of care and so on.

COMMUNITY MOBILIZATION IN HIV/AIDS PROGRAM :

<mark>**The added value of community mobilization in the context of reducing HIV risk and vulnerability among communities of female sex workers and men who have sex with men.**</mark>

Relevance of community mobilization: Community mobilization in an HIV/AIDS program serves to empower communities of the high risk groups (Female Sex Worker, Men who have Sex with Men, Injecting Drug Users and others) reduce the incidence and burden of HIV/AIDS and help in assertion of their rights and dignity. This new social order will reduce the community's vulnerability to HIV/AIDS while providing access to entitlements through a rights-based approach.

It has become increasingly clear that effective community mobilisation is the way for long term sustainability of current initiatives. Studies have shown that FSWs who have been mobilized and are part of collectives are more knowledgeable with respect to important aspects of HIV/ AIDS risk and adopt safer sex practices; particularly increased condom use compared to FSWs who have no contact with HIV prevention efforts or who have been reached only by the traditional peer education approaches.[1] The approach can equip the Female Sex Workers to fight HIV/AIDS while reducing related vulnerabilities defined by the community members as violence, poverty, stigma, ill health and lack of access to services and entitlements.

Strategies and activities: Mobilization processes include **capacity building** (around programmatic as well as non programmatic),**sensitization and reflection among community members**, **building collectives from the grass root level**, **formation of community based organizations** (CBOs), **building community leaders**, **enhancing governance and management practices within CBOs** in order to make them independent and self sustained.

Challenges: The community faces certain challenges in enhancing and sustaining community mobilization processes. **Sincerity of purpose** with the interest of the community at the centre is a challenge besides maintaining **transparency** and **accountability**. **Building a strong leadership** in the community; **building team spirit and trust** among the MSM and FSW community are challenges that need to be addressed to bring about **intra-group support structures**.

Community mobilization **requires time**, **investment**, **close mentoring** and intensive **capacity building** which are **not cheap**.

Expected outcome of community mobilization: Community mobilization in this context aims to result in the **formation of strong community based organizations** (CBOs) and **networks** that will bring about **community empowerment** and allow them to **challenge their power structures** and **create an enabling environment** so that they can **access health and social rights**. The formation of CBOs is key in **HIV prevention** and as a strategy for behaviour change but most of all, it offers an

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[1] The Role Of Collectives In STI and HIV/AIDS Prevention Among Female Sex Workers in Karnataka, India, S. S. Halli et al, Oct 2006.

opportunity to work with marginalized communities to help them work together to **fight against discrimination**, **gain power** and **claim their rights**.

LESSON 3

THE INDIAN STORY

Community Mobilization for Female Sex Workers in Karnataka, India

A SUCCESS STORY IN INDIA: A KARNATAKA HEALTH PROMOTION TRUST INITIATIVE
Karnataka Health Promotion Trust adopted community mobilization of female sex workers in Karnataka and India as a key strategy to reduce their vulnerability and achieve a reduction in HIV/AIDS so that they can collectively challenge the power structures that cause their marginalization. Its project called **Sankalp** (launched in December 2003) implemented in the high prevalence districts of Karnataka state in India, funded by the India AIDS Initiative **Avahan** of the Bill and Melinda Gates Foundation was based on the core belief of community mobilization resulting in community ownership of the program. Launched as the first scaled up targeted intervention project for sex workers, MSM and transgender population in Karnataka state, it achieved to reduce STI, transmission of HIV and increase condom use among sex workers and MSM. The project was successful in addressing critical social issues that heighten the vulnerability of high-risk groups, including stigma and discrimination, violence and harassment, and exclusion from social entitlements. **Sankalp** facilitated formation of community groups of sex workers, MSM and transgender to bolster solidarity within the community.

THE ADDED VALUE OF COMMUNITY MOBILIZATION ALONG THE PATHWAY TO COMMUNITY PARTICIPATION AND COMMUNITY ACTION AMONG FSWs (2004-10)	
STEP ALONG THE PATHWAY	**EXAMPLES OF WHAT COMMUNITY MOBILIZATION HAS CONTRIBUTED**
Perception on sex work	Sex work was considered as bad work. Gradually, sex work came to be accepted as livelihood. In the final stages of community mobilization process, sex work began to be treated like any other profession.
Critical analysis of risks and vulnerabilities	Sex workers were not aware of their situations initially- risks, vulnerabilities and denial. In the next stage they identified the causes and understood the need to challenge risks collectively but no collective movement was in place. With the help from an external agency, the sex workers began to articulate the process of marginalization. In the later stage org f community mobilization 80% of community became aware of the situation and recognized the need for collectivization with a clear vision and goal to challenge the

	risks and vulnerabilities.
Addressing immediate issues & Collective Action	Immediate issues of community like harassment and violence were ignored and not addressed at the initial stage whereby individual issues were being addressed by the individual alone. After community mobilization efforts, individual issues began to be acknowledged and addressed with support from NGO. The community started registering the cases with legal authorities. In the next stage individual issues were collectively discussed along with how to have a system in place to address them. Community was mobilized for collective action. Mechanisms for addressing issues were put in place like the crisis management cell. Issues began to be addressed on a 24-hour response system. 80% of crisis began to be registered and 80% of these registered cases got addressed.
Accessing and managing project services & Collective Action	Peers/NGOs were providing services and condoms with community not aware of project services. With community mobilization efforts, community became fully aware of the project services but only50% of them accessed services from project directly and still relied on peers for condoms and services. NGOs still played the lead role. Community started sharing responsibilities with NGOs and few CBOs started providing services with the support from NGOs. In time 50% of CBOs started to directly implement the project services. CBOs started to manage the services independently supported by the project directly. In the final stages regular supply of condoms began to be ensured by the government or the project. Consistent government support for HIV program.
Participation , Membership & Governance	Initially only the peers were participating in one or the other collective action. With community mobilization efforts, peers were joined by volunteers and various committee members in one or the other collective action. In due time 30% of community members through formal or informal structures participated in one or the other collective action along with the peers, volunteers and various committee members. The percentage of community members finally rose to 80% community members who became responsible members of collectives. They began to participate in the annual GB meeting and discuss issues of discrimination, social entitlement rights and so on.

Strong state level network established for addressing issues related to policy makers. FSW members get elected for the local decentralized government administrative system.

Community ensures adequate support from all NGO partners to have common goal and strategy for the development of FSWs. |

Decision Making & Governance	NGOs used to make decisions and control implementation. With community mobilization efforts, slight changes began where community started to be informed about the decisions that NGOs made. In the next stage community members became involved in decision making process. Decisions and negotiated solutions began to be taken on democratic basis. Community then began taking responsibility for its decisions and began to take accountability for its implementation. The community acquired the skill to deal with the challenges at all levels. NGOs accepted the role transfer.

LESSON 4

WHAT DONORS AND POLICY MAKERS NEED TO KNOW ABOUT COMMUNITY MOBILIZATION

These are recommendations for donors and policy makers as you consider appropriate roles for communities in leading HIV programs:

- ✓ Make every effort to integrate community mobilization into broader national HIV program strategies to complement and work with other components, such as service strengthening, policy, training, communication and logistics.
- ✓ Support community mobilization processes that aim for higher levels of community participation using community development approaches that treat community members as full partners rather than as passive recipients or consumers of health services. This shared responsibility between communities and health services promotes greater community ownership and more sustainable improvements over the long term.
- ✓ Provide appropriate funding levels, taking into account that most funding will go toward personnel costs for facilitation and capacity- strengthening .Consider requiring some kind of match from communities, even in-kind contributions such as volunteer time, local materials etc.
- ✓ Don't prescribe or dictate how communities must act; they need to be the protagonists in their own development and in finding solutions that are feasible and culturally appropriate to their settings.
- ✓ Hold programs that achieve improved health outcomes w.r.t HIV/AIDS and strengthens community capacity to sustain the results.
- ✓ Set realistic timelines based on the context. Well-organized communities will not need as long to demonstrate results as communities that do not have a long history of community participation and local governance. Build in at least 3-5 years to strengthen community capacity.
- ✓ Provide the necessary resources for implementing agencies and communities to monitor, evaluate and document results in both health outcomes and community capacity. Additionally, support documentation of these efforts several years after program support has ended, to learn more about the real program sustainability that can inform future program design.
- ✓ Hire experienced organizations to help train community facilitators and provide technical assistance to the programs. Community facilitators can set bad precedents and create challenging situations if they are not properly trained.
- ✓ Encourage the involvement and leverage the resources of sectors outside of services/health to contribute to improvements within the community. Programs should be designed to acknowledge and maximise these linkages and resources.

CONCLUSION

There are increasing numbers of proven, successful examples of community mobilization that have addressed HIV prevention, care, support and referrals in communities with high vulnerability to the epidemic. As important, the participation of community members as full partners in these programs helps to strengthen civil society through greater community commitment, ownership, and capacity to achieve and sustain improvements in health and other areas of community life over the long term.

Donors and policy makers are invited to adopt and support a longer-term, more comprehensive vision of community mobilization. This comprehensive community mobilization should be integrated into national program and conceived of at strategically large scale.