



Katholische Hochschule
für Sozialwesen Berlin



ISG · Institut für
Soziale Gesundheit

Quality in HIV Prevention: Making Participation a Reality

Prof. Dr. Michael T. Wright, LICSW, MS

Quality Action Closing Conference

Berlin, 27 January 2016

A World of Assumptions...

- Immigrant men who are clients of sex workers should be targeted for prevention, as they are less likely to live their homosexuality openly.
- MSM prevention among Turkish men isn't possible due to negative attitudes about homosexuality.
- Male sex workers can only be reached by male prevention workers.

Where is the quality?



The Reality

- Participatory work with male sex workers showed that the assumption of the social workers was false. **The immigrant background of the client is not the issue.** A “target group” was defined where one didn’t exist.
- Participatory work with a Turkish community showed that **homosexual means of transmission can be integrated into prevention work**, but it shouldn’t be the focus of the work. Because homosexuality is dealt with differently, the prevention workers assumed rejection of their message.
- Conducting interviews with male sex workers in several cities showed that **both male and female social workers have a place in prevention**, the gender of the worker offering different opportunities for communication and counseling.

The Problem with Target Groups

In health promotion and prevention, **we learn to think in target groups**. This is intended to help us develop measures for those people who are most likely to be affected by health problems. Entire support programs are based on the definition of target groups such as MSM or drug users.

Epidemiological categories show us where we should look. However, **health promotion and prevention only have a meaning when they have a direct relationship to the living environments of the people served. Communities make this possible.** The participation of people from the target groups is possible when we perceive them as members of self-defined communities and work together with these communities.

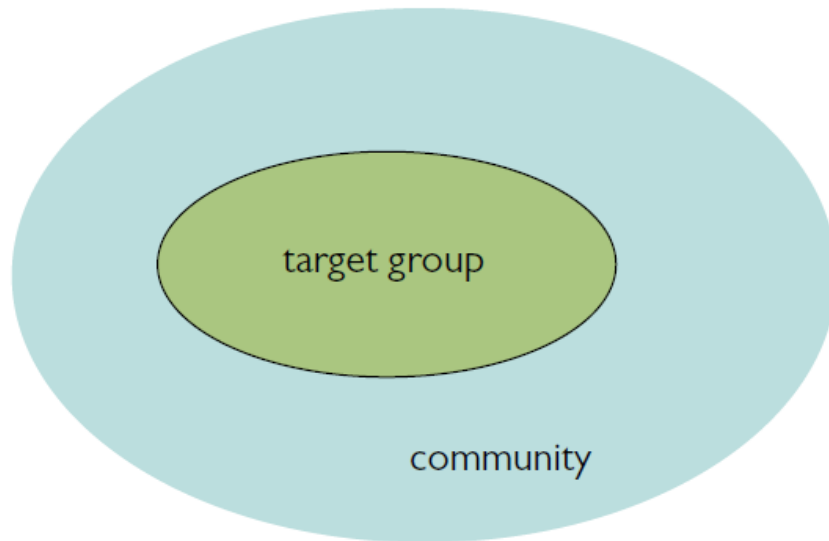


Illustration 2:

Target group as part of a more widely defined community

Source: von Unger, H; Gangarova (2012) PaKoMi Handbook: HIV Prevention for and with Migrants. Berlin: DAH

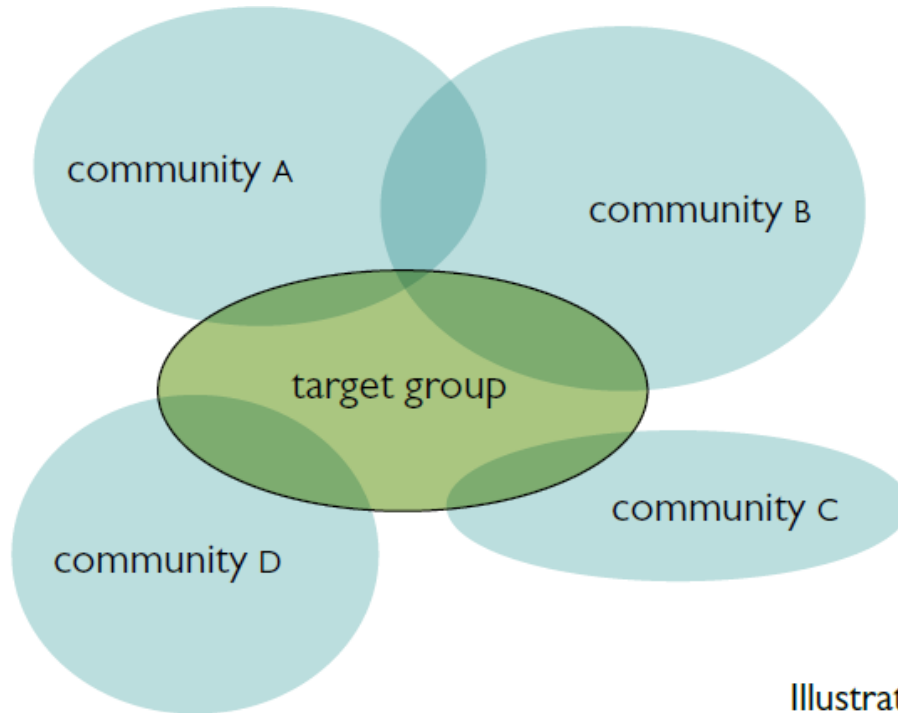


Illustration 3:
Target group belongs to various communities

Source: von Unger, H; Gangarova (2012) PaKoMi Handbook: HIV Prevention for and with Migrants. Berlin: DAH



The “Threesome” for Targeting Social Determinants in Health Promotion

Participation in Quality Development Means...

- Working in a Partnership
 - Between funders, practice, communities, (and academics)
- Working in and with Communities
 - In all aspects of the planning, implementation, and evaluation
- Participation as a Goal—Not as a Means to an End
 - For everyone involved
- Local Solutions to Local Problems
 - “How can we further develop our work in order to better meet our goals?”
- Focusing on and Developing Local Knowledge
 - Building on what people know (or think they know) and learning together what works here and now
- Being Part of a Developmental Process
 - Everyone needs to learn over time how best to work together

Participation Results In...

- Supporting communities to act on their own behalf
- New competencies on all sides regarding how best to work together (communities, practitioners, funders)
- An immediate relevance of actions taken in the lives of those concerned
- Resolution of the problem of being “hard-to-reach”
- Synergy effects across several areas of life competencies
- Sustainability of measures taken



Participation Is Made Possible By...

- Adequate Time and Resources
 - Participation needs an investment
- Flexibility in Planning, Implementation, and Funding
 - Participation can't be planned down to the last detail
- Strategic Planning and Management
 - Participation doesn't just happen; it needs to be accounted for (vgl. parallel tracking, Laverack, 2004)
- A Readiness to Act Outside of Established Hierarchies
 - Participation requires partnership and shared decision-making
- Adequate Methods
 - There are tried and tested participatory methods, but participation is not a technology
- Trust and Continuity
 - Participation is the result of established, ongoing relationships

Common Myths on Working Together

- Everyone shares the **same motive** and is acting out of altruism.
- **Conflicts** need to be avoided at all cost.
- **Power** plays no role.
- Managing participatory processes require **no specific skills** beyond what I know from my own organization and common sense.
- Working together requires **no particular coordination**; everyone is responsible for him/herself.
- Working together requires **no specific structure**
- There is **no additional work required** beyond taking part in meetings.

Adapted from Roberts, 2004



The Need for Competency Building in Facilitating Participatory Processes for Prevention is Great

- Quality development needs to be seen as a long-term strategy for organizational development (not just a collection of methods) which
- Is imbedded in a long-term strategy of participation for communities and other stakeholders.
- Practitioners and community groups may claim participation as a value, but they seldom have the training and experience needed to organize and manage participatory processes over the longer term.
- The need for adequate facilitation of participatory processes is widely recognized, but adequate training is often not available beyond basic workshop facilitation skills.

Moving Forward

- The experience in Quality Action shows that participation is necessary for good quality HIV prevention.
- Participation makes prevention count in people's real lives.
- Participation doesn't just happen, but requires careful planning, maintenance and support.
- Working together we can build competency and capacity for increased participation and improved HIV prevention.



Resources

- Research Group Public Health at the Social Science Center Berlin and Deutsche AIDS-Hilfe (2008) *Online Handbook Participatory Quality Development*. www.pq-hiv.de (German, English, Spanish)
- *Participatory Quality Development. Quality Action – Improving HIV Prevention in Europe*. <http://e-learning.qualityaction.eu/panel/modules/episodes/53885436f52b83f147d63af1>
- Slocum, N (2003) *Participatory Methods Toolkit. A Practitioner's Manual*. King Baudouin Foundation and the Flemish Institute for Science and Technology Assessment (viWTA) in collaboration with the United Nations University – Comparative Regional Integration Studies (UNU/CRIS). http://archive.unu.edu/hq/library/Collection/PDF_files/CRIS/PMT.pdf
- Ledwith, M; Springett, J (2009) *Participatory Practice: Community-Based Action for Transformative Change*. Bristol: Policy Press.
- Minkler, M (2012) *Community Organizing and Community Building for Health and Welfare*. New Brunswick, NJ: Rutgers University Press.