

Need Assessment of HRGs Report March 2009



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A- Brief about organization:

Our organization, Mamta Samajik Sanstha is a non profit, registered voluntary organisation working for all round development of women, children and disadvantaged groups in 2 States of North India i.e. Uttarakhand and Uttar Pradesh since 5th Feb, 1992. We have undertaken several projects for our target groups on issues like RCH, sensitization about TB,HIV/AIDS, water and sanitation, gender equality, women and children rights, women empowerment etc with the support of national and international agencies, particularly we have worked with UNICEF for more than 8 years.

HIV/AIDS has been integral part of our comprehensive health care programmes, particularly with women, adolescent girls and college students in more than 600 villages of two states in North India i.e. Uttarakhand and Western U.P.. We have also addressed this issue with some high risk groups like truckers, migrant communities etc.

Our approach has always been to integrate HIV/AIDS as one of the component of RCH, keeping in mind the stigma about the disease. One should not have a feeling that we are targeting him as suspected HIV case. Rather they should get feeling that we should fight HIV/AIDS like any other dreaded disease with sensitivity It gives better understanding of the issue if we deal it in integration with other issues. It is challenging and sensitive if we deal with HIV in isolation. Our senior staffs have been in the field of community health for more than 20-25 years. We are giving our services as Master Trainers and Resource Persons to the State government, NGOs and civil Society Organizations and conducting various training programmes, seminars, and workshops on different health topics including HIV/AIDS for managers, middle level workers and grass root level workers.

We wish to draw an action plan of our organisation to sensitize the community about HIV/AIDS and increase their participation to identify HIV cases and provide them proper health care with dignity. Simultaneously, we will mobilize youth power to stop HIV/AIDS in the state by preparing them as catalyst of change and using them in activities like advocacy and lobbying with government and concerned officials and campaigning and social mobilization for the high risk groups of the society. We will also develop a network of NGOs and concerned departments and link them with national and international networks on HIV/AIDS for regular interaction and update on the issue.

We have conducted a training on HIV/AIDS and The Law in our city Dehradun, Uttarakhand(India) on 20th June,08. There were 50 participants from NGOs, government representatives, advocates and one HIV + person. We discussed in this meeting as how we may provide legal support to HIV+ persons in our state? We are identifying HIV+ networks and if no network exists, we will form network. We will also be in touch with HIV+ people through various channels in our state.

Objectives:

- Creating non threatening environment in the city of Dehradun for our direct beneficiaries i.e. 400 FSWs and 300 MSMs with the help of project staff,concerned govt officials and HIV/AIDS stakeholders to encourage atleast 40% of them over a period of one year to come forward to learn about safer sex options in order to reduce risk of STI & HIV/AIDS .

- Developing and using effective tools of ACSM to create awareness among the high risk groups, particularly reaching atleast 40% of FSWs and MSMs with message and required services about prevention of HIV/AIDS, reduction of stigma and give information about HIV counseling and Testing facilities.
- Developing cadre Peer Educators and volunteers from within the community, particularly to work with fellow FSWs and MSMs to encourage them for voluntary STI, HIV counseling and testing at ICTC.
- Providing HIV counseling and testing facilities to atleast 100-150 suspected FSWs and MSMs in one year at the place of their choice with confidentiality and maintaining their dignity through our doctor and counselor.
- Following up FSW and MSM found HIV+ through HIV testing at ICTC and ART Centre.

B. Executive Summary

Mamta Samajik Sanstha has undertaken a task of need assessment in March 2009 under its TI Project with the support of Uttarakhand AIDS Control Society in and around Dehradun.

Goal:

To bring out a baseline report on K.A.P. and emerging needs of FSWs and MSM in terms of preventing STDs and HIV/AIDS and get estimated number of FSWs/MSM in district Dehradun, Uttarakhand.

Objectives:

- To identify and confirm the locations within the district where TIs have to be undertaken to reach all FSWs and MSM who are at any risk.
- To estimate the total number of FSWs and MSM in the identified sites/locations
- To understand the knowledge level of FSWs/MSM on STIs and HIV and sex pattern/behavior
- Identification of secondary stake holders and influencers

A Time-line was prepared by Mamta to conduct the need assessment in the city of Dehradun under TIs HIV Project which is given to us by UKSACS. Mamta has been given a target of 400 female sex workers (FSWs) and 300 Man having sex with Man (MSM). Out of which we were asked to cover atleast 30% during need assessment survey. We have interviewed 123 FSWs and 90 MSM during need assessment survey in and around Dehradun city, a capital of Uttarakhand. We got these people from 65 locations including Gandhi Park and other points in the city which are meeting points of MSM.

Mamta used following process and methods during need assessment with FSWs and MSM:

1. Review of secondary data and Mapping of hot spots according to the available data and information
2. Orientation of TI project staff and briefing about the project and need assessment
3. Visit of hot spots and community meetings to create enabling environment about TI project and need assessment
4. Prepare checklist for FGDS and conduct FGDs with suspected FSWs and MSM with the help of stakeholders
5. Interview of FSWs and MSM on prescribed interview format
6. Case studies of few TGs
7. Observations

Major findings of the Need Assessment

- 70-80% females and males knew as how does HIV/AIDS spread and how doesn't? But yet 70% of them practice unsafe methods of sex.
- The clients, who use condoms, normally bring condoms of their choice. Neither clients nor TGs use condoms of govt supply.
- Beside vagina sex, 40-50% FSWs obliges their clients with oral and anal sex.
- Even MSM oblige their clients with oral sex beside anal sex. In fact, MSM go more frequently for oral sex if they are in some park and unsafe place.
- Most of the FSWs and MSM were not aware about STI symptoms. But when our counselor showed them few pictures of STDs through flash card, few of them reported symptoms of the same. They also reported that they have been to private doctors, mainly local quacks for treatment. Few TGs sought our help during FGDs and went to govt STD clinics for check up and treatment.
- Very few TGs knew about ICTC and 10% out of them really sought services of ICTC. Though all of them were found HIV negative.
- We saw some kind of stigma, misconception and fear in the mind of TGs about HIV test. They feel hesitant to go to ICTC for check up, having fear in mind as what will happen if they will be found HIV positive?
- Knowledge about HIV/AIDS among TGs is comparatively good. But it needs to be reinforced with proper BCC and regular follow up in order to make them realize that if they don't make their sexual behavior safe, they are at great risk of catching STI and HIV/AIDS.

Recommendations for future Interventions:

- This would be one of our key interventions to transform their knowledge into action through proper BCC strategy about use of condom.
- We need to fight this stigma and misconception with proper BCC.
- We need to work hard and use good BCC tools to motivate them to go to ICTC.
- Knowledge about HIV/AIDS among TGs is comparatively good. But it needs to be reinforced with proper BCC and regular follow up in order to make them realize that if they don't make their sexual behavior safe, they are at great risk of catching STI and HIV/AIDS.
- We need to do social marketing of condoms in order to save their precious lives.
- Mostly young people are involved as FSWs and MSM .We need to develop strategy to address young people through effective BCC tools.
- We need to conduct more FGDs and counseling with them to impart knowledge about STDs and facilitate the process of health seeking behavior among the TGs.
- We have to create an enabling create for our TGs with the help of all the stakeholders.

Brief summary of TIs Need Assessment		
S.NO.	Details	Total No.
1	No. of colonies/ Area covered	65
2	No. of FSWs interviewed	123
3	No. of MSM interviewed	90
4	No. of FSWs listed and identified	75
5	No. of MSM listed and identified	64
6	No. of FSWs referred to ICTC	06
7	No. of MSM referred to ICTC	04
8	No. of FSWs referred to STD clinic	06
9	No. of MSM referred to STD clinic	02
10	No. of community meetings conducted	03
11	No. of participants in community meetings	248
12	Total no. of FGDs conducted	22
13	Total no. participants in FGDs	178
14	No. of case studies conducted with TGs	12
15	No. of Stakeholders/opinion leaders contacted (positive attitude)	30
16	No. of stakeholders/opinion leaders contacted (Negative attitude)	05

C. Goal and Objectives of the Need Assessment:

Goal:

To bring out a baseline report on K.A.P. and emerging needs of FSWs and MSM in terms of preventing STDs and HIV/AIDS and get estimated number of FSWs/MSM in district Dehradun, Uttarakhand.

Objectives:

- To identify and confirm the locations within the district where TIs have to be undertaken to reach all FSWs and MSM who are at any risk.
- To reach out atleast 30% of targeted groups i.e. FSWs and MSMs during baseline survey
- To estimate the total number of FSWs and MSM in the identified sites/locations
- To understand the knowledge level of FSWs/MSM on STIs and HIV and sex pattern/behavior.
- To understand the pattern of condoms usage among the FSWs/MSM.
- To understand their health seeking behavior.
- To analyze the environmental situation for the safety of FSWs/MSM.
- Identification of secondary stake holders

- Identification of community leaders and influencers.
- Services availability and providers

D- Need Assessment Plan-

Following Time-line was prepared by Mamta to conduct the need assessment in the city of Dehradun under TIs HIV Project which is given to us by Uttarakhand AIDS Control Society (UKSACS). Mamta has been given a target of 400 female sex workers (FSWs) and 300 Man having sex with Man (MSM). Out of which we were asked to cover atleast 30% during need assessment survey.

We have completed our need assessment survey in the month of March, 2009 as per given Time Line:

- 3-4 March, 2009 : Project staff need assessment training by UKSACS and Technical Support Unit (TSU)
- 5 March : Mapping of the area as per Raman studies and secondary data available with Mamta, Identification of sites, Develop and finalize Need assessment formats, community meetings and FGDs check list
- 6 March : Community Meeting at Gandhigram, one of the hot spot in terms of FSWs prevalence
- 7 March : Orientation of the project staff by the Project Director on TIs project and need assessment, assigning role and responsibilities for interviews, FGDs, community meetings and process documentation.
- 8 March : Community Meeting at Sanjay colony to mark the International Women's day with focus on RCH and HIV/AIDS
- 10-28 March : Data collection by the project staff in different locations of Dehradun City
- 30-31 March : Data correction, compilation of Community meetings and FGDs reports etc
- 1-5 April : Data entry, analysis and report writing

I- Areas covered for NA-

We have covered 65 colonies/areas in and around Dehradun city, a capital of Uttarakhand as per details given in Table – 1

II- Community covered-

We have interviewed 123 FSWs and 90 MSM during need assessment survey in and around Dehradun city, a capital of Uttarakhand. We got these people from 65 locations including Gandhi Park and other points in the city which are meeting points of MSM.

Occupation

- (1) Most of our TGs reside in slum areas in and around Dehradun. Males work as fruit and vegetables vendors, Vikram, Auto and truck driver. Also work as daily wages unskilled labourers etc
- (2) Most of females work as domestic servants at some Kothi, Daily wages labourers at bulb factory and other work, house wives etc.
- (3) Mostly FSW and MSM are unskilled.

Geographical Areas

- Most of MSM and FSWs in jhuggies (huts) in slum areas of Dehradun which is full of dust and litters.
- Many family members reside in one room with no basic amenities like water, toilet, bathroom, proper ventilation and light etc.
- They reside in very unhygienic areas which causes them many skin diseases, leucorrhoea, vector and waterborne diseases etc.
- We have come to know that many of them change their living place so frequently to hide their identification.

III- NA process and methodologies-

Mamta used following process and methods during need assessment with FSWs and MSM:

2. Review of secondary data and Mapping of hot spots according to the available data and information
2. Orientation of TI project staff and briefing about the project and need assessment
3. Visit of hot spots and community meetings to create enabling environment about TI project and need assessment
4. Prepare checklist for FGDS and conduct FGDs with suspected FSWs and MSM with the help of stakeholders
5. Interview of FSWs and MSM on prescribed interview format
6. Case studies of few TGs
7. Observations

Mamta Samajik Sanstha developed a team of committed, qualified and experienced personnel for the successful execution of the TIs project consisting of Project Manager, Counselor, Out reach workers and proposed Peer Educators under the leadership and supervision of the Project Director/Chief Functionary and Chief Coordinator of the organisation with technical and financial support of TSU and UKSACS.

After brief orientation and Need assessment training we placed them to work with Female Sex workers(FSWs) and Man having Sex with Man(MSMs). The outreach workers and

purposed Peer Educators were important pillars of our Need assessment field work. Hence, we have put extra efforts to make them sensitive towards the target groups. We asked them to adopt our PE policy while dealing with the target groups. PE means Privacy Ensured. To be more friendly with the TGs, we asked our ORWs and purposed Peer Educators to introduce themselves as Swasthya Saheli. We tried to create non threatening environment for our TGs while dealing with them. We started our conversation with them with the topics and issues of their choice. Raised and discussed issues of reproductive child health, nutrition, personal hygiene, family income, education of their children, legal rights etc before talking about STDs and HIV/AIDS. We tried to relax our TGs by saying that you need not to tell us your real name and identity unless you are comfortable with us. We may give you some nick name and you may be known by your nick name during group meetings. Also we encouraged them to choose women/men of their choice for group meetings/FGDs. Our project staff facilitated the process of creating non threatening environment among the TGs to have better understanding and interaction on HIV/AIDS and related services.

Initially, we started our need assessment in hot sites in the city of Dehradun as proposed by Raman studies. But gradually we expanded our NA survey in 65 colonies of Dehradun city with the help of our TGs and other stakeholders.

Expected Result(s) of Need Assessment

- We will reach atleast 30% of TGs i.e. FSWs and MSM by conducting FGD and one to one interview with them and identify approximately 70% TGs through these TGs and local stakeholders.
- Atleast 120 FSWs and 90 MSM will be interviewed and counseled individually and collectively on prevention, importance of using condom during sex and ICTC and ART Centre services.
- We will be able to understand their sexual behaviour and needs for future interventions.

Case Studies:

After few meetings and FGDs when TGs became little comfortable with us, we tried to know about their families and clients. We prepared case studies of few TGs understand their socio economic background. How they fell into this profession and the chain of people involved in this field? We also tried to know the health status of their clients and their family members as how often your client or family members visit doctor to sort out some treatment? What kind of diseases they are suffering from and who is providing them the treatment? Have any of your clients been to clinic for treatment of STI? If your client doesn't want to use condom, have you ever insist him to use condom for the protection of the precious life of both of you? Have you ever had courage to deny sexual act without using condom and what was the reaction of your client? Have you sorted out some alternative methods to give sexual pleasure to your client which are risk free and put no threat to your precious life? These case studies gave us lot of insights in order to develop our interpersonal communication strategy for communication with our TGs and through them targeting their clients to make their life safe and healthy.

IV Stake holder's analysis –

We identified 35 stakeholders during our need assessment in different areas of Dehradun. We found 30 stakeholders having positive attitude about the project and TGs. They are willing to provide all sorts of cooperation to reach the TGs and conduct TIs activities. Whereas we found 5 stakeholders having negative attitude either towards the programme or TGs. The stakeholders with positive attitude have appreciated the TI project and shown their concern and willingness to be part of project activities in terms of spreading knowledge about prevention of HIV/AIDS, conducting local activities and informing people about ICTC services. They also supported us to understand the sexual behavior of FSWs and MSM program and helped us to reach the TGs. They will be providing us with the support of creating an enabling environment in their respective areas with community and TGs in particular.

They will also support us in terms of reducing stigma and discrimination against the HIV suspected people among the community.

Whereas stakeholders with negative attitude are somehow threat to TGs and they have some selfish motives to take advantage of TGs. They are more to harass them rather than support them.

Table- 2 and 3 showing details of positive and negative stakeholders is being attached

E- Maps of the locations/sites-

Dehradun city map showing various high risk areas, is being attached

I. We have drawn a map of Dehradun city area on a chart paper and located all hot spots in the map

ii. Identified FSWs and MSM in selected hot sites by outreach workers, potential Peer Educators, fellow FSWs/MSM and with the help of other stakeholders like auto rickshaw drivers, brokers, concerned govt officials and frontline functionaries like ASHA, Aganwadi worker, NGOs, Beauty Parlour owner, hotel boys, Park Watchman etc.

F. Information about Community members

1. Sites and HRG estimation :

District Profile of Dehradun:

Report on Mapping of High Risk Groups in Uttarakhand, based on Raman study says that there are more than 650 Female Sex Workers (FSWs) exist in just 14 sites of Dehradun city. This

number may go very high if we map the entire city area and adjoining areas of Dehradun city. The challenge is very big and task is very hard to map all the commercial sex workers and have some kind of intervention with them because their population is very scattered, hidden and category also vary from street based to home based, call girls to Flying-Hi profile and further goes down to rag pickers and migrants. Presence of MSM and IDUs make the situation more complex and vulnerable.

Beyond the above study findings, Dehradun being a capital of Uttarakhand, tourist destinations and known for colleges & technical institution, many people from India and abroad visit Dehradun and Mussoorie every year. Young boys and girls who either stay in hostels or hire private apartments get enough time and freedom to develop intimate relationship with their friends and indulge in sexual relationship. Many call girls from Delhi and other cities make their shelter in Mussoorie and Dehradun during tourist high season. Many youth migrate from all over Uttarakhand to Dehradun in search of their livelihoods. These circumstances and situations make Dehradun a high risk city of Uttarakhand state as far as HIV/AIDS is concerned.

We have interviewed 123 FSWs and 90 MSM during our need assessment survey and listed 75 FSWs and 64 MSM with the help of TGs we interviewed. This figure may increase as we go for extensive coverage of the areas in coming months with the help of our outreach workers, stakeholders and Peer Educators of the TIs project.

2. Categories within the community members:

Category of M.S.M & F.S.W

CATEGORY OF M.S.M

Category	Tally marks	No. of M.S.M
Panthis (Active Partner)	III III III III III	25
Kothis (Passive Partner)	III III III III III III III III III III III	58
Double deckers		05
Hijras		02
Others		-
Total		90

CATEGORY OF F.S.W

Category	No. of F.S.W
Home based	123/123
Brothel based	00/123
Street based	02/123
Dhaba based	00/123

Highway based	01/123
Hotel based	65/123
Others	02/123

G- Need Assessment Data (Socio and Economic Profile of HRGs (FSW/MSM/IDU))

AGEWISE INFORMATION ABOUT M.S.M

Age	Tally marks	No. of M.S.M
Below 15		Nil
15 – 25	HHH HHH HHH HHH HHH I	26
25 – 35	HHH HHH HHH HHH HHH HHH III	33
35 – 45	HHH HHH HHH HHH HHH II	27
45 – 55	LI	2
55 & above	LI	2
Total		90

Most of the males involved in MSM activity are young people. They have their long way to go in their lives. Many of them are not married as yet. There is a need of proper BCC activities them to protect their precious lives.

AGEWISE INFORMATION ABOUT F.S.W

Age	Tally marks	No. of F.S.W
Below 15		Nil
15 – 25	HHH HHH HHH I	16
25 – 35	HHH HHH HHH HHH HHH HHH HHH HHH IIII	44
35 – 45	HHH HHH HHH HHH HHH HHH HHH HHH HHH HHH II	52
45 – 55	HHH HHH	10
55 & above	L	01
Total		123

50% of the females involved in sexual acts are also at their very young age. They have also to go long way in their lives. But as they are having such a risky behavior at this young age, their lives are at risk of having STI and HIV. Very effective BCC activities are also needed to save their precious lives.

**ECONOMICAL/EDUCATIONAL/MARITAL STATUS
OF M.S.M AND F.S.W**

<u>MONTHLY INCOME OF 123 FSW</u>		
INCOME	TALLY MARKS	NO. OF FSW
0 – 3000	HHH HHH HHH HHH HHH HHH II	32
3000 – 6000	HHH HHH HHH HHH HHH HHH HHH HHH HHH HHH HHH HHH HHH HHH HHH III	73
6000 – 9000	HHH HHH III	14
9000 – 12000	III	3
12000 – 15000	I	1

85% FSWs belongs to families of lower income group .Hence; sexual acts have become their financial needs beside their physical desires. Many of them look at high society people and they wish to be like them.

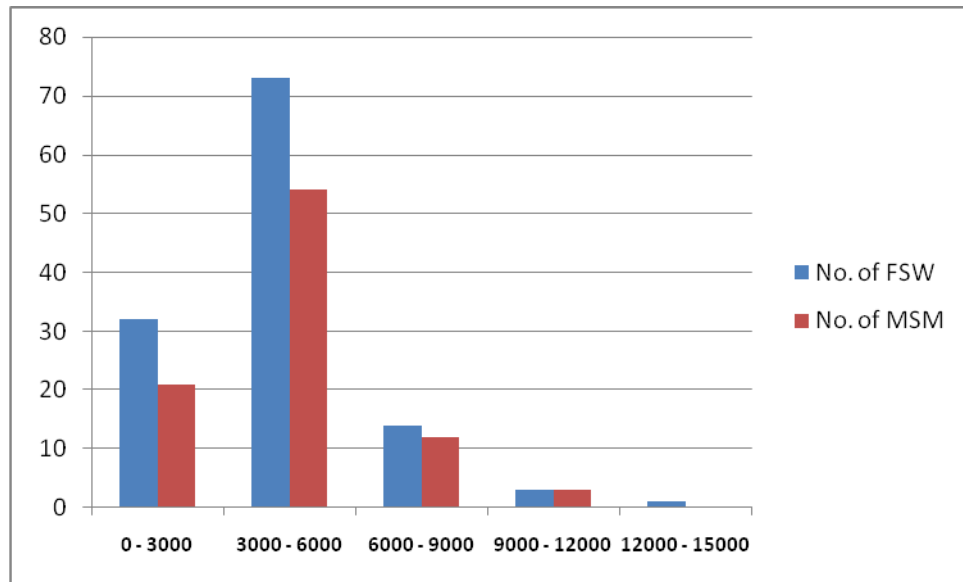
<u>MONTHLY INCOME OF 90 MSM</u>		
INCOME	TALLY MARKS	NO. OF MSM
0 – 3000	HHH HHH HHH HHH I	21
3000 – 6000	HHH HHH HHH HHH HHH HHH HHH HHH HHH HHH HHH IIII	54
6000 – 9000	HHH HHH II	12
9000 – 12000	III	3
12000 – 15000	-	0

<u>MARITAL STATUS OF 123 FSW</u>		
STATUS	TALLY MARKS	NO. OF FSW
MARRIED	HHH III	103
UNMARRIED	HHH HHH	10
WIDOW	HHH HHH	10

<u>EDUCATIONAL QUALIFICATION OF 123 FSW</u>		
Education standard of 123 FSW	Literate	Illiterate

No. of FSW	37	86
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EDUCATIONAL QUALIFICATION OF 90 MSM		
Education standard of 90 MSM	Literate	Illiterate
No. of MSM	62	28



Data representing monthly income of 123 FSW & 90 MSM



Data showing literacy rate of F.S.W & M.S.M

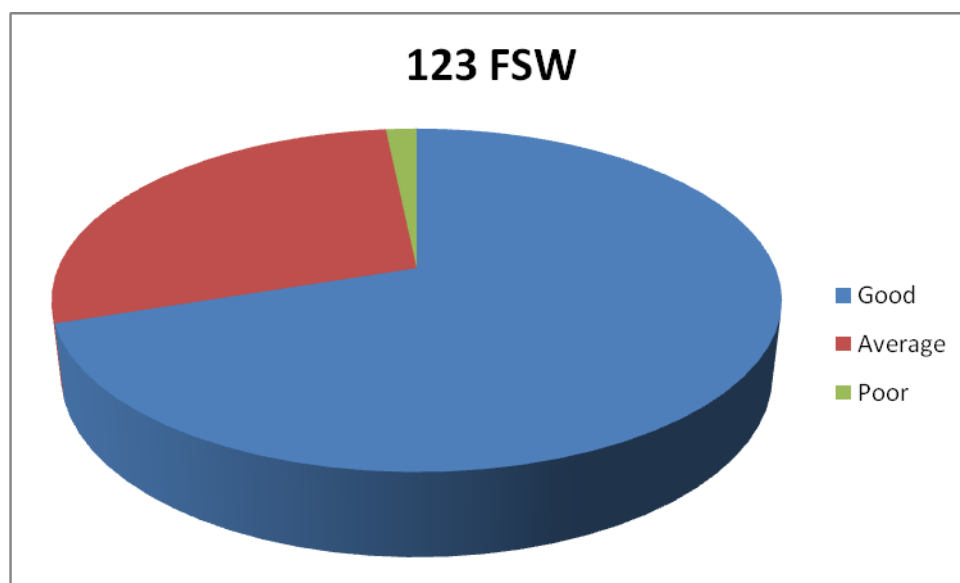
H. K.A.P. of FSWs and MSM:

Knowledge of 123 FSW about HIV/AIDS

Questions	Yes	No
1. By eating from the same plate with an HIV+ person	27	96
2. By unsafe sex with infected persons*	111	12
3. By mosquito bite	37	86
4. By infusion of infected blood	104	19
5. By mother to child transmission	113	10
6. By shaking hands with infected persons	16	107
7. By infected needle/syringe	111	12

Knowledge	Good	Average	Poor
Out of 123 F.S.W	69.91%	28.46%	1.63%
Scale	6 to 7 Questions	3 to 5 Questions	>3 Questions

*As far as answer about unsafe sex is concerned in terms of yes and no, most of them replied in yes, sharing their general feeling that unsafe sex may cause HIV. But when we asked them in details as what kind of sexual acts they consider as unsafe sex. Most of them replied as vaginal sex without use of condom is unsafe sex. They were not aware that anal sex is also unsafe as vaginal sex without condom.



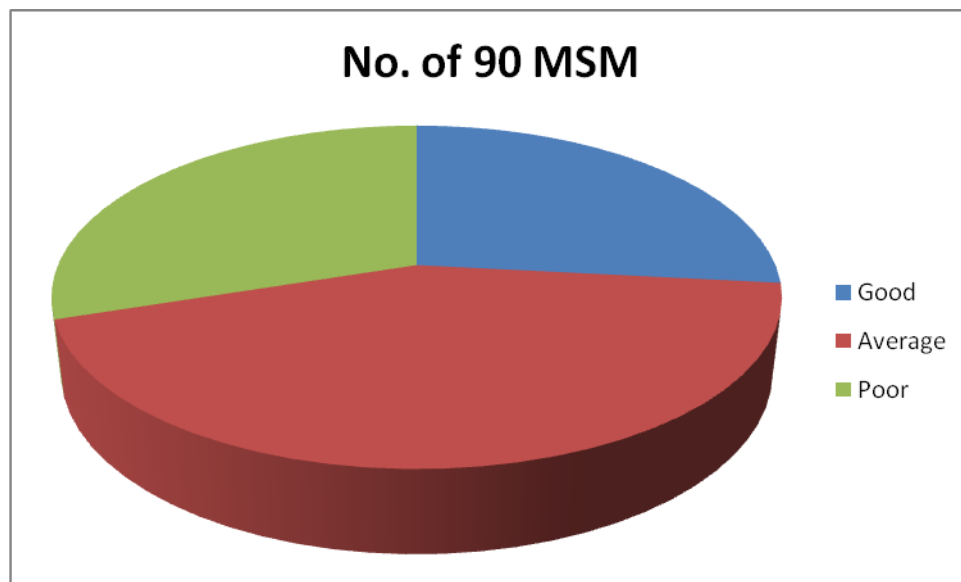
Data showing in %cent Knowledge of 123 FSW about HIV

Knowledge of 90 MSM about HIV/AIDS

Questions	Yes	No
1. By eating from the same plate with an HIV+ person	38	52
2. By unsafe sex with infected persons*	63	27
3. By mosquito bite	54	36
4. By infusion of infected blood	57	33
5. By infection from mother to child	47	43
6. By shaking hands with infected persons	48	42
7. By infected needle/syringe	42	48

Knowledge	Good	Average	Poor
Out of 90 MSM	26.67%	43.33%	30%
Scale	6 to 7 Questions	3 to 5 Questions	>3 Questions

*Though 70% MSM also knew that unsafe sex may cause them HIV. But again most of them were considering only vaginal sex without condom as unsafe sex. They got surprised to know from us that anal sex without condom is also as risky as the vaginal sex. Source of information about HIV is basically TV, Radio (FM) and news papers etc.

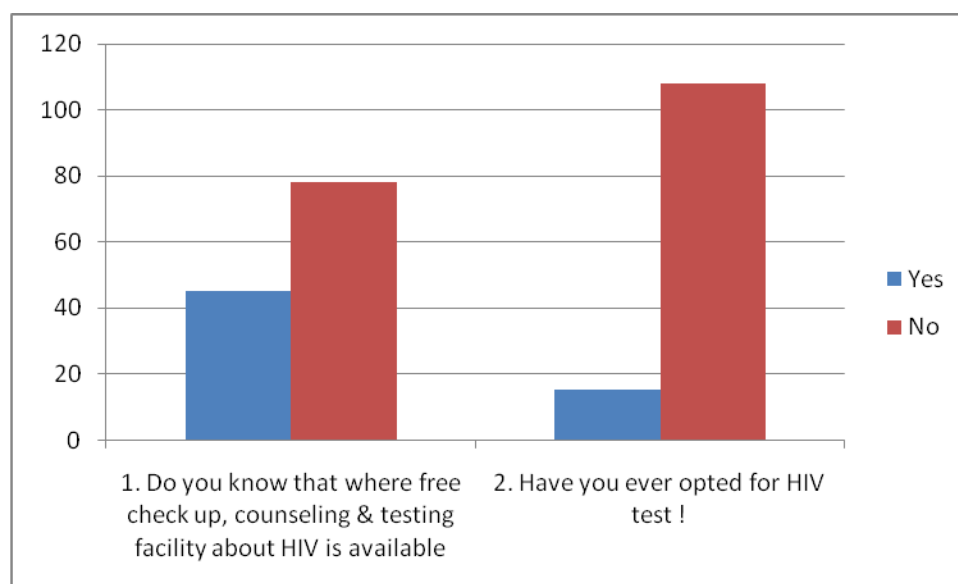


Data showing %cent knowledge of 90 MSM of diferent Questions

Awareness about HIV Counseling and Treatment among 123 FSW

Questions	Yes	No
1. Do you know that where free counseling & testing (ICTC) facility about HIV is available!	45	78
2. Have you ever opted for HIV test ?	15*	108

36.6% FSWs have heard about counseling and testing facilities. But out of 36.6 % only 50% were aware as where ICTC is located. They knew that it is in Doon Hospital. But unaware about exact location. Out of total 45 FSWs who knew about ICTC, 15 (12%) actually visited ICTC for counseling and testing. They all were found HIV negative.



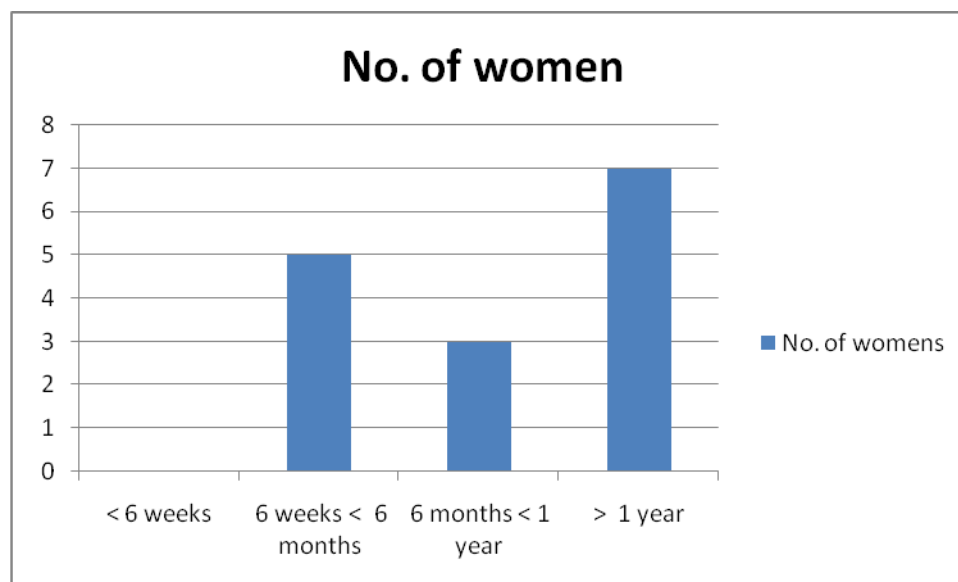
Data showing awareness of 123 FSW about ICTC

***All 15 FSWs who opted for HIV test, their report found negative**

Details of time period of HIV test at the time of NA

Time period	< 6 weeks	6 weeks < 6 months	6 months < 1 year	> 1 year

No. of women	00	05	03	07
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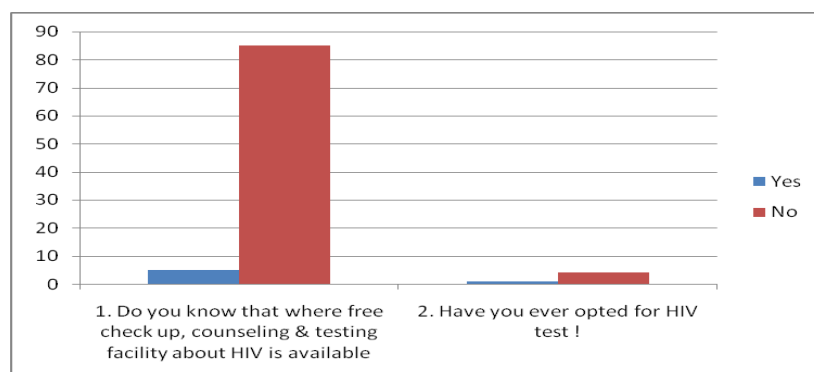


Data showing time period of HIV test opted by F.S.W

Awareness about HIV Counseling and Testing among 90 MSM

Questions	Yes	No
1. Do you know that where free counseling & testing (ICTC) facility about HIV is available?	05	85
2. Have you ever opted for HIV test ?	01	04

Awareness level among FSWs was found better in comparison to the MSM about counseling and testing facilities. In comparison to 36.6% FSWs only 5 (5.5%) MSM have heard about counseling and testing facilities. But out of these 5 only one person actually visited ICTC for counseling and testing at Doon Hospital. He was also found HIV negative.



Data showing awareness of 90 MSM about ICTC

***01 MSM has opted for HIV test, his report found negative**

Details of time period of HIV test at the time of NA

Time period	< 6 weeks	6 weeks < 6 months	6 months < 1 year	> 1 year
No. of women	-	-	-	01

knowledge of 123 FSW & 90 MSM about relationship between STI & HIV			
Question	Yes	No	If Yes Give Details
3. Is there any relationship between HIV & STI?	76	137	STI can be main cause of HIV

Only 36% FSWs and MSM said that person having STI is more likely to have infection of HIV. Rests were not sure whether there is any relationship between STI and HIV. When few of them knew about the relationship between these two diseases, they were little upset and suspicious about having HIV because they had STI in the past. Knowing the fact, few of them decided to go for HIV test.

Questions	Details
4. Do you know main symptoms of STI in women?	1. White discharged 2. Itching in private organ 3. Sore and wounds 4. Painless swelling 5. Yellow urine 6. Sore in breast 7. Swelling in private organs 8. Pain in lower part of stomach 9. Burning at Urine

	10. Pus in urine 11. White spot on private organs 12. Excess bleeding in periods
5. Do you know main symptoms of STI in men?	1. Itching in private organ 2. Ulcer in private organ 3. Painful swelling 4. Discharge of pus 5. Discharge of blood from private part of men organ 6. Veins weakness by alcohol 7. Early ejaculation 8. Impotence 9. Blisters on genitals

Knowledge of FSW/MSM about STI in women/men according to Q6 & Q 7

Knowledge	Good	Average	Poor
Out of F.S.W & M.S.M	18%	26%	56%

56% FSWs and MSM were not aware about symptoms of STDs. They said that knowledge and information is being given very frequently about HIV/AIDS by the electronic and print media. Therefore, we are aware about HIV/AIDS. We hardly got any information about STDS from any source. Above list of symptoms of STDS in woman and man has been prepared based on answers we got from the people who had good and average knowledge about the STI.

Question	Yes	No	If yes, where you had its treatment
6. Do you have any of these symptoms?	35	88	1. Doon hospital (11) 2. Private practitioner (17) 3. Others* (07)

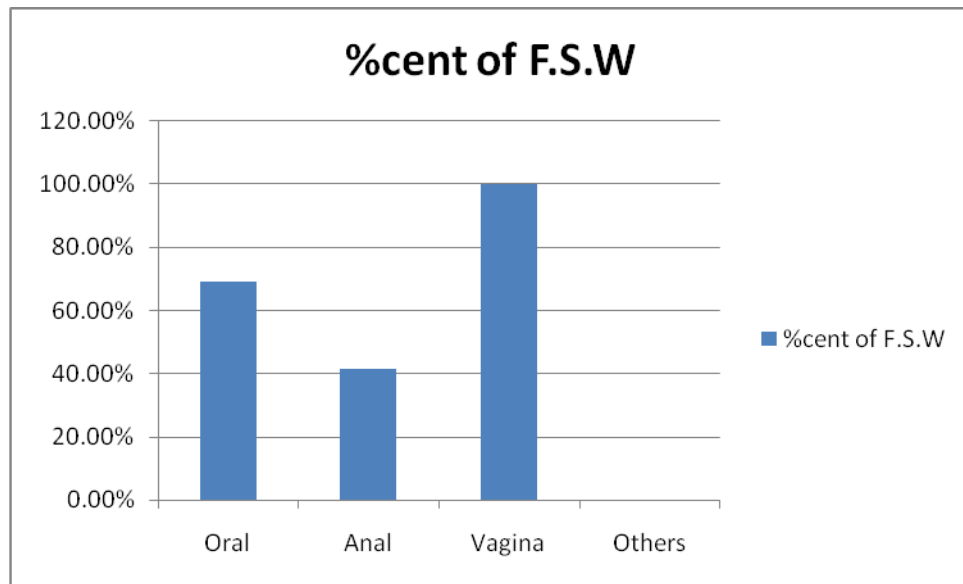
***getting treatment at private clinics by qualified doctors**

Behavior

Kind of sexual activities F.S.W engaged in

Activity	Tally marks	No. of F.S.W	%cent of F.S.W
Oral	 	85/123	69.10%
Anal	 	51/123	41.46%
Vagina	 	123/123	100%
Others	-	Nil	0%

More than 42% FSWs indulge in all kind of sexual acts. Hence, increase chances and risk of STI and HIV infection

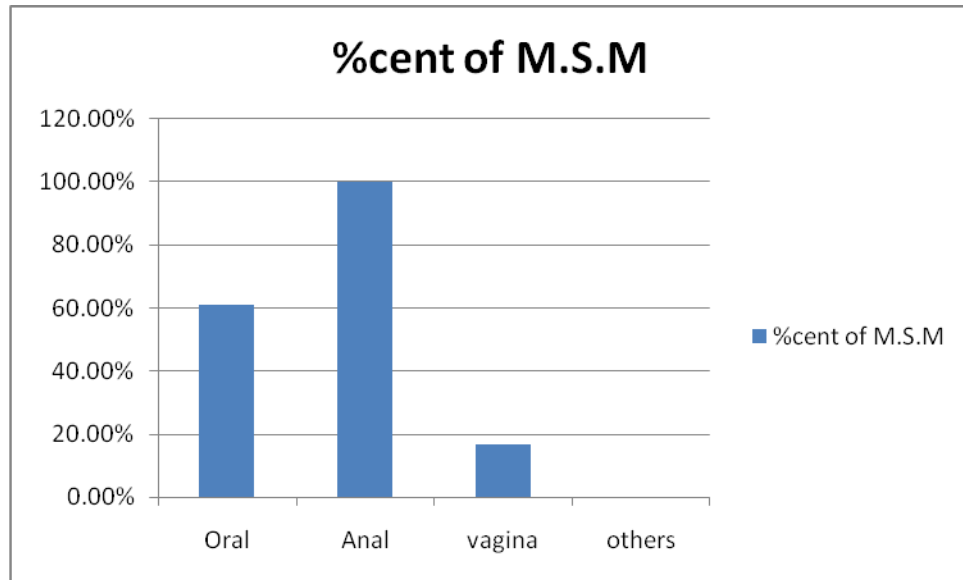


Data showing sexual behavior of 123 F.S.W

Kind of sexual activities M.S.M engaged in

Activity	Tally marks	No. of M.S.M	%cent of F.S.W
Oral	IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII	55/90	61.11%
Anal	IIII IIII IIII IIII IIII IIII IIII IIII IIII IIII I	90/90	100%
Vagina	IIII IIII IIII	15/90	16.67%
Others		-	0%

100% MSM indulge in anal sex and many of them have a misconception that use of condom is needed only during vaginal sex. This increases their risk of having HIV.



Data showing sexual behavior of 90 MSM

Use of Condom

Question	Yes	No
1. Do you use condom every time in sexual act?	70	143
2. Did you use condom during last sexual act?	74	139

Use of condom is less than 50% among FSWs and MSM. Even out of 50% of FSWs, many of them sometime indulge in sex without condom. They said it is entirely depending on our clients whether they wish to use condom or not? We don't have any say in it. As far as MSM are concerned, most of them don't use condom during anal sex as they have misconception that the condom is needed only at the time of vaginal sex.

Place of getting condoms

Place	Tally marks	No of F.S.W/M.S.M
-------	-------------	-------------------

Chemist	HHH HHH HHH HHH HHH HHH HHH HH HHH HHH I	51
Aaganbari	HHH I	6
Local practitioner	HHH	5
Local shop	HHH HHH II	12
Govt. hospital	-	0

None of FSW and MSM, we came across, are using condom of govt supply. They have a feeling that the quality of govt supply is inferior than quality of condoms of other brands.

Customer serve in a day by F.S.W

No. of customers	1	2	3	4	5
No. of FSWs	30	42	41	7	3

More than 67% FSWs indulge in sexual acts with 2-3 clients every day. More than 50% out of them don't use condoms. Means their lives are at risk of having STI and HIV 2-3 times every day.

Customer serve in a day by M.S.M

No. of customers	1	2	3	4	5
No. of M.S.M	84	06	-	-	-

Most of the MSM indulge in sexual acts once a day. But they are at risk because most of them don't use condoms during anal sex.

3. Question	Yes	No
Have you ever been forced into sex, or sexually abused?	6	207

Problems Encountered

Type of peoples	No. of F.S.W/M.S.M
Police men	05
Park guard	26
Neighbors	51
Total	82

I. FGD Analysis

Mamta conducted 22 FGDs in different hot spots of Dehradun city during the period of need assessment. 18 FGDs were conducted with FSWs and 4 with MSM. There were 178 participants in these FGDs, mostly covering members of our TGs. Keeping the sensitivity and stigma of the subject in mind; we started our conversation with them with the topics and issues of their choice. Raised and discussed issues of reproductive child health, nutrition, personal hygiene, family income, microfinance, education of their children, legal rights etc before talking about STDs and HIV/AIDS. We tried to relax our TGs by saying that you need not to tell us your real name and identity unless you are comfortable with us. We may give you some nick name and you may be known by your nick name during group meetings. Also we encouraged them to choose women/men of their choice for group meetings/FGDs. We had our TGs members 5-10 in each FGD. Our project staff was provided with the checklist as how to conduct the FGD? They facilitated the process accordingly and tried to create relaxed and non threatening environment among the TGs to have better understanding and interaction on their sex behavior, needs, difficulties and knowledge about STDs, HIV/AIDS and related services. Mainly, our counselor conducted these FGDs with the help of outreach workers. She used flash cards as one of the tool to educate TGs about STDs and HIV/AIDS.

Findings of FGDs :

- 70-80% females and males who participated at the FGDs knew as how does HIV/AIDS spread and how doesn't? But yet 70% of them practice unsafe methods of sex.
- Most of them knew that the condom should be used but they said it is the client who decides whether he wants to use condom or not? We don't have any choice except to make our clients happy. After all he is paying money for sexual pleasure and his satisfaction is our motto. If we don't satisfy our clients, we will lose them for the next time.

- 40-50% FSWs entertains 2-3 clients a day. When we asked them that your life is at stake without condom. They were not having any answer to this question.
- Few FSWs said that we insist our clients to use condom otherwise we don't go for it.
But few had their opinions that beside our clients even we don't enjoy sex with condoms.
- The clients, who use condoms, normally bring condoms of their choice. Neither clients nor TGs use condoms of govt supply.
- Most of the MSM were not aware that anal sex may cause them HIV infection. Therefore, they don't use condom during anal sex.
- MSM use KY Jelly as lubricant during anal sex.
- According to MSM, there are three categories of MSM i.e. versatile Top(Panthi- an active partner),Versatile Bottom(Kothi- a passive partner) and versatile(Double Decker- both the partner involved in sexual acts)
- Due to religious belief some TGs do not use condom.
- Beside vagina sex, 40-50% FSWs obliges their clients with oral and anal sex.
- Even MSM oblige their clients with oral sex beside anal sex. In fact, MSM go more frequently for oral sex if they are in some park and unsafe place.
- Most of the FSWs and MSM were not aware about STI symptoms. But when our counselor showed them few pictures of STDs through flash card, few of them reported symptoms of the same. They also reported that they have been to private doctors, mainly local quacks for treatment. Few TGs sought our help during FGDs and went to govt STD clinics for check up and treatment.
- Very few TGs knew about ICTC and 10% out of them really sought services of ICTC. Though all of them were found HIV negative.
- We saw some kind of stigma, misconception and fear in the mind of TGs about HIV test. They feel hesitant to go to ICTC for check up, having fear in mind as what will happen if they will be found HIV positive?
- We need to work hard to motivate them to go to ICTC.
- During every FGD, the participants were given details of the project.

The participants carefully listened to the details and expressed happiness to be involved with the project.

J. Key Informants (Stakeholders)

Problems Encountered during NA Survey

- Uttarakhand is known as Dev Bhumi (Land of God). It has been quite challenging to identify FSWs and MSM because it is considered land of God and there is no Red light area or designated place where one can go and meet them. One has to use several channels to reach them. Even if you cross all these hurdles and reach them. They will be suspicious about you and feel hesitant to share their whereabouts with you in the first meeting in terms of their sexual behavior.
- Indulging in any kind of sexual activity, by female sex workers and man having sex with man, is social evil and criminal offense. Hence, people of these communities hide themselves from the society and the eyes of law.
- FSW and MSM felt little hesitant to provide complete information about them self. Rather they felt comfortable to provide information about their fellow FSW or MSM.
- Sometimes it was risky for our outreach workers to contact with TGs because sometimes their customers were present with them and they interfered and opposed to give any information.
- It took time to make comfort level with TGs as they suspect us as mediator of Police or media people.
- It is difficult to contact with M.S.M and F.S.W regularly because they never stay in a particular place.
- It is difficult for female outreach workers to contact with F.S.W at their home because some F.S.Ws have sex racket and they proposed our ORWs to get involved in this profession. At many occasions, customers of FSWs are present with them and they look at our female ORWs as FSWs which is dangerous for our ORWs as far as their security is concerned.

- The main problem faced by our male O.R.Ws is that mostly MSM are available in evening time which creates problem to ORWs as they have to work with them up to late night.
- The other main problem working with MSM is that they treat ORW as their Client.
- Most of MSM and FSWs do not use condom during their sexual act. It is difficult to motivate them to use condoms because they do not feel satisfied when they use condom.

Myths

- Many TGs feel that if you had sterilization then there is no risk of HIV.
- MSM feel that use of condom is needed only during vaginal sex. It is not needed during anal sex.

Observations:

- Many FSWs and MSM wish to know more about STI and HIV and also wish to share about their sexual behavior and health problems but feel hesitant to do so. Their Tongue speaks something else, eyes explains different story.
- Many FSWs want to use condom but they feel hesitant to share their feeling with their clients.
- Few FSWs use condoms only during their menstruation.
- Many FSWs and MSM wish to go to ICTC for counseling and testing but they have hidden fear in their mind about having HIV.
- Most of the FSWs use deep neck blouse or top and sit in such a posture. So that they may expose their figure, particularly breasts to attract their clients.
- Many FSWs do touch body of person in front of them and talk using vulgar/indecent language. They call their fellow FSW as Chhinal and Randi (A Prostitute).

- They normally use dark shed lipsticks.
- Their hips are heavier in comparison of other parts of the body.
- MSM shake their hands too much, twist eyes and eyebrows and lick their lips with their tongue, press their lips while talking with fellow MSM.
- MSM normally recognize their fellow MSM through eye contact and they sit next to new friend in park and other hot sites and start touching and rubbing his thigh and then sensitive parts of the body while talking with him.
- They use three kinds of language Pharsi, Ragdi and adding Pha with each word like Ram Jata Hai is spoken like Rapha Mapha Japha Tapha Haifai.
- They feel like girl when they are in a mood of having sex with his fellow MSM.
- Few FSWs are well dressed up with full make up and always holding mobile in their hands.

K. Major findings of the Need Assessment

- 70-80% females and males who participated at the FGDs knew as how does HIV/AIDS spread and how doesn't? But yet 70% of them practice unsafe methods of sex.
- Most of them knew that the condom should be used but they said it is the client who decides whether he wants to use condom or not? We don't have any choice except to make our clients happy. After all he is paying money for sexual pleasure and his satisfaction is our motto. If we don't satisfy our clients, we will lose them for the next time.
- 40-50% FSWs entertains 2-3 clients a day. When we asked them that your life is at stake without condom. They were not having any answer to this question.
- Few FSWs said that we insist our clients to use condom otherwise we don't go for it.

- But few had their opinions that beside our clients even we don't enjoy sex with condoms.
- The clients, who use condoms, normally bring condoms of their choice. Neither clients nor TGs use condoms of govt supply.
- Due to religious belief some TGs do not use condom.
- Beside vagina sex, 40-50% FSWs obliges their clients with oral and anal sex.
- Even MSM oblige their clients with oral sex beside anal sex. In fact, MSM go more frequently for oral sex if they are in some park and unsafe place.
- Most of the FSWs and MSM were not aware about STI symptoms. But when our counselor showed them few pictures of STDs through flash card, few of them reported symptoms of the same. They also reported that they have been to private doctors, mainly local quacks for treatment. Few TGs sought our help during FGDs and went to govt STD clinics for check up and treatment.
- Very few TGs knew about ICTC and 10% out of them really sought services of ICTC. Though all of them were found HIV negative.
- We saw some kind of stigma, misconception and fear in the mind of TGs about HIV test. They feel hesitant to go to ICTC for check up, having fear in mind as what will happen if they will be found HIV positive?
- We need to work hard to motivate them to go to ICTC.
- Knowledge about HIV/AIDS among TGs is comparatively good. But it needs to be reinforced with proper BCC and regular follow up in order to make them realize that if they don't make their sexual behavior safe, they are at great risk of catching STI and HIV/AIDS.
- We found most of the TGs reluctant and care free about use of condom. They are more concerned about their sexual pleasure than risk involved in it. They know that use of condom is necessary for safety of their lives but still they don't use it.
- This would be one of our key interventions to transform their knowledge into action through proper BCC strategy about use of condom.

L. Case Studies

i) Case Study

Name: Ms Sajo Age: 42

Address: MDDA, Dehradun

Sajo is living in MDDA colony and belongs to a lower middle class family. Her husband was a truck driver and used to drink liquor too much. He passed away 9 years earlier. She was the second wife of her husband. She got married at the age of 14 years. Her father in law was very character less person. Her mother in law is not alive. So in absence of her husband she was forced to live with his father in law. One day her father in law took the undue advantage of his son's absence and forced her to get indulge in physical relationship with him. When she reported her husband about her sexual harassment by his father. Instead of believing her he started beating her up. This very attitude of her husband encouraged her father in law to have sex with her more frequently. One day her husband saw his father taking undue advantage of his wife with his own eyes. He couldn't tolerate it and committed suicide. After the death of her husband, she left the house and started living separately with her 4 children. Her 2 children are physically challenged. her economical condition gone very bad and she fell in the profession of prostitution for livelihoods of her kids.

Now Sajo entertain 2-3 customers a day. She told us that her three permanent customers are suffering from STDs and they do not use condoms during any sexual act. We asked Sajo whether you request your customers to use condoms during sexual act. She replied that I don't force them to use condoms because they are my regular customers and I don't want to make them unhappy. She indulges in all kind of sexual acts like oral, anal and vaginal to oblige her customers. She has shown her willingness for HIV Test.

ii) Case Study

Name: Ms Seema Age: 20

Area: Gandhigram

Seema belongs to a middle class family. She got married at the age of 13 years to a man who was double to her age. At the time of her marriage she was not developed and prepared physically and mentally to lead a normal marriage life and fulfill his husband's sexual desires. Her husband used to force her to make sexual

relation with him and used to harass her physically and mentally if she used to refuse him for the same. Her parents took her back to home after seeing her tortured and harassed by her husband so frequently. Over a period of time when she grew up as a young girl, she started getting attracted to the boys and men of her neighbours. She started having sexual relationship with many of them and started getting money from them. Slowly she expanded her circle to rich people of the society to get good money for sexual relationship.

Her mother re- married her to one labourer to save her life from bad name. Since she got habit of very lavish lifestyle with rich people, she blamed her poor husband as impotent and left him for entertaining her rich customers. Today, she entertains 2-3 very high profile rich people everyday. She never uses condoms during any sexual act and she obliges her customers with all types of sexual acts like oral, anal and vaginal. She never forces her customers to use condoms because she doesn't want to make them unhappy. She said that satisfaction of her customers is her top priority.

iii) Case Study

Name: Sameer Age:21

Area: Gandhi Park

Sameer belongs to a rich family and most of his family members are placed in good position. He is the youngest child of his family. His family provided him all kind of support and facilities for his studies. But he is not interested in studies. He gets money more than his requirements. So he indulges in bad habits, particularly started taking drugs. Now he is addicted to drugs. His family members scolded him from time to time to change his habits. But instead of any improvement; he caught in many other bad habits and started roaming around in the streets and parks. One day he met one Kothi(Passive partner) at Gandhi Park and he experienced his first sexual act as anal sex with his partner. This act has now become his daily habit to have sex with his many other MSM every day. Few months back he has been to Delhi and there he met many MSM with whom he had sexual relationship. As a result of it, he caught up with STDs. He got his STDs treatment and after getting cured, he decided not to have sexual relations without condoms in future. He also goes for his regular HIV test and shares his knowledge

about STDs and HIV with his fellow MSM. He encourages his friends to use condom during any sexual act to protect their precious lives.

M. Recommendations for future Interventions:

- We saw some kind of stigma, misconception and fear in the mind of TGs about HIV test. They feel hesitant to go to ICTC for check up, having fear in mind as what will happen if they will be found HIV positive? We need to fight this stigma and misconception with proper BCC.
- We need to work hard and use good BCC tools to motivate them to go to ICTC.
- Knowledge about HIV/AIDS among TGs is comparatively good. But it needs to be reinforced with proper BCC and regular follow up in order to make them realize that if they don't make their sexual behavior safe, they are at great risk of catching STI and HIV/AIDS.
- We found most of the TGs reluctant and care free about use of condom. They are more concerned about their sexual pleasure than risk involved in it. They know that use of condom is necessary for safety of their lives but still they don't use it. We need to do social marketing of condoms in order to save their precious lives.
- Mostly young people are involved as FSWs and MSM .We need to develop strategy to address young people through effective BCC tools.
- 56% FSWs and MSM were not aware about symptoms of STDs. They said that knowledge and information is being given very frequently about HIV/AIDS by the electronic and print media. Therefore, we are aware about HIV/AIDS. We hardly got any information about STI from any source. We need to conduct more FGDs and counseling with them to impart knowledge about STDs and facilitate the process of health seeking behavior among the TGs.
- 100% MSM indulge in anal sex and many of them have a misconception that use of condom is needed only during vaginal sex. This increases their risk of having HIV. We need to educate them anal sex is also as risky as vaginal sex and need to promote use of condoms and lubricants among MSM.

- This would be one of our key interventions to transform their knowledge into action through proper BCC strategy about use of condom and ICTC services.
- We have to create an enabling create for our TGs with the help of all the stakeholders.

N. Annexures & Tables :

1. Questionnaire used for data collection
2. Photographs
3. Checklist of FGD
4. Map of area
5. Tables

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iz;ksx djrs gS\ gkW@ ugha

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Annexures`

Checklist of FGD

The following is English translation of the checklist used for FGD:

1. Introduction
2. Please tell us how does HIV/AIDS spread/
3. Can you tell us the factors that cause HIV/AIDS spread?
4. Do you use condoms during sex?

5. Where do you get condoms from?
6. Do you feel any difference in sexual satisfaction while using condoms?
7. What do you know about sexually transmitted diseases?
8. Do you want to know about the project that we are going to start in your area?

After this the participants were given details of the project. The participants carefully listened to the details and expressed happiness to be involved with the project

Table-1

Areas and Community Covered for Need Assessment Survey					
S.NO	AREA	FSW INTERVIEWED	FSW LISTED	MSM INTERVIEWED	MSM LISTED
1	Ambedkar Col.	5			
2	Arhat Bazar	4			
3	Azad Nagar	2	2		
4	Bakralwala	—			

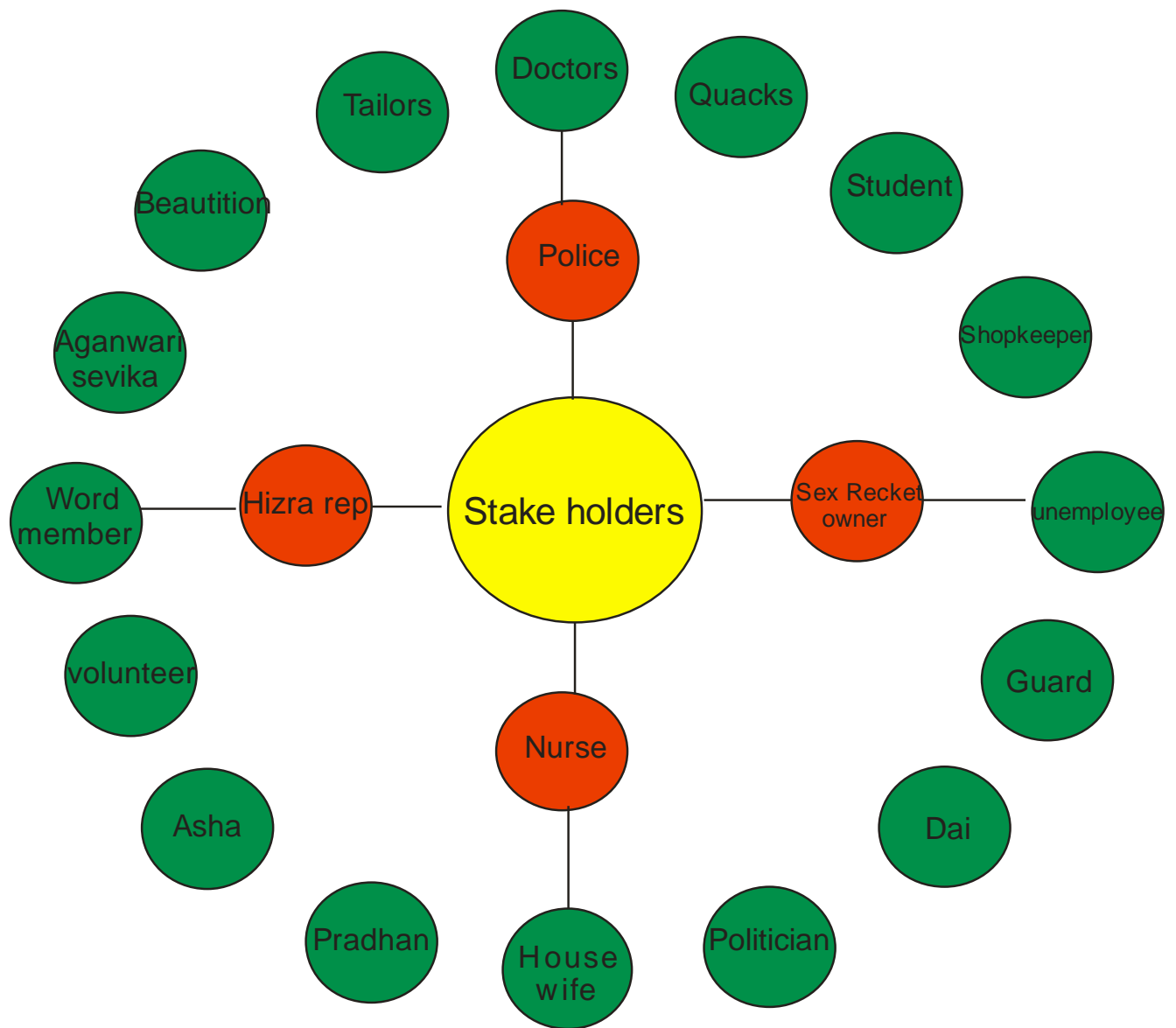
5	Balliwala	2			
6	Balmiki Basti	2			
7	Balweer Road	-			1
8	Bhagat Singh Col.			2	1
9	Brahmanwala		1	2	
10	Bramपुरi	2	2		
11	Buddhigoun		1		
12	Chamanपुरi	8		1	2
13	Chukku Moh.	4			
14	Clement town	1	2	2	4
15	D.L Road			7	
16	Dandipur	5			2
17	Defence colony			1	2
18	digvijay hall			2	
19	Dobhal Wala	3			
20	Gandhi Gram	8		3	1
21	Gandhi Park		2	17	2
22	Gharicant.	1		2	5
23	GMS Road	1			
24	Haridwar Road	1		3	
25	Hathibarkala		3		
26	Indra Colony				
27	Jail		1		
28	Jakhan	4	3	2	5
29	Jhada bajar				
30	Kalpana Vihar	1	1		
31	Kanwali	1		3	2
32	Kanwali Road	3	1	1	2
33	Karanpur	6			
34	Khatik basti	3			
35	Khurbura		4		
36	Lakhi bagh	2	9		
37	Lohiya Nagar	4	4		1
38	Majra	2			
39	Maldevta	1			
41	MDDA Luxman Chowk	5	1	2	3
42	MDDA Rispanapul	1			
43	Mohebbewala		2		
44	Mohini Road	1			
45	Mothrowala	1			
46	niranjan pur			4	
47	Patel Nagar	2	3	4	5
48	Premnagar	1	1	4	2
49	Raipur			1	3



50	Rajisthani basti	3	2		
51	Rajpur			6	6
52	Ramnagar	1	2		
53	Rampur	2		1	
54	Reetha Mandi	7	3		
55	Sanjay Col.	3	3	1	2
56	Saperabasti	2	2	3	
57	Seema Dwar	5			3
58	Selaqui		2	5	3
59	Shastri Nagar	5	14	5	4
60	Shivlok Col.	5	3		
61	Shivpuri Col.	1			
62	Sunderwala(Raipur)	1			
63	Tarla Aamwala	1	1		
64	Tehsil Road			5	3
65	Tibeti Col.			1	
	Total Colony	123	75	90	64

Table -2

List of Stake Holders				
S. No.	Positive attitude	Total No.	Negative attitude	Total No.
1.	Qualified Doctors	03	Police	02
2.	Tailor	01	Hijra rep.	01
3.	Beautician	01	Private nurse	01
4.	Aganwari worker	02	Sex racket owner	01

5.	Ward member	01		
6.	Volunteer	01		
7.	Asha	05		
8.	Prdhan	01		
9.	House wife	03		
10.	Politician	02		
11.	Dai	01		
12.	Guard	01		
13.	Unemployed	01		
14.	Shop keeper	02		
15.	Student	02		
16.	Quacks	04		



-  Showing possitive Stake holders
-  Showing negative Stake holders

Details of FGDs and Community Meetings

S. No	Date	Area/ Venue	Participant
1	4/3/2009	Sanjay colony	8 FSW
2	4/3/2009	Bhagat singh colony	9 FSW
3	9/3/2009	Karanpur	8 FSW
4	10/3/2009	Dandipur	9 FSW
5	12/3/2009	Sapera Basti	7 FSW
6	12/3/2009	Shastri Nagar	8 FSW
7	14/3/2009	Gandhi Park	8 MSM
8	14/3/2009	Chamanpuri	7 FSW
9	16/3/2009	Brahampuri	8 FSW
10	16/3/2009	Patel Nagar	11 FSW
11	17/3/2009	Gandhi Gram	10 FSW
12	18/3/2009	Kanwali Road	11 FSW
13	19/3/2009	Sapera Basti	7 FSW
14	19/3/2009	Sapera Basti	8 FSW
15	20/3/2009	Ambedkar Colony	9 FSW
16	20/3/2009	Azad Colony	9 FSW
17	21/3/2009	Gandhi Park	7 MSM
18	21/3/2009	Shivlok Colony	8 FSW
19	23/3/2009	Reetha Mandi	7 FSW
20	23/3/2009	Muslim colony	7 FSW
21	24/3/2009	Mamta samajik sanstha	7 MSM
22	26/3/2009	Gandhi Gram	5 MSM
		Total	178
Community Meeting			
1		Gandhi Gram	81
2		Sanjay Colony	149
3		Lohiya Nagar	18
		Total	248