

## **PARTICIPATORY SITE ASSESSMENT OF SEX WORKERS & MSM IN RAIGAD DISTRICT**

### **Background**

Konkan region lies on the western coast of Maharashtra that constitutes four districts i.e. Thane and Raigad in the North and Ratnagiri and Sindhudurg in the South. The region lies between the Sahyadri Mountain ranges and the Arabian Sea. Konkan is endowed with natural resources and scenic beauty and has a peculiar characteristic wherein there is marked cultural difference between North and South konkan. Different tribes inhabit the northern part for several generations. South has a mixed population.

Raigad district is to South East of Bombay and is located in the western region of Maharashtra. It is well connected by land and sea. An international airport is being planned in Panvel. Two very important highways pass through this district, one is the Bombay-Goa national highway and the other is Bombay-Pune state highway. Access from Mumbai to Raigad district by sea is just 14 kms, and by road is a mere 60 kms. The district has a landmass of 1748 sq kms and has a population of 22, 05972. The availability of communication and infrastructure and its closeness to the economic hub of India, Mumbai; makes Raigad land prime for developers and industrial houses.

In the eighties, the process of rapid industrialisation began in the talukas of Pen, Khalapur, Panvel and Mahad. National projects like CIDCO, ONGC, RCF, JNPT and IPCL have been well established much earlier. Apart from this, multinational companies like Johnson and Nippon have also taken roots in the district. Because of these industries, inter state transport has increased manifold and transport terminals are operational. Due to the sea on the western part of the district and development of various ports, container yards are established and developed. Huge migrant population in the form of truck drivers, migrant workers and contract labourers is a significant feature of this district. Migration is going to increase significantly in the coming decade because of SEZ s that are being planned and executed inspite of stiff opposition from the farmers.

The rural areas which form almost 86% of the district, do not seem to provide adequate survival possibilities for a sizeable section of the population, resulting in

**selective male out-migration**, most of which gets absorbed by Mumbai and the Northern towns of the district which are developing industrially. The problem is quite serious in the Southern taluka, i.e. Poladpur, Mehsla, Mangaon, Mahad, Shrivardhan, Murud and also Sudhagad.

So far as land is concerned there are two processes that are taking place. On one hand land alienation and on the other hand land concentration is taking place. Land is being alienated in a very big way for developmental projects such as expansion of highways, laying of second railway track, building of international airport, and development of SEZs (12 are sanctioned till date). Approximately, 70,000 acres of land is in the process of being alienated from the farmers and being converted for industrial use.

Another important feature of Raigad district is its scenic beauty because of which the talukas of Alibag, Shrivardhan, Mehsla and Murud are major tourist attractions. During the weekends tourists in great numbers visit these spots.

#### Conclusion

Raigad District is in the throes of great social upheaval because of the various developmental activities that are taking place. Huge tracts of agricultural land are being put to industrial use. This is affecting not only the small and marginal farmer but also landless labourers (most of whom are tribal) who are dependent on land for livelihood. Traditional livelihood options are dwindling and local artisans are losing their occupations.

Rapid industrialisation is encouraging both the in-coming and out-going migration. Traditional fisher folks visiting Mumbai to sell their catch and returning home after a prolonged voyage, tourists visiting the district in great numbers, all these features are a good recipe for developing and sustaining sex industry.

In order to understand the nature and scope of this industry and unravel its intensity and the various stakeholders involved that Ankur and Pathfinder International undertook to conduct the PSA of CSW in Raigad district.

Traditional livelihoods such as fishing, agriculture

Pen and Khalapur being the taluka towns have some of the basic amenities like schools, colleges, markets, shops/business centres, hospitals legal aid/police, government offices, transportation systems like bus and train facilities etc. There

are buses run by the state by the State Transport that connects the Talukas and District.

Ankur Trust is working in Pen, Khalapur and Alibag talukas of Raigad district in Maharashtra.

1. Together with this is the high rate of temporal migration of the tribal to Brick kilns together with their families, in search of employment.

2. **Irrigation is negligible in the district although the potential is great.** Hence, for the greater part, only one crop is grown.

3. **Unemployment and under employment is high** among the poor of district. This is why they are very vulnerable for exploitation.

4. The **scheduled Tribes**, consisting chiefly the Katkaris, form about 13 % of the population, but they form 16% of the work force. They are a **very backward and exploited group**.

5. **Level of education is very low** among the katkaris only 4.3% Katkaris are educated. **Educational services are inadequate** with respect to the quality of education in primary schools. The tribal are neglected even by teachers.

6. **Basic amenities in most rural areas are very poor.** A great number of villages are isolated because of lack of roads and access to means of transportation.

7. **Health services too are poor** in the district. Infant mortality rate is high in the district = 27%.

## **PARTICIPATORY SITE ASSESSMENT OF SEX WORKERS**

### Introduction

A rapid situation assessment conducted by Pathfinder International in December 2004 found that the dance -bar -based sex work as the most prominent feature in the district the rapid assessment reported approximately 1700 bar girls working in dance, disco and free service bars in Panvel, Khalapur and Pen .The study also reported a small number of brothel based sex workers in Panvel.

Two other findings of the rapid situational assessment were:

- a.) High HIV prevalence among young persons in the southern part of the district, as most of them as work as migrant worker in big cities like Mumbai, Pune and Surat.
- b.) Reported high HIV prevalence among fisherman in coastal villages of the district the fisherman after staying at sea ( sometimes for week together ) visits Mumbai to sell there catch fish and while also visit brothels and get themselves infected

In March 2005, the government of Maharashtra had announced a ban on dance bars. Although the ban was first announced in the legislative assembly, getting the necessary approvals took some time as the initial announcement met with wide - spread protests and resistance from the Bar Owner's and Bar Girls' Associations . A bill seeking ban on dance bars was finally introduced and passed by the Government .The ban officially came into force on August 2005.

As a result of the strict enforcement of this ban, the entire bar girl's population of Panvel, Khalapur & Pen had started migrating to other states and cities such as Surat, Mangalore, Bangalore & Calcutta. All dance, disco and free service bar in the district were shut down by the end of 2005, the estimated number of bar girls still remained in the district went down to less than 50.

Based on the findings of the Rapid Participatory Site Assessment Path Finder International & Akur Trust have decided to work collectively in Raigad district and as a first phase it was decided to undertake the Participatory Site Assessment

### The Proposal for Participatory Site Assessment

#### Goal:

The goal of this study is to understand the extend of sex workers ,bar girls and MSM activities and STI /HIV/AIDS vulnerabilities in Raigad district and based on

these findings to provide preliminary recommendations for potential intervention strategies for reducing their risk and vulnerabilities.

### **Objectives**

- 1) Identify sex workers bargirl and MSM “hotspot” in the district.
- 2) Identify important stakeholders involved with this population including
  - a.) Brothel, bar, lodge or dhaba owners.
  - b.) Transportation workers – e.g. auto rickshaw, taxi drivers etc.
  - c.) Other “agents”
- 3) Identify health service points currently used ,or available to this population including specifically:
  - a.) Reproductive Health –STI services
  - b.) ICTC and ART services
  - c.) Governments, NGO’s or Private clinic services.
- 4) Conduct a Rapid Participatory site assessment exercise by working directly with a team of trained sex workers community members to (a) identify estimated numbers and locations of sex worker (b) to gain clarity on specific risks and vulnerabilities faced by sex workers, bar girls and MSM, and (c) identify a team of local sex workers who can carry on the eventual project interventions in Raigad district.

### **Activities**

#### *Phase- I (January – February 2008)*

1. Ankur Trust to recruit a team ( consisting of one project coordinator and three field supervisors) to conduct and provide support to the Rapid Participatory site Assessment in Raigad district
2. Work collaboratively with Vikas Sahyog, to provide technical support especially with documentation of all activities and findings of the Rapid Participatory site Assessment.
3. Collaborate with PATH to work with a team of 5 trained key population consultants to conduct a support the rapid participatory site assessment.
4. Preliminary identification of brothels, bars and other traditional sex workers sites through secondary data mining and key informant interviews.
5. Identification and interviews of key “Stakeholders “to better understand the current socio –economic environment of sex workers, bar girls and MSM in Raigad district.
6. Preliminary mapping of identified health service points, hospitals, clinics & and other relevant services including NGO’s, major industries, tourist areas etc.

### *Phase II (February-March 2008)*

1. Work directly with PATH and Pathfinder International – Support the team of 5 trained key Population consultants to identify and recruit approximately 20 sex workers, bar girls and MSM for training as participatory site consultants.
2. In collaboration with PATH and Pathfinder International to conduct 8-10 days training for the team.
3. Supervise and document on daily basis on the work of the PSA team during there 15 of days of field work period
4. Conduct 3 days data analysis and review with all PSA members
5. Work with the PSA team to develop preliminary recommendations for reducing community risk and vulnerabilities.
6. Prepare preliminary document (including hotspots estimated populations and vulnerabilities) with finding recommendation and strategies.

### *Phase III (End –April 2008)*

1. Complete all written documentation
2. Facilitate sharing /dissemination of findings by the PSA team to community members in Raigad district.

### **Deliverables**

1. Prepare detailed written report including relevant quantitative as well as qualitative data, and findings.
2. Develop a team of community researchers with the capacity to share their findings with other community members and to eventually participate in the implementations for preliminary strategic design for Raigad district.

### **Introduction of Site Assessment**

In the collaboration with Bill and Melinda Gates Foundation's Avahan Initiative, Pathfinder International is going to intervene in STI/ HIV with the sex workers in collaboration with Ankur Trust, Raigad which is high-prevalence districts of Maharashtra. The ultimate goal of the process is to find the key population control and reduce STI prevalence among the KPs and their customers / partners. The vision behind the assessment is to empower the key population by making them aware about the precautionary measures and practices that will reduce the risk of STI/ HIV and help to sustain a safe livelihood.

## **Meaning & perspective of Participatory Site Assessment**

Participatory Site Assessment (PSA) means a method of mapping and estimates the key population, their sexual networks, and places by the intervention of trained key population members and understands the reality and vulnerability of HIV risk.

(PSA is *participatory* - which means (a) it uses participatory methodologies to map and estimate; and more importantly, (b) it is carried out by trained *key population members themselves* in order to understand the reality from the point of view of the key populations.)

Evidence from HIV responses across the world show that those interventions which prevent and contain the HIV epidemic that comprises key populations at core, usually are most effective and sustainable. One of the ways to ensure that key population is at the heart of any response is to include them at every stage of an intervention design. PSA does just that as the entire process is directly implemented by key population members themselves, rather than depending on the skills of professional researchers from outside the key population groups. Apart from the fact that the key population members are best placed to understand and empathise with their peers and win their confidence (so that information is shared without fear and prejudice); their direct involvement in PSA also generates a sense of ownership among key populations about the project. Moreover, the process of PSA also contributes towards mobilising and empowering KPs by building the capacity of KPs who implement PSA and by consulting an even wider range of KPs about their lives and their perspectives.

### **Objectives**

1. To explore the extent and nature of STI/HIV risks and vulnerabilities of key population from Raigad district by
  - Estimating the size of key population (Sex Workers, MSMs, TGE, Secrete Sex workers)
  - Identifying / Mapping hot spots where HIV risks predominantly take place.
  - Mapping mobility patterns to key populations within the outside site.
  - Exploring the HIV/ STI risks that key population face and the vulnerability factors that intensify such risks.
  - Characterising the key population to facilitate subsequent programming.
  - Identifying the specific needs and areas to work on STI/ HIV.
2. To start the process of mobilizing the vulnerable population for STI/HIV prevention.

## **Steps of the Interventions**

- A. Planing meeting with organizations playing role in PSA.
- B. Exposure Visit of Ankur Trust Staff.
- C. Recruitment of the KP consultant team.
- D. Orientation to the KP Consultants.
- E. Training to KPs
- F. Implementation
- G. Feedback, analysis workshop & consultation with NGOs
- H. Finalization of findings and report.

## **Words and terms to be use for Participatory Site Assessment**

- **Site Means**: the district selected for the participatory site assessment.
- **Hot Spot**: the specific public locations where KPs stand or attracting their customers or pick up point or the place where the other KPs meets or have a sex.
- **KP( Key Population)** : those who are the member of sex worker group or individual ( the women sex worker - brothel-based, street based, lodge based, dhaba based and private / secrete), the men those who having sex with men, Hijras, Mujara Dancers & Thamasha workers who participated in PSA .

## **Methodologies Used for PSA**

### **Method - 1: Broad Map ( Vishalchitra )**

#### Purpose

A broad-map methodology helps to KP PSA teams to get geographical and social overview of the site, with landmarks in the areas, location of KPs in different parts of the sites.

#### Respondent

- KPCs consult or discuss with the general public who are close to KPs and know where the hotspots are such as auto drivers, local shopkeepers, flower vendors, lodge owners, STD doctors etc. .
- KPCs implement the method with members of different KP groups

#### Location

Any place of the site, usually potential hot spots.

## Process

1. Identify potential people or respondents and develop relationship to get information about the sites or hotspots and request them to draw the geographical outline of the area.
2. Sketch the maps and charts with help of chart paper and sketch pen through the responders.
3. Request respondents to mark the important landmarks & hot Spots where the KPs will be available in the respected sites.
4. Care fully noting of the information in mind while discussion with responders and find the categories of KPs available in different sites and hot spots and later write it down it on the paper for analysis report.
5. At the end of the session, note down the date, place, no. of respondents (disaggregated by KPs and non-KPs) and your PSA team number at the back of the chart paper.
6. Once a number of broad maps are generated from different groups of KPs in the site, develop a composite broad map for the entire site, compiling information generated through the multiple interactions.

## Material

Chart paper and markers

### Information we must get from this method

- a. Identification of important hotspots, locations of the sex trade and concentrated areas of the KPs.
- b. Marking of landmark and sites locating hot spots.

### Information may be get through this method

1. Categories of KPs in the site
2. While marking landmarks, some services such as government hospitals, popular dispensaries, or NGOs could also be marked on the map
3. Numbers of different categories of KPs available at each hotspot or in the site in general may also be suggested by respondents. But these would be 'weak' numbers, so there is no need to note them down at this stage. Numbers of KPs would be more precisely estimated through the next method.

## Garam Masala ('How Hot is the Spot?')

### Purpose:

Proper articulation of the information about the hot spots from the visible and self identified KPs.

### Respondents

Visible and self-identified KPs

### Location

1. Identified hotspots
2. The potential sites of sex trade

### Process

1. Clarity with the respondents with an introduction.
2. Promote the respondents to draw a map of the local area, including any local landmarks to orient the map. Then ask them to mark the hotspots where they have met to the KPs and other people are going there. In reference to the landmarks.
3. Then ask the group to rank the hotspots using symbols for 'high', 'medium' or 'low' according to 'how hot it is' - that is how active it is in terms of availability of clients and KPs.
4. Ask respondents to estimate the numbers of KPs from different categories who usually frequent each hotspot on an average day. Let respondents debate among themselves to arrive at figures members of the group are happy with. Against each hotspot on the chart ask respondents to put different symbols for different categories of KPs and put the corresponding number next to each symbol (numbers can be represented through symbols too).
5. Ask specifically about mobility patterns of KPs, - how many KPs from which categories come to the hotspot from outside the site, how many and of which categories of KPs from the hotspot go outside the site, how many and of which categories go to other hotspots in the site? For each type of mobility ask when, where, in what numbers and why.
6. In a separate chart paper ask respondents to plot trend lines to indicate at what time of the day the numbers they have mentioned are to be found at the hotspot. Ask them to plot different hours of the day to indicate how that number might fluctuate during the day.
7. Ask participants to draw a trend line indicating fluctuations of numbers during a week and a year.
8. Finish the session by asking the group which of the hotspots that they have marked is 'most safe' for them and why? What needs to be done to make the unsafe hotspots safer for them? Note down key points in your field diaries.

9. At the end of the session, note down the date, place, no. of respondents (disaggregated by KP categories) and your PSA team number at the back of the chart paper

#### Expected Information through the method

1. Estimated numbers of different KP categories in different hotspots
2. Inward, outward and within-the-site mobility patterns of KPs with reasons and timings
3. Timings when the KPs are available at the hotspots (daily, weekly and special annual events or festivals)

### **Method 1. Seva Chitra or Services Map**

#### Purpose of the method

This is a method to assess availability and accessibility of different services in the site for KPs.

#### Respondents

Visible and self-identified KPs

#### Location

At all hotspots identified through Broad Map, and any other hotspot that might be subsequently identified through the course of the PSA implementation in the site

#### Process

1. Ask the participants to draw a map of the site including a few main landmarks and ask them to indicate their own hotspot.
2. Ask the participants to include in the map any places or people that their KP group could go to get support for HIV/STI prevention and treatment and other health issues.
3. Ask the participants to put against each intervention what each service provides
4. Now ask the participants to rank the services “high, medium, or low” according to how often they access or utilise the services – often, sometimes, never.
5. Ask them to identify factors that make them use the services marked high or medium (such as, distance, cost, behaviour of service providers, confidentiality, effectiveness of services provided, availability and timing and so on).
6. Now ask them to discuss the services ranked with ‘low’. What could be done to make these services more accessible to KPs like themselves?
7. Finish the session by asking the group to reflect on what they had shared and learned during the session that would be useful for them.

8. At the end of the session, note down the date, place, no. of respondents (disaggregated by KP categories) and your PSA team number at the back of the chart paper.

#### Information we must get from this method

1. Location of different HIV/STI related services in the site
2. Range of services offered by each service provider
3. Criteria by which KPs decide a service is good for them
4. Recommendations from KPs about how to make services accessible and available to them

### ***Ase ka? or Why is it so?***

#### Purpose

The method will help KPs analyse the range of risk and vulnerability factors experienced by KPs that increases chances of HIV/STI transmission. This will help us to identify the strategies and intervention components that have to be put in place to enable them to avoid the risks.

#### Respondents

Visible and self-identified KPs

#### Location

At all hotspots identified through Broad Map, and any other hotspot that might be subsequently identified through the course of the PSA implementation in the site

#### Process

1. Ask participants to name the different kinds of practices that put KPs at risk of HIV/STI infection (e.g. not using condoms). Correct any misconceptions.
2. Pick one of the risk behaviours
3. Ask them to draw a symbol of this risk behaviour in the centre of the flipchart inside a circle.
4. Ask 'why is it so?' and ask them to draw and or write the reasons for the risk behaviour in balloons.
5. Keep asking 'why is it so', adding further reasons in connecting balloons until they can think of no more.
6. Ask the participants to identify 3 most important reasons that make them take the risk – reasons or barriers that they find most difficult to negotiate.
7. Ask them to discuss what can be done to address these 3 barriers to reduce their risk.
8. Finish the session by asking the group to reflect on what they had shared and learned during the session that would be useful for them.

9. At the end of the session, note down the date, place, no. of respondents (disaggregated by KPs and non-KPs) and your PSA team number at the back of the chart paper.

#### Information we must get from this method

1. The factors that make particular categories of KPs vulnerable to HIV/STI risks
2. Recommendations from KPs about how to address some of these factors and risk reduction strategies

### ***Ashik Banaya or Sex Life***

#### Purpose

The range of sexual partners of KPs can be explored through this method. The method will also indicate the kinds of sex acts usually practised by a KP with his/her sexual partners, helping to estimate the volume of penetrative sex, and therefore project condom demands.

#### Respondents

Visible and self-identified KPs

#### Location

At all hotspots identified through Broad Map, and any other hotspot that might be subsequently identified through the course of the PSA implementation in the site.

#### Process

1. Administer this method on an one-to-one basis with an individual KP
2. Ask the KP to put himself/herself at the centre of the chart
3. Ask him/her to draw pictures of his/her sexual partners all around his/her own picture in the middle and describe the partners (without naming them) - who are they, what do they do, how old are they.
4. Ask the KP in the last 3 days how many partners did s/he have sex with and mark them on the chart.
5. Explore how many times did s/he have sex with each of these partners and how many penetrative (vaginal or anal) sex acts did s/he engage in.
6. At the end of the session, note down the date, place and your PSA team number at the back of the chart paper.

#### Information we must get from this method

1. The range of sexual partners KPs have - both paying and non-paying.
2. The volume of penetrative sex acts they engage in and with which category of sexual partners.

## THE IMPLEMENTATION PROCESSES

### 1. Planning Meeting of Participatory Site Assessment.

The planning meeting of the PSA was conducted at Pen (Hotel Marquis Manthan) on 17<sup>th</sup> March 2008 to discuss plan of action and time line of activities. The representatives from Pathfinder International, Path, Ankur Trust & Vikas Sahyog Pratishthan was present to discuss the role & responsibilities as well as operational plan of action.

Mr. Promod Nigudkar, Program Director, Pathfinder has shared detailed perspective of the project and project outcome and his experience in the field and the discussion turn around the plan of action. *(For detailed planning meeting report please see annexure -1)*

Ms. Smriti from Path organization has facilitated the planning session and following detailed steps worked out for Participatory site assessment for Raigad district

#### The Objectives:

1. To assess the vulnerability, what are the risks, what to be done,
2. To find the numbers and mobilization of key population,
3. To be scientific approach involved in the methods for collecting information. (Ensure quality and information through the KPs) and steps.

#### The Steps finalised

<u>Steps</u>	<u>Period</u>
1. Recruitment of the 26 KPs, / MSM etc	12 days
2. Training on participatory site assessment (who we are? Identity and identification of risks. Documentation of the information through the different ways, field work, teams formation and leadership training)	8 days
3. Implementation ( actual work of information), information collection	15 days
4. Articulation and analysis workshop.	3 days
5. KPs meeting (Feedback & project design)	1 day
<b>Total days</b>	<b>39</b>

### Methodology for the information collection adopted

1. Visit to village & drafting picture (Vishal Chitra) mapping of hot spot ( place of unsafe sex )
2. Hot Spot : Migrant movement
3. Why it is (Ase ka?)
4. Seva Chitra ( Reduce HIV STI what are the services)
5. Ashik Banaya Hamane ( Risky sex & frequency)

### Clusters for PSA

1.Mhasala - Shrivardhan	5.Karjat Khalapur	-	8. Rohe
2.Alibaug-Murud	6.Uran		9. Nagothane
3.Tale- Mangaon	7.Panvel		10. Pali - Pen
4.Mahad - Poladpur			

### PSA Time Line

Sr. No	Task	Time line
1	Recruitment of 22 KPs ( <i>Bar Girls, MSM, Street based, Dhaba, hotels, secrete, motel based sex workers</i> )	1 <sup>st</sup> April to 12 April 08
2	KPs Training	15 <sup>th</sup> to 21 <sup>st</sup> April 08
3	Plan of action (Implementation)	22 <sup>nd</sup> April 08
4	Implementation (information collection)	25 <sup>th</sup> to 10 <sup>th</sup> May 08
5	Analysis of the information	12 <sup>th</sup> to 14 <sup>th</sup> May 08
6	Workshop with NGOs	15 <sup>th</sup> May 2008

### Criterion of section of KP decided:

1. At least one should be literate, sensitive with the issue taking care of confidentiality.
2. Helping nature
3. Similar, credibility approach.
4. Readiness for giving time at least 30 days,
5. If some one is worked so far in this work.
6. Knowledge of one or more language.

## Exposure Visit of Ankur Staff for inputs about the study and processes

The orientation of the activities and processes is key part of the PSA and the associated persons should aware about the issues and processes. In this view the exposure visit of Ankur Staff was organized at Nashik to understand the strategies, programs, activities and support structure developed by Pravara Medical Trust to the sex workers. The exposure visit was organized during 12<sup>th</sup> & 13<sup>th</sup> March 2008. Specific objectives of the exposure visit are follows:

- To have an overall understanding of Mukta Programme in Nasik District implemented by Pravara Medical Trust (PMT).
- To understand the various aspects related to Monitoring and Evaluation (like reporting formats)
- To visit to the field areas to have greater understanding of the intervention

The team has visited to the nearby hot spots in Nashik, Sinner & Malegaon and understand the project activities implemented by Pravara Medical Trust. The team members have gain lot of information and insights from the discussions and orientation given by the Staff members of Pravara Medical Trust. *(The detailed report of the exposure visit is attached as annexure - 2)*

## Recruitment of Key Population consultants

Based on the discussions and decision taken in the planning meeting Path, Mumbai has appointed following persons as a KP consultant for the recruitment of community consultant ( KPs) for further course of action. The details are follows:

Sr. No	Name of the Consultant
1	Ms. Sunita
2	Ms. Shikha
3	Ms. Ambika
4	Mr. Rambabu
5	Mr. Anil
6	Ms. Sangita

The criterion used to select the KP Consultants : the KP consultants selected was previously work for Path for PSA but the basis on following points the consultants have selected

- The person should be open to give his/her identity as a KP to potential or contacted KPs in the site.
- Major national highways pass through the state, implementation, feedback/project design workshop); in other words, they have to agree to take time off from their regular occupations for a considerable period of time at a stretch, and travel for the work.

## Orientation to KP Consultants

Orientation program for participatory site assessment was conducted at Mumbai in the office of Path International on 1<sup>st</sup> April 2008.

The focus of orientation program was to understand the PSA and follow the processes as per the planning. The objectives of the training were:

1. To enable KPs to develop a common understanding about PSA intervention in Raigad district.
2. To enable them to follow the objective and targeted outcome & mechanism for Participatory Site Assessment.
3. To refresh them to use the skills of information collection and follow the PSA intervention.
4. To motivate the KP consultants to use their skills during the field work.

The plan was made in the orientation program and following tasks given to the KP consultants.

1. Find key population ( by categories, venue and quantity)
2. Find and map the hot spot in selected cluster which is under high risk of HIV.
3. Assess the mobility of KPs (source & destination)
4. Collect the information of medical services & gaps.
5. Motivate identified KPs for participate in project designing process.

The plan of action was made with the consultants and precedes them for recruitment of local KPs. *(for more details about orientation program please see annexure -3)*

### **Training for PSA KPs (Community consultant)**

The Training for PSA KPs was organized during 15<sup>th</sup> to 22<sup>nd</sup> April 2007. Out of 17 expected KPs 11 KPs were presented for the training programs. The facilitation was made by Sangita, Rambabu, Shikha, Ambika & Smriti( Program Manager, Path). The objectives of the training program were follows:

1. To enable KPs to develop their understanding about HIV intervention and processes.
2. To enable KPs to understand the objectives and mechanisms of PSA and the role of KPs in PSA.
3. To enable KPs to develop skills to implement PSA
4. To enable KPs to practice these skills during workshop fieldwork

5. To create ownership of the KPs over the PSA process.

In the training program following points have been discussed.

- Role of KPs in Field & programs
- How to identify hot spot (numbers & Trend mapping)
- KPs attitude & values
- HIV/ STI transmission & fluid matrix.
- Listening skills
- Service mapping
- Group activity & team building
- Understanding KPs risk & vulnerabilities
- Gender

The participation of the KPs of high but due to internal disputes one KP has leave the training program by refusing that she is not KP. *(for the detailed information please refer annexure - 4)*

## **CONSOLIDATION & FINDINGS**

The data analysis and consolidation workshop was conducted during 12<sup>th</sup> May to 14<sup>th</sup> May 2008 to analyse the information and understand experiences of the Key Population.

### **The Tasks of the consolidation workshop**

1. Sharing of the experiences of data collection strategies and methods.
2. Consolidation and analysis of Vishal Chitra
3. Analysis and consolidation of Garam Masala, Ase Ka & Ashik Banaya Apane.
4. Seva Chitra Analysis & consolidation, observations and finding articulation as well as articulation of recommendations to the organization

**The strategies adopted for the data collection** (based on the experiences shared by KPs)

- \* Friendship with the hotel owners, Pan stall holders & agents to find information
- \* Mapping of the spot through non KPs by saying that come as a tourist and unknown in the region.
- \* Disclosed information from lodge boys & staffs by giving honour.
- \* By attracting the customers and then asking information.

- \* Use of local contacts of KPs
- \* Information by police officials, auto men's etc.

The KPs used the strategies and find the information of hot spots and vulnerability of HIV / AIDS.

### **VISHAL CHITRA (Hot Spot & sites identified)**

No	Block	Sites	Hot Spots
1	Shrivardhan	Shrivardhan Sea Face site area	1. Rati Lodge 2. Kal Prasad Lodge 3. Sudarshan Lodge 4. Sagar Darshan Lodge 5. Nivat Lodge 6. Shivshali Lodge 7. Kulkarni Lodge 8. Sea face
		Harihareswar	9. Rohan Restaurant 10. Gurugeeta Lodge 11. Gokul Lodge 12. Shrisagar Lodge 13. Mamata Lodge 14. Annapurna Lodge 15. Atithi Lodge 16. Swayam Lodge 17. Sea Face 18. Sai Arti Lodge 19. Kinara Lodge 20. Patil Mess & Lodge 21. Anandi Lodge 22. Hotel Seaface 23. Amar Palace 24. Babu House 25. Hamdula Lodge 26. Goldan Swan 27. Shail Lodge 28. Sai Ashirwad Lodge
2	Mhasala	1.Mhasala	1. Welcome Lodge
		2.Mazgaon	2. Bus Stand
		3.Goregaon	3. Dhansar Lodge 4. Market 5. Kohinoor Lodge

			6. Theatre
3	Poladpur	City	1. Akruiti Lodge 2. Riddhesh Lodge
4	Mangaon	Mangaon	1. Gauri Lodge
		Sai	2. Rakesh Lodge
		Indapur	3. Parag Lodge 4. Bridge 5. Toilet (ST Stand) 6. Bilderwadi 7. Anant Bhuvan Lodge. 8. Vaibhav Lodge 9. Bolghar Yatra 10. Royal Palace
5	Karjat	Karjat	1. Karjat Railway Stn.
		Neral	2. Bus depottt 3. Neral Railway Stn 4. Bridge 5. Auto stop 6. Rati lodge
		Matheran	7. Ashirwad Lodge 8. Jogati Ka ghar 9. Adivasi Wadi, Matheran 10. Pappu sheth Bear Bar 11. Salama lodge 12. Madhu Malati Lodge 13. Seeta Hijara Home
		Mujargaon	14. Sarthak Lodge 15. Mujara Lodge 16. Palghari Lodge
6	Pali	Pali	1. Pali Bus depottt
		Parali	2. Lucky Star Lodge
		Thakurwadi	3. Fisherfolk Basti
		Humaregaon	4. Cutlery hamlet
		Nandgaon	5. Thakurwadi
7	Khalapur	Khalapur	1. National Lodge
		Rasayani	2. Sagar Lodge 3. Rasayani Market
		Khopoli	4. Ramakant Permit Room
		Samtanagar	5. Hari Pratap Lodge
		Khalapur Chowk	6. Chnadra Vilas Lodge
		Khopoli	7. Khopoli Railway stn 8. Bus Depottrt 9. Khopoli Gaon 10. Sheelphata 11. Sangam Lodge 12. Khopoli phata

8	Murud	Murud	<ol style="list-style-type: none"> <li>1. Tavaskar lodge</li> <li>2. Parvati Lodge</li> <li>3. Swayam Siddha Lodge</li> <li>4. Patil Lodge</li> <li>5. Dongarikar Lodge</li> <li>6. Sai Arti Lodge</li> <li>7. Murud Sea face</li> <li>8. Anandi Lodge</li> <li>9. Hotel Sea face</li> <li>10. The sex</li> <li>11. Amar Palace</li> <li>12. Babu House</li> <li>13. Hamdula Lodge</li> <li>14. Golden Swan hotel</li> <li>15. Sahil Lodge</li> <li>16. Sai Ashirwad</li> <li>17. Sea Green Lodge</li> <li>18. Good Luck Lodge</li> <li>19. Pancharatna Lodge</li> <li>20. Sunset Palace Lodge</li> <li>21. Purkar Lodge</li> <li>22. Janjekar Guest Park</li> <li>23. Paresh Lodge</li> <li>24. Ivare Adiwasi Wadi</li> <li>25. Mazgaon Adiwasi Wadi</li> <li>26. Kalyani Lodge</li> <li>27. Takka Adiwasi Wadi</li> <li>28. Telwad Adiwasi Wadi</li> <li>29. Akandara Adiwasi Wadi</li> <li>30. Shidre Adiwasi Wadi</li> <li>31. Dattawadi</li> </ol>
		Nandgaon	<ol style="list-style-type: none"> <li>32. Nageswar Adiwasi Wadi</li> </ol>
9	Uran		<ol style="list-style-type: none"> <li>1. Uran Bus depottt</li> </ol>
		JNPT	<ol style="list-style-type: none"> <li>2. Adiwasi Wadi</li> </ol>
		Karanja	<ol style="list-style-type: none"> <li>3. TG house</li> </ol>
		Mora	<ol style="list-style-type: none"> <li>4. Plaza Lodge</li> </ol>
		<ol style="list-style-type: none"> <li>5. Manshanti Lodge</li> <li>6. Kailas Lodge</li> <li>7. Anandi Lodge</li> <li>8. Kacchi Parking</li> <li>9. Aishwarya Parking</li> <li>10. Juhu Parking</li> </ol>	
10	Alibaug	Alibaug	<ol style="list-style-type: none"> <li>1. Bus depottt (toilet)</li> <li>2. Ravikumar Lodge</li> <li>3. Sagar Lodge</li> </ol>

			4. Medha Talkies 5. Mahesh Talkies circle 6. Abhiruchi Lodge 7. Ruchi Tarang Lodge 8. Swapnil Lodge 9. Prajakta Lodge 10. Hotel Lilak 11. Varsoli Adiwasi Wadi 12. Zirad Adiwasi Wadi 13. Bhramhan Ali Adiwasi Wadi 14. Waysen Adiwasi Wadi 15. Saral Adiwasi Wadi 16. Poynad Adiwasi Wadi 17. Pachpayari Adiwasi Wadi 18. Pali Adiwasi Wadi
		Ravdanda	19. Sea Face / costal area
		Chodi	20. Guruji Lodge
		Mandava	21. Asara Lodge 22. Chandrama Lodge
		Nagaon	23. Satgoal Lodge

11	<b>Pen</b>	Vadakhhal	1. Sawali Lodge 2. Vadkahal Bus depott 3. Wadakhhal wadi Adiwasi Wadi 4. Indira Nagar Adiwasi Wadi
		Ramwadi	5. Ramwadi Bus depottt
		Penwadi	
		Pen	6. Railway Station 7. Ashiyana Lodge 8. Zee Garden 9. Marquis Manthan 10. Sagar Lodge 11. Kohinoor Lodge 12. Sagar Loitweth 13. Pen Bus depot. 14. Pen Bus depot. toilet 15. Will You 16. Ambegaon Adiwasi Wadi 17. Borgaon Irani Adiwasi Wadi
12	<b>Roha</b>	Malgaon	1. Sureshchandra Lodge
		Khajanegaon	2. Aniket Permit Room
		Goilwadi	3. Ram Lodge
		MIDC	4. Datta Lodge
		Uksal	5. Panchavati Lodge
		Nagothane	6. Aniket Dhaba

			7. Jay Bhavani Dhaba
			8. SOJ company
			9. IPC company
			10. Junagaon
			11. Roha Railway Stn.
			12. Astam Lodge
			13. Amrapali Lodge
			14. Annapurna Lodge
			15. Prabhakar Lodge
			16. MIDC ( Tree)
			17. Indrapratha Lodge
			18. Shantidut Lodge
			19. Anand Lodge
			20. Indira Nagar
13	<b><u>Mahad</u></b>	Mahad Raigad Fort	Dadarigoan
			Dadri Bridge
			Cemetery
			Radhika Lodge
			Prabhu Lodge
			Sai Tej Hotel
			Welcome Hotel
			Alankar Lodge
			Bihar Lodge
			Anant Bhuvan Lodge
			Sanman Lodge
			Seema Garden
			Petrol Pump
			Vishal Lodge
			Kubela Lodge
			Bagwandas Lodge
			Vasanti Lodge
			Akramak Lodge
			See food vender
			Sai Lodge
			Natekhind
			Gokul Lodge

**Sex Life...**

Taluka	Site	Hot Spot	KP category	Type of clients	Volume of penetrative sex		Unsafe sex in what condition
					Minimum	Maximum	
Mangaon	Mangaon	Gouri Lodge	PVT	Bank Employee, Company employee, Lodge Boys	3 times	3 times	
Poladpur	Poladpur	Akruti Lodge	PVT	Lodge owner	7 times	7 times	NO awareness on HIV
Mahad	Mahad	Shivaji Chowk	PVT	KP	5 times weekly	5 times	No awareness on condoms
Karjat	Karjat	Ashirwad Lodge	LB	Husband	7 times	14 times	No satisfaction
				Partner	7 times	14 times	No awareness on condoms
				College Students	2 times	4 times	No medical facilities
				Truck Drivers			
Karjat	Neral	Railway Station	PVT	Bhaiwala	5 times	6 times	
				Police	2 times	10 times	
Karjat	Matheran	Slum Area	PVT	Land Owner	1 times	1 times	
				General people	7 times	10 times	No medical facilities
	Matheran	Slum Area	PVT	Dalal	7 times	14 times	
				Juice wala	1 times	2 times	
				Land owner	2 times	4 times	
				Lodge owner	6 times	7 times	

				Doctor	1 times	2 times
				Conductor	1 times	2 times
				Politician	6 times	7 times
				Officers	2 times	4 times
				Supervisor	4 times	6 times
<b>Murud</b>	Murud	Sindre Adivasi wadi	PVT	Land Owner	1 times	1 times
				Farmer	2 times	5 times
<b>Uran</b>	Uran	JNPT Parking	TG	Truck driver	7 times	10 times
				Mafia	2 times	5 times
				Police	1 times	3 times
				Bikewala	3 times	4 times
<b>Alibaug</b>	Alibaug	Abhiruchi Lodge	LB/PVT	Doctor	1 times	2 times
				Builder	1 times	2 times
				Auto mens	3 times	4 times
				Shop keepers	5 times	6 times
				Police	1 times	3 times
				Politicians	1 times	1 times
				Land owner	2 times	4 times
				College boy	1 times	4 times
				Workers	5 times	7 times
				Partner	2 times	3 times
		Bus depot	MSM	College boy	2 times	5 times
				General	1 times	3 times
				Farmers	2 times	4 times
				Drinkers	1 times	2 times
				Guest	1 times	1 times

**NOTE:** \* (LB- Lodge based, TG- Trans gender, SB- Street Based, PVT- Privately operated, CG- Call girl, MSM: Man Sex with Man, FSW – Female Sex worker, DB- Dhaba Based)

## Service Map:

Taluka	Site	Hotspot	Which Service Provider KPs Go To	What Services are Available	Which Services KPs Avail Most	Problems face by KP'S	Solutions Suggested by KPs
Murud	Sindhareg oan	Sindhre Tribal hamlet	Sindhre Hospital	VCTC	*	No information about the condom.	Provide education on Condom,
			Murud General Hospital	General Health	*		Free Condom services
Alibaug	Alibaug	Abhiruchi lodge	Alibaug hospital, Medical General Hospital	All Services	**	Feeling guilty to say that they are KP's	Separate hospital for KP's
			Private Hospital	Condom	***		Provide information on STD & HIV
			Alibaug Bus depot	Alibaug bus depot	Hospital, Medical		All Services
				Check up ,Medicines available on common	**	No facility of Blood test	Put Condoms in Toilet

Pen			General Hospital	diseases General health, Condom, Injection etc...	***	–	
			Private Hospital	Condom	*	Don't have money	Free service Provided
		Vadari/ Varsoli , Khandala	Medical, Hospital	All Services	*	NGO's cannot reach us	Free Condom services
	Pali	Pali adivasiwadi	Medical Hospital	General Health	*	Hospital is faraway from the village	Free Condom services
	Poynad	Poynad adivasiwadi	Medical, Hospital	General Health	*		Free Condom services
	Vadkhal	Old Police Station	Hospital, Medical	All Services	**		Free Condom services
			General hospital	All Services	***		Free Condom services
	Borgoan	Borgoan adivasiwadi	Private Hospital Borgoan Medical	General health General Health	* *		Free Condom services Provide information on STD & HIV
Vadkhal	Vadkhal Adivasiwadi	Medical,Hospital in Pen	No services	*		Provide information on STD & HIV	
Karjat	Karjat Ashirwad lodge	PHC	Blood test ,Condom	*	Women feel guilt to buy	Good and caring doctor is available	

		Lodge	,Injection ,Counseling Condom	**	condom, only man buy . Condom sell in Lodge	Condoms Available in Lodge keep confidential that we are KP's /our identity
Amrai	Railway station	4 Medical	Condom & Medicine	*	Women feel guilt to buy condom, only man buy.	
		Private Hospital	Condom	***	Don't have money	Don't print our dieses in T.V. or News paper Free Condom services
Neral	Railway station	PHC	Blood test, Admit ,Injection ,Counseling	****	when they gone to hospital for check up hospital people give condom to them	
		Private Hospital	Check up, General health	*		Services should not be expensive
	Bus depot	Shri.Kotdake Hospital	Check up, General health	*	Dalal & customer buy condom	
	Bus depot	Shri.Kotdake Hospital	Check up, General health	*	Dalal & customer buy condom	
		Jaya Medical Store	Condom, Medicine	**		
		6 Medical	Condom, Medicine	**	—	
Matheran	Matheran	—	—	—	—	—

Pali	Gandhi chock	village Lucy star lodge	PHC	Blood test ,Condom, Injection, Counseling	*	There is no facility of STI & HIV test in pali	STI & HIV test is available in Pali	
			Medicine of Asaram Bapu	Medicine	***			Pali KP's are gone to Alibaug, Mumbai, J.J. Hospital for treatment.
			Yogesh Medical	Condom, Medicine	**			
			Mayur Medical	Condom, Medicine	**			
			Dharuntari Medical	Condom, Medicine	**			
			Kiran Medical	Condom, Medicine	**			
			Gupta Medical	Condom, Medicine	**			
			Thakurwadi	Thakurwadi village	–			
Roha	Market	Annapurna lodge	Govt. Hospital		**	In Govt. Hospital there is no facility for STI	Medical & Hospital available in Village	
			Dr. Talathi		***			
			6 Medical		**			
	Bhovanesh	Home				No Medical		

	wer					facility in Village	
Khalapur	Khopoli	Hariprathap Lodge	PHC		*		
			7 Medical stores		**		
			Lodge		***		
Mangoan	Mangoan	Gouri Lodge	Govt. Hospital	Blood test, injection, Medicine	*	Shyness	Provide information on STD & HIV
			9 Medical	Medicine	***	–	–
		Mangoan	Govt. Hospital	Pregnancy & All related test	***	–	–
Mhasala	Mahsala	Ruchi hotel	Govt. Hospital	Blood test, injection, Medicine	***	Service not provide on time	Service should be provided on time
			Private Hospital	Blood test, injection, Medicine	***		
Poladpur	Poladpur	Riddesh lodge	Private Hospital	General Health	*	Shyness	
			Govt. Hospital	HIV Test , Medicine	***	don't know the facilities available for KP's	Condom service provide & give information about HIV
Shrivardhan	Shrivardhan	Market	Govt. Hospital	General health ,HIV test ,Medicine	*	No Facilities of Counselling	Workshop on HIV ,STI
		Shrivardha	Govt. Hospital	General health,	***	No Facilities of	

Harihare shwer		n		HIV test ,OPD, Medicine		Counselling	Provide information on STD & HIV
		Gurugeet Lodge	Nurse	All Services	***	No Facilities of Counselling & HIV	
Mahad	Mahad		Govt. Hospital 4 kms.	Pregnancy & All related test	*	Govt. Hospital is 4 kms from the village	Counselling center
		Welcome Lodge	Private Hospital	VCTC	***		
		Seema Garden	Private Hospital	Condom test, Medicine	***	don't know the facilities available for KP's	Workshop on HIV ,STI
		Vishal Lodge	Govt. Hospital Private Hospital	Condom Test ,HIV	* ***	Service not provide on time	Services should not be expensive
		Govt. Hospital	–	–	*		

## Why is it so?

Taluka	Site	Hotspot	Risk & Vulnerabilities	Most Frequency Mentioned Barriers	3 Most Difficult Barriers	Ranking of Barriers in terms of degree of difficulty
<u>Mahad</u>	Mahad	Chavdar Tale	Unsafe	No information about condoms, Pressure of Police	No information about condoms	***
	Mangoan	Mangaon near by areas and lodge	Unsafe	No information about HIV , even they cant take name of HIV	They are scare to take name of HIV	***
<u>Shrivardhan</u>	Shrivardhan		Unsafe	they cant take name of HIV		***
	Harihareshwer		Unsafe	It's a spiritual place so there is no HIV cases in there	No facilities of Medical, Hospital in Harihareshwer	***
<u>Mahsala</u>	Mahsala		Unsafe	When they facing problems related to HIV than they go to Doctor		***

<b><u>Karjat</u></b>	Karjat	Ashirvad Lodge, Sartaj, Mujara, Swarthak Lodge	Safe	Condoms available in Lodge	No information about condoms	**
	Neral	Rui Lodge,Pappu bar & Parmit Room	Safe	Condoms available in Lodge	No Medical & Hospital facility near	*
	Matheran	Madhumati lodge	Safe	Condoms available in Lodge	Ladies cant go to Medical	*
		Tribal wadi	Unsafe	No information about Condoms	Enjoyment	***
<b><u>Pali</u></b>	Pali	Lucky star lodge	Safe	Condoms available in Lodge	To gate more money	*
		Bhakti Dharshan lodge	Safe	Condoms available in Lodge		*
		Thakurwadi	Unsafe	No information about the condom		*
Roha	Roha	Annapurna ,Amrapali,Datta,Panchavati lodge	Safe	Condoms available in Lodge		*
	Nagothane	Anand,Shantidut,Indraprasth lodge	Safe	Condoms available in Lodge		*
	Kolad	Jaybhavani dhaba,Aniket dhaba ,Bhuvaneshwer,in the Home	Unsafe	No Medical in the village so condoms are not available, they can't use.		***
Uran	Uran	JNPT Parking	Unsafe	Pressure of Gundas, not use condoms	No information about condoms	**
Alibaug	Alibaug	Bus Depot	Unsafe	Pressure of police, Public place	shame to take name of the	***

Pen	Pen	Abhiruchi lodge	Safe	Condoms available in Lodge	Condom No available	*
		Mahesh Theatre	Unsafe	No Money to buy condom		***
		Khandala,Pali,zirad ,Varsoli,Saral,Payanad Tribal)	Unsafe	No information about the condom		***
		Bus Depot	Safe	They know about the condom & they buy from the Medical		*
		Baregoan, Vadkhal, Jelwi, Indira Nagar, Ambegoan (Tribal)	Unsafe	No information about the condom		***

### How hot spot is hot?

No.	Talukas	Site	Hotspots	Categories	Location	Number Of KPs.	Days on which KPs are available (Mon, thu)	Special times of the year	Mobility Pattern			How safe	Reason
									Which Hot spot	Into hotspot	Out of Hotspot		
1.	Shrivardhan	Shrivardhan	Rati lodge ,Kalprasad lodge ,Sudarshan lodge , Nivat lodge ,Shivshali lodge ,Sea face, Kulkarni lodge	FSW	PVT	22	Every day	Dec / May			Mahsala, Mumbai ,Mahad , Village	***	They scare to take name of HIV
		Hari hare shwerr	Rohan Restorant Gurugeeta,Gokul ,, Shirsagar,Mamta, Annapurna,Atihi, Syam,Seaface site area ,Sai Arti Lodge,Kinara, Patil Hotel &	FSW	PVT	40	Year 2 time	Dec / May			Mumbai, Pune , Nashik	***	Not using condom

			lodge Khanawal ,Anandi lodge, Hotel seaface, Amar Pales,Babu house, Hamdula lodge,Goldan sown, Sahil lodge, Sai Ashirwad										
2	<b>Mahsala</b>	Mah sala	Welcome lodge										
		Maz goan	Kohinur lodge										
		Gore goan	Dhansar Lodge	FSW	PVT	6	Daily	Daily	Ma had to Ma hsal a			**	Pressure of police , no informati on about the condom
			Police line	FSW	PVT	15	Daily	Daily	Mu bai, Ma			***	No informati on about

									n ,Ma hsal a				the condom
			Bus stand	MSM	MS M	12	Daily	Daily				***	No informati on about the condom
			Market										
			Tokig / Theater										
3	<b>Poladp ur</b>		Akruti lodge ,Avdhund lodge	FSW	PVT	12	Sat, San	April, May			Mahad, Mumba i, Puna	**	Pressure of police
			Riddhesh ,Tyoharmala Lodge	FSW	PVT	6	Sat , Sun	April, May			Mahad , Poladp ur	***	Not using Condom
4	<b><u>Mango an</u></b>	Man goan	Gori Lodge	FSW	PVT	13	Sat, Sunda y	Sep, Dec, May	Pen	Mango an,Alib ag		**	Presure of Police ,not informati on about the condom

		Sai		FSW	BG	12	Sat. , Sunda y	Sep, Dec, May			Mumba i,Panvel , Jalgoan, Mayaji, Mango an	***	No informati on about the condom
		Indr apur	Bholadhwar yatra	FSW	Tam asha	15	yearly one time	May		Mumba i,Panvel		***	No informati on about the condom
			Bilwadwadi	FSW	Adi vasi	6	Daily	Daily		Jaloan, Mayali		***	No informati on about the condom
			ST Stand	MSM	MS M	5	Daily	Daily		Mango an		***	No informati on about the condom
5	<b><u>Karjat</u></b>	Karj	Ashirwad Lodge	FSW	CG	35	Fri	May,	10	10		***	Not

		at					,Sat	June, Divali festival, New year.	karj at	Rural village ,5 Khopol i chok,5 Khalap ur,5 pune			enjoining
			Sartaj Lodge	FSW	LB	15	Fri ,Sat	May, June, Divali festival, New year.					
			Sarthak lodge	FSW	LB	20	Fri ,Sat	May, June, Divali festival, New year.					
			Mujara lodge	FSW	LB	17	Fri, Sat	May, June, Divali festival, New year.					

			Railway station	FSW	TG & SB	10+30 =40	Fri, Sat	May, June, Divali festival, New year.					
			Bus stop	FSW	SB	2	Fri, Sat	May, June, Divali festival, New year.					
			Jokti Ka Ghar	MSM	TG	1	Fri, Sat	May, June, Divali festival, New year.					
		Neral	Salma lodge	FSW	CG & LB	15	Thus	Daily		8 Village, Each & other place		**	Condom selling in lodge but all customers are not taking condom because they are

													not enjoying
			Pappu sheath lodge	FSW	PVT	2	Thus	Daily	2 Neral			*	
			Bus depo	FSW	SB	30	Thus	Daily		10 Village, 10 Khopoli		*	
			Railway station	FSW	SB		Thus	Daily		10 Karjat		*	
			Breez	FSW	SB		Thus	Daily		10 Karjat		*	
			Sita Hizada	TG	TG	1	Thus	Daily	Neral			***	
			Rahi Lodge	FSW	LB	12	Thus	Daily		Thane, Ulhasnagar, 6 khopoli, Vagni		**	

		Mat heran	Madhu malati lodge	FSW	CG	20	Sunday	May ,June		From all state coming		*	They know HIV but they don't know about the Condom
			Tribal Vasti	FSW	LB	5	Daily	January		From all state coming		***	They don't know about the Condom.
6	<b><u>Pali</u></b>	Pali	Lucy star lodge	FSW	LB	35	Daily	January /Feb/May/June/Oct.					
		Parali	Ghobai School	FSW	PVT	10	Sunday	January /Feb/May/June/Oct.					
			Sarsgad Killa	FSW	PVT	10	Daily	January /Feb/May/June/O					

								ct.					
			Cutlery Store	FSW	PVT	1	Daily	January/ Feb/May / June/Oct.					
			Fisher folks	FSW	PVT	1	Daily	January/ Feb/May /June/Oc t.					
			Swagat lodge	FSW	LB	2	Daily	January/ Feb/May / June/Oct.					
			Sukhsagar lodge	FSW	LB	10	Daily	January/ Feb/May / June/Oct.					
		Thak urw adi	Thakurwadi	FSW	PVT	4	Daily	Daily					
7	<b><u>Khalap ur</u></b>	Khal apur	Bushesh	FSW	PVT &	5	Daily	Daily	Kha lap				

					Call girls				ur to rasan i				
			Hari pratap lodge	FSW	LB	20	Daily	Daily					
			Chandra vilas lodge	FSW	LB	17	Daily	Daily					
			National lodge	FSW	LB	12	Daily	Daily					
			Railway station	FSW	Tribal & SB	5	Daily	Daily					
		Khopoli	Bus depo	FSW	Tribal & SB	3	Daily	Daily					
			Silphata	FSW	PVT & Call girls	4	Daily	Daily					
			Khopoli phata	FSW									

			Ramakant Parmitroom	FSW	LB	4	Daily	Daily					
8	<b>Murud</b>	Murud	Tavaskar ,Parvati, Swayam shiddha, Patil, Dongrikar ,Sai Arti, Kinara,Patil Hotel & Lodge khanaval, Anandi ,Hotel seaface,The Sex,Amar Pales, Babu house ,Humdula lodge, Golden sown ,Sahil, See green, Good luck,Pancharatna lodge ,Senst Pales lodge, Paresh ,Janjekar guest Park,Kalyani lodge	FSW	LB & PVT	25 x (4-5)= 100-125 <b>100</b>	Sat, Sunda y ( 12 to 7 eveni ng time )	May , June ,Decembe r		Near local area , Alibag	Mumba i ,Pune	*	Condoms available in Lodge
			Ivari ,Mazgoan ,Nageshwer	FSW	PVT (Tri	15+20 +25+2	Daily	_				***	No informati

			,Takka , Telwad ,Akandara , Sindhare (Tribal )		bal)	0+12+25+25=142							on about the condom
			Dattawadi	FSW	PVT & Call girls	25	Any time	-		Local area, Alibag ,Pen, Panvel		*	Use condom
9	<u>Uran</u>	JNP T	Adiwasiwadi	FSW	PVT	30	Sat, sun	Aug, ,Dec Ganpati, Navratra festival		Alibag ,Mumbai,Panvel	Panvel, Alibag	*	Condom use
		Karanja	Uran Bus depot		PVT	4 to 5	Sat,sun	Ganpati, , Navratra ,New year		Alibag, Panvel	Alibag	*	
		Mora	TG House										
			Plaza Lodge										
			Manshanti Lodge										
			Kilash Lodge										

			Anandi lodge										
			Kachhi Parking										
			Ashwarya Parking										
			Juhu Parking										
10	<u>Alibag</u>	Alibag	Mahesh Theater circle	FSW	PVT (Vadari community)	20-25	Any time (Morning 8-10)	Ganpati ,Divali festival					
			Abhiruchi, Chandrama ,Sagar, Ruchi Tarang, Prajakta, Hotel log lung ,Big Sampray ,Ramakant, Ravi kiran ,Asara lodge.	FSW	PVT	100+3 +3+7+ 1+8+3 +3+2+ 15= 147	Daily specially in holidays, Sunday	Ganpati ,Holi		Local area, Pen, Panvel.	Mumbai, Pune ,Karjat ,Murud	*	Use of condoms by KPs
			Zirad, Vasoli, Turad, Bra	FSW &	PVT (Tri	30+40 +65+2	Daily	-	-	-	-	***	No informati

			hman ali,Saral,Gandew adi,Pali,Waysen, Khandala pahile ( Tribal)	MSM	bal)	5+28+ 6+24+ 7+12+ 1 (MSM ) = 238							on about the condom
			Alibag Bus depot	FSW	SB	12	Sat,Su nday & other Holid ays	Ganpati, Holi		Pen,Pa nvel	Mumba i,Karjat, Panvel ,Pune	**	Less use of Condom
				MSM	MS M	25	Sat ,Sund ay & other holid ays	Ganpati, Holi		Pen,Pa nvel	Mumba i,Karjat, Panvel ,Pune	**	Less use of Condom
			Chopati	MSM	MS M	10	Sat, Sun			Pen,Pa nvel	Mumba i,Karjat, Panvel ,Pune	**	Less use of Condom

11	Pen	Pen	Sawali ,Marquiesh Manthan,Zee Guiden ,Ashiyana,Sager, Sager ajitik,Kohinur,Wi llu Lodge	FSW	PVT	30+2+ 15+10 +10+5 +5+3= 80	Sat,Su n	Ganpati,D ivali,Holi	-	Panvel, Alibag	Mumba i,Panvel ,Karjat, Pune,Al ibag	*	They use Condom
			Indra nagar,Borgoan, Ambegoan,Vadk hal,Dovali (Tribal)	FSW	PVT	26+4+ 100+8 0+27= 237	Every day	Ganpati,D ivali,Holi	-	-	-	***	No informati on about the condom
		Vad kaha l	Vadkhal Bus Depot	MSM	MS M	5-Jan	Any time	During festivals		Pen ,Panvel, Alibag Local area	Mumba i	**	less use of condom
			Old Station Police	TG	TG	1	any time	During festivals	vad kha l	Pen ,Panvel ,vadkha l	-	***	No use of condom
				FSW	PVT	8	any	During	vad	Pen	-	***	No use of

							time	festivals	kha l	,Panvel, vadhka l			condom
		Ram vadi	Ramvadi bus depot	MSM	MS M	7-Jan	any time	During festivals	-	vadhka l,pen	Alibag	**	less use of condom
		Pen	Pen Bus depot	MSM	MS M	25	any time	During festivals		Karjat, Local	Panvel, Alibag	**	less use of condom
				FSW	PVT	25	Daily	During festivals		Karjat, Local	Panvel, Alibag	**	less use of condom
12	<b>Roha</b>	Malg oan	Panchavati Lodge	FSW	CG	5	Daily	Daily		Uran to Alibag ,Neral, Thane, Badlap ur		**	
		Khaj aneg oan	Datta Lodge	FSW	PVT	25	Daily	Daily		Karjat Khopol i,Karjat to village & each & every		**	

										place			
		Goil wadi	Ram Lodge	FSW	CG	9	Daily	Daily				**	
		MID C	Amrapali	FSW	CG	6	Daily	Daily				*	
		Uksal	Annapurna	FSW	CG	4	Daily	Daily				*	
		Nagothane	Bus depo toilet	FSW	SB	15	Daily	Daily				***	
			Railway station	FSW	SB & PVT	11 + 8= 19	Friday	Daily				***	
			Koland	FSW	DB	2	Daily	Daily				***	
			IPC Company, Junagoan, Roha Station, Astam , Amrapali, Annapurna lodge ,Prabhakar lodge , MIDC (Under										

			the tree ), Indra pratha lodge , Anand lodge , Indira Nagar .										
13	<b>Mahad</b>	Mahad	PrabhuRadhika, Gokul ,Sanman, Welcome, Alankar, Akraman, Visava ,Kubela, Vasanti, Seema Gurden, Sai tej.	FSW	PVT	11+2+15+12+4+11+10=65	Fri ,Sat	May, Dec			Mumbai, Pune 15 people came	**	Condom available in lodge
		Killa Raigad	Dadarigoan	FSW	PVT	6	Fri ,Sat	May, Dec				***	No information about the Condom & HIV
			Dadalipool	FSW	PVT	3	Fri, Sat	May, Dec				***	No information about the Condom

													& HIV
			Nategoan	FSW	PVT	3	Fri, Sat	May, Dec				***	No information about the Condom & HIV
			Bhagvan Bekri	FSW	PVT	3	Fri, Sat	May ,Dec				***	No information about the Condom & HIV
			Fish Market	MSM	MS M	2	Daily	Daily				***	No information about the Condom
			Highway Pan tapri	MSM	MS M	12	Fri ,Sat	May ,Dec				***	No information about the Condom

			S.T. Stand	MSM	MS M	4	Fri ,Sat	May, Dec				***	No informati on about the Condom
			Mashan	MSM	MS M	4	Fri, Sat	May, Dec				***	No informati on about the Condom

**Recommendations reflected in the analysis workshop by KP consultants**

Type of sex workers found in the district	Type of sex and places	Recommendations
<b>Trans Gender</b>		
Circular Migrants	<ul style="list-style-type: none"> <li>• Railway</li> <li>• Nearby cities</li> <li>• With Truckers in the trucks</li> </ul>	<ul style="list-style-type: none"> <li>• The services of local TG/ MSM to be taken in the NGO work</li> <li>• Find out the number of Trans Genders</li> <li>• Deliberations on HIV / ST with the general people.</li> <li>• To be work on discrimination and violence aspects.</li> <li>• Mobilization of the Trans genders.</li> <li>• Supply of condoms to the TG &amp; other sex workers.</li> <li>• Free health services to be provided</li> <li>• Community mobilization</li> </ul>
Local TGs	<ul style="list-style-type: none"> <li>• Twice in a year with Panti's</li> <li>• Customer in the region</li> </ul>	
Jogati	<ul style="list-style-type: none"> <li>• With the husband in house</li> <li>• Fisher mans in the rights at sea face.</li> <li>• General People in local trains</li> </ul>	
<b>Female Sex Workers</b>		
Call Girls (Local)	<ul style="list-style-type: none"> <li>• Consignments finalizing on phone through the agents.</li> <li>• Attending customers in lodges.</li> </ul>	<ul style="list-style-type: none"> <li>• To be work with middle/ agents persons for develops the support structure and services.</li> <li>• IPC (Inter Person Communication) to be done periodically.</li> <li>• To be use contact of call girls and find KPs</li> <li>• To be avail condoms in each lodge.</li> <li>• Intervention needed to mobilise tribal KPs and work with them for finding other KPs and start precautionary services.</li> <li>• To develop network of KP in nearby 10-20 villages and motivate them to reduce vulnerability.</li> <li>• Dialogue with the existing (Key population) sex workers to intervene on health issues.</li> </ul>
Migrant Call girls ( Mumbai & Pune )	Coming with their customers in local lodges	
Private operated FSW ( Tribal ) Local	Hidden sex with land owners, farmers in the farms.	
Home based	Dealing with customers in market place of shops and sex with them in their homes.	
Migrants sex	Finding customers on	

workers	the roads (high way) and come to lodge for sex. Some of them have sex in bushes.	<ul style="list-style-type: none"> <li>• IPC (Inter personal communication) to be conducted of the construction workers.</li> </ul>
Owner (malkin) of Brothels	Arranging FSWs in their homes for the customers	
Wanjari/Wadari women's	Sex with construction workers.	To be work with construction workers and aware them about threat.
Dhaba Based	Having sex with truck drivers	Dialogue with Dhaba owner for conducting IPC with the Local KPs
Tele callers	<ul style="list-style-type: none"> <li>• Arranging customers to other KPS.</li> <li>• Customers giving contacts to other customers</li> <li>• Having sex at either home or Lodge</li> </ul>	<p>To be work them and aware them about vulnerabilities.</p> <p>Develop linkages with lodge owners and provide services.</p> <p>Planning to provide services.</p>

## SUMMARY OF ESTIMATED KEY POPULATION NUMBERS

There was some discussion and disagreement concerning the number of FSW

Talukas	Estimated number of key Population
Shrivardhan	62
Mahasala	33
Poladpur	18
Mangaon	51
Karjat	215
Pali	73
Khalapur	70
Murud	267
Uran	34
Alibag	452
Pen	388
Roha	85
Mahad	102
<b>Total</b>	<b>1850</b>

particularly among the tribals of Pen and Alibag talukas. Ankur Trust found the number of FSW to be exaggerated. In Pen taluka for instance the total number of key population estimated is 388 out of which 237 KPs are from 5 tribal hamlets. Vadkhal has 96 HHs and the estimated number of key population is 80. There is some real problem in understanding the concept of “key Population” and hence these exaggerated numbers.

### **Recommendations by the KP consultants to Ankur**

1. On going monitoring of the new comers in a sex industry in the district and identify the vulnerability in the sex workers.
2. Counselling centre to be established for the counselling for sex workers as well as customers to take precaution of the vulnerability from HIV - Aids.
3. workshops and training to be organized for medical staff, sex workers and customers about threat and precautions to avoid HIV - Aids
4. Counselling of local Doctors and healers to not take more money and follow un necessary processes.
5. Proper awareness and information STD & HIV-Aids to be provided to identified sex workers.
6. Motivation of the hotel owners, brothel owners and other place holder of sex workers to act sensitively towards sex workers and avoid any type of violence.
7. To be maintain confidentiality about sex workers and provide them simple informative material on STD, HIV - Aids
8. Regular health checking facilities to be provided in the various part of the district so the local sex workers could be take benefits of it.
9. Well established and advance treatment centre to be established specially for the sex workers and appoint expert medical staff for the health care services of MSM and Sex workers. The treatment should be not expensive.
10. Free condoms to be provided to sex workers to reduce vulnerability of the HIV - Aids.

### **Conclusion**

The recommendation given by the KPs Consultant is more important and very critical to reduce the vulnerability of HIV / AIDs in Raigad district. The quantitative and qualitative data showing number of hotspots and high risk areas. Number of sex workers are identified and most of them in high risks. Based on data the recommendations are more important and need to take actions on the services immediately.

As a role of Ankur Trust, the representative says that Ankur Trust is equipped to start the work on prevention and cure by giving services. The following capacities and readiness are with the Ankur Trust.

- The team of 6 people is ready with Ankur Trust.
- Regular contact and relationship with the KPs in the district.
- Readiness to validate the correct number of sex worker.
- Able to design the program & implement to reduce the vulnerability of HIV – Aids

This study would be a tool of starting activities towards awareness on vulnerability of HIV –Aids, establishing services to the sex workers. In overall context the HIV-AIDs is a major threat to the community and need to urgent attention on Raigad district for precaution & care.

## **Case Studies:**

### **Case Study 1:**

#### **Case of accommodation refused by Hotel Management at Pali**

The PSA team of KPs was in Pali and they booked rooms by hiding their identity. The team started work and asked hotel manager about the sex workers and their situation, the manager asked them their identity and why they are inquiring about the sex workers resulted the team has told him purpose and their identity.

Same time another function was going on in the hotel and around 150 delegates was participated in the program. The information about the team is in hotel was leaked and the party forced to hotel management to force fully evict the team out of hotel immediately when the time was 12 o'clock in the night.

The team asked management about the reason of refusing accommodation rather than they have paid for the same, the management given reason that the party is not agree to execute their program still the team member are in the hotel due to their status in the society and another was one of the PSA team member has teased to one of the hotel staff sexually. Finally, the team need to leave the hotel. The team members have felt bad that the reason was not proper the reason was that the high class people were in the hotel and they were not ready to stay that hotel where the team was stayed.

### **Case study 2**

#### **Hidden Brothel in the name of dormitory accommodation services at Roha- Bhuwaneshwar**

One of the KPs team was in the process of investigation of the vulnerable KPS in Bhuwaneshwar in Roha. First of all the team has taken information about the KPs by various sources and one female KP has identified who was running dormitory accommodation services on rent nearby the village temple. The team has decided to meet her by saying they are needed for accommodation because they are new in the area. The team reached to temple and asked one tribal women by asking the name identified through the sources, but that women was told that she don't know such women, when they told that we are tourist and new in the area and seeking accommodations that time that women has given information and introduce them with that KP women on her home.

The team has asked her to provide accommodations to 4 women and they need separate rooms, but that room owner has agreed upon to provide

dormitory services in her home. The same time team seen the 7-8 girls was in that place with their customers. The team has got information that the woman is running hidden brothel and 8 girls are most vulnerable.

Though the team was not in intention to get accommodation, therefore, they demanded separate rooms. The women were not able to provide accommodation so they had returned. But the team has taken the information by this way.

### **Case Study 3:**

#### **Hideous behaviour of lodge owners with the KPs at Mahad**

The PSA team was assessing the situation in Mahad (Raigad) about the sex workers, they stayed in a hotel. The hotels is a source of sex industries so they asked hotel owner for the information they called up lodge owner in a room to maintain confidentiality. The team has introduced the perspective of Ankur Trust on HIV AIDS and security majors. The lodge owner was listening but from the long distance in that sense he misunderstood about HIV AIDS and infected persons.

Second day the team members went to give accommodation charges that time he loudly asked to his staff to wash the money, he also order to the hotel maintenance staff to clean the space and hotel assets they have used and the staff followed the instruction.

The understanding about the team members have wrongly communicated to the hotel staff that the persons are HIV infected therefore, for three days team members have tolerated heinous treatment in the hotel.

### **Case Study 4:**

#### **Give & Take! Deal offered by Lodge Manager, Poladpur**

The group of 4 KP consultants went for the assessment in Poladpur and stayed in the night at one respectful hotel the consultants was the females and very keen to collect the information, they asked hotel manager about the KPs coming in the hotel and about hotspots in the Poladpur region; they provide information about PSA study and its perspective. But the hotel manager has understood that the KPs are sex workers and asked them about their rates. The team members again told him the team are came for collecting information so the business perspective is not there.

Later on he contacted one member and asked her that if she can have a sex with him so he will provide proper information about the information they are seeking.

The team members was committed for the work, any how they decided to get information so they agreed for this deal. But the hotel staff has misused the deal and the senior staff of hotel has have sex with the consultants. (After having sex the waiters given information that the hotel is famous for illegal aspects if one new couple comes in the hotel the hotel staff is illegally using the female and forcefully having sex, some times it is gang rape from all the waiters)

Besides, this happens the consultants have collected information for the possible intervention towards reducing vulnerability.

### **Case Study 5:**

#### **Police helped to the PSA consultants for collecting information Wangani**

The team went to Wangani police station and told the police about the purpose of the PSA and they are volunteers of Ankur trust for the HIV- AIDS project. The team requested the police to give advice on the ways to collect information about the sex workers. Thereafter, the policeman dropped the team by jeep to the spot and gave information for the same.

### **Case Study 6:**

The team went for PSA study in Roha content one member was TG (Trance Gender) and had women dressed gone to one of the Amrapali area, where there were eunuchs and CSWs. Here he purposefully, enacted as applying lipstick. At this the surrounding KPs got attracted to him and came closed them to interact. In this interaction; KPs gave all the information about the area.

## **The experiences of PSA Training Consultants**

### **1<sup>st</sup> Field Visit:**

The participants were given the task to practice the methods in the field that were explained to them in the PSA training. For this reason two teams were made.

### **Mahad**

The first team (included Ram Babu , Mukta, Shikha, Gajanan, Kanchan & Vishwanath) visited Mahad. Here the team came across a handicapped person and enquired him about the spots where sex work was

carried out. The team also told him to draw the Broad map (Vishal chitra) of Mahad. At this the handicapped person directed the team in drawing the Broad map. From this conversation the team felt that the handicapped person appears to be a pimp (agent). During the conversation with the team the handicapped person showed interest in Mukta and Kanchan. Therefore, the team purposefully sent Mukta and Kanchan to him to get information for the same. This was a shocking experience for the team to know that a handicapped person was so well informed and active worker in the sex business.

### **Chavdartale, Mahad**

The second team (included Sangita, Alka, Vaishali, Lips, Ambika and Sulbha) headed to visit Chavdartale for the field work. About the Chavdartale they got information that about 150-200 people come to this spot for only kissing. Here the team approached a number of people to collect information about the places where sex business was carried out. For this reason the team had undergone a lot of difficulty; as many people were reluctant to reveal any such information. But when the team told about themselves as working for Ankur Trust on the HIV- AIDS project, one man agreed to draw the Broad map (Vishal map). During drawing the map he told that Chavdartale was only a kissing point. This was new information for the team; to know that there also existed a kissing point like lovers point.

### **Mumbai- Goa highway (2<sup>nd</sup> team)**

NH-17 Mumbai- Goa highway Here the team got information from 6 people who drew the Broad map (Vishal chitra). Of the 6 people one included rickshawwala.

### **A visit to Library:**

Here it was understood from the Librarian that the kissing activity (around 50-60 people) is also carried out in the library. The library is a meeting spot where the customers are taken to the Lodges. After 8.00 pm the kissing business is carried out at Chavdartale, where the sex workers work for two hours and earn money.

### **Bus stand**

When the team reached bus stand by their vehicle the people at the stand were very attracted to them. Later the local people followed the team and it formed a huge crowd. At this the team got scared and was in a confused position, whereas Lips was busy attracting the public by giving flying kisses. Looking at Lips behavior his team members felt embarrassed and left him all alone. Considering the serious situation, Lips thought of some idea in order

to get rid of the people and so began clapping his hands very loudly (as a sign to call for his community members' i.e. eunuchs). During the same time Lips was also scared but he continued doing the actions. The gathered mob was alarmed at Lips actions and dispersed from the scene leaving the team alone.

## **2<sup>nd</sup>Field Visit to Alibaug:**

The sites decided for second visit were Alibaug and Pen. The group of KPs was divided into two. For the field work in Alibaug the team (Group A) consisted of Lips, Mukta, Kanchan, Kusum, Shikha, Vishwanath, Ambika and Sangita. The team (Group B) to undertake field work at Pen was Vaishali, Ram babu, Alka and Ganesh.

### Group A

In this point of training process all the five methods were explained to the entire group. Of these methods the group was successful in Broad mapping (Vishal Chitra) and has attained five Broad maps from among the general public. The team introduced themselves to the field people as working for the Ankur Trust on the HIV-AIDS issue.

In order to gain information; the KPs tried to be friend with the MSM. Thereafter, they got Broad map drawn from the MSM. From the map almost all the hot-spots in Pen were shown. Later the MSM revealed about the active hot-spot, which was Pen bus stand's latrine where the activity is carried out in a very unsafe manner. The reason given for such an unsafe activity was their shyness to ask for condom. When the Broad map drawn by 3-4 people indicate same hotspots, the shown hotspots are considered to be reliable information.

### **Difficulties faced**

1. Educated people express dislike and non-cooperative to give any information about sex business, whereas uneducated people gave good information for the same.
2. One of the vegetable vendor (women) gave information regarding sex work but denied to draw the map.
3. The Driver told the team members that it was getting late and so the KPs could perform other tasks.
4. The privately operative sex workers (KPs) are scared to give information on sex work. But when the team members revealed that they too were KPs then the sex workers gave some names of hot-spots.

### **Alibaug visit**

When on a visit to Koynad (in Alibaug) the team got information about five hot-spots from the gate keepers, which included; chana vendor, cold drinks vendor and vegetable vendor. It was understood that the privately operating Sex workers (women) belonged to the Lamani community. These workers numbered around 200-250 who gather at Alibaug ST Bus stand at 8.00 am to 10.00am.

The positive aspect of the team was their fluency to communicate in Adivasi language that helped to collect good information about the subject.

**Difficulties Faced:**

1. The team got the information that the sex work is carried out in the bushes. Therefore, they tried to enter the college but they were disallowed by the watchman to enter the college.
2. The team was given only one day for the field work. On the same night they came across drunken eunuchs (TG) who assured them to give information on the next day. Hence, the team could not get information due to limited time given for field work.
3. The team had obtained good information of the active spot where the sex work was carried out, which was one of local lodge. Unfortunately the lodge was raided by the police on the same time and the team could not collect any information from that spot.
4. The team's vehicle driver posed obstacle to gather information as he followed them everywhere.

## Annexure – 1

### PLANNING MEETING OF PARTICIPATORY SITE ASSESSMENT

Venue: Pen (Hotel Marquis Manthan)

Date: 17<sup>th</sup> March 2008

The planning meeting of the participatory site assessment in Raigad district was conducted on 17<sup>th</sup> March 2008 to discuss operational plan. Following persons were attended the meeting

<b>Path Finder International</b>	1. Mr. Pramod Nigudkar Program Director
	2. Mr. Bharat Shetty
<b>Path</b>	3. Ms. Smriti, Programs Manager
	4. Mr. Rambabu ( KP)
	5. Ms. Sunita (KP)
<b>Ankur</b>	6. Ms. Vaishali Patil
	7. Mr. Raj Anthony
	8. Mr. Santosh
	9. Ms. Rachana More
	10. Ms. Mukta Pawar
<b>Vikas Sahyog Pratishthan</b>	11. Mr. Anant Kadam
	12. Ms. Nayana More

#### Objectives of the meeting

- To understand the organization's roles in PSA
- To discuss the process of PSA and prepare plan of action
- Finalize the schedule and deadlines for PSA completion.

The meeting was started with the introduction and sharing about the organizations and role in the PSA process.

Mr. Promod Nigudkar has presented about Path Finder International and about Mukta Program. He has also shared about the experiences of the Rapid Site Assessment in Raigad district and role of Path Finder in PSA. He shared that Path Finder International is working on capacity building of activists in HIV, AIDS and STD in men and women, developing methodologies in information collection and research and handling technological aspects along with developing methodologies in awareness creation and development processes. While in discussion about some of the program related aspect he has told the history of Mukta Project.

About the role and responsibilities in the PSA he told that the Path Finder International would be lead partner along with FHI (Family Health International) and would play a role in capacity building and internal communication.

Ms. Smruti has presented about Path organization and role in the PSA, she stated that the Path will provide consultancy services in conducting PSA.

Ms. Vaishali Patil has shared about Ankur and its work area. She has presented her opinion about the overall development process and feminist perspective of the Ankur.

She also presented that the exposure in Nashik was very insight full to all of us and we got a lot of information about the hot spot and sex business. She also briefed on the activities undertaken after the exposure visit at Nashik that are follows:

- Identification of the local hot spot in the nearby areas i.e Alibaug, Panvel, Khopoli & Pen.
- Identified the possibilities of the spots for sexual activities.
  - Collected information about the circular migration of Bar Girls with their customers and the places of the businesses.
  - Opinion building of the organization and staff members.

#### Learning enhanced within last month

- Privately operating systems in big amount.
- Hidden sexual business therefore critical to identify the sex workers. Non regular sex work.
- Trolley vendors and worker affected by the HIV Aids and their families.

Mr. Anant Kadam has presented about Vikas Sahyog Pratishan's networking process and role in the PSA.

#### **Planning of the Participatory Site Assessment**

- After introduction Ms. Smruti from Path has facilitated the next session on the processes to be undertaken and what are the specific activities. She describes the steps of the PSA methods. Which she has made clarity on the objectives
  1. Assess the vulnerability, what are the risks, what to be done,
  2. Find the numbers and mobilization of key population,
  3. The scientific approach to be involved in the methods to collect the information and ensure quality and information through the KPs) and steps.

The detailing of the steps are follows:

## The Steps finalized

<u>Steps</u>	<u>Period</u>
1. Recruitment of the 26 KPs, / MSM etc	12 Days
2. Training on participatory site assessment (who we are? Identity and identification of risks. Documentation of the information through the different ways, field work, teams formation and leadership training)	8 Days
3. Implementation ( actual work of information), information collection	15 Days
4. Articulation and analysis workshop.	3 Days
5. KPs meeting (Feedback & project design)	1 day
<b>Total days</b>	<b>39</b>

## Methods of PSA decided

- Visit to village and drafting picture (Vishal Chitra) mapping of hot spot ( place of unsafe sex )
- Hot Spot : Migrant movement
- Why it is (Ase ka?)
- Seva Chitra ( Reduce HIV STI what are the services)
- Ashik Banaya Hamane ( Risky sex how many times)

## Clusters for the Participatory Assessment

1. Mahasala - Shrivardhan , 2. Alibaug - Murud , 3. Tale - Mangaon , 4. Karjat - Khalapur , 5. Uran 6. Panve, 7 Rohe . 8. Nagothane, 9. Pali- Pen, 10, Mahad - Poladpur

## PSA Time Line

- Tuesday 1<sup>st</sup> April 2008 VSP representative should be there at Ankur office for recruitment details
- 1 April 12<sup>th</sup> April - Recruitment 22 KPs (Bar Girls, MSM, Street based, Dhaba, hotels, secrete, motel based sex workers) needed more clarity of honorarium, time, what has to be done.

**Criterion of section of KP:** at least one should be literate, sensitive with the issue taking care, helping nature to similar, credibility approach, readiness for giving time at least 30 days, if some one is worked so far in this work. Knowledge of local language. .

- 15<sup>th</sup> to 22<sup>nd</sup> April 2008 Training ( on 22<sup>nd</sup> plan of action )
- 25<sup>th</sup> to 10<sup>th</sup> May Implementation
- 12<sup>th</sup> to 14<sup>th</sup> May analysis of the workshop

## Annexure -2

### **Report of Exposure Visit, Nashik**

**Organized by:**

Ankur Trust

**Facilitated by:**

Pathfinder International & Pravara Medical Trust

#### **Background:**

Ankur Trust will implement Mukta sex workers interventions in Raigad District. This is funded by Pathfinder International. The Ankur Trust has recruited the staff members and soon they will be doing Participatory Site Assessment (PSA) in Raigad District with the help of PATH. Vikas Sahayog Prathistan is NGO whose role is to document the whole process of PSA. As a part of this initiative it was decided to take Ankur project team to Nashik Mukta programme for exposure visit. There were two staff members from Vikas Sahayog Prathistan accompanied the team to document whole process of exposure visit.

#### **The Exposure Visit:**

The exposure visit was organized during 12<sup>th</sup> & 13<sup>th</sup> March 2008 and following persons have participated in the exposure visit.

1. Ms. Vaishali Patil, Ankur Trust
2. Mr. Raj Anthony, Ankur Trust
3. Ms. Rachana More, Ankur Trust
4. Ms. Mukta, Ankur Trust
5. Mr. Santosh, Ankur Trust
6. Mr. Babasaheb Hirve, Ankur Trust
7. Ms. Nayana More, Vikas Sahyog Prathistan
8. Mr. Bharat Shetty, Pathfinder International
9. Mr. Anant Kadam, VSP

#### **Objectives of the Exposure Tour**

- To have an overall understanding of Mukta Programme in Nashik District implemented by Pravara Medical Trust (PMT).
- To understand the various aspects related to Monitoring and Evaluation (like reporting formats)
- To visit to the field areas to have greater understanding of the intervention

## **1<sup>st</sup> Day: Briefing on the Mukta Program**

The brief information about the exposure visit and objectives were shared with both Pravara Medical Trust & Ankur. The introduction of participant's been taken then Ms. Asavari Deshpande, Project coordinator explained about the Mukta Project. She also brief about the work of Pravara Medical Trust. The Pravara Medical trust head office is located at Loni and it's started by the small hospital now it is going extent in Pune and Nagpur. With the collaboration of Path Finder Pravara Trust is implementing Mukta Project in Nashik and nearby areas.

Ms. Asavari Deshpande has given details bout their operation areas that are follows:

- A. Nashik – in the Nashik city the project is implementing intervention in following Hotspots. They are Bhadrakali, Ganjmal Ganjmar & Vinay Nagar. In these Hotspots there is large number of brothel base sex workers.
- B. Manmad: Manmad is situated 60 km far away from Nashik. There is one Hotspot which is close to Bus-stand area and there are nearly 50 brothel base sex workers. As Manmad is a railway junction large number of migrant workers dwells in this town. These migrant workers are the major clients for sex workers.
- C. Sinnar: Sinnar is another site of the Mukta Project and it is 35 km far away form the Nashik city.
- D. Malegaon: Musalgaon, Neharu chowk are the hot spots for the sex workers. There are nearly 60 sex workers in these towns.

Mrs. Asawari Deshpande also explained different typology of sex workers as mentioned below. These classifications are based on where sex worker solicits her clients.

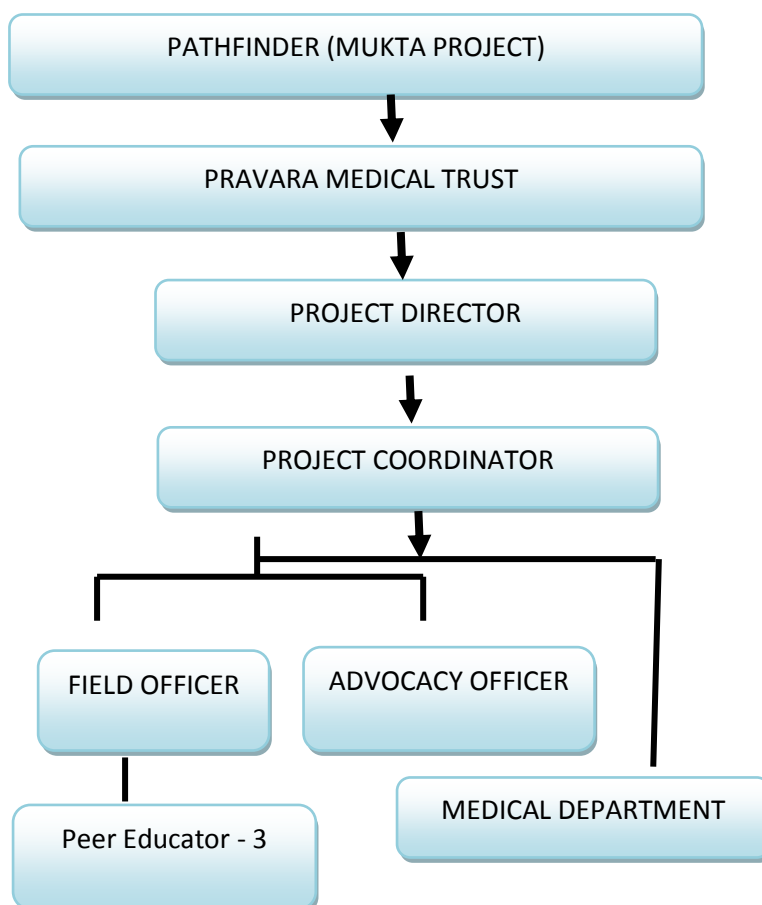
- Sex workers in Brothels (Kuntan Khana)
- Street sex worker
- Lodge based sex workers
- Dhaba based sex workers
- Sex workers in slum areas
- Sex workers associated with cultural activities (Nach, Mehafilis).

She also gave clarity of hot spots & site. Hot spot is one where are means the group of 15 brothels in the same areas and in those spot individual brothels means specific site. The discussions turn to the details of Mukta Project after some of the question and answers. The main focus of the Mukta program to reduce the diseases related to the health of sex work and reduces the risk of HIV as well as to engage them in the social activities which can develop their confidence of alive and sustain livelihood.

In a view of involving more sex workers in the project activities one Peer Educator is appointed for motivate 30 sex workers (These Peer Educators are motivated from the sex worker communities). The role of Peer educator is to motivate the sex workers to take care of their health and reduce risks of HIV and engage them in social or livelihood related activities. A field officer from the lead organization is assisting them for communication and document the experiences.

In Nashik city above 500 sex workers are in the business and around 275 sex workers has registered under the Mukta Program. 9 Peer Educators are facilitating them. (Information stated above is based on the discussions in the exposure visits)

### Structure of the Mukta Program



Under Mukta project Pravara Medical Trust is running in depended and advance technology treatment center at Nashik. After the finishing presentation the discussion on Raigad situation and experiences of Nashik program was started and following issues were came forward

- Similarly Nashik there are number of sex worker in the sex business line but at the same line big amount of sex workers are hidden therefore, it is difficult to identify them.

- There are number of women coming on the weekly market day at the same time number of women from women headed families, garbage pickers women & shopkeepers are coming for the marketing and both are looking same therefore issue is how to identify those women who is coming for sex business. Some of the sex workers are not working on daily basis but that are in high risk so how to keep confidentiality and treated them is a big challenge.
- There are so many privately operated women's are working as a sex partners so how to involve them for precautionary options are need to be think.

After taking suggestions primary precautions for field visit the team has left to Malegaon (Sinner)

### Malegaon Exposure Visit

The team has decided to visit one site (In the Sinner city there are two sites) which is brothels and 7 women's are working as a sex worker. The site is established at road touch part in perspective of attracting customers. The team has entered with the representatives of Mukta Project in the brothels. The sex workers have welcomes to the team. The team has share the perspective of visit and told them we are also willing to work with the sex workers in Raigad district and it was the focal point for the openness for the discussion. The sex workers expressed their thanks to Mukta Project for providing medical services and condoms.

The brothel is the business center for 7 women's including the owner of the brothel (Malkin). Due to circular migration of the sex worker there is not proper figures or numbers but the tentative ratio of the members is 7- 8. The sex workers told that the males form 16 year to 55 year are the customers for them and all the customers are from near by areas. Some of the customers are coming from the Nashik region also. The sex workers are residing there and the male or customers are coming to the brothels.

The sex workers have shared about their activities; one lady told that she is convincing her customers to use the condoms but most of customer expecting sex without condom. Also she stated that some condoms may be scratch so generally we are suggesting customers to use two condoms at a time to reduce possibility burst & HIV infection.

While in discussion with the women sex workers team members asked one lady about the frequency of daily sex and she said that she has made sex with 35 customers at a day. One women said that due to abdomen problem she made operation in the hospital after taking some rest she started sex with her customer resulted she got serious problem and her womb become infected.

Some of the sex workers express their opinion that there is a fear of different health issue due to continuous sex and different sex partners such as STD / HIV but they have no another option for their livelihood. Some of them are taking precautions to

keep themselves safe from HIV. But some of the illiterate workers are not aware about the threat.

The women's coming in this profession due to hunger and poverty, some of them is leaving their children's to their relatives and by saving the money they are sending for their families.

Whole in discussion with them it was realised that these women's are coming from near by areas i.e. Ahamdnagar, Nadurbar, Shirpur, Dhule, Nashik etc. and migrating from one place to another place. Some of them has shared that we all of good friends and taking care of each others. The regular torture from the police was the headache for them but after the registration with the Mukta Project the situation is changed.

One woman said that some of the customers are coming with the video shots in their mobile and expecting that kind of sex with them. Some of the customers are expecting open sex in the bushes but it is very dangerous because there is fear that the customer may hazardous them after having sex or kill them. After listening thsm each member was become very sensitive about their issues. But the issues remains that what is the solution for ending sex business?

#### **Neharu Chowk - Payal Kala Kendra**

The Tamasha Theatre call Payal Kala Kendra visited by the team, team has discussed with the Malkin (owner of the center) and understand the issues of the women's associated in this profession. It is hidden sex business and based on the contract the agents are booking the parities and women's have to dance on the floor. There are 10-15 women's groups are performing on the stage and the group of customers coming for enjoyment. These women are openly not saying that they are sex workers but the other people are saying that is hidden sex business. The health issues of these women are very critical and needs to be address.

#### **Bhadrakali and Ganjaman site visit**

The team has visited the brothels at Bhadrakali and Ganjman, the evening and scope of getting customers sex workers was not available therefore, team has discussed with some of the women. After the discussion team felt that the issues of the sex workers are same therefore for further learning team has decided to observe street sex workers. The team has discussed with the street based sex workers and felt there are lot of issues that are affecting the livelihood and health issues of these sex workers.

After the visit the feedback session taken by Mr. Bharat Shetty, Pathfinder International and each participants has shared the learning's.

#### **2<sup>nd</sup> day: Pravara Office to understand the management and operational systems.**

The perspective of the office visit was to understand the systems and strategies. Ms. Asavari Deshpande has presented about the systems and management functions and team operation in details.

The Peer Educated has presented & given demo of using their systems and information recording methods developed by Path finder for illiterate women's

The role of Director, Coordinator, Field officer, Peer Educators were discussed thoroughly and the reporting systems to all.

The counselling systems, pathology and medical officer work has been thoroughly discussed with the responsible persons and also seen the records.

#### Insights gain through the exposure tour (expressed in the concluding session)

- Discrimination: Discriminatory and other fatal act by customers are tolerating the sex worker. They are using as a tool of the enjoyment. The customer perspective is to manipulate the workers. Therefore, women are in this profession has accepted the submissive status of the society. Their understanding is they don't have any status therefore the manipulation is high and the less sensitivity of other communities to accept them as a human.
- Life in High Risk: the customers are not taking precautions while in sex with them. Some of the customer expecting unnatural sex therefore, they are in high risk and may be victim of the HIV and other STDs
- The society is not accepting the sex workers and they have not dignified lives therefore the women's are in the professions are accepted they have no any status as a part of human society.
- There are so many examples of the violence on the sex workers therefore; there is need attention of the society.
- The manipulation ratio of the sex worker is high from police, brothels owner and also form customer therefore sex worker is facing atrocities day by day and there is no system of justice to them.
- No place for express feeling for the women's therefore physiological issues are there. There is none of the potential partner who can understand them.

#### Annexure -3

## ORIENTATION OF KP COSULTANTS

**Date:** 1<sup>st</sup> April 2008

The orientation program for participatory site assessment was conducted at Mumbai in the office of Path International on 1<sup>st</sup> April 2008. Following persons have participated in the workshop

### **Participants**

- **Path Consultants** : Sunita Sawant, Shikha, Anil & Ambika
- **Path Finder** : Bharat Shetty
- **Ankur** : Vaishali, Raj & Santosh & Babasaheb
- **Path:** Smruti & Swati
- **VSP:** Anant & Nayana

The introduction of the participants have been conducted and as an organizations Mr. Anant Kadam has presented about VSP and Mr. Bharat Shetty has given introduction of Path Finder. Ankur people was not reached in time due to traffic so in the consent with them on phone the meeting was started

The orientation of the consultant has been facilitated by Ms. Smruti from path. Organization and open session for discussion on what is PSA. Discussed points are follows:

### **What is PSA?**

1. Find the KP /sex workers & related information in the project areas.
2. Collection of the details (issues, risks, migration of KPs, quantitative data)
3. Selection of KPs for further work.
4. Assessment of the facilities to the KPs
5. Link KPs with the project & processes

### **Objectives**

- **To find key population**
  1. Quantity, venue & categories,
  2. Find high risk of HIV / AIDS (hot spot)
  3. Mapping the areas.
  4. To assess the mobility of KP ( source & destination),
  5. Understand & find the services or find gaps of services.
  6. To facilitate the process of project design and enhance participation of the KPs
- To promote & mobilise KPs to participate in the HIV/ AIDS intervention in project.
- To Enhance skills about work on HIV/ AIDS & explore possibilities of working in the project interventions

### **Schedule of the Implementation**

- 17<sup>th</sup> March 2008 – Primary discussion meeting
- 1<sup>st</sup> April – 12 April 2008- Recruitment – (12 days )
- 15 to 22 April 2008 - Training.
- 23<sup>rd</sup> & 24<sup>th</sup> April 2008 GAP
- 24<sup>th</sup> April to 10<sup>th</sup> May 2008 : Implementation ( compulsory working dates 24<sup>th</sup> & 25<sup>th</sup> & 6<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> May 2008 ) 15 days (5 days of KPs)
- 12<sup>th</sup>, 13<sup>th</sup> & 14<sup>th</sup> May : Data Analysis
- 15<sup>th</sup> May 2008 community feedback

### **Recruitment process (20-22 People)**

Why important?

“To get support from local KPS in formulating and run the Project in respected areas.”

### **Communication Process / Relationship building**

1. Approach to the organization
2. Intervention in the areas (KP hot spot)
3. Identify himself
4. Discussion on perspective of PSA ( to discuss on the issues, threats, possibilities, collaborative perspective)
5. Clarity with KP on benefits ( realistic)
6. Details Group discussion with interested KPs on PSA.
7. Exchange of contact details (both KPs Consultants)

### **Principles**

- Confidentiality
- No feeling based decision
- Perspective that all are equals ( no discrimination)
- Sensitivity on the needs of KPs
- Transparency
- Capacity building of KPs

### **Facilities Expected**

- Letter of the organization
- Contact details of the partner organizations
- Phone numbers for emergency purpose.

### **Criterion for selection of KPs**

1. Those who willing to work and agrees to giving time.
2. Known local language.

3. Motive to work for own community on HIV/ AIDS
4. Vocal & Able to be a KP and building relationship
5. Quality of leadership
6. Basic Literacy
7. Open for giving identity in his community.
8. Basic knowledge of HIV/ AIDS/
9. Readiness of travel
10. Able to build up rapport.

### **Bifurcation of the KPs for recruitment**

<b>Category</b>	<b>Nos</b>	<b>Remark</b>
<b>Bar Girls</b>	<b>2</b>	
<b>MSM/ TG</b>	<b>2</b>	
<b>Street Based</b>	<b>2</b>	
<b>Dhaba Based</b>	<b>4</b>	
<b>Hotels</b>	<b>0</b>	
<b>Secrete</b>	<b>6</b>	
<b>Borthel based</b>	<b>0</b>	
<b>Tamasha</b>	<b>0</b>	
<b>Lodge Based</b>	<b>4</b>	
	<b>20</b>	

(at least 6 to be literate from 20 KPs)

### **Clusters for Recruitments & Teams**

<b>Venue</b>	<b>Central Point</b>	<b>Dates</b>
Mahasala Shrivardhan	– Shrivardhan	9 <sup>th</sup> April
Alibaug Murud	– Alibaug	6 <sup>th</sup> & 7 <sup>th</sup> April
Tale – Mangaon	Mangaon	8 <sup>th</sup> April
Karjat Khalapur	– Khalapur	4 <sup>th</sup> & 5 <sup>th</sup> April
Uran	Uran	12 <sup>th</sup> April
Rohe	Rohe	11 <sup>th</sup> April
Nagothane	Nagothane	11 <sup>th</sup> April
Pali – Pen	Pen	2 <sup>nd</sup> & 3 April
Mahad Pladpur	– Mahad	10 <sup>th</sup> April

### **Remuneration to the consultants decided**

Ms. Smruti, Bharat, Vaishali & Raj has discussed separately about the fees and other expenses to be provided to the consultant for recruiting local KPs. Based on the discussions the following remuneration has been shared with the consultants.

- Rs. 250/- per day fees x 8 days = 2000/- recruitment
- Rs. 550/- per day travel /food x 15 days = Implementation
- Rs. 250/- per day x 3 days = 750/- Data Analysis

Total Rs. 15000/- for per consultant

**Points for reporting**

1. Date & time :
2. Venue:
3. Number of contacted KPs:
4. Special notes ( support get or difficulties faced, issues discussed)
5. How many potential KP identified for further course of action (Names)
6. Learning's based on the team discussions.

It was decided that all will meet on 15<sup>th</sup> April 08 at Ankur Office onwards training program will be executed.

## Annexure - 4

### **The persons contributed in completing PSA process**

#### **Ankur Trust Staff list**

1. Ms. Vaishali Patil, Program Director
2. Mr. Raj Anthony, Managing Trustee
3. Ms. Rachana More, Activists
4. Ms. Mukta Pawar, Activist
5. Mr. Santosh Khadage, Activist
6. Mr. Babasaheb Hirve. Activist

#### **PATH Representatives**

1. Ms. Smriti Acharya
2. Ms. Swati Pongurlekar

#### **Vikas Sahyog Pratishthan, Representatives**

1. Mr. Mohan Surve
2. Mr. Anant Kadam
3. Ms. Nayana More

#### **Key population consultants list**

1. Mr. Rambabu
2. Mr. Anil
3. Ms. Shika
4. Ms. Sangita
5. Ms. Sunita
6. Ms. Ambika

#### **PSA Community consultant list**

1. Mr. Abdul Sheikh (Lips)
2. Mr. Vishvanath (Choti)
3. Mr. Gajanan (Ganesh)
4. Ms. Kanchan
5. Ms. Mukta
6. Ms. Kusum
7. Ms. Vaishali
8. Ms. Alka
9. Ms. Sulbha