

# Targeted Interventions for Female Sex Workers in NACP IV: Key Recommendations

May 2-5, New Delhi

Technical and Community working group

# Observations

- The group comprises of people from the community and there was a requirement of translation that makes the time available reduce by half
- This process is just a start. We should continue to consult till we have a good draft for submission.
- There should be wider consultation with community, civil society through the involvement of SACS, partners and networks.
- The participation of the community does not stop with the TI working groups.

# Overall Recommendations

# Community Involvement and Ownership

- The TI will be guided by the principles articulated during this consultation.
- Build on the NACP III, with a renewed emphasis on community involvement and ownership The examples to amplify that are:
  - Representation of community in all policy making bodies at NACO, SACS and DAPCUs
  - Processes such as M & E system and indicators, advocacy, capacity building should be reviewed/ designed, through active engagement of community groups and organisations
  - Networking and network building at the state and national level should be supported for effective participation of sex worker community

# **Inclusion of clients and regular partners of sex workers in the sex workers TI**

- Focus on clients, regular partners, lovers, babus, including local power structures (such as pimps, goons, local police) integral to TI e.g.
  - Regular partners' and lovers' capacity building, involvement as peer educators for the male clients, services for STI, ICTC for these groups.
  - Customers care centre model,
  - Guided by experience, literature review, operations research, and evidence from different setting,

# Outreach

- Peer Model to continue and be flexible to suit local context e.g. geographical dispersion and population density of the FSWs, density and other operational issues
- Parity of honorarium of the PEs with Anganwadi workers and other frontline functionaries.
- Design should allow peers to work the community in such a way that they get maximum time for quality interaction rather than data collection
- Strategies for reaching young new and hard to reach need a special attention in NACP IV.

# STI management and condom

- **STI management:**
- Program linked clinic should continue at the TI
- Mixed clinic approach should be considered
- Other Clinical services should also include treatment of general illnesses
- Provision of services for partners of FSWs should be part of the approach so that reinfection of the FSW can be prevented
- Periodic studies to generate evidence on STI pattern, geographical variation, time trends including changing disease patterns etc need to be undertaken. This calls for STI protocols that address the different need in different setting
- The community preferred providers should be considered and therefore appropriate budgetary allocation made
- Remuneration for doctors should be increased
- Places where qualified doctors are not available, trained nurses could provide STI services
- Community counsellors should be the standard approach across all TIs

# Condom

- Free condom should continue, supplemented by social marketing where desired
- Lubricants should be made available for female sex workers also, as there are studies to show that 20% of commercial sex involves anal sex.
- Supply chain should be strengthened for condoms, STI drugs and for STI drugs, NGOs should be allowed to purchase these drugs temporarily during stock outs.



# Creating enabling environment

- Creating an enabling environment needs further strengthening at national , state, district and TI levels and role and strategies for NACO, SACSs, DAPCUs NGOs should be defined and implemented.
- Develop Linkage with all partners and networks involved in the rights of FSWs including legal networks, activists, anti-trafficking systems and groups.
- To strengthen community led advocacy work, NACO should support national, state level networks which should be budgeted.
- Legal service provision at TI level should be strengthened with increased budget.
- Anti-trafficking activities should be included in the purview of the TIs.
- Self-regulatory board should be an integral part of FSW TI and it should coordinate with all the committees existing at the district level for the protection of rights of the victims of trafficking.
- Health insurance for community members should be explored and strategies to be developed for social and economic security of HIV positive FSWs.

# Capacity building:

- Community to community learning should be the cornerstone of the NACP IV.
- This should follow the principle of decentralised capacity building particularly in the case of PE
- Over the period the TSU role has become monitoring. This needs to be revisited so that the TSU can either be a monitoring unit or a technical unit for capacity development.
- The terms of reference of TSU and STRC should be looked into and the necessity for two structures has to be reviewed from the point of cost, function and usefulness. State specific solutions to be found
- A committee constituted for this purpose can table a report in the run up to NACP IV after consulting the stakeholders and end users
- Role of STRC should be redesigned through incorporation of community advisory board, who will be entrusted to support needs assessment, designing implementation etc.
- The community resource pool concept is reinforced so that the group working on CB will amplify the same

## M & E and Budget

- Community sensitive monitoring system has to be put in place which should not hinder the utilization of services
- The approach of M & E should be to find the effectiveness of the programme as well as how much it is of use to the implementers on the ground
- The indicators should be fewer and sensitive and the process of monitoring should not take away precious time for program implementation
- Qualitative indicators should be introduced in programme monitoring
- Formats need to be simplified and should be relevant
- Privacy and confidentiality of the HRGs should be protected and redressal mechanism for the breach of confidentiality should be in built in the programme
- Maximum care should be taken to protect their rights, while improving the coverage of services
- Development of guidelines for the researchers and other workers to be done and adhered to
- Code of conduct of all staff should be developed and adhered to

# Budget

- Budget of TIs needs in-depth analysis and review in consultation with the community representatives
- Two different budget one for NGO and other for CBO needs review
- A sub committee for costing for TI which includes community representatives and field practitioners should be set up and participated in finalization of TI budget

# Needs In-depth Discussion

- Young and Hard to reach sex workers
- Bar Girls and other typology
- Female IDU who are in sex work
- De-criminalization of sex workers
- Line listing methodology needs to be reviewed.
- Overall flexibility of TI
  - Salaries
  - Mixed clinic model
  - Personnel