

A Future without AIDS  
Approaching a Vision

Communities Make it Possible

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Samraksha : An Introduction

- Travelling with people in the HIV epidemic for the past 20 years
- Learning, strategizing, changing....

Samraksha's Core Beliefs

- Communities have the capacity to deal with the issues they face including HIV/AIDS
- Communities need to be at the centre of the HIV response



## Samraksha: Current Programme Areas

- **Risk Reduction:** Working with populations of women in sex work, men who have sex with men, people living with HIV
- **Impact reduction:** people living with HIV and their significant others
  - **Vulnerability Reduction:** Working with Village Communities and with youth
  - **Capacity building** of individuals and organisations




## The Investment Framework

Many Areas of Resonance

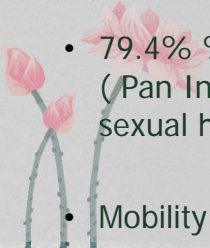
Some Areas of Concern

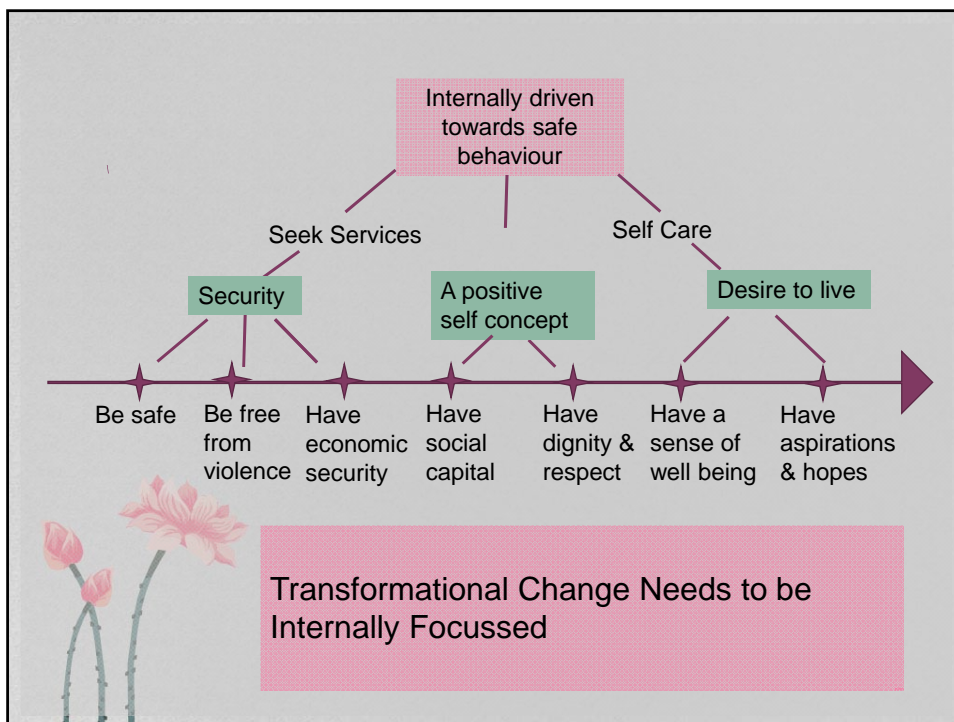
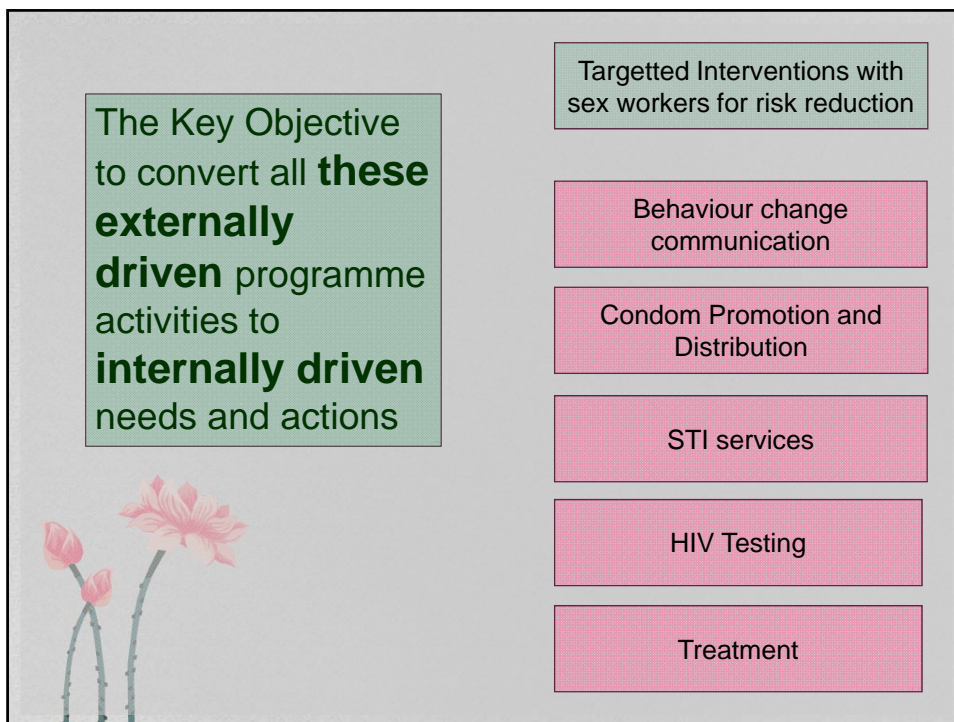


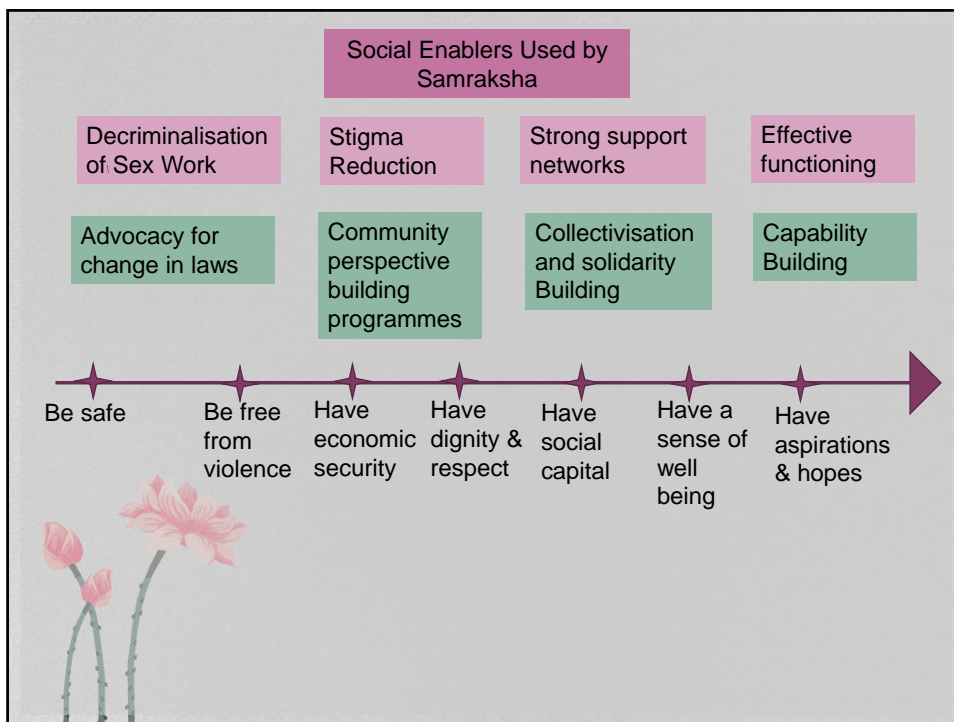
## Women in Sex Work: Scenario in Rural India

- Diverse and dispersed populations
  - Profile 16 – 50, largely not literate, most entered sex work after marriage or a failed relationship
  - Largely community based, many have another occupation, living with families in the community
  - Disclosure of sex work identity only partial, only within the sex work network
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## Women in Sex Work: Scenario in Rural India

- Police harassment common if identity is a bit open
  - Face violence, blackmail, exploitation, lack of respect and dignity routinely
  - Health less of a priority than protection of identity, safety, housing, children's future
  - 79.4% % choice, 70% chosen over other occupations (Pan India Survey, 2013 ) reason: exploitation, abuse, sexual harassment and poor pay and working conditions
  - Mobility between sex work and other occupations
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## Advocacy for Policy/Legal Reform

- Advocacy for decriminalisation
- Protests
- Meeting Members of Parliament





- Addressing Press conferences
- Regional Consultations



## 2. Stigma Reduction

- Initiating Social Actions
- Collaborative Activities with other groups - OBR
- Running projects



- Community members as HIV experts/trainers
- General community perspective building programmes

## 3. Collectivisation

- Building collective identity
- Strengthening collectives, leadership building, joint projects
- Federation strengthening
- Building partnerships across networks, federations



## 4. Self development



- Workshops on “self”
- Entrepreneurship development
- Exposure to people and ideas
- Dealing with the world: family, partners, neighbours



## Programme Enablers

- Defining “community centred” design and delivery
- Emic or Etic models?
- Ultimate good vs individual harm eg confidentiality and disclosure
- Analysis of gains vs losses
- Link between solidarity and risk reduction
- Innovations at the local level



## Community Mobilisation: Caution needed.....

- Community mobilisation vs Collectivisation.
- Externally selected leaders to mobilise people for service access. This
  - alienates them from the rest of the community
  - creates competition in communities for the privileges,
  - breaks community solidarity
  - can lead to disturbances in the community process, and
  - is not sustainable



## Defining Incentives

- Community Members: Cash and in kind incentives for targets vs “convenience and concern”
- Service providers: Cash Incentives for meeting targets vs incentives for building trust or motivating communities eg user evaluation





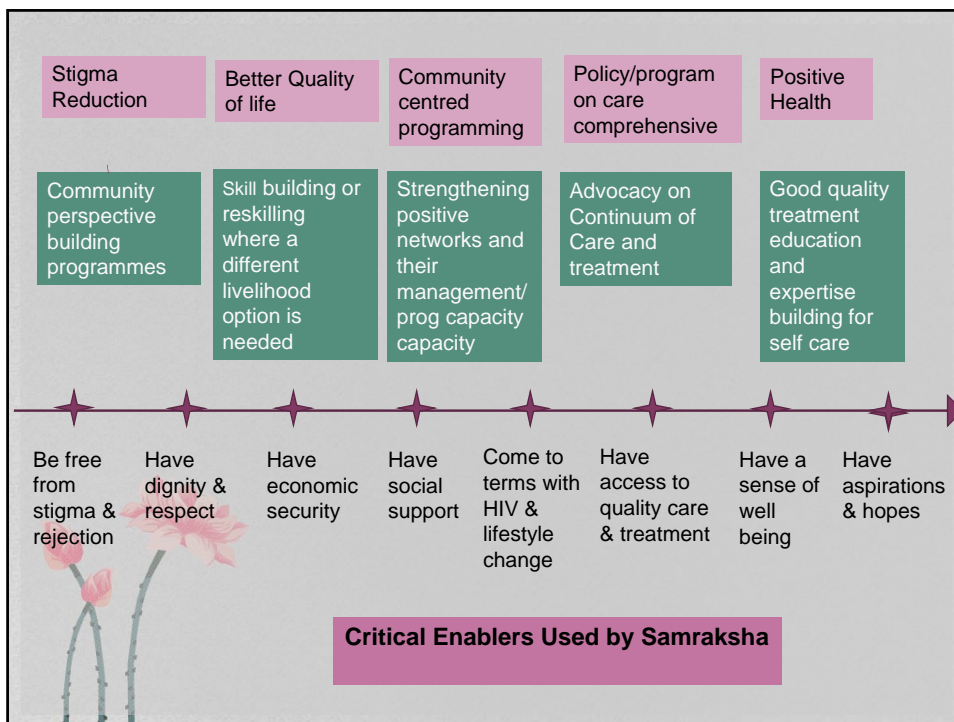
## Community Centred Designs

- Perspective building on risk and vulnerability
- Community strategies for managing high risk situations: pooling ideas
- Sharing back data and analysis; community in the design of research
- Enabling desired safe sex practice: dealing with difficult partner relationships/ violence, safety from gang rapes
- Combining with a larger social enabler eg sexual and reproductive rights or gender justice programme



## Treatment, Care and Support





## ART will only work in a continuum of care!!!

Policy is not enough!!!

- User evaluations on the entire continuum critical
- Services for those
  - who come late for treatment
  - whose CD4 count is low at first contact
  - if there are severe side effects
  - if there is a flare up of OIs?
- Good Palliative Care promotes adherence

# Social Enablers

- Choice in Care Settings :  
Services for those outside  
networks?
- Safe spaces to discuss safe sex  
fatigue, counselling for sero  
discordant couples, failure to  
adhere?
- Reproductive and Sexual health  
services

## Social Enablers



*“ We bring in different experiences of sex work,... and when we come together in sex worker organisations, two key things seem to remain constant... one of them is the whole concept of identity as sex workers and the kinds of stigmatization of that identity and the resulting issues of disclosure: about who we choose to let know about our sex work status, identity or history and who we don't and about the implications” – Serena Mawulisa at the Scarlet Alliance National Symposium at New South Wales, December 2010*



## Disclosure Issues

- Ethical Issues around disclosure : communities with dual stigmatised identities want disclosure of both especially HIV status to be a choice.
- Factors enabling disclosure: trust, a supportive partner

### Other ideas

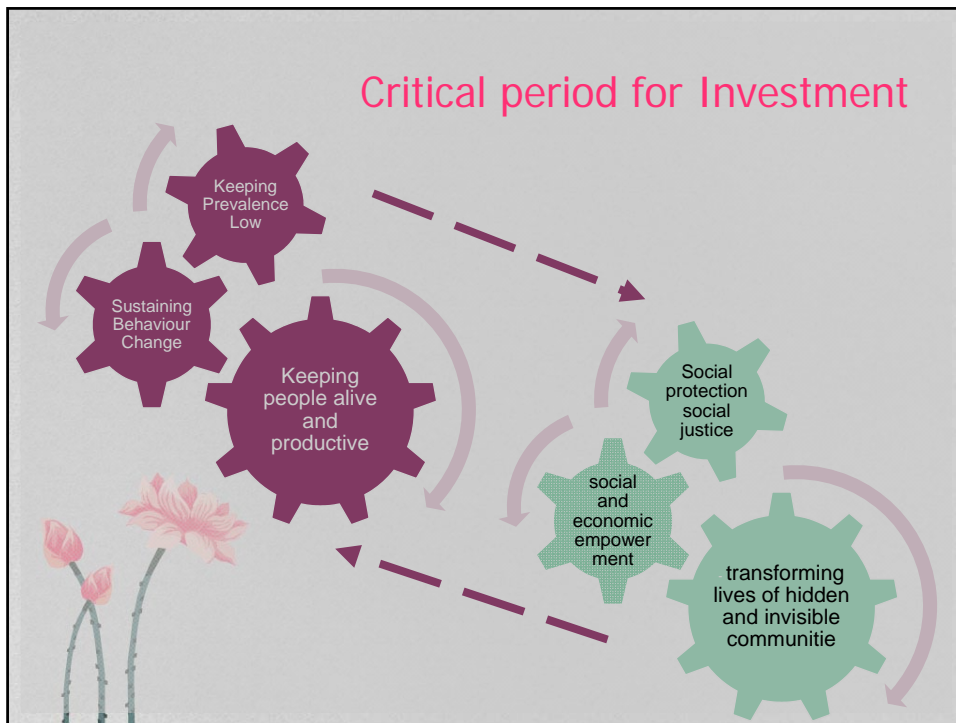
- Expert patient
- *Life plus*



## What more is needed?

- Making ART work for all
- Care of people still living with HIV
- Condition that national governments must commit to Care
- Palliative Care is still needed
- Sustaining leadership and stability of organisations of key populations





Thank you

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