



COMMUNITY MOBILIZATION OF FEMALE SEX WORKERS

Module 2

A Strategic Approach to Empower Female Sex Workers in Karnataka

Karnataka Health Promotion Trust (KHPT)

Community Mobilization Of Female Sex Workers: Module 2 A Strategic Approach to Empower Female Sex Workers in Karnataka

Year of Publication: 2008

Copyright: KHPT

Publisher:

Karnataka Health Promotion Trust
IT/ BT Park, 4th & 5th Floor
1-4, Rajajinagar Industrial Area
Behind KSSIDC Administrative Office
Rajajinagar, Bangalore- 560 004
Phone: 91-80-40400200
Fax: 91-80-40400300
www.khpt.org

This manual is published with the support from the AVAHAN Project funded by the Bill & Melinda Gates Foundation. The views expressed herein do not necessarily reflect those of either the AVAHAN Project or of the Bill & Melinda Gates Foundation.

CONTENTS

1. Understanding and Analyzing the Situation
2. Approaches to the Control of Sex Work
3. The Rationale for Female Sex Workers Working Together
4. Working Towards a Clear Concept of Community Mobilization
 - 4.1 Analysis of marginalization
 - 4.2 Findings related to marginalization
5. Community Mobilization Strategy
 - 5.1 KHPT's Guiding Principles and Philosophy
 - 5.2 Core Principles of Community-based Organizations
 - 5.3 Strengthening Community-based Organizations
 - 5.3.1 Encouraging responsive governance
 - 5.3.2 Facilitating community agenda setting
 - 5.3.3 Assisting empowerment efforts
 - 5.3.4 Building management skills
 - 5.4 The Role of Community-based Organizations
6. Operationalizing the Strategy
 - 6.1 Three-way Capacity Building
 - 6.2 CBO Networks
 - 6.3 Role of KHPT

Annex 1: Annual Participatory Program Reflection Tool, 2006-07

Annex 2: Milestones for Community Mobilization in KHPT Project Districts

1. Understanding and Analyzing the Situation

Since 2001, the Karnataka Health Promotion Trust (KHPT) has been developing an in-depth understanding of female sex workers' (FSWs) risks and vulnerabilities to the transmission of STI and HIV. Working in high prevalence districts of Karnataka, the Sankalp project, funded by the AIDS India Initiative of the Bill & Melinda Gates Foundation, was based on the core belief that no initiative would be successful if the community did not take ownership. In the initial stages, the project focused on outreach activities. This required making contact with the high risk population in their own sites without waiting for them to seek out project outreach staff. The outreach activities were guided by the principles of teamwork and respect for community members as people with rights to confidentiality, dignity, and a safe and secure life and work environment.

The outreach process was needs-based and was preceded by extensive mapping of FSWs along with an assessment for a preliminary understanding of the community's situation. As part of this process, the project staff was involved in meeting with sex worker communities and groups in all the project districts. Understanding their issues, perceptions, and concerns was the main objective. In interactions with sex workers common threads could be drawn from their issues and experience sharing. Within the project's paradigm, mobilization of individuals from the constituent communities, through forming support groups to access the project services, was considered 'community mobilization'.

However, KHPT began to notice variations in understanding the concept of 'community mobilization' among both its staff and its implementing partners. From both project managers and outreach workers many questions began to arise regarding the concept and process. Some asked from whose perspective was the community being mobilized and argued that it must be self-generated and not induced. Others noted that activities were designed and planned to address the practical needs of the FSWs and their communities, but there was little focus on the more strategic or policy level changes that needed to be addressed.

The process of developing a clear concept of community mobilization started with exploring current approaches to the control of sex work both within and from outside India, for good practices and learning opportunities.

2. Approaches to the Control of Sex Work

Although sex work is considered among the oldest professions in the world and has been defined even in ancient Indian texts as a socially accepted organized activity, the status of FSWs has deteriorated over the years. After independence, the British law was adapted and subsequent laws, including the Immoral Trafficking Prevention Act (ITPA) and section 377 of the Indian Code of Criminal Procedure, regulated prostitution. From being an artistic and skilled profession, which enjoyed religious and social sanctions, today FSWs are stigmatized and ostracized. Now, with the onset of the HIV epidemic, their vulnerabilities have increased.

Although the number of women involved in sex work is difficult to determine, NACO estimates that about 1% of the adult women in India could be engaged in sex work, most of whom are non-brothel based sex workers. Evidence suggests that a significant number of these have taken up the profession due to a variety of factors over which they have little or no control. These include unemployment, heritage, trafficking and migration. Once in the

profession, the complex inter-linkages of social, cultural and economic factors, plus unfriendly policy and institutional arrangements, lead to a low status and a life of poverty with a heightened vulnerability to STI and HIV.¹

The complexity of the issue of commercial sex work has seen fierce debates starting from whether or not this practice should be allowed, to what is best in the interest of the community and society. There have been different approaches to commercial sex work in countries around the world: from taking a stand to ‘abolish’ the practice; to seeking ‘rehabilitation’ of FSWs; to ‘legalizing’ it; or to ‘decriminalizing’ sex work.

The option of abolishing sex work is not a reality until men stop profiting from sexual exploitation of women, both individually on a social and cultural level, and in the commercializing of sex, leading to profiteering from the sex work industry, i.e., pimps, and to sex trafficking. Although poverty is a powerful contributing factor in sex trafficking, another powerful incentive is greed, leading to corruption. A widely accepted position within the discourse of sex work is the ‘human rights approach’ which seeks to completely get rid of the criminal law from sex work and have a permanent human rights standard. The significance of this approach is that it entitles sex workers to basic and fundamental human rights as every other woman, in addition to special rights like right to solicit, right to recognition of family and entitlement to benefits from the state with or without the presence of a man in terms of relationship.²

The rehabilitation approach looks at sex work as a forced activity which is exploitative and demeaning and seeks to ‘rescue and rehabilitate’ all sex workers into alternate means of livelihood. This gives legitimacy to the authorities to raid brothels, remove sex workers from the premises and move them into state homes in an attempt to rehabilitate them. However, they are more often imprisoned in these centers where they are raped by law enforcement officers and can only escape by paying off large bribes. The double stigma against HIV and sex work, in many contexts, is used to justify police repression. Violence perpetrated by the police and other law enforcement officers is a direct risk of HIV transmission for FSWs.³

Legalizing sex work means that certain forms of the work that used to be illegal become regulated in a specific way. This approach does not provide sex work with the same status as it would do for other forms of work. In countries where sex work has been legalized, i.e., Netherlands and Germany, the state regulates sex work. For example, sex workers may have to pay special taxes, work exclusively in brothels or certain designated zones, and undergo mandatory health-checks. It can also mean that sex workers are obliged to register and pass physical exams, which can lead to FSWs being quarantined. These restrictions can cost a lot of money for a person who only wants to work part time or when a worker doesn’t have many customers.

The decriminalization approach advocates getting rid of the criminal law in relation to sex work by removing sex work related offences for consenting adults from the purview of the criminal law. In places that have decriminalization, i.e., New South Wales, Australia, sex workers may operate freely, without the threat of criminal charges and/or the state seizing their assets. Decriminalization also does not legitimize the role of the brothel-keeper, pimp or

¹ Pragati Position Paper

² AVERT; ‘Sex is their business’ Sep 2, 2004; Excerpts from The Economist

³ Our Lives Matter: Sex Workers Unite for Health and Rights. August 2008. Open Society Institute. Anna-Louise Crago.

trafficker, but recognizes the right of the woman to be a sex worker and to practice her profession free from violence and stigma. Sex workers have the same rights and responsibilities as any other self-employed worker and be protected by the same laws as those regulating and protecting other workers. It would mean sex work and other professions are equal in all eyes. Many sex worker groups are asking for decriminalization, as it leaves more room for the diversity inherent to sex work and also means each sex worker can manage her work the way she sees fit.

However, to date, sex work in India is neither legal nor illegal. The 2006 Amendment Bill to the ITPA criminalizes most aspects of sex work by equating 'voluntary adult sex work' with trafficking. Sex workers can practice their trade privately, but cannot legally solicit customers in public. In particular, the law forbids a sex worker to carry on her profession within 200 yards of a public place. Police make use of ITPA to harass, abuse and extort money from sex workers. Sex worker groups are in dialogue with the Government of India on the proposed amendments to the ITPA as they feel that vulnerability of sex workers is increasing due to this misuse of state power on the pretext of safeguarding morality.

3. The Rationale for Female Sex Workers Working Together

HIV infections are rising among women, with FSWs the most vulnerable because of multiple factors, including denial of rights. The Beijing Conference Platform For Action (PFA) is a comprehensive document that calls upon UN member states to respect and ensure women's right to a life of freedom and dignity.⁴ It emphasizes women's right to making informed choices about their own lives. This is particularly true for FSWs for whom the challenges respect to freedom, choice and dignity are exacerbated because of their profession in sex work. These realities have led to the groups of women, including FSWs to join together to work together. During the PFA two international coalitions lobbied for the rights of FSWs: the Global Alliance against Trafficking of Women and Network of Sex Work Projects. Since then, FSWs have made their voices heard at International AIDS Conferences at Durban, Barcelona, and Bangkok and in national forums in many countries.⁵

FSWs, often in alliance with transgender and other groups, have been engaging with governments and civil society through formation of CBOs in many countries across the world.

- Raising Voices, in Uganda, has been exploring and experimenting with community-based primary prevention methodologies that seek to shift attitudes and behaviors that perpetuate violence against women. Sharing some of the lessons learned from this process in East Africa over the last six years, Raising Voices argues that comprehensive community mobilization is essential if we are to see meaningful, sustained change.⁶ This argument is especially relevant to FSWs who many believe are the worst affected by violence at all levels including familial, social and political.
- In Brazil, groups have been organizing since the 1970s, not only focusing on health issues, including HIV, but also to fight against stigma and state violence and for labor

⁴ www.un.org/womenwatch/daw/beijing/platform/

⁵ www.nswp.org

⁶ Lori Michau, Gender & Development, Volume 15, Issue 1 March 2007, pages 95-109

rights. In 2005, when the Bush Administration implemented its policy requiring that the United States Global AIDS funds could only go to groups that denounce prostitution and sex worker empowerment, Davida and other sex worker groups in Brazil were instrumental in persuading the Brazilian government to reject this \$40 million in aid, rather than sign the pledge. Davida has also started its own fashion line, Daspu, to fund its programs.⁷

- A Cambodian group of sex workers, the Women's Network for Unity, have protested against a new anti-HIV medication trial that does not offer any post-trial health care for long-term side effects.⁸
- In Argentina, the CBO AMMAR _- Asociación de Mujeres Meretrices de la Argentina (Spanish: Association of Women Prostitutes of Argentina)_works on stigma and discrimination against sex workers. The ten year old organization plans its boldest step yet: to demand government recognition as an official union. It would be the first such union in Latin America and one of only a handful in the world.⁹
- The Sonagachi Project, which has been identified as a World Health Organization (WHO) model project, is well known for its multi-faceted approach to community mobilization. Launched in 1992, the Sonagachi Project began as a small health promotion project to inform sex workers in Kolkata (Calcutta), India about AIDS and to promote condom use and sexually transmitted infection (STI) testing and treatment in this community. The present program has broadened its health base to include various development components. Women who cannot read attend literacy classes, taught by other sex workers, and enroll their children in daycare, school, and other program. To support these non-formal education efforts, 29 educational centers in and around the red light area of Kolkata have been set up. In addition, an anti-trafficking unit controlled by self-regulatory boards works across West Bengal to protect children; two homes are also in operation to provide a safe shelter for children in distress.
- Arising out of the Sonagachi Project, the Usha Multipurpose Cooperative Society, registered in 1995, fosters economic security and extends credit to FSWs through its community-lending scheme that provides affordable loans. It now had over 5,000 members. It also promotes the talents of FSWs through its cultural wing, 'The Komal Gandhar'.
- In 1995, the sex worker community being served by the Sonagachi Project mobilized to develop their own network, the Durbar Mahila Samanwaya Committee (DMSC), to concentrate on a broader framework of livelihood security and the right to self-determination. DMSC took over management of the Sonagachi Project in 1999.¹⁰

Attempts to replicate the Sonagachi model have not met with much success in other states of India as no two situations are the same and area specific realities need unique planning

⁷ www.champnetwork.org

⁸ www.nswp.org

⁹ www.prostitutionprocon.org/international.htm#argentina

¹⁰ www.comminit.com/experiences/pds12004/experiences-466

strategies.. The situation in Karnataka is different in which the majority of the sex workers are home- based and hidden.

Yet, it has shown in the efforts detailed above that community mobilization and ownership is the way forward for vulnerable communities to effectively deal with the complex issues surrounding HIV/AIDS. FSWs are often isolated, and an important step for sex worker rights in combating HIV is to make connections across movements and tackle discrimination, violence and criminalization, FSWs are best positioned to stop HIV in their own communities: they are experts on what will work and are positioned to change community norms. They are also best positioned to run their own programs, as they are less likely to sustain the discriminatory behaviors of biased service providers.¹¹

4. Working towards a Clearer Concept of Vulnerability

To explore and understand how KPHT and its partners facilitated community mobilization of FSWs, a series of discussions was held with both these high risk communities and the implementing non-government organizations (NGOs). This process began with a two day participatory workshop held on October 13th – 14th, 2006 using focused discussions, case studies and appreciative inquiry methodologies. Twenty-seven participants (12 women and 15 men) were present. They analyzed the process of facilitation focusing on the analysis of marginalization as the foundation of community mobilization. Then, a reflection process was taken up during the Annual Participatory Program Reflection meeting in January 2007. See Appendix 1 for knowledge gathered in this process.

4.1 Analysis of marginalization

A three-pronged framework focusing on Power – Social exclusion – Vulnerability was used to analyze the situation and to gain a deeper understanding of marginalization of FSWs.

Analysis of power provides critical insights into relational and reciprocal dynamics reflected through actions in ongoing social interactions. It requires identifying key social structures or institutions that express ‘power over’ and examining continuous resistance to and reinvention of inequality. These dynamics revolve around domination – subjugation (patriarchy), protector – criminal (State/police) or provider – dependent (traffickers). The power analysis includes appraising cause – effect linkages. It deals with ‘position’ and ‘unjust relationships’ between two social interactions (individual or communities).

Social exclusion framework analyses discriminatory practices that cause multiple deprivation. This is inter-relational and is characterized by ‘*capability deprivation*’ imposed by a dominant group through the concept of purity and superior position. It identifies the institutions and mechanisms that perpetuate cultural hegemony and prevents equal participation of excluded communities – and makes their issues and perspectives invisible. Most often it, in turn, leads to intrinsic self-exclusion and alienates them from mainstream, thus creating insecurity. This framework appraises cause-effect linkages and facilitates focused intervention to address root causes. The implications for women in particular, from deprivation of ownership of resources, assume a critical importance.

¹¹ www.itfglobal.org/HIV-AIDS/agenda1-brief2.cfm

Vulnerability analysis framework is guided by synthesis. It identifies the conditions of vulnerability and builds linkages to mechanisms or processes of marginalization that perpetuate stigma and discrimination. Such processes are most often located in unjust power relationships and deprivation due to exclusion practices. Four conditions of vulnerability are common – violence, sexual abuse, prone to HIV/AIDS infection and humiliation. The mechanisms are embedded in culture (composed of values, attitudes and beliefs) and its socialization.

4.2 Findings related to marginalization

Overall it was found that India's patriarchal society, moral stand by religions practiced, and legal practices by law enforcing machinery or judiciary, all make the FSW vulnerable. This compounds the restriction on choice of sexuality and safe sex practices and denies them access to health care. Keeping in mind the variations in the nature of sex work and how this influences the needs and priorities of each particular community in different districts of Karnataka, KHPT's reflection process, along with its interactions with these high risk communities, identified the following common priorities for FSWs:

- **Health and easy access to services:** Protection of health was a key concern among most FSWs. In the face of high HIV risk owing to the nature of their profession, the women continuously stress the importance of maintaining good health in order to sustain themselves as well as their families in the long run.
- **Social entitlements:** Provision of social entitlements, such as housing, ration cards, and pensions.
- **Availability of other services linked to social entitlements,** such as education and shelter, including hostel and boarding facilities, for their children.
- **Stigma & discrimination:** Reduction of stigma and discrimination in accessing health care, living a regular normal family life, pursuing other interests and involving themselves in recreational activities.
- **Violence and harassment:** Reduction of violence and harassment by police and other stakeholders such as goondas, clients etc. The freedom from physical and mental abuse from these groups was linked to their need to have the basic right of freedom of movement and human dignity.
- **Develop a common identity:** The FSWs expressed the desire to develop a common identity based largely on similar life experiences that drive the women to think and feel alike about many aspects of living, such as children, family, marriage etc.
- **Financial security:** To remain financially independent was noted among women who have their own children whom they wish to educate and see settled.

5. Community Mobilization Strategy

5.1 KHPT's Guiding Principles and Philosophy

One outcome of KHPT's internal analysis and reflection was an agreement on a set of three guiding principles that come together to build a platform for its philosophy for engaging with FSWs in Karnataka and the development of its overall strategy.

To support the dignity of sex workers

KHPT recognizes sex workers right to life with dignity and will respond to the emerging demands of these communities for respect and dignity of life. This is guided by the realization that change in power relationships is necessary for realizing dignity: although some enter sex work by choice, most enter due to factors beyond their control, including death of or alienation by husbands, being dedicated as a Devadasi, or sexual trafficking.

To oppose violence and sexual abuse

KHPT will oppose any form of violence against FSWs and any system that exploits them. We condemn all forms of violence and sexual abuse as a serious violation of human rights. We will facilitate a response to violence and sexual abuse through capacity building to deal and cope with it, facilitating local mechanisms to support in risk management, and legal action.

Engagement with the State

KHPT believes that the State is the 'rights holder' as well as 'rights provider'. The State has an obligation to ensure fulfillment of rights to all its citizens without any discrimination and is accountable to any rights violations. Government policy reflects laws and regulations that govern and legislate the way health projects work. Making policy level changes that focus on FSWs vulnerabilities, such as lack of health care, social entitlements, stigma and discrimination is necessary for change. KHPT believes that the constitutional rights of the sex workers cannot be denied on the pretext of their profession. Therefore, it will act as a advocate to sensitize and educate policy makers about improving the overall human rights of FSWs by engaging in dialogue with the State.

Overall philosophy and strategy

The overall philosophy of KHPT is that FSWs are marginalized and disadvantaged communities. To reduce FSWs vulnerabilities and to achieve a reduction in HIV/AIDS the strategy adopted by KHPT is to encourage and facilitate community mobilization of FSWs so that they can collectively challenge the power structures that cause their marginalization. It is a process where reflection on individual attitudes and beliefs, critical thinking and strengthened capacities will result in the formation of strong community based organizations (CBOs) and networks. These will empower the FSWs to challenge power structures and create an enabling environment so they can access their rights.

KHPT is aware of the mainstream thinking that sees the need to form CBOs in the context of HIV prevention and as a strategy for behavior change. Although KHPT affirms that HIV prevention provides an opportunity to mobilize these high risk groups, it also considers that the formation of CBOs is not merely for HIV interventions. Rather it offers an opportunity to work with marginalized communities to help them work together to fight against discrimination, gain power, and claim their rights. KHPT will focus on an integrated response to HIV/AIDS taking into account both the overall societal dimensions and the prevention initiatives focused primarily on individual behavior change. KHPT recognizes that once these communities gain a public voice, they should be left to decide their own agenda, which may include a focus on HIV/AIDS.

5.2 Core Principles of Community-based Organizations

Another outcome of KHPT's internal analysis and reflection was gaining a common understanding about CBOs which will guide us in our future work with the most at risk populations that we engage with. Mobilizing communities by enlisting grassroots support to form CBOs is perceived to be an effective strategy to increase effective and sustainable outcomes for prevention interventions, bring about changes in practices, policies and laws, and reduce stigma and discrimination. KHPT believes that CBOs should be formed and governed by the core principles that will ultimately make them stronger and thus enhance their effectiveness and sustainability.

Inclusiveness and respect for diversity

The membership should be defined and drawn from a specific community with the majority of members participating in all management and financial deliberations. Divergent interests of the community members, diverse social realities, different perceptions based on past experiences, geographical affiliations, and individual differences in personalities and emotional status may prevent FSWs from being mobilized to work together. Therefore, forming CBOs requires quality facilitation skills to harness the potential advantages of diversity in raising public solidarity on issues, while dealing with forces that weaken working together. As well as varied perceptions and aspirations, differential levels of participation and expression are natural in any community. Equal opportunities must be available to those who are most deprived within the community. An inclusive attitude enables respecting diversity and valuing self-worth of other members and translates into ensuring the participation and meaningful representation of all FSWs.

Responsive governance

The CBOs legitimacy comes from the democratic process of choice of leadership, transfer of leadership, and mobilizing different members of the community to take up responsibility to increase the level of ownership and sense of belonging. All decisions made should include community involvement of its members giving them a platform to air their concerns and interests and a means to externally present their consensus. Although individual members have the freedom to align themselves with any political party or religion, no affiliation to any particular political party or religious group should be linked to the functioning of the CBO. The governing rules must ensure transparency and accountability to the community members and other stakeholders with regard to all finances, activities, processes and decisions. There must be a fair and just distribution of resources to allow it to effectively and efficiently function.

Community agenda

Every community has the inherent ability to draw on its unique experiences to articulate its needs. With encouragement and mentoring, FSWs can begin to think critically about themselves as individuals and as sex workers, leading to an understanding of the situation of sex workers within societal structures. The acceptance of sex work as any other profession is one step in engaging in a critical thinking process. It will also encourage FSWs to reflect about themselves and enhance their self-esteem and dignity as women, citizens, and as sex workers entitled to rights. This process also helps FSWs realize their risks and vulnerabilities in the specific context of HIV/AIDS and serves as an initiation to translate their needs into

concrete actions through the CBOs agenda, or purpose. The agenda is set by community members themselves and should be representative and dynamic, and generate solidarity within its members. It should lead the way to formulate strategies, develop plans and inspire actions that can achieve its objectives and ensure appropriate outcomes. The needs considered important by the community must receive priority. This would entail focusing on issues that are of primary concern of the community possibly going beyond the project objectives. However, this focus enhances the CBOs independence and will lead to sustainability.

Effective management practices

To encourage the community to join together to articulate their needs, develop plans and formulate strategies for forming CBOs appropriate and effective methodologies and approaches must be used. The community members themselves must be in charge of the management plans, but should draw on other organizations for specific skill development and services. Effective management practices also include financial accountability as well. At the initial stages of CBO formation, KHPT supports the CBO financially through an NGO. But as the capacity of the CBO is built, funding support is directly given to the CBOs. At this stage, although the CBO receives direct funding from KHPT, the NGO continues to guide and support its financial management. In the long run, the funds generated from other sources such as income generation activities, management costs received from donors, profits through credit and savings schemes, may be utilized for advocacy and rights-based issues.

5.3 Strengthening Community-based Organizations

5.3.1 Encouraging responsive governance

Structured, as well as unstructured processes, are required to create and sustain responsive governance. To ensure that a CBO make decisions that benefit the larger interests of its community, and holds itself accountable to those actions in a transparent manner, requires the following steps.

- ***Setting standards and values:*** Develop a set of core standards that are non-negotiable in the overall functioning of the organization and in dealing with other groups and agencies. Democratically elect leaders to positions of responsibility within the CBO.
- ***Formulating policies:*** Develop policies in line with the purpose/mission and governed by its principles.
- ***Providing strategic direction:*** Develop a comprehensive strategic plan through community dialogue that has clear benchmarks and milestones.
- ***Articulating positions:*** Take an unambiguous position on pertinent issues. Clarify the strategies and ways of achieving proposed changes to establish external credibility and support in forming networks or alliances.
- ***Accountability to stakeholders:*** Develop a proactive mechanism to hold itself accountable to stakeholders including NGOs, funding organizations and donor agencies.

5.3.2 Facilitating community agenda setting

Setting a community agenda and developing goals and objectives should evolve organically through a reflection process on the needs of the community. It requires a conceptual

understanding of HIV and AIDS and the linkages with the identified vulnerabilities in the community. These processes will identify some inherent challenges in operational implementation including addressing the diverse needs of the community, balancing community and project needs, developing a shared vision in diverse communities and balancing limited time and resources. These processes are dynamic and will need expert facilitation, plus a schedule for regular reflection to react to changing dimensions in the community.

- **Agenda setting:** Instigate a participatory process of reflection and critical thinking in the community that evolves organically, and with adequate mentoring and time, can be refined and developed into an agenda, or purpose, for the CBO to take forward.
- **Vulnerability analysis:** Identify the nature and intensity of vulnerabilities in the community as well as the factors that cause them, which will point to community needs and feed into the community agenda.
- **Integrated agenda:** Put into place a process that differentiates between community needs and project needs, clarifies how individual activities feed into each category, and broadens the community perception of micro and macro solutions.

5.3.3 Assisting empowerment efforts

The community can gain confidence and step up to meet their agenda objectives through a series of processes, including promoting leadership at different levels, regular interaction between the CBO membership and the larger community, capacity building and critical thinking. These processes require full community participation, continuous building of trust and mentoring of future leaders. They also involve practical challenges such as gatekeepers blocking progress and opposition from other organizations.

- **Becoming known as a pressure group:** CBOs must believe strongly in their cause, be aware of their rights, and challenge the structures that perpetuate further marginalization of their community. Three processes can help CBOs to emerge as pressure groups. *Group reflection* can provide insights into oppressive political, social or religious structures so that the community can understand the dynamics operating. *Mobilization* can bring the community together to work as a team and build its collective strength so it can have greater influence. *Solidarity building* creates scope for building alliances with other organizations that will be sympathetic and supportive of the cause.
- **Widening the cadre base:** Capitalize on emerging potential within the community by identifying local leaders and intellectuals and nurture them to harness their wisdom. These community members, such as community peer educators, who demonstrate potential, can take up emerging responsibilities. Upgrade their skills so they can perform new roles of mentoring community processes in governance and management.
- **Facilitating trust in their own community:** For support and guidance, community members need to trust their CBO. This requires a regular process to generate confidence in the CBOs ability to make a difference in situations and circumstances. Members can be motivated by acknowledging and celebrating successes.

5.3.4 Building management skills

Management skills include implementing, monitoring and evaluating CBO activities, as well as accounting for resources, establishing office systems, adhering to decision making processes and ensuring the practice of governing principles. All of these process can result in

effective and efficient functioning of the CBO. For the purpose of orientation and capacity building of members, the following systems need to be introduced and capacities of the CBO needed to be increased either through in-house human resources and/or external expertise.

- **Decision-making authority:** Generated from the governing principles, an objective and a democratic system of decision making must be established within the CBO.
- **Participatory management of activities:** Develop a processes to translate the set agenda into an implementable action plan. A methodology focusing on local participatory indicators and data collection techniques to review and monitor activities must be created. Using indigenous practices, risk assessment strategies and how to manage them must be developed.
- **Human and financial resource management:** To ensure transparency, a process to monitor financial inputs and outputs, as well as effective use of available human resources, is essential for sustainability.
- **Transparency and accountability:** A strong mechanism to share the outcome of actions in a transparent manner and to demonstrate accountability to other stakeholders must be developed. Participatory planning and review processes help in maintaining accountability.

5.4 The Role of Community-based Organizations

To contribute effectively to community empowerment and leadership, the following roles assume a critical importance.

Creating critical awareness: Information and knowledge dissemination on relevant policies and engagement in critical analysis of issues that concern the community should take place at all levels and at all times.

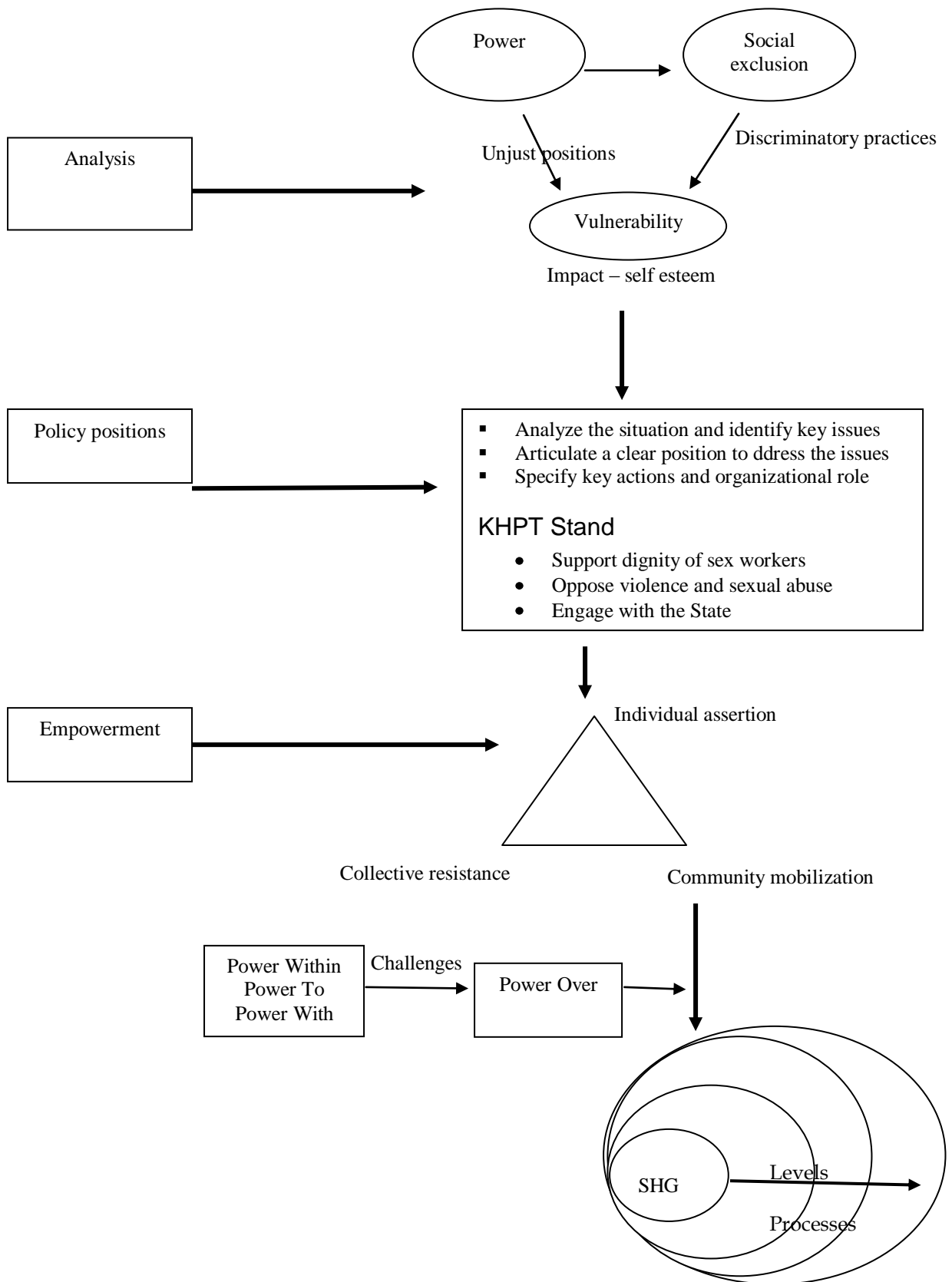
Accessing entitlements: Facilitate the process of receiving social entitlements from the state such as ration cards, pension, housing etc. and take the lead in ensuring access to these schemes.

Provision of services: Identify the varied needs and services of the community that are considered essential, for example, medical, psychosocial or financial. The CBO should meet these needs directly, or link up with other organizations that have existing/available services in the area.

Empowerment process: Although empowerment is an ongoing lengthy process, the focus at all times should be on encouraging the voices of its members to speak out against discrimination and assert their rights.

Challenging structures to address injustice: Societal structures and cultures discriminate and marginalize the communities. Through a participatory process, strategies to challenge these structures and question the practices that exclude them from the mainstream, should be developed.

Community Mobilization: A Strategy for Facilitation



6. Operationalizing the Strategy

KHPT strategic vision is ‘Empowered communities in Karnataka and India, working together to improve their health, reduce the incidence and burden of HIV/AIDS, and assert their rights and dignity’. To achieve this vision, KHPT works with FSWs to mobilize communities to form strong and effective CBOs that can challenge power structures, while creating an enabling environment. KHPT has identified three important needs related to forming strong CBOs that must be strengthened, both at individual and at group level, to operationalize its overall empowerment strategy.

6.1 Three-way Capacity Building

To further understand the vulnerability issues of sex workers and peer facilitators, the Communication Unit of KHPT conducted a series of workshops, which served as a training of trainers (TOT), for project staff and peer facilitators in different regions of Karnataka. The workshops confirmed that low social status and poor self-esteem were significant barriers to enhancing community participation. FSWs generally felt that they were incapable of bringing about any change in the existing situation and lacked the confidence to work alone to carry their dreams forward. They all spoke of vulnerability issues but did not know how to address them.

Thus, the first step in this three-way series of capacity building exercise, in accordance with KHPT’s strategy, aims to enhance the self esteem and dignity of FSWs so they can overcome their vulnerability. This can be accomplished through engaging women in reflection and critical thinking so they can internalizing various messages related to self-worth, self-confidence and self-respect. Through discussions and practice in voicing opinions they will be equipped with skills so that they can join together to take up various tasks and responsibilities, to demand rights, access services and ultimately reduce their vulnerability. This was the basis for developing Training Module 1 Enhancing Self Esteem and Dignity among Female Sex Workers.

Secondly, FSWs need their capacity built so they can move from being self-confident individuals to empowered women with a strong shared voice. They need skills to analyze their situations and then complement each other’s abilities by joining together and working as a group, or CBO. They need to think critically about setting an appropriate agenda, or purpose, for their CBO to take forward. This agenda should focus beyond meeting immediate needs, and should inspire community empowerment. Practically the FSWs need to decide on a structure for management and networking. This was the basis for developing Training Module 2 Encouraging the Development of Community-Based Organizations for Female Sex Workers.

Thirdly, once the CBOs are formed, there is a need to build their capacity on how to use responsible governance principals and effective management practices to encourage more and more members of the community to be involved with the CBOs in addressing their identified issues. To build the skills to develop institutional guidelines, KHPT organized a five-day workshop with partner NGOs to formulate an organizational development (OD) system that could provide essential direction to the existing CBOs so they could shape and root themselves firmly by addressing issues of responsible governance. Apart from consultation with leaders of the community, individuals and groups who had experience and expertise in

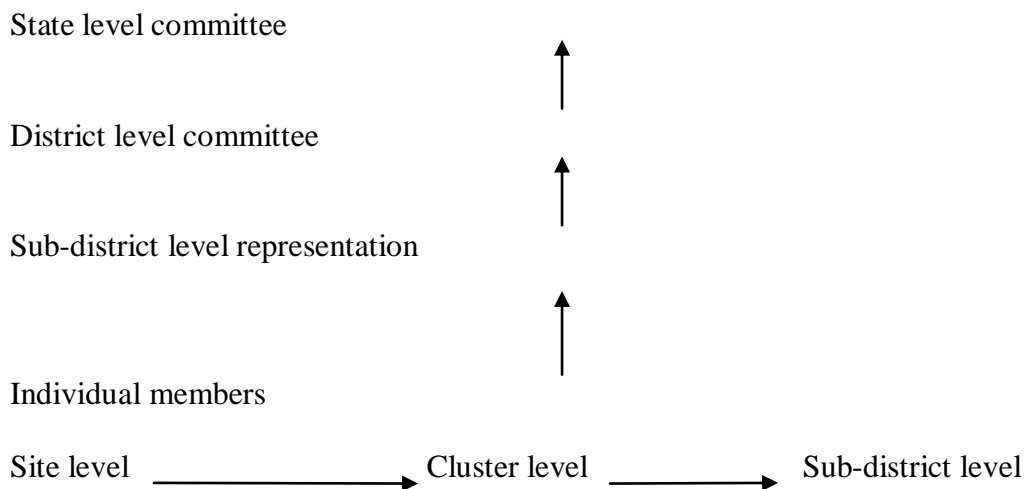
OD and training also contributed. This was the basis for developing Training Module 3 Strengthening Organizational Development in Community-Based Organizations of Female Sex Workers.

At the end of this capacity building process, the FSW CBOs will be expected to develop into well-defined formal units, with specific vision, mission and plan statements, prepared to facilitate action, sustained growth and efficient functioning. The focus on governance will further strengthen these CBOs and give them an organizational status.

6.2 CBO Networks

When FSWs self-esteem and dignity are increased, strong CBOs are formed and begin operating under responsive governance principles and good management practices, change will take place more effectively and can be sustained through networks of CBOs. These networks go beyond AVAHAN areas to also include those under the national program, as well as the South India Regional Network. And, the CBOs formed in various districts through the Avahan funded Project Sankalp face no restriction to being a part of larger networks. This will enable the FSW community to represent its specific regional-related issues in other forums and would increase the scope for representation.

KHPT plans to replicate this three-way capacity building process in other project districts and will mobilize grassroots FSWs communities from the sub-district, or taluk, level up to the state level, where these CBOs can be part of a large federation. KHPT believes in a 'federal' model of governance structure as reflected in the following diagram:



To promote this governance structure, starting from the grassroots, or more specifically referred to as 'site' in terms of geographical areas, affinity support groups will be formed. Each such site support group, or '*sangha*', will have between 15-30 members who are usually from the same sex worker typology, will meet regularly to share information and experiences and try to find solutions to problems they have democratically decided on. These activities could revolve around savings and credit activities, alternate income generation, literacy classes, and/or skill training.

Site support groups are represented at the sub-district level through the formation of committee that respects the diversity among individuals and among different support groups. This forum provides a larger platform for diverse support groups to come together, take decisions on issues of concern and promote group action.

One Group, One Voice is the vision for the CBO at the district level, which will have representatives from all the sub-district groups, and democratically elect an Executive Committee with a Chairperson and Secretary. The district CBO will also form committees to explore broader subjects of concern including legal matters, networking, self-regulatory issues, entitlements, monitoring & evaluation plans, and financial matters and will make recommendations based on community consultations.

A state level organization will develop as an umbrella federation for all district groups of CBOs. Currently one of the key bodies involved in supporting CBOs is Sahabhagini, a state network of 16 FSW CBOs across the Karnataka state. There is a need to bring these 16 collectives under Sahabhagini, as well as nine other independent collectives, under one single umbrella group. This group will be registered under the Karnataka Societies Registration Act, and will be called the Karnataka State Female Sex Worker Network (KSFSWN). This will provide the legal framework for transparency, accountability and democratic norms and KHPT will facilitate a responsive governance policy ensuring it has a democratically elected General Body, a Governing Board and policy guidelines. The Governing Board will be assisted by an administrative structure with professional staff. The overall role for KSFSWN will revolve around advocacy, networking and technical support.

KHPT envisions all the levels of affinity support groups as an active network that could be a key negotiating agent with the government. Given the necessary representation, Karnataka State could become a sponsor of KSFSWN and be involved at a greater level in the activities of the network, and subsequently establish its role of responsibility in issues concerning these CBOs.

The practical challenges for this plan include the ability to guarantee inclusiveness in the governance process. The selection process for representatives must be rotational and not limited to a few individuals who are already peers workers. This might be a challenge because of the reluctance and sometimes unwillingness of representatives to relinquish their positions. However, resolving this issue is essential. It is also crucial to create accountability mechanisms, or norms, for meetings and decision-making, and reporting back to members on a routine basis through all the levels. There should be a two-way communication channel between the grass-root level, up to the state level and vice versa. For example, the issues of concern to be discussed at the state level committee meeting should evolve from stated concerns at the site, cluster, sub-district and district levels. There is an upward channel for decision-making and information is disseminated from the state to the lower levels. No level should be seen as a 'stand alone' structure.

6.3 Role of KHPT

KHPT believes that building a sustainable network of CBOs as described above will be determined by sustainable community processes. The formation of CBOs must be grounded in the community who will develop their own agenda rooted in their perceived needs. In the context of HIV prevention, we view the formation of CBOs in terms of dealing with the

larger issues of the community. The project's 'targeted interventions' form only a part of the CBO's larger agenda. To facilitate this plan of KHPT needs to response to the following needs. See Annex 2 to review a series of milestones for community mobilization to be met in KHPT Project Districts.

Creating space for reflection and deliberation to clarify principles and concepts: A process for sharing good practices and implementation experiences should flow from the diverse field experiences of each CBO. This would contribute to critically examining processes with the potential to make more impact on the lives of each member. A similar platform for KHPT staff, as well as for all NGO partners, is essential in order to revisit current strategies for CBO formation to suit each unique community.

Developing a shared understanding: All KHPT staff, NGO partners and field staff need to understand the principles of CBO formation and the processes of effective and efficient functioning.

Building a resource centre for developing modules and undertaking capacity building: To build skills of the partner NGO's staff and the CBO's members, training modules must be developed and then field tested. This will require coordination of extensive participatory inputs, TOTs, and joint reviews.

Process Documentation: The dynamic processes and responsive strategies will provide evidence after further reflection and review of information collected from the field, to build a knowledge base on the mechanisms of CBO formation and their expansion. This information will provide the scope to identify good practices, learn from them, and make future modifications.

Facilitate and Mentor CBOs: In the initial stages mentoring and handholding of nascent CBOs is crucial in helping them gain an understanding of the concept and purpose of CBOs and in how to perform their roles through strategic and practical inputs at all levels.

Alliance building: At the state and national level building alliances with groups, organizations and agencies that are in sync with KHPT's understanding of the overall role of community mobilization and the part that CBOs play is crucial for sustainability.

Annex 1: KHPT's Annual Participatory Program Reflection 2006-07

| Areas of Enquiry | Stages | | | | |
|--|--|--|--|---|---|
| Critical Analysis | 1 | 2 | 3 | 4 | 5 |
| Perception on sex work | Sex work considered as bad work | | Accepts sex work as livelihood | | Considers sex work must be treated like any other profession |
| Realizing situations, from risks, vulnerabilities and denial. | Sex workers are not aware of their situations, (risks, vulnerabilities and denial) | | Sex workers are partially aware of their situations (risks and vulnerabilities) | | Sex workers are aware of their situations, risks, vulnerabilities and denial |
| Structural Causes | Unaware of structural barriers causing the situation | Recognize the different structures that causes risks, vulnerabilities and denial but cannot identify the reasons | Recognize unequal power as root cause for risks, vulnerability and denial | Recognize different structures that cause risks, vulnerabilities and denial, identify unequal power as the root cause and articulate the process of marginalisation and exclusion | Recognize different structures that cause risks, vulnerabilities and denial identify unequal power as the root cause, articulate the process of marginalisation and exclusion and identify state's accountability to protect the rights |
| Recognize the Need to collectively challenge risks, vulnerabilities and denial | Risks, vulnerabilities and denial is a non issue | Recognize the need to collectively challenge risks, vulnerabilities and denial | Recognize the need to collectively challenge risks, vulnerabilities and denial but expect external agency to lead it | Recognize the need to collectively challenge risks, vulnerabilities and denial by the community with support and facilitation | Recognize the need to collectively challenge risks, vulnerabilities and denial by the community through building vision and long term perspective |

| Areas of Enquiry | Stages | | | | |
|--|--|---|--|---|---|
| Collective Actions | 1 | 2 | 3 | 4 | 5 |
| Addressing Strategic Issues | No collective action has been taken to address structural causes | Identification of common strategic issues through participatory and consultative processes including all typology of sex workers. | Identification of common strategic issues through participatory and consultative process including all typology of sex workers and designing strategies and systems to address those issues. | Identification of common strategic issues through participatory and consultative process including all typology of sex workers, designing strategies and systems to address those issues and mobilizing collective actions. | Identification of common strategic issues through participatory and consultative process including all typology of sex workers, designing strategies and systems to address those issues, taking collective actions and being accountable for it. |
| Addressing Immediate issues | Immediate/ emerging issues of community ignored/not addressed | Individual issues are addressed by individuals themselves independently | Individual issues are acknowledged and addressed with support from NGO | Individual issues are collectively discussed and systems in place to address the same | Individual issues are collectively discussed, systems in place to address them and community mobilized for collective action |
| Accessing and Managing Project Services | Peers are providing services and condoms to community members | Peers are providing services and condoms but many individuals access services and condoms on their own from the project | Majority of community members are accessing services and condoms themselves from the project with a small section being catered by peers | Majority of community members are accessing and managing project services. Small section of community is still catered by peers | Majority of community members are accessing and managing project services and / or collectively demanding similar services from the state. |
| Participation | Peers are participating in one or the other collective action | Peers, volunteers and various committee members participate in one or the other collective action | Peers, volunteers, committee members and 30% of community members through formal and informal structures have participated in one or the other collective action | Peers, volunteers, committee members and 50% of community members through formal and informal structures have participated in one or the other collective action | At least 70% of community members across different typology and geography through formal or informal structures have participated in one or the other collective action |

| Areas of Enquiry | Stages | | | | |
|------------------------|--|---|---|---|--|
| Governance | 0 | 1 | 2 | 3 | 4 |
| Strategies | Neither the NGO nor the community has clearly developed approach to address diversity and position on key strategic issues | NGO has developed approach to address diversity and position on key strategic issues, however peers and community members are unaware of it | NGO has developed approach to address diversity and position on key strategic issues with peers but has not shared with the community | Different typology of sex workers have clearly articulated positions on key strategic issues but do not address diversity within the community. | Different typology of sex workers have clearly articulated positions on key strategic issues and share approaches to address diversities within the community. |
| Structure | Informal groups have been formed only for project related service delivery | Formal groups have been formed only for project related service delivery | Formal groups have been formed , who meet regularly and address strategic issues related to them including health | A formal structure has been developed linking the informal/ formal groups which address strategic issues related the community including health | A formal structure has been developed linking the informal/ formal groups which address strategic issues related the community including health and networks/ develop linkages with similar networks at the state and national level |
| Membership | No system of formal enrollment into groups | 30% of community are members of formal groups | 50% of community are members of formal groups | 70% of community are members of formal groups | 80% of community are members of formal groups |
| Decision Making | NGOs makes decisions and control implementation of the decisions | Community is informed of the decisions that NGOs have made. NGO continue to control implementation of the decisions | Peers, volunteers and committee members/ community leaders involved in making decisions but NGO control implementation of the decisions | Community is involved in making decisions but peers/ key leaders control implementation of the decisions | Community makes decisions and control implementation of the decisions through democratic process |

Annex 2: Milestones for Community Mobilization in KHPT Project Districts

| No | Stages & Year | | | | | Transition Goal | Major Assumptions |
|----|--|--|---|--|--|---|---|
| | 1 - 2004 | 2 - 2005 | 3 - 2006 | 4 - 2007 | 5 - 2008 | 2010 | |
| I | <i>Critical analysis</i> | | | | | | |
| 1. | Unaware of societal causes and risks vulnerabilities and denial is a non issue | Recognize the causes and need to challenge risks collectively | Aware of causes, risks but no collective movement dependency on external agency | Start articulation the process of marginalization by the community with support and facilitations partially by external agency | Recognize the need and collectivization with clear vision and long term perspectives | 80% of community aware of the situation and recognize the need with collectivization with clear vision and goal to challenge he risks and vulnerabilities | Uniformity maintained in all districts of Karnataka by the projects with the support from NGOs with sufficient CB inputs. |
| II | <i>Collective Action</i> | | | | | | |
| 1. | Issues of community are ignored or not addressed | <ul style="list-style-type: none"> Community started discussing harassment ad violence and expressed need for addressing. Individual issues are addresses by small groups themselves | <ul style="list-style-type: none"> Issues are addressed with support from NGOs Community stated registering the cases with legal authorities | <ul style="list-style-type: none"> Mechanism for Addressing issues are in place such as crisis management cell | <ul style="list-style-type: none"> Issues are addressed on 24 hours response system | <ul style="list-style-type: none"> 80 % of crisis are registered and 80% of registered cases addressed properly | <ul style="list-style-type: none"> Training program for police, lawyers are conducted in time. Reduced police harassment Community adopt self regulatory norms |
| 3. | Majority of community is unaware of project services | <ul style="list-style-type: none"> Peers/NGOs are providing services with some difficulties | <ul style="list-style-type: none"> Community is fully aware of the services but only 50% of them are accessing the services directly from project. NGOs are taking leading role. | <ul style="list-style-type: none"> Sharing of responsibilities with NGOs started. Few community Groups started providing services with the support from NGOs | <ul style="list-style-type: none"> Majority of community accessing the services either from project or NGOs directly and 50% of CBOs directly implementing the project services | <ul style="list-style-type: none"> CBOs are managing the services independently supported by the project directly | <ul style="list-style-type: none"> Regular supply of condoms either by Govt. or Project is ensured. Consistent Govt. support on HIV program |

| III | Governance | | | | | | | |
|-----|---|--|--|--|---|---|---|--|
| 1. | No strategy developed to address the key issues | <ul style="list-style-type: none"> • NGO initiated the strategy to address the key issues | <ul style="list-style-type: none"> • Peers and other stake holders are aware of the strategies | <ul style="list-style-type: none"> • Community in general are aware of the strategy for addressing the key issue and incorporate their ideas and other inputs to the plan | <ul style="list-style-type: none"> • The community through their collectives converge approaches to address the key diversified strategic issues | <ul style="list-style-type: none"> • Clear-cut strategy plans to address the key issue effecting the community. • Adopt decentralize strategy and devolve responsibilities. | <ul style="list-style-type: none"> • Pro HIV Government Policies ensured. • Govt Departments recognize the role of FSWs in HIV prevention program | |
| 2. | Informal <i>groups</i> have been formed | <ul style="list-style-type: none"> • Groups are recognize the need for forming of larger collective | <ul style="list-style-type: none"> • Groups are formed on true democratic basis at different level. All selected members are aware of their role and responsibilities | <ul style="list-style-type: none"> • Groups are conducted regular meetings with 80% of attendance and started establishing network with other organizations | <ul style="list-style-type: none"> • Sub committees are formed in all collectives. • Self regulatory boards and crisis management teams are formally established • State level network group actively functioning. | <ul style="list-style-type: none"> • Elections are held regularly on democratic basis. • CBOs are administering the collectives independently and reform regulatory frame works • At least 6 CBOs got FCRA number | <ul style="list-style-type: none"> • Government departments recognize the role of collectives in developmental activities. | |
| 3. | No system of enrolment of <i>membership</i> | 30% of community are members of formal groups | 50% of community are members of formal groups | 80% of community are members of formal groups | <ul style="list-style-type: none"> • More than 80% of community are responsible members of collectives and few of them are the members of sub committees. • Members develop a strong we feeling among community. | <ul style="list-style-type: none"> • 80% Members participate in annual GB meeting and discussing the issues discrimination, social entitlements rights etc. • Strong state level network established for addressing the issues related to | Adequate support from all partners NGOs ensured to have common goal and strategy for the development of FSWs. | |

| | | | | | | | | |
|-----------|---|---|---|--|---|---|--|--|
| | | | | | <ul style="list-style-type: none"> Members realize that they will be benefited in joining the collectives. | <ul style="list-style-type: none"> FSW members are elected for the local decentralized Govt. administrative system. | | |
| IV | <i>Service Delivery</i> | | | | | | | |
| 1. | Peers are participating in some action programs | Peers lead mapping & carry out program planning | | Peers use micro planning technique and analyze data | Manage outreach clinic supply schedules | 80% of clinics are monitored by Peers of CBOs | Consistent and adequate drug supplies from Govt. Department is ensured | |
| V | <i>Role Transfer</i> | | | | | | | |
| 1. | NGOs make decisions and control implementation | <ul style="list-style-type: none"> Community is informed about decisions that NGOs have made | <ul style="list-style-type: none"> Community members are involved in decision making process | <ul style="list-style-type: none"> Decisions and negotiated solutions are taken on democratic basis | <ul style="list-style-type: none"> Community makes decisions and control implementations and accountable for the decisions taken. | <ul style="list-style-type: none"> Community acquires the strength to deal with stress, pressure and challenges at all levels. | NGOs accept the role transfer strategy | |
| VI | <i>Savings and Credits facility</i> | | | | | | | |
| 1. | No savings and credit linkages initiated by the members | <ul style="list-style-type: none"> 20% members started savings in SHGs. | <ul style="list-style-type: none"> 50% of members started savings and concept of federation has been initiated | <ul style="list-style-type: none"> 75% community members started for savings. 50% groups are got credit linkages with financial institutions | <ul style="list-style-type: none"> District federation is formed. Networking with other state level and national level organizations initiated. | <ul style="list-style-type: none"> Community initiated savings and credit facilities for its members by its own. Community handles financial management independently and maintains transparency. | Govt. recognizes the movement and support is ensured related to social entitlements. | |

