

# At the Top of the Ladder

Community members can truly lead programs



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*\* Please note all the names of the community members in this monograph have been changed to protect their identity.*

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**Saraswati Murmo**

In your quiet way, you made a place in our hearts.  
You will always be remembered fondly.



## Foreword



Aastha project, funded by The Bill and Melinda Gates Foundation's India AIDS initiative is one of the internationally recognized projects of FHI, working toward sustained HIV/STI prevention among high risk group such as sex workers across Mumbai and Thane. As the project gears up for its transitioning to the government, it is the community members who have evolved to spearhead the impact. Community mobilization initiatives, implemented through 18 implementing partners, have touched lives of more than 77,000 sex workers across Mumbai and Thane. What began as the formation of self help groups has blossomed into an offshoot of the Aastha Parivaar, a one-of-its-kind federation of 14 sex workers' community based organizations.

This monograph 'At the top of the ladder', as the name suggests, goes beyond documenting how the self help groups, the community based organizations and the Aastha Parivaar were formed. The document also captures the transformations that community members have seen in themselves and the journey of realizing their true potential, in their own words. The monograph begins with the process by which the sex workers were brought together initially in the Aastha project, despite their vulnerabilities and fears. Health is today a priority for sex workers; but this has not always been the case and to this degree. Issues of community empowerment and collective identity had to be tackled to reach where the project is today. Community mobilization activities with sex workers, advocacy initiatives among stakeholders and the use of Strategic Behavior

Change Communication were critical components to deal with the challenges. Today, Aastha has not only created for itself a ready space and acceptance among community members, but majority of the activities are led by sex workers.

In this monograph Aastha showcases, some of these community leaders who have gone beyond gaining certain social status among their peers and have given back a healthy and dignified existence to their community. 'At the top of the ladder' also showcases the process by which male, female and transgender sex workers have begun to realize the power of collective identity and bargaining power, in and through the Aastha Parivaar.

We dedicate this monograph to Saraswati Murmo, an outreach worker from the community in Alert Turbhe and an Ex-Governing Body member of the Aastha Parivaar, who came a long way in the Aastha project. The team in Aastha and Aastha Parivaar will miss her and always remember her with fondness.

**Dr. Sanjeevsingh B. Gaikwad,**  
Director,  
Maharashtra Program,  
FHI

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### **Aastha Parivaar members:**

- Annu Swamy
- Devta Metre
- Ayesha Shaikh
- Neetu Arjun
- Amit Goswami
- Sowmya Gupta

## List of Terms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AMP</b>	Aastha Minimum Package
<b>AMR</b>	At Most Risk
<b>AG</b>	Aastha Gat
<b>AP</b>	Aastha Parivaar
<b>ART</b>	Anti Retroviral Treatment
<b>ATS</b>	Aastha Tatkal Seva
<b>CBO</b>	Community Based Organization
<b>CDO</b>	Community Development Officer
<b>CV</b>	Community Volunteer
<b>DIC</b>	Drop in Center
<b>HIV</b>	Human Immuno Deficiency Virus
<b>HRG</b>	High Risk Group
<b>ICTC</b>	Integrated Counseling and Testing Center
<b>ID</b>	Identification Digit
<b>IDU</b>	Intravenous Drug User
<b>IP</b>	Implementing Partner
<b>ITS</b>	Individual Tracking Sheet
<b>KP</b>	Key Population
<b>MIP</b>	Main Implementing Partner
<b>NGO</b>	Non Governmental Organization
<b>ORW</b>	Outreach Worker
<b>PC</b>	Project Coordinator
<b>PD</b>	Project Director
<b>PE</b>	Peer Educator
<b>PLHIV</b>	People Living with HIV
<b>PPP</b>	Public Private Partnership
<b>RPR</b>	Rapid Plasma Reagan
<b>SBC</b>	Strategic Behavior Communication
<b>SHG</b>	Self Help Group
<b>STI</b>	Sexually Transmitted Infection
<b>SW</b>	Sex Worker
<b>TB</b>	Tuberculosis
<b>TFC</b>	Task Force Committee
<b>TI</b>	Targeted Intervention
<b>VCT</b>	Voluntary Counseling and Testing

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## Introduction

The agenda for the meeting has been introduced and assorted topics are being discussed: What should be the activities for the one-year anniversary of the Aastha Parivaar office? What is the status of sales of the cosmetic products made by key population (KP)? Who is available for weekly office hours over the next month? Can anything be done about the varying levels of involvement of Implementing Partners (IPs)? The discussion moves from point to point, acronyms everyone is familiar with are tossed around, some of the people present are animated and vocal, and others are relatively silent and introspective.

The monthly meeting of the governing body of the Aastha Parivaar is underway. About 15 people are at the meeting, sitting in a circle on red and mauve floor rugs, amid sounds of ceiling fans and traffic from the street outside in central Mumbai. They have come to this engaged circle from different geographical and professional starting points. From Grant Road and Girgaum, from Dharavi and Dombivali, from Malad and Malvani-people from a wide geographical patchwork of the city are at the meeting. A home-based female sex worker, a brothel-based sex worker, a male sex worker, a bar dancer, a transgender sex worker-they are all here. Their ages, level of education, and personal histories are varied, and they have all entered the Aastha Parivaar from different locales and time over the last six years.

But they have a few things in common. All of them have lived and worked against a backdrop of a wide range of problems, including low access to healthcare, persistent social discrimination, uncertain incomes, and harassment by the police. All of them have, through their involvement with the Aastha Parivaar, been able to address, if not entirely redress, these difficulties. All of them have journeyed from anonymity and isolation and

moved up the rungs of the Aastha project to become elected members of the governing body and other councils of the project. In the process, some have transformed from reticent observers into energetic community activists, others have realized and consolidated their natural skills and potential as leaders of their communities.

The meeting is a monthly milestone at which they all arrive with a sense of purpose. “These meetings are important for us,” shares Kamla, president of the managing committee of the Aastha Parivaar, and a sex worker from north-east Mumbai. “This is an opportunity for people from all the Community Based Organizations (CBOs) to get together, to discuss what is happening in each CBO, what should happen, what the problems are, how they can be solved, and the plans of the AP.” The CBOs she is referring to are the Community Based Organizations of the Aastha project; the governing body of Aastha Parivaar comprises one representative from the Managing Committee from each CBO.

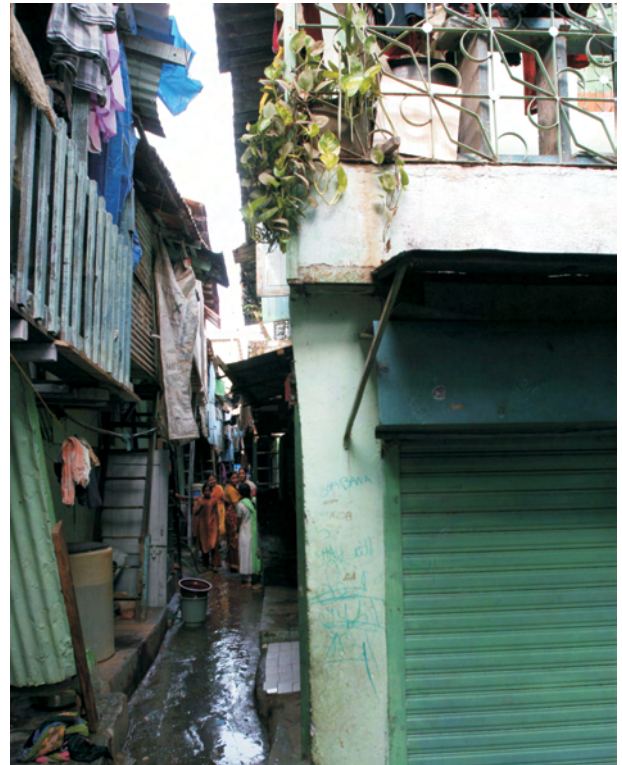
The meeting is one of many at which the elected representatives at various levels of the Aastha Parivaar (AP) - the community of sex workers who are constituents of the Aastha project-get together. In a city of scarce physical spaces, these meetings-like the other interactions of the AP-represent a space to meet, talk, discuss problems and seek solutions, a space whose parameters the sex workers are comfortable with. The use of the acronyms for example, is an indicator of their familiarity with the workings of the multi-layered structure of the AP where they are all fully informed about the agenda for the meeting, the plans of their CBOs, and about their own roles and responsibilities. In a dense and rushed city that offers them few avenues to explore individual potential and to relax, these interactions are also a figurative space for growth and solidarity.



### The contours of sex work in Mumbai

Mumbai is a city of multiple diversities. The city and its suburbs are a sprawl of 460 square kilometers that is home to more than 12 million people (the population of the extended Mumbai metropolitan region is more than 18 million). It is a city of long-term residents and newly-arrived migrants seeking work and a sliver of space. People from every state of India live in Mumbai, people who speak numerous languages and represent numerous cultures, religions, political beliefs, and occupations.

The diversity of the city is reflected in its kaleidoscopic sex industry. Women, men and transgender groups work in Mumbai's sex industry; some are from Mumbai, others have come here from different states of India. Sex



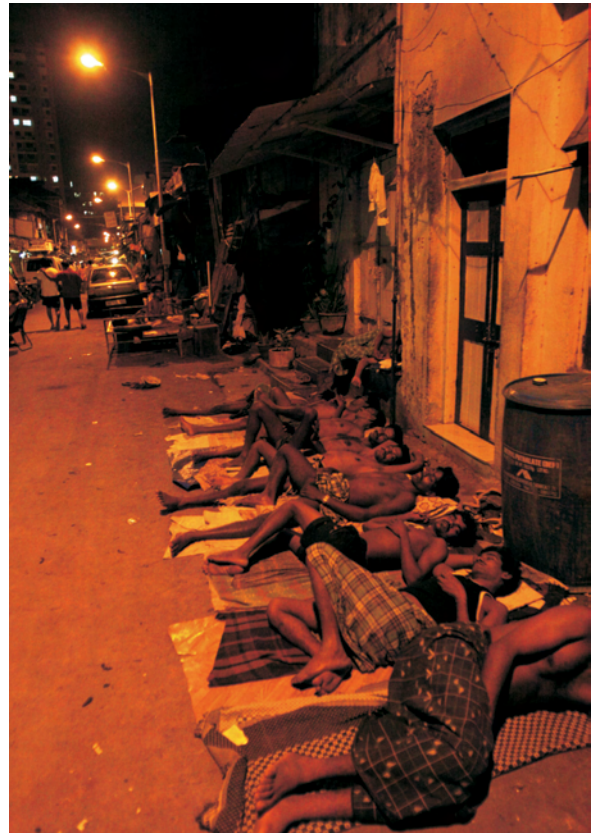
***Sex work in Mumbai could be as evident as in Kamathipura or as hidden as in the city slums. Irrespectively, it is omnipresent.***

work in Mumbai is geographically dispersed, operating in fixed or floating pockets across the entire city: in brothels, on the streets, in small hotels, at massage parlors, on highways and in other places. The sprawling city offers a high degree of anonymity, and sex work is sometimes home-based and “hidden”. Commercial sex is also available in bars, where women serving at times also do sex work. And it is present in the city’s film and entertainment industry, where women and men seeking small jobs may also do sex work with both male and female clients.

On the periphery of the city, in areas such as Bhiwandi and Turbhe, sex work has a few other variations. Various small industries are located in these areas, which employ migrant men. These areas are also hubs of trade and transit for trucks. The area has numerous bars, which employ young women. Rarely resident, these girls start work in these satellite towns and then move to bars and other sex work sites in mainland Mumbai. At the labor nakas-street-side nodes where daily wage laborers gather to seek work in Bhiwandi and Turbhe, women may sometimes accept sex work for the day if other work is not available.

Sex work in Mumbai has a temporal dimension. During such periods as the popular Ganesh<sup>1</sup> festival, or the New Year, when spending and demand is high, sex work increases. Not only do sex workers enter and exit Mumbai periodically, within the city they also occasionally move across locales: from a bar to a brothel, from home to brothel, from street to street. Due to these movements, the number of sex workers in Mumbai keeps changing, and the number in any one type of sex work also remains variable. In a context that is fluid, where the sex workers are heterogeneous, the industry is diverse, where services such as healthcare are sporadic, and social stigma is rampant, the problems and constraints faced by sex workers in Mumbai are

<sup>1</sup>Form of Indian God, whose worship is very popular in Maharashtra, India



**Mumbai and Thane are home to a large migrant population.**

also numerous and persistent. The Aastha project has been a process of recognizing, understanding and addressing these problems with innovative solutions and strategies. The process of bringing together and building up the democratic multi-tier Aastha Parivaar has transformed the sex workers, personally, professionally, and collectively.



## A wide canvas - Challenges of disparity and diversity

Sex workers are typically located at the lowest rungs of the social, economic and political structures. Most sex workers consequently face a host of enduring hurdles: fluctuating incomes, low literacy, violence, harassment, stigmatization, limited access to healthcare; it is a long list. The sex workers who are now associated with the Aastha project were also confronted and lived with these and other problems.

### Health – A Low Priority

“

It was all about sex work and then on to the next client, with no thought for our health. If I was ill, I would usually neglect or ignore the problem, and go to a doctor only when absolutely necessary.”

**SUDHA RANI, Community Development Officer (CDO), Women Welfare Trust (WWT)**

Sex work in India, as elsewhere, entails potential risks to health. Illness is common; this includes Sexually Transmitted Infections (STIs), HIV infection, malaria, tuberculosis, coughs and fevers, aches and pains. With work and daily earnings on priority, sex workers relegate medical help to the margins of their schedule and priority. Savings for medical treatment are low. Access to medical facilities in the network of public clinics and hospitals in the city is limited or uphill. Often, the sex workers are not aware of the importance of preventive or prompt healthcare. The sex workers of AP, who are now amongst the many active healthcare promoters in the Parivaar, list these and other obstacles.

“In the past, we did not pay attention to our health”, says Kamla. Kamla is associated with Kranti Mahila Sanstha (KMS), a CBO of the Aastha project in Shivaji Nagar in north Mumbai. “I did not realize that without good health I cannot work. I only knew about earning for the

day, about the next transaction and payment. If I got ill, I would go to the municipal dispensary only to be able to start working again.”

The live-for-the-day attitude was common. Others in the AP also share their ignorance about preventive healthcare. Renu Kumari, who lives in a brothel in Central Mumbai, and is now an assured Outreach Worker at AMS (Asha Mahila Sanstha), an Implementing Partner (IP) of the project, says, “I had no idea about testing for HIV and the need for regular general check ups. I was often ill and would frequently get fevers. If I had the time, I would go to a private doctor and get some temporary relief.”

The disinterest was coupled with a lack of information or an abundance of misinformation, especially about STIs and HIV/AIDS. “I did not know anything about STIs, and had heard about AIDS but had no idea what it meant,” shares Babita Singh, a bar dancer from north Mumbai. Babita is now an energetic Peer Counselor for Aastha at SMT (Sanmitra Trust). “I had some knowledge about health because my late husband was a doctor,” Anshu says. Anshu, a bar worker from east Mumbai, was a Peer Nurse and is now an active Community Volunteer at NSP (Nagari Seva Prabhodini), another IP. “I did not know much about HIV. I thought it can only be sexually transmitted and that a person dies if they get the infection.”

Misconceptions about HIV meant not only neglecting one’s possible vulnerability, but also discriminating against HIV positive co-workers. “If someone in our brothel had AIDS or was becoming emaciated, we would ask her to leave,” Renu recalls. “She would be forced to return to her village and would usually not be accepted back into the village. We abandoned many women in this manner, instead of offering them support. In this way, we were responsible for practicing the discrimination we ourselves faced as sex workers.”

### Irregular condom use

“ In the beginning, we rarely used condoms,” Kamla says. “Since we did not know about STIs, we did not think of being careful.”

**Kamla, President, Aastha Parivaar**

Either the sex workers were unaware about the necessity of condoms, or they could not enforce usage. “I did not know about condoms in my early days of work. Once one of my customers asked me to buy a packet, but I did not even know how the condom was to be used,” Sudha recalls. Sex work is, in part, a power equation, and in many instances the sex worker is unable to negotiate or enforce the use of a condom with a client or with the brothel-owner. Renu recalls how the Gharwali<sup>2</sup> would force the girls and women working in her brothel to have sex in any manner with any client as long as they brought in the money. “In such a situation, the girls could not insist on a condom, and the incidence of infection was high.”

The rare use of condoms and the lack of attention to their health was also due to a near-constant sense of fear that many sex workers live with. When male sex workers of the AP, such as Pranay Kumar, solicited on the streets of south Mumbai some years ago, he says it was difficult for them to insist on condoms for fear of losing the client or getting cheated out of payments. “We barely even knew about condoms,” Pranay, formerly a Peer Trainer, and now an articulate Secretary of the governing body of the Aastha Parivaar says. “Such was our fear as male sex workers that I would worry about what to tell the doctor even if I got an ordinary illness, and so I would self-medicate.”

### Violence - a way of life

Extortion, harassment, arrests and forced sex occur frequently in sex workers’ lives. “The

police would harass us if they found us carrying condoms,” Pranay says. He recalls how the police would confiscate the money or mobile phones of male sex workers, or would force them to have sex. Just as health issues were resolved with transient solutions this problem would also be temporarily resolved in a makeshift manner. For example, Pranay and his co-workers would pay the police a monthly amount or buy them alcohol, or send new boys to them for sex. Suman, a hijra<sup>3</sup> sex worker, who is now a CDO at the Triveni Samaj Vikas Kendra (TSVK) for the Aastha project, speaks of how she and others would get arrested under anti-begging laws when they solicited on the highway in north Mumbai. When licensed dance bars were active in mainland Mumbai, the police would periodically raid the bars, Babita recalls, and the bar dancers had to hide in concealed ante-rooms.

“ They would beat us, they would bully us, and there was a lot of violence.”

**Renu Kumari, Outreach Worker, AMS (Asha Mahila Sanstha)**

Violence in a sex worker’s life is not limited to the police. Clients, regular partners, brothel-owners and others may also be violent at times. Renu remembers the Gharwalli beating the younger girls in the brothel if they did not obey her orders. Sudha talks about a senior sex worker who would beat her with a stick if she did not give her a commission. “I had no courage then, no strength,” she says, “and would silently do my work and return home.” Clients would also force sex workers to provide services against their wishes. “They would threaten us if we refused to give in to their demands, they would beat us; they were often drunk. We usually did whatever they asked, we silently faced it all,” Sudha says. Kamla asks, “When we faced danger from both clients and from cops, what could we

<sup>2</sup>Brothel madam who monitors entry of clients, movement of sex workers and takes certain percentage from sex workers

<sup>3</sup>A eunuch or a transgender who live in a well defined closed community led by a Guru/Hijra leader

do? We could not complain to the cops. We had not learned to collectively counter such threats at that time.”

**To each her own**



Each of us was on our own. We were afraid that if we got involved, we too would get beaten or arrested.”

**Renu Kumari, Outreach Worker, AMS (Asha Mahila Sanstha)**

Lack of solidarity made the multiple battles a more uphill task. “If the police took away one of us, we would let her go,” Renu says. “If a customer beat one of us, we would let it be. In our brothel girls from different states were friendly, but were aloof. We did not think like one group, of our common interests. We had little information and would think that we were getting arrested or harassed because we were wrong.”

Sex workers may be in the same trade but the axes of their identities—as is often true for people in other professions as well—usually revolve more strongly around region and language. “We may meet and work in the same hotels, all the girls and women from Calcutta, Chennai, or from other places,” Kamla says. “But otherwise we mostly remained in our regional groups.”



*Bar based sex workers in Vashi getting ready for work*

All problems were handled individually, Pranay says. “We would stand on the same street to solicit but were never a cohesive group. At the end of the work, when we gathered at the station at about 4 a.m. for the first train, we would wait together, eat, and drink tea and chat. At times we did talk about our problems, and would realize, for example, that the same customer was cheating another guy too. Despite this, we were unable to discuss collective solutions or strategies, such as everyone insisting on advance payment, which would give us bargaining power. We did not understand all this at the time.”

The hijra-transgender community in Mumbai is tightly knit, but, according to Suman, it is riddled with numerous internal problems. “Power games”, exploitation and cheating within the community ensured little real support. “There are leaders in the community who don’t want others to become capable and be able to solve problems,” she says.

One of the reasons for lack of solidarity is also the bitter competition amongst sex workers. “Customers get ‘stolen’, so jealousy, animosity and fights over this were frequent,” explains Kamla. The sense of territoriality was also literal and prevented meeting on common ground. “We had fixed soliciting spots,” Pranay recalls. “I could only stand between two specific pillars on the pavement. Any transgression of this boundary would lead to fights.”

Sex workers are constantly afraid of losing customers, who always want “newer girls”, Sudha says. “We would not allow other sex workers on our street. If the police caught someone, she had to deal with it alone, and would often not have the money for release from lock-up. Our only focus was work, we would stand on one place but go away as and when we got a customer. There was no time or inclination to relax or chat. We did not talk about



ourselves. If someone had a health problem, there was only superficial talk. We did not even reveal our correct home addresses to each other. We had no unity.”

### Living in the shadows

The potential of violence and actual violence in a sex worker’s life is not only physical, but also intangible, in the form of social stigma and discrimination. This has concrete as well as covert repercussions. For example, bar dancers may have to pay higher rents for rooms in slum colonies, because of the nature and timings of their work. “The neighbors in the area where I work would close their doors if they saw me. They would not allow their children to talk to us,” Bindu recalls. “Rickshaw drivers would ask us for extra money,” Sudha says. “They would say you earn from sex, give us more.”

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The discrimination assumes various other forms. “Men on the road, who know about my work, would pass lewd comments,” Babita says. “People would not allow us to stand on the street, they would chase us away, they would even randomly hit us,” Sudha says. “We got no respect from anyone.” Stigma and self esteem operate in inverse proportion: the higher the stigma, the lower the self-esteem and sense of dignity. “If someone hit us, we would blame ourselves,” Sudha says. “We would say we are dhandewali<sup>4</sup>, we are doing ‘dirty’ work.” Pranay

<sup>4</sup> *Hindi slang for sex worker*

recalls the sense of shame he and his co-workers felt about being male sex workers. “We felt we were committing a crime.”

### An insecure future

The sex workers of AP talk about how their low levels of confidence, the nature of their work, their inability to be attentive to their health, also adversely impacted their children. In many instances, the sex worker’s children may not be aware of their mother’s work. Some of the women leave from home pretending they are going for a job, some tell their children they work in a beauty salon; they then solicit or work as bar dancers or waitresses in faraway areas. This secrecy entails a constant fear of discovery.

Some of the sex workers speak of being habituated to alcohol before they came to Aastha, which affected their ability to be attentive parents. “In the past, my behavior before my children was inappropriate. I would drink and had no idea about how to control myself. I had no idea about proper parenting” Bindu says. Kamla recalls, “I would drink every evening, I would wake up in a semi-intoxicated state. I neglected my children; they were growing up in a terrible environment. I spent all my extra money on alcohol and on lavish meals every evening. I had no savings. They would not have respected me if I had continued like that. No one had ever given us a long-term perspective about such things, until we came to Aastha.”

“ When we are young, we earn from sex, but we gave no thought to what we would do when we get older, when our children started growing up.”

**Kamla, President, Aastha Parivaar**

The live-for-the-day attitude that causes, in part,

the sex workers to neglect their health, also results in an inability to save money, or to plan for eventualities, or for their children's future. The constant battles on several fronts may also leave the sex worker with a feeling that she is not going to live for long, that she should earn as much as possible while she can still work, and enjoy the earnings in her presumed short lifespan.

In some instances, the sex worker is not in a position to control her finances or to attempt to save. A Gharwalli may have bought the sex worker from a middleman, and taken a loan for

the purchase. The high-interest loan is paid off by the sex worker's work, so her steady earnings are important to the brothel-owner. If the sex worker is unwell, the costs of her medical treatment get added to the amount to be paid off. This is one more reason for medical help being postponed until the last minute. All this ensures a cycle of debt.



## Bringing sex workers together

**W**hen the sex workers are so dispersed, the nature of their work so varied, the range of the issues they confront so extensive, how does an organization begin to work with this vast and complex canvas? At what point along the geographical, professional, and personal or health continuum would a project produce the best results? This was the challenge before the Aastha project.



*Sex workers attending a self help group meeting*

FHI recognized that no single organization or program could cover the broad canvas. In the year 2004, in collaboration with Avahan India AIDS Initiative and working with two Main Implementing Partners (MIPs – FPA India and SOSVA), FHI formed a network of second-tier organizations, the Implementing Partners (IPs). This organizational matrix would collectively network with sex workers and eventually build the city-wide Aastha Parivaar (family) of sex workers.

With the support of FHI, Avahan, the MIP and the IPs would work on two broad axes:

☞ **Health:** By promoting safer sexual practices, better access to and acceptance of sexual healthcare services, increased use of condoms, and a greater ability to respond to STIs/ HIV and

☞ **Empowerment:** By addressing issues such as harassment, stigma, savings, and access to state benefit schemes such as food rations.

The Aastha project was thereafter set in motion through 15 (now 11) IPs, who are already-established NGOs working in different parts of Mumbai on a range of issues. The IPs are familiar with the locales they have worked in for years, they know people in the community, and they may have worked with sex workers on other civic issues in the past.

FHI also recognized that to sustain such a program in both the short-term and long-term, it was critical that the sex workers were not just “recipients” of services. They had to be involved in all aspects of the project, in a way that eventually the sex workers would collectively become the planners and promoters of the project. With this objective, Aastha devised a multi-tier democratic organizational structure to ensure horizontal coverage as well as vertical involvement of the community of sex workers at every level of the project

**In Aastha, KPs are the strength of the program\*, forming**

**39%** of the Staff Structure

&

**90%** of Outreach

\*Source: February 2011 Aastha MIS

### Peer Educator – Forming the base

The foundations of the organizational structure were laid with field staff at the IPs identifying sex workers who could become Peer Educators (PE): sex workers from the same area, language and age group, with the potential to become community activists. The PE in turn contacts and communicates with other sex workers — called












provide to which sex worker and when.

“The PE manages each and every service for the KPs she covers,” says Gaurav Nidhi, Senior Program Officer, FHI. This includes enabling the KP to access STI check-ups and treatment, distributing condoms, and one-to-one SBC. Everything, from planning to execution, is done by the PE.” This has brought creativity, greater responsibility and consequently a greater sense of involvement amongst the sex worker/peer educator.

many meetings should be budgeted for?

Despite low or no literacy, the PE, apart from her professional commitments, is trained extensively in micro planning –the process by which every registered sex worker receives services. A pictorial Daily Diary helps her to micro manage individual sex workers and the provision of services, namely, — clinic visits, SBC sessions, condoms, etc. Individual Tracking Sheets (ITS) help PEs to track uptake of services, despite the high movement among sex workers.

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- ☞ Community Volunteer
- ☞ Peer Counselor
- ☞ Peer Nurse
- ☞ Peer Trainer
- ☞ Community Development Officer

PEs with the requisite aptitude and ability were promoted to these positions, and other sex workers were identified as PEs. Overtime, this has created a continuous process of identifying, electing, training and involving an expanding base of sex workers.

**Forming self help groups**

The PEs interact and maintain contact with about 50-60 KPs in their geographical sitemap. These KPs are then sub-divided (for the purposes of Aastha project activities) into informal groups or Aastha Gats of about 15-20 members in each



Gat. Prior to formation of Aastha Gats, the PEs and ORWs were trained about how self-help groups are to be formed, about group dynamics and communication skills. Community events were organized to draw the sex workers into the Gat. In this manner, 797 Gats involving 14235 sex workers have been formed.

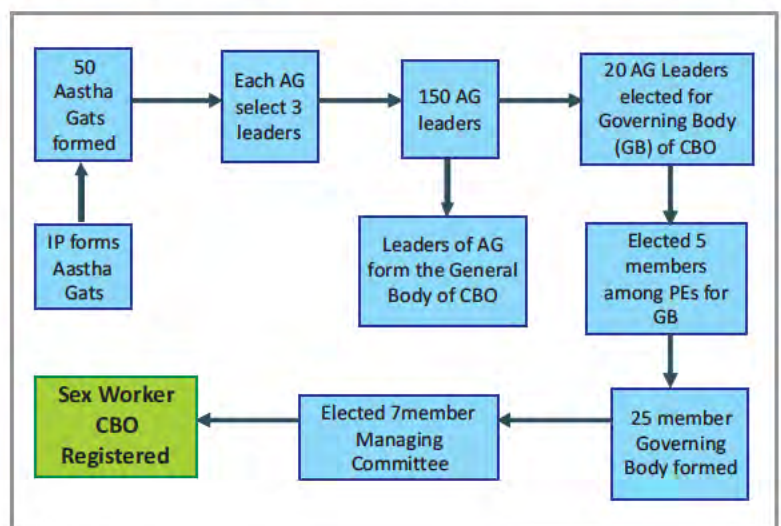
Each Gat has three nominated leaders; these nine leaders become the Task Force Committee (TFC) for that particular network of 50-60 sex workers. TFC members more actively than the other sex workers in the group address recurring and emergency issues. The Aastha Parivaar includes various other committees, including the Project Advisory Committee and the Clinic Advisory Committee.

The basic grouping of the Aastha Parivaar is the Gat. Because the sex workers are often mobile, the Gats do not focus on micro-credit; instead, they are formed to bring a sense of unity and mutual dependence amongst the sex workers.

The Gats are formed at specific sites of sex work. For example, all the sex workers on a floor in a brothel form a Gat. Each IP on an average has 70 Gats. The gats have been federated into 15 CBOs at the level of the operational area of the IP's. The CBOs in turn were federated into the city-level Aastha Parivaar in May 2008.

Periodic elections are held for various councils, at the level of the CBO as well as at the level of the city-wide Aastha Parivaar. This includes elections for the 25-members governing body of the CBO, the seven-member managing committee of the CBO, the 105-member general body of the Aastha Parivaar, the 15-member governing body of the Aastha Parivaar, and the seven-member managing committee of the Aastha Parivaar. Each Managing Committee has elected positions such as President, Vice President, Secretary, Joint Secretary, Treasurer and two members.

The various committees, councils, individual posts and individual workers are a methodology



of ensuring multiple objectives:

- ☞ The democratic functioning of the project;
- ☞ Tapping and enhancing the potential of sex workers to become community forerunners;
- ☞ Giving opportunities to a greater number of sex workers
- ☞ Creating a widespread sense of involvement in and responsibility for the project.

### Overcoming obstacles



**Outreach team at an Aastha Gat meeting of floating sex workers at Dadar Station, Mumbai**

The sex workers resisted becoming associated with any project or organization, usually due to fear and mistrust. “They were afraid of being identified, worried that the police would arrest them or their families would find out about their work,” Mariam Rashid, Project Manager, SHED says. “And so the sex workers would verbally abuse us and our field workers; a few times the PEs were even beaten up, the sex workers demanded to know why we wanted to disclose their identities. In addition to the sex workers, the police and local goons were also hostile. After a lot of effort on our part to convince them about confidentiality, the KPs slowly started joining the Aastha Parivaar and felt assured that they could continue working and that our focus was their health status.”

In some places, language is a barrier. At the labor nakas and small hotels of Bhiwandi and Turbhe,

for example, there are women from ethnic communities of Rajasthan who do not speak Hindi. “But one girl may know some Hindi and we start with that,” shares Dipali Belvankar, Aastha Project Coordinator at Alert India, an IP. “Or we approach the local labor leader. Sometimes we have tried other methods like going to the *naka*<sup>6</sup> with sweets during the *Sankranti*<sup>7</sup> festival and start chatting with the workers.” In the bars of Bhiwandi, in some instances, the ORWs enlisted the support of bar managers/owners.

### Making the first contact - strategies and responses

Creating this exponential organizational tree took time. Although the PEs and ORWs had been identified and trained the key questions emerging were how would they bring other sex workers to the Aastha project? How would they move from sporadic contact with them to sustained interaction? This was not an easy task. The sex workers were reluctant and distrustful of becoming part of any project. The people they worked with, such as bar managers or brothel-owners, were also usually resistant or hostile. The Aastha project used various tools including mobile medical vans and health camps, as well as techniques including mapping and the snowball system, to lay the horizontal foundations of the Parivaar.

One of the lead IPs is SHED, which has been working in Dharavi in north-central Mumbai since 1982. “We had worked on various issues for which women would approach us, such as children’s education and domestic violence,” Mariam Rashid says. “At the time, we didn’t know some of them were sex workers. Through our interaction on a project with migrant workers, we realized that there was a resident population of sex workers in the area. We started looking for them. It was a difficult job so

<sup>6</sup> Crossing at the traffic signal

<sup>7</sup> A Hindu festival celebrating onset of harvest season, accompanied by an exchange of turmeric powder and saffron among married women



we involved local politicians, pimps and the police. We started with registering two KPs.”

The sex workers who are now activists and leaders of the Aastha Parivaar also recall how they first came across the Aastha project, their own reluctance and suspicions as well as the resistance from others. “Aastha had a health camp in my areas some years ago,” Kamla says, “I did not want everyone to know I am a sex worker but when I was assured of complete confidentiality, I joined. Although in the beginning I did not know much about the project, I got interested when I realized this is an organization for sex workers and is not going to use us like a political organization.”

“This was in 2004, when the Aastha project began. In 2005, after a major flood in Mumbai, a group of women associated with SHED collectively and successfully fought against shop-owners who were not distributing emergency food rations given by the government. “This incident built the confidence of the PE,” Mariam recalls, “and other sex workers also started approaching the PE.”

Renu recalls an incident in her brothel. A girl who was HIV positive eventually died of AIDS. “We told the ORW who visited the brothel that she had brought ill luck upon the girl. When the ORW would come, we would get up and go inside. But she and the PE persisted. Slowly, we told her what had happened. She said that if we had had proper information, the girl could have lived for long. Then we started asking questions: what is the difference between HIV and AIDS? How does a person get it? For the first time, we got some real information. I felt good about this. The other KPs in my brothel were still not convinced about Aastha, but eventually I convinced them.”

The Aastha project also used other methods to

contact sex workers and bring to them the services of the project. “In the beginning, we mapped the areas of sex work,” Shobhna Chavan, Aastha project coordinator at SAI, an IP since 2004, says. The NGO works with brothel-based and itinerant sex workers near railway stations across Mumbai’s western and central lines. Sangeeta, a senior sex worker, was already at the time associated with the IP on another AIDS-related project. She joined Aastha as an ORW and helped the IP locate other sex workers.

In some instances, the fear was exaggerated, and a product of enduring exploitation and harassment by the police. Aruna, a sex worker from Navi Mumbai and now an ORW for Aastha through Alert India, describes the time the field worker of the IP first approached her. She thought “someone from the CID” had come because of a rumor amongst sex workers in the area. Aruna says she eventually realized that the project would actually help her and her co-workers with various problems, and then she began enlisting others.

The Aastha project also uses tools such as a mobile medical van and in situ health camps for the first (as well as subsequent) contact. The van goes to areas where sex workers solicit or work, and offers STI screening services, HIV counseling and testing services, free condoms, and information. Sudha Rani recalls a time when she



*CBO members encouraging transgender sex workers to join their Aastha Gat*

was soliciting on the street in Dadar and the IP's mobile van arrived. When the sex workers saw the medical equipment in the van they protested that they didn't have AIDS and fought with the ORW. Over time, the ORW convinced them that the van also dispensed general medicines for headaches, coughs, stomach aches, there would be a counselor talking to them about STIs, and that they could thereafter get a check-up if they wanted one. The PEs who work on creating the network of contacts with sex workers also use tools such as the Strategic Behavior Communication material. Anshu remembers attending a Women's Day program organized by the Aastha project near the bar where she worked. Babita speaks of an ORW who came to the bar where she worked offering clinical services.

Each of these community leaders overcame the initial hesitation of joining the project. Thereafter, they were prepared to tackle similar resistance of the other sex workers. When a sex worker is convinced and agrees to use the services of the project, her or his name is registered (details such as name, age, years of sex work, transaction frequency, condom use per month, are noted) and she/he is given an Unique Individual Digit.



## Altering the program architecture

The process of creating and consolidating a democratic organizational structure went hand-in-hand with devising customized interventions. It was evident that neither a patchwork nor a homogenous approach would be effective or sustainable. The diversity of sex workers, the dispersed context of sex work in the city, and the extensive nature of the issues they confronted meant that any program or service would have to comprehensively respond to the community's specific characteristics and requirements.

### MAKING CONTINUOUS INROADS

There are three different yet inter-connected goals, feeding into each other, which eventually lead toward community empowerment, namely, creating awareness, self-organization and action at the community level.



Apart from addressing the social conditions of sex workers, the project needed to address other questions as well: how could STI screening be regularized? Considering the constraints of using condoms, how could the use of condoms be increased and maximized? How could a system be put in place that helps a sex worker during emergencies? For these and other issues, innovative approaches, which took into account the specific situation of the sex worker, were designed.

For example, if a sex worker could not use condoms because the brothel-owner disallowed

the practice, the PE would talk to the Gharwalli and, through sustained dialogue, convince her that the use of condoms would in fact benefit the brothel: a healthy sex worker would earn a steadier income if she cuts down the risk of STIs.

Free condoms were regularly distributed at all the sites. After a while, the Aastha project made its own condom, which was suitable for all typologies of sex work. Developed as per WHO standards, the Aastha condom had extra lubrication and was *paan*<sup>8</sup> flavoured. In the past, the police would arrest sex workers found carrying condoms. It became easier for sex workers to carry the new condom, since the latter was packaged to look like a shampoo sachet.

"We did a lot of branding and marketing," says Amit Shrivastav, Program Manager, FHI. "The name Aastha and the project logo were chosen by the KPs. The logo was chosen from a drawing competition amongst the KPs. The condom and communication material were field tested and feedback was incorporated in the final product. Everything in the project is called Aastha. This creates a high degree of association amongst the sex workers with the name Aastha." This in turn ensures familiarity and usage.

The issues that a sex worker confronts are interlinked—for example, their health status is in part linked to their inability to negotiate the use of condoms or the harassment by the police also impacts the use of condoms. Every customized intervention, therefore, had positive effects on more than one problem area. For example, even if they began using condoms with occasional clients, sex workers rarely used condoms with regular partners. "If the sex worker was arrested for carrying a condom or for any other reason, she usually could only depend on the partner to get her out of police lock-up", Nidhi says. "In return, the partner would demand free and

<sup>8</sup> *Abetel leaf*



unprotected sex. This dependence gave the sex worker no space to negotiate the use of condoms." Aastha in turn focused on the following interconnected strategies.

### Tackling Community Issues

"Some issues—such as problems with the police, children's educations, regular partners, getting ration cards etc—are common across all typologies of sex work", Gaurav Nidhi says. "We had to address those, to begin with. That brought the KPs together and started strengthening them. When we addressed these problems, besides sensitizing them on health, the community gradually started taking the lead and the significance of health seeking behaviour understood. Earlier, the sex worker may have had little time to pay attention to health issues because she is preoccupied with all these other issues."

In this manner the Aastha project has currently (as of February 2011) reached 79,116 sex workers, of which active contact is maintained with 24,617 sex workers.

The process of initiating first contact with a sex worker and thereafter building up a sustained interaction therefore does not focus only on health issues. If the sex workers talk to the PE or ORW about problems with the police, that problem is discussed and addressed in the best possible manner. "If the police caught a KP, we would go and get her released," Sangeeta says, "We would sit there all night till the court opened in the morning. If they had trouble with violent partners, we would try and intervene. Slowly, this created faith in the KPs that Aastha would help them when they need help the most."

When the sex workers slowly began coming to the Aastha Kendras or Drop-In Centres at the IPs,

the focus there too was not only health. The Aastha Kendra also serves as a safe space, where the sex worker can sit, relax, chat with others and watch television. Realising this actual and symbolic utility of the Aastha Kendras, the centres were amongst the first services established in the Aastha project.

### Dealing with Contingencies

The Aastha project devised the Aastha Tatkal Seva (ATS) or a Rapid Response System to respond to emergency situations such as arrests, hospitalization and episodes of violence. The ATS is a community led service: the sex workers who comprise the Task Force Committee of each Aastha Gat respond to all emergency situations involving the sex workers in their Gat. If the TFC members are not available, other sex workers in the Gat or in neighbouring Gats handle the situation.

For example, if a sex worker has been arrested, TFC members will go to the police station to get her released or provide assistance. This reduces the sex worker's dependence on her regular partner and opens up space for negotiation, not just to use condoms, but also to minimize violence.

### Solidarity in time of need

This incident took place in Malwani, a residential area for bar girls in north Mumbai. As soon the SW left for work two boys staying near her house broke in and started abusing her daughter. Her neighbor realized this and immediately informed a Task Force Committee (TFC) member. The Aastha Gat and the TFC members immediately rushed to the house and saved the girl from what would have most likely have resulted in rape. They also lodged a report with the police and the boys were arrested.

If money and support are required for hospitalization, the TFC steps in. If a local goon is harassing a sex worker or extorting money from her, the TFC intervenes and, if necessary files a complaint with the police. If a partner has been violent, the TFC counsels the partner, takes the sex worker to hospital if required and tries to resolve the violent situation in the long-term.

“With the ATS, the objective is immediate response, not necessarily immediate resolution,” Gaurav Nidhi says. “For example, an arrested sex worker may not instantly get bail, or if she is beaten by her partner, the violence may not stop altogether. But the timely response and support from other sex workers is important.” This gives the sex worker both actual help as well as a sense of solidarity, a feeling that she is not alone to confront her problems.

### **Dialoguing with Stakeholders**

In addition to dialoguing with brothel-owners, the Aastha project also began dialogues with other entities in a sex worker’s life, such as pimps, the police and regular partners. If a pimp was not allowing a sex worker to attend the Aastha clinic for a check-up, the CBO members would start interacting with the pimp and build a sustained dialogue. In some instances, building positive relations with stakeholders have helped gain entry in the brothel, the bar or the lodge. If a sex worker or her partner has symptoms of an STI, both may be counselled through an SBC session that gives them information and guidance.

Similarly, the Aastha project has involved the police in its activities, by inviting them to events and festivals, by facilitating dialogues, by felicitating supportive personnel in IP events, and building partnerships with the police over time. The police are also counselled about their own vulnerability to HIV. “We did not start by

### **Sustaining Positive Associations**

In Vasai, CDI was working with four bars and shared good rapport with the bar owners. They were successfully delivering Aastha services to the girls in these bars except for ‘Suncity’ bar in Vasai, which had not given the team permission despite advocacy efforts. In August 2009, the management of the bar changed and the outreach team requested support from another bar owner who had been supportive of Aastha project. The supportive bar owner explained about the Aastha services and its work. He also shared his experience with Aastha to the manager of Suncity. Henceforth, CDI got the permission to conduct its first health camp in the Suncity bar in the same month. 17 girls were covered in the health camp and were registered in the project.

talking about how they should not harass sex workers,” Gaurav says. “We had meetings with police officers, got letters from them asking personnel to support Aastha in their activities, and then the IPs started liaising with the police stations. This has to be an ongoing dialogue because the police keep getting transferred.” Building relations with police in turn helped in tackling situations of crises through the ATS.

### **Using Strategic Behaviour Communication**

Strategic Behaviour Communication (SBC) sessions were used by the PE/ORW to alter the sex workers’ health-seeking behaviour. For example, the PEs or ORWs would start chatting with the sex workers about external beauty, and use this ‘communication hook’ to start talking about internal “beauty” or health, and then venture into talking about STIs.

SBC comprises visual techniques and games to enhance and assist this dialogue. For example, two bottles are used for a “litmus test”; the litmus paper changes colour when dipped into





### *Money as a Communication Hook*

one of the bottles that contains vinegar. “This demonstrates that the water may look clear but it is not pure,” says Amit Shrivastav, Program Manager. “This is illustrative of beauty: a sex worker may look good externally, but may not necessarily be in good health internally. The project also started beauty parlours at a few Drop-in Centres (DICs). Sex workers are trained as beauticians, and during treatments, they initiate discussions about healthcare and STIs.

The various techniques help to generate a demand for check-ups. “Because 95 percent of STIs are asymptomatic, we promote regular screening for STIs,” says Gaurav Nidhi. In addition to regular counselling about HIV/AIDS, once a year, the entire Aastha project team also undertakes an intensive drive to give information to every sex worker about HIV; the demand for testing peaks in subsequent months.

Using SBC methods is one of the key steps in creating awareness among sex workers. It opened up spaces in the sex workers lives to bring adequate focus on their health. At the same time, SBC was an important tool in conveying the significance of supporting each other, knowing the rights, saving as a good practice toward secure future, opening bank accounts and the importance of building their collective identity. In addition, it encouraged sex workers to avail the Aastha services, including comprehensive clinical services such as screening and testing for STI/HIV, counselling on

safe sex, treatment compliance and referrals for additional health services, condoms on a weekly basis and Aastha Gat membership. The project also has a Continuum of Care (CoC) package: for example, if a sex worker is positive, Aastha links her/him to ART centres and offers other forms of support such as counselling.

### **Tracking individual sex workers**

Sex workers are mobile, moving from location to location as well as across types of sex work. Data with the Aastha project shows 2.5 percent churning rate among the total number of sex workers covered by the project. This makes it important to maintain data on use of services as well as place systems of tracking every registered sex workers.

If the sex worker has moved from one brothel to another in the same area, and if she meets another PE in the new brothel, the sex worker can clarify that she is already registered with Aastha, and can also give her Unique Individual Digit (UID). If a sex worker moves to the area covered by a different IP the same method of tracking works. This form of individual tracking system provided the mechanism for community-engaged monitoring, wherein the PE, supported by the Aastha Gat members helped track movement of sex workers. In addition, the Aastha Gat members also helped the PE in tracking new sex workers in the area. The PE would then start the process of meeting the new sex worker with the SBC sessions, bringing her to the clinic, and getting her registered. This system of tracking individual sex workers formed the foundation of community based management.



## Community Transformations

The Aastha project began with two broad and interlinked area of focus: One, health, by promoting safer sexual practices, better access to and acceptance of sexual healthcare services, increased use of condoms, and a greater ability to respond to STIs/ HIV, and two, empowerment, by addressing issues such as harassment, stigma, savings, and access to state benefit schemes such as food rations.

The multi-dimensional services and the democratic organizational structure have produced remarkable results on the interlinked axes of a sex worker's life. In every sphere—personal, social, and professional—the sex workers have experienced changes that are real and intangible, actual and symbolic. Personal narratives as well as statistical data with the Aastha project point to these changes.

### When health becomes a priority

“When we started the number of symptomatic cases and the rate of STIs was high,” Mariam Rashid of SHED says. “Every month 800-900 KPs came to our clinics for help with STIs, now the number is about 40-50, so the rate of STIs is clearly down.” Sanju, a Monitoring and Information Services (MIS) officer with the Aastha project, who previously worked as waitress in bars, says the percentage of sex workers with STIs was high in the past and awareness of symptoms, check-ups and



*Sex workers availing services from PE in brothel*

treatment was low; this proportion has now been reversed: awareness is high and STI prevalence is low

The attitude of sex workers towards seeking healthcare has changed. “In the past, the KP would derisively say that the Aastha people have come,” Anshu recalls. “Now they welcome us, invite us in for tea. Their level of information about STIs, HIV, condoms, family planning and other health issues has significantly increased.”

The sex workers of Aastha also describe the change they have experienced. “My entire universe has changed,” Bindu says, “Now the knowledge about HIV, STIs and health issues is in my very veins. Not only has the sex workers’ own attitude and health-seeking behaviour changed, as workers of the Aastha project, they have also creatively and with determination helped change and support numerous other co- workers. For example, if someone tests HIV positive, the workers of the project support her through a series of steps.

“I counsel her that HIV does not mean death, I tell her about medication, about CD4 counts, about nutrition,” Kamla says, “I tell her that she can stay healthy, that she has an equal right to live, I try to make her feel confident, accompany her to Sion hospital, register her, try to find if food rations are available for positive people. I tell her if she follows the protocol her life can continue as before.”

“I try to help HIV positive didis”, Aruna says. “If, due to my efforts, the girl can stay healthy for another decade, what bigger good deed can I do? What greater happiness can there be for me?”

### When condom use becomes regular

The Aastha project distributed 468,386 condoms from March 09-June 10; this is 91 percent of the



total demand of 516,863 condoms at the sites covered by the project. The use of condoms initiated by clients, as well as insisted upon by the sex workers, has increased. “In the past we had little idea about condoms,” Sudha says. “Now, due to Aastha, the importance of condoms is ingrained in us.”

Sex workers insist on condoms with clients, Bindu says. “If a client refuses, we leave. Even if that means earning less, we manage. The KPs have grown confident, we carry condoms in our bags, we don’t allow ourselves to be forced into sex without condoms, we are now not afraid to resist and insist.”

If a client is unwilling, he is “counselled” by the sex worker, Kamla says. “However, in many instances, regular customers are also now aware and they come with condoms in their pockets. If an HIV positive didi says I am going to die, so why should I not have sex without condoms, we counsel her too: why take others away with you,

why pass it on to your sisters?”

Over time, Suman says, the understanding about the importance of condoms, about STIs, about the risks of unprotected sex, has also increased manifold in the hijra community.

### **Building stronger associations**

From an unequal equation based on fear and hostility, the sex workers’ interaction with the police has changed to one of friendlier dialogue and a decline in harassment. The Aastha project’s sustained advocacy with the police, along side the growing confidence amongst sex workers, has contributed to this altered dynamics. Police arrests as a proportion to all crisis came down from 31 percent to 15 percent. Sensitization sessions have covered 17,454 police personnel.

“Due to the trainings, interactions and legal literacy session, today the KPs are more aware,” Rashid says. “They know for example that they cannot be brought to the police station after 7 p.m. When condoms were distributed in Dharavi in the past, the police would take boxes for themselves. Today the KPs tell them these condoms are for us, you go and buy your own.”

In the Bhiwandi and Turbhe areas, several



**CBO members celebrating a local event with police in Kamathipura, Mumbai**

community members have also moved from fear to confidence in their interaction with the police. “They are now able to say that we too have rights, and that includes the right to work.” Praveena Palay says. “Because of mutual support, the KPs are even able to ask the police for their badge numbers, they are able to resist extortion.”

“In the past, we were not able to face the police, we were afraid to even sit down in their presence,” Babita recalls. “Now, if a KP is arrested, we go and talk to the police, negotiate a bail amount. We meet them in other informal contexts too: for example, we go to the police *chowky*<sup>9</sup> with *rakhis*<sup>10</sup> during Raksha Bandhan.” Now the ORW does not need to go with the women to the police for permissions for events such as health camps. Gat members themselves are capable of getting this work done.

While the sex workers’ level of confidence and ability to negotiate with the police has improved, the attitude of the police has also changed. “The police would think we are ‘dirty’ people,” Pranay says. “When we began networking through Aastha we started giving them condoms and had meetings with them. From abusing and chasing us away, now the police are willing to chat with us over a cup of tea. They now use condoms for sex with sex workers, and they pay for the services. I would say that the exploitation and harassment by the police has definitely dropped.”

### Addressing their own crises

The Aastha Gats were formed with a view to creating a sense of unity, of building confidence. This was important in a context where the absence of solidarity forced sex workers to handle crises in isolation. The Aastha project now has 817 Gats, which has 14, 695 members as of January 2011.

The Gats, and the Rapid Response System run by the Task Force Committees of clusters of Gats, have built a sense of common ground, as well as had concrete benefits during emergency situations. The Rapid Response System responded to 74,782 (99 percent) incidents of crises with an average response time of 30 minutes from January 2007 to November 2010.

“Now, an entire *sangathana*<sup>11</sup> is with me,” Kamla says, “If anything happens to me, the didis are there for me, and I am there for them. I am now busy all day, I accompany didis to hospital to court, sit there all day if required. We support each other and are not dependent on outsiders.”

The women cite numerous incidents when they have rushed to help each other. Kamla remembers a time when a sex worker’s partner beat her a lot and she got a can of kerosene to immolate herself. “Her daughter called me. I went there, calmed her down, and talked to the husband. But instead he complained to the police against me. When I went to the chowky, some 20 of our women had already reached the police station and they stood there in support. The man was arrested instead of me.”

In another incident, a sex worker’s violent husband broke a bottle on her head. “We had been taught not to pluck out the glass pieces in such cases,” Babita recalls. “Somehow, I found a rickshaw, and took her to hospital; we now know the hospital staff and are able to quickly access emergency help.” In another incident, Babita recalls, a sex worker was knocked down by a motorcyclist, and both were taken to the police station. “I got a call at 1.30 a.m,” she says. “We went there, reasoned with the police that it was not her fault, and got her out.”

Some members of the AP recall incidents when they received such help. Bindu’s son, who is in the tailoring business, once got a needle

<sup>9</sup> Police station

<sup>10</sup> A scared thread tied on the brother by the sister as a symbol of love and protection

<sup>11</sup> Organization/Collective



embedded in his hand. Bindu was in a meeting at that time, so another AP member took the boy to hospital. "They called me and said it's all been taken care of," she says. I felt good. As a group we can do something worthwhile. This solidarity gives us self-respect, it gives us strength."

### **Saving for a future**

Although the Gats were not formed with a focus on micro-credit, the informal grouping has helped women access loans through their CBOs for small businesses. Besides, over time, from an attitude of spending whatever they earned, the sex workers have also begun saving a portion of their earnings.

"At times, the didis would not have even Rs. 10 for tablets even for a headache," Kamla says. "I too spent whatever I earned, on alcohol and tandoor every evening. Now, I save, I have a bank account. Other KPs also save. Some have sent Rs 40-50,000 to their families in villages; others have got their own rooms in Mumbai, while some others have been able to call their children here from the villages. We no longer have to ask people for monetary help."

The PEs and others also counsel younger women about the importance of savings." The KPs did not have bank accounts and would not save or would keep some money in a box, which would at times get stolen. We have helped 6751 KPs in our areas to open bank accounts and start depositing small sums, or start fixed deposits."

### **Moving up the Aastha ladder**

The various concrete changes have occurred alongside each sex worker's journey of growth up the Aastha organizational structure, and growth in terms of skills, opportunities and confidence.

Kamla, 28, has not studied at all, but is now an assertive and capable President of the Managing Committee of Aastha Parivaar. She says she was always active in her community, would support women with struggles about unfair rent or difficult school admissions for their children. "I would do this alone, I was full of anger about the injustices sex workers face, I would just barge in anywhere and start fighting. I am quieter now," she says. She came into contact with the Aastha project through an ORW, became a Community Volunteer, then a PE. At each stage, she has learned new skills and assumed greater responsibilities.

Suman, 32, is a science graduate from Andhra Pradesh who came to Mumbai 11 years ago with friends from the hijra community. She started sex work, came into contact with the Aastha project, joined as an ORW and over time has risen to become a CDO, with a bagful of duties. "I help sustain my CBO," she says with evident pride. "I provide technical training to the other members who may not be as educated as I am, I meet representatives of other organizations, of funding agencies, I go for meetings.

Babita, 30, had worked as a bar dancer since the age of 13. She came across the Aastha project six years ago. She started as a Peer Educator and moved up to becoming a committed Peer Counsellor. "I go again and again to my sisters homes," she says. "To try and understand their

“ I used to work as a waitress in bars in Dahisar and Kalyan before I started working for Aastha. I saw the PE's work and began to think if she can do this why not me? I have a BA degree and have done courses in yoga, and acupressure and computers. I started working informally with the Aastha project as a yoga instructor. Then I became an ORW and soon after, I was made a MIS Officer.”

**Sanju, MIS Officer, FPA India Bhiwandi**

hidden problems, to think of solution, to help them move on.”

Pranay, 26, started working in the sex industry nine years ago. He started as a Community Volunteer and was asked to take on more responsibilities. He then became a PE, then a Peer Trainer and Secretary of the Governing Body of the Aastha Parivaar.

Bindu, 31, came to Aastha about three years ago through a Peer Educator. “I told her I felt ashamed about how people treat me,” she says, “And the PE told me, come to this organization, it is for and of sex workers. I started coming to the IP’s office, started feeling good about the information I was getting. The best thing was, they did not ask me to stop sex work, how could I have done that, this work is my livelihood. I became a Community Volunteer and would tell the other KPs that you will get a lot of respect in Aastha, just as I did.” Bindu graduated to become a PE, then a Peer Counselor, and is now the Treasurer of her CBO.

Sudha, 40, who solicited on the streets, said she had initially refused to work for the Aastha project. “I told madam I have so many customers who give me work,” she recalls. “Then I joined and became a PE. I started getting a regular salary and I was excited. I realized that if I work hard I can progress in this organization. I was promoted to an ORW position, then a Gat Coordinator, Field Supervisor and now a President of a CBO in Aastha Parivaar. So many didis of AP depend on me.”

These outlines are indicative of scores of such journeys in the Aastha Parivaar. These personal and professional journeys have opened up multiple spaces in the sex workers lives and expanded their horizons.

The paid Aastha project workers received modest salaries—ranging from an honorarium of

Rs. 1500 to Rs.7,000—but their association with Aastha has given them other work options, in addition to their professional roles for the project. In some of the CBOs, a cluster of Gats have come together and taken small loans to start micro enterprises. In Babita’s CBO, for example, three gats have started a buckle-making business, are paying off the loan and earning a small profit. Kamla’s CBO has started a business of making soaps. The Gats in Anshu’s CBO make agarbattis, which sell at a small profit.

The Aastha project has established linkages with the Indian Women’s Industries Network (IWIN), an organization of women entrepreneurs. Aastha cosmetic products such as powder compacts and pancakes, which are approved by the FDA, are made and sold in the community by the sex workers. IWIN helps in the production and provision of the product. The products are then sold by Aastha Parivaar, CBO and Aastha Entrepreneurs (ACE) and profits are shared among ACE, CBO and Aastha Parivaar. Through the project’s linkages with other organizations, the women of Aastha Parivaar are also doing other professional courses such as training to be beauticians or nurses.



*Aastha Gat member exercising her vote in CBO Managing Committee elections*



## Building capabilities

The sex workers who are associated with the Aastha project are given a wide range of training. For example, Peer Counselors are trained in counseling, Peer Educators are trained on communication skills, group formation and leadership skills, Gat members are trained about the modalities of forming, registering CBOs and are trained on CBO Management Skills. Some of the sex workers are now also doing adult literacy or English-speaking classes at their IPs

A legal literacy module is conducted by a legal expert for the PEs and a core group in each IP. This group in turn conducts legal literacy sessions in the Gats, covering such topics as the process of filing a police complaint, rights during the time of arrest and detention, the right to free legal support rights, and information about other laws relevant to a sex worker. Between March 2007 to November 2010, 37,454 legal literacy sessions were conducted with sex workers.

“In the beginning, I had no information,” Babita says, “And this ignorance created a constant sense of fear.” “I had no knowledge about the law or legal rights,” Kamla recalls. “I had no idea why sex workers were frequently arrested. I got all this information from Aastha, and now know exactly what needs to be done at the police station, in the court, for bail.” Aastha gat members are also taken for visits to courts, to the police stations. They are told about the modalities of getting Pan cards, ration cards, opening bank accounts. “Having that information creates a realization of their rights and about the benefits of such IDs. That itself created a demand,” Gaurav Nidhi says.

“I got a lot of training about signs and symptoms, medication, check ups for STIs and HIV,” Pranay says. “I began giving this information to other KPs. I also learned various training techniques,



such as games for communication. I have been for trainings to other places in Maharashtra. My level of knowledge has transformed and am now capable of doing better with the know-how and the new contacts.”

“I have got to know so much,” Suman says. “My potential was suppressed. With Aastha, it got recognized and put to good use. In big colleges, students pay lakhs of rupees for personality development course. I have got all that through my association with Aastha.” “This has given us the opportunity to interact with so many people,” Bindu says, “If I don’t understand something, I come to the IP and ask. Then something that I thought was difficult becomes so easy.”

## Stepping out

Their association with Aastha has given the sex workers numerous opportunities, which they list with a sense of pride: invitations to conferences, fellowships, consultative meetings with top-ranking bureaucrat, invitations to speak at seminars, to attend workshops.



Kamla says she got a fellowship through her IP in 2010, which brought her Rs.3000/, a felicitation and a year of intermittent training and workshops (on her chosen topic: gender and violence) and workshops in different parts of Maharashtra, such as Pune, Beed and Solapur.

In late 2010, Pranay says he went to Delhi to meet members of the Planning Commission as part of a delegation of sex workers from six states, for a broad-based discussion about the needs and demands of the community. Babita has been to Delhi, Hyderabad, Alibag, Khandala and other places, for meetings and training. Renu has been to Vienna, amongst other places, for a presentation on behalf of her CBO – Asha Darpan. These opportunities to travel also represent an opening up of geographical space for sex workers, who usually live within the confines of Mumbai.

In 2009, Sanju says she was invited to an international conference in Mumbai, with participants from many countries. “That day, I felt very proud,” she says. “I could sit with them for discussions, that I could participate and share and answer questions (about reproductive health and the Aastha project). I felt very good.”

Anshu describes how people making a television serial came to meet her. Suman describes the counsellor trainings she has attended, and mentions how she got an opportunity to meet Richard Gere when he visited Mumbai through FHI.

“

Whenever I left home in the past, an inner voice would keep telling me, “you are a sex worker!”. That voice has gone. I am now an activist.”

**Anshu, Community Volunteer, NSP**

### Realizing their potential

Their association with the Aastha project has widened the literal landscape of the sex workers’ life through travel. Even the DICs and IP offices now represent to them safe spaces to talk and meet friends and relax—where, Pranay says, “We feel comfortable and free.” And their association with Aastha has also expanded symbolic spaces.

The Aastha Parivaar members’ identity has altered. In literal terms, they have got important identity proofs, such as ration cards and Pan cards, which serve many purposes, but are also a way of asserting their rights as citizens. And the sex workers’ sense of self, of dignity, has also evolved. From a feeling of shame that many of them describe about their profession, they now talk of a feeling of pride about their accomplishment.

“I am now known as a social worker, my neighbours and customers and friends say I am now so aware of things, they praise me, they praise Aastha,” Anshu says. “Now I get respect from my friends because of my work with Aastha. The project has given me an identity. Bindu says. “I no longer feel I am in the wrong. So what if I am a sex worker? I earn and live on my own strength. My fear has gone and my courage has increased.”

Being elected to several councils of the Aastha Parivaar, and of her IP, has given Kamla a sense of achievement. “I have got fellowships, I go for meetings, I go to the court. I feel a lot of pride in myself, now I know what I am capable of.”

Being asked for help with sending money orders, opening bank accounts, and with other tasks, has given Suman a sense of validation. “People know they can come to me to talk about their problems and for technical assistance,” she says. “My education, as a graduate, has been put to

good use. In the past, I would worry about what my future would be, what career options I had, how I could utilize my education. Now I feel my potential has been realized.”

Other members of AP also express satisfaction that their inherent potential has found avenues of expression. “As a bar waitress, every evening when I went home, I felt a vacuum, a sense of distress that I could do better with my education. I wanted to change my work,” Sanju, a MIS Officer with the Aastha project, says. “Now my life has changed totally. My own thoughts have changed and my co-workers attitude towards me has also changed. I feel a lot of satisfaction about my work.”

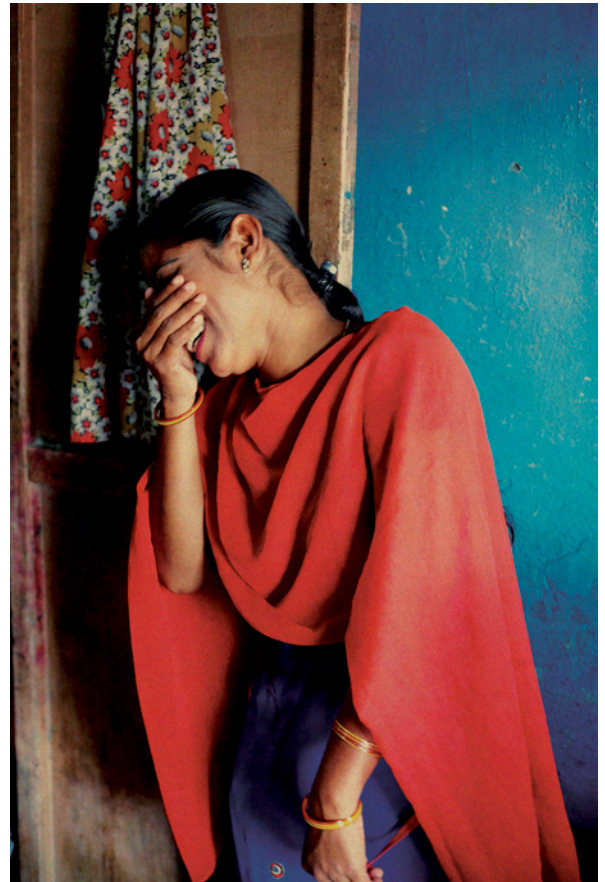
“I used to think I cannot do anything,” Pranay says. “With Aastha, I have become capable and have acquired new skills. I no longer feel I am in a minority. I am now able to tell others that I work in an office, whereas in the past I could not talk about where my income came from. People call me ‘sir’ in training. I feel good that I got a chance and have progressed so much. Now I have to move forward.”

“Everyone calls me ‘madam’ or ‘sister’ now. In the past, they referred to me as a ‘bar girl,’” Aruna says, “If I go to the field, the KPs get a chair to sit. All this feels very good. If I go home to my village, I am able to tell them that I have a job. I get a lot of respect now.”

“I feel like I got a fresh start in life. Where was I, and where I am today,” Renu says. “In the past, we felt we were living in a muddy swamp,” Bindu says graphically. “It feels like someone has bathed us and brought us to a good place.”

### Foreseeing a future

The Implementing Partners are at different stages of building the CBOs in their areas, and the members of the Aastha Parivaar have fertile



plans for their CBOs: starting more micro enterprises, building more skills amongst the community, taking up civic issues such as access to water. The sex workers’ involvement in the process of forming the CBO has been a process of learning, of moving from Gats on site to a full-fledged organization. The CBOs are in the process of consolidating their independence from the IPs, so that they can eventually operate as organizations entirely run by sex workers.

“

These are our organizations. If the Aastha project is not there tomorrow, the CBO will remain.”

**Bindu, Kamyab Mahila Mandal, Member**

Some of the sex workers say that the sense of ownership of the CBOs is what drives them to the monthly meetings of the governing body and managing committee of the CBO and Aastha Parivaar.

“Coming to the meeting means I learn new things and my CBO also progresses,” Babita says. “From these meetings, I learn about how to take my CBO forward,” Anshu says. “I come to the meeting because through my work, my CBO will benefit, my community will profit,” Suman says. “Who knows if the Aastha project will continue in future but the work we are doing today should continue. Our CBOs will ensure that.” And the sex workers have their own dreams and ambitions too. Suman says she hopes to move from working in a small CBO to working on a much bigger scale. Babita is saving a portion of

her earnings so that she can give her children a good education. All of them say they want their children to find work outside of the sex industry. The teenage or adult children of some of the women are already doing jobs such as tailoring and computer maintenance. Some of the women with children still in school have placed them in hostels so that they can live away from the environment of the sex industry. They say that they want to focus on education so that their daughters and sons have better chances in life.





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