

Samraksha Annual Report



2012-2013

OVERVIEW

Looking back at 2012-2013, there is a deep sense of satisfaction at our achievements. We moved further towards our goal. We have transitioned the last of our HIV programmes with women in sex work and sexual minorities to community –based organizations of these communities. We supported young CBOS in responding to the daily challenges of running programmes as well as institution building.

We have responded to the desire for learning at personal and professional levels in different groups. We have brought together the learnings gained over the last two decades, on the lives and situations of women in sex work in India, into a Resource Manual for development practitioners.

We joined hands with several organizations across Bangalore and Raichur, Koppal, Gadag, Haveri and Uttara Kannada districts in raising our concerns against the growing violence against women through different campaigns and actions. We contributed to perspectives on critical issues around gender, violence, trafficking and sex work in different policy and programme development forums.

We deepened our belief in the strengths of communities with participation in the Global Learning Festival of Community Life Competence, and hosting the Secretariat of the National Network of Sex Workers.

However, the year has not been without its challenges. Losing the leased land on which we ran our Care and Support Services for 12 years to a developer; and facing changes in HIV policy , which deprioritizes HIV care , particularly HIV palliative Care has been deeply disturbing.

As Samraksha moved from an implementing to a Resource Organization especially in HIV Prevention, funding to support the next stage of CBO development and support, as well as staff development and providing appropriate compensation packages has been a challenge.

Despite these setbacks and challenges, there has been joy, creativity and a sense of fulfillment in the team in the last year.

In this document, we would like to share Samraksha's last year's work under three key areas: Implementation of Programmes, Building and Enhancing Resources and Advocacy and Networking.

The Trustees and Team at Samraksha

I IMPLEMENTATION

HIV Prevention Programmes with Women in Sex Work and Sexual Minorities and their Community –Based organizations.

Samraksha successfully transitioned 8 Projects in HIV prevention with women in sex work and sexual minorities to five community based organizations (CBO) in three districts in April 2010. This year four CBOs in Raichur and Koppal districts were supported to rehearse running the last 6 projects and to clear the evaluations of the Karnataka State AIDS Society. Samraksha successfully completed the transition of these projects to the CBOS with assets and funding from 1 April 2013.

In its last year of implementation , 3544 women in sex work and 1642 members of the sexual minority communities were reached across 9 taluks with core prevention interventions : behavior change communication, STI and condom services. 2397 people were referred to testing centers for HIV testing, helping in early detection of status among some of them, and reinforcing the importance of regular testing among others.

Asha Jyoti Community Care Centre

Ashajyoti, the care centre for people living with HIV in Kustagi Taluka, Koppal district, continued to provide some much needed care for people living with HIV and their families. The centre with its commitment to ensure dignity in life and dignity in death, and provided a range of medical and psychosocial support services to people affected by HIV- including support for continuing on Anti Retroviral Therapy, treatment for opportunistic infections and palliative care service.

In the last year, 2136 clients sought services at the centre, of whom 684 were new. 883 of these clients were admitted for inpatient services of whom 109 were critically ill. They received intensive medical, nursing and counseling services. All family caregivers also received psychosocial support. 182 members were admitted without any care givers, and were completely cared for by Ashajyoti staff, during the period of admission.

Further, 1177 home visits were done to check if clients were having any problems post discharge, and to help clients and their families plan their care better. The outreach team also reconnected 248 people who had stopped taking ART medicines back to the ART centre, and motivated them to restart their treatment. These clients, as well as clients who have newly started ART, are now regular with their medicines and tests and report having benefited from the constant motivation they received at the care centre.

347 clients sought services only at the terminal stages. Fearing disclosure, stigma and loss of prestige, they had avoided seeking treatment earlier, thus losing out on a chance to live much longer,

with a better quality of life. Disclosure to partners and families, fear of breach of confidentiality and stigma with potential consequences like loss of job, abandonment by partner were some of the major psychosocial problems reported by clients in counselling. Helping to address these issues through individual and family counseling and outreach, had a good impact on self care, service seeking and follow-up of clients. This has reiterated the need for broader community based initiatives which will encourage people to seek services early.

Common problems reported by clients included Pulmonary and extra-pulmonary TB, oral candidiasis, unexplained fever and diarrhea. Anaemia remained a major problem; 139 clients were severely affected by anaemia because of the ART medicines, and the team worked closely with the district hospitals to get their drug combinations changed. Other ART specific side effects included 79 clients who had peripheral neuropathy and 43 clients who had severe skin rashes, to whom the palliative care services provided great relief. Other symptoms which could be relieved by palliative care included dyspnea, severe pain due to herpes zoster or chronic pain due to anaemia, severe nausea and headaches.

The trends at the care centre reiterated the fact that despite the availability of ART medicines, people suffered from a variety of conditions which caused them distress. These include reactions to ART medicines; a flare up of subclinical opportunistic infections as the treatment is initiated, resistant states where the anti-retroviral drugs taken by the client does not work anymore. While AshaJyoti was successful in treating these conditions, these cases only highlighted the need for sustained care for people living with HIV, even after the initiation of ART medicines.

The current national policy on HIV care aims at integration of HIV care into the district healthcare services. Samraksha's experience indicates that such integration will require more human resources at the district hospital and more training on HIV care for them. Until this is achieved, this critical gap in services will remain.

The Asha Jyoti programme has suffered a major setback. The Community Care Centre was located on leased land in Kushtagi for the past 12 years. The owner has recently sold the land to a developer and Asha Jyoti had to vacate the premises. At the same time the national policy has changed to convert all care centers to outpatient psychosocial support centers without any component of medical or nursing care. Samraksha, while actively involved in advocating for a broader range of services for affected people (see the section on advocacy), is determined to continue these services till an alternative emerges in the health system, despite the challenge to raise funds for this.

Capacity Building and Capacity Enhancing

Strengthening CBOs of women in sex work and sexual minorities

Samraksha responded to the varying needs for community strengthening in the different CBOs.

Raichur and Koppal : As this was the year of transition of programme to the CBOs, our work took the form of strengthening the capacity to run the targeted intervention programmes; to get their statutory requirements in order; help them to understand budgets and expenditure ; to fully understand the systems and deliverables. In fact the team accompanied the CBO leaders and functionaries in running the targeted interventions. This helped to build confidence and capacity.

Beyond HIV Prevention, Samraksha team members supported the CBO leaders and the staff to function beyond just the projects. This spanned crisis management and access of social entitlements. In Koppal, SnehaMahilaSangha, was able to prevent the trafficking of four minor girls into sex work. The CBO was also supported to help community members to access social entitlements, and 233 people across the two districts either gained access to some form of social entitlement (pension, housing, loan, education support) or social identification (Voter Id, Aadhar card, bank accounts etc) which would help them access social entitlements.

Samraksha also supported the CBOs in the other independent projects which the CBOs had taken up :Samvedana project addressing violence which has been taken up by BeladingaluMahilaOkkoota, the CBO of women in sex work in Raichur, and Pehchan, the project taken up by Apthamitra, the CBO of sexual minorities in Raichur. Samraksha also supported both Apthamitra and Hongirana, the CBO of sexual minorities in Koppal to get organized as self help groups and avail income generation opportunities.

Gadag and Haveri :Samraksha offered Rakshane and Spandane, the CBOs in these two districts support to stabilize the organization. A senior mentor was constantly available to the leaders, who helped them to bounce off ideas and decisions and also helped in conflict resolution and ensuring systematic, transparent and participatory processes within the CBO.

Uttara Kannada :MahilaKranti , the CBO of women in sex work in Uttara Kannada also wanted support to strengthen their organization.The leaders wanted to go about this differently. They wantedto travel across the eleven talukas in the district, visit different sites and get back in touch with the concerns and aspirations of the community members at the grassroots. They wanted to rebuild relationships that the focus on targets in the HIV prevention programme had taken them away from.

They asked for Samraksha's help to articulate this need and mobilize resources for this exercise. Discussions with Hivos led to support in the form of 6 Fellowships that the MahilaKrantileaders used to also undertake a situation and needs assessment of women in sex work in the district. Samraksha supported them in developing the data collection tools, training of field investigators as well as data analysis.

Leadership Strengthening across all CBOs

This year also saw the conclusion of another of our capacity building initiatives Bembala, where we worked with the existing and emerging leaders of the CBOs of women in sex work across five districts:Raichur, Koppal, Gadag, Haveri and Uttara Kannada.



As part of the initiative, the young leaders took up a micro-project, in order to gain hands on experience in planning and delivering programmes. The projects included self-employment initiatives, trading, marketing, teaching skills to others, organizing services for their community, like basic literacy for the

women, or tuition classes for their children.

They shared their initiatives and their learnings from this process with other community members, over a two day dissemination event in Uttara Kannada. Around 200 women attended this event and the dissemination of their experiences and achievements proved to be highly inspirational for other community members who saw many possibilities for themselves through this.

Another initiative for leadership strengthening was the *SpoortiYatre*, a journey of inspiration, where the women met with leaders and inspirational figures from different fields. These included among others corporate leaders like Subroto Bagchi from MIndTree; the well known cardiac surgeon Dr. Devi Shetty; activist Ruth Manorama; people who brought theatre to the people, Arundathi Nag and Gauri Dattu; a woman entrepreneur in a male dominated world of blood banking, Dr. Latha Jagannathan; Kirtee Shah, architect and an advocate for housing for the poor. These interactions exposed the women to different styles and different dimensions of leadership and inspired values of inclusion, humility, persistence and openness to learn among them.

Capability Building: Me and My World

The Bembala experience took on another dimension in the capacity building process with women in sex work this year. A series of focus group discussions reiterated what women who were part of the Bembala training had voiced. The empowerment so far had helped them deal with the external world of police, goondas and clients. Yet, they felt extremely vulnerable dealing with their children, intimate partners, parents and neighbors. They wanted to build their self confidence and learn to deal with this “internal” world.

Discussion with coalition partners from Sarvojana- a network of like minded organizations of which we are a part- led to the discovery of similar voices in Andhra Pradesh, Bangalore Urban and Tamil Nadu. A

collective wish to respond to this need led to a formulation of a Capability Building Project “Me and my world” based on Amartya Sen’s concept of capability.

Domains of functioning where the women wanted change were identified broadly as Self(self confidence, self esteem, self worth); Interpersonal relationships; Coping and resilience; the ability to seek and use resources; dealing with power structures and the freedom to practice sex work. Literacy, speaking English and being able to use the computer and the internet were high on the list of priorities. We have been able to raise a start up grant from Hivos and need to raise the remaining funds. An 18 month course is being developed. 55 women have been recruited as participants into this programme after a long process of application and rigorous selection. Each of these women have developed a personal learning plan. The initiative shows great promise.

Helping CBOs mobilize resources

Samraksha supported the CBOs to mobilize resources in different ways. We supported each of the five CBOs to develop proposals for the Gates Foundation Promoted Challenge Fund. We also supported Uttara Karnataka Mahila Okkootain writing a proposal for federation strengthening, to the Red Umbrella Fund.

Further, the CBOs were also interested in building assets for themselves, and starting savings and micro-finance groups. Samraksha provided opportunities for orientation sessions on savings and asset creation by Mr. T.Pradeep from Samuha. The CBOs have now decided to get involved in this, and also seriously explore alternate income generation opportunities for themselves, to reduce their dependence on external funding. This decision by the board members has been ratified by the community, at their AGM.

SAMRAKSHA RESOURCES

Samraksha Resources aims to transfer some of the understanding, insights and learnings gained from our experience to other development professionals or organizations through different means : capacity building, participatory research and reviews and material development. In the last year, we had many opportunities to do this.

Impact Study

Samraksha designed and implemented an in depth and participatory research study in order to understand the impact which Samuha, a developmental organization has had on the rural communities it has worked with for twenty five years

The study is unique in that rather than evaluate a programme through pre-determined indicators, it seeks to understand a longer term impact by examining the subjective experiences of the individuals

who have been part of the interventions and what they have perceived as change among themselves. It also looks at the extent to which individual level changes have penetrated into the communities through community self assessment processes.

This study has been exciting for Samraksha, since Samuha is our parent organization with whom we share many of our values and principles. The study has helped us understand the value of individual and community focused development work, as opposed to target focused work.

Training of Counsellors in two districts of Karnataka to work with positive sex workers

Samraksha developed and delivered a 6 month training programme for counselors in Bagalkote and Belgaum districts who are working in HIV projects, specifically with positive sex workers. The training programme exposed the participants to basic principles and values of counseling, and also helped them develop their understanding of the situation of women in sex work who are positive, the kind of challenges they face within their families and communities, the dual stigma which they face or fear because of both their profession and their positive status.

12 counselors took part in this training, which was spread over 8 months. The programme included training, weekly online supervision as well as onsite supervision. The supervision component was very useful to the participants, since they were able to discuss challenging cases and the comments from the onsite supervisors also helped them reflect on their own practice and improve it further.



Training of Social Work Students in RoshniNilaya

Samraksha was invited by the College of Social Work, RoshniNilaya, for a three one day training programmes. Two days of training was for the final year students in their college, which helped them reflect on social work values and ethics, and also focused team building. Another day's training was open for NGO professionals and development practitioners in the area, covering basic mental health and counseling.

Training of Development Practitioners for Basic Needs India

Samraksha conducted a three day experiential training programme for fellows of Basic Needs India on stress and coping.

Development of Resource material

Samraksha helped the CBOs to capture their journey of empowerment, personally and in their collective. It organized workshops, where women reflected, discussed and shared their stories and examined how the collectives had changed their lives. They drew these experiences into lyrics that they composed and set to music. This is a resource developed by the women to inspire their own members as well as members of other collectives.

Samraksha also documented the alternative model of capacity building that was the Bembala initiative; which is based on providing exposure and opportunities for learning and reflection, in an environment of equality and respect as against prescriptive and didactic approaches to learning.

Samraksha has also produced a documentary of women's voices tracing the changes in the lives of the women, as they moved from being victims, to being assertive and empowered women.

Samraksha was invited by the Tata Institute of Social Sciences, as part of the Saksham Project under GFATM Round 7, to develop a Resource Manual for Counseling Women in Sex Work. The chapters have been written by a range of experts and has been able to bring together different perspectives on sex work and the larger political debates which surround a woman's choice to practice it..

Promoting Community Life Competence:

Samraksha is a part of the Constellation for Community Life Competence, and this year, we were invited to orient senior leaders of the Central Tibetan Administration (CTA) on Strategic Development Planning based on the concept of life competence.

Central Tibetan Administration, based in Dharamsalalooks after the Tibetans settlements - located in India, Nepal and Bhutan and was worried about the cultural alienation of the youth in these settlements. It felt that, these settlements, once vibrant, are now losing a critical age group -young men and women especially educated population- to urban towns and cities. There was concern about their and losing touch with the core belief systems.

The CTA felt that the community life competence approach might help development workers to identify and appreciate the strengths in the community and look at a solution for its problems within.

The three day workshop oriented development officers of the settlements to the concept of community life competence, the core values which define this, as well as some common approaches like dream building, self assessment and SALT. The asset based community development approach was also introduced. It was a rich experience with mutual learning for both the teams.

ADVOCACY AND NETWORKING

Samraksha also had an opportunity to be involved in a range of policy discussions and advocacy.

Samraksha participated in the Gender and Inclusion Consultation organized by UNDP in Delhi.

It provided inputs into several submissions to the Supreme Court Panel on Trafficking and Sex Work .and also deposed to the panel once.

Samraksha has currently taken the responsibility to host the Secretariat for the National Network of Sex Workers (NNSW), which is the platform for diverse voices of sex workers to be heard at various levels.

Samraksha also supported the CBOs to organize the Red Umbrella Day, the international day celebrating rights of sex workers. This event was marked by a freedom march with red umbrellas, and also cultural programmes, celebrating the spirit of the women in sex work.

It jointly organized a Press Conference on ITPA amendments and ensured participation of NNSW members in the conference.

It provided different perspectives to the Verma Commission through the submissions of National Network of Sex Workers, Bangalore Forum against Violence and The National Institute of Mental Health and Neuro Sciences. It participated in several rounds of advocacy discussions and actions violence against women from December 2012 to March 2013.

One Billion Rising

Samraksha and Uttara Karnataka Mahila Okkoota (UKMO) jointly organized events in the five districts, as part of the One Billion Raising (OBR) programme, a global programme demanding an end to violence against women. The event was also conceptualized to demand women's right to safety within all public and private spaces and to assert that violence cannot be tackled by confining women to their homes and restricting their freedom and movement.

The organization of the event at the district level was meant to highlight that violence was not an issue confined to metros, and big cities, but equally affected women in small towns and villages. More importantly, the involvement of UKMO showed that violence was an issue which deeply affected sex workers, and they were interested in working with other women's groups to address this problem.

In all five districts, there were workshops on the issues of violence, where participants-CBOs, NGOs, women's groups, district authorities- brainstormed on the issue. This was followed by street rallies, which culminated in a stage programme. This programme was presided over by senior district authorities in all districts –a district judge in one, the deputy director of Women and Child Department in another, a Superintendent of Police in another.

Nearly 1500 women took part in this event, across the five districts. In addition, about 100 senior leaders also came to Bangalore and took part in the state level OBR event.

Conferences

A team of 5 from Samraksha participated in the Global Learning Festival on Community Life Competence in Chennai and learnt and shared effectively.

The Secretary Samraksha was invited to speak on Palliative Care Needs in HIV in the National Palliative Care Conference in Bangalore.

Advocacy for Palliative Care

Samraksha as part of the Palliative Care Network, made many efforts to highlight the need for palliative care services for people affected by HIV.

Samraksha provided inputs to the National Programme on Palliative Care especially on the integration of HIV palliative Care into the Policy document. It was also part of the Working Group for creating the Implementation Framework for Palliative Care Policy.

The Secretary of Samraksha was invited to speak on Palliative Care Needs in HIV in the National Palliative Care Conference in Bangalore, and could make a strong plea for the inclusion of HIV Palliative Care in both HIV Care programmes and in generic Palliative Care Services.

Samraksha is part of a small working group which is working on a Submission to NACO for incorporating effective Palliative Care within the Comprehensive HIV and AIDS Care Programme

Financial Information

Details of Income and Expenditure

Income

1	HIV Prevention Programme	INR 7031305
2	HIV Care and Support	INR 2239250
3	Community Empowerment	INR 2698870
4	Capacity Building	INR 559088
5	Samraksha Resources	INR 227310
6	Donations	INR 1863720
7	Programme Support Income	INR 151943
8	Patient Contribution	INR 26955
9	Interest	INR 84057

Expenditure

1	HIV prevention	INR 7099070
2	HIV care and support	INR 2232635
3	Community Empowerment	INR 2359775
4	Capacity building	INR 532515
5	Samraksha Resources	INR 238054
6	Community Competence Building	INR 49637

Details of Staff

	Male	Female
Full Time Staff	14	14
Consultants	31	14
Volunteers with honorarium	22	59

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