

of VESHYAS



VAMPS



WHORES



and WOMEN

of VESHYAS, VAMPS, WHORES and WOMEN

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A COMPREHENSIVE RESPONSE TO HIV

The rear of the jeep is stacked with boxes full of condoms. As the jeep drives out of Sangli, a town in sugarcane-rich western Maharashtra, Renuka starts making mental notes of the forthcoming stops and the number of boxes to be distributed at each. Renuka, 31, is a *devadasi*¹ who works in Sangli's red light area. A decade ago, she had only vaguely heard about HIV/AIDS. Today, she advises other women in prostitution how to protect themselves from HIV and will not accept a single client without a condom.

Renuka is a peer educator at SANGRAM, a non-government organization that started working to prevent HIV/AIDS among women in prostitution way back in 1992 and has since fanned out among diverse populations. SANGRAM, which works in six districts in Maharashtra and northern Karnataka, is based in Sangli district, which has the highest incidence of HIV/AIDS in Maharashtra after Mumbai.

"What links all our programmes is the HIV/AIDS epidemic," says SANGRAM's general secretary Meena Seshu, who founded the organization. Today, 12 years after it started work, SANGRAM responds to HIV/AIDS through a comprehensive strategy of prevention, care and support. The strategy covers the full continuum of the epidemic - before, during and after. It reaches sex workers and married women, clients, husbands and lovers, teenagers and truck drivers, orphans and widows, *panchayat* heads and policemen.

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

- * A peer education and condom distribution programme among 5,000 sex workers that is managed by VAMP, a collective of women in prostitution
- * An outreach programme that convinces truckers and auto rickshaw drivers to treat sexually-transmitted infections, including HIV
- * A district campaign, which provides information, treatment, care and support around HIV to rural women, young adults and teenagers in Sangli district
- * A weekly support group for men who have sex with men
- * A campaign to provide access to treatment, including anti-retrovirals (ARVs)
- * Programmes for children and women orphaned or widowed by HIV

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

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

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

"Toothpaste means Colgate, AIDS means SANGRAM. We have become a brand name."

Meena Seshu, general secretary,
SANGRAM

¹ A form of temple prostitution linked to the Hindu religion

THE PEER INTERVENTION



One settlement in one town. From this small beginning in 1992, the peer education programme has grown to span six districts in Maharashtra and the border areas of north Karnataka. About 120 peer educators drop off 350,000 condoms to 5,500 women each month. These women include *devadasis*, streetwalkers, housewives selling sex, 'flying' sex workers working in different locations, brothel keepers, HIV-infected women etc.

The locations that the peer education programme spans are as diverse as the women themselves. They range from small hutments to sturdy homes in industrial centres like Karad, where household women turn to prostitution on market days. They include textile towns like Ichalkaranji, popularly known as the Manchester of India, and truck stops like Pethnaka on national highway no 4, where women from nearby villages work from midnight to dawn. They cover *dhabas* and cloth cabins, brothels and lodges.

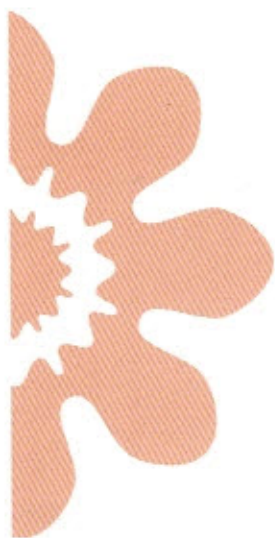
Unlike programmes that view sex workers as carriers of HIV, SANGRAM's peer education programme sees a woman in prostitution as an individual who can be empowered to become an agent of change for herself and her community. This vision is based on two underlying premises:

- * Insiders are more effective than outsiders in reaching the community
- * Women in prostitution can reliably enforce condom use for their own protection

In the early days of the programme, a peer was chosen in every seventh house. Now, a peer works with 40 women in prostitution. Each peer charts her own condom distribution strategy. Some peers deliver door-to-door, others keep boxes of condoms in their house for women to pick up. Some list their condom requirements at weekly meetings, others directly pick up free condoms from public health centres.

A peer is seen as a vital link in the chain of HIV prevention, care and support. She must:

- * Educate women in prostitution about HIV/AIDS and STDs
- * Train and counsel women to enforce condom use
- * Procure free condoms from the government and distribute them to other women
- * Help women in prostitution access treatment
- * Support women in her community who are affected or infected by HIV



"Just as I had been wary in the beginning, the women were also scared. But because I was one of them, they slowly accepted my peer services."

Renuka,
woman in prostitution and
peer educator, Gokulnagar, Sangli



Educating women in prostitution about HIV/AIDS and STDs

Informing sex workers of the risks of STDs, including HIV, and persuading them to protect themselves are at the heart of a peer educator's portfolio. Since they are familiar with these diseases, women in prostitution can easily identify specific STDs affecting women in the community. Peers are trained in identifying the right medication for each STD, through a system of colour coding

Unlike peer educators who immediately launch into AIDS messaging, SANGRAM's peer educators take time to build rapport with other sex workers. Only once confidence is built is information given. This emphasis on intangibles such as building rapport yields results. Once a strong foundation is built, or an enabling environment created, AIDS information falls into it like a ripe plum.

Peer educators reach other sex workers in ways that range from informal street corner chats to formal puppet shows or Information, Education, Communication (IEC) sessions. The information that is provided is never judgemental, one of the benefits of adopting an approach where the 'educators' and the 'educated' live in similar circumstances and can understand each others' experiences.

Over the years, peers have started taking the initiative to reach newer communities of sex workers. In 2004, they carried out a survey of married women who are in sex work because they wanted to find out how to reach them. The survey showed that married women go to 14 lodges in a particular area; this data has formed the basis for an outreach programme that married women in sex work are responding to.



"We now understand that we lose out the most if we become infected. We tell clients that two minutes of pleasure is not worth the risk."

Kamlabai, woman in prostitution and peer educator

Training and counselling women to enforce condom use

In the early days of the peer intervention, women could not understand why they should persuade reluctant clients to use condoms, particularly if it meant losing clients. Today, areas that previously asked for 6,000 condoms ask for 8,000. If condom supplies run out in one area, sex workers walk to the next area for more. The programme has spread from one district to another, not at SANGRAM's behest, but as peers suggest new areas for expansion. In an informal process that speaks volumes for the programme's utility, peers typically suggest areas where their friends, cousins, or relatives live.

Condom use can only be enforced if each and every woman in a community agrees to do so. If peers have succeeded in training women to enforce condom use, it is due to a mix of positive and negative factors. Getting cured from STDs is as strong an inducement to protect oneself from infection as the sight of a colleague dying of HIV. Part of the programme's success is rooted in its ability to bring the women together - replacing competition for clients and resources with common experiences of HIV vulnerability, stigma and discrimination. Peers repeatedly emphasize that it is both in the collective's interest and in an individual's interest to enforce condom use.

Although the peer intervention has increased condom use, condoms are still not used in all sexual encounters. Pimps, male brothel owners and police often refuse to wear condoms, while the women themselves are loath to use condoms with *maalaks*, or regular lovers. Many women differentiate between a client and a lover by wearing a condom with the former but not with the latter. But even when condom use is not enforced, the fact that it is discussed with a client means that information about HIV is exchanged.

Helping women in prostitution access medical treatment

Accessing health care is a major concern for women in prostitution, who face tremendous stigma, whether or not they are HIV-positive. Medical and paramedical staff at government hospitals have a callous, indifferent and often humiliating attitude to sex workers. Irrelevant and embarrassing questions about sexual positions are asked. Forced free sex with doctors and social workers is commonplace. In many centres, doctors make attendants carry out physical examinations.

In this situation, sex workers choose not to go to the public health system for treatment - until they are practically at death's door. Treatment neglect, self-medication, or visits to quacks and unaffordable private practitioners are the first resort for women in prostitution who fall ill.

Peer educators initially tried to help women access treatment by providing them with a Red Card; this had the opposite effect of marking them out as sex workers and resulted in discrimination. What is done today is more strategic: a SANGRAM-appointed point person sits at Sangli's Civil Hospital during working hours, identifying good doctors and their outpatient timings. This information is fed to the peers, who refer clients to these doctors. "We send all our people to these doctors," says Seshu. "We don't waste time on the bad ones."

"There is a political understanding that the public health systems have to be accountable to people. This is the training given in all our programmes."

Meena Seshu,
general secretary, SANGRAM

The Early Days

Gokulnagar is a settlement of about 260 women in prostitution in Sangli. In early 1992, Meena Seshu tentatively ventured in to talk to the women about HIV and condoms.

The women were wary. They had had enough of mainstream messages that held them responsible for the spread of the virus. "They would jump over the *nullah* and disappear," remembers Seshu. "They could not understand why we were taking so much interest in them."

All it needed was one leap of faith for the tide to turn. The break came when Aprava *maushi*, a prominent brothel owner, realized that Seshu was making sense. She wasn't talking about the women doing things to protect others; she was talking about the women protecting *themselves* from the infection.

SANGRAM laid the foundations of its peer education programme with Aprava *maushi's* support.





"A condom is a life-saving thing and therefore it is our right to get it free."

Amina, woman in prostitution
and peer educator

Procuring free condoms from the health system

In 2002, when the Zilla Parishad or district collector stopped sending a truck of free condoms, 350 women in prostitution marched in protest outside this government office. The next morning, 100,000 condoms were delivered at VAMP's doorstep.

About 120 peer educators distribute 350,000 condoms to 5,500 women in prostitution in villages and small towns each month. Each woman is allocated 50 condoms per week. "They should only use one condom each time," says Amina, a peer educator. "That is enough if they put it on properly and dispose of it properly."

The peers do not believe that condoms should be provided via social marketing. "If we have to buy condoms, what will poor women do?" asks Amina. "Each box of condom costs Rs 45. If we have to pay this, women will stop buying and using condoms and begin to die of AIDS. This is a life-saving thing, so it is our right to get it free."

Supporting women who are affected or infected by HIV

It is often said that death is a great leveler, but the experiences of women in prostitution do not bear this out. Women who die of HIV are often shunned by their families and communities both for being in prostitution and for being positive. Even in death, women in prostitution are denied the dignity that is the right of every human being.

Peer educators often become the de facto families and care givers of ill colleagues in such situations. Not only do they ferry women back and forth from hospitals, they also organize food for them, look after children and lovers, and bury them with a dignity that they do not otherwise get. In one district, the women carried their colleague to her funeral when the men refused to be pall bearers.

"In our community, it's terrible. If a lady dies unmarried, she is taken to the graveyard the way you take an animal, with both hands and legs tied to a bamboo."

Bhimwa, woman in prostitution
and peer educator

Why it works

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

- * It is **peer-focused**, with the 'educators' and the 'educated' living in similar circumstances where they can understand each others' experiences. Unlike more hierarchical peer interventions, where sex workers are the foot soldiers, while activists with social work degrees are co-ordinators, this programme is managed, run and implemented by sex workers from top to bottom.
- * It is **women-centred**, based on the needs, perceptions and experiences of women in prostitution rather than what the intervention thinks the women need. Sex workers are positioned as 'women' who are in prostitution (rather than as de-gendered beings) and entitled to the full set of rights as any other woman.
- * It is **process-oriented**, emphasizing how sex workers can effectively negotiate safer sex with clients rather than fixating on how many condoms are distributed. The goal may be HIV prevention, but how one gets there is equally important.
- * It is **empowering**. Strengthening sex workers from within is a central goal, rather than a by-product of peer education. "We are firm believers in the participatory approach," explains Seshu. "Our approach with sex workers has been to develop their capacity and make them the primary focus in everything."
- * It **fosters a common identity** among sex workers as an end in itself, rather than a means to prevent HIV. Women in prostitution, who have traditionally competed for clients and resources, are enabled to explore common experiences of being exposed to multiple discriminations and having their rights ignored and violated.
- * It **links HIV vulnerability to other vulnerabilities**, such as violence, discrimination, gender and human rights violations. Sex worker-based HIV prevention programmes do not necessarily address issues of exploitation, oppression and human rights abuses that women face; this one does.
- * It **frames HIV within a context of sexuality, gender and rights**. For instance, condoms are viewed as life-saving equipment that women in prostitution must have access to - by right. Workers are trained on issues such as law, inheritance, property rights and other gendered issues related to HIV.

"We are firm believers in the participatory approach. Our approach with the sex workers has been to develop their capacity and make them the primary focus in everything."

Meena Seshu,
general secretary, SANGRAM





How it works

When the peer education programme began in 1992, it was run by SANGRAM. Since 1996, the peer intervention has been run by VAMP, a collective of women in prostitution. VAMP, which was begun with a corpus of Rs 6 lakhs, aims to consolidate a common identity among women in prostitution and empower them to find their own solutions.

The concept of forming an independent collective was first brought up at a meeting held in the seaside village of Ganpatipule in March 1995. About 150 women in prostitution at this meeting agreed that what they wanted was a registered, volunteer-based non-government organization. They did not want a co-operative society, partly because of the corruption associated with powerful sugar co-operatives in the region. VAMP was registered as an independent organization in 1996.

As part of its responsibilities, VAMP runs and manages the peer intervention in the six districts where it began: Sangli, Satara, Kolhapur, Solapur, Bagalkot, Belgaum. "Once VAMP was formed, we actually decided to close down SANGRAM," says Seshu. But the women perceived it as abandonment. "They would tell us, 'Because we are sex workers, you want us to form our own organization and work on our own,'" she recalls.

VAMP members - all of whom are women in prostitution - said they felt comfortable managing the community on their own, but needed help with back-office work: writing proposals, managing accounts, dealing with the Charity Commissioner etc. "We will manage the community at all levels and only come to you in a crisis," VAMP members told SANGRAM staff. It was then decided that the two organizations should collaborate, with each bringing its strengths and meeting the other's needs.

Women in prostitution are champions at orally keeping track of money and handling salary and other disbursements, but putting it on paper is another story. "The women are scared of paperwork," says Seshu. "They need to learn that they don't need to be scared, but this is an alien space for them." An earlier attempt to train the women did not work. "The energy dipped," says Seshu. Now, for each project that VAMP runs, its members select a co-ordinator who will put their words on paper.

Reading, writing, and doing paperwork is a need that women in prostitution often need help with, simply because many of them have never been to school. But not being able to read or write does not mean that they cannot think. Working from its philosophy of building capacities, SANGRAM proposed a unique solution to the paperwork problem:

- * Women in prostitution would record their day-to-day work and accounts by dictating these to literate people in their own community - clients, sons, daughters, and colleagues.
- * A person trusted and identified by VAMP members would be appointed as co-ordinator. Raju Naik, the person who the women chose, is the son of a sex worker. He is the first male co-ordinator of VAMP, and his salary is split between VAMP and SANGRAM.

"We will manage the community at all levels and only come to you in a crisis."

VAMP to SANGRAM

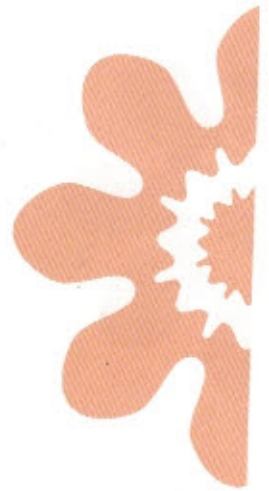
What makes it tick

The process leading to this innovative solution provides a good insight into what makes the VAMP-SANGRAM collaboration tick. Where another organization might have considered illiteracy a disqualifier in terms of building leadership, SANGRAM worked around it. Instead of unilaterally choosing a co-ordinator, it devised a process through which women in prostitution could decide who *they* wanted as co-ordinator. Invisible, day-to-day processes such as this reveal as much about the relationship between VAMP and SANGRAM as overt actions. "VAMP is like a branch office," says Seshu. "It is independent and runs on its own, but gets its life sustenance from SANGRAM."

Part of being a branch office means independently dealing with thorny issues - like wage disparities. In the early days, all women in prostitution earned similar monthly incomes as peer educators. With the advent of funding, salary disparities have also crept in - some women get Rs 100 per month, while others get Rs 6000. At its weekly Monday meeting, which is the main decision-making mechanism for VAMP, members agreed on the principle of 'more pay for more work'. They accepted that those who have more responsibilities should be paid higher salaries. "It did create a ripple," laughs Seshu, "but VAMP has been able to absorb that ripple."

Unlike collectives where power dynamics are not overtly acknowledged (or brushed over), VAMP is built on an understanding that power hierarchies exist in group situations and formations - these need to be acknowledged, accepted, and challenged. One way of challenging hierarchies is through the decision-making process; this needs to be as broad-based and participatory as possible. When enough women have enough opinions and enough strength to voice them, power bases will be forced to shift.

At VAMP, the power to make decisions is decentralized, rather than centralized. VAMP members in some areas have set up *mohalla* committees to discuss local issues - police raids, clients, *gharwalis*, alcohol sale, condom availability etc. But in other areas these don't exist. "VAMP is not a line organization at all," says Seshu. "If one area has a *mohalla* committee, it does not mean that every area should do the same. It depends on the need and situation." The effects of decentralization are most evident among VAMP board members, who are strong, thinking individuals with diverse, often conflicting views and opinions, rather than cardboard cutouts echoing identical thoughts and ideas.



"The tree has grown, the flowers have blossomed, and now we are waiting for the fruit...and they will come."

Kashibai, woman in prostitution

Pros and cons

Over the years, VAMP has come to play an important role in the lives of women in prostitution. Many women today proudly proclaim, "I'm a *devadasi*, I'm part of VAMP, I work with SANGRAM." For many women, VAMP provides an empowering identity, one that they do not hesitate to call their own.

It is hard to weigh the benefits of intangible, layered processes of collective formation. Even so, VAMP has helped women in prostitution to:

- * **Learn collective negotiation skills.** They are now able to use the fact that they are a collective in negotiating with power structures.
- * **Get a legitimate voice and be heard.** This is a stark contrast to earlier days when they were not heard at all.
- * **Individually become stronger.** In their own heads, many women have worked out that they are neither bad nor evil. Despite what the mainstream has been telling them, there is a different truth which is more comfortable for them. Their self-worth and sense of self has strengthened, and their lives are punctuated with many more moments of dignity. "You can actually see it," says Seshu. "What they came as and where they've reached. It's tremendous."

As the collective has grown stronger, it has faced attendant challenges. While many individuals have benefited from collectivization, some have become more dependent on the collective. Political parties have started eyeing VAMP as a potential vote bank. And at some points, the powerful have got more powerful. *Gharwalis* (who were not initially part of VAMP) joined the collective once they realized its influence in the community and started trying to direct it. This created tensions and power hierarchies within VAMP, which have since been resolved.



In her own voice: Kamlabai Pani

"I first heard about AIDS and condoms when Meenatai started coming to our area to talk to us. Those were very different times. We resisted her strongly. Who was she to come here and talk about our *dhanda*? But she was very persistent. She came with doctors sometimes so we thought they had come to test us for HIV/AIDS. Or that she would set the police on us. She would come and talk and buy us tea afterwards. We would throw the tea in the gutter. We didn't realize how serious the situation was. It was only when our women got infected and started dying, did we see that HIV/AIDS is a big problem.

"Then us *gharwalis* started getting together and trying to get condoms. Meenatai trained us and we learned everything about HIV/AIDS and how to prevent it, STDs. That was an important step in making a change in this area. But information is never enough. See, sex is a very private thing, there are many things we cannot express in words, about intimacy and bodies. Although we keep making jokes about it and making fun of men and ourselves. So we women and men have to understand that the information has to be taken inside to the heart and the mind. We have to talk to each other, to our partners. But I think this is easier for those of us who do *dhanda* - because we get paid, so we can demand what we want. I think other women find it more difficult to talk about these things to their husbands. We are anyway in sex all the time so maybe we find it easier, and then men are more willing to listen to us than to their wives.

"But we could not have reached this level of outreach without being united as a group. Many strong individuals make a strong group. And sometimes those who are weak should lean on the strength of the group and become strong themselves. Our voices are louder in a group and this is important if your voice has always been small and silenced.

"VAMP is the biggest thing that has changed our lives here. It is an opportunity for us to help break the stigma our children feel. See, people outside will call you names, but you should also believe inside that you are worthy of respect. Only then will you stand up to the schools, the teachers, the society, the police that calls you the son of a *randi*². Our children need to be educated so that they can stand up strong.

"Things were different when I started out in this business. The police used to call me *randi*, and I used to call them *sahib* and cover my face with my *pallu*. Now, they respect me as a member of VAMP and SANGRAM. They call me Madam and ask me to sit down and ask if I want to drink tea.

"We women are here because we had no real choices. When you are poor or abandoned and uneducated, the only thing you have is your body to sell. And then you keep selling because you need to feed your children and pay the bills. And one day you realize that you have money and that no one is telling you what to do. So there are some good things in this life also. But it has been tough. After all these years I also know that it is like anyone else's life - pain, fear, love, companionship. In the end, everyone is the same."



²Slut; derogatory slang term for woman in prostitution

NEW DIRECTIONS



Working with truckers

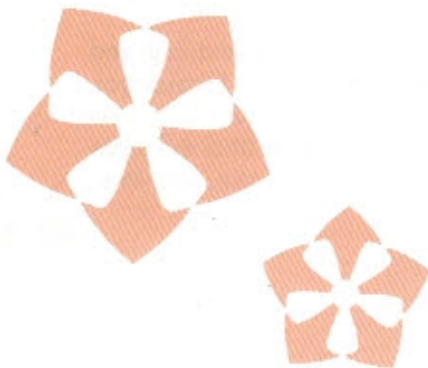
It is the weekly animal bazaar on the Sangli-Miraj route. Shevanta, a sex worker, is demonstrating condom use to a group of embarrassed truckers. *'Jaanam, jara zapun,'* (dearest, take care), she says mock-sexually, repeating a recent IEC slogan. The VAMP educators burst into peals of laughter as the truckers start blushing.

In the late 1990s, when HIV prevention programmes widened their gaze beyond sex workers - to include their clients - truck drivers were too obvious a sight to be missed. They include the long-haul cross-country truckers who ply the national highways around Sangli, and the local truckers who cart local produce along the state highways. Truckers wait a day as the trucks are loaded and unloaded - a day that is a chance to buy sex. Truck drivers are often the favourite clients of women in prostitution; they are also the least violent.

In 2000, VAMP started a programme to convince truck drivers (and other transport workers) to treat STDs and prevent HIV. The programme was shaped by two factors. One, it was a challenge to work with truckers, with whom they were already on the inside track. Women in prostitution felt they would run an effective programme for truckers, since they know their habits and behaviour patterns. Two, many women wanted to leave prostitution, and were looking for spaces that could absorb them.

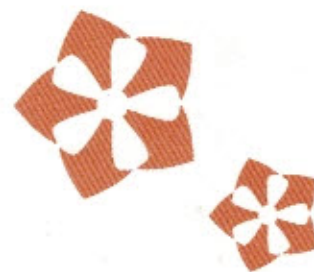
The truckers' programme is built around the core idea behind the peer intervention - empowering individuals to prevent STDs, including HIV/AIDS. "The target is not the trucker," says Seshu. "It is the STD. We need to get it into the trucker's head that he needs this. But targeting truckers is not the way to achieve this." Instead, VAMP's strategy aims to build the self-worth and dignity of truckers. One way to get into a trucker's head is through the time-tested tactic of friendship. Befriending truckers is fairly easy, since their routes are fairly regular, and friends are very important in a transitional lifestyle marked by long, empty patches.

VAMP's workers reach out to truckers at *dhabas* where they stop for meals, vegetable and animal markets where they unload produce, and industrial complexes dotting the Sangli-Miraj area. They talk to them about life on the road, the journey, relationships back home... somewhere in the conversation, a small space opens up into which HIV can be slipped in. "The truckers come back from as



"Why don't we do a truckers' programme? We would be able to do it much better than typical social workers."

Point raised at a VAMP
Monday meeting



far as Haryana," says Amina. "They remember the discussions they had with these women." Talking to truckers about sex between men is an important aspect of this programme, since many truck drivers have sex with the cleaners who accompany them.

Outreach workers also provide treatment access to truckers with STDs or HIV. A mobile clinic visits 10 sites in Sangli and on NH4 everyday. The clinic is equipped with a doctor and a counsellor, and has facilities to examine and treat patients for STDs and opportunistic infections. The clinic, which also distributes condoms and provides information on HIV, is sometimes used by other villagers and migrants along its route.

"When I first began working here, I used to be very nervous working with the sex work community," says Dr Ravindra, the mobile clinic doctor. "This work also used to upset my family. But sharing their lives over the last four years, now I am more comfortable. I now feel that everyone is a human being. Everyone has rights."

Last year, the truckers' programme expanded its tentacles to reach auto rickshaw drivers. Here, the most effective outreach workers are young men from the community who have few job prospects. Many of them had turned to petty crime and become *goondas* or thugs; becoming outreach workers has given them a sense of hope. Some of them are educated and keep records for VAMP workers, adding to their self-esteem. Although new, the auto rickshaw programme has already tasted success. "One rickshaw driver told us that he now talks to every passenger he drops off at brothels about using condoms," says Shevanta.

Working with men who have sex with men

It is a sleepy Sunday afternoon but the floorboards of the VAMP office are clattering under hurried excited feet. Pants and shirts lie discarded on the floor, saris are put on with a practiced ease, hands that are too big are coaxed through bangles that are too small, handkerchiefs are balled up and shoved into already strained sari blouses. Soon the room is filled with seductive hip shaking and screechy Bollywood hits about desire and bodylonging. The party has begun.

In 2000, a small group of men approached SANGRAM to start a programme with Males who have Sex with Males (MSM). A study by Blackstone Market Facts for Family Health International had shown that MSM behaviour in Sangli district is significantly high. Another study by ORG revealed that most men having sex with men are married and do not practice safe sex. This spurred SANGRAM into working with a small group of 20 men having sex with men.

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

In its first phase, Muskan reached out to more than 600 men, treating at least 40 STD cases and identifying three HIV-positive persons in one year. During this time, Muskan functioned almost as a separate project, partly due to the support group members' own struggles with gender and sexual identities. Many felt that they did not really fit in anywhere because they encompassed a bit of every group man/woman/sex worker. "At first I didn't go to any meetings because I didn't know what was happening and I was scared of being told I was abnormal, or of people rejecting me," says Sudhir, who now works on the truckers' project.

The group faced other problems in getting started. There was routine harassment by the police, specially during condom demonstrations. The violence that effeminate men face is as common as the persecution of women. The small MSM community was scared of being exposed and suspicious of Muskan. Support group members began by befriending other *kothis*³ at a personal level before bringing them into meetings.

³*Kothi* is a self-identifying label for those males who may feminize their behaviours (either to attract "manly" male sexual partners and usually in specific situations and contexts), and who state that they prefer to be sexually penetrated anally and/or orally.

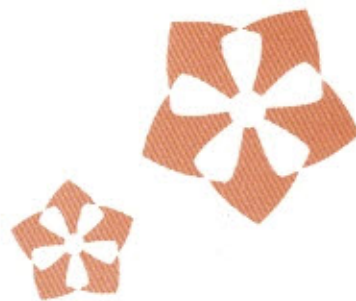
"At home I have to be a man, dress like a man, and pretend to be everything that I am not. At Muskan, I can really be free to express all the things inside me that society does not want to see. Without this space I would be in a state of inner famine."

Dinesh

After an unforeseen hiatus of two years, the Muskan project re-started in 2004 with new perspectives and intervention strategies. In order to integrate men who have sex with men more firmly into the ethos and work of SANGRAM and VAMP, the men now also participate in the truckers' project as outreach workers. Male-to-male sex between truckers and young boys who function as truck cleaners is also common. So the Muskan group talks about responsible sexuality within this context.

Over the years, Muskan has also become a weekly space for men having sex with men to meet. These hours on a Sunday evening are a safe haven for MSM who have no other space to express their femininity. It's a time to dress up, dance, play, talk about problems, and share gossip. New members are encouraged to play an informational game on HIV/AIDS/STD prevention modelled on Snakes and Ladders. Some of the regulars find it just as interesting too. They share stories about the pressure to be normal, about the latest lover, or just the mundane aspects of work and family life.

"Earlier there was no sense of organizing with MSM in this area," says Raosaheb. "Now we are forming a group. This will allow us to reach out to more men and their male partners." And they are committed to keeping this group going. "It feels good reaching out to people who are like me," says Sudhir. "We have to help each other to be safe. We have to become stronger as a group, just like VAMP."



"I don't feel scared or stigmatized anymore about being the son of a sex worker."

Umesh, 20, son of a woman in prostitution

Working with teenage sons of sex workers and auto rickshaw drivers

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

Confronted with this situation, it is hardly surprising that teenage boys turn to petty crime as is the case with poor teenage boys in slums, shanties, *favelas*, ghettos and *barrios* all over the world (even when their mothers are not in prostitution). The situation in Sangli is no different. Teenage dropouts and unemployed young men have been involved in petty crime and violence, sexual harassment, illegally trading in drugs and alcohol for a while.

In 2004, when the situation began to get out of hand, their mothers - many of whom are part of VAMP - turned to SANGRAM. They felt these boys could be turned away from crime only if they were put on another track. They started taking their sons to the VAMP office, where they would help write reports, fill in registers, and maintain accounts. Through these regular meetings they began to talk about what was happening in their *gallis*, analyze their behaviour and the effect it was having on others in their community.

That same year, many of these teenage boys participated in a theatre workshop that was held at VAMP. Theatre is youthful, fun, creative, expressive... they loved it. Their interest in VAMP's work began to grow. A core group of 29 boys were then trained on HIV/AIDS prevention, condom demonstrations, and other aspects of



VAMP's work. "I felt that I was learning so many new and interesting things," says Umesh. "Earlier I did not really know why our mothers were so involved in SANGRAM. Now I do. Slowly we began to stop behaving badly in the community."

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

The atmosphere in the Gokulnagar and Swarup Talkies communities has changed significantly as a result - with young people involved in something that they enjoy and believe in. Some of them have also started to take extra classes for younger children. Raju, a teenage boy, has been trained to be VAMP's administrative officer. "We understand and trust our own people, and these are our children," says Shabana. "Someone who knows us and speaks our language will be the best person to help manage the collective." Raju attends all VAMP's Monday weekly meetings in Nippani, maintains accounts, hands out reimbursements and allowances, checks reporting of activities - a true blue office manager in short!

This tiny intervention has had a giant impact on the self-esteem of these boys. "Most importantly, I don't feel scared or stigmatized anymore about being the son of a sex worker," says Umesh. "Now I can say with pride that my mother has done a great thing, a sacrifice, to put food on the table, to provide for me to be educated." This association with SANGRAM has also had a positive influence on their attitudes, including their attitude to gender. "My daughter has the right to live her life," says Umesh. "I don't expect her to listen to me just because I am a man, or her father. She must finish her studies - that will make her secure for life."

"Why should these children face the negativities of society?"

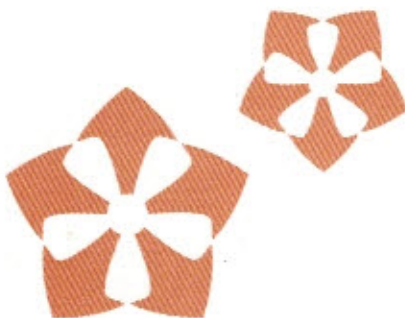
Sujata, supplementary education teacher, Karad

Providing supplementary education to sex workers' kids

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

While the classes are an opportunity to catch up on schoolwork, they are also an entry point to help rebuild a child's lost self-confidence. VAMP runs supplementary education classes in the towns of Barshi, Karad, Rabkavi, and Sangli - where eight teachers, including older, educated kids of VAMP members, reach out to nearly 150 children. "I feel like they are part of my family," says Sujata, who studied till the 10th standard, and teaches 28 children from pre-school to the sixth standard. "I grew up playing with children of women from the community, and was taken care of by them as a child myself."

Sujata's role extends beyond teaching science and maths. She takes the kids to the health centre when they fall ill, plays with them, is a friend and counsellor, and accompanies them on a yearly picnic. A large part of her role involves dealing with their confusions and struggles in accepting their identity as the children of women in prostitution, and building a sense of self to deal with the outside world. "This is the most important part of my work" she says. "Why should these children face the negativities of society?"



LEARNINGS AND UNLEARNINGS

When Meena Seshu came to work on prostitution in Sangli in the mid-1990s, she came carrying two pieces of baggage: Hindi cinema's images of prostitution, and feminism's analysis of prostitution. In Hindi cinema, the 'prostitute' is inevitably the 'bad' woman, while in feminist thinking, she is often a victim - exploited, oppressed, lacking agency. The reality that she encountered did not fit either of these frames.

As the realities of women in prostitution clashed with the images in her head, Seshu thought that she was not 'moral' enough or 'feminist' enough to see the big picture. The hesitant manner in which sex workers talked to her did not fit her experience of development, in which the underlying idea is one of female solidarity. She later understood that sex workers have internalized the good/bad women dichotomy so strongly that they shy away from women who they think are 'good women'.

Reflecting external images that they have internalized over time, women in prostitution see themselves as wanton, worthless, weak, and an evil influence on the good moral fibre of society. They view their earnings as 'bad money' and prefer to spend, rather than save it, out of the belief that bad money should not stay with them. They see themselves as morally weak, not choosing to do 'hard work' such as washing vessels. (Though they experience prostitution as hard work, they do not view it as such.) This internalized view extends to *devadasi* women, who see themselves as debauched, debased, and deviant, even though they occupy spaces of power within their own community.

Over a decade of work, SANGRAM has unlearned many 'givens', and learnt to look at women in prostitution as a community with many positive values. Working with women in prostitution has brought with it a process of learning and unlearning, separating myths from reality, fiction from fact.

- * **Fiction:** Society needs to be protected from women in prostitution, who are major transmitters of the virus.
- * **Fact:** Women in prostitution, who bear the greatest impact of the virus, need to protect themselves first and foremost.
- * **Fiction:** Only a client-directed strategy will be effective in preventing HIV.
- * **Fact:** A peer-directed strategy using women in prostitution is a very effective way to prevent HIV, because it is linked to self-protection and survival.
- * **Fiction:** Prostitutes are exploited, victimized, oppressed, loose, or immoral.
- * **Fact:** Society's attitudes towards prostitutes are discriminatory and based on



Working with women in prostitution for more than a decade has taught SANGRAM that:

Popular images of women in prostitution need to be restructured.

Society typically sees women in prostitution through binary lenses: innocent or evil, victim or aggressor, oppressed or immoral. The media reinforces these perceptions through stereotypical representations of women in prostitution.

Women in prostitution are neither good nor bad - they are simply women.

But societal double vision forces women to employ two sets of behaviour - one for talking to the outside world (which makes them say things like "we are helpless, what can we do,") and another set for themselves, where they drop the image cultivated to deal with the hostility of the mainstream.

The women do not always think of themselves as victims. If one challenges them and wins their trust, the sob stories stop and real life comes up.

There is no one reality where women in prostitution are concerned.

Women in prostitution insist that no one reality applies to all of them; instead, there are multiple realities and competing narratives, each with its own integrity. The lives of women in prostitution are lives like any other, including pain and pleasure, exploitation and empowerment, victimhood and agency, coercion and choice. These lives are not only black (pain, exploitation, victimhood, coercion) or only white (pleasure, empowerment, agency, choice). They are grey.

Women in prostitution say that black-and-white framings have no meaning at the day-to-day level at which lives are lived: a woman can 'choose' to enter prostitution and still face coercion from a client. Or a woman can be 'forced' into prostitution and yet assert her agency in refusing a client. 'Choice' and 'force' are not mutually exclusive positions, they are situations that a woman encounters and has to negotiate like any other woman.

Women in prostitution constitute a community with many positive values.

Women in prostitution typically reject mainstream values and ways of living. They solve their problems in their own ways, using characteristics that are unique to them.

Though women in prostitution do not belong to a homogenous group, their belief in sharing available resources for the mutual benefit of all members of the group underline the rules that dominate the governance of the *samaj* or community. Their way of life is built on a better understanding of the fallibilities of human nature - and is thus more humane. In the context of HIV/AIDS, for instance, mainstream society often rejects even family members who test positive. But women in prostitution rally around each other, and willingly share both the financial and emotional burden, without considering family or caste.



"It is important to understand the tremendous challenge women in prostitution pose to the family structure and its values. Not only do women in prostitution reject the moral double standards forced on them by mainstream society, they actually challenge the very system of patriarchy."

Meena Seshu, general secretary,
SANGRAM

Women in prostitution are in control of their lives.

Regardless of their past experiences, beyond the surface are women who don't necessarily think of themselves as victims: Women in prostitution, in fact, often have greater control over some aspects of their lives than women who are not in prostitution.

This is particularly so in areas of sexuality, relationships and reproduction. The women may be vulnerable to organized criminals and brutal cops, but they are also able to confront male-dominated power dynamics. In the workplace, for instance, the women control the conditions of the transaction. Working without payment or due consideration, whatever the amount, is unheard of.

Women in prostitution are not economically dependent on any one man - neither are they relegated to secondary status within a patriarchal family structure. Even if a woman in prostitution opts to stay with one man while doing *dhanda*, she does not change her name. She continues to occupy her residence, where the man comes to stay. A woman in prostitution may 'keep' as many men as she likes, since she is not anyone's exclusive property. Her children are hers, not his. She is always known as herself, not as an adjunct of a man or a family.

In this sense, women in prostitution pose a tremendous challenge to the family structure and its values. Not only do women in prostitution reject the moral double standards forced on them by mainstream society, they actually challenge the very system of patriarchy.

Unfortunately there have been hardly any attempts to understand, or utilize, the power of women in prostitution. The women themselves have no apparent realization of their inherent power, much less of the forms it could take.





Prostitute, sex worker, woman in prostitution: the tyranny of terminology

The term 'women in prostitution' covers a very diverse group of women in India: *devadasis*, streetwalkers, housewives selling sex, 'flying' sex workers working in different locations, brothel keepers, HIV-infected women etc. It is estimated that almost 3 million women are engaged in prostitution in India at highways, truck stops, *dhabas*, lodges, brothels, and private homes in rural and urban areas. For some, prostitution is a full-time, ongoing occupation; for others it is a part-time or occasional survival strategy.

Given this enormous diversity, women in prostitution define themselves in many ways. In Kolkata, which has a strong labour movement, women in prostitution define themselves as '*jouno karmi*' or 'sex workers'. In parts of rural Maharashtra, women call prostitution '*dhand*' or 'business' and call themselves '*dhandewali*' or 'women in business'.

At SANGRAM and VAMP, we use the term 'woman in prostitution', both because many women in prostitution see themselves as businesswomen rather than workers, and because this term enables women in prostitution to claim multiple, fluid, shifting identities. When a woman in prostitution gets a client, she is a *dhandewali*. When she drops her daughter to school, she is a mother. When she talks about safer sex, she is a peer educator. Many women in prostitution retain their own personal identities simply by adopting a nom de plume for their working lives.



THE STRUGGLE TO BE HUMAN

In 1998, VAMP changed its name from Veshya AIDS Muqabla Parishad to Veshya Anyay Mukti Parishad. This smooth segue from 'AIDS Muqabla' to 'Anyay Mukti' is an important marker for a collective journey that began with a struggle against AIDS but has now broadened to seek liberation from oppression and injustice. "Now we feel that our work has expanded beyond merely HIV/AIDS prevention," says Shabana Kazi, general secretary, VAMP. "We work holistically for the rights of women in prostitution."

Where women in prostitution and sex work are concerned, the exercise of human rights is so limited that it is almost non-existent. In their daily lives, women in prostitution often do not have access to the full range of human rights that is everyone's due - they are denied water and housing in the community, they are denied medical treatment at public hospitals, they face sexual violence and are routinely harassed by the police, and they are even denied fundamental citizenship rights, such as the right to vote. At a more basic level, women in prostitution and sex work (who are viewed as 'prostitutes') are denied even the most basic right - the right to be human. The right to be women.

If the rights of women in prostitution are routinely violated, women in prostitution who are HIV-infected face even greater infringements of their rights. They are often forcibly tested for HIV, they are not informed about their health status, and sometimes they are not given the right to die with dignity. In its July 2002 report *Human Rights Watch* has documented the police abuse of women and men in prostitution in India during HIV outreach work, through beatings, forced sex, extortion, trumped-up charges & arrests.

While women in prostitution face a range of human rights violations on a daily basis, the state mechanisms of justice and redressal do not acknowledge these as human rights violations. The State just does not acknowledge that women in prostitution are human beings or women with the same rights claims as others. In this context, it is practically impossible for women in prostitution to articulate or access their rights - let alone assert, exercise or enjoy them.

VAMP and SANGRAM enable women in prostitution to access their rights through:

- * Local actions
- * Advocacy campaigns
- * Training
- * Dialogue
- * Public education
- * Networking
- * Collaborations

A key principle behind any action is ensuring that the voices of women in prostitution are heard. "The traditional problem is that they have not been heard at all," says Seshu. "To be heard is to count." In a context where societies usually listen to only those voices that matter, for a woman in prostitution to speak out becomes an act of revolution - and the first step in accessing her rights.

"Are we not citizens of India? Are we not human?"

Shabana Kazi, general secretary, VAMP





"If they don't take your complaint then call 100 women and we will all come. We will take out a *morcha* at the police station. Then they will write down your complaint."

Shabana Kazi, general secretary, VAMP

Local actions

The struggle for rights emerged out of the countless violations that women in prostitution face everyday. When the health system refused to treat them, women in prostitution who were part of VAMP refused to take it lying down any longer. Using their newfound knowledge of STDs and HIV, the women started negotiating with the health system. They also expressed a sense of being violated in refusing to go to the public hospital for free treatment since they were treated badly by the staff. As they articulated and started negotiating their 'right to treatment', the collective began to assert its rights.

SANGRAM and VAMP currently use the paradigm of rights at two levels:

- * As a tool to organize women in prostitution
- * In its advocacy with the arms of the state - police, judiciary, health system

Over the years, VAMP has started using the paradigm of rights to deal with violence from clients, local thugs, the police and society at large. "There are too many *goondas* (thugs) in this area," says Kamlabai. "In the night, they come to us with knives in their hands, they threaten the girls and force them." The police are no better. When she was taken in for questioning, "the police inspector removed his belt and started to beat me mercilessly," remembers Bhimwa. "He kept beating me with the belt."

The collective has addressed violence in many ways. First and foremost, it has made women in prostitution understand that they do not automatically deserve violence because they sell sex. As women, human beings and citizens, they have the right to lead lives free of violence. Instilling this understanding in the mind of a woman who believes that her life is of no value, is the first step in the struggle against violence.

While violence has not stopped, it has gone down. The police, who used to drag women by their hair when arresting them, now lead them away in a more dignified manner. They are more ready to accept complaints filed by women in prostitution. And there is a greater understanding of the role that collective strength can play. "If they don't take your complaint then call 100 women and we will all come," says Shabana Kazi. "We will take out a *morcha* at the police station. Then they will write down your complaint."

Advocacy campaigns

At both VAMP and SANGRAM, advocacy is seen as a process that is used at multiple levels - with the various arms of the state, local bodies etc. Since 2000, the sister organizations have participated in two major advocacy campaigns:

- * A national campaign around the Baina episode, where women in prostitution were forcibly evicted from their homes and asked to leave the state of Goa
- * A national and international campaign around the Nippani incident, in which women in prostitution were not allowed to hold meetings in their own office

"Negotiation has to be in the language of rights. A large mass of people have to imbibe the understanding that this is their right. That is the most difficult."

Meena Seshu, general secretary,
SANGRAM

Baina

At 7 am on 14 June 2004, as the monsoon unleashed its full force on the state of Goa, the residents of Baina - a settlement of migrant people, many of whom migrated to Goa years ago - woke to the sound of bulldozers tearing through their neighbourhood, brutally and ruthlessly razing their homes. In a matter of hours, hundreds of homes were bulldozed and thousands of people, including a community of sex workers, lost their homes and livelihood.

In a gross violation of human rights, they were intimidated, abused, beaten and arrested by the police. Women and children were forcibly evicted and their homes demolished before their eyes. Frightened, confused, without food or shelter, they had nowhere to go. The government of Goa had violated their basic right to shelter.

VAMP and SANGRAM decided to intervene in the situation, out of a sense of solidarity with sex workers living in a neighbouring state. A fact-finding team was sent to Baina, including for the first time, women in prostitution. VAMP's general secretary Shabana Kazi lived on the streets with the displaced people in Baina for a week. A group of organizations fighting for the rights of the evicted people called the Forum for Justice in Baina was formed and it continues to carry on the struggle. Six months later in January 2005, Shabana visited Baina again, this time to take the women basic rations.

SANGRAM and VAMP brought its experience in lobbying for the rights of sex workers in the Nippani struggle to Baina. More importantly, it stood up for the rights of women in prostitution. (Other NGOs were willing to exclude sex workers from the struggles against the demolitions.) Collective action has included writing letters of protest to the centre and the state, and garnering nationwide and international support for the victims of the Baina evictions. The international human rights body, Human Rights Watch has also written to government authorities both at the centre and in Goa.

Throughout the Baina episode, SANGRAM and VAMP have consistently pointed out rights violations that have occurred at each step. Key among these is the labelling of sex workers as outsiders to the state and attempts to deport them, a policy that is clearly unconstitutional in a country that gives citizens the right to live and work where they want. The campaign has also demanded that sex workers' voices be heard and their concerns be taken into account in the planning of any rehabilitation programme.





Local action, global change

When a well known TV journalist from Delhi came to Sangli's red-light district, VAMP reacted quickly. "She did not take our permission," says Kamlabai. "She just came in here and the cameras were rolling. As soon as I saw what was happening, I picked up my *chappal* and threw it at the camera. I threatened her and told her she needed to take our permission before filming anything here." Kamlabai and a group of women insisted the reporter come to the VAMP office, understand their work and interview them as part of her story. The resulting coverage showed sex workers as agents of change in preventing HIV, rather than vectors aiding its spread.



Nippani

On 18 February 2002, an armed mob of ruffians hounded 30-odd women in prostitution out of their homes in Nippani, a small town in Karnataka. VAMP had acquired a piece of land in Nippani for its regular HIV/AIDS prevention meetings. After the second meeting, local corporators tried to stop these meetings. The women refused. They were then threatened and subjected to violence. Shabana Kazi, complained to the police and asked for protection. Circle Police Inspector (CPI) SS Khot refused to file her complaint, verbally abused her, and threatened to rape her. Fearing for their lives, the women fled to neighbouring villages.

Perhaps the most important experience for SANGRAM and VAMP as advocates for the rights of women in prostitution came in the form of the Nippani incident. The events at Nippani contained multiple layers of rights violations - of women, of women as sex workers, of outreach staff working on HIV/AIDS prevention. The violators were not just a 'narrow morality', but also the State, the police, and thugs aligned with political parties.

The Nippani incident marks a number of firsts for VAMP and SANGRAM. It was the first time women in prostitution came out on the streets in such large numbers to demand justice. On 9 April 2002, over 1000 women in prostitution took out a rally on the streets of Sangli. Although sex workers routinely face violence and harassment from the police, the Nippani incident brought this unseen violence out into the open - the violence of a limited morality that judges women in terms of their sexuality. The incident also forced the local community to acknowledge what was happening in their midst; 1000 women and sex workers had never marched through the streets of this town.

It was also the first time women's rights groups joined in to protect the rights of women in prostitution. Rarely has violence against sex workers been seen as an act of violence against women, even by the women's movement. Feminist groups from around the country rallied against the violence faced by women in prostitution, and the violent language of the State. Around 16 women's organizations from Bangalore wrote a memorandum to the National Human Rights Commission about Nippani, while 30 organizations in Pune spontaneously supported the women of VAMP. Women's NGOs from Delhi to Tamil Nadu, some who had nothing to do with HIV/AIDS or women in prostitution, also showed their support to VAMP as a collective of women.

Other organizations working on HIV/AIDS prevention came out to support the struggle of their fellow outreach workers. And the lobbies of NGOs who worked for women in prostitution also joined the advocacy process. The efforts and support of all these groups and their presence at protest marches and rallies eventually contributed to nationwide support for VAMP.

The events at Nippani also gained international attention, thanks largely to the internet. Letters of protest, the exchanges between VAMP and the State, and a constant update of events were posted via email across the globe. Once it reached foreign shores, advocates there wrote to their consulates and embassies in India demanding that they lobby with the Indian government to take a stand and allow the women to safely return to their homes. This was unprecedented in the movement for sex workers' rights in India.

Though intensely terrifying for the women of VAMP, the Nippani incident bolstered their confidence - they knew they were not alone, that they had rights like other citizens. It is perhaps this confidence that galvanized them to extend their support to sex workers in Baina two years later.

Timeline

February 2002

Local corporators try to stop VAMP meetings at its Nippani office. VAMP resists. An armed mob hounds 30 women out of their homes in Nippani. Shabana Kazi of VAMP tries to file a complaint and asks Police Inspector Khot for protection. He refuses to do so, and threatens to rape her. The Chief Minister of Karnataka and the National Commission for Women (NCW) launch an inquiry due to pressure from women's groups.

March

Superintendent of Police, Belgaum District writes to the NCW saying that disciplinary action against Inspector Khot should be initiated. He says that the Nippani women need police protection to conduct their outreach. No action is taken beyond this.

April

Over 1000 women in prostitution take out a rally on the streets of Sangli, and hold a sit-in with women's groups at the Inspector General's office in Belgaum.

May - July

A support group in Karnataka pressures the State to follow through on its findings.

August 3

A delegation from the support group meets the Chief Minister SM Krishna in Bangalore. The CM assures the group that he will personally ensure that the local authorities stop the violence.

August 12

VAMP and SANGRAM activists meet Congress leader and Member of Parliament Virkumar Patil. He apologizes on behalf of the state and informs the women they can return to their homes on August 15th. He instructs Inspector Khot to apologize and to be present when the women return to Nippani.

August 15

The women try to return to their homes in Nippani. They find that another mob is waiting for them; Khot is on leave and cannot be reached. In the presence of police constables, ruffians beat up the women. VAMP and SANGRAM file a First Information Report about the incident.

August 24

Activists organize another meeting with MP Virkumar Patil, MLA Kaka Patil, Police Inspector Khudachi and other local government officials. After heated negotiations, MLA Kaka Patil decides to reserve a separate piece of land for the women by the end of September.

Sept

None of these promises materialize.

April 2004

The women return to Nippani and resume their work after two years of seeking justice.



In her own voice: Shabana Kazi

"Namaskar. My name is Shabana Kazi. I come from Nippani. I was 12 years old when I first got into sex work and I am still in sex work. While doing sex work we have to bear the atrocities of the police, society, and even doctors. We would bear it because we were afraid.

"Firstly, I would like to tell you how the police behave with us. At night the police would come to us and have sex without condoms. They would force us to have sex with them and then go off in the morning. And then some other police constable would come and say, 'Shabana, there is a case against you. Come to court with us.' They would accuse us of things that we had never done. 'You were standing on the road, your breasts were not covered with your *pallu*, you were flirting with men on the streets.' We had not done any of these things yet they would make a case against us.

"In 2002 VAMP bought an old brothel house that was up for sale. Our main objective was to have a meeting space of our own, and to house women who were ill and thrown out to fend for themselves. After buying the office we had two meetings there. At the third meeting, the neighbours said that we could not continue anymore. They would say, 'Sex workers are coming here in style and are using the main road and not the back alleys. We won't let you continue your meetings here.'

"I told them about our organization and the work we are doing on HIV/AIDS prevention. Then they wanted to pay us money and buy the place. We refused. Finally all the people in the *galli* along with the Shiv Sena⁴ workers attacked us with swords. They threw stones at our houses. I had to face insults and abuses every time I walked outside my house. When 1000 men from the village come to beat you up there is not much you can do even if you are 40 women.

"I complained to the police and asked for protection. Circle Police Inspector (CPI) SS Khot refused to file my complaint, saying 'We have lots of work to do. Go and ask for forgiveness at the feet of the person who you have quarreled with.' This is how the government works for us. And then he called me '*randi*'. He said I was not a woman or a citizen. 'Right now you are speaking because you have the support of people, wait and see what happens to you,' he said. He threatened to rape me, saying, 'I will tear apart your vagina.' Fearing for our lives we had to flee to neighbouring villages.

"Then we called SANGRAM. We took out rallies in Belgaum and Nippani. We talked to big officers and big leaders. We had the support of women's groups around the country. People were shocked and surprised to see thousands of ordinary people coming out in support of sex workers. This has never happened before. They were shocked to see us out on the streets. The leaders assured us that they would do something to help us and they eventually did after all our pressure. In 2004 I came back to Nippani after two years. We have our meetings in that same office now."



⁴A militant Hindu political party

Trainings

It has been proved beyond doubt that in the absence of rights, marginalized groups including women in prostitution become more vulnerable to HIV, which in turn affects the spread of the HIV epidemic. However, many NGOs which work with sex workers, do not use a rights-based approach in their work partly because they don't know how to.

In 2003, SANGRAM stepped in to fill this gap through a series of trainings for grassroots and intermediary NGOs. The trainings position sex workers as women, human beings and citizens who are entitled to equal rights. They help NGOs understand how to address rights violations faced by sex workers and how to ensure that sex workers can access rights to health care, education etc. The idea is to create an enabling environment that will reduce the vulnerabilities of sex workers.

Grounded in a framework of gender, sexuality and rights, each training encompasses many issues: good women vs bad women, stigma and discrimination, violence within prostitution, trafficking, migration, children, policies related to prostitution (abolitionist, reformist, regulatory and rights-based), and commonly-used strategies of rescue and rehabilitation. A participatory methodology involving do-it-yourself exercises and games is used, pushing each participant to explore his or her own understanding of and discomforts around prostitution and sex work.

Act Like a Ladyflower

Draw a flower. List all the qualities of a 'good woman' inside the flower. What does society call a woman who does not adhere to these norms? List these outside the flower. How many of the qualities inside and outside the flower apply to sex workers?

This is what participants at one training workshop listed:

GOOD WOMAN

Good in studies
Fertile
Adoring sister or daughter
Doesn't challenge parents' words
Obedient
Listens
Works like a slave, hardworking
Silently bears pain
Is clean
Is respectful
Bows head while walking on road
Is home on time
Patient, tolerant
Traditional
Has no bad habits
Gentle, silent, shy
Listens to whatever husband says
Marries who parents choose
Has no mad love affairs
Is a good cook
Sings well
Does not back answer
Brings a good name to family

BAD WOMAN

Attracts many
Without shame
Housebreaker
Sleeps with others for money
Doesn't have good relations with family
Has diseases
Over-decorative
Roams like a donkey
Headstrong, stubborn
Arrogant, too much pride
No sense of limits
Blowing like the wind
Back answers
Has lots of affairs with men
Shameless
Lazy
Scantily dressed
Does not study
Can't sing or cook
Even if alive, equal to being dead
Doesn't understand good/bad
Behaves like a man
Brings down family name





Exchanging sex for money: teasing out the discomforts

In a simpler time buying and selling were understood differently; in today's globalized world these take on new connotations. Everything from creativity to intelligence to body parts can be sold and exchanged. With the rise of the service industry across the globe, people are constantly 'selling' parts of themselves, the self becomes the product. "When Aishwarya Rai parades herself in a *chaddi* (underwear) on a stage it can also be considered selling the idea of sex, or her sexuality," said Shabana, a woman in prostitution, at one feminist dialogue. "Why is it superior or more ethically acceptable to sell my brainpower but totally negativized to sell one's body?" another participant asked.

"The terminology of 'selling' the body is loaded," said Manisha Gupte, MASUM, at the Pune feminist dialogue. "A child who has climbed up to the seventh story of a building and is sitting on a bamboo frame painting the building is in a dangerous and risky job, this is a problematic type of labour. You could say that the child is also selling itself. Perhaps what is disturbing about the idea of selling sex is that emotions, identity, and selfhood are tied in with our notions of sexuality. Where emotion counts in work, that is a complex issue."

A woman in prostitution had a different take on what is actually sold in such a transaction. "People often ask us, how can you sell your vagina for Rs 20?" she said at the Delhi dialogue. "I ask them back, why can't you see it as buying a penis for Rs 20?"



Do we ask a rag picker if she chose this over something else? Or if she wants her child to also be a rag picker? Choice becomes an important issue only when we think of women in prostitution. Perhaps lurking behind this is our own morality."

Bishakha Datta, programme director,
Point of View



Dialogue

Classic feminist thinking considers prostitution one of the most extreme manifestations of patriarchy, and sees it as a system of coercion, violence and sexual exploitation. All over the world, the women's movement has fought to abolish prostitution⁵, often considered synonymous with sex slavery.

But women in prostitution have consistently argued that prostitution and their lives within it cannot be seen in such black-and-white terms. The lives of women in prostitution are lives like any other, including pain and pleasure, exploitation and empowerment, victimhood and agency, coercion and choice. Sex workers' rights groups have long said that the most effective response to prostitution is not to abolish it but to enable those in prostitution to access their rights.

For the first time in India, women's rights groups and sex workers' rights groups came together on a common platform to dialogue around issues of prostitution and sex work. These 'feminist dialogues' were convened by SANGRAM in collaboration with Point of View, Mumbai, a non-profit organization that promotes the points of view of women through media, art and culture. Five such dialogues were held in 2004 in Mumbai, Delhi, Pune, Bangalore and Kolkata to explore common ground, thrash out contentious issues, and talk through differences in an atmosphere that was not politically correct.

The dialogues touched on many conceptual questions related to sex work, sexuality and gender. Is prostitution the epitome of patriarchy or an institution that subverts patriarchy? Is sex work work? If so, how does it compare to work in the informal sector? Do women choose to enter prostitution or are they forced into it? How does sex work fit into feminist understandings of the body, body politics, and sexuality? What is the link between morality, sexuality and attitudes to sex work? Why is violence against women in prostitution not seen as a form of violence against women?

List of participating NGOs:

Mumbai: Akshara, Awaz-e-Niswan, CEHAT, Comet Media Foundation, Dilaasa, Majlis, Point of View, Pukar, PSI, Ashoka Foundation, The Hindu, TISS and Vacha

New Delhi: Saheli, Alternative Law Forum, Ashray Adhikar Abhiyan, Action Aid India, AIDS Awareness Group, Breakthrough, CREA, CMS, Human Rights Law Network, Jagori, Joint Women's Programme, Lawyers' Collective, Maati from Munsiyari, Nigaah Media Collective, Nirantar, PRISM, Saheli, Sarai, Stree Adhikar and TARSHI

Pune: Masum, Aalochana, Bapu Trust, CEHAT Pune, Karve Institute of Social Work, Infochangeindia.org, Masum, NCAS, Open Space, Tathapi and Women's Studies Department, Pune University

Bangalore: Vimochana, Deccan Herald, FEDINA, Human Rights Law Network, KSP-UNICEF, MANASA, Sangama, Samatha Vedike, Stree Jagruthi Samiti, Swathi Mahila Sangha, Women's Studies Department, United Theological College, Women's Voice

Kolkata: Sanhita, Anjali, CRY, DMSC, ICRW, ISW, IDSK, Manas Bangla, Oxfam GB, Prajaak, Pratyay Gender Trust, Sanlaap, Sappho for Equality,

⁵At the global level, this view is upheld by the Coalition Against Trafficking in Women (CAT-W). See www.catwinternational.org



"I have never put my lipstick on with such enthusiasm in 10 years."

Durga, woman in prostitution, Karad

Public education

As part of its overall goal of recasting the public perception of women in prostitution from 'bad', 'immoral' 'victims' to women who deserve the rights and dignities that other women enjoy, VAMP and SANGRAM entered into an ambitious collaboration with Mumbai-based non-profit Point of View in 2003.

Many women in prostitution exhibit strong performative qualities. This collaboration aims to train women in prostitution to represent their own lives and realities *from their own perspective* through the medium of theatre. The idea is to marry the platform of theatre, the real-life stories and acting talents of women in prostitution, the skills and expertise of a professional theatre director, and the passion and commitment of SANGRAM and Point of View to produce theatre that is riveting and meaningful.

Theatre has always been a instrument of dialogue. Theatrical traditions such as Brazilian director Augusto Boal's *Theatre of The Oppressed* have demonstrated time and again how theatre can be a tool of entertainment *and* dialogue turning spectators into 'spect-actors' as they seek to engage with issues thrown up by the stage. The Theatre of The Oppressed has also shown how theatre can be a tool for transformation, both for the audience and for the actors.

In 2004 and 2005, a group of women in prostitution and their teenage sons went through a series of workshops on performance basics: acting, voice, sets, costumes, music etc. The workshops culminated in a 60-minute performance scripted, enacted and technically produced by the participants. It focused on issues that *they* wanted to raise: discrimination faced by children of sex workers, violence within prostitution etc. It also included more light hearted segments with song and dance, entertainment and 'dream' sequences.

VAMP has since formed its own theatre repertory, which performs in communities on its own steam without any help or assistance from SANGRAM. The women have taken to theatre like fish to water. "I have never put my lipstick on with such enthusiasm in 10 years," said Durga, a woman in prostitution from Karad, at one workshop. And when local thugs asked the repertory to remove a scene on crime in the community from their production, the women simply refused. They said they would either perform the whole script or none of it.

Networking

Over the years, VAMP and SANGRAM have started networking with many other likeminded organizations and networks in India working on HIV/AIDS, prostitution and women's rights. Networking is a way to take the main trunk of VAMP's agenda forward through diverse branches.

VAMP and SANGRAM are active in the following networks:

- * Action Plus, a network of 15 organizations working to prevent the spread of HIV/AIDS in India
- * National Network of Sex Workers, of which VAMP is a member
- * Rainbow Planet, a diverse coalition of progressive groups working for the rights of sexuality minorities, sex workers and PLHA (People Living with HIV/AIDS) in India

Member organizations of the **Action Plus** network aim to prevent the spread of HIV through a range of interventions, such as advocacy, peer education, counselling, training, community mobilization, care and support, providing information on sex and sexuality, and creating educational materials. In April 2004, Action Plus convened a People's Panchayat which listened to testimonies from sex workers, sexual minorities and people living with HIV/AIDS. In their testimonies, nine speakers voiced the reality of thousands of people who face stigma and discrimination because of their gender, because they trade sexual services, because they are sexual minorities whose sexual preferences are judged as 'abnormal', or because they are people living with HIV/AIDS.

The **National Network of Sex Workers** was seeded in November 1997 at the 1st National Conference of Sex Workers in India (convened by the Kolkata-based Durbar Mahila Samanwaya Committee, or DMSC). The 4000 sex workers who attended the conference from India, Bangladesh and Nepal shared experiences and planned strategies to struggle against their conditions of material deprivation and social stigmatization. This was the first time in the history of India that a group of sex workers rallied together and explicitly attempted to inscribe their self-defined and self-conscious identity on the public sphere. At this conference, DMSC and VAMP decided to unite their efforts and broaden the scope of their respective struggles and facilitate the formation of autonomous sex workers' organizations in other parts of India. Based on this decision, and amidst overwhelming enthusiasm shown by other unorganized groups of sex workers who had come to the Conference, the National Network of Sex Workers of India was formed.

Rainbow Planet is a diverse coalition of progressive groups working for the rights of sexual minorities, sex workers and people living with HIV/AIDS in India. The coalition made news at the 2004 World Social Forum in Mumbai, forcing 'old style' activists and trade unionists to recognize their legitimate struggle for human rights. The campaign to establish sexuality rights is relatively new, compared to the more recognized activism of workers, women, farmers, indigenous people or *dalits*. Its 'legitimacy' is still not accepted even as sexual dissidents try to claim a place among the communities of resistance.

"More often than not, the abuse suffered by these subaltern sexual cultures has been made invisible even by the activist community, using a convoluted logic that arrogates itself the ability to calibrate pain," says Seshu. "First comes class, then comes caste, then comes gender, ecology and so on. If there is any space left on this arc of suffering, then sexuality is included as a humble cabin boy. There is no hope of the last being the first in this inheritance of the meek."





Collaborations

VAMP and SANGRAM regularly collaborate with the following groups:

- ✱ Vimochana, Bangalore, an autonomous women's group that works on issues related to violence against women and women's rights
- ✱ Asian Women's Human Rights Council, an organization that speaks of a new generation of women's human rights through the voices of women
- ✱ Point of View, a Mumbai-based non-profit organization that mainstreams women's rights through media, art and culture
- ✱ Asha Mahila Sanstha, a collective of sex workers in Mumbai

While these collaborations take many different forms, they all have one common aim - to ensure that women in prostitution can assert, articulate and access their rights. In 2003, members of VAMP and SANGRAM participated in The South Asia Court of Women on the Violence of Trafficking and HIV AIDS organized by the **Asian Women's Human Rights Council** in Dhaka, Bangladesh, and in which **Vimochana** played an important role. Four women from VAMP were among the many women who testified before an international jury headed by South African Winnie Mandela. Building on these powerful testimonies, the Court set out to evolve a framework of dignity and self-worth within which the language of rights, justice and empowerment can be articulated.

Since 2000, SANGRAM and **Point of View** have consistently worked together to voice the needs, concerns and perspectives of women in prostitution. This collaboration, which began with the production of a newsletter, now encompasses other elements - a theatre production, a series of feminist dialogues and trainings, and other publications.

The Mumbai-based **Asha Mahila Sanstha** is a more recent partner. This collective of sex workers in Kamathipura, Mumbai's notorious red light district, started out as an offshoot of the Bombay Municipal Corporation's Asha Project. When it faced an unexpected funding crisis in 2003 - mainly out of the perception that women in Kamathipura were not responding to the HIV epidemic - SANGRAM stepped in to build their capacity. SANGRAM has trained them on structural issues and rights concepts - without which it is difficult for women in prostitution to understand their responsibility to self and society.



In her own voice: Shevanta

"My name is Shevanta Rainnur and I live and work in Miraj, Maharashtra. I am a woman who has been in sex work for the last 30 years. Before I started working with SANGRAM I did not know anything about HIV. After getting all this information from the organization I started working for SANGRAM.

"Then I started falling ill. I could not eat, I started getting a fever and I would feel giddy. I decided on my own to get tested for HIV. When the report came I was told that I was positive. I was very scared and disturbed. I met [Meena] madam at SANGRAM and took my report along. She gave me a lot of support. I took leave from my work and went home to meet my mother.

"After going home I fell even more sick. I did not know what to do. My family contacted the organization and told them I was ill. The doctor and two women came and gave me medicines and advised me to rest. On their advice I went to a doctor in Karnataka. He refused to even touch me. This disturbed me a lot. But my mother forced me to go there so I kept going. I did not speak to anybody about all this. I would feel very bad because they spoke to me like this. After visiting the doctor I fell even more ill.

"Then two women from VAMP convinced me to come back to Sangli. I am very happy to be back, I get a lot of support here. Madam suggested that I go to Pune for treatment. My sister and another HIV positive woman came along with me. Being positive herself she took care of me and that was a big support.

"The doctor told me about ARVs but I was not able to afford it. But madam said that I should live and must take ARVs. I am now on ARVs. I would request the government to give ARVs free of cost. I am standing on my own two feet now and am in good health. I have put aside the fact that I am HIV-positive. I have all the confidence to look after myself and others too. The discrimination we face from doctors and others in society must stop.



THE DISTRICT CAMPAIGN

The first thing Vilas Sawant (name changed) wanted to do on discovering he was HIV-positive was fast forward his dreams. He made arrangements to quickly sell off his grape vineyards and "fly in an aeroplane at least once" before he died - until SANGRAM breathed life and hope into him. "The social worker counselled him, sorted out the daily fights with his family to sell the vineyards, and guided him to treatment," says health worker Iqbal Mujawar. "He couldn't figure out why a complete stranger would take the trouble to come over for house visits. Now he's coping well with his illness. He's growing more grapes and has even built a farmhouse."

Sawant is a grape farmer from Palus *taluka* (sub-district) in Sangli district. Much of this area is prosperous. The wind ruffles the young shoots of *jowar*, *bajra*, wheat and sugarcane, there are grape vineyards with fruit hanging low in wine-tinted hues, and the cows and bulls have their horns painted in jaunty orange.

But there is no doubt that it is sugarcane, fed by the Krishna River, which drives this economy. Politicians who control the sugar economy control all its corollaries - co-operatives, banks, colleges, medical institutions. A thriving economy has brought many migrants, along with problems of prosperity. Rich youngsters - and older men - who want to 'do *aish*' (enjoy themselves) with *jalsas*, *tamashas* and women in prostitution. Consequently the area has seen a significant rise in the number of HIV-positive cases.

It is in this setting that the District Campaign was launched in 1997. "Once VAMP was up and running, we wanted to close down SANGRAM," says Seshu. "But one of our team members, Durga from Karad said, 'Building a dam at only one site will not stop a massive flood. If we really want to stem the tide, we have to build dams at different bends of the river.'" Since the risk of HIV went way beyond the community of women in prostitution, a District Campaign was launched to broadbase SANGRAM's HIV prevention effort into the larger community.

The campaign, which runs in 713 villages in Sangli district, targets the rural community, specially married women, and adolescents. It started off as an advocacy and awareness outreach programme, and deepened three years ago into a care, treatment and support programme. Today, half the programme is aimed at prevention and half at care.

"As long as I'm alive and fit, I'll work."

Vilas Sawant (name changed), person
living with HIV/AIDS

The District Campaign: reaching 23 lakh people

Sangli district has a population of 23 lakh in 713 villages spread across 10 talukas. In 1999, the District Campaign reached 171 people living with HIV/AIDS; by 2004, the figure had jumped to 868, excluding deaths. (During the same period, 390 people died of AIDS in Sangli district.)

"We want to force the government to be accountable, to listen to us."

Meena Seshu, general secretary,
SANGRAM

How it works

It is most energizing to be caught in the district campaign's buzz on pay day, when there is a monthly meeting, with staff pouring in from all the *talukas* to swap notes, discuss and analyze strategies with Meenatai and gossip over *bhakri-bhaji* and hot hot tea. Those pouring in include social workers, youth members, *maitrins* or girlfriends, women's group members, and health workers - all pivotal members of the District Campaign.

The District Campaign is run by a team of 180 people at village, *taluka* and district levels. The *mahila sanghatika* (woman group member) is the focus of the campaign and assumes responsibility at the level of a village or village cluster. She is assisted by *yuvak sanghataks* (youth members) and two *maitrins* (girlfriends) - usually someone with a say in village affairs - in each of the 713 villages. She is also supported by an *arogya sevika* (health worker) in each of the 52 village primary health centres (PHC), and a social worker, who coordinates at the *taluka* level. All of them are trained by SANGRAM.

A systematic approach is adopted in each *taluka*, consisting of the following elements:

- * **Locating information kiosks on government land, usurped or otherwise.** These serve as spaces to openly discuss HIV/AIDS, to be in the face of the people.
- * **Using government health infrastructure, rather than private health facilities.** "We want to force the government to listen to us, to be accountable," says Seshu.
- * **Ensuring the presence of a SANGRAM health worker at all levels.** A health worker is based at information kiosks, PHCs and the district Civil Hospital in Sangli. The idea is to reduce stigma and enable better access to treatment.
- * **Framing clear responsibilities at all levels.** While the project officer is responsible for the overall campaign at the district level, the social worker oversees operations at the *taluka* level. The *mahila sanghatika*, assisted by the *maitrins* and others, are responsible for home-based care and community interventions at the village level.

"We hold sex education camps and distribute Nirodh. For patients who are HIV-positive, we do a daily follow-up and family counselling."

Prashant Bhosale, social worker, Palus
taluka

Providing information through the kiosks

At the lowest end of SANGRAM's outreach activities is the *taluka* HIV information kiosk. It would be a mistake to dismiss this unassuming tin shed by a dusty *bazaar* road for it is a beehive of activity. The kiosk organizes a range of activities covering different segments of the population - *mahila mandals*, schools, the National Social Service (NSS), PHCs, and *anganwadi* teachers.

"We hold sex education camps and distribute Nirodh (condoms)," says Prashant Bhosale, a social worker in Palus *taluka*. "For patients who are HIV-positive, we do a daily follow-up and family counselling." The kiosk informs clients of HIV testing facilities at government clinics, where an HIV test costs Rs 10. Social workers have successfully negotiated to reduce the steep Rs 250 HIV testing charges in private facilities to Rs 100.

The kiosk also keeps an impressively detailed register, noting the details of every person who visits - the name, what was discussed, progress on the case, how many staff were met, the information given, home visits if any, whether HIV-positive or a new DOTS/STD case. An intelligent analysis of such information yields interesting trends and problems - as well as solutions.





Accessing treatment at public health centres

Ashta is a large village about 24 km from Sangli, with a population of 36,000. The PHC has seen 25 cases of HIV, of which 15 have died. While opportunistic infections like thrush or vomiting are treated here, patients have to go to the civil hospital at Sangli to get ARVs. "My most important responsibility is to reassure them that one can live with AIDS," says Dr Kodag. "While it is not curable, it is controllable like high blood pressure or diabetes."

A SANGRAM health worker is placed at each PHC in Sangli district as part of the District Campaign and a great deal of care and treatment takes place through his or her initiative. "A lot of HIV-positive cases are not cases the doctor has referred to us, but which I've found out on my own," says Sunita Kamble, health worker at the Ashta PHC. SANGRAM sees HIV/AIDS as part of a larger holistic health programme and has integrated it with the tuberculosis DOTS programme.

The SANGRAM health worker provides information to all patients irrespective of their complaints. Further counselling is given to those at risk, and house visits are made to those who are positive. The health worker also ensures accountability within the PHC. "If we don't supervise, some doctors charge the patients," says Kamble. "In some cases, we forced the doctor to return the money they took."

Doctors were initially opposed to a SANGRAM staffer being posted in the health centres, fearing a parallel accountability. "But when a health worker was chosen from the community and the *sarpanch* supported his nomination in the name of reducing unemployment, we knew we had won the battle," says Shashikant Mane, project officer.

"My most important responsibility is to reassure patients that one can live with AIDS."

SB Kodag, medical officer, Ashta public health centre

"Just four words of love can save lives."

MB Ballal, social worker, Maharashtra
State AIDS Control Society

Working at the district civil hospital

The Vasantdada Patil Civil Hospital in Sangli is the nodal hospital for the entire district. Everyday, it overflows with patients who straggle in endless queues, sit on the floor, and collapse along the walls. The outpatient department gets more than 250 patients a day of whom 20 are HIV-positive. In a two-month span in 2005, the hospital got 496 HIV-positive cases. "There is too much pressure especially since ARV treatment was introduced here in December 2004⁶," says Dr B D Palange, associate professor, Department of Medicine. "It is important to decentralize this treatment to the *talukas* as well."

Following its pattern at the public health centres, the district campaign has based a SANGRAM social worker here too - at the Voluntary Counselling and Testing Centre (VCTC). "Instead of HIV patients, we call them VIP patients here to respect confidentiality," says Sachin Upadhyay, social worker. "We build their trust, confidence and optimism, and counsel them on treatment and family relations."

The VCTC has also had an active HIV support group since 2003, consisting of 200 individuals who meet twice a month and share experiences and problems. "With greater openness, there is less depression," says MB Ballal, the MSACS social worker at the hospital who works closely with the SANGRAM health worker.

"With SANGRAM, I learnt to lend my shoulder when death came," says Ballal. "An AIDS patient had died, and his family refused to touch the body and cremate it. I gave a shoulder and we gave him a funeral with dignity. It reassured many people that it is okay to have AIDS. We know now that many suicides can be prevented. Just four words of love can save lives."



⁶The ARV treatment costs Rs 300 a month but is free for those below the poverty line. All other medicines, including those for HIV/AIDS, are free for all at the Sangli Civil Hospital.



Battling stigma and discrimination

The district campaign battles the stigma and discrimination that positive people face at all levels: at health centres and hospitals, in schools and colleges, in workplaces and in the community. Every campaign action is an action against stigma and discrimination, whether it is informing people about HIV, counselling the families of positive persons, educating teenagers at *yuvotsavs*, helping a client access treatment, or helping a positive person retain his job.

At the Ashta PHC is an HIV-positive woman who prefers to remain anonymous. Dressed in a blue *sari*, she doesn't look ill at all, although she has had asthma and fever for a year. She went for an HIV test following counselling and a house visit by district campaign workers - after her husband had died of AIDS. "Through SANGRAM I learnt that if people scorn you, it's from ignorance, like people behave towards patients with TB or leprosy," she says. "Earlier, I would vomit from fear and couldn't eat, afraid I would go like my *maalak* did. When he lay in the civil hospital, with patients dying all around him, I thought; *"Mazha pack-up zhala,"* (it's pack-up time for me too).

Through the campaign's efforts, she has understood that there is no cure for AIDS, but that one can learn to live with it. "What's the use of going to a *mandir* or *masjid*? It is better to get proper medical information and treatment. If I live another 10 years, so be it. My brothers have promised to look after my kids after that," she says matter-of-factly, with heartbreaking dignity and grace.

Turning adversity into strength: Sneha Gaikwad

25-year-old Sneha Gaikwad, was married to Dnyaneshwar, a 45-year-old alcoholic auto rickshaw driver in Bombay. "My husband had AIDS and didn't tell me," she says. "But soon my mother-in-law started to separate the cups and plates my husband used, then told me not to have marital relations with him. They refused to touch me or eat food I'd cooked."

Sneha secretly took his medical papers to the doctor and realized he had AIDS. In 2003, a SANGRAM volunteer overheard her talking at the PHC, when she had just found out she too was positive. The SANGRAM volunteer came on a discreet home visit to counsel the family, simply introducing herself as a friend working at the civil hospital. "After listening to her, my family embraced me again - and I had tears in my eyes," she says.

Sneha has turned her own humbling experience into a determination to actively intervene in other HIV-positive cases. "Information can save lives," says Sneha, who now works with SANGRAM and is part of an informal support group with six HIV-positive women. "If I knew about AIDS, I would have taken precautions and not turned HIV-positive. I must tell all other women about HIV so they can save their own lives."

"My tongue did not have the strength to ask before."

Anonymous woman who asked her husband if he was HIV-positive when he was dying

Working with married women

Women form 30 per cent of the population affected by HIV/AIDS in Sangli district. "Marriage itself is a high risk proposition," says Seshu. "If you have an infected partner, repeated sex is high-risk behaviour." Quite often, women get into arranged marriages with older men, who are more exposed to sexual activity, and may have had multiple sexual partners. "Even if they know their husband is alcoholic or sleeping around or HIV-infected, there is no space in the marriage to discuss these things," says Seshu.

Nor do women feel they can ask if their husbands are positive. One woman had seen her husband taking medicines for years. She finally asked him when he was dying (of AIDS) why he was taking them. "She said, 'My tongue did not have the strength to ask before'." But it was already too late.

"Most married women cannot even go to the bazaar alone," says Prashant Bhonsle, social worker, Palus. Even after long years of marriage, they have no power to ask their husbands where they have been or what they have been up to. Nor do they have direct access to information. "In one case, after counselling at the PHC, a married woman who realized her husband was "going takatak" (having sex) with other women, insisted he use a condom," says Bhonsle. "That was a day of big triumph for us."

Quite often, married women who are HIV-positive, specially widows, are denied food, medicines, dignity - and property due to them. 'What is the use - she's going to die anyway,' is the family's logic. SANGRAM advises HIV-affected families to access free treatment at government hospitals for all diseases including HIV/AIDS. This ensures that women get treated. SANGRAM has also legally intervened in at least three cases to secure property that HIV-positive widows were being deprived of. In some cases, families have realized they can survive only because of the benefits accruing to an HIV-positive widow, and the tables have turned.





Helping families cope with HIV

The discovery of being HIV-positive and coping with it can have devastating consequences in the absence of information and support. In 2004, Ashok Patil, an HIV-positive man from Sangalwadi, discovered his wife was also HIV-positive. He killed his wife with a sharp instrument and strangled both their children before hanging himself to death. Following this, SANGRAM and the Giants group organized a solidarity campaign, to highlight that there was both information and support for HIV-affected persons, and that no one needs to take a life because of HIV/AIDS.

Even without that extreme step, life has been a living hell for people living with HIV. One HIV-positive girl's family plotted to 'lose' her during the Pandharpur yatra. "We had many HIV-positive people whose families treated them like untouchables," says Shakeel Mujawar, SANGRAM staffer. "They were terrified they would get HIV if the patient touched them. Families would not eat food cooked by HIV-positive women, and partners stopped having sex with them."

But there are also redeeming cases of people whose lives have been transformed by counselling. "First my husband had AIDS, then I discovered I had it too," says a woman in the Ashta PHC. "So I returned to my mother's home. Later my husband died of AIDS. But after SANGRAM counselled my family, it was a great relief when my in-laws brought me back. My father-in-law, a bangle seller, said, 'I realize it is not your fault, it's just our fate.'"

Gaining Access to Women Through *Maitrins* (Girlfriends)

Women in any community usually have the least access to information. But it is difficult to access women through schools, colleges, and at public meetings. Since women constitute a key constituency for the District Campaign, SANGRAM has evolved a special strategy to reach women and provide them information in a comfortable setting.

The *maitrin* programme recruits women from villages who can take on the role of *maitrin* or girlfriend. A friend is someone with whom one can openly discuss intimate matters, and this is the role that each *maitrin* fills. Each *maitrin* carries the message of HIV awareness to other women in her village, gets women together to attend village programmes and maintains close contact with a *mahila sanghatika*.

"I'm in one corner, life is in the other."

HIV-positive teenager, Sangli district

Educating young people about sex and sexuality

In 1998, SANGRAM started actively working to educate teenagers in Sangli district about sex, sexuality and HIV/AIDS. Young people are young people: easily bored, restless and disdainful of adults. To reach them, SANGRAM holds a four-day Yuvotsav, or youth fair, on each World AIDS Day, focusing on these issues in an entertaining way.

The aim is to stress responsibility towards oneself and reduce discrimination against people living with HIV/AIDS. But it is all done in a festive atmosphere with films, songs, sex/HIV education-themed competitions for posters, poetry, *rangolis*, street plays and story telling. One of SANGRAM's slogans is a big draw here: '*Jaanam jara zapun!*' (Darling, take care!). The yuvotsav whips up great enthusiasm: in 2004, it drew about 1,900 participants.

Along with entertainment, the other strategy that SANGRAM uses to reach young people is the time-tested strategy of peers. On finding that adults were embarrassed to talk about 'dirty things', SANGRAM trained youth volunteers in sex education. With the teachers and students in nearly the same age group, the ice was immediately broken. "A mother of five children I talked to had no idea how children are born!" giggles a youth volunteer who is a peer educator.

Another good time to reach teenagers is during festivals, which carry inbuilt social sanction. SANGRAM participates in popular gatherings like the Pandharpur *yatra* (pilgrimage) or *sahitya sammelans* (literary festivals). At the last Ganesh festival, it put up 68 street plays in 10 *talukas* that had an estimated audience of 12,000!

Theatrical skills are emphasized in these settings, as participants are not fully literate. One of SANGRAM's most popular plays is *Bhondu Aushadacha Bhasmasur*, in which a volunteer exposes a quack doctor from Kerala who claims to cure AIDS. Such events are followed up with question-answer sessions on HIV/AIDS. "Fights have broken out when we distribute the information booklets afterwards," says a volunteer.

Festivals and yuvotsavs are only starting points leading into the SANGRAM network of counselling and referrals. At one meeting, a SANGRAM staffer counselled and comforted a young man who was abandoned by his friends for being HIV-positive. He said, 'I used to feel like I'm in one corner and life is in the other corner. You are the first person who's talking to me.'

Why it works

For almost a decade now, the many-tentacled District Campaign has enabled positive people to live with love, dignity and respect in their families and communities, while accessing health care and other services that they are entitled to. The campaign has been effective for many reasons, external and internal, right from the native goodwill that exists in villages to SANGRAM's own ideology of holding government services accountable.

"There's a difference of heaven and earth between the brotherly feeling in the city and village," says Seshu. "As our workers do their daily *galli gappas* (street chat), they ask after those who are ill or are missing. There's a brotherly feeling, the sense of an extended community that generates a sense of protection, concern, respect. Even if someone is getting a saline drip - it's a big thing here - then everyone will visit - relatives, friends, neighbours. In the city, they'll visit you only when you expire."

These are the critical factors that have made the District Campaign what it is:

Staff and volunteers, mainly women and youth, are drawn from the community. Community support is critical to an effective HIV/AIDS intervention at the district level. "Since they are drawn from the local village, it helps when there is a community crisis," says Seshu. "There are informal family networks to support them in taking a stand. They are able to leverage their influence with the powers that be - the village *panchayat*, school teachers, doctors. So if there is a crisis, they can deal with it at the local level. This is why they are the pillars of the District Campaign."

Staffing policies emphasize the inclusion of marginalized groups, including HIV-positive individuals and dalits. SANGRAM has always been committed to mainstreaming marginalized groups. In keeping with this, the District Campaign includes about 100 *dalits* and five HIV-positive individuals on its 180-member team. "I've been working for SANGRAM for three years as a condom distributor," says Sneha Gaikwad. "But since I discovered I'm HIV-positive, I now work giving people information on HIV among women in prostitution, at the bus stand, in *gallis*." As fellow sufferers, HIV-positive staff have a different equation with their clients: the false hopes are cut out, but there is also a conviction that it is possible to lead a productive life with the disease.

Policies actively aim to empower campaign staff. *Dalit* employees have also built self-confidence through their work at SANGRAM, an experience that translates into high motivation. "I work on *mandaps* (tents) at weddings and festivals," says S Jadhav. "At a high-caste Patil wedding some time ago, eight of us *dalits* were busy with the wedding preparations, but were hurt that we were allowed to drink water only from a separate vessel kept outside the tent, that too from three broken cups." Jadhav's father, a teacher, got tired of this discrimination and converted to Buddhism, while Jadhav did his masters' in social work. "Upper caste people who want HIV-related information are forced to come to me," he says. "I feel very good when I can help them."





Military-style meticulousness is employed in planning and implementation. In every *taluka*, there is an incredibly detailed village mapping of the local population - including number of households, castes, every household with HIV, *panchayat* members, health infrastructure, private and government doctors, laboratories, teachers, *anganwadi* workers, police, schools, colleges, youth groups, temples and local festivals. Staff are motivated enough to use the information to make the programme more accountable and flexible.

A grassroots, down-up approach is used to manage HIV/AIDS. Strategies are responsive and flexible to the situation on the ground. When the district campaign started, there were hardly any home visits. Now they are the key. When the campaign found that villagers think an HIV-positive person 'looks' scrawny and weak, a game was devised to overcome this⁷. Similarly, when the campaign realized that men were falling through the cracks of the HIV programme, it started doing HIV education during the Ganesh festival, when many migrant men return home. When it found that youngsters are shy or embarrassed to discuss sexuality, it devised competitive sex education programmes, making for a fun, enthusiastic way of learning what is anyway of great adolescent interest. The desire and the ability to respond swiftly and innovatively to local needs is what gives the District Campaign much of its strength.

Anonymous and confidential HIV-related services are provided. Anonymity and confidentiality are core principles when it comes to dealing with a disease that carries such stigma. When Seema Patil, head *mahila sanghatika* of Walwa, found that an HIV-positive man could not explain to his partner why he suddenly insisted on using condoms, she intervened while respecting confidentiality. "We organized lane visits giving HIV info, and specially invited her family too, and counselled them all on the dangers of unsafe sex," she says. At PHCs and civil hospitals, staffers actively yet discreetly seek out potential HIV patients on the basis of symptoms/case papers and follow up with counselling, home visits and referrals without revealing their identities to others.

There is an understanding that HIV is just one among a set of related issues that human beings face. In a drought-hit *taluka*, a villager once asked: "Who will listen to HIV lectures on an empty stomach?" In response, SANGRAM organized rations and subsidized animal feed from its own funds for families supported by HIV-positive women, as well as HIV orphans and their caretakers.

The HIV/AIDS programme is often linked with other programmes. Following a camp for women in *panchayats*, the campaign initiated credit and saving groups back in their villages. Each savings group was then introduced to sewing classes, sex education, condom demonstrations, tuberculosis treatment programmes, and HIV counselling. The campaign also alerts families about government schemes for HIV-affected families. These include the Sanjay Gandhi Niradhar Yojana (which offers Rs 250 per month for widows of HIV patients) and low-interest group loans of upto Rs 10,000 for HIV-positive women for forming collective home-based industries. In this way, HIV is made part of a larger education project, woven seamlessly with life.

⁷ Assorted nuts were given to villagers, who were later told that the peanuts represented persons with HIV. The villagers learnt that it is not easy to recognize an HIV-infected person - and that it is much easier to get HIV than one suspects.

The campaign collaborates with other NGOs. Aware that the problem of HIV/AIDS is too immense and is best tackled in tandem with other agencies, SANGRAM often coordinates its efforts with other NGOs and institutions. Since the campaign focuses on Sangli district, it coordinates with World Vision in neighbouring Miraj. SANGRAM trains World Vision's staff in sex education and refers cases to them. SANGRAM has also trained staff for Amhich Amche, an HIV support group, and held joint meetings with them. In Tasgaon, SANGRAM collaborates with the Prakash Shikshan Sanstha for the education of women and adolescents, doing sex education, tackling dowry issues and encouraging savings. It also coordinates with the Giants and Rotary clubs in many districts, and its sex education school programme are linked with the National Social Service (NSS).

It works with the government at all levels, from village panchayats to district-level health facilities. SANGRAM leverages its clout with local *panchayats* to effect change. "We believe in working with all the stakeholders involved," says Seshu, "and a key element is the *gram panchayat*. Getting 500 *panchayats* to pass a resolution to take responsibility for HIV orphans really took some doing but was certainly worth it." As some of the SANGRAM *maitrins* know women *panchayat* members, there is immediate bonding. SANGRAM has trained women *panchayat* members and sensitized *panchayats*, police *patils* and headmasters. SANGRAM also uses government health infrastructure. Apart from basing health workers at government health facilities, it trains government doctors, nurses, multipurpose workers and laboratory workers on coping with HIV/AIDS.

There is a belief in the indomitable power of one. Although the HIV/AIDS epidemic is enormous, every triumph is hard won and counts. The District Campaign always recognizes and revels in the indomitable power of one. SANGRAM has intervened in innumerable individual cases, refusing to take no for an answer. When an HIV-positive state transport driver in Kolhapur died, leaving behind a widow and two children, SANGRAM got her a job as a lady bus conductor. When a peon working at the *panchayat samiti* office died of HIV, SANGRAM got his widow a job at the local PHC. When the government dismissed an HIV-positive *anganwadi* worker, SANGRAM scientifically demonstrated that if she cooked food, she would not infect the children: the woman was reinstated. This attention to improving the life of each and every individual is what makes the District Campaign amazing.



"When you realize you can actually save someone's life by changing his behaviour, you get a satisfaction that you would not get even if someone paid you one lakh rupees. It's like clearing the leprosy of the mind."

Amol Pandhare, designation, Jat *taluka*

The faces behind the façade

The District Campaign is successful not just because it meets its targets, but also because it has highly motivated staff at every level. It seems as if staff are rarely off-duty, and from every *taluka* there are stories of an overheard conversation at the bus stand, or a casual chat with a patient in a clinic saving lives, thanks to an alert ear and a radar that refuses to switch off. "As a policy, I never supervise staff," says Seshu. "Yet we manage a high degree of accountability because we keep the motivation high."

Part of the reason for such high staff motivation is a policy which encourages marginalized groups to come forward. "We have employed over 100 *dalits* and other lower caste people," says Seshu. "When an upper-caste HIV-positive person has to visit a low-caste staffer - because he is the only source of information on HIV - it changes caste dynamics at the grassroots level." One day, the whole staff was given two wheelers. "Receiving the bike was such a big event in their lives," remembers Seshu. "It was a sign of their education and progress."

Another contributory factor is a two-way process of strategizing, which greatly empowers campaign staff. Every monthly payday is an opportunity to exchange information and experiences which directly shape campaign strategies; this in itself becomes an empowering process and enables the staff to take ownership of the campaign. So when a *maitrin* has to walk 4-5 km because there is no bus to a patient's house, she doesn't complain. She does it. And when a patient says, "We waited the whole day for you to arrive. You care for us more than our own family," she is even more motivated, because she realizes how much her work means to others.

Several staffers share some of the intangible rewards of being part of the campaign. "At first, I was ashamed of this job and thought how low I have sunk, showing condoms for a profession!" says Amol Pandhare of Jat *taluka*. "But when you realize you can actually save someone's life by changing his behaviour, you get a satisfaction that you would not get even if someone paid you one lakh rupees. It's like clearing the leprosy of the mind - so the joy is greater."



NEW DIRECTIONS

Looking after orphans

Children are among the biggest victims of HIV, which takes its toll not only directly on their health, but also on their education. In fact, the unexpected role reversal it creates is dramatically altering family dynamics. Children whose parents have died of AIDS are forced to live with their grandparents and at a tender age become caretakers for the aged.

One such orphan was forced to drop out of school after she started living with her grandmother. She was dismissed from the school for missing too many days, as she was forced to be her grandmother's caretaker, cooking and cleaning for her. "When I saw her school uniform all wrapped up and kept in the loft, it had such a finality about it, it simply broke my heart," says Seshu.

The district campaign started intervening in such situations from 2000. The campaign insisted that two youngsters with tuberculosis be allowed to continue their school education. SANGRAM took responsibility for supervising treatment - and the children resumed their studies. The district campaign often holds village *panchayat* discussions to reconsider situations where HIV-positive students, specially girls, have been expelled from school, and has successfully campaigned for their readmission.

In some instances, the campaign has managed more. In one case, SANGRAM negotiated with the Maharashtra State Road Transport Corporation to ensure that an HIV-positive driver's dues reached his orphaned children. It also secured a commitment that the driver's son would get a job when he turns 21.

To tackle such cases on a systematic basis, SANGRAM recently got over 500 panchayats to pass a resolution to take responsibility for HIV orphans' food, education and basic necessities by making allocations from their reserve fund. Since 2000, SANGRAM has also declared December 1 - World Aids Day - as Kala Din (Black Day), on which to rally against discrimination towards AIDS patients, including orphans. "We hope to lessen the stigma by following Uganda's 'open secret policy' on AIDS by bringing it out into the open," says Seshu. "On this day, we acknowledge and honour orphans of HIV/AIDS, their efforts and courage, as part of a larger Yuvotsav (youth festival)."

By 2004, the rally had honoured 409 orphans of AIDS. At the rally, orphans are made to feel welcome, offered a free meal, free health check-up, told about their right to free AIDS medicines, given free gifts a sweater, school bag, school uniform, water bottle, *chappals*, notebooks, lunchbox or toys. All their efforts were made worthwhile, confides Prashant Bhosale, when, at one such rally, an AIDS orphan told a SANGRAM staffer, "Madam does more for me than my own family. When I come to SANGRAM, it is like coming to my *maher* (mother's home)."

"SANGRAM is like *maher*
(mother's house)."

HIV-positive orphan





"We had women who were willing to pay for ARVs. So we take them to PRAYAS in Pune."

Meena Seshu, general secretary,
SANGRAM

Providing ARVs to those who can afford them

In the early 2000s, the District Campaign noticed that some men and women were willing to pay for ARVs if they could get them. Since ARVs were not available through private clinics in Sangli, the campaign started sending patients needing ARVs to PRAYAS, an NGO in Pune. PRAYAS and SANGRAM are both members of Action Plus, a network of 15 NGOs working to prevent the spread of HIV in India, and had collaborated in small ways prior to this partnership.

Currently, there are almost 2000 positive persons who SANGRAM and VAMP reach - only 50 of them are sent to PRAYAS. While PRAYAS provides free consultation and reduced hospital charges, patients pay a minimum of Rs 1,250 per month for ARVs. "Only those who can pay for ARVs are sent to PRAYAS," says Seshu. Their CD4 counts are taken in Sangli to determine eligibility for the ARV regimen. "Each person is given full information, including on ARVs," says Seshu. "Then they choose."

The 1950 positive persons who are not on ARVs are treated for opportunistic infections at the civil hospital, at SANGRAM's mobile clinic, and through home-based care.

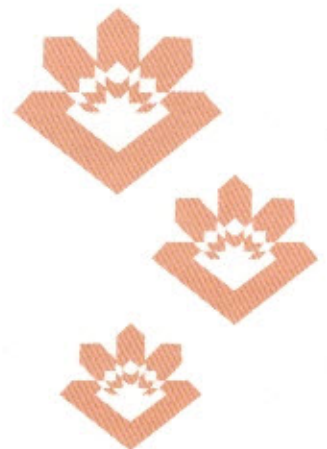
A charter for patients' rights

People with HIV are citizens like any other, who should be entitled to the same rights and dignities as other citizens. But in reality, people with HIV are often stigmatized in health settings, and denied the treatment or medication that is their due. As part of its overall emphasis on ensuring that *all* people can access health care as a right, SANGRAM plans to approach the National Human Rights Commission for tools and processes that could be used by common people to monitor the health system, and ensure the delivery of health care as a right.

Hand in hand with this, SANGRAM has also developed a People's Charter on Patients' Rights. This was tabled at a district-wide *Jan Sunvai* (public hearing) on health care issues. The *Jan Sunvai*, which was held in 2004, was organized with another NGO called CEHAT - the Centre for Enquiry into Health and Allied Themes. For the first time, local people spoke up about their experiences with the health care system.

At the *Jan Sunvai*, patients complained against health officials in a setting that included municipal health officers, district health officers and civil surgeons of Sangli, Satara and Kolhapur, advocates and NGO representatives. The results were encouraging. Dastagir Maner, an HIV-positive patient, had filed a case with the National Human Rights Commission against Dr S.D. Nilake, who violated his confidentiality as a patient by throwing his case papers to the floor on discovering he was HIV-positive. When the *Jan Sunvai's* judgement went against him, Dr Nilake went to the patient's house to ask for forgiveness. He was suspended for 15 days. Two other doctors were also transferred after patients filed cases against them at the hearing.

The charter and the hearing are part of a larger plan to form a '*rugna hakka chalwal*' or patients' rights movement. SANGRAM has also conducted a survey of all the primary health centres in Sangli district, and got the data analyzed by CEHAT. With these first level initiatives in place SANGRAM plans to make patients rights the next focus of its advocacy efforts.



A GLOBAL ACKNOWLEDGEMENT

On 13 November 2002, the New York-based Human Rights Watch gave its highest recognition - the title of Human Rights Defender, which is given to five people around the world each year - to SANGRAM's general secretary Meena Seshu. The award is a global acknowledgement of SANGRAM and VAMP's decade-long work in enabling women in prostitution and others at high risk of HIV/AIDS to combat abuse and discrimination and become important allies in the fight against a growing AIDS epidemic.

Since 2003, Seshu has also been a member of UNAIDS' Global Reference Group on HIV/AIDS and Human Rights - the first standing advisory group that the United Nations has put together to look at human rights in the context of a health issue. Reference groups on other subjects such as epidemiology, economics, and monitoring/evaluation processes already advise UNAIDS. These reference groups consist of global experts outside the organization who are appointed to provide independent views and give guidance to the UNAIDS-coordinated global response to the HIV/AIDS pandemic. Membership of this Global Reference Group is both an acknowledgement of SANGRAM's work in this field and a way to fulfil its vision of ensuring that the grassroots voices of marginalized women in prostitution reach the ears of global policymakers in the highest positions of power.

"Meena Seshu has worked tirelessly to prevent and contain one of the worst epidemics in the world. If there were more activists with her courage and sense of solidarity with the most marginalized, the AIDS crisis in India wouldn't stand a chance."

Joanne Csete
Director, HIV/AIDS and Human Rights
Programme, Human Rights Watch



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