

TRADITIONAL INTERVENTION

Ujwala is a 3-year (2017-19) program by Alliance India to improve SRH, increase HIV testing and reduce gender-based violence among women in sex work (WSW) by improving access to health services and reducing structural barriers. It is supported by the MAC AIDS Fund.

Leveraging on the long-term association with WSW through the earlier Koshish and Abhaya programmes, Ujwala aimed to reach 4500 WSW in Delhi, Warangal and Ahmedabad cities in India in partnership with 2 Community-based organisations (CBO) and 1 Non-governmental Organisation (NGO).

Importantly, Ujwala specially aims to engage with WSW that may not yet be linked to the National HIV programme i.e.

- Young women new to sex work in traditional locations in Warangal
- Women in Sex work at non-traditional settings like establishment based setups, entertainment/wellness venues, Private Friendship Clubs, Party Clubs and Caterer' Venues
- Women on Virtual platforms like websites, Social media groups, Whatsapp groups, chat sites, online classifieds

Traditional & new locations - The Ujwala effect

The National AIDS Control Programme by NACO in India reaches WSW in traditional settings through Targeted Intervention (TI) programmes. These programmes typically cover brothels, hotspots and identified home-based operations.

With Ujwala, Alliance India aimed to leverage the reach of TI programs in 3 existing locations where earlier programmes and impact assessments have revealed new emerging dynamics and sites not yet covered by TI programmes.

Key Ujwala objectives and strategy

A key insight from years of engagement with WSW at the TI sites was that focused HIV & STI programmes left many other SRH needs unmet, especially for young WSW and those outside the ambit of traditional settings.



Objective one: Improved uptake of HIV services by WSWs: 80% of WSWs tested for HIV annually and 100% of HIV positive WSWs linked to care, support and treatment	Objective two: Improved response to prevent and mitigate GBV against WSWs: 90% of crisis cases reported to CRTs responded within 24 hours and subsequent support provided	Objective three: Improved support and service access for younger WSWs (below 24 years): at least 120 younger WSWs per site identified and linked to SRH, HIV or GBV mitigation services for the first time
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Approach – traditional approach under Ujwala, focused around SHRH-HIV integration health services; innovative social wellbeing health camps; peer to peer outreach and strong responses on gender based violence. Ujwala focused on ‘gender centric’ health services and work towards collective health response and health-seeking behavior among young women in sex work in urban, semi-urban, and rural settings with the support of the civil society organisations.

Many WSW at these sites are not yet linked to the National programme while at equal or higher risks compared to other availing health services through Targeted Intervention programmes.

Results (project achievement on the strategy)

Location	Traditional	Establishment Based	Virtual	Total
Delhi	1169	203	310	1682
Warangal	1308	0	0	1308
Ahmedabad	1271	147	0	1418
Total	3748	350	310	4408
*98% Outreach target achieved by Ujwala				

1. Improved uptake of HIV / SRH services by WSWs				
Total Number of WSW	WSW availing first-time services	Pimps/ Madams sensitized	WSW tested for HIV	Linked to Social & Income Generation Services
4408	2204	1741	2983	328
2. Improved response to prevent and mitigate GBV against WSWs				
No. of GBV cases reported	Resolved within 24 hr. by CRT team	Resolved after 24 hr. by CRT team	Resolved by themselves	Under process
177	48	31	40	58
3. Improved support and service access for younger WSWs (below 24 years)				
Young WSWs registered with TI (<24)	Traditional Sites	New Establishment based sites		Virtual network
2137	1593	350		194

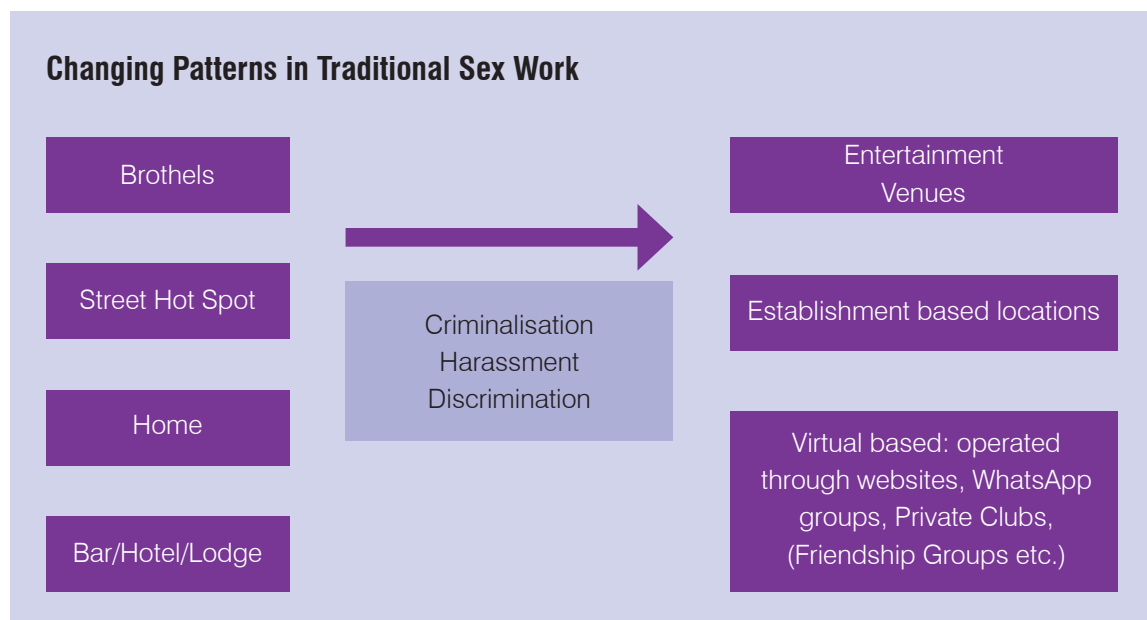
Key Learnings

Dynamic changes in traditional models of Sex Work in India

The complex domain of sex work in India is constantly changing due to changing socio-economic structures, policies, the advent of technology as well as key population attitudes with decades of outreach & engagement by health programmes: especially HIV and SRH information and services.

Myriad models of solicitation and transactional sex work prevail with underlying vulnerabilities of health, violence, stigma, and discrimination. Those engaged with it have to constantly adapt and re-invent ways and means to remain clandestine, escape the law, and overcome vulnerabilities.

Over the last few years, the traditional model of sex work has undergone dynamic changes due to these factors.



"Raids happen a lot, someone will come to know about our work and inform police. Often neighbours turn suspicious. We need to constantly change our locations. Now we have established good relationship, they protect us (police). Still sometimes, they need to take us to the lock up or else senior officers come to suspect their liaison with us" - Female Pimp, Ahmedabad

Key Challenges with new establishment-based sites

- Hidden and hard to reach locations
- Hard to approach
- In Denial
- Undercover and secretive
- Unregistered on the National HIV programme
- Higher risk of STI, HIV, unwanted pregnancies and GBV

Conclusion

Constant engagement over several years by Alliance India through the earlier Abhaya and the Ujwala programs with well-established and motivated local implementing partners has managed to build inroads into the non-traditional locations as well as build trust among WSW in traditional locations to seek health and HIV services. Strong existing linkages with service providers have also helped improve the uptake of SRH services.

Site-specific strategies and programmatic investments have resulted in increased access to health services as well as improving linkages to social and income generation services.

In the case of WSW at establishment-based locations, Ujwala programme has managed to further sensitize and strengthen the service provider network towards their larger SRH needs.

Recommendations

- a. Understand and predict the changing dynamics of sex work through formative research and evidence-generation in order to programme better initiatives and programs for SRH and HIV for women in sex work
- b. Support initiatives to mitigate gender-based violence and improve comprehensive SRH in order to improve access to HIV prevention and care programmes
- c. Include a rights-based approach to comprehensive SRH needs of women in sex work within the National AIDS Control Programme (NACP)
- d. Scale up and uptake of the Ujwala model pan-India within NACP with special focus on the centrality of community-based organisations drivers of mitigating risks and vulnerabilities among WSW and to improving access to comprehensive SRH services including HIV testing and care.

About Alliance India

Alliance India (India HIV AIDS Alliance) is a non-governmental organization which was founded in 1999 to support sustained response to HIV in India. We work in partnership with the Government of India, civil society and HIV communities to advocate and support the delivery of effective, innovative, community-based programmes at scale.

Vision

We envision a world in which no one dies of AIDS.

Mission

To support community action to prevent HIV infection, meet the challenges of AIDS and build healthier communities.

Other information:

India HIV/AIDS Alliance is a not-for-profit Section 8 Company (as per the 2013 Companies Act; formerly Section 25 Company registered in 1999) with Registration No. U85310DL1999NPL098570.

Know more about Alliance India at www.allianceindia.org