



Implementing TI Program through Group Approach

A document on SSS achievements in Chitradurga
district of Karnataka

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Preface

The Prevention of new infections in high risk groups is a major thrust in National AIDS Control Programme III. The most effective means of controlling the spread of HIV in India is through the implementation of Targeted Interventions (TIs) amongst persons most vulnerable to HIV/AIDS such as female sex workers (FSWs), Men who have sex with Men (MSM), Transgenders (TGs) and Injecting Drug Users (IDU). Both NACO and the States place high priority on full coverage of the State's FSWs, MSMs/TGs, IDUs and migrants/ truckers with TIs.

TIs in Chitradurga have been working efficiently using the concept of group outreach. This approach not only addresses the health issues but also empowers women to assert themselves as individuals without self-reproach or social stigma and due to these approaches, they have a voice too.

The project has found this approach of group outreach (where outreach is through Soukhya groups) very useful to both, the project staff as well as to the community members. The community has turned the Soukhya groups into a platform where they share experience on issues concerning them, especially related to health. This sharing and interaction on regular basis (weekly once) helps in effective implementation of the TI programme. The group, to a large extent, takes over the responsibility of the Peer Educator as it encourages members for regular health checkups and tests. Any reservation towards programme activities in the minds of members is settled through mutual dialogue and experience sharing.

Besides being a platform for discussing health related issues, it has also turned into a hub of financial activities. Members save and take loan from their savings. Besides this, many of the groups have been linked to financial institutions, from where they can access loan. The easy availability of loan at convenient terms and conditions has reduced the vulnerability of these women. It has reduced exploitation of women at the hands of partners and clients. This reduced financial vulnerability has given many of these women opportunities for looking at alternate sources of livelihood. This also has a bearing on the health of these women as it has made them less dependent on sex work for their livelihood.

The document was supported by Karnataka State AIDS Prevention Society (KSAPS), India Health Action Trust (IHAT) and Karnataka Health Promotion Trust. This book will be an ideal guide for all the TI programs across States and Country where they are working towards development of Self Help Models.



Manoj Kumar Tripathi, IFS Project Director
Karnataka State AIDS Prevention Society

How The Study is Organized

The study is divided into two sections. Section one describes the background of the study and also the projects studied (TI 1 and TI 2). Section two discusses the implementation of the TI programmes. In both the TIs around 42% of the FSWs have been organized into groups called Soukhya groups. The second section looks at how the programme is being implemented with groups and compares it to implementation with non-group members.

Data source

Data for the study has been collected from the reports maintained at the two TIs. Detailed interaction with staff, with Soukhya group members and FSWs not in Soukhya groups, has helped in understanding the project and analyzing the same for the purpose of this study.



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Executive Summary

According to the data maintained at the programme office, Chitradurga has been showing consistently high performance over the past many years. This study delves into the implementation of TI programme in Chitradurga district, which is, to a large extent being done through Soukhya groups, which are similar to Self Help Groups in many aspects. The study tries to find out the role that Soukhya groups have played in the programme implementation.

The project has found this approach of group outreach (where outreach is through Soukhya groups) very useful to both, the project staff as well as to the community members. The community has turned the Soukhya groups into a platform where they share experience on issues concerning them, especially related to health. This sharing and interaction on regular basis (weekly once) helps in effective implementation of the TI programme. The group, to a large extent takes over the responsibility of the Peer Educator as it encourages members for regular check ups and tests. Any reservation towards programme activities in the minds of members is settled through mutual dialogue and experience sharing.

Besides, being a platform for discussing health related issues, it has also turned into a hub of financial activities. Members save and take loan from their savings. Besides this, many of the groups have been linked to financial institutions, from where they can access loan. The easy availability of loan at convenient terms and conditions has reduced the vulnerability of these women. It has reduced exploitation of women at the hands of partners and clients. Besides this, reduced financial vulnerability has given many of these women opportunities for looking at alternate sources of livelihood. This also has a bearing on the health of these women, as it has made them less dependent on sex work for their livelihood.

Thirdly, being in the group has made a lot of difference to the self confidence and self esteem of members. This has also been one of the major positive consequences of being in Soukhya groups. Reduced social stigma has also been another achievement in this direction.

Another very important difference that the project has made in the lives of these members is that it has empowered them to negotiate with their clients/partners with regards to condom use as well as the price for their work. Women got this confidence on account of two reasons – 1) Group support system acts as a moral backing; 2) Knowledge that credit will be easily available to them through their groups in case of emergencies.

Even from the view point of project management this strategy has proved to be very useful. The staff finds Group outreach more efficient and effective as they do not need to hunt for individual FSWs to provide services. The group concept of outreach allows for information sharing and communication at reduced time and cost.

As in many cases, the group takes over the responsibility of Peer Educator the staff gets a chance to concentrate on other aspects of the programme.

Project monitoring and follow-up becomes easier when all the FSWs are available at a designated time and place on a regular basis.

Overall, the Chitradurga TIs have been working very efficiently using the concept of group outreach. Not only the health issue is addressed effectively through this approach, it also empowers women to assert themselves as individuals without self-reproach or social stigma. They are no more puppets in the hands of clients/partners but now they have a voice too.

Section 1

ONE

Background of the study

Chitradurga TI programmes with FSW dates back to 2004. Over the past many years Chitradurga has shown consistently high performance rates in terms of key TI indicators like Field contacts, Clinical services delivery, encouraging FSWs to undergo counseling and testing for HIV, condom distribution and Syphilis programming.

Contacts made by the programme with sex workers has ranged from 98 to 102 % on a monthly basis. In both of its TIs, FSWs accessing services at least once in a quarter has been in the range of 91 to 100 %. This would mean that all sex workers in the TI would undergo screening for STIs at least once a quarter which is one of the highest in the state. The TI has done well in terms of HIV Screening with 50% of sex workers undergoing HIV counseling and testing at least once in a month. This is higher than the state average. The TI has been able to consistently main high distribution rates of free condoms among sex workers and on an average the TI distributes around 40 condoms per sex worker per month. This distribution meets the condom demand of sex workers. This demand is calculated from the peer microplans.

"Earlier we were not in a position to demand price for our work. Whatever they gave we had to accept. Now, the tables have turned now we quote and they have to accept. Earlier, in case of emergencies women would entertain a client even for meager sum. But now they know that in such circumstances, if they do not get the rate they ask, they can go to Sangha and take loan".

Sumabai, Community Member



Soukhyas Groups... their formation and philosophy behind it

Since 2004, Myrada, an internationally reputed NGO, has been implementing the focused HIV/AIDS prevention programme with high risk groups in the urban areas of Chitradurga amongst four other districts of Karnataka.

In Feb.2004, Myrada partnered with KHPT/ Avahan to implement the Sankalp project in 3 of its programme areas – Chitradurga, Gulbarga and Kolar. The objective was to reduce the prevalence of HIV in these districts by reducing the risk amongst the high risk groups of FSWs and MSMs.

To begin with Myrada adopted Avahan's strategy of "peer led interventions". This helped a lot in reaching out to the target population and establishing good will and rapport with them. Working in the project for 7 months, Myrada got an opportunity to study closely the vulnerabilities of these women in sex work.

In its RMS Paper 62, Myrada describes its experience and learning from the initial months thus: "it was revealed that the causes that resulted in HIV/AIDS were far more complex than the lack of awareness. Adequate awareness could result in behaviour change provided other more fundamental hurdles did not exist. But they did exist even after the project intervention began. We discovered that women became sex workers because of poverty, or because as young women they had fallen in love and run away with the boy who subsequently left them; they

could not return to the village because of traditional taboos. They were more vulnerable to get infected with HIV because they could not insist on the use of a condom given the male dominated patriarchal society and the pressures that such a society creates (oppression and harassment). Oppressive pressures forced them to part with their earnings; they were forced to pay pimps and even officials in order to carry on their sex work”.

This realization opened up a Pandora of questions before Myrada How to address vulnerabilities of these women? How to empower women to find their place in the society and to voice their problems? How to sustain the efforts of the project while ensuring that communities are empowered to use HIV prevention services?

With an objective to empower the women to fight their own battle, Myrada adopted its time tested strategy of building appropriate people's institutions.... in this case the Soukhya groups. The decision to adopt this strategy is very clearly described in Myrada's RMS Paper 62 – “it was clear that the major concern was related to ‘power relations’ embedded in gender and society which oppressed them in one way or the other. Myrada's previous experiences with SAGs indicated that people's ‘power’ is generated through the dynamics of well- functioning people's institution. By participating in these group dynamics, the members gain the confidence and skills (which empowerment implies) to change oppressive relations”.

Though Myrada proposed the Self Help Group model for the sex workers it did not impose any pre-established organizational structure and functions. Thus in Sept. 2004, the first set of Soukhya groups was formed ... 8 groups in 8 towns of Chitradurga.

Learning from the experience

Apart from serving as a platform to organize and empower the sex workers, Soukhya groups served much other purpose. The Outreach became a whole lot easier. Instead of approaching every woman individually, the staff got to interact with the target group as one entity. It could address 10 to 15 women at a time. Weekly meetings became a forum for information sharing, awareness creation and capacity building. The collective sharing made the sex workers open up and they found lot of encouragement from their own peers in the group.

Regular contact could be ensured with each group member as the staff could meet every sex worker every week.

According to Mr. Raju, there were also some mistakes committed in this pilot phase of Soukhya group formation ... “We did not consider it important to promote typology wise groups. When home based sex workers and street based sex workers came together in the same group, there were problems. Their timings wouldn't match and hence they would never agree upon a fixed time or day for weekly meetings. We allowed the groups to re-form based on the member's typology. Some groups reshuffled the members and re-formed, whereas few others continued to function without any change”.

By the end of 2004, a total of 22 Soukhya groups were formed in 8 towns of Chitradurga district.

Not all sex workers enrolled themselves as members of Soukhya groups. It was realized that there was a category of sex workers who were full time into this work. They travelled from neighbouring villages into towns on regular basis for sex work. These women found it difficult to make time for group meetings. Besides they also felt out of place in a group that belonged to the same town. There were others who did not opt to join Soukhya groups from the fear of being identified and related with the sex workers groups. Not to leave these sex workers out of the programme, Myrada adopted the peer-led strategy advocated by NACO, with this category of women. This was backed by organising awareness programmes in villages during some seasonal events.

Organising at higher levels

Soukhya Okutas – at taluka level

As the groups grew in awareness and the empowerment process started, they felt the need to federate at higher level. This they felt would give them more power and recognition and would help in taking up their issues with authorities at higher level. Thus federations at taluka level were formed in 2006. 2 members from each Soukhya group in the taluka and one non-Soukhya group member from a site was represented in the taluka level federations. These were called Soukhya Okutas. As of May 2012 there are 8 Soukhya Okutas in Chitradurga.

Their main responsibility is to monitor the Soukhya groups and the programme in their taluka. They act as a sounding board to concerned authorities on issues related to them.

The Okutas are not registered bodies. Each Okuta has around 25 members. These members have an elected president, vice president, treasurer and secretary. All Okutas have a bank account. Each Okuta has 3 sub committees – the health sub-committee, crisis sub-committee and social entitlements sub-committee.

Soukhya Samudaya Samasthe (SSS) – at district level

As the Soukhya Okutas got busy with monitoring the groups and programme, a need was felt for representation of the sex workers community at district level. There were two reasons for this – 1) Most of the institutions with which the community sought linkages were in the district headquarters - 2) All government programmes required a formally registered body that complied with all legal requirements to apply for programmes/ projects. This kind of body was practically possible only at district level.

Hence the Okuta members decided to have a representative body at district level. This body was named Soukhya Samudaya Samasthe and was registered under Karnataka Societies Registration Act 1960, on 27th June 2007



Roles and responsibilities of the district federation body (Soukhya Samudhaya Samasthe)

1. Routine

- » Maintenance of the office: Office space, running costs etc.
- » Hiring of peer educators and outreach workers.
- » Monthly Staff meeting and board meeting.
- » Organizing annual General body meeting.
- » Accounting of all Taluk okutas and Audit.
- » Collecting taluk Monthly reports and developing monthly report.
- » Corpus fund management: Enrolment of new members who pay a membership amount.
- » Six monthly Peer and staff performance appraisal by the SSS.
- » Fund mobilization.
- » Program planning, proposal writing, budget preparations.

2. Health

- » Formation of Health subcommittee at each okuta level to monitor all clinics regularly.
- » To form linkages with govt. Hospitals.
- » Ensure that all referral doctors are trained in STI syndromic management.
- » Referring their members to ICTC/care and support/ TB.
- » Promote positive health, personal hygiene, nutrition education and RCH issues in their members.

3. Enabling Environment

- » Respond to any crisis situation through the crisis management team.
- » Assist and organize mass programmes in collaboration with the government and other organizations.
- » Celebration of days such as World AIDS day, International women's day, All health days,
- » Linkages with the line departments for advocating welfare schemes for its members.
- » Members of the District HIV/AIDS Advisory committee (chaired by the District collector) meeting.
- » Documentation of best practices.

4. Community mobilization

- » Assist in the formation and nurturing of Soukhya groups (SG) in taluks.
- » Assist Capacity building of SG and Taluk Okutas.
- » Recommend and link members for skills training.

5. Outreach

- » Monitor all young and new sex workers separately.
- » Ensure that all HIV + sex workers are linked to ART centre and care and support services.

Different phases of Avahan project in Chitradurga

From Feb. 2004 to March 2009 Myrada implemented Avahan project in Chitradurga using group led approach. Peer led approach was also adopted where groups were not existing. Myrada and KHPT were the sole contract partners during this phase of the project.

In April 2009, KHPT entered into a tripartite agreement with Myrada and SSS. From April 2009 to March 2011, Myrada donned the cap of technical adviser and SSS took over the role of implementing agency.

The programme at the grass root level did not undergo much change.

¹ Okutas - Federations

Project transition from NGO to CBO

KHPT had made it clear from the very beginning that the Sankalp project was a 5 year project. Towards the end of 2008 NACO indicated that, the project would be extended for another 2-3 years during which NACO (via KSAPS) would take over the funding of the KHPT/Avahan project. The extended period saw one more change.... as per NACO guidelines, the project had to get into a tripartite agreement between KHPT, the NGO and the CBO. The role of NGO would also change from the project implementer to the technical adviser. CBO would now take a lead role and take charge of project implementation.

Myrada, from year 1 had been preparing its groups for this progressive shift in responsibilities. An agreement was signed between Avahan, Myrada and SSS in March 2009 for a period of 2 years and Myrada handed over the baton to their CBO. SSS took over all FSW related programmes and Myrada agreed to support capacity building of SSS.

In March 2011, phase 2 of Sankalp project came to an end. As per plan NACO took over the funding of the project. Keeping up with NACO's guidelines regarding complete transitioning of the project, an agreement was signed between KSAPs and SSS for project implementation. This project was called KSAPS Targeted Interventions programme (TI). The programme is evaluated every year and the contract is renewed based on the performance.

From the point of view of implementation, Chitradurga project was divided into MSM TI, TI 1 (covering Chitradurga, Challekere, Molkalmuru and Rampura talukas) and TI 2 (covering Hiriur, Hosadurga, Hollalkere and Chikjajur talukas). As per project requirements staff was recruited by SSS.

Role of the organisation in building, nurturing and strengthening Soukhya groups

Like all other SHGs, Myrada also built the capacities of the Soukhya groups with a vision that one day they will be able to sustain the project interventions and carry them on, on their own.

Myrada, under Avahan project invested in building the capacities of the Soukhya group members. Apart from teaching them about group formation, leadership, savings and credit, book keeping systems, etc., Myrada took them through a series of 12 module training spread across 3 year period. These modules included topics related to health and hygiene, crisis management, legal issues, social entitlement related, nutrition and home based care for HIV positive, etc.

Training modules for Soukhya groups

Module 1: intro to programme; group concept; aims and objectives of Group; Common Health problems of women.

Module 2: How to conduct meeting; Unity and affinity In action; Rules and regulations; Responsibilities of Soukhya members; Gender and HIV.

Module 3: Leadership, Self esteem, communication and conflict resolution.

Module 4: Book keeping, Savings and credits, Common fund and management, HIV and RCH services.

Module 5: Soukhya level vision building.

Module 6: Linkage Credit, book keeping Social entitlements, other departments; IGP and EDP.

Module 7: Legal issue and HIV crisis management.

Module 8: HIV AIDS Prevention Care and Support HIV – for positive persons.

Module 9: Collective Decision making; Okuta concept; Stigma and discrimination.

Module 10: Soukhya group family level approach and community level approach. Group Grading.

"It was very difficult to form Soukhya groups when we started in 2004. There was lot of apprehension in the target community. They felt that if they form groups, they will catch the attention of the public and their identity will be revealed. It was also not easy for the staff. As women did not trust the staff, they would hide whenever the staff went to meet them. It took almost 6 to 7 months of persistent efforts from the staff to finally form the Sanghas". Raju adds, "Now FSWs are aware about the benefits of forming and remaining in groups. Many of the street based sex workers are now coming forward to form Sanghas. As they come from different places/villages, they are considering making DICs as their venue for regular meeting. Last year we had identified 121 new FSWs. Out of these 23 have joined existing groups".

Mr. Raju, Programme Manager TI 2.

Efforts are still on to enroll as many FSWs into Soukhya groups as possible. The new comers can form their own groups or they can join existing groups.

Challenges in group formation in the initial years

- ▶▶ Sex workers initially did not want to disclose their identity even to other sex workers.
- ▶▶ Women (non sex workers) in the local areas wanted to know why they were excluded from the group since they were aware that all programmes were group based.
- ▶▶ It was difficult to motivate high volume and high earning sex workers to join groups.
- ▶▶ There was a fear of stigma of being branded as a sex workers group.
- ▶▶ Street based sex workers had difficulty in attending weekly meetings.
- ▶▶ Due to alcoholism some sex workers were disturbing the group meetings.
- ▶▶ Interference of partners and clients during the group meetings.

Source: Myrada RMS Paper 62



Section 2

TWO

Targeted Interventions programmes in TI 1 and TI 2

Soukhya Samudaya Samasthe (SSS) got into direct contract with KSAPS and started implementing the TI programmes (TI 1 and 2) independently from April 2011 onwards, with an aim to halt and reverse the HIV/ AIDS epidemic in the 8 talukas of Chitradurga. It followed the same strategy that Myrada had used in the Avahan project for the past 7 years. Soukhya groups remained the backbone of the project, with strong support from the Taluka Okutas. Increased condom use by FSWs, reduced STI among FSWs, and creating enabling environment to reduce the vulnerabilities of the FSW, were the core objectives of the project. Behaviour change communication was the key strategy.

Strategy adopted

In TI 1, total of 35 Soukhya groups are functioning with 583 members. Apart from these, there are 793 other FSWs who preferred to remain outside the groups and avail the services of the project. Similarly in TI 2, there are 42 Soukhya groups with 565 members, and 794 non Soukhya group members.

Table 1: Basic information regarding TI 1 and TI 2 (as of June 2012)

	No. of Soukhya groups	No. of members in Soukhya groups	No. of non Soukhya group members	Total no. of sex workers served
TI 1	35	583	793	1359
TI 2	42	565	794	1376

To address the needs of all these FSWs, a two pronged strategy was adopted in the project:

- 1) 'Peer Educator'(PE) system to outreach FSWs outside the Soukhya groups through one to one contact.
- 2) One-to-Group approach, where the Soukhya groups are outreached by ORWs.

As of May 2012, there are a total of 40 staff (full time) and 33 Peer educators (part time staff) working in TI 1 and 2. Out of the 9 positions in each TI, 6 belong to the community and the rest are non-community positions. Hence in TI 1, out of 41 staff, 35 are from the community (including 21 PEs). Similarly in TI 2, out of 29 staff, 24 are from the community (including 12 PEs). This arrangement of including members from the community as staff helps in building and maintaining rapport with the target groups, besides boosting the morale of the community. Also as sex workers can relate themselves with this staff more easily, they find it more comfortable to open up to them.

Community positions

Peer Educators, Outreach workers, Shadow leaders, Community mobiliser, Community coordinator, Community advocates.

Non-community positions

Programme Manager, Counselor, Accountant

In some cases Outreach workers are also from the general community.

Soukhya groups and their role in providing outreach services

Most of the Soukhya groups in the two TIs are old groups (6 to 8 years old), and have been trained by Myrada under the Avahan project. FSWs, both home based and street based, are members of these groups. Each group has 10 to 15 members.

2 The term community refers to women from sex workers community.

According to Laxmi, one of the Director's of SSS and member of Karibasaweshwara Sangha (TI 1), "One of the major responsibilities of the Soukhya groups is to ensure that all members get their regular health check up done at least once in 3 months. It motivates its members for HIV and syphilis testing, to be done at least twice a year (once in six months). It also ensures that members have regular supply of condoms. The group supported by ORWs, monitors members whose clinical visits and tests are due, and reminds them to take the service as per schedule".

"When the group was new, and the project too was new, many members were skeptical about getting blood test done. They had lot of fears some thought that by going to the clinics, they will be infected with HIV. Few others had a feeling that, all this was done to defame and expose them. But as few of us took the initiative and got ourselves tested, others too got the courage and confidence to go ahead. Peer pressure of the group helped in ensuring that all members get themselves checked and tested".

Aminabi, member of Sampige Sangha

Apart from ensuring that members go for regular check up and tests, Soukhya group also works towards getting other FSWs who are not in the groups, to join the groups.

Another important role played by the Soukhya group, is to ensure that HIV positive sex worker within their group is registered with the local ART centre and is getting regular care and support services.

Like Self Help Groups (SHGs), Soukhya groups also conduct weekly meetings, maintain all books, and engage in savings and credit activity. According to Mr. Raju, Programme Manager, TI 2, "Though Myrada never insisted on 'savings' as one of the group's major activity, Soukhya members, on their own accord proposed the idea. They saw in their own neighbourhood, other women coming up in life with savings and credit activity in their SHGs. They too wanted to become like them".

Difference between Soukhya groups and SHGs

Where 'savings and credit' form the core of any SHG, health issues are at the core of Soukhya groups. In all their weekly meetings, 80% to 90% of the time is spent in discussing health, outreach and service related issues. Financial issues, though very important for the members, takes the second place. Sampige Sangha members (Hiriyur taluka) rightly echo the feelings of all Soukhya groups, "Health is wealth In the kind of work we do, we put our health at risk to earn money. If our health is not in good condition, then how will we earn"?

Apart from health, members of Soukhya groups also discuss other issues that have a direct bearing on their life like harassment, legal issues, crisis management, social entitlement, income generation programmes for members or their children through SSS, etc.

Reaching out to the non Soukhya group members

Out of the total number of FSWs registered in the two TIs in Chitradurga district, 58% women have preferred to remain outside the groups and avail the project services. Outreach to this section of FSWs is through Peer Educators.

Peer Educators (FSWs who work part time in the project) educate these FSWs about condom use and ensure availability of condoms to them. They also educate the women on the consequences of unsafe sex and basics of STI. Through tracking sheet, they monitor the services uptake of each and every FSW under them and ensure that the women get timely check up and tests done. They not only refer the FSWs to designated clinics, but also accompany them to clinics.

Outreach workers, who are full time project staff assist the Peer Educators in their tasks. They also help the Peers to prepare their weekly Peer calendars, which is like a 'weekly planner'. This tells the Peer, which FSW to meet on which day and what services are due for her.

Outreach to Soukhya group members v/s non Soukhya members – what the data says

Access to Regular Health Check up

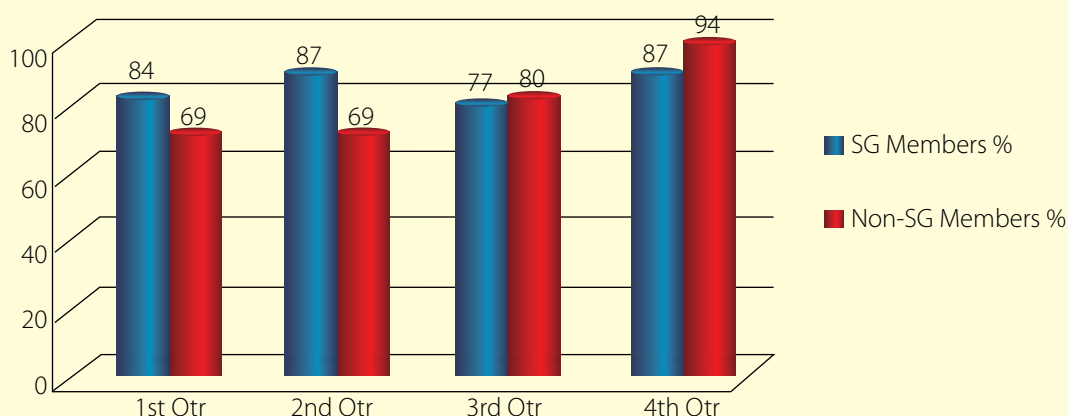
As per NACO guidelines, all FSWs under the project are encouraged to visit designated clinics once in a quarter for regular health check up.

Data from TI 1 indicates that there is a very slight difference between members and non-members accessing regular health check-up service. But in TI 2, this difference is quite significant. Where the percentage of non-Soukhya group members going for quarterly check-ups ranges between 86% to 93%, the percentage of group members going for the check-up is between 96 to 99%.

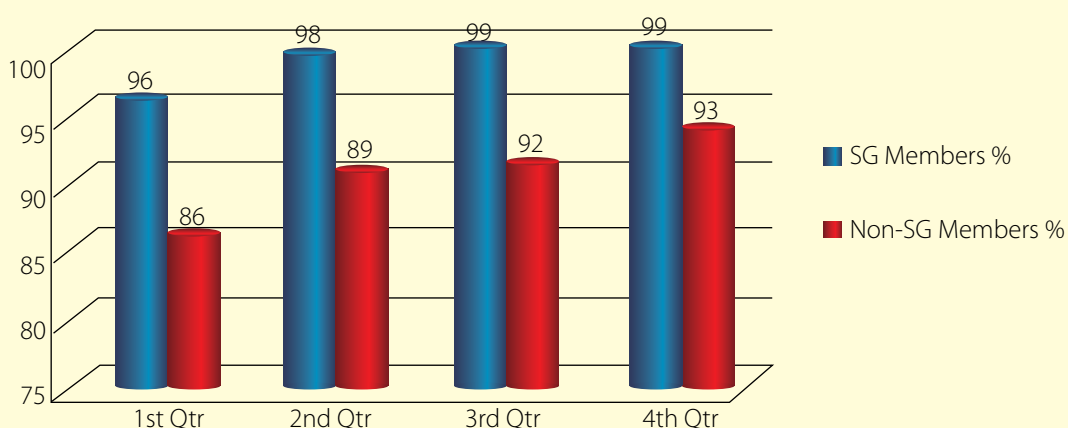
Table 2: Regular health check up in TI 1 and TI 2 by Soukhya group members and non-members (Reporting period: April 2011 – March 2012)

Quarter	TI 1		TI 2	
	Total SG members	Total Non SG members	Total SG members	Total Non SG members
1st Qtr	477	551	561	685
2nd Qtr	489	547	573	706
3rd Qtr	436	639	577	733
4th Qtr	491	743	580	741

Access to Regular Health Check-up by Members & Non-members in TI 1 (in%)



Access to Regular Health Check-up by Members & Non-members in TI 2 (in%)



"Members of Soukhya groups are more regular with their quarterly health check ups as compared to those FSWs who are not in the groups. The group acts as pressure group to ensure that all members have completed their checkups as per schedule. If a member fails to go for check up, she is reminded every week and if required, accompanied by another member of the group to the clinic."

Shashikala, ORW

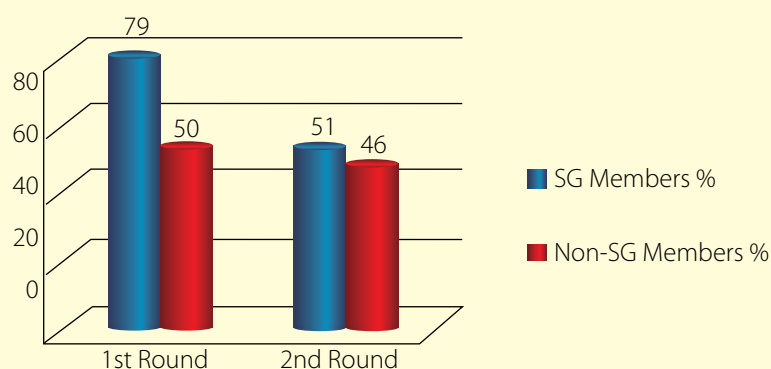
ICTC and Syphilis testing

As per NACO guidelines, all FSWs are encouraged for ICTC and Syphilis testing once in six months. Data from the two TIs indicate a higher percentage of members getting tested as compared to non-Soukhya group members. In TI 1, averages of 65% of members get themselves tested, whereas only 48% of the non-members show up for testing. Similarly in TI 2, averages of 77% of members get tested as against 57% amongst non-members.

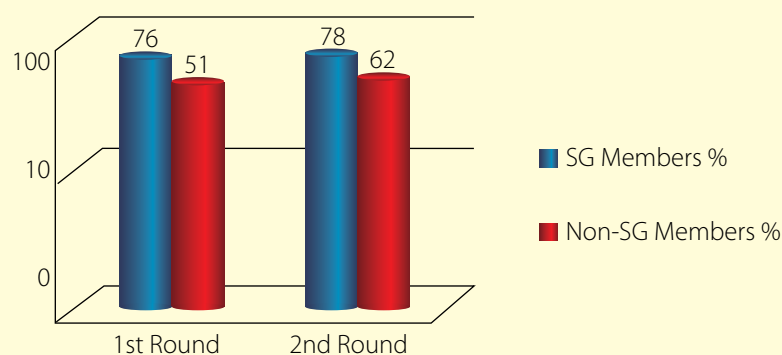
Table 3: ICTC and Syphilis testing in TI 1 and TI 2 by Soukhya group members and non-members (Reporting period: April 2011 – March 2012)

Rounds	TI 1		TI 2	
	Total SG members	Total non-SG members	Total SG members	Total non-SG members
1st Round	447	399	443	404
2nd round	289	364	456	493

ICTC and Syphilis Testing by Members and Non-members in TI 1 (in%)



ICTC and Syphilis Testing by Members and Non-members in TI 2 (in%)



"Working with non-group members is very tough. Since most of these women are street based, and come from different villages, it is difficult to be in regular contact with them. Because of their unspecified time schedule, it is hard to find them at the predetermined place, day and time "If at the specified time of meeting, some client comes for pick up, we will have to postpone our meeting. Even if we are able to establish contact, it takes a longer time to convince her to come for testing. In groups, it is easy when members who have got themselves tested share their experience in the group, the non compliant members get convinced easily".

Manjamma, ORW

"Catching hold of non-Soukhya group members and bringing them to clinics is like trying to put a bunch of frogs on measuring scale by the time you catch one and put on the scale, other two would have jumped off!!"

Rosy, ORW

STI treatment

According to the data maintained at the two TIs, the percentage of STI cases is more in members of Soukhya groups as compared to non-members in case of TI 1. In case of TI 2, this trend is reverse. But looking at the total figures, the higher number of non-Soukhya members suffer from STI problems as compared to members. This indicates that non-members are at a higher risk as compared to the group members.

Project staff explains that though there is not much difference in the STI cases among members and non-members, it is much easier to get the members to the clinic. Apart from this, members visit the clinic at an earlier stage of infection and hence it is easier to treat them. Discussion on health and STI problems in every weekly meeting has made the members more aware about the importance of early check-up and treatment.

Table 4: STI cases among Soukhya members and non-members in TI 1 and TI 2
(Reporting period: April 2011 – March 2012)

TI projects	STI cases among Soukhya members	STI cases among non-Soukhya members
TI 1	35 (6%)	41 (5%)
TI 2	32 (5%)	57 (7%)

Efficiency and Effectiveness of group based outreach

Study of data indicates that service delivery in case of group approach has greater outreach as compared to peer-led (individual contact) approach within a specified time period and budget. According to the project staff, the efficiency of the project is far greater when interventions are taken through the group for the following reasons:

One- to-many v/s one-to-one

Information sharing: This becomes easier in the group as, at a given time information can be shared with 10-15 FSWs. In case of non group members, peers have to follow up with each FSW separately and their availability at a pre-determined time (time and day indicated by the FSW for meetings) is very unpredictable.

Ease in communication: According to Padma, ORW in TI 1, "If we need to send some message across to FSWs who are group members, it becomes very easy we just need to communicate with one member and she in turn passes on the message to others in her group. But in case of FSWs not in the group, we have to search and communicate with each individual separately. This takes a lot of time".

Condom demonstration: According to Rajamma, Peer Educator in TI 2, "Condom demonstration for FSWs who are not in groups, becomes a bit difficult as we meet them in public places. In order to demonstrate, we have to take them to some secluded place where there is not much public interference. This sometimes becomes difficult. Demonstration in Soukhya groups does not attract such an attention as this happens in enclosed spaces. Women feel more free to ask any doubts in such an environment".

Easy monitoring and follow-up: Monitoring becomes easy in case of groups. Information regarding the services taken or due, can be discussed in the same forum with many women at a time. Also follow-up becomes easy, as the Community Mobiliser/ORW, knows exactly when and where they can reach a member. Weekly meetings become a forum for planning, sharing, training, monitoring, and other such activities.

Responsibility of staff shared by group

In groups, FSWs take the responsibility to see that all members have gone for regular check-up, ICTC and syphilis testing as per the schedule. In cases where a visit to clinic is due, members keep reminding the person, till she goes. In older groups, women do not need PEs or ORWs to accompany them to the clinic. In case any member feels the need to take someone, other women from the group accompany her.

Cost implications

Implementing TI programme through Soukhya group has also proved to be cost effective.

Case of TI 2 taken for calculation purpose

- ▶▶ Total number of FSWs registered under the project: 1376.
- ▶▶ Total number of Soukhya groups: 42.
- ▶▶ Total number of peers (as per 2011-12 budget): 10.
- ▶▶ As per NACO guidelines of 1:60 peers, the project would have required 23 peers to outreach 1376 FSWs.
- ▶▶ Honoraria of 1 PE: Rs. 1700/- per month.
- ▶▶ Saving on honoraria of 13 PEs: Rs. 1700*13 = Rs. 22100/-
- ▶▶ Each Soukhya group is paid Rs. 250 per month for outreach services. Hence expenditure on payment of 42 groups: Rs. 250*42 = Rs. 10500/-
- ▶▶ Total monthly savings: Saving on honoraria – cost for group outreach = 22100–10500 = Rs.11600/- per month.
- ▶▶ Thus there is an annual saving of Rs. 1,39,000/- for TI 2 by adopting the group based intervention.
- ▶▶ Expenses on group formation and training is a one time expense and amounts to Rs. 1800/- per group (calculated @ Rs. 150/- training for 12 modules)

Advantages of Soukhya Groups, as the members see it

Other than access to health services and information related to health, Soukhya members feel that the group has helped to reduce their vulnerability in many other ways too:

▶▶ Alternate source of livelihood

Kariammadevi Sangha, Chitradurga TI 2, Hiriyur taluka.

12 of the 15 members of the Soukhya Sangha have gathered in the taluka DIC office for a special meeting called for the purpose of interaction with a visitor. As the group awaits the visitor, their hands are busy weaving bags out of the banana fibre that they have collected, cleaned and processed conscious not to waste any time. For an onlooker this group might look like a group of enterprising women In fact it is.

Kariammadevi Sangha is one of the 78 Soukhya Groups, institution of women in sex work, promoted by Myrada in Chitradurga district of Karnataka, under Aavahan project (from April 2004 to March 2011) and Targeted Interventions project of KSAPS (from April 2011 onward).

Till 3 years ago, sex work was the major source of livelihood for these women. But after IDF (organization promoting entrepreneurship skills trained these women in making products from bamboo fibre, sex work has taken a back seat.

"Earlier, even for our daily food we had to depend on clients. Now each one of us earns a minimum of Rs. 100/-per day through the banana fibre products business. This is after doing all our household chores and other works. At least this has given us an alternative that we can depend on and be proud of."

Kavitha, Group Member

Weekly savings has become a norm in all the Soukhya groups. Though during the group formation, Myrada did not advocate savings, but within a few months the groups themselves proposed the idea as they saw other SHGs doing the same and improving their livelihood. Gradually the members started taking loan from their savings and later moved on to get linked with financial institutions.

In the two TIs, almost all the Soukhya groups that are more than 3 years old have been linked to financial institutes. Besides taking loan for consumption purpose, loans have also been taken for income generation purpose like sheep rearing, petty shop, fruit and flower business, etc. Many have even availed of loans for education of children. Repayment is done based on group norms. Annexure 1 gives details of 8 of the Soukhya groups that have taken loans from financial institutions more than twice.

Kariamadevi Sangha, in Hiriur taluka is a classic example of Soukhya Sangha where members have undergone entrepreneurship development training by IDF (an organization promoting entrepreneurship skills among rural women) and are producing bags and mats out of banana fibre. For marketing they have been linked with a Delhi based firm that procures their goods through an agent based in Bangalore. This is a 15 member group, and out of these, 14 are involved in this work. Each of the members earns a minimum of Rs. 100/- per day in this work. This group has also purchased a machine for making yarn out of banana fibre which they collect from nearby fields.

Not only has this occupation added income to the pockets of the FSWs, data maintained at the TI office also indicates a reduction in the client volume of these women after starting this work. Data shows that out of 15 members, over the past 3 years, 13 of them have reduced the number of clients they entertained in a day. All 13 of these members are below 38 years of age.



►► Reduced social stigma and improved self esteem

According to Shivamma, member of Netravati Sangha in TI 1, “Earlier we were very ashamed of ourselves and the work we did. When people around us pointed fingers at us, we used to come back home and cry for hours. Now, when the society sees that we have an institutional and organization backing of SSS and Myrada, it doesn’t trouble us much. Even if people talk bad about us, we have learned to ignore them. We now believe that what we are doing is not wrong ... this is our livelihood”.

►► Power to negotiate with partners/ clients

According to Sumabai of Venkateshwar Sangha, TI 1, “Earlier we were not in a position to demand price for our work. Whatever they gave we had to accept. Now, it is we quote and they have to accept. Earlier, in case of emergencies women would entertain a client even for meager sum. But now they know that if they do not get the rate they ask, they can go to Sangha and take loan”.

There are two reasons for this changed equation, 1) The clients/partners have realized that these women have a backing of an institution. Hence they do not dare to cheat. 2) Credit availability in the Sangha has made the women less dependent on clients/partners, especially during emergencies.

This equation holds true even for negotiating condom use. With the knowledge that they can depend on their Sangha for cash anytime they need it, women do not compromise on use of condom for the sake of money.

►► Increased self confidence and a sense of empowerment

According to Laxmi, Karibasaveshwar Sangha member, TI 1, “Earlier we were scared of even talking to strangers and visitors. After 5 years in the group we have got so much of exposure that we are not afraid of anyone. In case of need, we even approach taluka office or any other department in the district”.

► Crisis management

At each taluka level there is a crisis committee comprising of 3 persons, whose main responsibility is to respond to any crisis situation involving FSWs, irrespective of their being Soukhya members or otherwise. One of the members of this committee is an advocate, who is a project staff, and the other two are from the community—one being a member of Soukhya group and the other a non-member. This composition of committee stresses the fact that the project does not discriminate between members and non members for crisis response.

According to the crisis committee in both the TIs, calls for crisis response is more from non-Soukhya members as compared to the group members. According to Pushpa, advocate working in TI 1, “Last year we had 3 cases and all 3 were from street based sex workers not in Soukhya groups. The group members have the tendency to sort out their problems by discussing in the groups and taking the support of each other when in trouble. Hence the cases never reach the committee”.

“The clients also know that these women have backing of their Sangha. Hence they hesitate to create trouble for the woman”. Obakka, Community Member

Challenges of working with non-Soukhya group members

The project agrees that it is easier to work with groups as compared to women who are outside the group. Still both the TIs have managed to enroll only 42% of registered FSWs into Soukhya groups. Enrolling women into Soukhya groups has the following challenges:

1. They are usually not available at the fixed place and time. Hence the peers have to go to the site more than once to contact them.
2. Condom demonstration becomes a problem as the meeting venue is usually a public place.
3. Sometimes when peers go to the pre determined time and place, the women would be with their clients and hence can't be contacted.
4. Health seeking behavior is very low. Every visit to the clinic has to be accompanied by PE.
5. Sometimes when PEs visit the site, they are under the influence of alcohol and hence can't be communicated with.

Who are the non-Soukhya members

- Data from the two TIs show that more women who have not joined the groups are in the age group of 25 to 35 years. These women have high client volume. (57% of non-group members in TI 1 and 51% in TI 2 are between 25–35 yrs. Around 78% of non-members in both TI have medium to high client volume).
- Women who are alcohol addicts.
- Street based sex workers who come from neighbouring villages to towns, either on daily basis or during occasions like weekly market, fairs, etc. Since these women come from different places, it is difficult for them to meet regularly

Sustainability of services

Kavita, a 24 yr. old community member from Kariammadevi Sangha (TI 2) says, “Now we are fully aware about our health and know how to take care of ourselves. We know where the services are available in the taluka and can access them on our own. ... We are looking further ahead from this point”

As of now, not all members might have reached the level of empowerment as Kavita, but with continued project support at empowering the women, one day many other members of Soukhya groups might echo this ambition.

According to Manjamma, ORW in TI 2, “At least for Soukhya members, we can hope that one day they will be able to manage outreach on their own. But for non-members, we do need continued support as they still show slack in health seeking behavior”.

Conclusion

The two TIs in Chitradurga from the very beginning have been implementing the HIV-AIDS programme through Soukhya groups. Now the oldest groups are almost 8 years old. This approach to TI has been beneficial to both the staff as well as to the community enrolled in these groups.

The staff claims that this approach has proved to be time and cost effective. Outreach has proved to be very effective as the Peers don't need to go hunting for the community members to provide services. Weekly meetings at fixed time and place, has made communication with the community very easy. As the group itself takes on the responsibility of the Peer Educator and sees to it that all its members avail the services of the project, the staff find it easier to focus on other areas of management.

Soukhya members on the other hand have also expressed positive transformation after joining the groups. Improved health through regular access to health services, though the most important, is seen only as part of the benefit of being in Soukhya group. Other developments according to them have been self transformation and social upliftment. Being in the groups has reduced their vulnerabilities to a large extent This is mainly for two reasons – 1) With the group backing they are able to assert themselves in the society; 2) The financial support that the group gives (in terms of saving and credit) has increased their negotiating power with clients/partners. This has been a huge achievement for the Soukhya group members.

The fact that Chitradurga TIs have been consistently showing good performance over the past few years substantiates the claim by the staff and the community members.



Annexure 1

ONE

Purpose of loan in various soukhya groups

Purpose of Loan	No. of persons taken loan for the purpose (last loan taken record)
RENUKADEVI SOUKHYA GROUP (TI 1)	
Health	01
Education	04
Hotel business	01
Cloth business	02
Vegetable business	01
Housing	01
Fruit business	01
Purchase of auto	01
GARIBSHAVALI SOUKHYA GROUP (TI 1)	
Bedsread business	02
Plastic business	15
Fruit business	01
Vegetable business	01
Petty shop	01
Education	01
ANJENAYA SOUKHYA GROUP (TI 1)	
Milk business	03
Fruit business	01
Auto purchase	02
Vegetable business	01
Cloth business	03
Education	01
Grass business	01
PRAKRUTI SOUKHYA GROUP (TI 1)	
Education	02
Fruit business	03
Cloth business	01

NAVACHETANA SOUKHYA GROUP (TI 2)	
Fruit business	01
Sheep/goat business	02
Soap business	01
Petty shop	01
Vegetable vending	02
Coconut vending	01
Cloth business	02
Bangle business	01
Implementing TI programmes through group based interventions	22
GAJANANA SOUKHYA GROUP (TI 2)	
Education	02
Petty shop	01
Goat business	01
Cloth business	01
Vegetable vending	01
GRAMADEVATE SOUKHYA GROUP (TI 2)	
Petty shop	03
Tailoring	02
Vegetable vending	08
Cloth business	02
SRI KARIAMMA SOUKHYA GROUP (TI 2)	
Petty shop	02
Sheep vending	02
Vegetable vending	04
Cloth business	01
Coconut coir making	05
Tailoring	01
SAMPIGE SOUKHYA GROUP (TI 2)	
Cow purchase	01
Mat business	06
Sheep purchase	01
Mattress making	01
Coconut business	01

Abbreviations

KHPT	Karnataka Health Promotion Trust
NACO	National Aids Control Organisation
DIC	Drop-in centers
FSW	Female Sex Workers
ORW	Outreach Worker
TI	Targeted intervention
STI	Sexually Transmitted Infections
HIV	Human Immuno-deficiency virus
SSS	Soukhya Samudaya Samasthe
ICTC	Integrated Counseling and Testing Center
KSAPS	Karnataka State Aids Prevention Society

