

Annual Report

2019 - 2020



Our Mission

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





Abbreviations

ART- Anti Retroviral Therapy

ALF- Alternative Law Forum

ANC - Anti Natal Care

CAA - The Citizenship Amendment Act, 2019

CD4 - The CD4 count is a test that measures how many CD4 cells you have in your blood. These are a type of white blood cell, called T-cells that move throughout your body to find and destroy bacteria.

CEDAW- the Convention on the Elimination of all Forms of Discrimination Against Women

CPR - Chhtrapati Pramilaraje Hospital, Kolhapur

CRC - The United Nations Convention on the Rights of the Child

DIC - Drop in Centre

GAATW - The Global Alliance Against Traffic in Women

GES - Gram Ekta Samiti

GR - General Recommendation

HFL - High Flood Levels

ICTC - Integrated Counselling and Testing Centre

IGM – Indira Gandhi Memorial Hospital, Ichalkaranji

IPC - Indian Penal Code

ITPA - Immoral Trafficking Prevention Act 1956

KMVS - Kutch Mahila Vikas Sanstha

KNSW - Kerala Network of Sex Workers

KSWU - Karnataka Sex Workers Union

LFS - Leading From the South

LGBTQI - Lesbian, Gay, Bisexual, Transgenders, Queer, Intersex

Mitra - Collective of children of sex workers

MJSS - Mahila Jagrut Sevabhavi Sanstha
MMW - Me and My World
MSACS - Maharashtra State AIDS Control Society
Muskan - Collective of male and trans* sex workers
NACO - National AIDS Control Organisation
NNSW - National Network of Sex Workers
NPR - National Population Register
NRC - National Register of Citizens
PHC - Primary Health Centre
PLD - Partners in Law and Development
PPP - Public Private Partnership
SDG - Sustainable Development Goal
SIAAP - South India AIDS Action Program
SWASA - Sex Workers and Allies South Asia
UHC - Universal Health Coverage
UKMO - Uttar Karnataka Mahila Okkuttu
UNAIDS - United Nations Programme on HIV and AIDS
VAMP - Veshya Anyay Mukti Parishad
WINS - Women Initiatives



From the Desk

The year 2019-20 has been a challenging one for SANGRAM, especially the collectives and their members on the ground. However, from the adversities has emerged a display of strength and unity by the collectives. The SANGRAM team works on the ground in Sangli, Satara, Kolhapur districts of Maharashtra and Chikkodi and Nippani in Belgaum and Mudhol, Jamkhandi and Rabkavi in Bagalkote in Karnataka. In Satara, SANGRAM works exclusively in two sub districts Satara and Karad providing HIV/AIDS prevention services. In Sangli, the coverage is near total with teams working in all the talukas of the district.





1. Sangli Floods and Community Response

The Sangli-Miraj-Kupwad Municipal Corporation is on the banks of the rivers Krishna and Warna in Western Maharashtra. Both rivers reached historic High Flood Levels (HFL) in August 2019. Warna, in Samdoli Village, Sangli District recorded an HFL of 546.9 Meters on 09 August 2019, breaking all previous records. The Irwin Bridge, a historic bridge built by the British in Sangli city, was partially submerged, recording a never before HFL since it was built 90 years ago. Sangli and the nearby regions are not new to floods and have witnessed devastating floods in 1853, 1856, 1914, 2005, 2006. Since 2005 the regularity of floods in this region is of huge concern. The 2019 floods broke all previous records, including the 1914 HFL. Nearly a lakh people were displaced and over 30 lost their lives in this district alone. Sangli city has a population of more than 22 lakh and 75% of Sangli city was submerged. Suburban Sangli that was on higher ground was not submerged but the whole of Sangli city was marooned by the flood waters for several days.



Relief

As the waters started rising in Sangli, workers from VAMP [Veshya Anyay Mukti Parishad] the collective of female sex workers, Mitra [children of sex workers] and Muskan [collective of male and trans* sex workers] with SANGRAM contacted the Municipal Corporation to offer their support. The Sangli-Miraj-Kupwad Municipal Corporation declared municipal schools as safe spaces and hordes of affected families started streaming into the camps. The Corporation formed a team of local NGOs and volunteers to help in the flood relief work and the Sangli Municipality allocated the relief camp at Damani High school to SANGRAM. Initially the sex workers from VAMP and Muskan who live in Sangli were the first to reach out and they volunteered in the camp till their own houses were affected.

The waters rose steadily for more than six days, after which waters rose so rapidly that both Rajmane Chawl and Gokulnagar were affected. All the sex workers were then shifted to camps in the municipal schools that were on higher ground. Many chose to go to their relatives in adjoining areas before Sangli was completely marooned.



The SANGRAM team did a quick **area-wise survey** of the flooded parts of Sangli, Miraj and Kupwad municipal corporation and also in the adjoining city of Kolhapur and Ichalkaranji.

The **Damani high school camp** was the initial relief work where the SANGRAM team ably assisted by Mitra, Muskan and VAMP cooked for **500** persons. The team provided breakfast, lunch and dinner to 500 persons flood affected persons for seven days from 7-8-2019 to 12-8-2019 in this camp.

As the waters started rising, SANGRAM started providing **hot meals** to the other camps that were allocated to SANGRAM, covering as many as **1730** persons.

The flood relief cell of the municipality was unable to cope with the huge challenge and SANGRAM joined a civil society group that was a **citizen's response** to help wherever it was needed. As the voluntary response of civil society increased SANGRAM members played the role of connecting affected persons to services set up by civil society. Clothes, groceries, blankets, mats and utensils were distributed as needed.





Despite the devastation of floods, SANGRAM saw instances of some civil society groups refusing to provide support to Muslim relief camps. In such instances, SANGRAM declined the relief offered and organized relief from other sources to ensure that all communities regardless of religion and caste received available relief in a non-discriminatory manner. In fact, SANGRAM adopted two relief camps that were housing Muslim families affected by the floods to ensure that they were also provided for without any discrimination.

Relief Camp	No of recipients of food assistance
Damani High School	500
Gokulnagar	70
Al Amin School	150
Maratha Seva Sangh	250
Noor High School	200
Bhide Karyalay	160
Herwaad	250
Sangliwadi	150
TOTAL	1730





Sex work is work!

While planning for post-flood relief Sangram Sanstha asked VAMP members from Rajmane Chawl and Gokulnagar areas who were in the relief camps to make a list of groceries and other items of immediate need. Much deliberation later the delegation sent a voice message on WhatsApp, “Give us mattresses. After that we can generate our own money and buy whatever we need. But without mattresses we cannot do sex work!” For the Rajmane chawl women, the mattresses were covered in plastic since the houses had not dried out at that point. Around 500 mattresses were procured and distributed to the houses where the women were doing sex work in Sangli. Some of the trans-women and male sex workers from Ichalkaranji and Miraj whose houses were destroyed also sought assistance in the shape of mattresses.



Post flood

SANGRAM and its collectives also initiated a cleanliness campaign in VAMP's working areas and physically cleaned houses in Rajmane chawl area and in Gokulnagar. SANGRAM teamed up with the Municipality and helped clean the roads with bleach to prevent waterborne diseases and infections. Continued advocacy and messages were shared on hygiene products and their use. We organized a health camp with SANGRAM's doctor and provided medical assistance to sex workers and their families. Fungal infections flared up post-flood, requiring expensive medicines.





In July 2019, SANGRAM also extended support to the network of sex workers in Kerala where floods had affected six districts: Patanamthitta, Alapuzha, Kottaya, Idukki, Thrissur and Kozhikode. Major rivers like Manimala, Meenachal, Moovattupuzha, Chaliyar, Valapattanam, Iruvazjinjupuzha and Pamba were in spate and overflowed into the districts. The Kerala Network of Sex Workers (KNSW) which works in Alapuzha, Idukki, Kottayam, Patanamthitta and Kozhikode swung into action as soon as the floods receded.

Many of the sex workers lost their houses and household items during the flood. Alappuzha, Kottayam, Idukki, Pathanamthitta and Kozhikode were the most affected areas. In Pathanamthitta district, sex workers came forward and conducted welfare activities for the flood affected. This was in stark contrast to the floods in 2018, when sex workers did not come together to assist each other. There were reports in 2018 of some sex workers not being given good treatment in the camps when their identities became known to the other women in the camp.

However, this year, due to the bonding between KNSW and National Network of Sex Workers, (NNSW), the largest network of female, trans and male sex workers in India, the women were better prepared and also willing to provide assistance to those who were affected in Patanamthitta. During the period of the floods, support included providing temporary shelter to those who lost their homes. In the post flood phase, sex workers were assisted to get support from the Kerala State Government. Following the floods, KNSW members and SANGRAM sat

with the collectives in the districts and identified 218 women who were affected by the floods. Following verification, 73 women who had lost their household goods and homes were identified for cash assistance through bank transfers.

<https://www.sangram.org/upload/resources/sangram-flood-relief.pdf>





2. Strengthening Sex Workers' Access

A core area of SANGRAM's work is at the grassroots level with female, male and trans sex workers in Sangli, Satara, Kolhapur, selected parts of Bagalkote and Belgaum. At the national and regional level, SANGRAM's work extends to providing support for sex workers, building capacities to strengthen their leadership, access health and legal services, dialogue directly with government departments at the State and national level to access social entitlements. SANGRAM works closely with VAMP, the collective of female sex workers and MUSKAN, the collective of trans and male sex workers.

HIV/AIDS Prevention Programs for and by sex workers

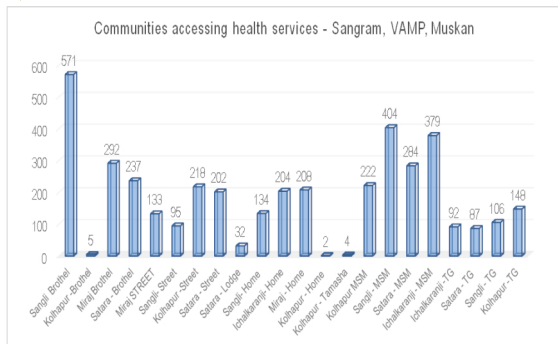
Sangram's HIV prevention, care and support program for female, male and trans sex workers continued to reach out to over 4000 sex workers in Sangli, Satara and Kolhapur in 2019. These programs are run as projects of the Maharashtra State AIDS Control Society (MSACS) and the National AIDS Control Organisation (NACO). An active population of 3608 female, trans and male sex workers were accessed and provided HIV/AIDS prevention services during the year. The services were also provided for communities from over 33 sites in Kolhapur, Satara and Sangli district. Until 2019 SANGRAM operated two HIV prevention programs directly in Satara and Sangli. In addition, the organization provided support for two programs run by VAMP. In 2019, SANGRAM

received the contract to operate an additional HIV/AIDS prevention program in Kolhapur and VAMP received an additional program in Ichalkaranji. Since April 2019, six HIV prevention programs are being run by SANGRAM and VAMP for the Maharashtra State AIDS Control Program of the Government of Maharashtra.





The 33 sites in which SANGRAM and VAMP are reaching out and providing services are:



Ichalkaranji Services Reach

Hathkanagale	FSW, TG
Kumbhoj	MSM
Kurundwad	MSM
Abdul Lat	MSM
Hupari	TG
Korochi	FSW
Chandur	FSW

Sangli, MSM, TG outreach

Islampur	MSMTG
Tasgaon	MSM TG
Vita	MSM, TG
Jat	MSM, TG
Nandre	TG
Ashta	MSM
Udgaon Fata	TG
Malwadi	TG
Bhilwadi	MSM, TG
Madhav Nagar	MSM, TG
Budhgaon	TG
Dhamni	TG
Sangliwadi	MSM, TG
Haripur	MSM
Samdoli	MSM

Kolhapur outreach areas

Kaagal (Kagal)	MSM, TG, FSW
Gargoti (Bhudargad)	MSM, TG
Espurli (Karveer)	TG
Radhanagari (Radhanagari)	TG
Malkapur (Shahuwadi)	MSM, TG
Babawade (Shahuwadi)	MSM, TG
Wathar (Karveer)	FSW
Vadgaon (Karveer)	MSM, TG, FSW
Sheje (Karveer)	TG, FSW
Gokul Shirgaon (Karveer)	TG, FSW
Kanneri (Karveer)	FSW

Miraj	FSW
Swarup Talkies	FSW
Rajmane Chawl	FSW
Gokulnagar	FSW
Karad	FSW
Satara	FSW, TG, MSM

The new programs in Ichalkaranji and Kolhapur have faced tremendous challenges in the first year of the program.



Before 2019, the community in Ichalkaranji was not getting contraceptives like condoms before and after the TI in area. Due to a shortage of supplies, condoms were also not provided at the IGM [Indira Gandhi Memorial Hospital, Ichalkaranji hospital or CPR [Chhtrapati Pramilatai Raje Hospital ,Kolhapur] office. The Ichalkaranji community of MSM and women in sex workers reached out to SANGRAM through the local collective Muskan. SANGRAM Sanstha immediately responded to the situation and condoms were despatched. This enabled SANGRAM to identify two peers to distribute condoms in 2018. The peers undertook a mapping of the sites along with a team of sex workers from VAMP and Muskan in 2018. These early initiatives enabled VAMP to smoothly start the HIV prevention program from April 2019 supported by SANGRAM. The Ichalkaranji project provides services to around 1000 sex workers across 11 sites and 35 hotspots.

The Ichalkaranji office was located outside the town, since no one was willing to give space on rent for sex worker interventions. The first few months of the program were difficult due to logistical challenges. Thereafter, SANGRAM intervened with the civil hospital and asked for space in the centre of town so that the community could visit. As a result after the first six months the drop-in centre was set up close to the hot spot, and the response picked up.

In Ichalkaranji, sex workers are mostly home-based and hidden. This makes outreach and service delivery difficult. SANGRAM and VAMP

had devised a strategy of having more experienced members from the ongoing targeted intervention programs to ensure that there was supportive supervision. Two of the members from Sangli used to visit the Ichalkaranji and Kolhapur sites on a daily basis and listen to the problems being faced by the community teams. The teams decided to initiate testing camps when the community was most likely to be available, peers were trained to motivate the community. This led to increase in counselling and testing for HIV/AIDS at the ICTC (Integrated Counselling and Testing Centre) .

Given the background of hidden and home based sex workers in Ichalkaranji, the strategy used to reach out and provide condoms has been to work closely with lodge owners and set up condom depots in the lodge, which can be accessed by sex workers who come to those locations for work. In the case of TG and MSM also, they have used the strategy of condom depots in the hot spots to ensure that they are accessible.

Similarly, some HIV positive MSM, sex workers and transgender people were not willing to continue with medication and had dropped out of the program. This was a source of concern since non-adherence to medication could lead to drug resistance. Hence the team went to the Ichalkaranji ARV centre and obtained the list of people from the community who were on ARV. They followed up with each of them to counsel them on the problems of non-adherence. This has led to an increase in the number of people who are accessing ARV medication at the Civil hospital in Ichalkaranji.





The HIV prevention program was initiated in Kolhapur city in June 2019. Today it is providing services in 11 sites in and around Kolhapur city. The program in Kolhapur initially ran into a problem due to some individuals harbouring animosity towards SANGRAM. With the intervention of some allies, these issues were resolved and work proceeded smoothly.

Difficulties faced during Outreach

In Ichalkaranji, there were a lot of difficulties connecting to people in the community, who were reluctant to accept the services. For example, no one was coming forward for HIV testing and Regular Medical Checkups. While taking one-to-one session target group was reluctant to stay, others abused the service providers. It was difficult to bring together people who use social media platforms Facebook and apps such as Blud, Grinder for sex work. Likewise, there were difficulties bringing together and integrating scattered communities such as home-based FSWs.

Challenges faced in the programs

While working on the site in Ichalkaranji, we faced some difficulties in counselling women, because all of them are home based. They go out to do business saying that they are going out for some work. Given the difficulties in accessing them at home, we went to the lodge or other places where they do business, and carried out counselling on the spot. We also faced problems in convincing them to go in for Regular Medical Check-up. But with the help of Outreach workers and peer educators it has become easier to work.



The community was told that they should go in for HIV and syphilis tests once every six months, and the benefits of this approach was explained. To organize these tests, we met once a week to compile lists, and organize camps for testing.

Motivating sex workers to undergo testing

When sex workers in Ichalkaranji were initially counselled to undergo HIV and syphilis testing, the community was not ready. When asked the reason, they said that they had done the test from private laboratories and so they should be excused from testing. To overcome this problem we began to re-emphasize the importance of ICTC (Integrated Counselling and Testing Centre) [testing and gradually got the community ready for testing. The following is an overview of the work done from June 2019 to March 2020.



Providing care and support for PLHIV sex workers

There are over 71 PLHIV sex workers across the six HIV prevention programs. 70 of them are on ARV. The staff meet the PLHIV community every month and explained the importance and benefits of taking ART medicine. Another issue is that many women are afraid to ask their partners to test for HIV as they fear that their partners will desert them because they have HIV. Counselling was undertaken in this regard. The peers also convinced positive sex workers to have ART regularly and do follow up for the same. We also explained the importance of CD4 (The CD4 count is a test that measures how many CD4 cells you have in your blood. These



are a type of white blood cell, called T-cells that move throughout your body to find and destroy bacteria. and viral load and also reminded them about their testing dates. We emphasised the need for regular medication, regular exercise, safety and positive thinking. As a result of our TI the viral load of the PLHIV community has declined. The community with the highest viral load is monitored by us to ensure that they receive regular ART.

Many times, the challenge during service delivery is that despite all efforts made by the peers, there are times when the sex worker doesn't want to seek services. For instance in Miraj, a positive sex worker was adamant that she would not take any ARV medication despite being positive. She gave it in writing that the peers and staff should not approach her or try to provide services. However, the team did not give up. They met with her regularly and listened to her day-to-day problems, and tried to resolve them with her, and ensured that she got condoms and remained safe. We used to make sure that she was receiving all the information that she needed. She used to regularly relocate from her rented accommodation, but we ensured that we would keep meeting her. Over a period of time, the VAMP team finally prepared her to consider starting ART medication. They also had to make sure that the ART centre would not treat her badly. So, they went to the centre and spoke with the doctors and requested them not to make her feel bad. Once the doctors agreed, they were able to ensure that she started medication. This case study shows the power of a peer-led approach in persevering with the community, not giving up or losing faith in their own ability to reach her.



In another case of a HIV positive person in ICTC camp in Ichalkaranji, we emphasized the importance of exercise, regular medication(ART), safety and positive thinking. Despite counselling, the community continues to view the disease with fear. It was obvious that she was avoiding us, refusing to even pick up our phone calls. According to her, if others knew that she was HIV positive, she would be treated differently and her business would be affected. But we assured her that we would keep her information confidential. But when we took her to ART centre for medicine she ran away after giving an excuse. We didn't even see her for a week, nor she was seen for doing business. Her phone was also switched off. We then took her to an ART centre with the help of friend and gave her an ART.

At first, she was reluctant to take the medicine, but after being persuaded by her friend she was ready. Now she is living good life.

However not all stories are those of success. A transgender sex worker in Sangli who was found to be positive by the Muskan group members, refused to start medication despite numerous attempts to counsel her. The ART centre counsellor was also asked to intervene. Finally, the individual threatened that she would complain to the police if she was contacted again and the Muskan team was forced to withdraw. The community held a meeting with the ART centre team and it was decided to stop trying to convince her to take the ARV and restrict the intervention to ensuring that she had access to a condom supply and other HIV prevention services.





Additional health screening and support

The community staff members also provide support on the health issues of all community members. While working on the site, the prevalence of fungal infections was found to be high in MSM, FSW, TG and other communities in Miraj, Sangli, Ichalkaranji and Karad. SANGRAM Sanstha gave eight days of medicine to the community from its own funds which was distributed by the doctor after a check-up. The sex workers were asked to purchase the second round of medication and complete the course. As per the instructions, the community purchased the medicine and completed the remaining course and the infection was thus controlled. In addition, SANGRAM and VAMP regularly motivate the sex workers to undergo physical check-ups especially for diabetes, blood pressure and related illnesses.



Floods impacting the program delivery

In 2019 despite the challenges posed by floods in Sangli, Satara and Kolhapur, the program was able to continuously conduct outreach and ensure that sex workers received services. In Ichalkaranji and Kolhapur, SANGRAM and VAMP launched interventions with female, male and trans sex workers after Maharashtra State AIDS Control cleared two programs in the district. This has been a long-standing response from the district since there was a population of over 1000 female, male and trans sex workers in the district.

Gokulnagar and Rajmane Chawl came under the floods, water entered all the brothels and a lot of belongings were destroyed. As women had to relocate for eight days, all services related to the HIV prevention program were impacted in August. The entire testing and STI treatment and outreach was shifted to the next few months. Documents relating to targeted interventions were also destroyed due to flood water entering the offices. Many of these forms etc had to be reworked.





Community engagement and leadership in programs

In partnership with the community-based collectives of VAMP and Muskan, the Kolhapur HIV prevention program has been successful in reducing HIV cases amongst sex workers through a peer-based approach. The peer-based approach ensures that the programs are run by community representatives including sex workers, MSM and TG representatives. SANGRAM has been one of the few organizations that has consistently fought for and achieved active leadership and participation in these programs. Over the years, slowly but surely there have been definite results of this approach. Out of the total staff of 95 in six HIV/AIDS prevention programs run by SANGRAM, VAMP and Muskan 89 are from communities of sex workers, six are non-sex workers. SANGRAM backends the process by providing supportive supervision to the community plans. Over the years this strategy of community ownership has led to demonstrable results with low rates of infection within the communities.

It is easier to provide services to sex workers in the brothel settings, since they are more collectivised and willing to seek VAMP and SANGRAM services. However, there has been a shift in the brothel setting also. In Miraj for instance, women have begun to rent living accommodation outside the brothels and come for business to the brothels and leave. In such cases they are not as attentive in receiving health services. Those who are on the street come to the gullies in the afternoon, do business and then leave later in the night.

Similarly, the home-based sex workers also bring customers, do business and leave immediately after. This impacts the work of the outreach workers and peers who are providing services. They have to keep adapting their outreach strategies according to the women.

In 2019-20 another challenge facing the HIV prevention programs run by SANGRAM was the identification of a new site in Vijayanagar (Miraj) and ensuring that women in sex work were willing to take services from the collective. As a strategy, VAMP reached out to a sex worker, worked with her to identify other sex workers who needed services, took the time to counsel the women to access HIV prevention services. Over a couple of months, there was a shift and women came forward to start taking services.





Reaching out to hidden sex workers

Jat is a small taluka which is around 100 km from Miraj, where sex workers are scattered and dispersed. It is extremely difficult to reach out to them, educate and provide services since they live in small villages and come to the town for business and go back. So the Miraj team decided to appoint a PPP (Public Private Partnership) [] in Jat, provide testing and support services from the ICTC centre in the rural hospital which agreed to provide testing services. The rural hospital provides syphilis testing, ICTC, and regular medical check-ups. The peer educator also steps in to provide condoms and information about HIV/AIDS, safe behaviour etc.

Similar issues arise with street-based sex workers in Miraj, where the hidden nature of their work makes it difficult to identify them. The VAMP team reached out to one woman who was doing street-based sex work and motivated her to help them reach other sex workers.

Sometimes the lodge owners are barriers to reaching sex workers in the program. For instance, in Karad one of the lodge owners refuses to allow the teams to interact with the sex workers and provide her intervention services. They are contracted workers with the lodge owners and while they take condoms and other treatment from the TI team, they are unable to reach them directly.



Continuing stigma and discrimination against MSM and Transgender people prevent them from accessing vital HIV/AIDS prevention services.

In the case of the MSM TG HIV prevention program running in Islampur, there are over 69 MSM and TG in the town requiring regular support. Private doctors continue to refuse to treat MSM and TG populations despite repeated efforts made by the staff. Since the civil hospital is quite far, government doctors are not willing to travel. This has led to a unique challenge of no doctors being available to





provide services to the community. Since SANGRAM has an ongoing intervention in Sangli town, it was decided to ask the doctor providing services in the town to travel to Islampur and provide regular medical check-ups. This has helped to strengthen the intervention in rural areas where other doctors are unwilling to come forward. A SANGRAM booth which is operational for other programs is used by the doctor for visits and check-ups. This is more commonly known as a virtual Drop In Centre DIC

Violence against MSM and TG people hampering delivery of HIV/AIDS service delivery. Violence against MSM and transgender by the police and goons continues to hamper HIV/AIDS prevention. SANGRAM and its staff members try various solutions to respond to these issues as and when they occur. MSM and Trans people working near the Sangli bus stand were facing a lot of violence from the police who were preventing them from standing and working in the area. When the staff of the HIV prevention program reached out to the police and discussed these issues, they were told not to intervene.



Ultimately, SANGRAM's members intervened and spoke with the police station to resolve the incidents of violence. A similar issue was faced by MSM and TG sex workers who were working near the Miraj police station. Due to this they began to move away and go to other places to work. This started causing problems for the staff who were trying to link them to medical services including condom and gel provision services. TG sex workers were facing a lot of problems from their partners and goons in Miraj. As a result they were being called to the local police station and being harassed. All the MSM and TG representatives from Miraj decided to come together and assist the TG being harassed. They met with the local police station, and this collective action helped to reduce the harassment being faced by them.



Erratic funding has had a tremendous impact on the quality of services that all the programs have been able to deliver. For instance, the lack of funds forced the Sangli DIC to shut down, and interactions between the program staff and the community were affected. This in turn led to a drop in service uptake. Communities were not willing to travel up to the main SANGRAM office to access services. It is only when the funding was restarted that SANGRAM was able to resume the program in the Sangli bus stand area.





Social entitlements

There has been more movement to get ID cards for Transgender people and Muskan is using this strategy. Around 75 female, trans and male sex workers have received identification documents during the year



Innovative forms of sex work and outreach

One of the strengths of communities is to be able to identify fast changing methods of work and new practices, which makes it easier for them to reach sex workers in varied settings. For instance, in one of the VAMP interventions in

Sangli district, the team found a woman who had set up a lunch-room. Whenever there are customers, she also used to call the women to help her cook food and at the same time the women are also able to pick up clients. VAMP was able to identify and start providing condoms and other services to 10 women who were regularly working in the lunch-room.



Responding to emerging situations in the lives of sex workers

VAMP members continue to focus on the lives of women, including their health, livelihood, debt status, violence and extortion.

Health of Sex workers

VAMP began to hear of the increase in abortions in the community. Following a survey conducted within the communities in Sangli, Satara and Kolhapur, eight cases of abortion were observed. Many of the women have spoken of not visiting the government hospital due to stigma, fear of doctors. Due to the lack of confidence in the government health system, women resorted to taking “abortion pills” procured from Karnataka. This led to problems such as severe bleeding and other side effects and placing their health in jeopardy. Many women continue to highlight the callousness of the civil hospital when sex workers approach them for abortion services ranging from downright refusal to giving excuses like lack of a doctor, in addition to asking questions about the family or husband, which sex workers find difficult to answer.





Mala, Ichalkaranji

Mala a 40-year-old sex worker from Ichalkaranji shares that when she learnt that she was two and a half months pregnant, she was initially encouraged by her partner to keep the pregnancy. However, he later changed his mind and told her to abort since he already had two girls. "He kept pressuring me, asking who would pay for the costs of the delivery and bringing up the child," said Mala, who decided to abort and approached the Ichalkaranji civil hospital. She says that once the doctor examined her, he refused to do the procedure saying that her blood count was low. The doctor also asked her questions such as who her husband was, and why she was aborting. The doctor turned her away. Thereafter at the suggestion of a friend, Mala visited a private hospital who asked for around Rs. 25000 for the procedure. Though she asked for assistance from her partner, he refused to give her money. Mala was forced to take a loan from a local money lender, which she continues to pay two years after the medical procedure.

A lot of her income from sex work goes in repaying the interest on the loan. Her one demand is to know why the government hospital was unable to provide abortion services which is her right as an adult woman.



The collective decided to undertake awareness of contraception and safe abortion practices in the community. In addition, sex workers have decided to strengthen work on safe abortion as a right of all sex workers.



Research on the lives of sex workers

SANGRAM works with sex workers and their children. A key aspect of this work includes understanding the lives of the women and their challenges. Peer sex workers from the community undertook a study to understand their education and caste status in Sangli, Satara. The sites for the survey were existing members of VAMP in Gokulnagar, Uttamnagar, Karad and Swaroop Talkies. A total of 221 respondents participated in the survey conducted in February 2019.



Place	Estimated Population	Sample
Gokulnagar	445	91
Swaroop Talkies	85	20
Karad	194	21
Uttamnagar	287	89
	1011	221

The findings of the survey are as follows

Caste analysis

Around 47% of the sample comprised Devadasis and 53.3% were non-Devadasi. A breakdown of caste indicates that a large percentage of the women are from the Mang and Mahar community.

Mang	40%
Mahar	21%
Maratha	12%
Brahmin, Jain, Lingayat, Others	4%
Muslim	12%
OBC	11%
Graduate / Undergraduate	2



In terms of their educational status, 40% had never been to school. On being asked whether they would like to study further, 80% of the respondents stated that they would not like to go back to school and 18% said that they would like to have continued studies. The reasons to stop schooling were: no one to take care of siblings; household work; poverty; lack of interest in studying and failing health of a key family member forcing them to fend for the family. An overwhelming 53% of the respondents stated “poverty” as the main factor behind their discontinuing studies. Early child marriage (3), falling in love (3), family pressure and ill health were other reasons. The survey shows up the continued burden of the family on the girl child as one of the main causes of dropping out of school. Despite many efforts, the system is unable to prevent girls from dropping out of the school system. Other causes include pregnancy, forced migration and death of parents.

Graduate / Undergraduate	2
Higher secondary	4
Secondary	32
Middle school	59
Primary	34
Never been to school	90

General Recommendation on Migration and Trafficking being drafted by the CEDAW committee

The CEDAW Committee plans to introduce a General Recommendation on Trafficking in women and girls in the context of global migration. A half day discussion was organized in February 2019. The General Recommendation seeks to provide directions to the State in the context of trafficking and global migration. NNSW members partnered with the Alternative Law Forum (ALF) and the Institute of Public Policy, National Law School of India University and made a submission to the CEDAW Committee calling on it to ensure that the Recommendation did not conflate trafficking with sex work. NNSW members VAMP through Ayesha Rai and Saheli Sang, a collective of sex workers in Pune, conducted research on the patterns of 126 migrant sex workers who move in search of better opportunities for doing sex work. The study helped to identify the challenges faced by migrant sex workers who are seen as victims of trafficking and denied agency, and also denied health and other services for the lack of identification documents. This research was presented by sex workers at a national meeting organized by GAATW, “Women, work and migration in India”. Hopefully, this growing articulation of sex workers migrating of their own will can enable sex workers in South Asia to engage with the discourse on workers' migration at the international and regional level, and the rights of documented and undocumented workers.

Universal Health Coverage

More evidence that the community is beginning to engage with international issues is sex workers' advocacy on the Universal Health Coverage (UHC) debate. There is a global debate on access to Universal Health Coverage for all individuals without a financial burden. However vulnerable and stigmatized communities have for long argued that mere coverage is not enough. There needs to be discussion around quality health service delivery in Primary Health Care. Sex workers have begun to engage with these discussions in earnest. UNAIDS organized a series of consultations on UHC and sex workers from NNSW participated in the efforts. They raised the concerns of sex workers who have to produce identification documents to receive health services, lack of access for undocumented migrant sex workers.

Transgender Lives Matter

During the year, transgender community representatives wrote to the president calling on him not to sign the Transgender Bill 2019, which they felt did not do justice to their situation. A post card campaign was organized by the community and over 100 transgender, MSM and sex workers decided to write and send post cards to the president.

Advocacy on sex worker rights – VAMP Institutes

SANGRAM initiated the concept of the VAMP Institute as a peer-to-peer learning and exchange process to strengthen sex worker

rights in 2014. Since then the Institutes have gained in strength and recognition. Around 700 sex workers have received training and mentoring since the inception of the Institutes.



Since 2017 the concept has also gained recognition at the regional level as a viable strategy for strengthening sex workers. This has enabled us to strengthen the idea of SWASA (Sex Workers and Allies South Asia) an alliance between sex workers and supporters or



activists from other movements in the region. SWASA is premised on the understanding that change in policies / laws and attitudes requires strong alliances with other movements, forging partnerships to face common challenges and barriers; strong communities who internalise not just the challenges but the leadership building process and advocacy strategies. In 2018, at a donor meeting in Bangkok, donors interacted with sex workers who had been trained in a VAMP Institute. They were impressed by the clarity and articulation of the women. The resulting dialogue with Foundation for a Just Society (FJS) led to the expansion of the VAMP Institute model in Nepal and Sri Lanka. By the end of 2019, the donor had expressed an interest in scaling up this model to three countries including Bangladesh.

In 2019, a **National Institute** was held for senior leaders from the collective members of NNSW on understanding the politics of various movements including the LGBTQI, Workers Movement, and Women's Rights movement. A national level training was undertaken for four days in Sangli in June 2019 which was attended by over 90 sex workers from across 8 states. Trainers and facilitators from the women's movement (Laxmi Murthy), labour movement (MJ Pandey), Media (Geeta Seshu), Sexuality rights (Chayanika Shah) and Theatre (Anuradha Rao) participated in the National Institute. A total of 87 participants from across the country attended the training.

<https://www.sangram.org/upload/resources/vamp-institute-national-2019-report.pdf>



The Institute has been able to contribute significantly to the discourse on exploitative practices, exploitation, brothels as spaces of exploitation, raid and rescue mode of



rehabilitation; violence of forced rescue operations and its impact on sex workers. Discussions also took place on the rights of sex workers for better opportunities

At the same time one local State Institute was held for nascent collectives of sex workers in Karnataka. The Institute helped participants to focus on the concepts of collectivisation, network building, highlights of the women's movement and opportunities for alliance building. A total of 30 women, who were recently inducted members of the National Network of Sex Workers were invited to participate in the four-day retreat.

<https://www.sangram.org/upload/resources/vamp-institute-karnataka-sept-2019.pdf>

The SANGRAM team also facilitated an Institute for sex workers from Jagriti Mahila Maha Sangh and SWAN in Nepal. The three-day workshop was attended by 25 women.

At the regional level, sex workers from Bangladesh, Nepal and Sri Lanka met in Kathmandu in April 2019 and thereafter in January 2020 in Colombo Sri Lanka. These Institutes became spaces for coming together as friends and also learn from the experiences of each other. Sex workers from each country shared the work they were doing in country. Women from Sri Lanka and Nepal found it extremely empowering to listen to the voices of sex workers from India on how they had collectivised as a network, the shaping of the network and initial handholding by supporters and the eventual autonomous leadership by sex workers.



National grant of Sex Workers Consortium (LFS project completion)

The SANGRAM team successfully completed implementation of a two-year project, Leading From the South (LFS). The initiative was implemented across eight states by members of the NNSW. As on May 2019, there were 72 members in the network from these states comprising small sex worker collectives, state federations, state networks and unions. NNSW is also a unique network since it comprises of sex worker-led collectives / formations and allies including groups, individual activists and NGOs who believe in the construct of sex work as work and support sex workers in their struggle for these rights. In the initial years SANGRAM, Sangama and Women Initiatives (WINS) were the NGO supporters. Over the years Samraksha, South India AIDS Action Program (SIAAP), and more recently in 2017 Srijan Foundation, Aadhar Sanstha, Kutch Mahila Vikas Sanstha (KMVS), Vikalp joined the network as supporters and have extended support to the sex worker members. Over the years, the support from each NGO has enabled sex workers to slowly forge ahead, participate and gradually take leadership in the rights movement at the local, state and national level.

SANGRAM's role in the network includes providing mentorship support to the network, strengthen their skills and perspectives, build good governance and networking practices. SANGRAM was the Lead Partner in a national grant that was given to 11 sex worker collectives/ federations / state level networks across eight states. SANGRAM provided management, administration and financial



support to the intervention; provided guidance, training and strategic leadership support to the collectives wherever it was requested or required.

The Consortium grant implemented by SANGRAM and partners was successful on many fronts between 2017 and 2019.

a. Breaking the silence around sex work(er) rights – Strengthening cross movement dialogues on rights of marginalised people

A crucial challenge that the implementing partners faced at the local and national level was the stigma and silence that continue to be an impediment to accessing rights and justice. This dilemma is faced when interacting with women's groups, professionals providing health and legal services, government institutions and judiciary alike, though in varying degrees. In many circles, women's rights activists and rights groups opposed the violence against sex workers and supported rights of sex workers [basically for social entitlements] and forced incarceration, but they were reluctant to accept the construct of the right to sex work.

Since 2012, NNSW members have been focused on breaking the silence around rights of sex workers in various ways. Partners such as VAMP, Muskan, Sex Workers Union, UKMO, Me and My World, Vadamallar, Saheli Sangh, SANGRAM, Sangama, WINS, SIAAP, have been concertedly working in the national capital Delhi and in Mumbai, Lucknow, Ranchi, Chennai, Hyderabad, Pune and Bangalore with women's groups, workers groups and health

activists, in a constant attempt to bring into these conversations the understanding of sex worker rights, sex work as a form of dignified livelihood and recognition of the ILO standard as Decent work. This enabled NNSW members to participate in conversations around the Criminal Law Amendment, Transgender Bill, and other national initiatives. SANGAMA and KSWU were working with the LBTQI and workers movement in Karnataka in a big way enabling alliances around the construct of work. Perhaps one of most crucial gains that NNSW was able to make across the country through this project was the ability to have conversations with progressive movements from the district to the national level. six national level, 14 state level and 47 district level dialogues were organized between NNSW members and various movements.



Table 1. Inter - Movement Dialogues [2017-2019]



CONSTITUENCY/ MOVEMENT	PLACE	STATE / DISTRICT/ NATIONAL	PARTICIPANTS
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ANDHRA PRADESH/ TELANGANA			
1. Dalit Groups of National Alliance of Dalit Organisations	Tirupathi	State	15
2. Dalit Groups of National Alliance of Dalit Organisations	Bangalore	National	8 sex workers
3. Dalit Groups	Tirupathi	District	13
4. Conversation between Dommera Community and Dalit groups	Bapatla	State	43

MAHARASHTRA			
5. Stree Mukti Mahila Parishad (Women's Groups meeting)	Mumbai	State	4 sex workers
6. Mahila Arogya Haq Parishad	Kolhapur	District	70 sex workers
7. People's Health Assembly State level meet	Mumbai	State	2 sex workers
8. Tarshi – sexual health interaction	Delhi	National	2 sex workers
9. Cehat (for Nurses and Doctors)	Mumbai	National	1 sex worker
10. Autonomous Women's groups March 8 th programme	Delhi	National	2 sex workers
11. Vidrohi Sanskrutik Chalwal	Sangli	State	80 sex workers
12. Not in My Name [Sangli]	Sangli	District	20 sex workers
13. Batein Aman Ki	Kolhapur	District	20 sex workers
14. Constitution day rally	Sangli	District	40 sex workers
15. College Students of Pune University	Pune	District	43
16. Women's Groups and activists against police action in Budhwarpet	Pune	District	35
17. Women's groups and activists against police action in Budhwarpet fact finding and press conference	Pune	District	61



TAMIL NADU			
18. LGBTQI – Rainbow Coalition dialogue with sex workers	Chennai	State	45
19. Trade Union Members	Chennai	State	10 union leaders 2 sex workers
20. College Students – 10 interactions in 10 districts on consent agency and sex work	Various districts	District	1200
21. 12 Interactions between sex worker collectives and labour unions in the districts – Madurai Tirunelveli Tenkasi Nagarcoil Pudukote Tiruvannamalai Theni	Various districts	District	85
22. Dialogues between Labour union and Collectives	Theni	District	5 sex workers
23. Interaction between collectives of sex workers and Labour Unions – Vilupuram Tirunelveli Tiruvannamalai Madurai	Various districts	District	33
24. Conversation on sex work as work rights of sex workers with students of social work colleges	Chennai	State	91
25. Public debate on sex work as work	Chennai	State	43

KARNATAKA			
26. Part of Freedom Festival organized by coalition of partners – garment and textile workers women's groups child rights	Bangalore	State	
27. Part Forum of Civil Society Groups coalition to prepare Human Rights Manifesto and calling for decriminalisation of sex work	Bangalore	State	
28. Part of Forum to safeguard Constitution of India	Bangalore	State	
29. Conversation with dalit groups religious groups Asha workers and farmers groups – Ramnagar Vijayapura – considering sex work as work	Various districts	District	
30. Conversations with Student groups BAMSEF human rights activists Janvadi Mahila Sanghatane, district NGOs, network	Bidar	District	
31. Part of Bhoomi Mattu Vasati Hakku Vanchitara Horata Samiti (Committee for Landless and Homeless People) – Coalition on Landrights and land reform also debated land rights to dalit sex workers	Bangalore	State	
32. Dialogue with Karnataka Rights Sangha Anganwadi workers on the construct of sex work as work	Ramnagar	District	25
33. Alliance building with Ambedkar Cultural and Rural Organisations SEWA Sangam Swaraj Nari Jyoti child rights – alliance of 12 organisations	Bangalore	State	
34. Conversations with other movements – women's groups labour groups garment worker unions lawyers media – Trafficking Bill	Bangalore	State	45
35. Rubaru – a dialogue with trade union leaders lesbian activists lawyers campaign leaders women's groups	UNAIDS	Delhi	National
36. Inter movement conversations on the Trafficking Bill – Delhi Pune Mumbai Bangalore Hyderabad Lucknow Ranchi	Various Cities	National	



b. Contribution to the national sex worker rights movement in India

Strengthening capacities of sex workers was a priority for all the supporting partners in the grant. The NGO partners including Sangama, SIAAP, WINS, Sangram, Aadhar, Srijan Foundation and KMVS undertook several trainings, a lot of which were responding to the needs of the community. Over a period of two years over 102 formal capacity building processes were undertaken at the national [2], state [23], district [61] and local [16] level; training over 2098 sex workers. This enabled a process of gradually building knowledge and perspectives of sex workers across the country. Towards the end of the grant, a core group of 20 community trainers has emerged who have taken forward the training to their peers. This once again underlines the necessity of a strong alliance between sex workers and supporters in the South Asia region.

Subject	Place	District/ State/ National	Participants
Andhra Pradesh			
1. Strengthen sex worker networks	Srikalahasti	District	14
2. Networking of Collectives	Vijaynagaram	District	20
3. Collective leaders	Pakala	District	10
4. Collective leadership	Vijaynagaram	District	25
5. Videography training	Tirupathi	State	8
6. Crisis interventions partner violence displacement stress	Guntur	State	18
7. NNSW Goals Perceptions Governance role of Collectives	Hyderabad	State	17
8. Sex work as work	Ananthpur	District	20
9. Drafting by laws of NNSW	Guntur	State	18
10. Leadership traditional sex worker displacement and engaging with advocacy	Kareemnagar	State	24
11. Citizenship activism and sex workers	Bapatla	District	32
12. Shelter homes – research findings of rescue home study	Guntur	District	22
13. NNSW – principles and practices	Vijayawada	District	44
14. Sex work and trafficking – understanding the difference	Salur	District	43
15. Rights based feminist movement building	Srikakulam	District	64
16. Communication and representation for political rights	Guntur	District	24
17. Interpersonal communication problem solving	Guntur	District	24
18. Developing Advocacy skills	Tenali	State	116
19. Understanding Sex and Gender	Ranchi	District	11



Subject	Place	District / State / National	participants
Jharkhand			
20. Collectivisation – purpose and methods	Gumla	District	63
21. Human Rights	Ranchi	District	11
22. ITPA – basics of the law	Ranchi	District	11
23. ITPA and TOP Bill	Ranchi	District	11
24. Impact of ITPA on sex workers	Ranchi	District	11
25. Health and human rights	Gumla	District	12
26. ITPA – basics of the law	Gumla	District	16
27. Types of Violence and developing	Gumla	District	12

Maharashtra			
28. Understanding ITPA	Pune	District	11
29. Understanding ITPA	Pune	District	11
30. Meaning of sex work collectivisation rights police harassment	Pune	District	18
31. Law and sex work ITPA	Pune	District	13
32. Leadership training for street- based sex workers	Pune	District	18
33. TOP 2016	Pune	District	13
34. TOP 2016	Pune	District	13
35. TOP 2016	Pune	District	8
36. TOP training: non brothel-based sex workers	Pune	District	19
37. TOP training: non brothel-based sex workers	Pune	District	12



38. Building second line leadership	Pune	Local	14
39. Building second line leadership	Pune	Local	17
40. Mentors training: second line leadership	Pune	Local	5
41. Perspective building: second line	Pune	Local	15
42. Methods of communication	Pune	Local	10
43. Effective communication	Pune	Local	13
44. Issues in cross movement dialogue	Pune	Local	20
45. Sexual orientation	Pune	Local	11
46. Evidence collective – training on	Pune	Local	27
47. Evidence collection – methods training	Pune	Local	19
48. Media engagement communication	Pune	Local	19
49. Women living with HIV – self confidence	Pune	Local	32
50. How to face the media and Section 377	Pune	Local	9
51. Country Coordination Mechanism	Pune	Local	11
52. Understanding CEDAW	Pune	Local	8
53. Paedophilia sexual behaviour	Pune	Local	44
54. Understanding CEDAW	Sangli	District	20
55. Trafficking Sex Work Consent	Sangli	District	30
56. Sex work as work	Sangli	District	15

Tamil Nadu			
57. Basic Capacity Building	Madurai	State	18
58. Legal Awareness and Basic training	Madurai Theni	State	15
59. Sexual Reproductive Health – Capacity Building	Madurai	State	30
60. Legal Awareness	Madurai	State	18
61. Capacity Building session – Legal awareness communication collectivisation social entitlements human rights research (20)	Various districts	District	200

Karnataka			
62. SRHR Intimate Partner Violence Gender and Sexuality	Bangalore	State	20
63. On Unionisation – Bidar Yadgir Bangalore	Various Districts	District	30
64. Training on SHG, credit – Bidar,Hassan,Yadgir,Bangalore	Various District	District	30
65. Interacting with the media	Hassan	State	25
66. Mental Health	Bangalore	State	25
67. Membership..Capacity..Crisis..Leadership	Sirsi	District	19
68. Membership..Capacity..Crisis	Gadag	District	16
69. Membership..Capacity..Crisis	Koppal	District	18
70. Leadership Training..Women's Rights	Koppal	State	60
71. Collectivisation,Community mobilisation – Raichur,Koppal	Hampi	District	30
72. Leadership and Women's rights	Haveri	District	15

Kerala			
73. Leadership Training	Thrissur	State	20
74. Leadership Training	Kottayam	State	18
75. Leadership and Collectivisation	Kottayam	State	24

VAMP Institutes			
76. VAMP Institute – Tamil Nadu	Chennai	State	20
77. VAMP Institute – Maharashtra	Aurangabad	State	31
78. VAMP Institute – Karnataka	Bangalore	State	29
79. VAMP Institute – National	Sangli	National	87
80. Training on CEDAW	Bangalore	National	37
81. VAMP Institute – Exploitation, Consent, Trafficking Bill	Hyderabad	State	18
82. VAMP Institute – Exploitation, Consent, Trafficking Bill	Pune	State	34
83. VAMP Institute – Exploitation, Consent, Trafficking Bill	Bangalore	State	35





The board of NNSW meets every month and regular capacity building exercises are undertaken to resolve issues of governance and communication. To strengthen documentation of the proceedings of the Board, the minutes written in their local languages and maintained in books that are passed on to the incoming board members. This ensures continuity for anyone from the community who wishes to find out what has transpired in any board meet.

Saheli Sangh in Maharashtra and SIAAP in Tamil Nadu developed detailed training modules on collectivization, leadership and perspective building, understanding the law, mental health.

In Karnataka a series of capacity building initiatives were organized in the last two years, this has led to a deepened understanding of issues, articulation of decriminalization at the grass root level, addressing exploitative practices, articulating sex work through the construct of work and countering the state's narrative of viewing sex workers as "Damanita Mahile" or "oppressed women". Sex workers have moved from 'mere victims' to a position of strength and agency, facilitating their monthly Board meetings and taking responsibility for the management of the Board.



At the national level, training modules were developed on human rights, laws, current laws impacting lives of sex workers (ITPA, IPC, Trafficking Bill), international human rights framework (CEDAW, CRC); gender and sexuality, decent work, exploitative practices, consent and agency, collectivization and histories of other rights movements in India.

NNSW members trained in the VAMP institute are now able to contribute significantly to the discourse on exploitative practices; exploitation; brothels as spaces of exploitation; raid and rescue mode of rehabilitation; violence of forced rescue operations and its impact on sex workers. VAMP Institutes were conducted with all members (state level networks, federations, unions and collectives) of the NNSW which has a presence in eight Indian states and over 1,50,000 sex workers associated with it. 240 members of the network were trained between 2017 and October 2019. State specific Institutes were conducted in Tamil Nadu, Maharashtra and Karnataka. A national training was conducted on understanding CEDAW. In addition, three trainings included sessions on understanding concepts such as force, consent, agency, exploitation and understanding the difference between sex work and trafficking. These trainings were conducted in Andhra Pradesh, Karnataka and Maharashtra. A national institute was conducted to learn about the history and rights perspectives of other movements such as women's rights, workers' rights, minority rights.

A session that enables participants to understand force, consent, exploitative practices and trafficking has been conducted in five of the seven VAMP Institutes since November 2017. Using simple training tools such as story-telling through a graphic booklet, the session has enabled sex workers to understand how to frame the violence in sex work, as distinct from the construct of abolitionists of sex work itself as violence and exploitation. 100 sex workers from Karnataka, Maharashtra, Telangana and Andhra Pradesh



participated in these extensive debates. Thereafter they also participated in the discussions around the problematic clauses of the draft Trafficking Bill. Sex workers joined in national and state level meetings and refuted the common stereotype of brothels as spaces of exploitation, and the understanding of sex work as exploitation.

In Andhra Pradesh the sex workers called on the Home Ministry to desist from criminalizing clients of sex workers under the pretext of stopping trafficking. The Women and Child Ministry and Home ministry agreed with the sex workers that the construct of all clients being perpetrators was problematic and criminalizing clients was not a solution to stop trafficking. In Andhra Pradesh and Telangana a community research was conducted of the sex workers who were being incarcerated in rescue homes as victims of trafficking.

In Karnataka, sex workers engaged with the advocacy around the Trafficking Bill and the Transgender Bill, and also undertaken research on the police violence faced by sex workers in Bangalore and presented it at a Public Hearing. In Tamil Nadu, sex workers set up conflict redress mechanisms in three districts and provided support for sex workers facing arrest and harassment from police, clients and goons.

c. Participation in the national dialogues

As a result of constant mentoring of sex workers through the Institutes and regular discussions, sex workers have grown in confidence and are able to independently engage with leaders of other movements, UN agencies and government representatives at the national level. Sex worker leadership has emerged from far flung districts of Sangli (Kiran Deshmukh), Miraj (Ayesha Rai), Gokak (Huligamma), Parbhani (Arti Zodpe); Ranchi (Lalitha) and Madurai (Geeta). In the last two years these sex workers have travelled to Delhi as Coordinators of the National Desk of the NNSW. They have stayed at Delhi and supported by SANGRAM through a mentoring process, have participated in numerous conferences, events and discussions. They have been invited to numerous discussions and study circles on topics such as sex work as work, distinguishing sex work from trafficking. They have also engaged in debate with strong abolitionists such as Kailash Satyarthi and Sunitha Krishnan. They have faced tough questions from students from Ambedkar University on dalit oppression and sex work as a form of oppression. The journey of sex workers from small villages and towns to academia and power centres of Delhi, has been one of the most satisfying outcomes of the training and mentoring processes. To date, four sex workers have been placed in Delhi as full time National Coordinators since November 2017. One of the members of the network Nisha Gulur, is the representative of sex workers from India on the Country Coordination Mechanism of the Global Fund for Tuberculosis, HIV/AIDS and Malaria.



d. Gain access to Justice for sex workers – Shift perception of Legal Aid Authorities on rights of sex workers

Ensuring access to free legal aid has been one of the big challenges for sex workers in India. The Legal Services Authority was constituted under the Legal Services Authorities Act, 1987, to provide free legal aid to marginalized communities. However, communities of sex workers have found it difficult to access legal aid when they face violence or are arrested by the police. Traditionally the conversations have centred around providing aid in property disputes, family dispute redress. However, Legal Aid Services have been much more reluctant to address the arrest of sex workers by police, illegal detention in rescue homes, assisting in judicial complaints when faced with police violence. In the past they have also discouraged sex workers from accessing free legal aid, which they are entitled to as citizens.

In the last two years, sex workers have been questioning the limited support that they receive in accessing justice through free legal aid. Saheli Sangh, VAMP and Muskan in Maharashtra have been consistently participating in legal aid clinics where lawyers provide legal aid. For instance, Saheli Sangh has regular legal aid clinics on the premises of the collective in the brothel area. Lawyers attend the legal aid clinic and provide legal counselling and assistance to women who are often charged under offences of the Bombay Police Act for “causing public nuisance” or under obscenity offences. In 2018 and 2019 the lawyers assisted in releasing three women in sex work who were sent to rescue homes. In the

case of VAMP, during the arrest and detention of one woman in a rescue home in Satara in late 2017, the legal aid service was approached to provide her legal assistance. These examples and discussions have begun to percolate amongst other members of the National Network. In Kerala, Maharashtra and Tamil Nadu, sex workers who have been part of the Institutes have begun to understand that they are entitled to legal aid when they are arrested or face violence. In 2019, they conducted 10 interactions with the Legal Services chapters at the district level (Amalner, Kozhikode, Nagpur, Idukki, Kanyakumari, Nagercoil, Patanamthitta, Alapuzha, Sangli, Pune) calling for legal support for sex workers. In each of these states, female sex workers have been selected as Para-legal Volunteers (6 in Kerala and 2 in Tamil Nadu) and their primary task will be to liaise with the legal aid clinics. This work will be closely monitored in the coming period.

e. Rallying sex workers to respond to international developments and challenges

This is another area which has been a satisfying accomplishment in the last couple of years. The most crucial challenge associated with the international discourse is the distance from the lives of sex workers and the need to bridge that distance, make the debate relevant to their lives and location. This has been a much slower process and the SANGRAM team has to work in an incremental fashion with sex workers to impart information and the skills to engage with these developments. Hence much of this knowledge creation has happened outside the VAMP Institute formal training processes. SANGRAM will continue to mentor sex workers





on these developments in the coming period. Some examples of these responses include:

(I) General Recommendation on Migration and Trafficking being drafted by the CEDAW committee

The CEDAW Committee plans to introduce a General Recommendation on Trafficking in Women and Girls in the context of global migration. A half-day discussion was organized in February 2019. NNSW members partnered with Alternative Law Form (ALF); Institute of Public Policy, National Law School of India to make a submission to the CEDAW Committee calling on it to ensure that the Recommendation did not conflate trafficking with sex work. NNSW members VAMP and Saheli Sangh conducted research on the patterns of 126 migrant sex workers who move in search of better opportunities for doing sex work. The study, 'Raided' helped to identify the challenges faced by migrant sex workers who are seen as victims of trafficking and denied agency, denied health and other services due to the lack of identification documents. This research was presented by sex workers at a national meeting organized by GAATW "Women, Work and Migration in India". Hopefully, this growing articulation of sex workers migrating of their own will, can enable sex workers in South Asia to engage with the discourse on labour migration at the international and regional level as well as the rights of documented and undocumented workers.



(ii) Sustainable Development Goals

The 2030 agenda regarding Sustainable Development Goals discussion has strengthened in the last five years, with countries voluntarily submitting implementation status before the UN. Hence, it has become another space for a vital dialogue between the State and civil society. In India, civil society organizations came together under the platform of Wada Na Todo ("don't break the promise") and prepared the 2017 report on status of implementation of SDG in India. Though marginalized communities participated in the report, sex workers' voices were absent. In November 2017, SANGRAM wrote an article in ARROW on how sex workers were most likely to be absent in the debates on SDG and its implementation. [SDG: Sex Workers Fall through the cracks]. Since 2018, a group of sex workers from VAMP, MJSS, MMW, Vadamar Federation have begun to actively participate in national discussions on various facets of the SDG debate. For instance, a joint UN initiative on young people and the Sustainable Development Goals 3,4,5 and 8 has a young sex worker from Parbhani (rural Maharashtra) providing inputs on the concerns of young sex workers under the construct of decent work. Arti Zodpe has been identified as the western region representative on the task force and she will be working on stigma and discrimination, sexual and reproductive health, mental health and sex education in Maharashtra in the coming year.



As a result of consistent advocacy by the national coordinators on inclusion of sex worker voices, Wada Na Todo plans to work with sex

workers from NNSW to conduct a study to track the implementation of SDGs among socially excluded communities.

(iii). Recognition of the VAMP model as a best practice for collectivising for change

The Global Alliance Against Traffic in Women (GAATW) recognized VAMPs work in self organising to strengthen its working environment. The case study has been published in the GAATW publication “Sex workers organising for change; self-representation, community mobilisation and working conditions.” It traces the evolution of the conflict redress mechanism in VAMP, its anti-trafficking strategies, efforts to make the working environment safe for sex workers through collectivisation and fighting unjust practices and state violence. The case study was translated into Marathi to generate a discussion amongst sex workers from the collectives in Maharashtra and Karnataka.

(iv). Collecting evidence to shape national and local advocacy

Sex workers have begun recognising the importance of evidence to strengthen their voices and arguments in doing advocacy.

In 2018, sex workers saw the impact caused by the 'Raided' research. The research was conducted by sex workers in Karnataka, Kerala and Maharashtra. Sex workers from VAMP and Saheli played a huge role in tracking women who had been picked up in raids. Some had since either disappeared or left sex work, others had gone to other places and some were

continuing in sex work. The research served as a huge impetus for the arguments of women who said that they were being forcibly raided and rescued by abolitionist groups as victims of trafficking. SANGRAM, VAMP and the National Network's stand also received support from the office of Dr. Shashi Tharoor, Member of Parliament, who quoted the 'Raided' research in his letter addressed to the Minister of Women and Child, Government of India; which was considering the Trafficking Bill. The media also began to listen to the voices of sex workers who were using the evidence in press conferences. In the earlier phase, the news coverage was overwhelming in its support of the Trafficking Bill. However, in July 2018, the voices of sex workers calling for a review of the Bill and explainers about their exclusion from its ambit also began to receive attention. Over 60 news articles supporting the stand of sex workers from NNSW regarding the Trafficking Bill 2018 were tracked in the period January to December 2018. SANGRAM also wrote an article in the Economic and Political Weekly “In its haste to rescue sex workers, 'Anti-Trafficking' is increasing their vulnerability”, analysing how the proposed Bill would increase vulnerabilities of sex workers.

Following the training on laws and policies in February 2018, sex workers from Andhra Pradesh and Telangana began to question the forced raid and incarceration in rescue homes by well-known NGOs in Hyderabad. They began discussions with the state department of Women and Child. A research study was initiated by sex workers and the University of California to document the stories of women in sex work incarcerated in rescue homes in





Andhra Pradesh. Initial findings from the study were shared at a national workshop in 2019, which once again highlighted the problem with the abolitionist approach and its overlap with legitimate anti trafficking efforts; causing immense harm to sex workers.

In Pune, sex workers decided to record a oral history of the brothels are of Budhwarpeth, home to over 50,000 sex workers. The area was being eyed by the builder's lobby, and the impact on sex workers' homes and livelihoods was a matter of concern. The Municipal authorities began to ask resident sex workers for documentary evidence that the brothels belonged to them. The police began combing operations in the brothels and stopped women from working. Members of the Saheli Sangh decided that they needed to reclaim the history of Budhwarpeth which has historically been a place for sex workers. In 2018, they also began the process of gaining access to their land records from the Municipality office. This evidence collection using the narratives of women and locals of Budhwarpeth promises to be an innovative recordkeeping of the history of sex work. SANGRAM has been mentoring the team and providing assistance in reviewing the data collated.

Following the training received from SANGRAM on the CEDAW process in January 2019, community leaders decided to collect case studies on violence; denial of property; forced raid and rescue; detention; home incarceration; concerns of migrant sex workers; caste certificates for children of dalit / devadasi sex workers; abortion practices amongst sex workers; and opportunities for education for

sex workers. Over 400 case studies have been collected by sex workers across eight states. Surveys have been conducted on education, migration, abortion and caste certificates. SANGRAM and NNSW also made a submission on the health status of sex workers to SAMA, the health NGO which was compiling its report for CEDAW. In addition, NNSW and Sangram also made a submission on the violence faced by sex workers to Partners in Law and Development (PLD) the NGO which was compiling the chapter on Violence Against Women for the CEDAW NGO coalition.

In Karnataka, KSWU and UKMO are completing a research on the credit patterns of sex workers who are often forced to take loans on high rates of interest because financial institutions refuse them credit.

In Tamil Nadu, Vadamalar Federation and SIAAP undertook research on the impact of criminalization on the mental health of sex workers including anxiety, depression, inability to cope with life and suicide.

(v). Participation in Treaty Body submission processes

During the period of the project grant, NNSW members undertook research, surveys and collated case studies to make six submissions to International treaty bodies and monitoring mechanisms.

Recommendations on Ensuring and Protecting the Human Rights of Sex Workers For the consideration of the CEDAW Committee, November 2017 (International) - To call on the



CEDAW Committee to include the contraventions and rights violations faced by sex workers in the framework of the CEDAW Articles and General Recommendations. To stop the conflation of trafficking and sex work and the consistent referral of sex worker rights violations under the limited purview of Article 6

Submission to the Questionnaire prepared by the International Labour Organisation on Violence and harassment in the World of Work, September 2017 (International) - To include representation of sex workers (violence and harassment they face at work) in the construct of violence and harassment in the world of work.

Response to Concept Note prepared for the Committee on the Elimination of Discrimination Against Women on its elaboration of a General Recommendation on Trafficking in Women and Girls in the Context of Global Migration, February 2019 (International) - To call on the CEDAW Committee to ensure that the proposed General Recommendation (GR) looks at protecting, upholding the human rights of migrant sex workers (undocumented) as women with agency, consent and not as victims of trafficking; thereby denying their rights to work safely. Further calling on the Committee to ensure that the proposed GR does not conflate sex work and trafficking thereby harming sex workers and denying actual victims who are in need of support.

Health Status of Sex Workers in India, February 2019 – In preparation for the India Alternate Report to be submitted to the CEDAW

Committee. Submitted to the NGO SAMA (International) - To ensure that sex workers' concerns find mention in national/ shadow reports of women's groups across all the articles that are relevant to the lives of sex workers; and just limited to the scope of Article 6 of CEDAW.

Violence faced by sex workers in India, March 2019 – In preparation for the India Alternate report to be submitted to the CEDAW Committee. Submitted to the NGO – PLD (International).

Submission to the Andhra Pradesh High Level Committee on developing a law towards criminalization of demand (State). To draw the attention of the Ministry of Home Affairs, Department of Women and Child in Government of Andhra Pradesh to the problem related to criminalizing clients of sex workers under anti-trafficking initiatives.





Mainstreaming Children of Sex Workers

SANGRAM's work with children of sex workers continues to be a primary focus. In 2019-20, a total of 34 children received full-time educational and hostel support at the Nippani hostel run by SANGRAM and VAMP 2019- 20.



In addition, 45 children participated in the brothel-based supplementary education and nutrition and support schemes in Gokulnagar, Miraj and Karad. Four older children (three girls and one boy) received scholarship support for higher education - two of whom were in college and two pursuing nursing training. During the year, SANGRAM also provided full support to seven (two male and five female) orphan children of sex workers.

Place	Girls	Boys	Total
Mitra Hostel	20	14	34
Gokulnagar	17	10	27
Karad	5	5	10
Miraj	2	6	8
Scholarship Program	3	1	4
Orphans	5	2	7
Total	52	38	90



3. RURAL WOMEN'S PROGRAM (Nazariya)

Nazariya's key focus has been to strengthen and empower women from the Muslim community in Sangli district, to ensure access to health care, legal services and other entitlements and also strengthen their skills and confidence to independently access mainstream services such as banks, government agencies for pensions, social schemes. The women have come together and over the years become more equipped to respond to violence and injustice that occurs against them.



would sit in the primary health care centres and give information to pregnant women, and motivate them to come regularly. We would also get to know their health problems and link them with Anganwadi workers.

During the year we observed 59 ANC days and reached out to 699 pregnant women and gave them information about their health. We notice that there has been a slight improvement in the number of women approaching the PHC for ante natal services. We continue to visit the PHC to speak with women when they visited the PHC even for menstrual health related problems or anaemia. We advise them to consume regular and nutritious food to improve their health, such as fruits, vegetables and groundnuts etc. In case of no improvement after six months, we help her to reach out to the doctor and give her information on the appropriate medications (iron and folic acid) to treat anaemia. We are also working closely with HIV positive women, even as we maintain their confidentiality. We encourage them to visit the civil hospital and get regular check-ups. If the women want our support then we also accompany them to the hospital.

Accessing pregnancy-related care through a holistic approach

Nazariya conducts regular ANC programs to strengthen women's health. For instance, Muslim women were reluctant to approach government hospitals and clinics. They distrusted them, felt that they were being treated badly. Our approach was two-fold: first, to raise awareness about the kind of facilities available, focussing specifically on pregnant women. Second, we focussed on ANC days in the villages (the Zilla Parishad has fixed separate days in each Taluka), during which we





Societal attitudes towards abortion have always been a challenge for those working on the ground, where negative assumptions about abortion continue to pose a problem. This is true of the Muslim community also, where abortion is seen as a sin. We are seeing some changes in this attitude, and women are more receptive to discussions and willing to consider abortion. Another change that we are seeing in the Muslim community is that today, the husband and mother-in-law often accompany the pregnant woman to the clinic and participating in medical consultations. It was this change that led us to organize Women's Programs during those days. Awareness about the importance of the PHC, and other types of health-related information has been shared in the entire taluka. To date we have given health information to about 324 men 409 women and 99 children and 119 girls.

Another outcome of our personalised outreach has been that pregnant women are coming forward and accessing the benefits of the Matrutva Vandana Yojana, including ultrasonography fee and cash benefits.

We plan to continue to make this a key focus area in the coming year as well.

Education of Muslim children

Nazariya has been working to strengthen the access of Muslim children to mainstream education and not just the education provided in Madrassas. A meeting was organized in the Madrassa for parents, teachers and member and the Nazariya team spoke about education for Muslim children. We called on the parents to ensure that girls and boys continued with their

Claiming Citizenship rights CAA – NPR program.

The Constitution provides equal rights to all citizens regardless of caste, class or religion. It protects people of all religions. The Citizenship Amendment Act, 2019 and the protests against it offered an opportunity to discuss the issues of citizenship and identity. Information was





education, and encouraged them to think of higher education so that Muslim children could also participate in gainful employment. The Nazariya group also asked parents not to push their children into traditional work done by them but give them an opportunity to explore other avenues as well. Teachers shared with the parents progress of their children and issues related to homework, coming to school on time, coming prepared for classes. Another aspect that the Nazariya team addressed was the practice of child marriage and early marriage associated with Muslim girls, which could be harmful to their health. There were discussions around scholarship programs for children for higher education such as Begum Hazrat Shishya Vruti, Maulana Azad scheme etc. The documentation needed for these scholarships were explained and the process was shared. The Nazariya team was able to strengthen interest and awareness around scholarships. The Jamaat leaders also

expressed an interest in supporting continuing education for children.

Women's Emancipation

Nazariya organized 64 meetings with women in the district around violence, women's health and issues impacting their lives. A total of 1306 women participated in these programs in villages and gullies. As a result we find that women have begun to put their signatures on Aadhar cards and ration cards. They have also begun to independently approach the district authorities to access pension schemes. One of the achievements has been the increased acceptance of women in attending programs. Initially they were very reluctant to come forward, feeling that the Nazariya team would force them to do radical activities which their families would oppose. Another change that the Nazariya team has seen is that women are going to banks, checking their own bank statements and passbooks, engaging with financial transactions. Another ongoing discussion in these women's groups meetings pertain to accessing health care. Traditionally women are reluctant to visit clinics and hospitals because of male doctors attending. Families are also reluctant to send women when it is a male doctor. Nazariya members have been having many discussions around this. They have been trying to address their hesitation and fears and explain that gender of the doctor should not matter. As a result, there is an increase in the number of women who are now going accessing medical services.



Gender disparity continues to be a challenge in Muslim society. In the women's programs, Nazariya tackles issues such as the continuing tendency to treat girls as a burden and boys as a family asset. As a result, girls do not study beyond the 10th standard. Through the women's program, Nazariya was able to discuss the benefits of girls' education, about strengthening their life skills to promote financial independence. Mothers began to understand the importance of educating their children. More girls are now continuing education beyond 10th standard. The women came together and formed a Sanghatan of their own and whenever they have problems, they inform us as well as the Nazariya team. For example, if the husband of a woman dies, it was found that the in-laws were not willing or encouraging the widow to access pension schemes, because they felt that getting this form of money is a sin. Change is slowly taking place, however, and women are beginning to speak at our meetings and discuss these issues more openly. Another challenge that Nazariya has been working on is the attitude towards married daughters. Tolerance for violence in matrimonial homes, forcing a woman to go to her familial home and not accepting her into the house and the constant pressure on her to tolerate violence in the name of family honour was a challenge. Over the years we are seeing that tolerance for abuse and violence in marriage has reduced and women are more willing to come forward to talk about violence within the family. This has led to an increase in the number of women reporting domestic violence at police stations, Mahila Dakshata Samiti, tehsildar office and courts. The small groups are not only being strengthened but also

encouraging other women to become strong and access entitlements by visiting the tehsildar's office. The Nazariya team has been able to make a difference in terms of enabling Muslim women to understand the different types of violence that occurs and how to respond to violence. Women have also started becoming more independent financially. Some of them have launched small enterprises at home to supplement their income. Another program amongst the women that has begun to show impact is the Iftar programs for cultural unity held by SANGRAM. Over the years this has become a highlight of the Muslim women's program in Sangli. Muslims from all the talukas attend the meeting and it is a symbol of religious and cultural unity. Over 200 women had attended the program in 2019.

Challenge of the triple talaq laws

After the Triple Talaq prohibition has been passed, there is more uncertainty amongst women. There is fear amongst them about raising their voices, since there is a six months' imprisonment clause. Women feel that this will further prevent them from getting any resolution and it will in fact make men divorce them more easily. They feel it is a greater injustice against women. Women say that there has been an increase in violence faced by married women due to this law. Since there are some people who support the law, and others who are against it, it has split the community. Nazariya has worked from a feminist framework and finds this criminalized law reform problematic in terms of making real changes in the lives of women.



4. RURAL WOMEN'S PROGRAM VIDROHI MAHILA MANCH

Under the umbrella of SANGRAM, VMM works with marginalized women from the grassroots, going from village to village bearing a human rights agenda, VMM means being rebellious. We understand that we live under the pressure of a patriarchal society which does not allow women the freedom to live as they please. VMM works to loosen the well-entrenched roots of patriarchy at the grassroots level. We discuss the need to have a collective voice to fight injustice. We follow the teachings of Dr. Babasaheb Ambedkar and we try and to talk to young people and women to explain to them the constructs of equality enshrined in the constitution of India. Unfortunately, the Dalit community is not yet organized to fight for its rights. We have watched the Maratha community come out in one voice for Maratha reservation but we are not able to mobilize 'one voice' for any atrocities that Dalit women or youth experience. When we are fighting for our rights we need persons to rise from every corner of the village in order to fight back against atrocities. It is not only about the ones who are victims of atrocities; it is about all of society. This is only possible if we have a collective voice. We must reach out to all social movements that believe in the teachings of Mahatma Phule, Shahu Maharaj and Dr. Ambedkar.

We also understand that women are paying the biggest price of anti-people policies, be they Dalit, Muslim, sex workers or Transgender persons. The Trafficking Bill, the Transgender Bill, CAA, NRC are creating an atmosphere of

fear in all. The Constitution ensures equality before the law but we realize that we are not equal and are now living with a sense of insecurity.



Privatization of the health system is a huge issue for our communities. Mahatma Phule Jan Arogya Yojana, is supposed to be for the poor but this is not reaching the most needy. Patients in the government hospitals are not treated with dignity. Underpinned by the belief that the government health system belongs to the citizens, we join the struggles of the Jan Arogya Abhiyan, Mahila Arogya Hakk Parishad that are fighting for health rights for all citizens.

SANGRAM Sanstha is working at the grassroots on gender equality, education and the right to health. Because of the secondary status of women, they are discriminated against. Though the Gram Ekta Samitis have started reaching out and ensuring that women are able to get justice, when faced with violence.



Gram Ekta Samiti activities

In 2019 VMM was able to launch Gram Ekta Samitis in 2019 and the early part of 2020.

Though there are Tanta Mukti Samitis, women are not entirely comfortable visiting them. Gram Panchayat continue to oppose the formation of the Gram Ekta Samitis in a few places. In one of the villages, for instance the Gram Panchayat members argued that there was no violence against women. VMM decided to take this up and visited the village. They conducted a survey to show the Gram Panchayat members that women needed a safe space and a forum where they could be heard. The changes that are being observed since the Gram Ekta Samitis have started addressing v



iolence against women, is that women have started gaining confidence in their own village structures. Some of the Gram Ekta Samitis have also been recognized for their work in addressing violence against women. They have started gaining confidence to speak out about violence in front of their village members. Meetings of the GES are held once in two months. Though violence against women continues to be the major issue, the VMM team has also addressed issues related to clean drinking water, hygiene in public areas in the villages. Women are now able to come to the GES and discuss issues more openly. They participate in discussions about issues of health, hygiene also. The GES has also started observing different anniversaries like the Women's Day on 3rd March, Constitution Day,





Communal harmony day. Another factor is that GES has been a main factor for Dr. Ambedkar Day to be observed in the villages. Sometimes due to the pushback and tension created by the so called “upper caste” groups, there has been uncertainty in the celebration of Dr. Ambedkar Jayanti, which is also a symbol of resistance for Dalits. So the VMM women and GES members started quietly observing the day. Due to this the day passed off peacefully without reprisals from the upper castes. Another positive development is that women are reporting that they are able to find justice when the Gram Ekta Samiti considers their complaints. The GES has been able to strengthen interventions in cases where the police and local administration was unresponsive, for example in Walekhind and Kashinglingwadi.



Women's Programs

The women's programs in 2019 involved interactions with ASHA workers, self-help groups and adolescent girls' groups in the villages. For instance, on 3rd January a program was organized in Peth for women. Some of the themes that we discussed included women's right to inheritance, right to health, economic rights, encouraging women to educate their girls, using the narrative of Savitri Bai. As a result of the program, the sarpanch decided to give the VMM workers Rs. 200 as a gesture of appreciation for sharing their issues about women's rights. Similar women's programs were held throughout the year, addressing issues such as the right of married women to property, right of women not to be beaten in

their matrimonial homes, proper health care and the rights of HIV positive women. In one of the programs around HIV positive women, a couple of women approached the VMM workers and asked them for advise since they had not thought that positive people should marry.

Our women's programs have thus been successful in creating vibrant forums for addressing women's rights and empowering women at the taluka level.



Community Based Monitoring and Planning Project on Government Health Services Kolhapur, Sangli

The National Health Mission initiated CBMP (Community based Monitoring and Planning program) to ensure that government implemented health services reaches every citizen at the taluka, village and district level. SANGRAM implements the program at the Taluka and District level in Kolhapur(2011) and Sangli (2017). In Kolhapur the work is focused in Ajra and Hatkanagle Taluka, and in Sangli in Shirala Taluka. Each taluka covers 30 villages.

At the heart of the community - based monitoring process is the monitoring of government health services available to the people from village to district level. A committee is formed by bringing together people's representatives, health officials, staff and social organizations.

The People Based Monitoring and Planning Project aims to create awareness about the right to healthcare. Trying to alleviate the difficulties encountered in accessing health services at government health centres, alleviating the apathy of the people towards the government health system, providing treatment to the deprived patients for their ailments, service charges etc. Special attention was paid to ensure that all patients treated with respect, especially poor and destitute individuals seeking health care.

Village level activities

In Ajra and Hatkanagle talukas of Kolhapur

district in 50 villages, ten primary health centers, two rural hospitals and one district hospital is covered. Meetings were held at the village level for people from vulnerable sections and women, visits to Anganwadis were held, meetings of self help group women were held, health services in Anganwadis in sub-centers were monitored. This initiative helped to keep the village health committee functioning and to make the women in self-help groups aware of health services and disseminate such information to others. The Anganwadi system plays a key role in checking the diet and weight of children so that the malnourished children are not hidden. By visiting the sub-center, you can see the work review, people's services, etc. Youth is responsible citizens of tomorrow. They should know about health services. The purpose is to educate the children so that the poor families cannot afford the health expenses.



- **Negotiating with Gram Sevaks to ensure village cleanliness**

In village Ardal, Ajra Taluka, a sudden increase was seen in patients with symptoms of vomiting and diarrhea in the village. There were 40 to 60 patients. The VHNS committee took help from the health department and CBM. High-risk patients were taken by car to the Uttur PHC for emergency treatment.

Taluka health officials, people's representatives and water department officials started visiting the village. SANGRAM staff from the taluka went to Ardal village, and decided to do survey of the village. During this process it was observed that some people were deprived of treatment and they needed immediate treatment. SANGRAM workers called 108 from Ajra Rural Hospital and shifted patients to Ajra Rural Hospital. 7 patients were admitted to Ajra Rural Hospital and they were given appropriate treatment. Other patients were referred to the Uttur PHC and some patients were treated at home. Normalcy was restored after a couple of days.

- **Primary Health Care Center level**

At the primary health center level, health services were being monitored by the organization workers, whether they were providing proper health care to the people, whether the supply of medicines was running smoothly, whether the health workers were treating the patients properly, what were the issues and problems of the health workers, whether the primary health centers were clean. Whether medicines are prescribed from outside, whether the premises are clean, whether the health workers arrive on time, these things were being inspected. The problems and issues raised by this were resolved in the meetings of the established monitoring and planning committee with the coordination of the people's representatives and the administrative officers.



Workshop and meeting of the Monitoring and Planning Committee under Aalte Primary Health Center was held. The meeting was attended by committee chairperson, members, organization workers, health workers. Issues raised in the meeting include errors and difficulties in the health service in the village under the primary health center, delays in receiving money for TB patients, women's issues and health issues during village visits amongst others. Similar meetings were held of Savarde Primary Health Center and Aalte Primary Health Center Patient Welfare Committee.

- Taluka level -

At the taluka level, the taluka coordinator and the district coordinator supervised the health services in the rural hospitals. The issues raised during the monitoring were being presented before the Taluka Monitoring and Planning Committee and were being resolved.

- District level

National Rural Committee meeting was held in Kolhapur district under Public Health Monitoring and Planning Project on Government Health Services under National Rural Health Mission in the hall of District Health Officer Zilla Parishad Kolhapur. The District Health Officer instructed the District Program Manager and Patient Welfare Coordinator to correspond with the concerned department to follow up the present issues.



2019-2020		
CBMP Kolhapur District		
Block	No of PHC	No. of villages
Aajra	4	27
Hatkanagale	6	25
Bhudargad through Sanvad	5	30
Total	15	82
CBMP Sangli District		
Block	No of PHC	No. of villages
Shirala	6	30

CBMP Sangli and Kolhapur Activity Table April 2019 to March 2020		
Program Activity	Total Program	No Reached
Village visits	490	2364
Anganwadi visits	366	1621
Meetings with Marginalised community	172	1544
Youth Mandal visits and meetings	68	806
School and college visits	105	2696
Primary Helath Centre Visits	494	1838
Mahila Bachat Gat meetings	256	1794
Sub Centre Visits	549	1847
Sub District and Rural Hospital Visits	161	1090
Meetings with Health professionals	120	767
Patients visits at PHC	109	1789
Block level visits and meetings	70	462
Melave	33	1543
VHNSC village level meetings	128	1093
Meetings with Asha Workers	47	289
VHNSC Workshop	21	293
Social Audit at PHCs	6	96
PHC Jansanvad	140	1031
Gav Baithak	129	926
District Level Meetings Sangli	7	80
District level data collection planning visits	1	5
Meeting with DHO and DPM	12	78
Visit to District Civil Hospital Kolhapur and Ichalkarnji	56	339



1. General Information

Name: Sampada Grameen Mahila Sanstha (SANGRAM)

Date of Establishment : 27th March 1986

Registered Office: Near Vikas Bhavan, Kundal Road Vite,

Sangli Office: Aarohan, Ghanshyamnagar, Madhavnagar Road, Sangli,
Maharashtra, India 416416

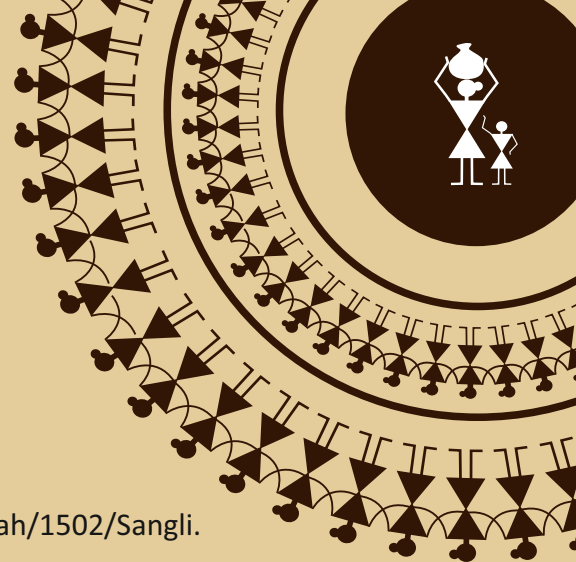
Office: Baljagat, Kupwad Road, Balajinagar, Sangli, Maharashtra, India 416416

Telephone : +91-233-2312191/2312866

Email: sangramsanstha@gmail.com

Website: www.sangram.org





2. Registration Details

(i) Registered as Societies Registration Act .1860. No-Mah/1502/Sangli.

On 27th March 1986

Bombay Public Trust Act- 1950 F/1456

On 9th May 1986

Place Sangli, Maharashtra, India

Area of Operation India

(ii) Registered Section 12A, Income Tax Act

Income Tax Department, Ministry of Finance, Government of India

KOP/Main-4/217(S/513)/128

Place Kolhapur, Maharashtra, India

PAN NO. AAAAS1569B

TAN NO. KLPS06904C

(iii) Registered Foreign Contribution (Regulation) Act 1967 Amended 2010

Registration No. 083960047

Date 7th May 1987





3. Bank Account Details

a. Foreign Contribution Account

State Bank Of India, Industrial Estate Branch, Madhavnagar Road
Sangli -416 416.

b. Indian Contribution Account

State Bank Of India, Industrial Estate Branch, Madhavnagar Road,
Sangli – 416416

c. Indian Account

Shri Laxmi Mahila Sahakari Bank Ltd

Main Branch, Near Ram Mandir, Sangli 416416, Maharashtra

d. Indian Account

State Bank Of India

Kolhapur Treasury Branch, Ashish Chambers 398/B/E Ward, Shahupuri,
Kolhapur 416001

e. Indian Account

State Bank Of India, Treasury Branch, Shaniwar Peth, Karad, Satara

f. Indian Account



Bank Of Maharashtra, Patwardhan Building, C.S. No -1102, Harbhat
Road, Peth Bhag, Sangli 416416, Maharashtra

g. Indian Account

Central Bank Of India, Branch -

WakharBhag, Sangli, Maharashtra, 416416





4. List of Donors (2019-20)

1. Action Plus
 2. American Jewish World Service (AJWS)
 3. Fund for Global Human Rights (FGHR)
 4. Levi Strauss Foundation (LSF)
 5. Human Capability Foundation (HCF)
 6. Women's Fund Asia (WFA)
 7. Fund for Just Society (FJS)
 8. Government of Maharashtra – National Rural Health Mission
 9. Maharashtra State AIDS Control Society- Government of Maharashtra
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5. Board Members

1. Ms. Prabha Kulkarni, President, Industrialist
2. Ms. Sujata Kulkarni, Vice President, Lawyer
3. Ms Meena Saraswathi Seshu, General Secretary, Social Scientist
4. Ms Shital Harish Pratap, Treasurer, Finance Director
5. Ms. Pratibha Mulik, Director, Farmer
6. Ms. Priya Prabhu, Director, Doctor
7. Ms. Sae Patil, Director, Beautician

SANGRAM Core Team

Aarthi Pai, Executive Director

Meena Saraswathi Seshu, Chief Functionary

Shantilal Kale, Director Administration

Shashikant Mane, Director Programs

Sheetal Pratap, Finance Director

Rupali Kale, Accounts Officer

SANGRAM Staff 2019-20

1. Abhijeet Sakhare, Tanta Mukti Samiti, Kolhapur
2. Afjal Baraskar, Outreach Worker, Kolhapur Targeted Intervention program
3. Akshata Rankhambe, Peer Educator, Muskan Sangli Targeted Intervention program
4. Alka Patil, Block Coordinator, Community Based Monitoring Program, Kolhapur
5. Alpha Toppo, Coordinator, National Network of Sex Workers
6. Amar Bhondave, Outreach Worker, Satara Targeted Intervention program
7. Amar Shinde, Peer Educator, Muskan Sangli Targeted Intervention program
8. Ambarnath Chavan, Peer Educator, Satara Targeted Intervention program
9. Amit Bhopate, Outreach Worker, Satara Targeted Intervention program
10. Amol More, MEA Officer, Satara Targeted Intervention program
11. Amol Salunkhe, Program Manager, Satara Targeted Intervention program
12. Amruta Sutar, Program Manager, Kolhapur Targeted Intervention program
13. Ananda Rathod, Peer Educator, Satara Targeted Intervention program
14. Anita Lohar, Block Facilitator, Community Based Monitoring Program, Kolhapur
15. Anjali Gopalan, NNSW Trainer
16. Anusuya Dodamani, Peer educator
17. Aparna Mujumale, Health Worker, Vidrohi Mahila Manch

18. Archana Kamble, Health Worker, Vidrohi Mahila Manch
19. Aruna Dattatray Kadam, Health Worker, Vidrohi Mahila Manch
20. Aslam Mulani, Peer Educator, Muskan Sangli Targeted Intervention program
21. Bangaravva Pujari, Tanta Mukti Samiti, Karad
22. Beena, Assistant Project Coordinator, Kerala Network of Sex Workers
23. Bharti Bhosale, Health Worker, Vidrohi Mahila Manch
24. Chaya Jadhav, Peer Educator, Satara Targeted Intervention program
25. Chetan Sable, Peer Educator, Muskan Sangli Targeted Intervention program
26. Deepali Vitekari, Tuition Teacher, Mitra Hostel
27. Durga Pujari, Project Director, Satara Targeted Intervention program
28. Durgawva Mahalingappa Pani, Outreach worker
29. Farida Mujawar, Health Worker, Vidrohi Mahila Manch
30. Gadevva Mhetri, Peer Educator, Satara Targeted Intervention program
31. Geeta Chavan, Block Facilitator, Community Based Monitoring Program, Kolhapur
32. Geeta Dhale, Tuition Teacher, Swadhyayan program
33. Hanmavva Dodmani, Tanta Mukti Samiti, Karad
34. Imtiyaj Hakim, Outreach Worker, Muskan Sangli Targeted Intervention program
35. Jahida Pakhali, Health Worker, Nazariya
36. Jaya Jadhav, Peer Educator, Satara Targeted Intervention program
37. Jaydip Ubale, MEA Officer, Kolhapur Targeted Intervention program
38. Jubeda Attar, Health Worker, Nazariya
39. Kalpana Bharat Harane, Health Worker, Vidrohi Mahila Manch
40. Kalyani Harijan, Peer educator
41. Karuna Gaikwad, Peer Educator, Kolhapur Targeted Intervention program
42. Kashinath More, Block Facilitator, Community Based Monitoring Program, Kolhapur
43. Kasturi Kamble, Tanta Mukti Samiti, Miraj
44. Kavita Shankar Sapkal, Health Worker, Vidrohi Mahila Manch



45. Khurshid Shaikh, Peer Educator, Kolhapur Targeted Intervention program
46. Kiran Deshmukh, Community Coordinator, VAMP Institute
47. Lalitha Satheesan, Coordinator, Kerala Network of Sex Workers
48. Lata Pakhale, Block Facilitator, Community Based Monitoring Program, Kolhapur
49. Laxmi Murthy, Editor and Trainer
50. Mahadev Koli, MEA Officer, Muskan Sangli Targeted Intervention program
51. Mahadevi Hadimani, Tanta Mukti Samiti, Miraj
52. Mahavir Terdale, Tuition Teacher, Swadhyayan program
53. Mahesh Kamble, Peer Educator, Kolhapur Targeted Intervention program
54. Mala S Harijan, Outreach worker
55. Malavva Nadgeri, Peer Educator, Satara Targeted Intervention program
56. Manik Mali, Peer Educator, Muskan Sangli Targeted Intervention program
57. Manisha Madbhave, Peer Educator, Kolhapur Targeted Intervention program
58. Mayuresh Abhyankar, Tuition Teacher, Swadhyayan program
59. Meerasaheb Kamble, Peer Educator, Muskan Sangli Targeted Intervention program
60. Megha Patil, Block Facilitator, Community Based Monitoring Program, Kolhapur
61. Mugdha Abhyankar, Tuition Teacher, Swadhyayan program
62. Mumtaj Shaikh, Outreach Worker, Kolhapur Targeted Intervention program
63. Muskan Shaikh, Peer Educator, Muskan Sangli Targeted Intervention program
64. Nagesh Hegade, Peer Educator, Muskan Sangli Targeted Intervention program
65. Neonats Rai, Coordinator, Sex Workers and Allies South
66. Nilevva Siddreddy, Tanta Mukti Samiti Member, Karad
67. Nurjahan Shaikh, Tanta Mukti Samiti Member, Ichalkaranji
68. Nurjhan Shaikh, Project Director, Kolhapur Targeted Intervention program
69. Pankaj Kamble, Block Coordinator, Community Based Monitoring Program, Kolhapur
70. Piya Sawairam, Tanta Mukti Samiti, Ichalkaranji



71. Pournima Vikas Ghagre, Health Worker, Vidrohi Mahila Manch
72. Pratibha Pandurang Pawar, Health Worker, Vidrohi Mahila Manch
73. Rahul Aalvekar, Peer Educator, Kolhapur Targeted Intervention program
74. Rahul Sakat, Counselor, Kolhapur Targeted Intervention program
75. Rajashri Karripanavar, Mitra Hostel Helper
76. Rajendra Naik, Project Director, Muskan Sangli T.I./ Coordinator VAMP Institute
77. Rajendra Patil, Program Manager, Muskan Sangli Targeted Intervention program
78. Rajneesh M R, Coordinator, Kerala Network of Sex Workers
79. Rajshree Bajrang Khandare, Health Worker, Vidrohi Mahila Manch
80. Rajshree Onkar Wagmare, Health Worker, Vidrohi Mahila Manch
81. Ranjana Ramesh Ware, Health Worker, Vidrohi Mahila Manch
82. Ravi Jadhav, Peer Educator, Kolhapur Targeted Intervention program
83. Ravsaheb More, Counselor, Muskan Sangli Targeted Intervention program
84. Rekha Shinde, Peer Educator, Satara Targeted Intervention program
85. Renuka Kamble, Tanta Mukti Samiti, Miraj
86. Renuka Mhetre, Tanta Mukti Samiti, Karad
87. Reshma Potphode, Block Facilitator, Community Based Monitoring Program, Kolhapur
88. Riyaj Maner, Peer Educator, Kolhapur Targeted Intervention program
89. Rohit Kamble, Peer Educator, Kolhapur Targeted Intervention program
90. Rukaiya Shaikh, Peer Educator, Kolhapur Targeted Intervention program
91. Sachin Sonawave, Peer Educator, Satara Targeted Intervention program
92. Sadhana Kamble, Peer Educator, Kolhapur Targeted Intervention program
93. Sahira Liyakat Attar, Health Worker, Nazariya
94. Salim Bargir, Peer Educator, Muskan Sangli Targeted Intervention program
95. Salim Chikodi, Peer Educator, Kolhapur Targeted Intervention program
96. Sandip Patil, Outreach Worker, Kolhapur Targeted Intervention program



97. Sangita Bhingardive, Health Worker, Vidrohi Mahila Manch
98. Sanjay Chavan, Peer Educator, Kolhapur Targeted Intervention program
99. Sapana Ankush Kamble, Health Worker, Vidrohi Mahila Manch
100. Satyavva Mhetri, Peer Educator, Satara Targeted Intervention program
101. Savita Jadhav, Block Facilitator, Community Based Monitoring Program, Kolhapur
102. Shabana Fardin Mujawar, Health Worker, Nazariya
103. Shahin Mubarak Makandar, Health Worker, Nazariya
104. Shalan Salamntappi, North Karnataka peer program
105. Shankaravva Hiramani, Tanta Mukti Samiti, Karad
106. Shashikant Bansode, Peer Educator, Satara Targeted Intervention program
107. Shivaji Gurav, Block Coordinator, Community Based Monitoring Program, Kolhapur
108. Shobha Hiremath, Office assistant
109. Shubhangi Manoji, Tuition Teacher, Supplementary Education Class
110. Sindutai Dinkar Pawar, Health Worker, Vidrohi Mahila Manch
111. Subhadra Kamble, Tanta Mukti Samiti, Miraj
112. Subhadra Kengar, Tuition Teacher, Supplementary Education Class
113. Sudarshan Nigade, MEA Officer, Kolhapur Targeted Intervention program
114. Sujata Jadhav, Counselor, Satara Targeted Intervention program
115. Sulbha Howale, District Coordinator, Community Based Monitoring Program.
116. Sulochana Kamble, Peer Educator, Kolhapur Targeted Intervention program
117. Suman Rama Kamble, Tanta Mukti Samiti, Miraj
118. Sunil Terdale, Peer Educator, Muskan Sangli Targeted Intervention program
119. Surekha Nimbalkar, Block Facilitator, Community Based Monitoring Program
120. Swati Ravindra Savne, Health Worker, Vidrohi Mahila Manch
121. Tabassum Azim Mulla, Health Worker, Nazariya
122. Yogesh Sanadi, District Coordinator, Community Based Monitoring Program, Sangli
123. Yuvaraj Awalkar, Outreach Worker, Kolhapur Targeted Intervention program



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