CELEBRATING LIFE AND SOLIDARITY

Women in Sex Work
HIV Prevention and Collectivization

SAMRAKSHA
2009

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HIV Prevention and Collectivization

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SAMRAKSHA
Adding Life To Years

A sector of
ಸಮೂಹ
SAMUHA

Cover Picture: Maureen St. Clair

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This document is dedicated to Ms. V. M. Devi whose deep belief in the community's strength and her extraordinary commitment to these efforts was highly inspirational

Today Samraksha is there and we are getting funds. Tomorrow what will happen? We will continue this work also. We will reach the women in every village

– Ananthamma,
Beladingalu Mahila Okkoota

I thought I had the greatest difficulties in the world. Now, I am with other people, I have undrstood about them and their lives and I feel my difficulties are nothing

– Muthamma,
Rakshane Mahila Okkoota

Earlier, I had no respect for myself. After coming here, I realisethere is a place for me also. I want to be an example ot others, and I want to contribute whatever I can

– Manjula,
Spandana Mahila Okkoota

Samraksha helped some of us grow, and as group, we are now fighting for our rights. We will continue helping other women like us grow

– Ratna,
Sneha Mahila Sangha

Contents

Acknowledgements

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We acknowledge our team members who believed in the strength of communities and their right to live in freedom, dignity, health and joy.

Foreword

It's a pleasure to introduce a document which stands apart from many such similar attempts made in the recent past. It is a historical fact that, neither out of compassion nor with any intention to stand by the side of the marginalized communities like sex workers, the professionals and the policy makers 'discovered' sex-workers. It was an epidemic which took a pandemic proportion within a short span of time and created a social panic and helplessness that brought professionals and a section of the civil society organizations closer to them. Through these interactions, a social space was created for the sex workers.

It's an unfortunate part of the saga that the sex worker community got introduced to the mainstream society because of a sexually transmitted disease. To address the epidemic all across the world, major groups of social scientists and activists alike developed a strait-jacketed health intervention design which became the order of the day, particularly in the early eighties and nineties. The designer of one such category of intervention - with an objective to focus primarily on the transmission route- developed a mechanistic approach, failing to consider that sex-workers are like any other human beings and citizens of a country, with emotions and aspirations. The human sex workers, thus targeted, in due course became a 'forgotten entity', having no agency and human face. It was her genital parts that became the battleground, to get control over the disease. In the process, sex workers and their possible engagement in any type of social or developmental discourses were relegated tothe backdrop.

However, there were a few exceptions. One such exception is Samraksha, the organization that did not toe the line of run of the mill approaches. They showed the courage to raise issues and questions regardingthe very approach of disease control which projects sex workers as an object of intervention. Instead, they tried to bring them as a subject, who has the potential to act as an agent of social change.

Samraksha's arduous journey to translate that conviction into strategies and activities over a span of time has helped uncover many 'unknown, unseen and unapproachable' elements of human sufferings and mechanisms to address the root causes of all these maladies. It was not an easy task to help the community rediscover their rights and dignity and to help position themselves in the center-stage of program development.

To carry out this objective,Samraksha followed a process of praxis and adopted a strategy of learning to initiate change. All their efforts with and by the community has helped to develop newer approaches and methodologies where the community becomes part of the solution. It is an ongoing journey for and by the community which has multiple dimensions and facets of change. Needless to mention, there were varied and multiple challenges. But the courage to address these challenges makes Samraksha different from many others, who are engaged in the same or similar fields for decades.

The story depicted in this document makes an effort to articulate lessons learned from those incidents. This document is rich in identifying critical elements of success and the reasons for failure as part of the social development process. As quoted in the document, it was a pleasure for the members of Samraksha to engage with the community and to learn with and from them and that signifies the strength of this publication. From this viewpoint, I trust that Samraksha through its effort, not only has helped the marginalized community to stand against all odds, but in the process has also laid down certain systems and processes to institutionalize the mechanism, which could become learning elements for others.

The document is divided into several chapters with an objective to guide groups and organizations know and learn the processes that strengthen the community-led movement and how to reposition a stigmatized community like sex workers with due respect and dignity. It is believed that individuals and organizations like Samraksha, in the southern part of India, succeeded increating a milieu which compelled many others to follow the course of action, leading to the development of similar collectives of socially and politically marginalized groups based on caste, class and occupation or behavioral practices.

This document centers around development of sex workers' community through building their self-esteem and confidence followed by leadership development and many other supportive activities undertaken by Samraksha. How their approach and methodologies has made a significant dent in the traditional value-based society could be an eye opener to many. This document would guide social workersunderstand the processes through which the 'fallen' have learnt to rise.

This document, which describes the translation of a theoretical construct of development, can be considered as a true departure from many other approaches which project the model of interventionists as 'savior' which is the major practice in current social development and health intervention program. I think this document could be of great help to many others within and outside the health intervention program who trust in human dignity, rights and social justice as the pivotal elements for development. I wish all the success to Samraksha and their efforts and valued contribution in the field of health and social development and in promoting and strengthening social justice for marginalized and socially excluded communities.

Dr Smarajit Jana,
Chief Advisor
Durbar Mahila Samanya Committee (DMSC)
Kolkata

Acronyms

AIDS	:	Acquired Immuno Deficiency Syndrome
ART	:	Anti Retroviral Therapy
BMGF	:	Bill and Melinda Gates Foundation
HIV	:	Human Immunodeficiency Virus
IDU	:	Intravenous Drug Users
NACP	:	National AIDS Control Programme
KSAPS	:	Karnataka State AIDS Prevention Society
KHPT	:	Karnataka Health Promotion Trust
RTI	:	Reproductive Tract Infections
STI	:	Sexually Transmitted Infections
TI	:	Targeted Interventions

1. Introduction

The emergence of a strong group of women, from within a context of extreme marginalization, who are now striving to claim their rightful place in society as women, mothers, daughters and providers of sexual service, has been a highly eventful journey. For those who accompanied them, every step of the way has been inspiring.

What is most extraordinary is that the processes of this empowerment have actually been conceived and executed within a programme framework. This framework, however, was a dynamic one that kept the women in sex work at its centre and grew and changed over the last 17 years to accommodate their diverse and evolving needs : to be respected, to be safe and to prevent the spread of HIV.

This is the story of Samraksha, as it understood HIV and its prevention, sex work scenarios and women in sex work. It is the story of the development of preventive initiatives with women in sex work; that of developing a programme model for diverse and dispersed populations in varying contexts. It is also the story of amazing women, extraordinary leaders who sprang from a life of exploitation and marginalization to become programme managers, community leaders and caring and concerned human beings. All of these journeys are so intertwined and interwoven that it is very difficult to separate the strands. This narrative traverses back and forth as it straddles these multiple worlds.

2. Background

History of HIV Prevention in India

India's first cases of HIV were diagnosed among sex workers in Chennai, Tamil Nadu, in 1986. In 1987, a National AIDS Control Programme was launched to co-ordinate national responses. Through the late eighties and early nineties, the focus was to strengthen the surveillance system. Certain basic prevention activities like awareness and screening of blood donors and other groups at risk were taken up. By the end of 1987, the surveillance indicated that most of the initial transmissions had occurred through heterosexual sex, although by the end of the 1990s a rapid spread of HIV was also observed among injecting drug users (IDUs) in Manipur, Mizoram and Nagaland.

Prevention Approaches:

i. *Universal- Addresses the entire population with messages and programmes aimed at preventing or delaying risk behaviors.*
ii. *Selective/Targeted- Selecting subsets of the total population that are assessed as at risk because of their being part of a specific population segment.*
iii. *Indicated- Identifying individuals who are exhibiting early signs of the problem and targeting them with special programsmes to prevent further onset of difficulties.*

The National AIDS Control Programme (NACP I) implemented from 1992–97, was the first phase of the national strategic plan to prevent and control HIV transmission. NACP I initially focused on mass IEC campaigns to promote awareness about HIV in the general population, condom promotion and the licensing and regulation of blood banks to ensure safe blood supply.

Targeted Interventions were introduced late into NACP I. There were some programme pilots for behavior change communication with groups at higher risk. NACP II, implemented between 1999-2007, drew from an understanding that India was having a concentrated epidemic. Therefore, it moved from a general awareness approach and adopted Targeted Interventions (TI) as its primary strategy. The current NACP III document takes into account the diversity of the epidemic in the country and the co-existence of nascent, concentrated and generalized sub-epidemics. Therefore, TI remains the primary prevention strategy with peer-led interventions, implemented by CBOs and NGOs as the means to cover groups at higher risk. Even in the general population interventions, the groups at higher risk are prioritized.

Understanding the Targeted Intervention Approach

A targeted approach, which focuses efforts on specific groups whose behavior places them at higher risk of acquiring the HIV infection, has been the mainstay of HIV prevention efforts the world over. Targeted interventions have their roots in epidemiology as well as economics.

This approach grew from the early epidemiological evidence that HIV prevalence among groups of people with certain kind of behaviors - having multiple sexual partners or frequently changing sexual partners; having anal sex; and intravenous drug use - was considerably higher than among other groups.

Mathematical models, like that of Anderson, predicted rapid rates of transmission in a situation where an infected individual engages in risk behavior, and changes partners at a very high rate, and therefore supported this approach. Based on the assumption that their partners are also from the same group, the model concludes that when the infection rates within a behavioral group are already high, non-infected people in this group are at the highest risk of getting infected.

Public health economics also supported the targeted approach. In the context of scarce resources, economic compulsions decreed that work with groups who had the maximum risk of being infected would provide the maximum benefit. Since these groups were also seen to have a high probability of transmitting the infection to others, there was also the additional factor of the multiplier effect, where prevention of infection among individuals in this group could also prevent the secondary infection from these individuals to others.

Anderson's Mathematical Model:

The number of infections transmitted by an individual in the early stages of the infection depends on the probability of the individual infecting the susceptible partner over the course of infection, the rate of partner change in a specific period of time, and the duration of the infectious stage.

There have been many criticisms of this approach, mainly from an ethical perspective. They argue that to isolate specific groups as being at risk of HIV, increases their marginalization and stigmatization. It also presents the danger that HIV will be seen as a problem of the marginalized and socially ostracized groups and be ignored by mainstream communities and policy makers alike. The alternative general community approach focuses on giving universal messages on HIV and prevention in order to inform a greater number of people regarding HIV, irrespective of the level of their risk behavior.

It is now accepted that these are two complementary approaches, which add value to each other. While it is necessary for the general community to have an understanding of HIV, so that social norms can change and positively influence risk behavior, more intensive efforts need to be made with the groups at highest risk of infection. These interventions need to be tailored to the emotional, behavioral, social, cultural and psychological characteristics of these groups. Such intensive interventions entail a much higher cost and may not be needed for the general population. Targeted interventions are therefore a primary, although not the only prevention strategy recommended.

The Targeted Intervention Approach in India

India adopted the targeted intervention approach, based on a similar experience and understanding, after the initial surveillance showed that HIV

was geographically widespread, but still confined within certain groups - blood recipients and groups with high risk behavior like female sex workers and intravenous drug users in the North East.

The initial epidemiological underpinnings of the targeted interventions saw the groups with high risk such as "female sex workers" or "prostitutes" as they were referred to then, as the 'core transmitters'. They were perceived as the reservoirs of infection, within which HIV needed to be contained, so that they would not infect the other groups.

These groups faced harassment, social exclusion and denial of basic rights. But there was little recognition of their marginalized stature in these interventions. However, the Sonagachi experience changed this. In the brothels of Sonagachi in Kolkata, the interventions used an empowerment perspective. It regarded the women as partners in HIV prevention and as workers with rights. This paved the way for the rights discourse in HIV prevention efforts. The fact that HIV rates were lower in this area compared to other red-light areas in other urban centers added support to this approach.

Samraksha and HIV Interventions

Samraksha was initiated in 1993 as the HIV sector of Samuha, a rural development organization working in Karnataka. This was the result of Samuha's recognition of the vulnerability of Karnataka, specially parts of North Karnataka to HIV and the potential impact of HIV on other developmental issues.

This was a time when there was little awareness of HIV. Nationally, the first phase of NACP had just been launched focusing on awareness, testing and blood safety. There was no understanding about the people who were at greater risk of HIV or specific prevention efforts with them. Care and support initiatives for those who were getting diagnosed with HIV were also largely absent.

Samraksha adopted an approach which addressed both prevention and care. Its set of interventions comprising of intensive awareness creation, targeted interventions and a continuum of care, reached out to different groups at risk of, vulnerable to or impacted by HIV. This included not just women in sex work, sexual minorities or people living with HIV, but also other groups who were emerging as vulnerable, like young people in hostels, migrant construction workers, women in situations of commercial exploitation in jobs like garment factories and men in prisons.

Samraksha has used a focused approach to HIV prevention with different communities: women in sex work, sexual minorities and truckers. This document however will confine itself to describing and analyzing its targeted intervention experience with women in sex work. These interventions can be traced over a span of 17 years, over which Samraksha has been able to evolve different models for working with diverse and dispersed groups of women in sex work. Samraksha has worked in both the urban and rural contexts, and the growth and development of these programmes in these two widely different contexts are traced in the following chapters.

3. The Urban Intervention

1993–1995: Developing the Philosophy and Practice

When Samraksha started its work in 1993, there was little understanding of the sex work scenario in Bangalore or the ways of reaching out to and working with women involved in it. A model of targeted interventions with women in sex work was evolving, but it was largely related to brothel-based sex work. There were no guidelines or models for working with the vastly different scenario of street-based sex work, of the kind seen in Bangalore. Here, there was no designated red-light area, just a few sites known for street-based sex work. The only piece of documented information was a report on sex work in Bangalore in a local newspaper. Guided by the report and the journalist who wrote the article, Samraksha started identifying and reaching out to the women.

In 1993, Samraksha started working in three locations in Bangalore where a concentration of street-based sex workers was widely known to be present. It started reaching out to the women, talking to them about the basics of HIV: the ways of transmission and methods of prevention, condom demonstration, distribution and promotion. It also worked on helping the women to pool their skills in condom negotiation and encouraging them to seek services for sexually transmitted infections.

Shift to a Rights Based Perspective

Within a few months of the programme, as an understanding of the sex work scenario emerged, the gender biases in this approach became apparent. The health care providers as well as policy makers were seeing women providing sexual services and not their clients as core " transmitters." Consequently, there was labelling and blaming of the women. Samraksha found this unacceptable.

Within the organization, a perspective of the women as vulnerable people who were at risk of HIV infection emerged. In a very fundamental way, the programme changed from an illness-centered one to a person-centered one. It was not "targeting a commercial sex worker". It was now named the Sex Worker Protection Programme. It was not about containing HIV within this group, but the protection of these women from infection from outside.

This paved the way for the rights discourse in the intervention. Health was acknowledged as a fundamental right. Access to products and services to ensure good health was, therefore, their entitlement. This meant that the women had to assert their own right to good health by demanding safe behavior from their partners. This opened the window for the intervention to explore new scenarios with them: scenarios which acknowledged their disempowered status, their marginalization and their exploitation at the hands of the police, pimps, brothel madams, rowdies and partners.

For the women to take assertive actions towards self-protection, an enabling environment was required. Sensitization of secondary stakeholders, including pimps, rowdies and brothel madams became an important additional component of the programme in order to achieve this.

Most women also shunned the medical services which were available for sexually transmitted infections, because of the behavior of the service providers. This included moralistic preaching, leering and passing of lewd comments and sometimes even being molested during examination. Placing of counsellors in STI clinics, training of different doctors for STI management, and building a network of referral clinics for the women were strategies adopted to promote uptake of services.

The Process: Building Trust in the Community

In this phase, reaching out to the women and building trust with them was the greatest challenge. The women had mostly been involved in highly commercial and exploitative relationships. Therefore, there was a deep distrust of any facilitative process and a constant skepticism about why people at Samraksha wanted to interact with them and whether they had any vested interest. The lack of any moralistic overtones to the work or any attempts to rehabilitate them confused them further. As a result, they were evasive. What was needed was time and space for them to feel comfortable and trust the Samraksha team. Persistent attempts to reach them, without any other pressures was the key strategy.

"They used to come to the State Home for Women and ask us where can we find you? But we gave all the wrong places...we were thinking… if they come there, how will our business run. But they always came. We used to hide inside and see if they have left, but in pouring rain also they waited for us. Finally, we began to respect their efforts".

Once the women started responding, talking to them about their health, about HIV, the different STIs which they had to guard themselves against and about condoms was a good way of getting them involved. They had not been very concerned about their health or aware of the risks they were taking. The use of visual material like STI albums helped them understand and identify STIs and they started getting concerned about their safety.

"We didn't know what to think when they got out the model of male organ for condom demonstration. We wondered what is wrong with these people, don't they feel any shame. Why are they showing us this, don't we see them enough. Then they showed us the STI album, and we started getting interested, we had seen some of these signs in our clients, we then became interested in learning more."

Initiating Community Involvement in the Programme

As a development organization, getting the community involved in the programme was the first natural step and the concept of "peer educators" had an immediate appeal to the Samraksha team. Thus, community involvement in the programme started as early as 1994 when the first peer educators were recruited.

The women, as peer educators, had to walk the streets and this was an opportunity to meet and interact with more women. For many, it was a difficult process to work in their communities in the beginning. With the police and goondas harassing them, they needed to be alert and move quickly in the field. They also had to deal with the distrust as well as mockery from their own community for having become part of some organization.

"It took me at least six months (as peer educator) to even get the other women to listen to me. Six months of trying to talk to them and sometimes even fixing up some clients for them."

In the initial period, it was also important to let the peer educators become comfortable with the idea, the organization and their own roles before specific targets for coverage could be set or rigorous reporting could be expected.

"In the beginning, Samraksha did not tell us to do this or that. They just asked us to talk to the women, whomever we met. After some time, there were specific areas for us to cover. We would later come into the office to simply share what we had done."

Gradually, as more networks opened up, newer peer educators representing lodge-based and brothel-based sex work emerged. A policy of peer-led recruitment was initiated, where the women themselves were part of the committees for selecting peer educators. They did so with great objectivity, defining criteria for selection, evolving formats, and assessing the applicants. This process increased the women's sense of being a part of the programme and also ensured that peer educators had to have allegiance and accountability to the community they represented, as much as they did to the programme.

1996–1998: Extending the Scope and Coverage of the Programme

Understanding Diversity

An informal Situational Needs Assessment undertaken at this time pointed to a very diverse scenario of sex work. There were sex workers who worked in traditional brothels. Some of them had contracts with the brothels and were there for short periods of time to satisfy some critical financial needs, such as earning their dowry or paying off some debt. Then, there were street-based sex workers. Some of them were home-based/family-based sex workers who found clients through phone booth operators or brokers. Sex workers operating from lodges and hotels were another group. There were also sex workers who used to travel between nearby cities, for instance Bangalore and Tumkur, Bangalore and Mysore etc.

Part-time sex work was practiced by many women in the slums of the city. There were women who had other jobs in garment factories or were vendors of flowers, fruits or vegetables. They were involved in sex work as they needed supplementary income to meet their economic needs. These women did not always accept their sex worker identity and therefore could not be approached directly.

As the understanding of the diversity of the sex work scenario deepened, Samraksha started evolving varied responses to the emerging needs. In 1996, Samraksha received a grant from MacArthur Foundation, to enable the structuring and expansion of this programme.

Responding to Diversity

Different strategies were adopted to reach out to the women in non-threatening ways. Women in slums were reached out through door to door canvassing and coverage, under the larger umbrella of Women's Reproductive Health. Workplace interventions started with women in garment factories.

"We liked the clinic and later sent our clients also to the clinic. We told them this was a place where nobody taunted you or asked 'unnecessary things'."

Samraksha also started operating a 'Well Woman Clinic' in partnership with the Bangalore Municipal Corporation, in order to provide STI and RTI related services to the women. These services addressed women's health holistically. Not proclaiming itself to be an STI clinic, focusing instead on the concept of promoting 'wellness' among women, this service became a non-stigmatizing space for the women to access services. This was irrespective of whether they

wanted to be known as sex workers or not. Some of the women fondly recall how the clinic was a very comfortable space for them, where they felt accepted.

Extending Services to Clients

As the women started opening up about their clients and identifying client profiles that were difficult for safe sex negotiations, interventions for men at risk started. Systematic, appropriate interventions were initiated with different groups of men. This brought partners into the loop in a very natural way. With client education and condom promotion, STI treatment also began to be offered to partners. This initiated the inclusion of men in the responsibility of HIV prevention.

"We were mostly women on the street; we just had to manage our life and our clients. I don't know how we ever learnt to be systematic. But when we became leaders and had to manage 12 or 13 peer educators, we did it. We travelled, met so many people."

Building Programme Capacities in the Community

Some of the earliest peers started taking leadership responsibilities with the growth of the programme. They became part of the organization and took on more supervisory and programme management responsibilities.

As staff, the opportunities to hone and develop their planning and management capacities increased. To a large extent, they had operated alone. Many of them had never known the discipline or benefits of working in teams. Becoming a part of the organization developed these skills in them. Working alongside teams who were involved in other programmes of Samraksha (Care and Support, Women's Reproductive Health etc.) helped them develop perspectives on larger issues around HIV and development.

"We learnt so much about basic things, how to have meetings with specific agendas, how to present your work, how to talk to outsiders."

"As staff, I have done so many things in Samraksha. I have worked with their accounts team, I have even worked in the front office. With each job, I learnt something new."

Personal Development of the Women

The women who became staff also had opportunities for self-development. It gave them other identities they were proud of. They were respected as colleagues; their contributions to the programme and the organization were recognized and valued.

As staff, they also began to interact in a different environment, and on a different footing, with other stakeholders: the donors, the police, and the health care providers. In these situations, they were no longer "commodities" who could be bought; they were not victims who had to be rescued or "fallen women" who needed to be rehabilitated. Rather they were purposeful women, who understood the programme and the community and were beginning to provide direction and leadership to it.

"When I worked in Samraksha, I could tell people, 'I work for Samraksha, I work for women's health'".

"They never treated us any different from other staff. Even as peer educators, they asked us to attend their staff meetings, and when we became staff, no one ever looked down on us as sex workers. They respected us and learnt from us".

This early Sex Worker Protection Programme was significant not only for its rights focus but also because it was able to go beyond a brothel-based scenario to demonstrate a way of working with dispersed street-based, home-based and lodge-based women. It also recognized patterns of part time and seasonal sex work and the need for different ways of reaching out to women in these circumstances. This was Samraksha's first experience in running a Targeted Intervention and much of the learning was used later in developing interventions with women in sex work in rural areas.

"They trusted us. They appreciated the way we were doing the programme. Within the organization, they were proud of the sex worker programme. It was one of the best programmes".

4. Collectivization and Formation of CBOs in the Urban Context

In the early years of the programme, the women started getting involved mostly as individuals. Sometimes, there were small bands of 4-5 people who stayed together for safety and convenience; but mostly they did not even know each other. There was no feeling of solidarity among them and they saw each other chiefly as competitors. However, as they started coming together, certain events gave an impetus to their collectivization.

1999–2001: Collectivizing around the Sex Worker Identity and Challenging Harassment and Violence

Around this time, violence and police harassment of the women reached its peak. Many of Samraksha's peer educators were being harassed by the police even as they were trying to reach out to other women. They were repeatedly arrested on charges of obscenity or creating a public nuisance. They were arrested and detained under false charges of narcotics sale, running a brothel etc. There were several instances of custodial abuse, violence and torture including rape, severe beating, and atrocities such as chilli powder being rubbed inside the vagina of a peer educator.

"When the police arrested us, we simply tried to get out. Later, I thought, these police write that we stand almost naked and show off our body to attract clients. Actually, we take great care to dress very well. Why are we accepting these false charges? When one of our peer educators was arrested, she asked me to get her out. I said, we could get her out by paying the fine, but if she wanted to, we could also contest the case. She agreed and that was the beginning"

– Gita, Human Rights activist.

By this time, the women had a good sense of self worth and were no longer ready to accept this violence. They were angry. Yet, for years they had seen their work as " wrong" or "illegal". They had dealt with the police through evasion or paying bribes. Most of the women simply accepted the police charges of obscenity or soliciting in public places, paid a fine and tried to be released. Any challenge regarding their arrest had invariably meant a longer jail sentence or being committed to the state home for women.

For the women to challenge the police, they needed change at multiple levels. They needed an understanding of the law and a perspective that sex work, as they practiced it, was not illegal. They had to be motivated to challenge arbitrary arrests and seek legal redress. Great courage and support was needed as also a very fundamental attitude change. The surge in violence in 2001 gave them that push towards the change.

Strategies to Combat Police Violence

Various strategies were adopted to combat the police violence. Written complaints through "proper channels", meetings with the Police Commissioner, complaints to the Women's Commission and Human Rights Commission were some of the actions taken.

These worked but fleetingly. Very soon the old situations would prevail. The next level of response sought to bring the issue into the larger public consciousness through public demonstrations, holding press conferences and getting it raised in the legislative assembly. Again the benefits did not last long. In fact the public empowerment of the women was seen by the police as a challenge to their authority and increased the episodes of violence and harassment. Finally, going the judicial route and contesting various cases in courts was seen as the best option.

The women also became strategic in their response. One of the Police Commissioners was very strict about action against sex workers on moral grounds. They started noting the name and ranks of the policemen who demanded free sex and the time and location where they sought it. Each instance was recorded and sent to the Commissioner.

Police training programmes continued with great vigor, but changed in tone focusing on women's rights. Specific modules were developed for systematic training of different levels of police officers: commissioners, inspectors and constables.

"We used to run away, even if we saw a watchman, because of his uniform. Today, we can sit with the highest police officials and tell them how the ITPA is getting misused."

For the women, it was both an empowering and a terrifying time, mainly because the very fact of asserting themselves provoked more violence from the police. There were threats of murder, of acid attacks and public shaming.

Finally, the women with the help of Samraksha and other organizations filed a complaint with the police themselves that their lives were in danger because they were involved in the women's movement and they needed police protection.

Mobilizing Public Support

In terms of public support, the women had none. The media would focus on the sensational and want all private and personal details or look for a sob story of exploitation. A story of courage and confidence was deemed to have no news value.

Lawyers, barring a few exceptions, either had only a commercial interest or wanted a sexual service. Women lawyers were disapproving and could not accept that the women wanted to remain in the profession.

Women's organizations were openly hostile and took great pains to distinguish the violence or hardships of these women from that of "family" women. They would say that these women were "spoiling" society and the men.

A sensitization of these secondary groups was needed for them to realize that the sex workers were also women who were entitled to protection; that violence against sex workers was an issue of violence against women and a violation of basic human rights; that violence from partners was not very different from domestic violence. All this helped to mainstream violence against sex workers as a priority human rights issue and the police atrocities soon attracted censure: locally, nationally and internationally.

On March 25 and 26, 2002, two peer educators were arrested and beaten, and chilli powder was rubbed into the vagina of one of them.

Samraksha logged 20 separate incidents of police violence against 27 peer educator and othe women not conducting HIV/AIDS work. The vast majority of cases included severe beating of women in detention and extortion of money

– Report from the Human Rights Watch, July 2002

Networking and Building a Public Presence

Different platforms were created to bring people together: sex workers from different areas, as well as people who were otherwise involved in the issue of human rights.

Strategic partnerships were formed with Alternate Law Forum, People's Union for Civil Liberties (PUCL) and Vimochana (a Women's Activist Organization). This alignment gave a wider platform for the women to demand their rights. This link continues today, with Sadhana Mahila Sangha, a group of women in sex work who specifically work on the issue of violence against sex workers, supported by Asian Women's Human Rights Council.

At a formal level, the Bangalore Network of Women in Sex Work met a few times and aligned themselves to the national network. But informally too, there were meetings and sharing with other women in sex work from different parts of India. The women from Kerala, Sangli, Chennai, Tirupathi and Bangalore met several times to share their strategies for dealing with various problems. Together, they cried over their sorrows, celebrated their strengths and promised each other total support and solidarity. They all went to Delhi to protest against the ITPA, to Sangli to protest against land grab from the women by local groups, to Kolkata to celebrate with Durbar Mahila Sangha and to Dhaka and Tangail to learn about community organization. Each visit was inspiring.

"We are part of other protests and movements, be they for land, water or whoever. And we want everyone to be part of ours, to recognize that an assault on one of us is an assault on women"

– President, Sadhana Mahila Sangha

All this helped the women to gain in confidence and face the media and the police effectively. They held press conferences and were interviewed on TV. They developed a public image as responsible community leaders.

2001–2004 Forming Community Based Organizations and Forging New Identities

The surge in police violence also sowed the seeds of collectivization as the women understood the value of coming together. They continued to gain in confidence and were encouraged to explore forming of an independent collective. Certain leaders emerged for this collective, mostly from among the women who had gained exposure and experience through their involvement with the programme and the organization.

The process of establishing the independent collective was a long one- full of doubts, concerns, fear and insecurity on the part of the women. Many of them had developed a comfort level within Samraksha, and they didn't want to venture out and wondered if they were being excluded. They were worried about taking independent responsibility and also of losing the safe space within Samraksha. Several meetings were organized by Samraksha and facilitated by people from other social movements to conscientize the women on the issues involved and what building an organization in a democratic way meant. Eventually, they registered a CBO: Swati Mahila Sangha. Samraksha continued to give some mentoring support to the CBO, which included 6 months of financial support and eventually linking them up with the Karnataka State AIDS Prevention Society.

It was a struggle for the CBO after it went independent. The fund release from KSAPS was erratic and often the honorarium of peer educators would be pending. But the CBO was able to withstand these initial difficulties.

There were power struggles within the organization in the initial transition period. Samraksha was careful not to align itself with any group in this phase. If offered full support to reconcile the differences, if all groups came to the table. Such a neutral stance helped the CBO from getting divided at the early stage itself.

With time, however, there have been other changes. Some women have either opted out or were forced out in the new equations. As the CBO grew and assumed responsibilities for different programmes, there has been a narrower focus on specific targets and deliverables. Some of the women have questioned the excessive focus on programmatic targets and regret the loss of engagement with the larger issues of the community and their collectivization.

"Samraksha had told us, running an organization, is not like here today, gone tomorrow, you need to be strong, and resist the destructive elements. And in time we did it."

2004–2009: Independent Funding and Expansion into Other Areas

Eventually, the CBO received support from the Bill and Melinda Gates Foundation's India initiative (Avahan) for a focused HIV prevention programme. As part of their requirement to access the funds, they independently entered into a partnership with a management consultancy service for technical and management support to help implement the programme in Bangalore city.

The partnership has prospered. It is now in the third year of implementing a targeted intervention programme in Bangalore and also has many other programmes, funded by the government as well as other donors. In the last 5 years it has grown into a large membership organisation of women in sex work. It has formed a women's co-operative and is engaged with improving the economic conditions of women in sex work so as to improve their negotiating capacity. It manages large operations, big budgets and offers consultancy to other programmes as well.

This new direction has cost the CBO some of its original activism and inclusive mindset. The economic and management aspects have blunted the original sharp rights focus of this group as some strongly rights based elements broke away to form their own group. The leadership is no longer connected with a strong socio-political world view. However, it has been able to build a huge and efficient organization of women in sex work governed by themselves, which itself gives the women a great position of strength, and lifts them out of marginalization to some extent.

5. Major Learnings from the Urban Experience

For Samraksha, the experience with these interventions not only strengthened the conviction about working with women in sex work with a rights based perspective, it also deepened the organization's understanding of the diverse realities of the lives of women in sex work, and their different strengths. There were many learnings from this experience.

The programme demonstrated that it was possible for a community identity to emerge from a diverse, dispersed urban group. Such a community, which may form because of the need to solve immediate problems, also has the potential to sustain itself and start addressing some of the systemic roots of marginalization. This experience has strengthened Samraksha's core belief that people and communities can take ownership of the HIV issue.

The leadership evolved from those that came forward first to participate in the programme. Samraksha looked to them to build others. This did happen at the HIV prevention programme level, but it did not happen to the same extent at the community empowerment level. The learning for Samraksha has been that a broad base of potential leadership has to be facilitated right from the beginning.

As some community members take the lead in the project or become part of an external organization, there is a danger of their identification with non-community perspectives and becoming distanced from the community, their needs and priorities. The learning has been that leadership for the community must emerge and develop in its own context, and all the NGO efforts to support the leadership development must be mindful of the fact that leaders should retain their intrinsic base in the community.

In the period of transition to the CBO, power struggles were inevitable. The learning has been that letting go, taking a neutral stand, and facilitating the CBO to reconcile its own differences pays off. Taking sides on the issue or getting involved in resolving the conflict can divide the emerging CBO.

Sometimes when the emerging CBO goes into an accelerated growth phase and begins to manage multiple projects, targets and deliverables can push the CBO in specific directions. The organization itself can then begin to operate within a project mode and some of the elements underlying a rights-based approach can be blunted in this process. Hence it is important to invest in organizational visioning and the community's ability to constantly align their activities with their vision. This will help all the members understand the fundamental mandate of the organization, beyond the goals and objectives of any specific programme.

6. The Rural Intervention

Samraksha's work with rural women in sex work started just after the urban interventions, in certain pockets of Raichur and Koppal districts. At that time, what was known and visible was largely an institutional form of sex work. The work in this area has gradually expanded in terms of coverage. Over the years, Samraksha has been a witness to the changing scenario of sex work. It has been able to understand the nuances and evolve a model of targeted intervention suitable for rural women in sex work. This is especially significant because most programmes have ignored rural sex work as being largely non-existent or being of too low a density to merit interventions.

1994: The Beginning

In 1994, when Samraksha started working in the then unified district of Raichur, sex work was known to exist mostly in the small towns. There were some places identified as red-light areas and there were brothels. There was considerable mobility of the women, between different brothels where many of the women had short-term contracts. Simultaneous interventions were started with the brothels and with the more mobile sex workers who operated out of dhabas and highways.

1996–1999: Reaching Out

During this time, Samraksha was reaching out to about 200 women in these areas. However, due to their mobility and their short-term brothel contracts, regular reach was not possible. While about 50 percent of them may have remained in constant contact, there was constant turnover in the remaining ones with frequent addition of new women. As this was a non-funded project managed by a few field staff, following the women into other districts or even other talukas was difficult. This lack of regular contact and involvement remained a major limitation.

Interventions consisted largely of behavior change communication and condom distribution. STI services were also provided through camps, at dhabas and through referral clinics. These were initiated after training 5 local doctors on syndromic management of STIs. Field staff was trained as lay counsellors and STI counselling was made available in all the camps.

Around this time, as HIV became more visible in North Karnataka with many people dying of AIDS, there was a media campaign from the State and other groups. Unfortunately, the campaign, in its efforts to prevent the spread of the epidemic, used images of terror and blame. This resulted in a public outrage against sex workers who were seen as the source of HIV infection. There was a huge moral backlash. The women started suffering from frequent police raids

and brothel shut-downs. The youth groups also took a hand in the issue and were responsible for the torching and destruction of many of the identified brothels in the red-light areas. As a result, the concentrated pattern of sex work noticed around these areas changed. The sex workers became dispersed, hard to reach and often lost to contact.

1999-2004: Regaining Contact Through Structured Interventions

In 2001, Samraksha launched a focused intervention in 10 towns in this area. The interventions were preceded by a mapping exercise, which adopted techniques like capture-recapture to estimate the numbers of mobile sex workers. Insider-outsider teams of a woman in sex work and a non- community outreach staff were formed to connect with different kinds of key informants. They mapped the locations of sex work practice and also estimated the number of women in those locations.

The interventions were launched at specific locations where a high density of sex workers was noted. Although this was a far more structured approach compared to the early interventions, it was still limited only to the areas of high density or the known hot spots where the women generally accepted their sex worker identity. Part time, partially hidden sex workers could not be reached through this programme.

2004: Going to Scale and Understanding Rural Sex Work

"I was convinced that Samraksha was wasting time trying to map sex workers in our district. There were none here. Why, I grew up here and knew the area so well. As the SNA progressed, I was amazed.

I had imagined sex workers to be highly painted women and gaudily dressed as we see in films. I realized that they are ordinary women like us, whom circumstances led to this way of life. It was the SNA that opened my eyes".

– A Samraksha field staff from Uttara Kannada

In 2004, there was an opportunity to go to scale and implement district wide preventive interventions in five districts of Karnataka. This was mostly in partnership with Avahan, the Bill and Melinda Gates Foundation (BMGF) initiative in India. Samraksha launched district wide prevention programmes in Raichur, Gadag, Haveri and Uttara Kannada in partnership with the Karnataka Health Promotion Trust (KHPT) as part of the Sankalp initiative, and an intervention in Koppal in partnership with Karnataka State AIDS Prevention Society (KSAPS).

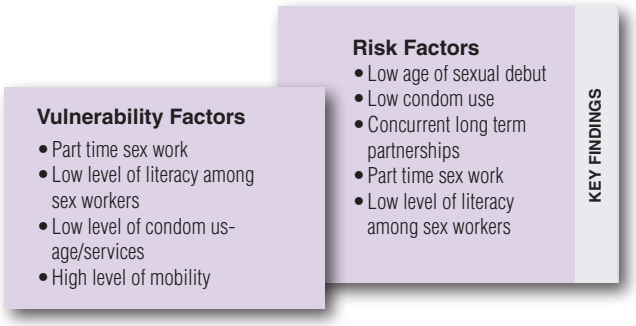
As the first step in this scale up, Samraksha undertook an in-depth Situational Analysis and Needs Assessment in these five districts. This exercise went beyond a simple mapping and estimation that explored points of solicitation and type of operations. This study used an ethnographic approach to have a deeper understanding of the risk and vulnerability of the women, the patterns of sexual networks and service seeking and its link to mobility in the districts. It was led by an anthropologist from a social research organization.

This study was huge in terms of its scope and coverage. It covered 600 sites and used seven different tools in order to generate qualitative and quantitative data. A team of about 200 staff were involved in the data collection, and this involvement was itself the best orientation that this newly recruited team could have about the sex work scenario in their area and the work which lay ahead.

The study highlighted the existence of sex work operations in rural areas and also the complexities around part-time, hidden and individualized sex work. Part time sex work was common, with many of the women reporting

other occupations including those of daily wage worker, flower seller, street vendor and house maid. More than 60 % of the women, across all the districts were married. Around 65 % of the women reported non-spousal long-term relationships for periods ranging from one to five years. Thus, a pattern of long-term concurrent partnership, known to be a high risk factor was noted.

The study also highlighted other risk factors for the women. The age of sexual debut was very low, below 17 years, for more than 50% of the women. In many cases, the sexual debut was with a person who paid for sex. Condom awareness was very low with less than 50% having heard of condoms and even fewer who had used them. Understanding about condoms in the community



was very varied. Many of the women, who are now managing the programme recall that in the early phase of their involvement with the programme they had no idea about what a condom was. They had even used the condoms which they received as a plaything, blowing air or filling water in them. This is particularly significant considering that by 2004, when the programme started, there was already a public discourse on condoms through many mass media channels. But it has not penetrated to reach the women.

There were other factors which accentuated vulnerability. More than 70% of the women were not literate and came from marginalized castes and ethnic groups in the community. More than 75% of the women were the chief wage earners in the family and the dependence of the family on the sex work income considerably reduced their negotiating power with clients.

200–2010: Programming in the Rural Context

There were some major challenges to programming. One was the geographical dispersion of the women which made just a peer educator-led model an inadequate design as this required one peer educator to reach 50 women. In terms of logistics of time and distance, if all women identified had to be reached, this was an impossibility. The SNA had also revealed an extensive pattern of part-time hidden sex work and a way had to be found to reach these women.

Programmatically, one major adaptation was the use of a cluster approach. Known sites of risk activity, which were geographically proximate were grouped into a cluster. These could consist of urban, peri-urban and rural areas within

a taluka. Each taluka could consist of a number of clusters, and while the taluka remained the administrative unit of intervention, the cluster became the programmatic unit. This allowed for more flexible interventions to suit the needs of the specific cluster.

Understanding Levels of Disclosure: A Newer System of Classification

Within a year of programme implementation, a major insight gained was that women had differing levels of disclosure regarding their sex work identities within their families and community. Some were open, some were partially hidden and some were completely hidden.

These differing levels also meant that the women faced different kinds of problems and had different needs. It also significantly determined the extent of their involvement in the programme. The traditional classification based on point of operation classified the women as brothel, street, home or lodge-based sex workers. But in each of these categories, it became apparent that there were open, partially open and hidden women. It would be this classification that would be useful in adapting the programme components to each of the groups.

There was some fluidity between these groups: the hidden or partly hidden sex workers could become open sex workers, if they saw benefit in it. For open sex workers too, change in a partner, move to new location or growing up of children could shift their position and they could assume a hidden identity.

The intervention itself grew from a fundamental belief that these levels of disclosure chosen by the women should be respected. The women should not be pressurized to accept their sex worker identity, attend programmes or seek services in an open manner. Allowing the women to retain their hidden identity helped them gain trust in the programme and open up at their pace. Indeed, many of the women, who are now recognized leaders in the community and openly accept their sex worker identity, initially started accessing services, especially STI related services without ever disclosing their identity.

Different channels of reaching products and services were developed to reach women in different circumstances. A range of options were developed to allow women to access condoms and STI services, depending on their comfort with the programme and the openness of their identities.

Outreach strategies were also adapted to respect the needs of hidden sex workers. A completely peer educator-led model of outreach could not be used, since the hidden sex workers would shun any contact with a peer educator, who was openly accepting her identity, for fear of inadvertent disclosure. Therefore insider-outsider teams of outreach workers and peer educators were built. Hidden sex workers sometimes found it easier to establish contact with an outreach worker whose identity is that of organization staff and not in any way associated with sex work. A non-hierarchical relationship between outreach workers and peer educators was maintained with the outreach workers having no supervisory or other control over the peer educator.

Dimension	Open	Partially Open	Hidden
Extent of Disclosure	Fully accept their sex worker identity	Accept their identity only in certain situations or among their peers	Sex worker identity is only known to one or two people and there is a desire for total confidentiality
Other Occupations	Practise sex work full time have other occupations	Practise sex work part time and other occupations	Practise sex work part time and have other occupations
Sources of violence	Police, clients or pimps	Partner violence is more common; police or pimps is rare	Violence is not a reported problem
Access to services	Cannot claim their rights and entitlements in the mainstream	Claim their rights and entitlements through their other identities	Part of mainstream and claim their rights and entitlements through other identities
Involvement with the programme	Are interested in self-organization	May be a part of solidarity events but not involved in self-organization	Involvement limited to accessing condoms and services, do not want to attend meetings or solidarity events

In addition to this, many community based cultural events were also used as umbrella activities to reach out to the women. The santhe or the weekly market for instance was identified as one of the biggest sex access points. This location was used ostensibly to reach out to men at risk, like the clients and regular partners of the women in sex work. But it was also a platform to reach out to the regular sex workers, contact new sex workers, offer referral for STI services, ensure condom supply and connect volunteer sex workers with the outreach staff or peer educators.

Channels for Distribution of Products and Services

Condom Distribution

- Direct distribution by volunteers.
- Community Stockists.
- Outlets.

STI Services

- Programme Linked Clinics at Drop-in Centres.
- Fixed day, fixed time clinics. Outreach clinics at places and times, which were decided and fixed in consultation with the women.
- Referral Clinics: Service by other doctors trained in STI Management.

Whenever they tried to come and talk to me, I ran away from them. Today, I am running the programme and when I try to reach out to some woman and she runs away, I understand how difficult it was for Samraksha then. But I know these women will also talk to me some day.

Building Voluntarism in the Community

While the whole movement to develop the voluntary spirit among the community of sex workers had many dimensions, one initial purpose was to seek their support to expand the scope and coverage of the intervention and ensure regular contact with a dispersed population.

It was relatively easier to reach out to the women in the urban cluster at their point of work, but reaching out to them in the urban-rural and rural clusters was more challenging. Especially in the rural clusters, the women were so dispersed, that there would just be two or three sex workers in one village. It was both time-consuming and expensive for the peers and outreach workers to maintain regular contact with the women across these scattered locations.

A strategy of encouraging voluntarism in the sex worker community proved to be effective to reach out to the dispersed and hidden population. Volunteers too were open, partially open or hidden sex workers and could connect with other women in similar circumstances.

Samraksha adopted a rights-based approach in working with the volunteers. The volunteers supported the women in their communities to have access

to products and services, organized weekly meetings to build solidarity and connected new women to the peer educators. There was no monetary incentive and specific targets were not demanded of them. Surprisingly, many women preferred to be volunteers and work without any financial incentives because there was no pressure to disclose their sex worker identity or register with the programme. The community volunteers were mostly motivated by their desire to help other members of the community. They were encouraged to continue by recognition of the importance of the work they were doing.The emphasis was on acknowledging and supporting rather than supervising them.

The Approach Voluntarism

- Community- centric rather than programme - centric
- Focused on building ownership and motivation rather than offering incentives for delivering targets
- Not driven by specific targets and programme pressures
- Supported through debriefing meetings and skill building trainings
- Volunteer recognition and appreciation

The Contribution of Voluntarism

- Emphasized the need to reach every woman in sex work
- Built a sense of ownership regarding HIV prevention
- Created a pool for peers to be drawn from
- Supported women in sex work in the community with condoms, STI referrals between peer visits
- Represented site level community members' needs and problems
- Reached hidden sex workers unobtrusively

Monthly volunteer de-briefing meetings were held, to recognize their contribution to the programme and also give them space to discuss and learn from each other's experiences. Regular knowledge and skill building trainings were also offered.

The importance of voluntarism was also recognized in other policies and practices, for instance, in the recruitment of peer educators. One of the criteria for selection as peers, evolved by the community, was that the women needed to have volunteered at least for a month before being eligible to take up the post of a peer educator.

Building Trust in the Community

As with the urban programme, building trust in the community was the major initial challenge. This was especially difficult because of the varying levels of disclosure of the sex worker identity. These women had other identities in their communities. They were mothers, wives, and sisters. Any open involvement with the programme evoked the fear of disclosure and a threat to these other identities. Their dispersed location and mobility also meant they were not part of a single geographical community, and even regular interaction posed a challenge.

Open House Meetings

- Weekly, fortnightly local level get togethers
- Open to all hidden, open and partially open sex workers
- Could not be distinguished as a sex worker activity
- No pressure for the women to participate

The first step in coming together was finding a non-threatening space for meetings. This was created through open house meetings, held at every site in a cluster. This was a place where the women could get together and talk to each other. It was a chance to reach them with information and condoms. It was also an opportunity for the women to simply relax and share their problems.

This kind of space was thus effective for the open and hidden sex workers to interact, understand and respect each other. The hidden sex workers could also learn to appreciate the circumstances of the open sex workers, their constant vulnerability to different forms of violence, and their strength in standing up to the violence.

For the open sex workers, they could understand the need for the partially hidden and hidden sex workers to remain so, in order to protect their other roles They also realized that they, as open sex workers, would need to be their front and articulate their problems too. Many have learnt to respect this need, while some hope that with increasing empowerment of the community, these women may also eventually disclose their sex work identities.

"When some of us who are open are talking, it is not just for us, it is also for all our sisters who are hidden."

Recognising and Enhancing Social Capital

Other events like the monthly 'Namma Mane Habba' at the Taluka drop-in-centres and the bi-annual 'Gelatiyara Mela' at the district level provided additional spaces for celebrations and coming together. There were competitions like dance, music and rangoli, both for the women and their children. There was involvement of partners through programmes like *adarshadampathi* (Ideal Couple). Important days like children's birthdays, naming ceremonies, national holidays, and different festivals across religions were celebrated.

"They don't want to be publicly associated with us. When I was a peer educator, they said, you can say you meet us regularly, but don't say who we are. And I understand their position. We have to be careful while contacting them."

These events started acknowledging the lives of the women, beyond their sex work: their lives as mothers, daughters, sisters, talented individuals and citizens of the community. Celebration of festivals like nag panchami, and gouri habba at the drop-in-centres was also a symbolic way of restoring their identity and status as women, something which society had for so long denied them. They celebrated Ramzan and Christmas too, affirming that there were no communal or caste divisions amongst them.

Such occasions also gave women spaces to develop social relationships and friendships. Even as these activities created shared experiences of joy and familiarity, they opened up spaces to share pain and sorrow. They realized the underlying similarity of these: rejection from home, rejection by partners, fear of harassment from police, being looked down by neighbors, violence and abuse. This coming together lessened their sense of loneliness, and they started coming together during difficult times too.

Repeatedly, one would hear statements of "why do you worry, we are there for you!"; when the partner was violent; when the children rejected them; when they got diagnosed positive; when they had a debt to pay; when they got sick; when they needed end of life care or the children lost their mother. The community members would be there, ensuring care, support and dignity in life and death for their sisters.

As the women started sharing their problems, the next step was seeking solutions. Their meetings became the space where they could brainstorm together and come up with different solutions and work on them. The women started intervening with significant stakeholders in the external environment: family, community, taluka authorities, school authorities and even the policemen

whom most of them used to dread. While looking for solutions, the women also started reflecting on whether those solutions would suit the circumstances of the people involved. Thus, their actions also became more sensitive to the needs of specific women in sex work. Each problem solved was an exercise in building confidence and self-esteem and added to the community's life competence. It also strengthened their belief and their commitment to the collective, because the women started drawing strength from numbers as they challenged many injustices.

Building Capacity for Programme Management

From the very beginning of the women's involvement in the programme, they were never just "beneficiaries", but people whose right it was to claim those services and who would one day run the services. Community involvement in the programme has been a gradual process which has grown with the growth of the community identity. Initially, the women were individuals who were part of the outreach team as peer educators. Then, they moved on to being members of an informal group that started taking up programme responsibilities. Establishing a non-hierarchical relationship between the peer educators and the outreach workers ensured that even at the early stage, the women did not feel that they were part of someone else's programme.

In addition to traditional programme management training, different strategies were used throughout the programme evolution to build community capacities. One area was strengthening capacity to recruit. A primary strategy was recruitment through peer panels. This panel sought a fair and objective selection and so Samraksha invited peers from the taluka, from other talukas and sometimes even from other districts onto the peer panels. Criteria for selection was evolved by the peer panel . All recruitment-related processes like interviewing, short-listing and selection were also done by the peers based on this criteria.

This meant that the community members on the panel had to understand the programme, what the objectives were, what the peer's role was and what strengths they needed to look for in her. All this built a sense of fairness and transparency in the group. This also led to a clear job description and result areas.

Flexibility to Develop New Methodologies

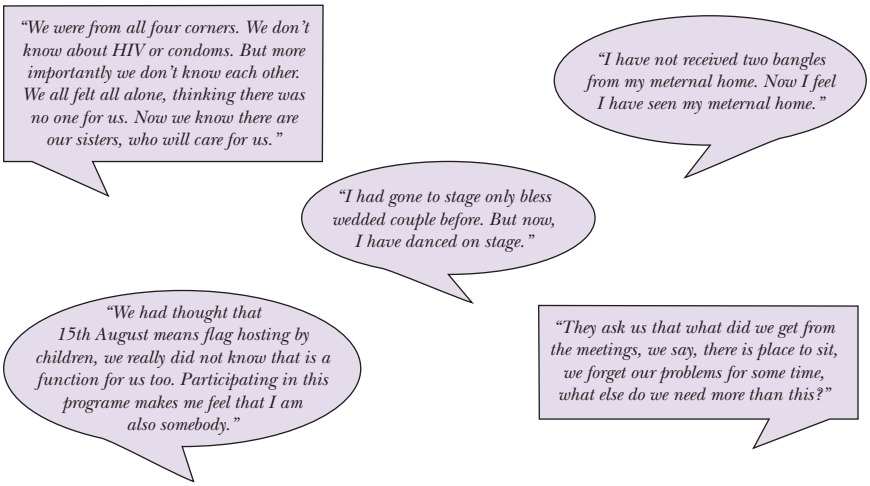
Another focus was on building the CBO capacity to look at outcomes and provide flexibility to the peers and outreach staff to continuously try out new ways, both to keep a creative energy, and prevent burn-out in reiterative communication. Standard IEC messages were allowed to be continually modified to suit the unique communication styles and methodologies of the women, so that peers could share it more effectively with each other. These were mostly developed by the women themselves. Many of these took into consideration their need not to carry too many materials, as in addition to their allocated hours of work, they were always alert for new women and opportunities for

education. Once they understood the concept of the communication, they could turn their saree *pallus* , their fists, their elbows, their betel leaves and nuts into educational material. They could talk about speculum testing, STIs and condom usage with the minimum of material.

Community-Friendly Progress Tracking and Reviews

Peer friendly monitoring tools were used, including largely symbolic peer cards and calendars, which were suited to the needs of a largely non-literate population. These tools allowed the women to develop analytical skills, review progress, understand the extent of coverage and existing gaps.

Their involvement with the numerous events at the taluka and district level, including open house meetings, DIC events, international days like Women's Day, World AIDS Day and Candle Light Memorial Day gave them opportunities to go beyond their specific programme responsibilities to understand planning and organizing, working as a team and delivering on specific tasks. In short: event management!



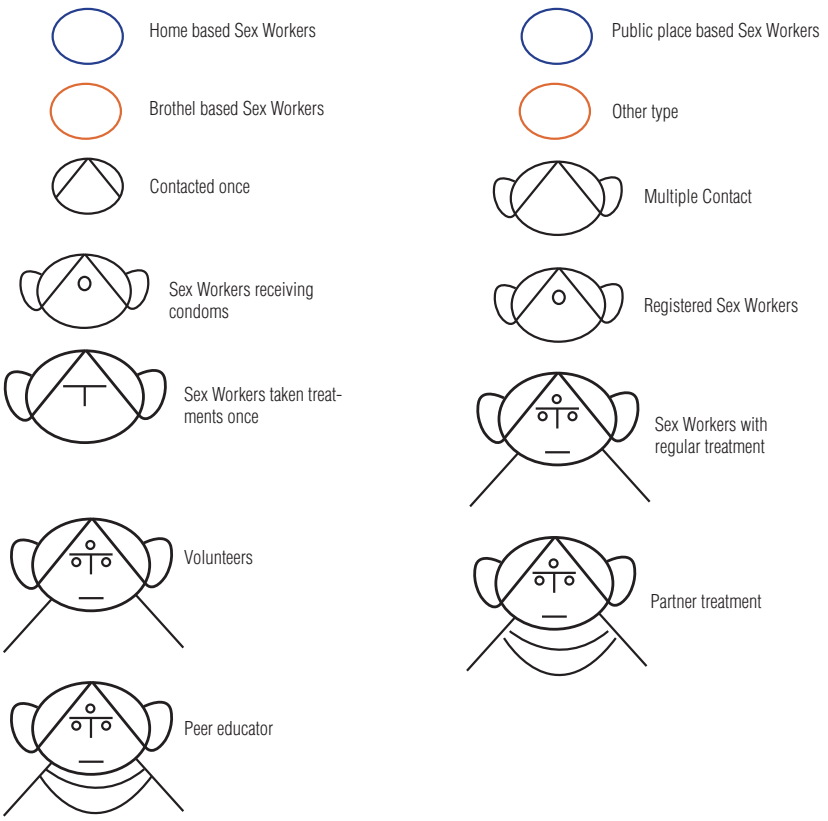
Monthly meetings and reviews gave opportunities for sharing across the talukas and districts and across the different typologies of sex work operations and promoted cross learning. The women were able to get a perspective of the programme at the district level which involved so many different stakeholders.

As site and taluka level groups emerged within the community, certain women were selected by the groups to form committees to look at improvements and smooth functioning of different components of the programme like clinical services, community mobilization and DIC events.

Currently, programme management committees have taken up many components of the programme. As community managed programmes, they are evolving their own mechanisms for accountability that are more suitable for membership-based organizations.

Strengthening Administrative and Management Capacities

Rotational responsibility for managing different administrative tasks like logistics, maintaining time, minute keeping, recording and reporting, meant that a lot of women picked up these skills. Encouraging peer educators to draw and settle programme advances from the very beginning helped them understand basic accounting principles and how to use them. Regular debriefing after events and reflecting on lessons to carry forward ensured that each experience was a learning for good management.

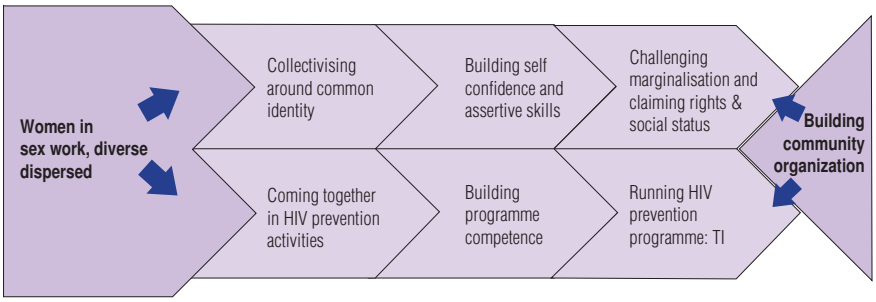


Paripoorna Mahile : A Tool Created by the Women to Review and Assess Behavior Change

As getting together became regular and structured, women started valuing and enforcing social behaviors like punctuality, respect for time, respecting diversity and differential strengths, listening to the other's point of view and allowing space for respectful contentions and reconciliations. These were crucial, if the women had to work together in an environment of mutual respect.

There were two parallel processes of growth and development in the group. At one level, a group of dispersed women came together, forged a common identity and established a community-based organization. At another level, they started managing the programme. Starting as service seekers, many became volunteers, peer educators and are now programme managers.

Programme development and CBO building both needed some skills which were foundational. Learning to work together with mutual respect, self discipline and developing a work ethic were some basic ones. Each fed into the other and they were intertwined.



Parallel but Connected : Development of Community Solidarity and the Development of Programme Capacity

7. Collectivization and Formation of CBOs in the Rural Context

Collectivization of women in sex work in the rural communities was different from the one witnessed in the urban situation in Bangalore. It was not anger against an injustice that mobilized them. It was much gentler, more life-enhancing. It was a wish to make things better for themselves and their community members and there was recognition of their own strength to do it.

Though embedded in the HIV prevention programme, the process of community mobilization had a clear focus on community solidarity and joint ownership of the issues confronting the women. From the very beginning, through each of the activities within the existing project framework, the effort was to look at the well being of other women in sex work. This helped the emerging community leaders to dream and have vision beyond the HIV prevention project.

Right from the beginning, the outreach was never just BCC , condom distribution and STI referrals. It included responses to other social issues like partner violence, problem with neighbors, harassment by bystanders in their soliciting areas, behavior problems in their children etc. In the clinic, the women got trained as health advisors and could support the women to be fearless about speculum examination, to come to terms with an HIV diagnosis and to provide nutritional support to someone on ART.

The Journey of Collectivization

The coming together of such totally diverse women does not just happen by itself. All that was common among these women was that all of them provided sexual service for a fee. Many of them did not even accept the identity of sex work as one of their key identities. They were all in sex work for different reasons: part time, seasonal or full time; their customers found them in brothels, homes, lodges, streets, fields or other public places; they were Hindu, Muslim, Christian, Buddhist; they were from different castes , tribes and ethnic groups.

They were also all from the same mainstream society with its social stratifications and inequalities; fears and prejudices. The programme was in some ways bringing them together physically in activities, but the challenge was to bring them together in spirit.

Samraksha thought of many ways of doing this. The very first was finding a common identity, an identity that they would accept. Being a woman was an identity they all claimed. The next step was identifying with one another, recognizing each other's joys and sorrows and seeing life's parallels and

universality of situations. In short, relating to each other as women in similar circumstances. This deeper human level of relating helped cut through the other differences of birth, looks, existing social status and readiness to disclose the sex work identity.

These processes had to be planned and facilitated. Opportunities had to be created for the women to discover themselves and each other. After all, they had lived for years with their image shaped by a society that was prejudiced against them. Samraksha sought to do this in four ways:

Building Understanding and Conviction in staff

Firstly, Samraksha's own staff had to have an understanding of the women, their circumstances; the structural inequalities; the power structures and the exploitation and marginalization that they had faced. Samraksha had two of its senior- most staff attached full time to this programme for 4 years, to build this understanding in the team. Both travelled widely, met women in sex work who were getting organized in other states and also other countries and learnt from them. They set the tone for the team by their own convictions, attitudes and positions regarding sex work and women in sex work. This was strengthened through reflections on these aspects during team meetings.

Secondly, staff members were also capacitated on the concept of community empowerment through formal trainings, exposure visits and guided reflections. Self awareness and self development training of the staff was organized with the facilitation of a senior trainer to deal with the prejudices and beliefs they had been socialized with all their lives.

Lastly, the handing over process was transparent and the team knew from day one that the goal was to empower and capacitate the community to manage the HIV intervention in five years' time. Every year, staff handed over their places to the community and some programme positions became filled by the community. The strength of staff in districts dropped from 33 in the first year to 3 in the last year.

Community Support Team (CST)

The Community Support Team was initially thought of as a peer-based problem-assessment and problem-solving tool in talukas where there were difficulties between sex workers.

However, as the concept developed, its potential was startling. It could bring the women closer in understanding; it could also build the commitment of emerging leaders to the whole community of sex workers, irrespective of "category" or "typology".

What was the CST process? The CST process consisted of community immersion, structured training and guided reflection over a period of 4 weeks. The first CST team consisting of 7 peer educators from different "typologies" went to each taluka – almost like a padayatra - meeting women in sex work individually and in groups across all the sites; introducing themselves as sex workers and listening to their stories. But prior to this, they had five days of

structured sessions on communication and problem analysis, confidentiality, sensitivity, gender, self-awareness and relationship building.

The women also made some rules for themselves on these immersion visits. They decided that they would be listening and appreciating, not finding fault; they would go with an open mind; they would not get involved in inter-personal politics at the site; they would not take away the business of the local women by picking up partners; they would not drink on-site.

Community Support Team:

- A commitment of 4 weeks from each member to the process
- Structured training on self awareness, problem analysis, communication and relationship building.
- Community immersion through travel and meeting women across the district for 3 weeks
- Reflection and Analysis

As they went from one taluka to the other, listening to the experiences, they understood the myriad hues in the lives of those sex workers. They shared the pains, understood the problems and grew in motivation. Their prejudices slowly dropped: it did not matter who was brothel-based and who was home-based; nor did it really matter if someone did not want to disclose. They understood their complementary strengths and roles in the movement forward. They stayed every night at the local drop-in-centre as the guests of the local team. After every taluka visit, they debriefed with the senior facilitator and the programme team leader.

"We went in as experts, listening but feeling we knew so much more. We did not even have much respect for each other in the team, each having some negative impression about the other. But, every evening when we came back to the DIC, we had to pass the time. We had made our rules not to pick up clients or drink. We were also too tired. So we ended up spending time with each other. One by one, we started opening up and telling our stories and sharing the pain we had never shared with anyone else. We started reaching out to each other. We became sisters."

This unique methodology of community immersion with structured, intensive training had far-reaching impact. It helped the women gain a good perspective on the sex work in their districts. It helped them understand circumstances of sex work, beyond their own experiences. It also wove a unique emotional bond across typologies and programme-created divisions. Eventually, this created a group of leaders who could represent the diverse interests of all the women in the district. This broad base of leadership also added to the democratic processes, making meaningful choice and election possible.

The first batch of peer educators came back so visibly bonded and confident that the rest were amazed and 45 others signed up and were included in subsequent batches. It was felt that a wide range of people with the understanding of issues was needed. So, in the second and third batches, the CST experience was thus extended to volunteers - women in sex work outside the programme team. There was one peer educator and two community volunteers from each taluka.

Building Self-Esteem and Self-Worth

"I lived in my own world, did not bother about others. Then one day I wrote a song and sang it in the DIC event. I got the first prize and everyone started appreciating me. Then, I thought, I too am someone. Gradually, I started getting more involved and my commitment to do something for my sisters grew."

Using the programme framework, several opportunities were created where every woman could discover her strength, whether it was successfully planning and organizing an event, making a presentation or winning a prize in a rangoli or singing competition. The police training played a major part in building this. The women would accompany the trainer from Samraksha and take a session on risk, STIs or the Immoral Traffic Prevention Act. Only after the session was completed and the participants had finished seeking clarifications, would they disclose their identity. Informing the police about ITPA had extraordinary power in communicating their capability. This reversal of roles as trainers gave them

a surge of self-confidence and self-esteem. Their training of local government officials along with the DAPCU also added the same sense of self-worth.

Supporting Actions in Advocacy, Crisis Management and Compassionate Care

Once the women started responding to each other's problems, the issues came to them in scores. The women took the lead in addressing them, made the decisions and were supported by Samraksha. As these issues began to get resolved, they celebrated their achievements and they grew in confidence and in solidarity.

Some of these issues related to advocacy. They demonstrated great courage and conviction in handling them. They stood up against authorities, police, press, local leaders and abusive partners. They were able to get newspapers shut down, unearth and publicly denounce pornography rackets. They rescued the children of their community members from abusive partners. They advocated with the police and local community leaders to prevent the public shaming of some young women arrested in a brothel raid.

Stories of Courage, Stories of Care :

One of the women died, leaving behind young children. The partner absconded and the children had to be taken care of by grandparents who were financially not able to support them. The women in the CBO mobilized support, made a fixed deposit in the children's name, and ensured that the grandparents got the monthly interest on it..

A publisher of a tabloid threatened a woman with exposure of her sex worker identity. When a group of women went to speak to him about it, he threatened them also with exposure, and later asked for money to suppress the story. The women rejected his offer, held a public demonstration and shut down the tabloid. Within their communities, they were hailed for achieving something, which even the men could not.

The women, between them mobilized four units of blood for one of their community members, who was sick and admitted to the care centre in acutely anaemic condition.

Others related to care. In these, they demonstrated their compassion. They were there for their team members and their families. They were willing to give their time, their energy, their resources or just a word of support which helped people feel they were not alone.

The Formation of Community-Based Organizations

Several discussions were held over two years in all the districts on the way forward as a collective. Several options were examined with facilitation by a senior development professional with a rich experience in CBOs. There were some intensive discussions on whether it should grow as a movement or whether the groups should form an organization.

After intensive debate, all 5 groups decided to register themselves as community-based organizations under the Societies Act in March 2008. Each group had a different reason for choosing to register, but continuing the project on HIV prevention was one of them, since registration was required to be able to run the project. However, the groups were very clear that there were several other things that they wished to do as an organization. For the women, the processes of coming together, being there for each other and solving their own problems could only logically culminate in the establishment of the CBO.

"I feel so proud to think Spandana Mahila Okkoota (a CBO) is our organization. Just before we registered this organization, two of our sisters died due to HIV. We want to ensure that none of our sisters die because of HIV in the future. And for all those sisters we have already lost, we will ensure that their children are not neglected orphans."

– Secretary, Spandana Mahila Okkoota

A formal structure was what they felt secure about. They felt that this was what could help them sustain these relationships and provide them the support and the capacity to manage their lives, which they had learnt to value. Thus, the CBO became a deeply-felt wish and aspiration of the community.

With some variations, a pattern of representational leadership evolved in all the 5 districts. All the site level groups came to the cluster level to vote for 2-3 cluster level representatives to go to the taluka level. At the taluka level, the elected representatives from different clusters formed a Taluka Samiti.

The Taluka Samiti was the place where the leadership of the CBO was forged. The Samitis provided the opportunity for members to take responsibility for different sets of activities. Committees were formed for crisis management, advocacy, training, health and cultural communication. It helped the committee members to demonstrate their strengths and also the community members to recognize it. Based on this, they were able to elect their representatives to the next level: the district. 2-4 representatives elected from each taluka went on to the district level team, which became the governing body of the CBO.

The names chosen for the CBOs reflect the range of roles the women expected the CBO to play in their lives: *Beladingalu* means dawn and a beginning; *Sneha*, friendship; *Rakshane*, security and protection; *Spandana,* emphathetic response and *Mahila Kranthi,* women's revolution.

Representational Leadership from the site level to the district level

The CBOs were clear that they had to be inclusive. They had to provide a space for partially open and hidden sex workers to be a part of the organization. This could only be done if they registered themselves as a women's organization that could work on sex worker issues among others. They formed their bye-laws to permit that.

Building Governance Capabilities in the CBO Board Members

Once the decision to register the CBO was taken, the bye-laws were developed in consultation with the members at the Taluka Samiti. Following this, all the women at the Taluka level were given an orientation to the bye-laws and their implications.

The elected leaders were given opportunities through exposure to different programmes and other community-led organizations. One such visit was to a self-reliant organization with highly inspirational members of the Dalit community who had organized themselves very successfully. Training through the use of reflective methodologies like sharing of inspirational stories helped the women understand the nature of leadership and their responsibilities to their communities. They also learnt ways of building an institution and working in partnership with others for the collective well-being of their community.

The Board members also attended different leadership programmes and trainings on CBO management run by different agencies.

Recognizing that for a sustained and vibrant collective, it is important not just to develop leaders but also individual members of the collectives, Samraksha's capacity building initiatives went beyond traditional leadership development. It focused on broadening the horizons of the community of women in sex work so that they could build a shared vision and articulate it. This helped leaders and community members to explore their relationship with each other in taking forward that vision. It led them to interact on an equal footing and prevented the leaders from getting distanced from the rest of the community. The greatest gain from this was that the CBO was not single-leader driven, dependent on specific individuals, but had a leadership base from which it drew its leaders. This approach led to these organizations having the character of broad-based, sustainable social movements.

The CBO members were encouraged to pursue their dreams outside the HIV prevention programme. Two things that most of the CBOs wanted to do were to lift the social status of their members and to create a better future for their children. Key programmes that the CBOs successfully organized were literacy classes, which they did in 81 locations, tuition classes for the children in high school covering 206 children (for which they hired and paid for a teacher); and fellowships in computer literacy for educated members.

"I can proudly sign on documents and people look at me differently now that I am not putting my thumb print."

For most of the women who had not been through formal education, being literate meant more than just being able to read and write. It was about crossing over to "respectability". The women saw it as having a greater sense of control over their lives, of being able to understand many things on their own, of having the confidence to make independent decisions and being able to use the different services. It greatly enhanced their self-esteem and self-worth. Almost 1000 women participated in the literacy training.

Regular sessions on legal awareness also helped the women understand their rights and entitlements, the provisions of the ITPA and due processes of law.

Every day, the CBOs are taking more and more initiatives to improve their quality of life. They have been regularly organizing a very sophisticated holiday camp for their children. This has not only been able to bring their children closer to them but also raise their status in the community. Children from the general population have been clamouring to join this camp and their parents have requested for their inclusion this year.

8. Key Challenges and Learnings

No journey is without challenges, and there have been several on this journey. They have come from different levels, the understanding of significant stakeholders about HIV prevention activities, the differing perceptions of key external stakeholders about the importance of community empowerment and project activities, as well as inter-personal dynamics of community members.

Retaining a person-centric/community-centric approach in programme templates that are totally disease-centric has been a core difficulty. A simple illustration of this would be selection of target areas and target populations. The project logic would look at cost efficiency and select areas with a high density of sex workers with a high partner change pattern. The person-centered or community-centred perspective would consider the high vulnerability of the dispersed women who have no access to information and services and the ensuing risk to them.

To convince technical experts that the community-centered perspective is not just rights-based, but the best public health strategy has been a challenge. The focus on the disease, vector and host, though clearly an ineffective strategy for a behavioural disease, still dominates project templates.

Another critical challenge has been the donor insistence on separation of community building from project deliverables. Rural sex workers are not a natural community. They need to form a community based on identity; on a fragile identity which they are often afraid to claim because of the way they are situated in their family and community. In addition, they are a marginalized group in society. Years of marginalization, oppression and social rejection have left their mark. Processes for discovery of "self" coupled with those of empowerment are needed before a community can emerge. The programme cannot start unless the women choose to identify themselves and come together as a group. A denial of this reality poses a huge challenge.

The perceived conflict between project objectives and developmental objectives by technical support teams has also been a challenge. A focus on community building is seen to detract from project outcomes. Short-term concentration on project deliverables are often demanded by experts who do not fully recognize the impact of marginalization and oppression of sex workers on HIV prevention. The collectivization and empowerment processes are what can sustain the same programme objectives in the long term. This process of collectivization of diverse, dispersed populations is not something that can happen in a day. Nor is it a one-off activity. It needs continued support and nurturing. It can also not happen outside the programme. It goes side by side.

Prescriptive approaches have limitations. If the goal is for a whole generation of sex workers to be part of halting and reversing the epidemic, surely, it will not happen just on prescription of condom use, STI treatment and testing. Is it not widely accepted that social change needs to come from within? Is it not valuing of self that leads to action to protect oneself? Do women in sex work and CBO leaders not need to see themselves as valued members of the society in which they live? If so, their larger vision has to be respected. Their need to build wide-ranging capacities to respond to emerging needs and challenges needs to be acknowledged.

This is the biggest challenge for the CBOs. To deliver an effective programme, a vibrant community and a strong CBO are needed. Although the National Programme Guidelines do acknowledge this, the state level interpretations are often extremely rigid and exclude all CBO growth and development areas. Differing perspectives of the technical support unit, which play down the community building processes and push them on targets is also detrimental to the larger programme outcomes.

Striking a balance between the innate strengths of the women and the technical inputs that come in from the experts in public health, epidemiology, programme management and targeted interventions specialists from very different contexts has been another challenge. For example, if women have to retain control of prevention, they have to understand and manage the data themselves. The complicated Management Information Systems for data entering, tracking and reporting largely exclude them from this process. There is no forum for wide ranging consultations with the women on national level strategies as well as local tactics and response frameworks. The expertise of the women is not given sufficient importance.

The transition from the NGO to the CBO has not been adequately supported. This process needs overlapping staffing for at least 18 months to 2 years. Samraksha followed a process in which the community took responsibility, but needed support from staff alongside. Staff positions were reduced to make way for community positions in the project. This meant a unrealistic pressure on the staff who had to travel across several talukas regularly. Understandably some staff left, while those who were committed had to shoulder much pressure. If a parallel system was available for some period of time concurrently with the CBOs assuming responsibility, then the process of CBO strengthening for programme management would be faster.

For the CBO's formal leaders, there were challenges to their leadership from inside and outside which they had to resolve. Some resulted in bitter enmities that affected the programme. For instance, some peer educators and board members had to be replaced by the community leaders as per their bye-laws for prolonged absenteeism from meetings or for not going to the field. At one level, the leaders themselves found it difficult to make such tough decisions against women whom they considered their sisters and with whom they had a long close relationship. Reflections and discussions helped them deal with these situations most effectively, but it was a challenge.

The more difficult challenge was the external one. Different projects in the same area sometimes create parallel organizations and these are backed by different donors and NGOs which lead to a division in the community.

The need to acknowledge diversity and evolve local responses was a major learning. While data from ante-natal surveillance, STI prevalence, and integrated counselling and testing centers may be important inputs while planning an intervention, they alone are not enough. Interventions will need to evolve based on the development of the region and its human development indicators. Health, literacy and GDP are important factors. Similarly the composition of the region and the type of communities - tribal, itinerant, Dalit, feudal etc. - will need to be considered. Their cultural contexts and social capital will need to be factored in. The openness/permissiveness of the sexual networks would be vital. They would need to look at the inclusive versus exclusive nature of that society towards any marginalized groups and the culture of voluntarism in that community.

Common patterns of rural sex work were visible across all the 5 districts that Samraksha worked in: Raichur, Koppal, Gadag, Haveri and Uttara Kannada. Yet, there were many differences which had a bearing on the causes and consequences of vulnerability, risk and being positive. Raichur and Koppal, for instance, are developmentally deprived districts, with overall poor human development indicators. Uttara Kannada, on the other hand, has much better development indicators, including higher levels of literacy among the women. Sexual networks in Raichur were much more open and the society itself more permissive than in Uttara Kannada. Raichur was a more inclusive society with a culture of voluntarism. Yet, in Uttara Kannada, the interaction between higher literacy levels, restrictions on personal freedom and harassment from multiple sources created a different movement of volunteers. Interventions needed to include analysis of local power structures, cultural contexts, local resources and restraints.

Change happens at a varying pace. It is not linear and the motivation of communities to come together to practise safe behavior, to wish to form a formal organization or to confront injustice, differs from one to the other in pace and intensity. Internal and external factors influence this pace and intensity. It is important, therefore, to acknowledge this and not force the pace by setting rigid deadlines. These may be for formation of CBOs or the transition of the TI programme, as per the convenience of the donor or NGO.

Experience has demonstrated that a holistic approach and sensitivity to the needs of the community actually strengthens the deliverables of structured interventions. For example, protecting community members' wish for non-disclosure of identity helps better service access and follow up.

9. Conclusion

The process of working with women in sex work has been an unbelievable experience. Accompanying them on their journey of self-discovery has been the greatest privilege and joy for us, at Samraksha. Our own journey has consisted of understanding them and their situation, their dreams, aspirations and challenges. Out of this, strong communities and community organizations of women in sex work have evolved, along with a strong and sustainable rural intervention model.

When Samraksha started working with women in sex work as a sector of Samuha, a developmental organization working with rural communities, it had to face many questions. There were many perspectives on sex work in the developmental world. Although morality did not always enter the discourse, there was the perspective of seeing them as exploited women, helpless victims who had to be rescued and rehabilitated. Then, there was the feminist perspective that sex work was a product of patriarchal societies, where the dignity of women was stripped from them. They were trafficked and they were forced into 'prostitution'. The progressive groups saw sex work in a capitalistic frame and objected to the 'commodification of women'.

Samraksha found that most of the women, whom it was working with, were not currently coerced into sex work. They were in it voluntarily, although there were many instances of initial coercion. Financial compulsions also influenced the choice of many women to remain in the profession after the initial coercion. However, most of the women saw themselves as providing a service for which they were paid. What was unbearable for them was not the sex work itself but the violence from partners, law enforcers and brothel madams; the rejection and humiliation at the hands of family and society.

Samraksha, therefore, had to evolve its own perspective, based on its core beliefs and the reality of the lives of the women which it was witnessing. The positions of "sex work as work" , "it is the right of a sex worker to practice sex work if she so wishes", "a rescue and rehabilitational approach can sometimes be contrary to the rights perspective", were statements which resonated with the organization's own stance. Yet, these positions were not largely shared by the world around.

Today, we have come a long way. The empowerment of the women and the way that they are leading the programme has left no doubt in anyone's minds that this work has been truly developmental. These women have stepped out of their marginalization into a new world of possibilities. This leaves us proud.

But it goes beyond all this. This is the richest human capital for the HIV response: compassion, generosity and energy combined with excellent social

judgment and great communication skills. From the inner to the outer, their reaching out in both HIV Prevention and Care efforts is extraordinary. Here lies the most powerful and still largely underutilized resource of the HIV response.

Let us acknowledge their expertise, their strength and their capacity: as government functionaries, as donors and as Civil Society. Their time has come.

Samraksha started in 1993 as the HIV/AIDS sector of larger development organization, Samuha. Now an independent charitable trust, its goal continues to be to prevent the transmission of HIV and reduce its impact on the people vulnerable to and affected by it. Its current areas of operation are Raichur, Koppal, Gadag, Haveri, Dharwad and Uttara Kannada districts of Karnataka.

Samraksha believes that individuals and communities, if armed with information and power, can and will take responsibility to halt the spread of the epidemic. It believes that it is critical to empower entire communities to act.

It also believes that it is the right of every person living with HIV and AIDS to access care and support services in public, private and social sector. It is the responsibility of individuals, communities, private sector and the state to ensure this. Its belief in a prevention to care continuum has led to a range of initiatives across this spectrum.

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SAMRAKSHA
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