CHAPTER - 7

INSTITUTIONAL SUPPORT FOR FEMALE SEX WORKERS

This chapter deals with the institutional support to the female sex workers for prevention and control of HIV, AIDs and STIs. Various measures taken by government of India as well as NGOs in prevention and control of HIV/AIDs and STIs are discussed in this chapter.

7.1 INSTITUTIONAL SUPPORT IN INDIA

Government of India is taking various plans and policies to prevent and control HIV/AIDS and STIs. The policies and programmes initiated by the central government are implemented by the state governments. State government has three tier system of health care service in every district starting from primary health centre to district hospital. Any policies and programme initiated by central government is implemented by three tier system of health care[1].

National AIDS Control Organisation has formed Committee on HIV/AIDS and the World of Work comprising of employers and workers, organizations, development agencies, NACO, and PLHIV to oversee and facilitate implementation of broad policy guidelines and take strategic decisions related to HIV/AIDS programmes in the world of work in India. Members of Parliaments, Forum on HIV/AIDS and representatives of international organizations dealing with labour and HIV/AIDS

---

[1] NACO (2011), Annual Report 2010 -2011, Retrieved on September 17th 2012 from *http://www.naco.gov*.in .

are associated with the Committee. NACO also takes up issues necessary for action at the level of National Council on AIDS, chaired by the Prime Minister[2].

NACO as part of their steering role also facilitate implementation of regular surveys and risks assessments, especially in labour intensive areas to map the vulnerable populations, migrants, working conditions and other related issues. These studies undertaken on a regular basis facilitate identification of gaps in the policy and implementation, inform appropriate changes in the policy, facilitate identification of work areas requiring focus from the NACO and also facilitate the monitoring of implementation of the policy guidelines and impact on the HIV vulnerabilities of the work force.

NACO has formulated plan of action for prevention and control of HIV and AIDs throughout the nation. NACO took initiatives for prevention and care of HIV and AIDs through measures like distribution of condom, safe blood donation, counseling and testing, prophylactic treatments, care and support.

Non-Governmental organizations have also made significant contribution in the health sector by their innovative approach in the areas of public health, family welfare and in arresting the spread of communicable diseases. It is essential to continue to encourage the involvement of the voluntary sector in HIV/AIDS. The National AIDS Control Programme has recognised the importance of NGOs participation in the Programme for providing community support to people living with HIV/AIDS and their families and for providing the required care and counseling. NGOs bring with them their experience of community level work in

[2] Ibid

enhancing people's participation by adopting an interpersonal approach with sensitivity and thus benefit the HIV/AIDS programme immensely[3].

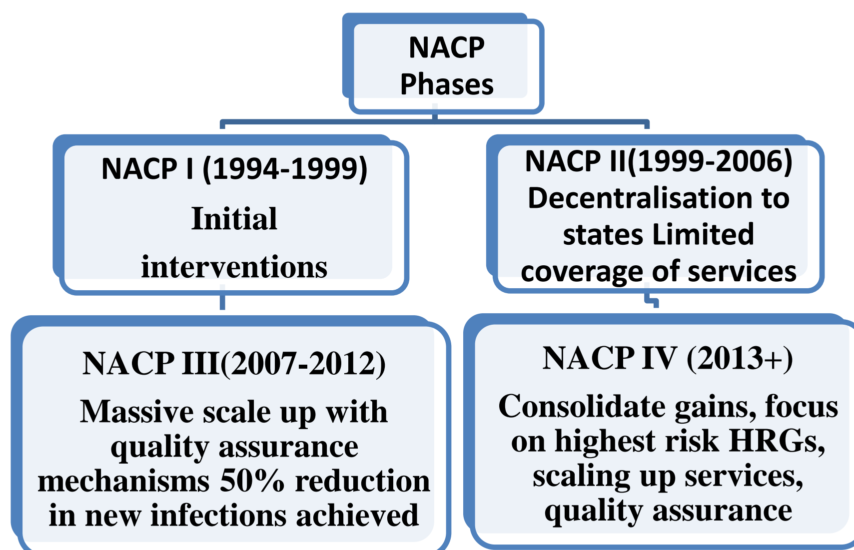
In 1990, it was realized that the infection has already established in some groups like professional blood donors, female sex workers and injecting drug users. The infection was widespread in the country but as yet limited to those with high risk behavior or to recipients of infected blood. The main mode of transmission was heterosexual although injecting drug use was predominantly responsible for the epidemic in the northeast[4].

The national response to HIV epidemic has been swift and remarkably comprehensive since the time it was recognised as an important public health problem by the government of India during its early years. The National AIDS Control Programme (NACP), from the very beginning, was focused and planned to deal with the various aspects of the epidemic- understanding the gravity of the situation; dealing with stigma; raising awareness and bringing a behavior change among the people at risk; from a national response to a more decentralized response[5].

---

[3] Ibid
[4] Ibid
[5] NACO (2012) ' HIV Sentinel Surveillance 2010-2011, A Technical Brief. Retrieved on September 17th 2012 from *http://www.naco.gov*.in .

7.1.1Phase of National AIDS Control Programme and Services



Source: NACO (2014) DAC, Ministry of Health and Family Welfare, GOI (April, 2004-March, 2014) Celebrating 10 years of CST program in India.

1st phase In 1992, the Government launched the first phase of National AIDS Control Programme (NACP I).The first phase was implemented with an objective of slowing down the spread of HIV infections so as to reduce morbidity, mortality and impact of AIDS in the country. National AIDS Control Board (NACB) was constituted and an autonomous National AIDS Control Organization (NACO) was set up to implement the project. The first phase focused on awareness generation, setting up surveillance system for monitoring HIV epidemic, measures to ensure access to safe blood and preventive services for high risk group populations. **2nd phase** was initiated in November 1999. In that phase the second National AIDS Control Project (NACP II) was launched. The policy and strategic shift was reflected in the two key capacities to respond to HIV/AIDS on a long-term basis. The objectives taken by NACP II included the following policies: adoption of National AIDS Prevention and Control Policy (2002); Scale up of Targeted

Interventions for High risk groups in high prevalence states; Adoption of National Blood Policy; a strategy for Greater Involvement of People with HIV/AIDS (GIPA); launch of National Adolescent Education Programme (NAEP); introduction of counseling, testing and PPTCT programmes; launch of National Anti-Retroviral Treatment (ART) programme; formation of an inter-ministerial group for mainstreaming; and setting up of the National Council on AIDS, chaired by the Prime Minister; and setting up of State AIDS Control Societies in all states.

3rd phase of the national AIDs control programme (NACP III) was launched in July 2007 in response to the evolving epidemic. The main goal of NACP III was 'Halting and Reversing the Epidemic' by the end of five years. NACP III was a scientifically evolved programme, grounded on a strong structure of policies, learning from the previous phases of NACP I and NACP II. NACP-III aimed at scaling up prevention efforts among High Risk Groups (HRG) and General Population and integrating them with Care, Support & Treatment services. Thus, Prevention and Care, Support & Treatment (CST) formed two key pillars of all the AIDS control efforts in India after initiation of third phase. Strategic Information Management and Institutional Strengthening activities provide the required technical, managerial and administrative support for implementing the core activities under NACP-III at national, state and district levels. The capacities of State AIDS Control Societies (SACS) and District AIDS Prevention and Control Units (DAPCUs) have been strengthened though out the nation. Technical Support Units (TSUs) were established at National and State level to assist in the Programme monitoring and technical areas. A dedicated North-East Regional Office has been established for focused attention to the North Eastern states. State

Training Resource Centre (STRC) was set up to help the state level implementation units and functionaries. Strategic Information Management System (SIMS) has been established and nation-wide rollout is under way with about 15,000 reporting units across the country. **4th phase** was launched in the period 2012-2017. NACP IV aims to accelerate the process of reversal, further strengthening the epidemic response in India through a cautious and well-defined integration process. The main objectives of NACP-IV are to reduce new infections and provide comprehensive care and support to all PLHIV and treatment services to all those who require it[6].

Table7. 01

National level services available for Female sex workers & others population

Sl. No.	Govt. Services Available	Total in numbers
1	Total numbers of district and state level people living with HIV/AIDs (PLHA) network.	404
2	No. of STI Clinics	1,115
3	Targeted Intervention programme on Female sex workers	533
4	Total no of integrated counselling and testing centre (ICTC)	15.606
5	No. of standalone ICTC	4,818
6	No. of F- ICTC	8,811
7	No. of PPP model ICTC	1,977

Sources: State Fact Sheets, March 2014, Department of AIDS Control (Ministry of Health & Family Welfare, Govt. of India) pp-9

[6] NACO (2014) DAC, Ministry of Health and Family Welfare, GOI (April, 2004-March, 2014) Celebrating 10 years of CST program in India.

It is noted that govt. has provision for different services at national level. So far it is found from the study that the total 404 number of district and state level people living with HIV/AIDS network is working in the respective state as well as in district followed by 1,115 numbers of STI Clinics, 533 numbers of TIs on female sex workers, 15,606 numbers of integrated counselling and testing centre (ICTC) is available for the wellbeing of health and access to easy services for the target group and general population by maintaining confidentiality.

Table 7.02

Care, Support and treatment available in National level

Sl. No.	Care, Support and treatment	In number
1	No. of ART Centre's	425
2	No. of CSCs	225
3	No. of link ART Centre's	870

Sources: State Fact Sheets, March 2014, Department of AIDS Control (Ministry of Health & Family Welfare, Govt. of India) pp-9

The study depicts that total 425 numbers of ART centers are available in national level for the care and support treatment of PLHA followed by 225 community support centre's (CSCs) and 870 numbers of link ART centre's for PLHA care, support and treatment.

7.1.2 functions of plha networks at national, state and district levels

Networks of HIV Positive persons and women are formed at national, state and district levels. Such Networks act as platforms for people living with HIV to share their concerns, seek support and legal aid. They address stigma and discrimination related cases among their members and also provide social support for those

isolated by their family and community. The networks are encouraged to advocate and promote the utilization of HIV related services[7].

7.1.3Functions of NRHM at national, state and district levels

STI/RTI Services: Sexually Transmitted Infections/Reproductive Tract Infections increase the risk of HIV transmission significantly. STI/RTI services are aimed at preventing HIV transmission and promoting sexual and reproductive health under NACP-III and Reproductive and Child Health (RCH II) of the National Rural Health Mission (NRHM)[8].

7.1.4 Function of Targeted Intervention

Targeted Interventions (TIs) are peer-led preventive interventions focused on HRG and bridge population, implemented by Non-Government Organisations (NGO) and Community-based Organisations (CBO) in a defined geographic area. They provide prevention services with components such as behavioural change communication, condom distribution, STI/RTI services, needle & syringe exchange, opioid substitution therapy, referrals and linkages to health facilities providing HIV/AIDS services, community mobilisation and creating enabling environment. **Core Composite TI** that provides prevention services to more than one high risk group. The number of TIs mentioned in the document includes only NACO-supported TIs. Migrant TIs include only destination TIs[9].

---

[7] State Fact Sheets, March 2014, Department of AIDS Control (Ministry of Health & Family Welfare, Govt. of India) pp-44.
[8] Ibid
[9] State Fact Sheets, March 2014, Department of AIDS Control (Ministry of Health & Family Welfare, Govt. of India) pp-45.

7.1.5 Role of ICTC (Counseling & Testing Services)

Integrated Counseling and Testing Centre (ICTC) is a place where a person is counseled and tested for HIV on his/her own volition (Client Initiated) or as advised by a health service provider(Provider Initiated) in a supportive and confidential environment. These centre's are the entry points for reinforcing HIV prevention messages and linking HIV positive people to HIV care, support and treatment services. There are several contexts for providing HIV testing services - voluntary counseling and testing, prevention of parent to child transmission, screening of TB patients and diagnostic testing among symptomatic patients. **Prevention of Parent to Child Transmission (PPTCT):** Mother to child transmission of HIV may take place during pregnancy, during childbirth or through Breast feeding. To prevent this, under PPTCT programme, every pregnant woman visiting antenatal clinics or visiting hospital at the time of delivery are tested for HIV. If a pregnant woman is found positive, she is closely followed up to ensure institutional delivery. At the time of delivery, the pregnant woman and the newborn baby are given single dose of Nevirapine to prevent mother to child transmission of HIV[10].

7.1.6 Role of Care, Support and Treatment programme

The **Care, Support and Treatment programme** of NACP-III provides comprehensive management to PLHA with respect to prevention and treatment of Opportunistic Infections including TB, Anti-retroviral Therapy (ART), psycho-social support, home-based care, positive prevention and impact mitigation. **ART Centre which provide free** first line and second line Anti-Retroviral Treatment

---

[10] Ibid

(ART) is provided to clinically eligible PLHA at designated centres across the country. As soon as a person is detected to be HIV positive at ICTC, he is referred to the ART centre for pre-ART registration. At the time of registration, all the baseline investigations are done including CD4 count (explained below). If the person is clinically eligible for treatment, he is started on first line ART. Otherwise, they are followed up every six months for CD4 count. The number of PLHA on ART mentioned in the document refers to those on first line ART at NACO supported ART centre's. Another 27,000 PLHA are receiving ART at centres supported under inter-sectoral collaboration[11].

7.1.7 Legal Support for Female Sex Workers in India

In India, prostitution itself is not illegal but a number of related activities, including soliciting in a public place, owning or managing a brothel, prostitution in a hotel, pimping and pandering, are crimes. Prostitution is legal only if carried out in private residence of a prostitute or others[12].

The primary law dealing with the status of sex workers is the 1956 law referred to:

7.1.7.1The Immoral Traffic (Suppression) Act (SITA). According to this law, prostitutes can practice their trade privately but cannot legally solicit customers in public. Clients can be punished for sexual activity in proximity to a public place. Organised prostitution such as brothels is illegal. As long as it is done individually and voluntarily, a woman can use her body in exchange for material benefit. In

---

[11] Ibid

[12] "Prostitution: should the laws be changed?"*BBC News*. Retrived on 17th September 2012. *http://en.wikipedia.org*.

particular, the law forbids a sex worker to carry on her profession within 200 yards of a public place. Unlike as is the case with other professions, sex workers are not protected under normal **labour laws,** but they possess the right to rescue and rehabilitation if they desire and possess all the rights of other citizens. In practice SITA is not commonly used. The Indian Penal Code (IPC) which predates the SITA is often used to charge sex workers with vague crimes such as "public indecency" or being a "public nuisance" without explicitly defining what these consist of. However, over the years India has seen a growing mandate to legalize prostitution, to avoid exploitation of sex workers and their children by middlemen and in the wake of a growing HIV/AIDS menace[13].

7.1.7.2 Immoral Traffic (Prevention) Act - ITPA

The Immoral Traffic (Prevention) Act or ITPA is a 1986 amendment of legislation passed in 1956 as a result of the signing by India of the United Nations' declaration in 1950 in New York on the suppression of trafficking. The act, then called the All India Suppression of Immoral Traffic Act (SITA), was amended to the current law. The laws were intended as a means of limiting and eventually abolishing prostitution in India by gradually criminalising various aspects of sex work. The main points of the PITA are as follows:

- **Sex Workers:** A prostitute who seduces or solicits shall be prosecuted. Similarly, call girls can not publish phone numbers to the public. (imprisonment up to 6 months with fine, point 8) Sex worker also punishable for prostitution near any public place or notified area.

---

[13] V. Sithannan (1994), *Immoral Traffic - Prostitution in India*, Published by Jeywin Publications.

- **Clients:** A client is guilty of consorting with prostitutes and can be charged if he engages in sex acts with a sex worker within 200 yards of a public place or "notified area". The client may also be punished if the sex worker is below 18 years of age.
- **Pimps and babus:** *Babus* or pimps who live off a prostitute's earnings are guilty of a crime. Any adult male living with a prostitute is assumed to be guilty unless he can prove otherwise.
- **Brothel:** Landlords and brothel-keepers can be prosecuted, maintaining a brothel is illegal. Detaining someone at a brothel for the purpose of sexual exploitation can lead to prosecution.
- **Prostitution** in a hotel is also a criminal offence.
- **Procuring and trafficking:** A person attempts to procure any body is liable to be punished. Also a person who moves a person from one place to another can be prosecuted similarly.
- **Rescued Women:** The government is legally obligated to provide rescue and rehabilitation in a "protective home" for any sex worker requesting assistance.

Public place in context of this law includes places of public religious worship, educational institutions, hostels, hospitals etc. A "notified area" is a place which is declared to be "prostitution-free" by the state government under the PITA. Brothel in context of this law is a place which has two or more sex workers.

Prostitution itself is not an offence under this law, but soliciting, brothels, madams and pimps are illegal[14].

7.1.7.3 HIV / AIDS (Prevention and Control) Bill 2014

A long-awaited legislation that seeks to end stigma and discrimination against HIV positive persons in workplace, hospitals and society also ensuring their privacy was introduced in the Rajya Sabha on month of February, 2014[15].

7.1.7.4 Concessions for HIV/AIDS patients

As per rules of Indian Railways "AIDS" is replaced by "Immuno Compromised". The Indian Railway gives 50% concession admissible in basic Mail/Express fares of second class only and not sleeper or any other class while traveling for treatment at nominated ART Centers. Concessions are granted directly by Station Masters on production of certificates in prescribed forms issued by Officer in charge of concerned ART center[16].

So far the researcher has discussed on institutional and legal support for female sex workers in India. It is observed that though institutional supports are provided to them but its fruit is not percolating down to them directly because of several constraints. Legal support is also not properly favouring them as prostitution cannot be openly taken as a means of livelihood. The researcher now highlights the institutional support for female sex workers in Assam and Cachar district in next part.

[14] Ibid
[15] *http://www.deccanherald.com/*content/385858/hivaids-bill-tabled-rajya-sabha.html Deccan Herald Retrieved on 17th September, 2012.
[16] Ibid

7.2 INSTITUTIONAL SUPPORT IN ASSAM

In Assam, like other states of India, State AIDS Cell was established in 1992 under Directorate of Health Services Assam, which was under direct supervision of NACO for implementing National AIDs Control Programme. State AIDs Cell follows the National AIDS Prevention Policy of Government of India. As a part of the national programme, State AIDS Cell channelized the programme to all the districts. Cachar district is also provided all the necessary arrangements for prevention and control of HIV/AIDs as per guideline of NACO.

Table 7.03

Services available for Female sex workers & others population in Assam

Sl. No.	Govt. Services Available	Total in numbers
1	Total numbers of district and state level people living with HIV/AIDs (PLHA) network	-
2	No. of STI Clinics	28
3	Targeted Intervention programme on Female sex workers	32
4	Total no of integrated counseling and testing centre (ICTC)	237
5	No. of standalone ICTC	98
6	No. of F- ICTC	102
7	No. of PPP model ICTC	37

Sources: State Fact Sheets, March 2014, Department of AIDS Control (Ministry of Health & Family Welfare, Govt. of India) pp-13

It is noted that govt. has provision for different services at state level. It is observed from the study that the district and state level people living with HIV/AIDS network is not available in the state whereas state has a trend of

increasing number of PLHA. However state has only 28 numbers of STI Clinics, 32 numbers of TIs on female sex workers, 237 numbers of integrated counselling and testing centre (ICTC) is available for the wellbeing of health and easy services up taking for the target group and general population by maintaining confidentiality.

Table 7.04

Care, Support and treatment Centre's available in Assam

Sl. No.	Care, Support and treatment Centre's	Total in number (Assam)
1	No. of ART Centre's	4
2	No. of CSCs	3
3	No. of link ART Centre's	11

Sources: State Fact Sheets, March 2014, Department of AIDS Control (Ministry of Health & Family Welfare, Govt. of India) pp-13

The study depicts that total 4 numbers of ART centre's is available in the state of Assam for the care and support treatment of PLHA followed by 3 community support centre's (CSCs) and 11 numbers of link ART centre's for PLHA care, support and treatment.

7.3 INSTITUTIONAL SUPPORT IN CACHAR

Cachar district has 4 TI (Targeted Intervention) NGOs, 11 Integrated Counseling and Testing Centres (ICTC), two NACO supported blood banks, one private blood bank and one STI clinic situated at Silchar Medical College and Hospital. Care, support and treatment and service to people living with HIV/AIDs are being provided through one ART centre, one Community Support centre and one district level network is also available. Almost one sixth of estimated pregnancies are

covered in PPTCT programme during 2010, still prophylaxis administration for prevention of parents to child transmission is low.

A well-known **NGO, Deshabandhu Club based at Cachar** district is running a core composite Targeted Intervention (TI) project. This project is mainly initiated for Female Sex Workers and Men Sex with Men. The target intervention project has a set up of (DIC) **Drop-in-Centre** which provides services to target group and PLHAs. The service ranges from psycho-social support, ensuring linkages with health services, condom promotion, counseling on drug adherence, nutrition, livelihood and legal issues. As a part of the programmes, the project initiates to reach out to groups having high-risk behavior (HRG). High Risk Behavior Groups (HRGs) are divided into Core Groups comprising Female Sex Workers (FSW), Injecting Drug Users (IDUs), Men having Sex with Men (MSM) and Bridge Groups (Migrant workers, Truckers and Local Transport Workers). Targeted Interventions are implemented through partner NGOs/ CBOs. The goal of NACP is to saturate coverage of high-risk groups through TIs. Other TI NGOs are also working in the district. The objectives of TI NGOs are as follows.

- To create awareness among the community and make them aware regarding various issues of STI & HIV/AIDS.
- To expand acquaintance competencies and practical proficiencies on safer sex practice.
- To promote correct and consistent use of condom among the community.
- To minimize the STI cases among the HRGs through Syndrome case management.

- To mobilize the target group through empowering them and make a strong community response group.

It is observed from the study that though plans and policies are formulated by central and state governments for prevention and control of HIV/AIDs and STIs but all the female sex workers of Silchar town are not directly getting benefit out of it. Being a part of high risk group, the female sex workers of Silchar town should get optimum government facility for prevention and care of HIV/AIDS. The brothel based female sex workers are getting some benefits due to intervention of TI NGOs of Cachar district. They are also getting free condoms and free health check up in NGO based STI clinics. But the sex workers of brothel are not going to STI clinic of Silchar Medical College and Hospital. Moreover, neither there is mobile STI clinic exclusively made for brothel of Silchar town from the Govt. part itself nor any other services is reaching to their door. Because of stigma and fear most of the brothel based female sex workers are having option to choose only Mobile STI clinic conducted by Deshabandhu club or camp conducted by NRHM or Silchar Medical College. However, very few of them go to private clinic for health check up with hidden identity.

Home based, street based and hotel based sex workers are not directly getting government facilities for protecting them from HIV and AIDs. They are not much aware of the programmes initiated by government and NGO. Moreover, they are having several compulsions for which they are not becoming aware of the disease nor visiting STI clinics available in Silchar town.

It is also very difficult to identify the sex workers outside the brothel. Sex workers do not want to disclose their identity easily due to fear of public and social stigma.

Because of this reason they are deprived of government health facilities. However, some peer educators within the community of female sex workers are engaged by Deshabndhu Club (NGO) to identify the network of sex workers in Silchar town. They are gradually penetrating to the female sex workers working outside the brothel and reaching them to provide necessary services.

7.4 SUMMARY

This chapter highlights government and NGOs support for sex workers particularly to prevent and control HIV and AIDs. As female sex workers are one of the major target groups therefore to save them from deadly disease lot of policies and programmes are implemented by government. But due lack of proper implementation these policies are not helping the target groups. Sex workers cannot openly come to government institutions for getting health services due to lot of compulsions, stigma and fear. Rather the services provided by NGOs are more accessible to them. If the schemes are made community specific by understanding their proper needs and feasibility to avail these schemes by the target groups then only the initiated programmes will be successful.