



1

Community
Empowerment



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, STIs and other health issues among trans people in an effective and sustainable way (Section 1.1)
- **describes elements of community empowerment**, with examples from a number of programmes (Sections 1.2–1.9).

The chapter also presents a list of **resources and further reading** (Section 1.10).

1.1 Introduction

2014 Key Populations Consolidated Guidelines¹

Programmes should implement a package of interventions to enhance community empowerment among key populations. (p.102)

“Nothing about us, without us” has been the demand of those affected by, and most at risk of, HIV for over two decades. And so it is with trans people and community empowerment. Communities are groups of people who share common interests, concerns or identities. Empowerment refers to the process by which people gain control over the factors and decisions that shape their lives. In the context of HIV, community empowerment is the process whereby trans people take individual and collective ownership of programmes in order to achieve the most effective HIV responses.² Community empowerment addresses the social, cultural, political and economic determinants that underpin HIV vulnerability, and seeks to build partnerships across sectors to address them.

By definition, trans community empowerment is driven by trans people themselves and explicitly aims to create change. This approach represents a paradigm shift, away from trans people being only recipients of services and towards the self-determination of trans communities. 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.

This chapter presents some key elements of community empowerment that may be relevant to trans groups (Figure 1.1). Community empowerment initiatives should be adaptable to each community's needs. There is therefore no fixed order in which the elements must be addressed. Furthermore, trans communities differ from each other and also have diversity within each community. This makes it necessary to pay attention to the local context of trans identities and power dynamics *within* trans communities.

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

2 In most contexts in this publication, “community” refers to populations of trans women or 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 trans people, “community-led interventions” are interventions led by trans people, and “community members” are trans people.

Figure 1.1 Key elements of community empowerment among trans people



1.2 Collaborating with trans communities in programming

Community empowerment is a process that takes significant time and effort. Mutual trust is required in order to develop successful collaborations and partnerships. Building trust involves treating all trans people (regardless of HIV sero-status, gender expression or gender identity)³ with dignity and respect, listening to and addressing trans community concerns and working with the community throughout the process of developing and implementing interventions.

The meaningful involvement, inclusion and leadership of trans people is essential to establishing partnerships that have integrity and are sustainable. Meaningful engagement in service delivery and in national policy processes means that trans people:

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

³ Gender expression is a person's ways of communicating masculinity and/or femininity externally through their physical appearance (including clothing, hair style and the use of cosmetics), mannerisms, ways of speaking and behavioural patterns. Gender identity is a person's internal, deeply felt sense of being male, female or some alternative gender or combination of genders. A person's gender identity may or may not correspond with her or his sex assigned at birth.

Meaningful engagement of trans people may be challenging for policy-makers and 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. However, it is key to improving the quality of services used by trans people, including trans-led services.

Table 1.1 summarizes the difference between programmes that are *done for* (or *to*) trans people and those *done with or led by* trans people. Programmes that are *done for* trans people are likely to result in services that are viewed with apprehension and are therefore underused by trans people. Programmes *done with or led by* trans people are likely to result in earlier service engagement and improved retention in services, yielding better health outcomes.

Table 1.1 Characteristics of programme approaches

DONE FOR TRANS PEOPLE	DONE WITH OR LED BY TRANS PEOPLE
Prescriptive: Programmes sometimes focus on telling trans people what to do and how to do it.	Collaborative: Programmes listen and respond to trans people'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 trans people.
Tokenistic: Involve trans people in programme implementation mainly as volunteers, not as equal partners.	Inclusive: Involve trans people as equal partners in programme design, implementation and evaluation, more commonly as paid employees working with the community.
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.	Bottom-up: Focus on building relationships within communities of trans people as well as between trans people and other organizations, service-providers, human-rights institutions and similar groups.

In the initial stages of community empowerment, trans people may have less experience in organizing as a group. National, regional and global networks of trans people are able to provide essential technical assistance and support. Allies also have an important role in facilitating meaningful participation of trans people, by intervening on behalf of trans people in places and situations in which they have no voice.

As trans people and trans organizations become more empowered, there will be greater expectations that power be shared and shifted to trans people and trans-led organizations. This is a good thing: programmes run by trans people are often more successful in reaching trans communities and meeting their needs. Trans people know best how to identify their priorities and the context-appropriate strategies to address those priorities. Trans-led organizations should be supported and respected as partners by officials and service-providers in health, law enforcement and social services. This is particularly important when programmes are adapted from previously existing ones (e.g. programmes for men who have sex with men) to serve trans communities (see also Chapter 4, Section 4.3.2).

Partnerships must be built and maintained in a way that does no harm to trans people. Safeguards must be built into partnerships to ensure that trans people are not harmed. Examples of specific safeguards include:

- careful selection of secure locations for meetings and other programme activities
- protecting the confidentiality of information that could be used against trans people
- ensuring legal literacy and rights education of trans people, law enforcement and service-providers
- explicit organizational non-discrimination policies and procedures and their active enforcement.

All partners must share the responsibility for supporting the shift from trans disempowerment to empowerment.

Box 1.1**Actions to foster
trans community empowerment and collaboration**

- Acknowledge community members' expertise in their own lives.
- Invite trans people to take the lead and support their leadership.
- Support meaningful involvement of trans people in all aspects of programme design, implementation, management and evaluation.
- Identify community capacity and engage in transfer of useful skills.
- Strengthen partnerships between trans communities, government, civil society and local allies.
- Address collective needs in a supportive environment.
- Provide money and resources directly to trans organizations and communities, which become responsible for determining priorities, activities, staffing, and the nature and content of service provision.
- Develop monitoring indicators to measure the progress of empowerment and collaboration.

Box 1.2

Case example: Collaborating to address the needs of transgender and *hijra* communities in India

In India trans women and *hijras*⁴ are often subject to discrimination, poor access to education and limited or no opportunities for employment. Their concerns have been mostly unaddressed, mainly for lack of forums where they can feel safe to discuss their issues. In 2009 the United Nations Development Programme supported six regional consultations for the trans and *hijra* populations in India, followed by a final national-level consultation. The goal was to help the communities collaborate in addressing their own development concerns, and to help funding organizations and government officials understand more clearly the various identities of trans and *hijra* communities and the issues they face.

The consultations were planned by experts from trans and *hijra* communities and UNDP staff. At the regional level, consultation participants identified their most pressing issues as being health, violence, stigma and discrimination, social security and access to appropriate information and services. At the national level, mutually agreed definitions of the different communities were finalized to help all parties understand each other more clearly. Recommendations were also made on the communities' issues of concern, including legal, civil and political rights, HIV prevention programming, and community mobilization and strengthening.

The process gave the trans and *hijra* representatives from different parts of the country experience working together for the first time for a common goal, and increased their confidence in representing their issues effectively to larger audiences, including donor agencies and government officials. Community representatives forged links with the National AIDS Control Organisation, donors, government officials, NGO representatives and United Nations agencies. Trans and *hijra* activists were subsequently invited by the government to give input to the government's prevention and care programmes for trans people and *hijras*, and they were able to refer to the consultation recommendations during the programme design process.

1.3 Fostering and supporting trans-led programmes and organizations

Organizations led by trans community members, and organizations working with trans communities, should develop ways to foster and support community leadership. This is critically important to achieving a high impact for programming as well as securing research and data that reflect lived experience. In particular:

- **Decision-making should be collaborative and non-hierarchical** (e.g. via consensus) and take place within safe spaces where the visibility of trans persons will not place them in danger.

⁴ *Hijras* are a distinct socio-religious and cultural group within the wider trans population in India who mostly live in close-knit clans known as *gharanas*. *Hijras* traditionally give blessings and offer songs or dances at public ceremonies such as marriages, in return for money; but changing socio-economic conditions have forced a significant proportion of them into begging and sex work for economic survival, increasing their vulnerability to HIV and other sexually transmitted infections.

- **Organizations should consider how structural inequality may benefit certain segments of the trans community**—such as those with formal educations, privileged racial or ethnic backgrounds or socio-economic status—and work to ensure that those included in programming also represent the most marginalized. It is important not to view a lack of formal education or limited language skills as liabilities or reasons for not placing these persons in leadership positions. Instead, recognizing that these individuals may experience a much greater burden when taking on leadership roles, organizations should ensure that trans persons are provided equitable funding for their labour and institutional support in securing housing, health care and emotional/social support.
- **Programmes led by trans community members should provide fair and appropriate compensation.** This requires a committed effort by funders and parent agencies and may include earmarking funds for trans community members to conduct research and outreach.


 Box 1.3

Case example: Trans leadership and equitable compensation in the USA

Some of the most informative research projects addressing trans issues have been primarily led by trans-specific organizations and trans individuals, who have been compensated for their work. One example from the USA is the National Transgender Discrimination Survey (NTDS), a nationwide survey conducted by the National Center for Transgender Equality and the National Gay and Lesbian Task Force in 2008–09. The study team for the NTDS included researchers and trans movement advocates, who designed the survey together. Though most of the questionnaires were collected online, some volunteers were trans people who were given a modest stipend to bring paper surveys to hard-to-reach populations, primarily by working as survey assistants at clinics or small “survey parties” through local lesbian, gay, bisexual and transgender (LGBT) programmes. A follow-up study, the 2015 U.S. Trans Survey (USTS), involved an advisory committee of trans, genderqueer and non-binary members.

At a local level, the Washington DC Transgender Needs Assessments conducted in 1999–2000 and 2010–11 by the DC Trans Coalition made use of community-based research and collaboration, so that non-academically affiliated trans persons would be involved in the research and in project decisions. The primary researchers for the surveys were trans, and all community researchers in the 2011 survey were trained and were paid for their work. Thus not only were trans people empowered through their inclusion in the research process, but their time and labour were also fiscally respected.

www.transequality.org • www.dctranscoalition.org

- **In advocating for or supporting trans leadership, care should be taken to respect and support the diversity within trans communities.** There are many ways in which gender identity and expression are captured in local terminology, and each term has its own connections, nuances and history. Even among trans people in a particular country or region, terms that some use to describe themselves (e.g. *katheoy* in Thailand) may be considered offensive by other trans

people. It is essential that programmes avoid making assumptions about terminology and instead ask each individual what term they prefer, and then respect and use this.

- **Programming, whether developed by non-trans organizations or trans persons, should reflect the needs of those in the community.** Organizations seeking to develop or foster trans-specific or trans-led programming are encouraged to first conduct formative research such as a series of community roundtables or short, informal surveys to determine what issues are articulated as most pressing by members of the community. Flexibility, responsiveness and adaptability are essential in implementing programmes. Intervention goals need to be aligned with and address the needs of trans people, even if these change over time, and should recognize that within the trans community in any given country, there will be different priorities and goals.

Box 1.4

Case example: Participatory assessment of community needs in China

Chengdu Tongle, established in 2002, provides HIV testing services, cultural activities, and advocacy on LGBT issues in health-care settings in the Chengdu region. Realizing that the trans community's needs and concerns were different from those of men who have sex with men, the organization adopted three strategies involving the trans community as leaders and primary participants: 1) performing participatory research, 2) improving organizational capacity, and 3) advocating with the government to address trans issues.

Chengdu Tongle implemented a participatory assessment of 60 trans people to understand their needs, expectations and resources. The face-to-face interviews and focus group discussions provided an accurate overview of the challenges and opportunities faced by trans people, including the need for respect and recognition and for doctors trained to deal with their specific issues.

The assessment process empowered the community and led to the creation of New Beauty, Chengdu's first trans organization. New Beauty's mission, goals, work plan and programming were developed by trans activists with facilitation from Chengdu Tongle, which hosts the new organization since the Chinese government has not granted New Beauty legal registration as an independent organization. New Beauty continues to research trans people's health and propose this knowledge for inclusion in official strategies for HIV prevention.

Source: Lessons from the front lines: trans health and rights. New York: amfAR & GATE.
<http://www.amfar.org/frontlines>

1.4 Building organizational capacity

Capacity means the organizational and technical abilities, relationships and values that enable groups and individuals to carry out functions and achieve their development objectives over time. Capacity-building⁵ improves an organization's ability to perform effectively, manage resources and deliver services to trans people, and to carry out its mission according to its core values. Capacity-building is therefore essential to community empowerment.

Box 1.5

Elements of organizational capacity

- **Specified objectives:** vision, values, policies, strategies and interests
- **Efforts:** will, energy, concentration, work ethic and efficiency
- **Capabilities:** intelligence, skills and knowledge
- **Resources:** human, natural, technological, cultural and financial
- **Work organization:** planning, designing, sequencing and mobilizing debates and practice

Community-led organizations often experience challenges to growth and sustainability. A well-established organization within the trans community may have a good understanding of community needs and be able to lead or support capacity-building of other community organizations. Newer organizations will likely need guidance and support from the community as well as from established institutions with expertise in capacity-building.

Building capacity for trans organizations must be practical. Organizations can help to empower and support trans efforts through skills transfer around writing proposals, locating funding sources, budgeting funds, networking with trans supportive organizations and prospective partner organizations. This can occur in workshops, lessons, conferences or by appointment. When working with trans organizations and individuals, knowledge and understanding of trans communities' diversity can foster work relationships that will support and sustain mobilization efforts.

The following approaches may be useful:

- **Comprehensive approach:** Fully identify an organization's capacity-building needs and address these in a systematic way, viewing development of the organization holistically.
- **Contextualize and customize:** The support provided should take into account cultural, legal, political and social environments affecting the local trans communities, particularly in relation to gender identity and expression.
- **Local ownership:** Experts brought in to help build capacity may understand the process and be able to identify needs. However, without buy-in and commitment from the organization itself, including its leadership and other members, capacity-building efforts will not be as successful.
- **Readiness-based:** The type, level and amount of capacity-building should be based on the

⁵ Although the term capacity-building is used here, "capacity development", "organizational development" or a number of other terms would serve equally well.

organization's ability to absorb and use the support and guidance being provided. Organizations must be open to learning and adapting, and interventions should build on already existing capacities.

- **Inward/outward orientation:** While an organization needs to ensure the health of its own staff and internal structures, it is also useful to build partnerships and external links with broader trans communities, policy-makers, other service-providers and allies.
- **Sustainability-based:** Capacity-building aims to strengthen an organization's ability to maintain financial sustainability, community support and partnerships for strong, continued functioning.
- **Learning-focused:** An organization that does not continue to learn about its functions, beneficiaries, community, technical areas etc. will become stagnant and cease to be relevant.
- **Long-term:** Capacity-building is a long-term investment that will not produce all its benefits immediately, and it is important that all stakeholders understand this to avoid disappointment.

1.4.1 Elements of a strong organization

Governance

Good governance is essential for responsible management of an organization's strategic vision and resources. Transparency, accountability, effective management and rule of law are essential components of good governance and of an organization's ability to meet its mandate. Organizational assessments help organizations ensure the following best practices in governance:

- clear vision and mission to drive the organization
- an organizational structure that aligns with the mission
- a strong and active governing body (board) that helps guide and advocate
- a participatory selection process for governing body and leadership
- defined processes for decision-making that engage and inform the membership
- community involvement in committees to oversee programmes.

Project management

An organization's agenda is accomplished through concrete activities, often developed as programmes and projects. An organization is on the right track if it:

- identifies the needs of its members
- defines technical interventions that are in line with local and international best practices
- develops and follows realistic work plans with feasible timelines and budgets that are in line with its vision and mission
- ensures that its programmes and projects are responsive to the needs of its members through monitoring its impact
- monitors programmes, including collecting and using data for decision-making (see the *WHO Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations*).

Well-managed, technically sound programmes and projects not only ensure that organizational objectives are achieved, but also instil confidence in donors and key stakeholders about the competence of the organization.

Community systems strengthening

Community systems strengthening is a mechanism to ensure meaningful participation of community-led organizations within the wider policy and programmatic systems of the state, and to address and resolve internal issues and conflicts. At the local level, this means trans-led organizations and networks participate as members on planning, funding and implementation committees and other relevant bodies, ensuring that the needs of the community are addressed. It may also mean that within a trans organization, or across a number of organizations, community-led structures are put in place to monitor and address key issues of concern to the community.

Box 1.6

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

In 2009, the Global Fund to Fight AIDS, Tuberculosis and Malaria introduced the concept of community systems strengthening to its funding 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 are described below with cross-references to the parts of this tool that cover these components.

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 1.5).
2. **Community networks, linkages, partnerships and coordination** – enabling effective activities, service delivery and advocacy, maximizing resources and impacts, and coordinated, collaborative working relationships (Section 1.8).
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) (Section 1.9).
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 (Section 1.4).
6. **Monitoring and evaluation (M&E) and planning** – including M&E systems, situation assessment, evidence-building and research, learning, planning and knowledge management (Chapter 5, Section 5.2.3).

1.4.2 Forming a registered organization

Organizations providing services for trans communities are likely at first to be informal groupings. Over time, structures and processes may be developed to enable more effective and efficient delivery of a community-led agenda. Depending on the organization's type, size and goals, as well as the country in which it is forming, it may decide to become a legally registered entity. The process for doing this varies from country to country.

It is important that the organization have a clear understanding of its expectations with respect to size, geographic reach, types of activities etc. Mission and vision statements and a strategy statement or strategic plan help an organization to define these elements.

Most countries have coordinating bodies that offer advice or guidance through the process of forming a formal organization. An example is INFOSEM (the Integrated Network for Sexual Minorities), a network of LGBT organizations in India. It has trained around 30 trans or *hijra* organizations on building organizational and individual capacity. Trans-led organizations in neighbouring countries or regional networks of trans or other community-led organizations may also be able to provide advice and support on dealing with registration and overcoming barriers, based on their own experience.

The necessary registration materials must be obtained from the relevant government office. The government sets out precise requirements for documentation. Examples of the types of documentation required are:

- mission and values of the organization
- one of the following: memorandum of association, by-laws, constitution, charter etc.
- report of annual activities
- financial reports/audit reports
- organizational resources
- organizational chart/staffing plan (and human resources manual, if available)
- board of directors and rules and regulations governing the board (board endorsement of registration is also needed)
- letters of support from ministry of health, national HIV authority and relevant civil-society organizations.

Box 1.7

Case example: A trans organization's experience with registration in Thailand

In 2014, the Thai Transgender Alliance (TGA) applied to become a formally registered NGO. Their initial submission was rejected by the Ministry of the Interior, as the name of their organization in Thai uses the term *kathoey*, which is considered derogatory in some contexts, although Thai TGA members have reclaimed use of the term and are proud to have it in their name. The Ministry of the Interior questioned Thai TGA's name and purpose as possibly being “contrary to the morality, ethics and culture of Thailand”. If Thai TGA's formal request for registration is not approved, its members plan to launch a national campaign for their right to association.

www.thaitga.com

In countries where it is not possible for trans groups to register as legal organizations, becoming part of a network or functioning under the auspices of a “parent” organization may offer a solution. For example, a trans group could form an agreement with a civil-society organization or NGO which agrees to act as its fiscal sponsor (to accept funding on the group's behalf) and to provide facilities to the organization. Some groups may decide that they can fulfil their aims independently and without registering as a legal organization (Box 1.8).

Box 1.8

Case example: Some advantages and disadvantages of being an unregistered organization in the Russian Federation

FtM Phoenix is a community-led organization based in Russia that provides online support to trans people from 12 countries in Eastern Europe and Central Asia. Although registering as an NGO would not be prohibited under Russian law, the group members did not feel that they had sufficient training or experience to run an NGO when the group formed in 2008, and they have not felt the need to take this step since. Initially FtM Phoenix was able to engage in advocacy and peer counselling using the dedication of its volunteer members, and without funding. FtM Phoenix saw several advantages to remaining unregistered, particularly in its early days:

- no administrative or technical costs
- absolute flexibility to stay at the forefront of trans advocacy, and no need to stick to a prescribed charter
- independence from funders in doing what trans people think is right, not funders
- independence from the state and no risk of being fined or shut down for doing things the government perceives as “wrong”.

As the group has matured and expanded its activities, some disadvantages of its unregistered status have become apparent:

- Bigger events cannot be crowd-funded, and it is more difficult to find a venue for them.
- Funding is essential for some activities that must be done quickly and professionally.
- In order to receive funds, it is necessary to find—and come to an agreement with—a fiscal agent.

aronbelkin.narod.ru/FtM_Phoenix.html

1.5 Building advocacy capacity

Advocacy can be defined as active support of an idea or cause expressed through strategies and methods that influence the opinions and decisions of people and organizations. More simply, it means putting a problem on the agenda, providing a solution to that problem and building support for action on both the problem and solution.

Advocacy is a core process for addressing inequity and empowering communities. It can improve the access, funding and quality of programmes and services for trans people by bringing disparities to the top of the agenda of decision-makers. Advocacy efforts are often most powerful and successful when led by those affected by the issue being advocated for, and trans people have demonstrated considerable impact in advocacy for issues relating to their HIV prevention and care needs.

Advocacy efforts typically fall into two categories, which may at times overlap and influence each other:

- **Policy advocacy:** to affect policy and regulations directly by influencing governmental institutions and other policy-makers; or indirectly by influencing organizations, businesses or individuals that can in turn influence the government.
- **Public advocacy:** to influence the behaviour, opinion and practices of the public and build support for the desired change.

Advocacy may be written, spoken or enacted, and it may be undertaken by individuals acting alone or working with others on a small or large scale. It may be short-term or long-term, and its focus may be local, national or international. This depends not only on the issue, but also on the resources and mission of those doing the advocacy and the identified areas of greatest impact (see case examples for reference).

Box 1.9

Participation in advocacy planning

The way planning is done will influence the quality of the advocacy. If trans people are involved in decision-making in advocacy, it fosters their empowerment and facilitates ownership, motivation, trust and impact. Participation in all aspects of advocacy planning helps generate commitment, create shared ideals and directions, speed up action, raise and cope with conflicts and differences, assess political risk and improve organizational accountability.

Box 1.10

Case example: An advocacy network in Argentina

REDLACTRANS (the Latin American and Caribbean Network of Trans Persons) is a network for trans women, with member organizations in 17 countries in Latin America and the Caribbean. The network was founded in 2004 by trans activists, initially as an online group to share information. REDLACTRANS aims to help its members secure the human rights of trans people in the region through advocacy, by increasing trans visibility and by strengthening the ability of member organizations to act.

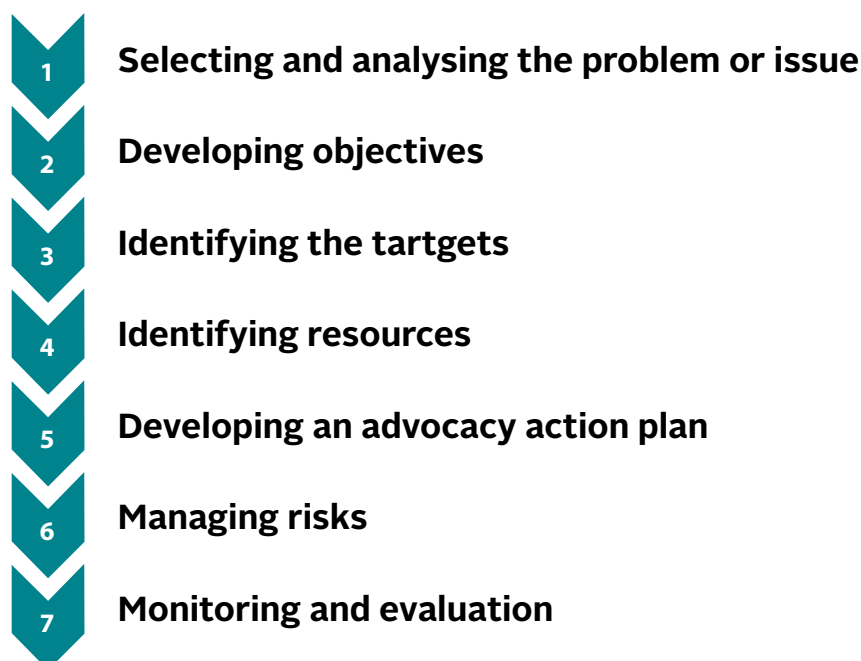
The network's objectives include documenting and combating violence and hate crimes against trans people; advocating for sustainable programmes and resources; improving access to health services, particularly to reduce the incidence of HIV among trans women; and promoting legal frameworks for trans people's rights. REDLACTRANS advocated for passage of Argentina's Gender Identity Law in 2012 by working with the media, politicians and other NGOs.

redlactrans.org.ar

1.5.1 Advocacy framework

Figure 1.2 presents a framework for advocacy which can be used to support community empowerment.

Figure 1.2 Advocacy framework



Step 1. Selecting and analysing the problem or issue

The focus of an advocacy issue should arise from the experience of the trans community. Examining issues as a community through group discussions and meetings helps ensure that the subject of advocacy is relevant to more than just a few individuals and worth the time and effort that will be invested. It is important to consider questions such as:

- Are others already addressing the issue?
- Can we access the kind of information we need as evidence?
- Do we have the skills, time and resources to achieve the solution?

Research should supplement discussions to analyse the issue and provide evidence to support the community's position. Research can include interviews, focus groups, attendance at events, first-hand witness accounts as well as archival work and literature reviews. Research also helps map stakeholders and identify allies and opposition. Data which disaggregate trans women from men who have sex with men can help reveal the extent and root causes of the problems trans people experience.

Step 2. Identifying the targets of advocacy

It is important to focus advocacy efforts on the individuals, groups or institutions that have the greatest capacity to take action and to introduce the desired changes.

Advocacy may be directed at several kinds of institutions:

- **legal:** law-making and law-enforcing bodies
- **civil society:** non-profit organizations, unions, religious institutions, civic clubs and associations in society that operate independently from government and the state
- **government departments, ministries and agencies**
- **private-sector businesses.**

Step 3. Developing objectives

Identifying goals and objectives helps to clarify what actions are necessary to reach the desired solution.

Step 4. Identifying resources

Successful advocacy work requires resources: human, financial, skills and information. It is important to take careful stock of the advocacy resources that already exist and identify what resources are needed. Networking and building partnerships or alliances through outreach and research can be crucial to any advocacy effort. Other resources can include access to media and to distribution networks, e.g. newsletters, e-mail, social media and relevant websites.

Box 1.11

Case example: Trans-led HIV advocacy in Australia

During the International AIDS Conference in Melbourne in 2014, a group of trans men who have sex with men from around Australia came together to discuss what they saw as the gaps in the existing HIV response for Australian trans men who have sex with men. They decided to establish a working group to address these needs, and requested and received logistical and administrative support and a small amount of funding from the Australian Federation of AIDS Organisations (AFAO). Over the course of the next 18 months this group of trans men:

- established themselves as a trans-led, official working group of AFAO, known as PASH.tm (the Peer Advocacy Network for the Sexual Health of Trans Masculinities);
- undertook strategic planning and identified a set of priorities relating to research, promoting best practice HIV service provision and delivering health promotion activity to trans men;
- secured government funding to develop an online hub (currently in development) for resources and sexual-health content for service-providers and the community;
- presented a paper on trans men who have sex with men in the HIV response at the Australasian HIV and AIDS Conference;
- advocated for meaningful inclusion of trans men who have sex with men in the three major pre-exposure prophylaxis (PrEP) demonstration trials;
- provided feedback on trans inclusion for state and national PrEP access guidelines.

Step 5. Developing an advocacy action plan

An action plan consists of specific activities for implementation. It includes expected outcomes, timeline with deadlines, designated responsible persons/teammates and resources required to meet the outcomes. The activities in the development of an action plan may include:

- lobbying, petitioning government and other civic officials
- public education and awareness
- face-to-face meetings with decision-makers
- writing and delivering position papers and briefing notes
- preparing and giving public presentations
- writing press releases and media advisories
- holding press conferences
- giving media interviews.

Box 1.12

Case example: Trans people's representation in the Global Fund's Country Coordinating Mechanism in Honduras

Honduras' Country Coordinating Mechanism (CCM) was set up in 2002 to channel funding and execution of a national proposal financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The CCM was responsible for submitting proposals and supervising their implementation, and recording the needs of the most-affected groups, including trans people. However, the concerns of trans people were unrepresented, with most of the focus being on issues affecting men who have sex with men and female sex workers.

Following an explicit recommendation of the Global Fund to include key population representatives in the composition of the CCM, the Colour Pink Unit Collective submitted a request for inclusion in the CCM. In addition, at meetings with civil-society members, the collective advocated for the direct participation of trans people as full members of the CCM and sought broader support from civil society to take such a proposal to the CCM Assembly. In 2009 the assembly approved this proposal and restructured the CCM to include the trans community as a full member, with direct participation, voice and vote.

Source: Making rights a reality. A compilation of case studies: The experiences of organizations of transgender people, UNAIDS, REDLACTRANS, International HIV/AIDS Alliance, 2012.

<http://www.aidsspace.org/getDownload.php?id=1825>

Step 6. Managing risks

When an organization does advocacy, there is always a chance that its reputation and its relationships with staff, partners and communities will be affected. Certain advocacy tactics, such as public campaigning and action, may entail more risk than others. It is important to anticipate negative reactions from the broader community, such as hostility from health-care workers, government officials, religious leaders, police or the media.

Trans organizations can manage risk by tracking responses to their advocacy in the media and public bodies, as well as by identifying trans-ally organizations and individuals. Non-trans individuals and organizations can play a vital role in managing risks and may support trans individuals by their visibility in meetings, trans events and conversations.

It is important to draw up contingency plans in advance of hostile reactions. Where possible, budgets should be set aside to cover security for organizational staff and programme participants, bail monies for staff or participants who may face legal challenges from local authorities, and related costs. Data security must be a priority to protect those involved in advocacy and the organization's membership more generally. Resources are available online, such as www.securityinabox.org.

Step 7. Performing monitoring and evaluation

Monitoring progress over time requires careful documentation to ensure that advocacy materials and reports are accurate and credible. Advocacy activities and results should be recorded and the information used to evaluate the campaign and strengthen or improve the efficiency of future work.

1.6 Addressing stigma as a barrier to empowerment

Trans people often experience stigma (referred to as transphobia)⁶ due to their perceived transgression of the behaviour and presentation assumed to be “appropriate” for a person of a certain gender. This stigma can be experienced at work, at school or in other settings of everyday life, as well as places where trans people seek professional, social or medical services. Stigma can also be internalized as self-stigma, which may lead a trans person to experience self-loathing or low self-esteem and to isolate themselves from others. Experiences of stigma are disempowering and lead to low community engagement. In order for HIV programmes to be empowering and effective, all staff should be trained to address and reduce stigma. Care must especially be taken to ensure that HIV programmes do not lead to further stigmatization as an unintended consequence. For more information on stigma and discrimination, see Chapter 2.

Box 1.13

Case example: Understanding stigma and self-identity in South Africa

The concept of *Transilience* was developed by the Social, Health and Empowerment Feminist Collective of Transgender Women of Africa (S.H.E.) in response to the prevalence of violence against trans women in that country. The project, whose name combines the words *trans* and *resilience*, aims to help trans women understand better their own perceptions of their identity, mobilize against violence, battle stigma and make better use of existing legal protections for gender equality and gender identity.

Self-identification—how trans women feel and think about themselves—is at the root of understanding how they can position themselves securely as individuals and as a community in a violent environment. This issue of self is often connected to the view of women in a given society. Understanding that mistaken concepts of “real” men and women are a root cause of stigma towards trans people who do not conform to these labels is a step towards formulating a positive and supportive environment. It can shift trans women’s own view of themselves, and help them to recognize their power and their role in a diverse society. S.H.E. uses this approach to discuss issues of violence with trans women and to formulate an agenda that suits their particular environment.

transfeminists.org

⁶ Transphobia is prejudice directed at trans people because of their actual or perceived gender identity or expression. Transphobia can be structural, i.e. manifested in policies, laws and socio-economic arrangements that discriminate against trans people. It can be societal when trans people are rejected or mistreated by others. Transphobia can also be internalized, when trans people accept and reflect such prejudicial attitudes about themselves or other trans people. For more information, see Chapter 2.

1.7 Promoting a human-rights framework

2014 Key Populations Consolidated Guidelines: Law and Policy

Countries should work toward developing policies and laws that decriminalize same-sex behaviours and nonconforming gender identities. (p.92)

Countries should work towards legal recognition for transgender people. (p.92)

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 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 trans people is central to community empowerment and an effective HIV response. In 2001, the United Nations released the *Declaration of commitment on HIV/AIDS*, which highlights that realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV, and that the vulnerable must be given priority in the response. The *2011 United Nations General Assembly Political Declaration on HIV/AIDS* has 10 targets and elimination commitments, all of which apply to trans persons, including the commitment to “eliminate stigma and discrimination against people living with and affected by HIV through promotion of laws and policies that ensure the full realization of all human rights and fundamental freedoms”.

Box 1.14

Case example: Advocacy for legislative reform in the Dominican Republic

As part of its aim to promote the human rights of trans women, COTRAVETD (Comunidad de Trans y Travestis Trabajadoras Sexuales Dominicana) focuses on providing HIV prevention, support and treatment access, and community and societal awareness about stigma, discrimination and violence faced by trans people, including those living with HIV and involved in sex work. COTRAVETD conducts advocacy work to promote legislative reform, including improving a draft Gender Identity Law. Its empowerment philosophy is based on the belief that even if the desired law fails to pass, the process of drafting and lobbying itself serves as a tool for movement-building and political visibility.

cotravetd.blogspot.co.uk

Many guidelines on HIV prevention promote health and human rights for trans people, including the 2014 Key Populations Consolidated Guidelines (quoted above) and the *UNAIDS 2016–2021 Strategy*. Strong community-led organizations, mobilization efforts and alliances are crucial to promoting a human-rights framework that facilitates community empowerment. Actions to promote a human-rights framework to support community empowerment for HIV prevention, diagnosis, treatment and care include:

- training law-enforcement officers, judges and parliamentarians on human rights of trans persons and their obligation to respect, protect and fulfil those rights
- ensuring service-providers are aware of their ethical obligation to provide safe, confidential, equitable and non-discriminatory HIV services for trans people including through training in addressing violence against trans people
- establishing mechanisms for the trans community to monitor and evaluate the quality, accessibility and acceptability of HIV services.


Box 1.15

Case example: Gaining legal recognition in India

Tamil Nadu AIDS Initiative (TAI) found that trans women (known in Tamil Nadu as *aravanis*) engaged in high-risk behaviours associated with their marginalization in a society that perceived them only as beggars and prostitutes. TAI, together with strong leaders from the *aravani* community, worked with a few supportive politicians to transform policy, improve access to services and change public perception in support of trans people in the state.

With TAI's support, in 2006, January 18 was declared the first Aravanigal Dinam (Transgender Day) by leaders in Tamil Nadu. The slogan for the first annual observance was “We Too for a Healthy Society”, to promote the *aravani* community as socially responsible. They undertook a blood donation drive and gave speeches and street theatre presentations to convey messages about health, HIV and the stigma and discrimination faced by their community. In subsequent years, Aravanigal Dinam has featured activities by as many as 3,000 community members on themes of health and community service. *Aravani* leaders also produced a short film about their lives and their efforts at disease prevention. Aravanigal Dinam now lasts for a week, and the events have helped to mainstream trans people into Tamil Nadu society.

In 2008, the state government established a social welfare board to look into issues concerning *aravanis* and to conduct a statewide census of the community. The government now finances sex reassignment surgery at public hospitals for *aravanis*, who also now have the right to be classified as a “third gender” for the purposes of receiving ration cards and applying for admission to educational institutions.

www.taiivs.org

1.8 Supporting community mobilization and sustaining social movements

Community mobilization is closely linked to community empowerment. It is the process whereby trans people use their knowledge, strengths and skills to address shared concerns through collective action. Advocacy is one form of community mobilization, but it can also involve:

- raising community members' awareness of their rights
- identifying barriers to HIV prevention and access to HIV services
- reducing health risks, including sexual-health risks, and promoting health-seeking behaviours
- offering mutual support to cope with and challenge stigma, discrimination and violence
- developing community leadership.

Networking and relationship-building is an important component of community mobilization. Forming networks, alliances and coalitions can also enhance community mobilization, and over time it can create social movements—larger groups of like-minded organizations that can effect large-scale social or policy change. An example is the Transgender Day of Remembrance, which began in 1999 as an Internet project and candlelight vigil in San Francisco in memory of a murdered trans woman. The Day of Remembrance is now observed around the world and serves not only to memorialize those who have died as a result of anti-trans violence but also to raise global awareness of trans people and the persistence of hate crimes against them.

1.8.1 Networking and building organizational relationships

Developing a strong, successful trans organization is as much about relationships as it is about the system in which it operates. Networking between individuals helps to build relationships and secure partnerships for networks, alliances or coalitions. Networking can occur in person in community meetings, legislative sessions, conferences, workshops, or other convening spaces; online through technology (e.g. social media, email); and via phone communication.

Two areas of relationship-building that are especially important for trans organizations are engagement with the government/state (e.g. politicians, police, health and social-entitlement programmes) and with non-state/non-governmental organizations and institutions (e.g. community-based organizations [CBOs], NGOs, religious groups, media, donors and funders).

Building relationships with the government can enable trans people to advocate for access to health and social services. An organization working with trans communities may have connections that enable trans community members to join oversight committees for health or social programmes, or that facilitate access to politicians and other officials. Building relationships with non-state and non-governmental organizations can help trans organizations understand other, socially powerful groups or institutions. It can lead to contacts with donors interested in funding the advocacy, or change media portrayals of trans persons which humanize the trans community. Over time, relationships with organizations hostile to sexual minorities may change their attitudes and beliefs and facilitate efforts to reduce HIV.

Box 1.16

Case example: Raising awareness with key stakeholders in India

The Hijra Habba (*hijra* festival) is a national event to raise awareness of trans and *hijra* issues in India. First organized in 2012 by India HIV/AIDS Alliance with 30 community participants, it has grown to encompass 350 trans and *hijra* participants from around the country. The event brings them together with representatives of government, media, international agencies and civil-society organizations.

Held in the capital, Delhi, the Hijra Habba includes festive activities such as a fashion show alongside opportunities for community members to talk about their experiences, and discussions on topics such as official recognition of gender identity; violence; stigma and discrimination; and access to health and legal services.

Government representation at the event has been key to raising the profile of the *hijra* and trans communities. In past years, senior officials from the Ministry for Social Justice and Empowerment, the Department of AIDS Control and law-enforcement agencies have been present. The event has helped catalyse the inclusion of the community in the national HIV prevention strategy and raised the media and political profile of initiatives to protect trans and *hijra* rights. An important result has been the April 2014 decision of India's Supreme Court to recognize a "third gender".

Box 1.17

Case example: Alliance-building to advance advocacy in Bolivia

Although Bolivia has had a favourable legal framework prescribing equality for trans people since 2009, violence against them has continued with impunity. In response, the Red Trebol network and the National Working Group (MTN)—the first organizations of trans people in Bolivia to advocate for their rights—galvanized a strategic alliance between LGBT organizations and formed a committee to develop a Plurinational Plan of Action against Discrimination on Sexual Orientation and Gender Identity. The action plan aimed to serve as an advocacy instrument to defend the rights of people with different sexual orientations and gender identities.

Thereafter, a national network of trans women living with HIV was formed with the support of MTN and Red Trebol. The network has addressed medical needs such as access to ART and hormones, and the participation of trans women in decisions affecting their enjoyment of health, education, equal opportunities and access to justice. MTN and Red Trebol also work to strengthen coalitions of trans people in the region as part of the REDLACTRANS network.

1.9 Resource mobilization and sustainability

Organizations should always be engaged in resource mobilization to fund efforts that are sustainable and provide continuity over the long-term. It is important that an organization is strategic and looks beyond immediate priorities, especially if it is currently receiving a short-term grant that will end. While there is no guarantee that an organization will be able to raise support, there are effective practices that increase the chances of funding.

Important issues to consider with respect to resource mobilization include:

- Is the resource mobilization strategy in line with the organization's vision and mission?
- Can resources be raised from members of the organization, e.g. via small monthly or annual membership fee? This increases a sense of ownership, but fees must not be so high that they discourage trans people from joining.
- Are there government schemes that may be able to fund specific activities or programmes?
- It should also be remembered that resource mobilization does not just mean funding, but also includes services, supplies and human resources.

In order to ensure sustainability and better impact of HIV programmes and services, programmes should work with trans-led organizations to increase their administrative capacity to both receive resources and raise and compete for funding, as well as to help them in forming legal organizations that are registered in the countries where they operate, as this can also be a major barrier to receiving resources. (See Section 1.4.2).

1.10 Resources and further reading

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