

Description of SANGRAM

Twelve years after it started work, SANGRAM responds to HIV/AIDS through a comprehensive strategy of prevention, access to treatment, care and support. The strategy covers the full continuum of the epidemic – before, during and after. It reaches sex workers and married women, clients, husbands and lovers, teenagers and truck drivers, migrants and men who have sex with men, orphans and widows, panchayat heads and policemen.

This comprehensive response to HIV/AIDS is carried out through:

- A peer education and condom distribution programme among 5,000 sex workers that is managed by Veshya Anyay Mukti Parishad [VAMP], a collective of women in prostitution
- An outreach programme that convinces truckers, migrant workers and auto-rickshaw drivers to treat sexually-transmitted infections, including HIV
- A district campaign, which provides information, treatment, care and support around HIV to rural women, young adults and teenagers in Sangli district
- A weekly support group for men who have sex with men
- A campaign to provide access to treatment, including Anti Retroviral Therapy.
- Programmes for children and women orphaned or widowed by HIV

This multi-pronged approach is rooted in two underlying philosophies:

- Health policies and systems are accountable to the people
- All individuals, be they sex workers, truck drivers or widows, can be empowered to demand accountability from the system

One of the major lessons learnt by SANGRAM is that gender inequalities, stigma, discrimination and lack of treatment access for persons infected by HIV are fueling the pandemic in India. Treatment and care of persons infected and affected by the HIV virus should be part of prevention efforts if the epidemic is to be checked in this country.

SANGRAM believes that, "People should believe that they can change things." "It is not about a few activists fighting for other people's rights. Anybody who has imbibed this understanding should be able to go and fight for their rights. That is the model."

The Rights of Women in Prostitution and sex work

Since the early 1990s, women in prostitution have borne the brunt of the HIV epidemic in India. On one hand, they suffer high levels of infection and re-infection. On the other hand, HIV intervention programs have further stigmatized women in prostitution by labeling them vectors of infection.

In this context, SANGRAM began working in 1992 in the Sangli district in Western Maharashtra. SANGRAM began a peer-based condom intervention program with the philosophy that emphasizes women's sense of identity as a community.

The peer-education program is based on two underlying premises. One is that insiders are more effective than outsiders in reaching the community. The other is that women in prostitution can reliably enforce condom use for their own protection.

Three key concepts characterize SANGRAM's peer education program: empowering, women-centered, and process oriented. Given the organization's emphasis on processes and on strengthening the community from within, it is natural that the building of a collective was a next step.

VAMP – the collective of women in prostitution.

In 1996, the peer education program broadened into VAMP—the Veshya AIDS Muqabla Parishad—a collective of 5000 women in prostitution from seven districts in western Maharashtra and North Karnataka. VAMP aims to consolidate a common identity among women and empower them to assert their rights and to work to create a safer and more enjoyable working and living environment. As part of its responsibilities, VAMP now runs peer programs in eight districts in India with the help from SANGRAM.

The practice of responsible safe sex behavior can be promoted and enforced, through techniques developed by women in prostitution who have been empowered by the collectivization process. Using the collective of women in prostitution and a peer educator model as a best practice for an STD/HIV/AIDS intervention program.

STD/HIV/AIDS intervention among Transport and migrant workers through VAMP

In 2000, an Integrated Project on STD/HIV/AIDS intervention among Truckers through VAMP was undertaken, using the collective of women in prostitution and a peer educator model as a best practice for an STD/HIV/AIDS intervention program with truckers. With an understanding that the practice of responsible safe sex behavior can be promoted and enforced, through techniques developed by women in prostitution who have been empowered by the collectivization process.

Men who have sex with men

Muskan means 'smile', the name given to the MSM support group that started in 2000. The intervention started out by mapping the popular pick up points for men having sex with men. Four outreach workers, all of whom identified as MSM, would meet other men buying and selling sex in popular cruising spots and give them information about HIV/AIDS and STD prevention, and demonstrate condom use. They would begin conversations about relationships, sexual practice, and how to be safe and responsible during sex.

The group faced other problems in getting started. There was routine harassment by the police, especially during condom demonstrations. The violence faced by effeminate men is as common as the persecution of women. The small MSM community was scared of being exposed and suspicious of Muskan. Over the years, Muskan has also become a weekly space for men having sex with men to meet. These hours on a Sunday evening are a safe haven for MSM who have no other space to express their femininity. It's a time to dress up, dance, play, talk about problems, and share gossip.

Children of sex workers

Children of sex workers often face the whiplash of stigma and discrimination from an early age. They are mocked, taunted and not accepted at school. Such stigma often leads to low motivation and low self-esteem, which translates into poor academic grades. Even when a sex worker's son or daughter successfully finishes school, there are few educational prospects or employment opportunities. What next? is a question that sex workers' children must confront at every step in their teenage lives.

In 2004, women started taking their sons to the VAMP office on Tuesdays, where they would help write reports, fill in registers, and maintain accounts. Through these regular meetings they began to talk about what was happening in their *gallis*, analyze their behavior and the effect it was having on others in their community.

The boys then decided to start a small project of their own with auto rickshaw drivers in Sangli. They surveyed auto rickshaw drivers and their information levels on STDs and HIV/AIDS. Based on this, they now do their own HIV/AIDS awareness intervention with auto rickshaw drivers, to whom they also distribute condoms.

The atmosphere in the Gokulnagar and Swarup Talkies communities has changed significantly as a result – with young people involved in something that they enjoy and believe in. Some of them have also started to take extra classes for younger children. This tiny intervention has had a giant impact on the self-esteem of these teenage boys.

Providing supplementary education to sex workers' kids

In the face of discrimination and harassment from their teachers and peers, many sex workers' children drop out of school. As the drop out rate rose in Sangli and neighboring districts, VAMP decided to provide supplementary classes for their children. It began with older youth from the community who had completed school holding extra classes for the children in the evenings just as their mothers were beginning the day' work.

Work with women in prostitution

How and Why it works

"We are firm believers in the participatory approach".

Over the years, SANGRAM's peer education programme has gained recognition as one that has prevented HIV while ensuring that women in prostitution are treated as human beings, with the same rights and dignities as others. The programme succeeds because:

- It is **peer-focused**, with the 'educators' and the 'educated' living in similar circumstances where they can understand each others' experiences
- It is **women-centred**, based on the needs, perceptions and experiences of women in prostitution rather than what the intervention thinks the women need.
- It is **process-oriented**, emphasizing how sex workers can effectively negotiate safer sex with clients rather than fixating on how many condoms are distributed.
- It is **empowering**. Strengthening sex workers from within is a central goal, rather than a by-product of peer education.
- It **fosters a common identity** among sex workers as an end in itself, rather than a means to prevent HIV.
- It **links HIV vulnerability to other vulnerabilities**, such as violence, discrimination, gender and human rights violations. Sex worker-based HIV prevention programmes do not necessarily address issues of exploitation, oppression and human rights abuses that women face; this one does.
- It **frames HIV within a context of sexuality, gender and rights**. Condoms are viewed as life-saving equipment that women in prostitution must have access to – by right. Workers are trained on issues such as law, inheritance, property rights and other gendered issues related to HIV.

The District Advocacy Campaign to combat HIV/AIDS

In 1997 building on its work with the collective, SANGRAM started an intervention program with young adults and rural women in the field of HIV/AIDS prevention and care at the district level. The project is spread over 713 villages of Sangli district, which consists of eight tehsils. There are nine centers in the tehsils, which are run by trained Social Workers. There are 59 primary health centers in the district and ten rural hospitals in the district.

53 Women organisers are placed at the PHC's and 10 workers are placed at the rural hospitals. The district has one civil hospital at Sangli and SANGRAM has a counselor placed at the hospital.

The District Campaign, which works through a network of 80-grass root level in a 4-tier system. There are 6 social workers, 10 head mahila sanghtikas, 9 youth workers, and one worker each in the Sangli civil hospital and the Chinchani rural hospital and 51 health workers in the Primary Health Care Center workers focuses mainly on three constituencies

- Rural women, who often contract HIV from their husbands and lovers without knowing it, but have the least access to knowledge or information.
- Young adults who need information, education and counseling on issues of sexual health and sexual rights.
- Adolescents, who constitute significant proportion of the clientele of women in prostitution.

The district campaign

How and why it works

- **Staff and volunteers, mainly women and youth, are drawn from the community.**
- **Staffing policies emphasize the inclusion of marginalized groups, including HIV-positive individuals and *dalits*.** SANGRAM has always been committed to mainstreaming marginalized groups. Persons living with HIV have a different equation with their clients: the false hopes are cut out, but there is also a conviction that it is possible to lead a productive life with the disease.
- **Policies actively aim to empower campaign staff.** "Upper caste people who want HIV-related information are forced to come to me," says S. Jadhav. "I feel very good when I can help them."
- **Military-style meticulousness is employed in planning and executing the District Campaign.** In every *taluka*, there is an incredibly detailed village mapping of the local population – including number of households, castes, every household with HIV, *panchayat* members, health infrastructure, private and government doctors, laboratories, teachers, *anganwadi* workers, police, schools, colleges, youth groups, temples and local festivals. Staff are motivated enough to use the information to make the programme more accountable and flexible and to mould future strategies.
- **A grassroots, down-up approach is used to manage HIV/AIDS.** Strategies are responsive and flexible to the situation on the ground. The desire and the ability to respond swiftly and innovatively to local needs is what gives the District Campaign much of its strength.
- **Anonymous and confidential HIV-related services are provided.** Anonymity and confidentiality are core principles when it comes to dealing with a disease that carries such stigma.
- **There is an understanding that HIV is just one among a set of related issues that human beings face.** In a drought-hit *taluka*, a villager once asked: "Who will listen to HIV lectures on an empty stomach?" In response, SANGRAM organized rations and subsidized animal feed from its own funds for families supported by HIV positive women, as well as HIV orphans and their caretakers.
- **The HIV/AIDS programme is often linked with other programmes.** Following a camp for women in *panchayats*, the campaign initiated credit and saving groups back in their villages.
- **The campaign collaborates with other NGOs.** Aware that the problem of HIV/AIDS is too immense and is best tackled in tandem with other agencies, SANGRAM often coordinates its efforts with other NGOs and institutions providing free training and support.
- **It works with the government at all levels, from village panchayats to district-level health facilities.** SANGRAM leverages its clout with local *panchayats* and district level health officials to effect change.

Project	No.of New STD	follow up STD	No.of New HIV	Follow up HIV	TB
Migrant and transport workers	256	98	153	289	
District Campaign	611		912	712	972
	867	98	1065	1001	972