

Annual Report 2013- 14



Samraksha

Reflections on this year

It is the end of another very satisfying year of work for us at Samraksha. This year gave us an opportunity to cherish the growth and development of many of the individuals and organizations whom we have known and nurtured in the past. At the same time, it showed us that for these groups of marginalized and highly vulnerable people, life continued to present multiple challenges. It renewed our commitment to their cause.

HIV Care remains one of the most crucial areas we are working in and while we rejoice in the fact that the government has started providing many significant services for people living with HIV, we are also alarmed by the fact that certain crucial services find no place in the national policy. HIV Palliative care is a case in point. This service, which can do much to alleviate pain and suffering when people are in acutely symptomatic phases or in terminal stages, is currently neither covered under National Palliative Care Programme nor the National AIDS Control Programme IV. People critically ill with opportunistic infections, or dying do not have services to alleviate pain or relieve symptoms. Samraksha remains committed to the cause of palliative care, and we have shifted our palliative care centre to Koppal. These services have been recognized and valued by the district administration and we have been given space in old the district hospital premises in Koppal, We operate from here now.

Recognising the need for strengthening service access and follow up as well continued family and community involvement, we have taken on two new programmes , the Care and Support Programmes at Karwar and Koppal and the Link worker Scheme at Raichur.

The women in sex work and their organisations are advancing on their path of growth and development.. This year we took on a unique initiative to strengthen their agency and enhance their capability as individuals, while providing mentorship to their organizations. This initiative proved transformative.

We have started engaging with two other highly vulnerable populations, young women and adolescent girls affected by HIV, and we have started doing some intensive work with them, which we hope to continue in the following years.

The Samraksha Team

HIV Continuum of Care

At the national level, HIV care is going through a major transition and this situation has provided many opportunities as well as many challenges.

There is an increased emphasis in the public health system on the linkage between testing and treatment and on ensuring adherence - two critical areas in treatment. Samraksha has joined hands with India HIV/AIDS Alliance to address this in Koppal and Karwar districts. The lack of Palliative Care services have led us to continue Asha Jyoti, the Palliative Care Centre. Recognising of late the extreme vulnerability of positive women, especially those who have lost their spouses to HIV, and adolescent girls affected by HIV, we have started some capability building programmes with both groups.

Policy Change in the concept of Care at the National level

With the expansion of ART services upto the Taluka level in high prevalence districts, it was decided at the national level, to convert medical palliative care services offered by civil society across the country to ART related care and support services. As a consequence, 250 community care centres were closed down across the country. Asha Jyoti Centre in Kustagi, which was operating as a community care centre also had to close down. At the same time, the leased land on which the centre was operating was also sold to a commercial enterprise. This meant that the centre had to temporarily close down , relocate and find new funding resources.

The Struggle to continue HIV Palliative Care Services

It was an extremely challenging time. For ten months, we ran outpatient, counselling and home outreach services with a small team. Clients who were acutely symptomatic and needed admissions were referred either to the Koppal district hospital or to the larger hospital in Hubli. Samraksha also did accompanied referrals to these centres, to ensure that the services were provided. An average of 25 clients per month were supported for admissions into other hospitals.

Meanwhile, Samraksha remained convinced that palliative care services were a dire necessity for people affected by HIV, and strived to find new space for Asha Jyoti. We approached the district health authorities who recognized the value of our services. This process took several months and we were finally allotted some space in the premises of the old district hospital, to run palliative care services. The building needed enormous repairs, but with the help of well-wishers, we were able to renovate it.

Asha Jyoti reopens in a new location

Misereor came to our rescue with an emergency funding covering 50% of the costs. With the support of other local donors, trustees and staff, finally the 15-bedded Palliative Care

691 people received services as out patients in the last year and. In the short period of two months, February and March, 63 people were admitted for palliative care services

Centre reopened in Koppal on February 5, 2014.

The centre's palliative care services currently include medical interventions, nursing, nutritional support and in depth counseling. Regular support group meetings for in patients, psychoeducation for patients and family members, end of life care and bereavement support continue as before.

The Role of Palliative Care

Ramappa is 28 years old, married with two young children. He was diagnosed with HIV, three months ago. Since his diagnosis, he has stopped working. He came to the care centre, in extreme distress. He had breathing difficulties, and he also complained of a feeling of paralysis in his body.

During counseling it emerged that he was really scared that he was going to die soon because of HIV. He had seen his sister die of HIV, and this contributed greatly to his fears. When he had symptoms like breathlessness, he started thinking the worst for himself.

The counselor addressed these fears and the care team worked to reduce his symptoms. There was constant pain monitoring, and he was also put on respiratory support. When he expressed a desire to see his children, the team arranged to have the kids visit him at the centre. His wife and other family members also assured him of their support.

During his stay at the centre, he registered himself with the ART centre and started the ART drugs.

When he was discharged, the man who could barely sit on his own was walking out confidently. Not only had his physical condition improved, he was now confident that a long and productive life was his to lead, if he focused on his health.

Care and Support Centres

Vihaan is a nationwide initiative of India HIV/AIDS Alliance in partnership with NACO and GFATM to provide expanded and holistic care and support services for people affected by HIV. Samraksha is implementing this programme in Koppal and Karwar running care and support centres. The objective of this programme is to improve the quality of life of people with HIV through early treatment linkages, improved adherence to ART and improved social support systems where stigma and discrimination is addressed.

Samraksha's work through these centres has been able to trace and contact more than 900 people living with HIV who had lost contact with treatment. All of them were

In the last 9 months

170 support group meetings were held

1833 clients have attended support group meetings

1035 clients received counselling by professional counselor and 883 people have been received health advice from the peer counselors.

431 clients were linked to various social entitlements

linked back to their respective ART centres and motivated to remain in touch with these centres to continue their treatment. Where they had not yet started the treatment, being in contact with the centre ensured that their health was monitored regularly. Treatment could be started at the earliest, when they started developing problems.

Activities at the care and support centres included regular support group meetings, counseling from professional as well as peer counsellors and referral and support to get social entitlements. This has had an impact on their lives. For instance, the centre intervened and supported three clients who were facing discrimination within their families and one client who was facing discrimination in the health centre and helped resolve the issue.

The centre's activities are also contributing significantly to positive prevention. We were able to motivate more than 80 partners of positive clients to go for testing and supported them through the testing process.

We were also able to work with the Integrated Child Protection Cell, for the benefit of children living with HIV. We referred 143 families for services from the cell and we also helped the child protection cell understand issues faced by families affected by HIV, so that they could modify their services and interventions accordingly.

Reducing the Vulnerability of Young Women and Adolescents Affected by HIV

Over the last few years Samraksha has recognized the psychological, social and economic vulnerability of young HIV positive widows and adolescent girls from HIV affected families. We have been able to respond to this need to reduce their vulnerability with support from Mr K. Krishna Rao through iPartner. We have now started working with these two groups with the goal of building life skills and self-efficacy and improving expanding their social supports.

So far 109 vulnerable young women have been identified, and 23 support group meetings have been held to cover this population. There have also been three trainings on nutrition for positive

IMPROVING SELF EFFICACY

Claiming Entitlements

After a meeting where social entitlements for widows and positive people was discussed, one woman went to the Panchayat office and sought to know about what entitlements were available for her and what documents she must produce to get them. The officer tried to parry her away with some excuses. Immediately, she told him that she was a part of such a group, where these issues were discussed, and he should come and explain his excuse to the entire group and not just to her. He agreed to look into her claim, and has released a plot of land for her.

Discovering Self Employment

According to one of the women, "When I joined here, I told these people, what will you give us. Give me a job. But through these meetings, I realized the answer to our problems lies within ourselves only. Now I have bought a *appalam* making machine and started my own business.

living, and 40 young women could attend these trainings.

Many of the young women shared that they had come into this programme expecting something to be 'given' to them, but this programme helped them realize how much they were capable of accomplishing themselves. As one of the young women shared, "Nobody had ever asked us our dream before." The support group meetings have not just become forums to share problems, but have become a social space for these women, many of whom are finding friends here. More importantly, it is helping them realize their capacity and take responsibility for their lives. Rather than demand external supports, it is helping them find strength from within and also reconnecting them to existing social supports including their families.

The act of coming together regularly itself has encouraged the women to start caring for each other and helping out whenever possible. For instance, they have started a system called the Akshaya Patre to help those among them who are coming from really poor families. When these women complained that though they liked to attend these meetings and felt the need for them, missing out on even one day's wages would mean their children were not fed for the day. This really moved the other group members and they decided that whoever could make a contribution would contribute one fistful of grain, whenever they came for a meeting. This would then be distributed among those among them, who really needed it.

We are also working with adolescent girls from HIV affected families. 42 adolescent girls from HIV affected families have also been identified, and support group meetings have started, focusing on adolescent issues including school dropouts. We will also be doing in-depth life skills training for this group.

In addition, to build support for these young women and adolescents within their networks, care volunteers have been recruited. Many of them are family members of these young women. They have had some exposure through volunteering in Asha Jyoti and more intensive training is planned.

Strengthening the Leadership and Organisations of Women in Sex Work

This year we continued to mentor the boards of organisations of women in sex work and their informal federation, helping them deal with challenges and explore areas of work beyond HIV prevention. Our special initiative this year was a pilot leadership programme for the existing and emerging leaders to promote agency and enhance capability to take charge of their lives and manage their immediate environment.

Work with Community- Based Organisations of Women in Sex Work

This has been a period of great growth and consolidation for each of the five community based organisations (CBOs) of women in sex work whom we have supported and nurtured for the past 8 years. Samraksha continued to play a supportive, facilitatory role as these CBOs explored newer areas of work. It accompanied them with guidance where needed as they took on an active role in advocacy and representing the interests of their community in various national and international fora.

This year, two more CBOs, Beladingalu Mahila Okkoota in Raichur and Sneha Mahila Sangha in Koppal also assumed independent responsibility of HIV prevention projects. This completes Samraksha's handing over of prevention projects to the respective CBOs. Samraksha also supported these two CBOs through quarterly analysis of their HIV prevention programmes to help strengthen their implementation.

Some of the other CBOs were interested in programmes beyond HIV prevention, and Samraksha helped them explore these fields. Mahila Kranti in Uttara Kannada was able to plan and implement a food security programme. Rakshane Mahila Okkoota in Gadag has come up with a plan to run a catering unit as an income generation activity for themselves. We supported both these organizations in the conceptualization and planning process.

We were also able to support Uttara Karnataka Mahila Okkoota (UKMO), a federation of the five CBOs, as they continued to evolve. This year, they have strengthened themselves as an organization by developing their vision, mission and bye-laws and formally registering themselves. They have also now formally constituted a board through elections.

UKMO took an active part in various advocacy initiatives at the national level, which related to HIV as well as other critical issues in their lives including violence, lack of social security etc. They gave inputs to the national level CEDAW report, took part in consultations on improving ART access to women in sex work and consultations of the Pension Parishad for providing pension to non-formal workers. They were also involved in various media sensitization initiatives, to improve the public perception of women in sex work. Samraksha was able to support them in these initiatives.

We had dreamt of having our own state level network, Samraksha made us think are we ready to take the responsibility of another organisation along with our district level CBOs. We realized that we were. Their support for our registration and transparent election process was very useful. As UKMO, we are a part of National Network of Sex Workers and the Asia Pacific Network of Sex Workers at the Regional level. It is Samraksha that supported us to get here.

Huligamma, Secretary UKMO

Samraksha taught us how to deal with government and donor agencies. They helped us understand how to recruit staff. They taught us about good communication. For me personally, they helped me learn English and computers. Today, if I enjoy a good status, it is because of them.

Muktha. Board member, Rakshane

UKMO also sent a representative to the Asia Pacific Network of Sex Workers in Bangkok, and Samraksha facilitated this process.

In addition to this involvement with the CBOs of North Karnataka. Samraksha continued to function at the national level as the Secretariat of the National Network of Sex Workers (NNSW). The NNSW has taken on some new projects and Samraksha has been actively involved in proposal writing, as well as facilitating their implementation.

Me and My World : Agency and Capability Building of Leaders

This was a unique initiative that looked at contextualizing and bringing to action, Amartya Sen's Capability Building Model, in partnership with three other partners across two other states with a start up grant from Hivos. At Samraksha, this programme was developed after a series of consultations with the communities across the five districts to understand needs of the existing and emerging leaders. The women felt that while years of training and exposure had led to their being able to deal with the world of police, goondas and clients they were still struggling to manage their immediate environment of families, partners and children, with whom their relationship was largely, very strained. They also added that because they lacked basic skills including functional literacy and the ability to use computers, they continued to be excluded from many opportunities for learning and growing which the digital world was offering.

Samraksha developed a one year course, keeping these requirements in mind. The course included 6 domains spanning : understanding and valuing self; interpersonal relationships; advocacy, resilience and positive mental health; literacy and use of the internet and computers; understanding perspectives on sex work and dealing with government and other systems to access resources. The programme evolved in a participatory manner with structured learning for literacy and numeracy skills and experiential learning on the other domains.

This year 56 women registered for the course, and 52 of them completed the course successfully. The multi-dimensional course was able to influence the women's lives in diverse ways.

The course has helped each of the women proceed to the next level of literacy. For some women, this has meant that they cleared the basic government exam for literacy and numeracy. Some others have proceeded further and are comfortable reading books, newspapers etc. All this has

“What the doctors could not achieve, the training from Samraksha helped me to. I have got my son back .”

Saraswati was under enormous stress because of her son's condition. He had been in a road accident, where he suffered a head injury, which affected his ability to speak. The doctors had told her that the speech would return gradually. He was frustrated and angry and projected it on her. Saraswati was deeply upset by his continued aggression and their relationship deteriorated.

When she attended the workshop on parenting, she realized that her role was to support her son during this difficult period and to be patient regarding the recovery. She went back and continued to help her son. Gradually, he regained his lost ability, much to her gratification.

This understanding on her part helped build bridges with her son . Their relationship had always been poor and this worsened it. Saraswati reports that earlier her son used to ridicule her efforts to become literate at her age, and berate her for attending the course. But her conviction and courage during his illness convinced him about how much his mother was gaining through the course. He has taken to supporting her in her literacy lessons and even volunteers to look after his younger sister when she has to travel for her training.

opened up a different world for them..

The unique element in this programme was the combined methodology of experiential and digital learning processes. Samraksha could help the participants to own a digital device early in the programme by raising resources to meet 50% of the costs. The women came forward to pay the remaining 50%. Possession of the tablet really accelerated their learning. Today, most of them have email accounts, are active on social networking sites like facebook and whatsapp and can also use search engines to find information which they need. They are able to do photo and video documentation using these tablets. It was our technology partner, Mahiti and their creative team that helped Samraksha convert this team to a reality.

At another level, women have also reported substantial improvements in personal competence and their ability to deal with their immediate and intimate environment. They feel they have greater self esteem which has helped them deal with partners and family members with more confidence. Their understanding of conflict resolution and anger management has helped them deal with conflicts in personal and professional life with more maturity.

They have also realized their responsibilities in different social roles, especially that of a parent, and are focusing more on understanding their children and strengthening their relationship. They hope that this will be a foundation towards a relationship of mutual respect with their children.

Link Worker Programme

Samraksha has recently started the link worker programme in Raichur. This is a government programme, to link rural communities with HIV care and support services. Link workers, who are young men and women, recruited from within the communities, help in linking vulnerable and affected people to prevention, care and support services.

This programme will be working with many vulnerable groups like female sex workers, sexual minorities, adolescents and migrant workers as well as HIV affected families, orphan and vulnerable children.

The programme has just started and we have completed the recruitment and training of link workers.

Events

Dissemination of Learnings from the Bembala Community Strengthening Initiative.

In the last two years, Samraksha has been deeply engaged with the CBOs of women in sex work through the capacity building initiative Bembala, which looked at strengthening institutions and building different levels of leadership within the community. This year, we had an opportunity to disseminate our learnings from this initiative. There was a dissemination event organized in Karwar, which was attended by District authorities as well as members from donor and partner organizations like Karnataka Health Promotion Trust, SIAAP, Sangama and WINS. Community members and CBO leaders from Bangalore, Tamil Nadu and Andhra Pradesh attended.

At this event, the women presented the findings from a Situational Needs Assessment of sex work in Uttara Kannada district, which was jointly developed by Samraksha and the community members . The data collection done entirely by the community members. The findings were presented by them.

An audio CD was also released on this occasion. The collection of songs in the CD had been developed by the women themselves and were about their lives, their dreams and how collectivization had transformed their lives. It was developed as an inspiration asset which the women wanted to share with other women's collectives.

A document was also released that focussed on the Bembala programme's community-centred and strengths- based alternate approach to capacity building,.

Graduation of the Me and My World Participants

The **Me and My World** programme had a befitting closure when 52 women who completed the course received certificates. The guests of honor included well known theatre personality Arundathi Nag, Dr. Vijay Hugar Joint Director, Tis, rom KSAPS, Mr. Abraham Moses from the software company Mindtree, Mr. Dwarakanath from a reputed training institute Pegasus, Mr. Srinath Maddur, Trustee, Karnataka Health Promotion Trust. Mr. Sreekanth, Director of Mahiti, who were our partner organization in this training programme as well as our long term training support Dr. Rajaram Subbian.

Samraksha Resources

Samraksha continued to serve as a resource organization in the HIV sector. We completed the manual on counseling women in sex work, which we had undertaken as part of the Tata Institute of Social Sciences GFATM Saksham project. The Director of Samraksha also served on the Project advisory Committee of the Saksham Project

The Director of Samraksha was a panelist at *A Future without AIDS*, A Conference organised by Medicus Mundi , Switzerland to discuss the Investment Policy for HIV and AIDS in Berne in April, 2013. Her paper was later published in the *Aidsfocus Bulletin 2013* titled *Communities Make it Possible* and is available online.

The Director also presented a paper on Ethical Issues in Working with Intimate Partner Violence at the symposium *Walking the Line: Ethical Issues in Psychotherapy Practice* at NIMHANS on 26-27 November 2013

The Director Continuum of Care was part of the task force preparing the Training Manual on Adolescence Sexuality, Gender Discrimination and Reproductive Health for Capacitating Social Work Trainees in India as a part of an ICMR project.

The Director Targeted Interventions attended the First International Conference on HIV sensitive Social Protection, in Delhi in December, 2014.

Our Donors

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Financial Details

Income	Amount in INR
HIV Care and Support	5435324.5
Community Strengthening	3308780
Link Worker Programme	1657650
Organizational Strengthening	862064
Samraksha Resources	1567690
Specific donation for renovation of care centre	115000
Specific donation for subsidizing digital devices for the community	126842
General Donation for Samraksha	22000
Patient Contribution	5288
Miscellaneous income	9800
Bank Interest	195297
Total	13305735.5

Expense	Amount in INR
HIV Prevention	424492
HIV Care and Support	2161656
LWS Programme	137751
Community Strengthening	3603965
Samraksha Resources	1035455
Organizational Strengthening	416372
Renovation of Care Centre	353585
Other Expenses	1190730
Total	9324005

The Samraksha Team :

	Full Time Staff	Part time consultant
Male	18	1
Female	26	1

Remuneration of three Highest Paid Staff :

1. Director TI : INR 32139
2. Director COC : INR 32139
3. Accompagnateur : INR 22000

Remuneration for the lowest paid staff member :

Cook at Care Centre : INR 4000