

Chapter-7

BENEFICIARIES’

PERCEPTION

TOWARDS

HIV/AIDS SERVICES

Chapter - 7

Beneficiaries' Perception towards HIV/AIDS Services

Perception consists in knowing objects in the environment by combining the sensations excited by the stimuli acting on the sense organs (Sinha, 2011). It is sometimes accompanied by feelings. Perception would somehow be split in two. Firstly, it is processing sensory input which transforms low-level information to higher-level information (e.g., extracts shapes for object recognition). Secondly, it is processing which is connected with person's concept and expectations (knowledge), and selective mechanisms (attention) that influence perception. In this chapter, perception of beneficiaries (FSWs) towards the working of NGOs' HIV/AIDS programme has been discussed. Since the NGOs under the study are engaged in Targeted Intervention Program (TIPs) and their main thrust is to prevent and control the HIV infection and spread of AIDS, perception of beneficiaries is the centre of attention in this chapter. Moreover, to get the actual reality about benefits of the TI programmes, it is also important to know the views of other concern stake holders like – NGO staff members, key officials of these 4 selected NGOs and few key officials of TSACS (see Chapter-3). Therefore, this chapter has divided into three parts. Part-I deals with the perception of beneficiaries (FSWs) towards the existing services of TI Programmes. Part-II incorporates about the profile of selected NGO staff and their views about the services provided by their respective NGOs through TI Programmes. Part-III includes the views of Key officials of 4 selected NGOs and 10 key officials of Tripura State AIDS Control Society (TSACS) on the related issues of HIV/AIDS and TI programmes. A brief conclusion regarding the perception of all stake holders has been drawn at the end of discussion.

Before discussing the views of all the above stake holders, we need to know about the brief profile of 4 selected NGOs (Dishari, UBOSM, VDT and Sanghadip) for better understanding. The profiles of 4 selected NGOs are discussed below briefly. NGOs work everywhere on different issues in Tripura. In the context of health care, they reach to the remote and distant villages with their services. It has already been discussed that for the purpose of the study, 4 NGOs have been selected randomly from the 4 district of Tripura, namely – Dishari, from South Tripura District; Udaipur Bignan O Sanskriti Mancha (UBOSM), from Gomati District; Village Development

Team (VDT), from West Tripura District; and Sanghadip, from North Tripura District. A brief profile of these selected four NGOs has been shown in Table-7.1.

Table-7.1: Profile of the Selected NGOs

Key Information	Name of the NGOs			
	Dishari	UBOSM	VDT	Sanghadip
Year of Registration	1992	1994	2000	1997
Operational Area (Districts)	All Districts in Tripura	Gomati & South Tripura	Sepahijala & West Tripura	Unokoti & North Tripura
No. of Total Project	05	03*	03	06*
Sources of Fund	1. Govt. of India 2. TSACS 3. Govt. of Tripura 4. USHA & Reach India (NGO) 5. D.S. Group (NGO)	1. TSACS, 2. TSSWB, 3. Public Donation 4. Members' Subscription	1. TSACS 2. IL & FS Foundation (NGO)	1. Govt. of India 2. TSACS, 3. TSSWB, 4. CIF (NGO) 5. Public Donation 6. Members' Subscription
Type of Organization	Service Organization	Service Organization	Service Organization	Service Organization
Year of Starting TI Program for FSWs	2008	2001(Composite), 2004 (FSWs)	2004	2008
i) Full Time Staff	07	09	07	07
ii) Part Time Staff	10	13	10	10
iii) Honorary Staff	03	03	03	03
FSWs Registered	700	945	353	600
Annual Budget for TI	Rs. 17,45,160/-	Rs. 18,64,338/-	Rs.14,66,977/-	Rs. 16,79,000/-

**Only one project is run through public donation and members' subscription in both UBOSM & Sanghadip*

Dishari

Dishari is the oldest NGO among all these 4 selected NGOs which has been registered in the year 1992 and it works in all the districts of Tripura. Its head office is located at Belonia, South Tripura district. Dishari is a service organization, which has initiated its work in environmental pollution control program. Currently, it is running 5 projects namely – (i) North-East Region Livelihood Project (NERLP), funded by the Government of India; (ii) Targeted Intervention Program (TIP) for FSWs, funded by TSACS; (iii) Indo-German Development Co-operation (IGDC) Project, funded by the Government of Tripura; (iv) Handloom Project, Funded by USHA in collaboration with Reach India; and (v) Compulsory Social Responsibility Project, funded by

Dharampal Satrapal Group (DSG). Dishari is going to start very soon some income generation activities through handloom for poorer section of the society. This NGO has started TI Program for FSWs in the year 2001. During last three years, total 700 FSWs have been registered with this NGO.

Udaipur Bignan O Sanskriti Mancha (UBOSM)

Udaipur Bignan O Sanskriti Mancha (UBOSM) was registered in the year 1994. The main office of UBOSM is located at Udaipur, in the heart of Gomati district. It started its work against the various prevailing superstitions in the society. Currently, UBOSM is having 3 projects in Gomati district and South Tripura district. In Gomati district, it covers 2 Sub-Divisions namely Udaipur Sub-Division and Amarapur Sub-Division. Out of these 3 projects, one is an English Medium Primary School running through public fund and members' subscription; one TI programme for FSWs, funded by TSACS; and Family Counselling Center (FCC), funded by Tripura State Social Welfare Board (TSSWB) under CSWB, New Delhi. During 2001, UBOSM worked in a composite TI programme meant for migrant labours and FSWs supported by TSACS. Since 2004, UBOSM is working for FSWs. During 2014-15, annual budget for TI Programs was Rs.18, 64, 338/- to deliver health care services for 945 FSWs registered with it. UBOSM is about to start very shortly an 'Old Age Home'. The physical infrastructure of 'Old Age Home' is under construction.

Village Development Team (VDT)

Village Development Team (VDT) was registered in the year 2000. It is a service organization which is located at Agartala – State capital of Tripura. It covers West and Sepahijala District of Tripura. It started its work with awareness generation and education for the people in rural areas. Currently VDT is having 3 projects – 2 TI projects for FSWs and MSM funded by TSACS, while another project on PPTCT is funded by a non-government funding agency – Infrastructure Leasing & Financial Services (IL & FS) Foundation. VDT has started its TI programme for FSWs in the year 2004. During last three years, 353 FSWs are receiving health care services through VDT. The annual budget for conducting the FSWs program is Rs. 14, 66, 977/-. It is also to be worthy to mention here that it is the only TI implementing NGO for FSWs, whose Secretary as well as Project Manager are women.

Sanghadip

This NGO was registered in the year 1997 and initially started its work with creating awareness and education among the illiterate and ignorant rural people. Its head office is at Dharmanagar, North Tripura District. The operational area of Sanghadip is Unokoti and North Tripura District. Currently, it is having 6 projects. These projects are funded by various funding agencies like – (i) Child Line Project funded by Government of India; (ii) TI program for FSWs by TSACS; (iii) free Family Counselling Center by Tripura State Social Welfare Board; (iv) Short Stay Home funded by Tripura State Social Welfare Board; (v) an old age home funded by public donation and members' subscription; and (vi) promoting Canada India relation through active intervention in public policy covering domestic policy and bilateral issues including education and culture funded by the Canada-India Foundation. Since 2008, this NGO is attached with the implementation of TI Programme for FSWs. During last three years, 600 FSWs have been registered with Sanghadip.

Part-I: Beneficiaries' Perception towards the Existing HIV/AIDS Services

7.1 Perception of Beneficiaries(FSWs)

To know the beneficiaries' perception, two groups were formed in each selected NGO for focus group discussion (FGD) comprising 15 FSWs per NGO i.e. 60 FSWs altogether. For better understanding, the discussion covers the pertinent issues like – (a) general health care facilities available in the locality; (b) necessity of the NGO's HIV/AIDS program; (c) cost and quality of services provided by NGOs; (d) staff co-operation; and (e) scope of beneficiaries' participation. In order to understand the beneficiaries' perception, data collected from each group of beneficiaries (FSWs) are being analyzed NGO-wise separately. A brief profile of the selected beneficiaries of 4 NGOs have been shown in Table-7.2.

Table-7.2: Profile of the Beneficiaries' Groups

<i>Sl. No.</i>	<i>Name of the NGO</i>	<i>Group No.</i>	<i>Name of DIC</i>	<i>No. of Members</i>
1.	UBOSM	Group-1	Aaswas, Udaipur	07
		Group-2	Aaswas, Amarpur	08
2.	VDT	Group-1	Gandhighat DIC, Agartala	08
		Group-2	Gandhighat DIC, Agartala	07
3.	Dishari	Group-1	Ek No. Tila DIC, Belonia	06
		Group-2	Ek No. Tila DIC, Belonia	09
4.	Sanghadip	Group-1	Kadamtala DIC, Dharmanagar	04
		Group-2	College Road DIC, Dharmanagar	11
Total		8 Groups	6 DICs	60

7.1.1 Udaipur Bignan O Sanskriti Mancha (UBOSM)

Group-1

This group is formed with 7 FSWs at *Aaswas* Drop-in-centre (DIC) at Udaipur. The age group of the members varies from 25 years to 40 years. Out of 7 FSWs of this group, three are attached with UBOSM's TI programme for FSWs since the inception (2001).

(a) General Health Care Facilities of the Locality

The present office of the UBOSM is located in the heart of Udaipur city, but in the abundant place which was earlier used by anti-socials for oral suspension. Now after starting of the office, few local people are also getting medicines along with FSWs. All the beneficiaries informed that they have at least one Government health care Institution in their locality. This institution is either Sub-centre or Primary Health Centre (PHC) or Community Health Centre (CHC) which is 4 Km to 5 Km away from their residence. They informed that treatment of common diseases and some common blood tests are done in those health care centers. It is learnt from them that all PHC/CHC are not well-equipped with all type of health care facilities. Even all health care facilities are not available in Sub-division and District hospitals also. For

better treatment, they have been visiting medical colleges and other private hospital at Agartala – capital of Tripura. Out of 7 beneficiaries, one told that in case of her general or special (except symptoms of STIs) sickness, she visited the private doctor for better treatment. Another FSW informed that she visited to the traditional healer during her sickness as it really worked for her. Remaining 5 members of this group visited the government hospitals. For some members, the treatment in government hospitals is good and for others, there is no other alternative to access the treatment at free of cost except government hospitals. They also told about the apathetic attitude of some doctors and other health staff in government hospitals. But in presence of NGO staffs, the hospital staffs tend to exhibit themselves as a well behaved person. They also shared that sometime they are unable to adjust with the timing of ICTC and its number of working days for NGO's beneficiaries. Beside sex work, they are also engaged with other types of works for earning their livelihood. Hence, they can't always manage their time to visit ICTC.

(b) Necessity of the NGO's HIV/AIDS Program

Beneficiaries have narrated their past sufferings before the starting of TI program by this NGO. There was none to extend help and support to the FSWs due to social stigma and ostracism. After starting of TI Programme through UBOSM, they are getting all the services like treatment of STIs and common illness, condoms, etc. FSWs have thorough Regular Medical Check-up (RMC) facility for STI also under the TI Programme. UBOSM is also providing necessary counseling for FSWs and their family members. NGO staff members generally accompany the FSWs to ICTC at government district hospital. Besides this, FSWs are also getting vocational training such as basic computer course, beautician course, food processing, etc. under UBOSM's programme funded by other funding agencies, but not by TSACS. However, majority of the members expressed that UBOSM is like one of their guardian. All the members admitted that due to UBOSM's TI Programme, now they are better aware about STIs and HIV/AIDS. This NGO has helped them to increase their self-esteem and helped them to realize and exercise their rights also. In future, if the NGO stops its HIV/AIDS program, they will be sufferer.

(c) Cost and Quality of Services Provided by NGOs

The members of the group informed that they are getting the medicines for STI at free of cost and sometime also get other general health medicines from UBOSM, but not always. Availability of other medicines for general health care depends upon the NGO's own fund; as such facilities are not given by TSACS under TI programme. In such situations, FSWs have to buy their own or sometimes the NGO's staff members help them from their own pocket. UBOSM also provides treatment for Tuberculosis (TB) under government DOT (Direct Observation Treatment) program and cataract operation for elder family members of FSWs under existing government programmes. Members also express their happiness over the tracking system of this NGO. Each beneficiary is being tracked by the respective peer educators (PEs), respective outreach worker and the counselor also. From this Drop-in-Centre (DIC), they can access condoms along with Information, Education and Communication (IEC) materials. The DIC is also equipped with TV, DVD players and indoor game facilities. But, three FSWs of this group told that sometimes they have to wait for STIs medicines due to non-availability of such medicines both in UBOSM and in the Government STI Clinics. Only 3 members of this group know that the fund is coming from TSACS, while the remaining 4 members of this group don't have any idea about the source of funding for NGO's HIV/AIDS programme. In general, all the group members are happy with UBOSM as they are getting free health care facilities beyond the TI program, which is very useful to poor people like them.

(d) Staff Co-operation

According to beneficiaries, all staff of UBOSM are co-operative. The counselor offers guidance and advice regarding their health problems, psycho-social problems and even for family related problems also. Sometimes, the counselor makes home visit for follow up. The group members informed that they can approach the NGO's staff without any hesitation for any kind of problems. Sometimes the staff members themselves provide them travelling allowances to access the health care services. If it is too late in ICTC, staff members arrange food for the beneficiaries also. Staff members extend financial help too in case of their crisis like their son or daughter's marriage, etc. Most of the staffs are dedicated social workers and never behaved as paid employees. Being the members of same community, peer educators (FSWs) and

beneficiaries can feel each other and remain comfortable in sharing each other's feelings. But some beneficiaries have some grievances against government run hospital staff members including doctors. They informed that doctors used to write prescriptions even without hearing their problems properly. Beneficiaries are also unhappy with the rude behavior of the staff members of pathological department of the government hospitals. In a nutshell, beneficiaries of this group are happy with the staff members of UBOSM who treat FSWs like their own family members.

(e) **Scope of Beneficiaries' Participation**

Group members informed that there is opportunity for beneficiaries to participate in different program activities of UBOSM like different health awareness camps organized in collaboration with Department of Health and Family welfare, Government of Tripura, organizing Exhibition stall, participating in rally, etc. This NGO is working for their betterment. They contribute physically in those activities in terms of managing discipline, arranging tea, etc. Beneficiaries also took part in identification of new beneficiaries in the NGO. But, Beneficiaries do not participate in policy planning, monitoring and evaluation, but extend co-operation to the external evaluation team of NACO, NERO and TSACS. Therefore, scope of beneficiaries' participation in TI Programme of UBOSM is partial.

Group-2

This group was formed at *Aaswas* Drop-in-centre (DIC) located at Amarpur Sub-Division of Gomati District and consisted of 8 members. The age of the group members varies from 18 years to 30 years. The summary of the FGD has discussed below.

(a) **General Health Care Facilities of the Locality**

This group informed that there is either government run Sub-centre or PHC in their locality. So, it is obvious that all medical facilities are not available in their locality. In case of emergency, they visit nearby PHC or the dispensary. They informed that they visit the traditional healers in their locality or outside the locality for the treatment of some particular diseases like jaundice, measles, pox, animal or insect bite, etc. They still have faith on traditional healers for those health problems.

(b) Necessity of the NGO's HIV/AIDS Care Program

Like the first group, the members of the present group have also narrated the same picture of sufferings of FSWs' community before the starting of Intervention Program by UBOSM in Amarpur sub-division of Gomati district. There were none to extend help and supports to the FSWs. FSWs too were not aware of their general health as well as sexual health. Before the starting of UBOSM's TI program, they used to neglect their STI related problem. But, now they visit to their doctor in NGO, who is wellbehaved. During their visit to the doctor, they can freely share their general health problems too. Like other NGOs, UBOSM has also recruited staffs from their FSWs community, which has boosted them up morally. They started to think themselves as human being. UBOSM has given them a lot of confidence and recognition. Due to UBOSM, they feel more secure now. In case of their family dispute also, they get necessary support from UBOSM through it's free family counseling center (FCC). Under such situation, they would feel disappointed and helpless, if UBOSM stops its program in near future. They also added that if they could access the opportunity for their children's treatment under this NGO at free of cost, then they could get some relief for their children. In a nut shell, all the beneficiaries of this group acknowledged the contribution of UBOSM.

(c) Cost and Quality of Services Provided by NGOs

According to this group, UBOSM provide medicines for the treatment of STIs at free of cost. Occasionally, UBOSM provide medicines for other general health problems too. Sometimes doctor provides these medicines from his collected samples from the medical representatives. In case such medicines are not available in UBOSM, those medicines are supplied by the staff from their own pocket or sometimes beneficiaries buy themselves. For ICTC they have to travel a long distance and the travel cost is also expensive for them. In that case, the travelling cost is borne by UBOSM or its staff members. Staff members of UBOSM meet with them regularly for 4-5 days in a week to distribute condoms or IEC materials at free of cost and escort them to ICTC and government hospitals also as when required. Some time project manager also makes visit to their homes to know about their wellbeing. Whenever they think about the past, they easily can feel the difference. According to them UBOSM has been working for last 15 to 16 years with the FSWs and as a result they are now more

aware about STIs, HIV/AIDS and safer sexual practices. Two members of this group have an idea about the sources of funding, while the remaining members guessed that the fund is coming from the government of Tripura. None of them have any idea of the staff salary or budget, etc.

(d) Staff Co-operation

Beneficiaries are happy with the behavior of the staff of UBOSM. They shared that even in rainy season, peer educators and outreach workers are visiting them. They behave nicely with them. Two members of the group informed that sometimes they feel awkward, when NGO's staff visit their houses in front of their family members. But, the staff can nicely handle the situation by visiting all the neighboring houses that day to hide the FSW's identity to their family members. Staff members extend all co-operations in making arrangements for pathological tests, referral to other organizations, etc. as and when required. If any misbehavior etc. occurred with FSWs, the staff members support them through their crisis management committee of UBOSM. In brief, beneficiaries are happy with the staff members of UBOSM.

(e) Scope of Beneficiaries' Participation

Beneficiaries don't take part in executing, monitoring and evaluation of NGOs' program. However, they participate in need identification and beneficiary's selection by referring new FSWs. But there is no scope to take part in selection process of the staff. The governing body of UBOSM has the only power to approve the program planning. They also revealed that all the peer educators who are also beneficiaries take part in planning process with regard to TI program during staff's weekly meeting. They don't contribute financially, but they participate in providing necessary infrastructure (like arrangement of venues, chairs, etc), physical labor to organize health camp/clinic in their locality, awareness generation programme, science fair, etc. The group members also expressed that they also co-operate UBOSM when Evaluation Team comes from NACO and/or TSACS.

7.1.2 Village Development Team (VDT)

Group-1

The first group is formed in Gandhighat DIC, Agartala. It was formed with 8 members and age group of the members varies from less than 18 years to 25 years of age. All members of this group solicit their clients from the street.

(a) General Health Care Facilities of the Locality

VDT is located at Agartala. In Agartala, one can get every health facilities through government medical colleges and hospitals, private hospitals and numbers of specialized private doctors. But due to poverty, FSWs are incapable to access all these health care facilities. They informed that they used to take treatment from homeopath doctor, quack doctors, and traditional healers for their general health problems at cheaper rate. Some of the members also shared that sometimes they ignore their health problems due to financial problem

(b) Necessity of the NGO's HIV/AIDS Care Program

All the members of this group admitted that they didn't have any knowledge of STIs/ HIV/ AIDS before the starting of the VDT's TI program for FSWs. They also informed that they have faced lots of problem in government hospitals. They are unable to hide their identity as they always solicit their clients from the street. The health personnel used to ignore them whenever they go for the treatment for their illness or injury. But, after the initiation of TI programme by VDT, they are receiving multiple services like – treatment of STIs; advice regarding safer sex and HIV/AIDS; supply of condoms; etc. Two members also informed that they have received training of tailoring and beautician course by VDT to earn more for their livelihood. Majority of the group members informed that they could not imagine such a situation if VDT stops its program in future. They feel more homely and comfortable in VDT. They agreed that all the services provided by the NGO are required very much by the FSWs.

(c) Cost and Quality of Services Provided by NGOs

Being poor, the members of the group were naturally worried about the cost of their treatment. With regard to cost of medicines and other facilities, members of the present group shared that VDT provides STI medicines at free of cost and sometime medicines for other general health problem, if available in the said NGO. Condoms are also distributed at free of cost. They also informed that they buy some special condoms (condom which are meant for social marketing) from VDT at very cheap rate. FSWs have scope to sell those condoms to any shop or to their respective clients at market rate and earn a little profit. The group members also informed that PLWHA too get some services from VDT like escorting to ART centre, travelling cost, etc. Beneficiaries are happy with VDT's networking with various NGOs where they can get the facilities of health camp, X-ray, and even dress or dress materials for their family members too. None of them have any clear idea about the sources of funding for TI programmes of VDT. In brief, majority of the group are happy and satisfied with the cost and quality of services provided by VDT.

(d) Staff Co-operation

Majority of this group are also satisfied with the staff members of VDT except two members of the group. They informed that the behaviour of all staff of VDT towards all beneficiaries is not same. According to these two beneficiaries, there is one staff who sometimes behaved rudely. The rest of the group members expressed that except VDT, they never received such good behavior from the government hospitals. One member of the group, showing her burnt on right leg told that the doctor of VDT patiently heard her problems and carefully cleared and dressed her wound regularly. During hospitalization, the staff members of VDT cared a lot for her. In general, beneficiaries of this group informed that staff members are extending all co-operations as when required and approachable always. The staff members also provide help to those who are unable to afford the cost of medicines for general health by making alternative arrangements.

(e) Scope of Beneficiaries' Participation

Group members have informed that there is opportunity for beneficiaries to participate in different program activities of VDT except policy planning, monitoring

and evaluation of TI programmes. They do not contribute financially, but they support the NGO during its annual gathering, in organizing its health camps, etc. Beneficiaries also co-operate and participate when external evaluation teams come from TSACS/NACO.

Group-2

This group was formed with 7 members at *Paradise Chowmuhani* DIC, Agartala. The average age group of the members in this group is more than 34 years. All members have other sources of income, not just earn from sex work. In this group 6 beneficiaries earn Rs. 5000/- to Rs. 7000/- per month, while remaining one FSW earns above Rs. 7000/- per month.

(a) General Health Care Facilities of the Locality

Beneficiaries informed that the general health care facilities is good as they have number of government run hospitals as well as private hospitals and private practitioners at their locality in Agartala. They informed that for their general health problems, they generally visit to private doctors. Sometimes, few of them visit Kolkata or Chennai for better treatment of their general health problems.

(b) Necessity of the NGO's HIV/AIDS Care Program

The members informed that they were unaware about the deadly effect of HIV/AIDS. Before the starting of VDT's TI programme, they were not able to consult any local doctors for the treatment of STIs due to fear of exposure and stigmatization. At the same time, they can't discuss their problems like STIs with their family members. As a result, they had to suffer from extreme psychological stress and anxiety. Now they can visit to their own doctor at VDT for the treatment of STI problems and meet with their fellow FSWs without any fear of harassment. The group members informed that they feel comfortable and shares their joys and sorrows with their fellow friends in VDT. Except treatment for STIs, they are getting various services like –counseling and advices for their physical and psycho-social health problems; condom use demonstration by the staff; and awareness of STIs/HIV/AIDS along with IEC materials; etc. All of this agreed with the necessity of this TI program of VDT especially for the poor FSWs. All the members of the group admitted that VDT has

enabled them to regain their self-respect and self-dignity, which they never received at all from the society this group also informed that they can easily ventilate their problems in VDT. At the same time, the group members also opined their clients' awareness is also required along with FSWs under the TI program. They asked the researcher that in spite of hidden sex in Tripura, if FSWs can be identified and brought under TI programmes, then why not their clients? They also added that if clients are not included in TI programmes, then how social stigma and discrimination can be removed or spread of HIV/AIDS can be checked. Hence, this group feels that HIV/AIDS awareness is required for all concerned including their clients, not just for FSWs.

(c) **Cost and Quality of Services Provided by NGOs**

Like the first group of VDT, this group also informed about the free services of VDT. Beneficiaries are satisfied with the various services provided by VDT under TI programme. According to them, the special condoms which they buy for social marketing are of better quality than that of free condoms supplied by TSACS and they are aggrieved in this regard. Most of the time, they use those special condoms only as preferred by their clients. Five members of this group have clear idea about the source of funding for TI programme as well as about the pay structure of the VDT's staff members. In brief, they are satisfied with the quality services provided by VDT under the TI programme.

(d) **Staff Co-operation**

With regard to the staff co-operation, this group is also happy with the staff members of VDT. The group members praised about the commitment of the ORWs and PEs, who regularly visit them and do their work sincerely. The group members are also happy with the positive attitude and cordial behavior of the Project Manager and the Counselor. The staff members of VDT always advise them for their all around betterment including that of their family members too. Staff members also offer advices in their various personal problems other than the health problems. In brief, beneficiaries of this group are happy with the staff members of the VDT.

(e) **Scope of Beneficiaries' Participation**

Like the first group, this group also informed that they have limited scope of participation in different activities of TI programme. They don't take part in policy planning, monitoring and evaluation of NGOs' programme, though they actively participate in all other programmes like, health camp, rally, etc. organized by VDT. PEs, ORWs and counselor always take help from them in identification of new FSWs. Sometimes, they also visit other NGOs and attend their programmes along with staff members of VDT. Beneficiaries do not directly participate in the monitoring and evaluation of TI programme, but they extend co-operation to the external evaluation team of TSACS/NACO.

7.1.3 Sanghadip

Group-1

This group was formed at the *Kadamtala DIC*, Dharmanagar. This group was formed with only 4 members as other members were not available at the time of FGD. The age group of beneficiaries varies from 35 years to above 40 years. All of them belong to Muslim community. The summary of the FGD is being discussed below.

(a) **General Health Care Facilities of the Locality**

Most of them are from rural areas. They have one PHC in their locality where all kind of health services are not available. No private hospital is also there. Though there are some private practitioners, but members are incapable to afford the treatment cost. So for their treatment of any diseases, either they depend on traditional healers or quack doctors or depend upon homemade medicines. According to the members as they are from minority community, their knowledge health and hygiene is mainly guided by religious beliefs and superstitions. Their reproductive health was also not up to the mark. In their society using condom is regarded as '*Gunah*' (sin).

(b) **Necessity of the NGO's HIV/AIDS Care Program**

They are hardly educated and had no knowledge and information about STI, HIV/AIDS before accessing the services under TI programme of Sanghadip. The

members informed that they have no knowledge regarding HIV/AIDS, safer sex, etc. before the starting of TI programme by Sanghadip NGO. Because of HIV related stigma they faced apathetic attitude from the government health personnel which was so terrible that they don't want to recall those days. All the members of this group feel comfortable in this DIC where they can share their ups and downs of life with each other. Besides it, they are getting different types of services from Sanghadip like –STI treatment with necessary medical advices, counseling and advices for their behavior modification, and also advices for their psycho-social problems from the counselor of the NGO. They also informed that Sanghadip has formed SHG for them. They have already received vocational training on jute products with the help of Sanghadip. They are of the opinion that now they feel self-confident as they got back their self-respect because of Sanghadip only. They also informed that they are not at all worried about their old age as this NGO runs an old age home also. All members unanimously shared that they feel blessed as they are attached with Sanghadip.

(c) Cost and Quality of Services Provided by NGOs

According to the beneficiaries, Sanghadip provides medicines for the treatment of STI at free of cost. But, they informed the difficulties of bearing the cost of travelling to access the free STI care facilities. They also expressed that most of the time the organization bears this cost. As this organization has good net working with different local doctors, so the staff members manage medicines for general health problems also from these doctors. Beneficiaries have some grievances against TSACS regarding their general health treatment, as it is not included in the TI program. ORWs and PEs met them with regular basis and provide them condoms. FSWs also can access condoms from DIC along with IEC materials. Beneficiaries informed that they receive counseling for their behavior modification, Pre-HIV test counseling and post-test counseling from the counselor. In brief, group members are satisfied with the cost and quality of the services.

(d) Staff Co-operation

Beneficiaries informed that all staff of Sanghadip are very co-operative especially they love their counselor too much for her soft behavior and attitude. The doctor and the counselor of Sanghadip listen to them carefully; offer guidance and advice regarding their physical health, psychological well being and even help in settling

their family disputes. According to them, NGO staff member escort them to ICTC or other clinics for testing, x-ray, etc. Beneficiaries can approach the staff at any time without any hesitation. In case of emergency, staff members make home visit to help them. If required, the NGO conducts advocacy meeting or community sensitization program to reduce social stigma. In spite of low salary, peer educators (PEs) are very sincere and committed to their duties.

(e) **Scope of Beneficiaries' Participation**

With regard to the scope of participation in TI programme of Sanghadip, beneficiaries have almost similar views as like as other groups of UBOSM and VDT. They don't have any opportunity to participate in planning, monitoring and evaluation. However, they participate in beneficiary's selection by referring new FSWs. But they are happy in spite of their partial participation as they have their representatives in the TI programmes who work as peer educators.

Group-2

This group was formed at the *College Road DIC*, Dharmanagar. This group consists of 11 members. The age group of the members varies from 25 years to 35 years. The summary of the FGD is being discussed below.

(a) **General Health Care Facilities of the Locality**

As per the information provided by the group members, there is only one government hospital in their area along with few private doctors. In government hospitals, all health care facilities are not available and above all they have to wait for long time due to more patients, which affects their earning. But, in the context of STIs, due to fear of stigma and apathetic attitude of health staff, they prefer to avoid government hospital.

(b) **Necessity of the NGO's HIV/AIDS Care Programme**

Before accessing the services of TI programme under Sanghadip, they were worried about the commitment of the NGO staff regarding the exposure of FSWs' identity. But, later on they found that their fear was baseless. Since registration, they are getting all kind of support from this NGO. They are getting all kind of health care services like treatment of STIs, advise for safe sex, condoms, etc. which are provided

under TI programmes. In case of referral to other health care centre or other organizations, beneficiaries get all co-operations from Sanghadip. All of them recognize the necessity of the TI Programmes run by Sanghadip for the FSWs.

(c) Cost and Quality of Services Provided by NGOs

Like the members of the first group, this group also acknowledged the services of Sanghadip. They are receiving STI medicines at free of cost and occasionally for other common diseases depending up on the stock of the NGO. As medicines for general health problems are not included in TI programmes, so they are not fully satisfied. According to them, NGO also has some limitations to supply these medicines out of its own fund all the time. They are also dissatisfied with the quality of the condoms provided at free of cost by TSACS through this NGO. According to them, sometime such condom causes burning sensation due to insufficient lubricants, and clients are also not happy with lack of spikes on such condoms. Though they are not fully satisfied with TI programme of TSACS, but they are happy with the services of this NGO.

(d) Staff Co-operation

With regard to the staff co-operation, this group is also happy with the staff members of Sanghadip. The group members are also satisfied with the behavior of the doctor and the counselor, who always advice them like their own family members. But they are not satisfied with the government run ICTC staff and other pathology staff due to their indifferent attitude and rude behavior. Staff members of Sanghadip extend all co-operations in helping them. Staff members of this NGO also offer advices in their personal problems other than health. Beneficiaries are receiving various opportunities under the various schemes like family counseling centre, etc. undertaken by this NGO. All the group members unanimously shared that they feel Sanghadip as their home and its staff members like their family members.

(e) Scope of Beneficiaries' Participation

With regards to scope of participation in different activities of TI programme of Sanghadip, members of this group also shared same views of partial scope of participation. In general, they don't have any scope of participation in planning, monitoring and evaluation. But they participate in other activities of Sanghadip like

health check up camps, rally, identifying and referring new FSWs, etc. Beneficiaries also co-operate and participate when evaluation teams come from TSACS/NACO.

7.1.4 Dishari

Group-1

This group is formed at Belonia DIC. This group is composed of 6 members whose age varies from 20 years to 30 years. The summary of the FGD is being discussed below.

(a) General Health Care Facilities of the Locality

Beneficiaries of this group told that they have a district hospital in their locality. But they informed that doctors and other health staff are reluctant to attend them in this hospital. Few members told that government health staff members are not sincere in their duties especially towards rural and poor patients as they don't have the fear of losing job for the negligence in duties in government sector because of their strong trade union. Few members told that powerful and rich people are receiving good treatment and proper care from such staff. Therefore, they visit generally to quack doctors and traditional healers for their general health problems.

(b) Necessity of the NGO's HIV/AIDS Care Program

Beneficiaries informed that before starting of TI Programmes by Dishari, the health condition and awareness of STI/HIV/AIDS among the FSWs was very poor. Due to their poverty, they had to take loans from money lenders at high rate of interest to meet the health related expenses. In that context, beneficiaries acknowledge the contribution of Dishari. This group informed that they are now getting various health services including advices for better health from the TI programmes of Dishari without any discrimination like what they faced in government hospital. Group members also informed that they are receiving vocational training on handloom arranged by this NGO to improve their economic condition. They also informed that Dishari has also formed SHG for FSWs.

(c) **Cost and Quality of Services Provided by NGOs**

With regard to cost of medicines and quality of services, members of the present group informed that Dishari provides treatment of STI at free of cost for the beneficiaries. For other general health problems of beneficiaries, sometimes medicines are managed by the NGO's doctors or by the NGO itself. This group also informed that they are getting condoms and IEC materials at free of cost. They are also receiving counselling for their sexual health and demonstration to use condom properly from the NGO's counselor. Beneficiaries asked the researcher about the reason of not including their clients under the TI programmes. Hence, all members of this group are happy and satisfied with the services provided by Dishari.

(d) **Staff Co-operation**

Group members are of the opinion that all staff members of Dishari are very co-operative. There is no doubt of it. They can approach the staff without any hesitation. They feel free and homely at DIC also. The doctor listens to them carefully and meticulously. ORWs and PEs meet the beneficiaries regularly. Beneficiaries and PEs can understand each other and can feel each others' problem as all belong to same community. Beneficiaries are satisfied with the staff members of Dishari as they are the real well-wisher of FSWs.

(e) **Scope of Beneficiaries' Participation**

All the beneficiaries expressed about their partial participation in TI programmes. Beneficiaries do not take part in programme planning, monitoring and evaluation, but they participate in beneficiaries' selection, new FSW's identification, referring their fellow FSWs to access the health care services from Dishari. However, beneficiaries participate and co-operate during the time of external evaluation of TI programmes of Dishari by TSACS/NACO. At the time of evaluation, beneficiaries do not contribute financially for such activities, but help in arranging the venue, sitting arrangements for FGD, and preparation of snacks and tea, etc.

Group-2

This group is also formed at Belonia DIC. This group is composed of 9 members whose age ranges from 30 years to 40 years. Out of 9 members, 2 members are

attached with this organization for the last 5 years. The summary of the FGD is being discussed below.

(a) General Health Care Facilities of the Locality

Members of this group informed that there is government run Sub-Centre and PHC in their locality. But, all medical facilities are not available with these centres. The health personnel at government hospital used to ignore them due to social stigma, whenever they go for the treatment. Sometime these health staff members behave very rudely may be due to their patient loads in the government hospital. Group members also informed that they also suffer from fear of disclosure of their identity of FSWs in government hospital, hence prefer to visit private local doctors, quack doctors or traditional healers.

(b) Necessity of the NGO's HIV/AIDS Care Program

All the beneficiaries whole heartedly acknowledge the contribution of Dishari. Now they can visit to the NGO's doctor and can freely share their health problems without any hesitation as the doctor is aware of their profession and maintains confidentiality. Members of this group also informed that they can meet and interact with their fellow FSWs without any fear of harassment in DIC of this NGO. According to them, they will be glad if the provision of their child's treatment under TI programmes is included by any means. All the members expressed their heart-felt gratitude to Dishari and its staff for their effort of providing all services to the FSWs without hatred and apathy which they earlier experienced in government hospitals and health centres.

(c) Cost and Quality of Services Provided by NGOs

Like the first group of beneficiaries, this group also informed that Dishari provides them treatment of STIs, condoms, etc. at free of cost. They also informed that for their general health problems, sometime Dishari provide medicines as per availability of its stock. During visiting to government ICTC, sometime NGO provides beneficiaries' travelling cost also. Members of this group also acknowledged the efforts of project staff in making STIs/HIV/AIDS awareness among beneficiaries (FSWs). But, the beneficiaries are dissatisfied with the timing of government ICTC. They informed that the timing of ICTC affects their earning. Because of this reason,

sometimes they miss the date of testing or counselling services. However, all the members are happy with the services provided by Dishari under the TI Programmes.

(d) **Staff Co-operation**

The members of this group are also satisfied with the doctor and other staff members of Dishari. According to them, all the staff members of Dishari are very co-operative, kind and well-behaved. In case of hospitalization or any kind of their health problems, the staff members extend all kind of help and support to them. All the members also expressed that they never received such good behavior and respect anywhere except in Dishari NGO. All the members informed that they treat Dishari as their organization and treat its staff members as their own family members. In brief, they are happy with the *Dishari* and its staff.

(e) **Scope of Beneficiaries' Participation**

In this group also, beneficiaries shared same views i.e. they have limited scope of participation in TI programme of Dishari. Beneficiaries do not contribute any financial resource, but they contribute physically during Dishari's programmes like awareness camp, health camp and handloom fair by helping physical arrangement of venue, providing tea, etc. Beneficiaries took part in identification and referring of new FSWs to the NGO. Beneficiaries do not participate in policy planning, monitoring and evaluation, but they extend co-operation to the external evaluation team of TSACS/NACO by participating in focus group discussion (FGD). Some of the beneficiaries of this group are not happy with the program design of the TI Programme by TSACS/NACO, as they don't have any right to take part in planning, monitoring and evaluation of the program. They think that due to this the TI programme is not fully successful in satisfying the needs of FSWs.

Part-II: Views of the Staff Members

7.2 Views of NGOs' Staff Members

The views of NGOs' staff member are very important to understand the effectiveness of TI Programmes for the beneficiaries (FSWs). This part has attempted to discuss about the views of working staff members of the four TI programme implementing

NGOs (UBOSM, VDT, Dishari and Sanghadip) on different issues related with HIV/AIDS. In order to understand the staff members' views, separate interview schedule was used. The methodology chapter has given the details of tools of data collection. In this regard, 10 staff members representing all levels from each selected NGO are selected through purposive sampling and views obtained from total 40 staff members. A brief description of the profile of the selected staff members and their views are discussed below.

7.2.1 Profile of the Selected Staff Members

(a) Designation of Staff

Table-7.3 shows about the designations of 40 selected staff members. It is found that out of 40 staff members, 70 per cent are field level workers i.e. Outreach Workers (32.5%) and Peer Educators (37.5%). Similarly, in each NGO 70 per cent to 80 per cent staffs are field level workers and 20 per cent to 30 per cent are middle and upper level staff i.e. M & E cum Accountant, Counselor and Project Manager.

Table-7.3: Designation of Staff Members

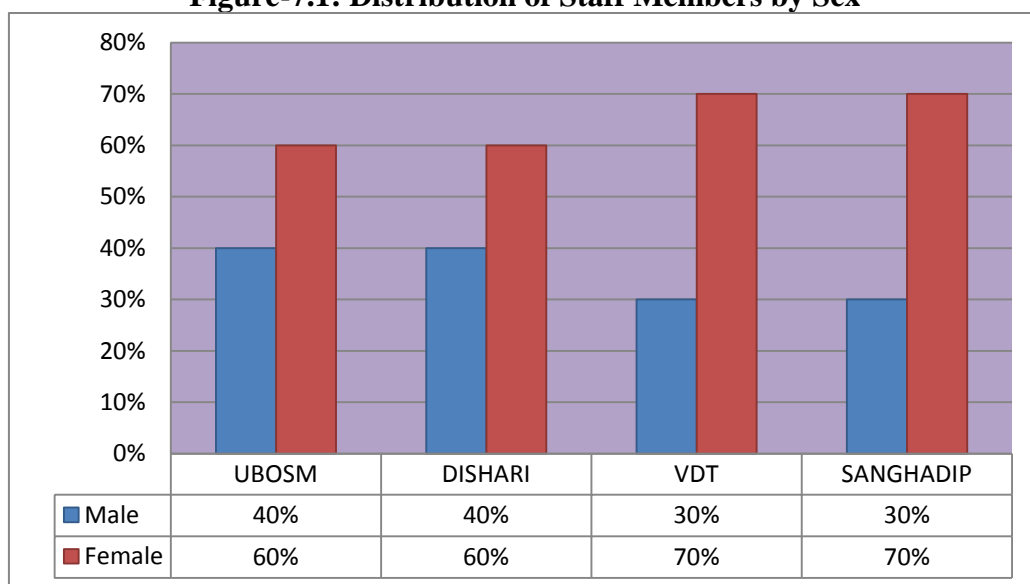
<i>Designation</i>	<i>UBOSM</i>	<i>DISHARI</i>	<i>VDT</i>	<i>SANGHADIP</i>	<i>Total</i>
Project Manager	01 (10.0%)	01 (10.0%)	01 (10.0%)	01 (10.0%)	04 (10.0%)
M & E cum Accountant	01 (10.0%)	01 (10.0%)	01 (10.0%)	01 (10.0%)	04 (10.0%)
Counselor	01 (10.0%)	01 (10.0%)	01 (10.0%)	01 (10.0%)	04 (10.0%)
Outreach Worker	04 (40.0%)	03 (30.0%)	03 (30.0%)	03 (30.0%)	13 (32.5%)
Peer Educator	03 (30.0%)	04 (40.0%)	04 (40.0%)	04 (40.0%)	15 (37.5%)
Total	10 (100%)	10(100%)	10(100%)	10 (100%)	40 (100%)

(b) Sex of the Selected Staff Members

Figure-7.1 gives an account for distribution of male and female staff under four NGOs. Out of 40 selected staff members, 26 staff members (65%) are female, while remaining 14 (35%) are male. It is also found that NGO-wise selected female staff members are found more in VDT (70%), and Sanghadip (70%) as compared to UBOSM (60%) and Dishari (60%) respectively. The reason of selecting more female

staff members is over all 4 NGOs are having more female staff as the TI programme is for FSWs only.

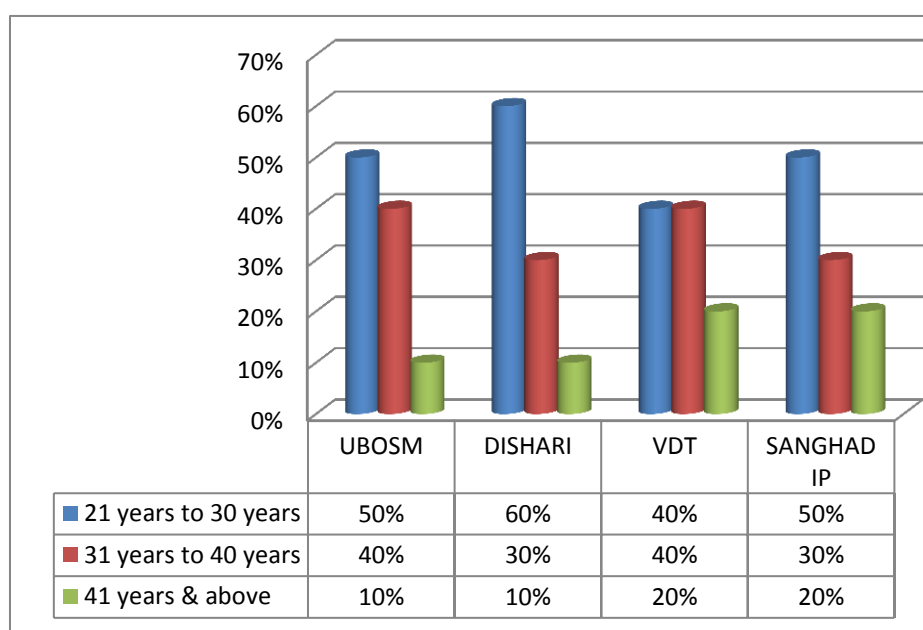
Figure-7.1: Distribution of Staff Members by Sex



(c) Age of Staff Members

Figure-7.2 shows that none of the NGOs is having staff aged below 21 years. The maximum staff members (50%) are within the age group of 21-30 years in all 4 selected NGOs followed by 30 percent belong to 31-40 years age group. The remaining 10 per cent of the staff members are above 40 years.

Figure-7.2: Age of Staff Members



(d) Educational Qualification of Staff Members

Table-7.4 shows the educational qualifications of the selected staff members under the study. It is found that out of 40 selected staff members, 47.5 per cent are graduates and 10 per cent are post-graduates. The remaining staff members' educational qualification is higher secondary (7.5%), secondary (7.5%) and below secondary (27.5%). It is to be mentioned that below secondary here indicates from class III to class VIII and in this category all the staffs (11 nos.) are only from peer educators who are selected from the FSW community by each NGO.

Table-7.4: Educational Qualifications of Staff Members

<i>Educational Qualification</i>	<i>UBOSM</i>	<i>Dishari</i>	<i>VDT</i>	<i>Sanghadip</i>	<i>Total</i>
Below Secondary	03 (30.0%)	02 (20.0%)	02 (20.0%)	04 (40.0%)	11 (27.5%)
Secondary	-	01 (10.0%)	02 (20.0%)	-	03 (07.5%)
H.S.	-	01 (10.0%)	02 (20.0%)	01 (10.0%)	04 (10.0%)
Graduate	05 (50.0%)	05 (50.0%)	04 (40.0%)	04 (40.0%)	18 (45.0%)
Post Graduate	02 (20.0%)	01 (10.0%)	-	01 (10.0%)	04 (10.0%)
Total	10 (100%)	10 (100%)	10 (100%)	10 (100%)	40 (100%)

7.2.2 Views of the Staff Members

The staff members have expressed their views on different issues regarding (a) Stigmatization; (b) Ethical Issues; (c) Necessity of NGO's HIV/AIDS Program; (d) Service Cost and Quality of the NGO's HIV/AIDS Program; (e) Challenges Faced by Staff Members; (f) Human Rights Violation; (g) Major Reasons of Spreading HIV/AIDS; and (h) Future AIDS Scenario and Role of NGOs.

(a) Stigmatization

All the respondents replied that they are happy in working with this TI Programmes. The reasons for their happiness are like—(i) they are doing something better for the well-being of the marginalized section through TIPs; (ii) giving support to marginalized and HRG; and (iii) prefer challenging nature of works of TIPs. As there is no brothel or led light area in Tripura and FSWs are working in the hidden manner, identifying such FSWs and working with them secretly is itself a challenging job.

They also informed that they would not switch on to other work with same salary as they are getting better job satisfaction through doing something for the well-being of FSWs in particular and the society in general. Peer educators (PEs) are happy as they are serving for their own community and they have received recognition from their family as well as fellow FSWs through this work. But regarding the awareness of family members about their nature of job, opinion of other staff differs with PEs. But, out of 40 staff members, 11 staff informed that they did not share about the nature of their job to their family members as their family members will not allow them to work with female sex workers due to stigma. The remaining 14 staff members reported that their family members are aware, but all are not getting support from their family members due to stigma attached with female sex workers. Out of 40 staffs, 22 staff (55%) members are married. Out of these 22 staff, 19 staff members revealed that their spouse like their job, while remaining 3 staff revealed that their family members do not support their job. They also shared some of their friends / relatives / neighbors try to avoid them because of their nature of job. Except PEs and counselors, all staff reported that at the initial period of their job, they hesitated to feel free with FSWs due to social stigma attached with the sex work and FSWs. But day by day they became able to overcome that hesitation. The peer educators shared that they don't have such hesitation and always feel free to work with FSWs as they too are sex workers. The counselors shared that they treat the sex workers first as a human being, then woman and lastly as their clients (counselee). Though all 40 selected staff members expressed they are happy with their job, 21 staffs (52.5%) admitted that their job does not help to increase their social prestige or recognition. They told that sex work is seen as immoral and evil work by majority people in the society. With this perception of the society, it is hard to receive any social recognition from working with the FSWs. Therefore, social stigma attached with FSWs has also affected the motivation of concerned middle and higher level staff members.

(b) Ethical Issues

All the higher level, staff members are aware about the ethical issues related to HIV/AIDS. They are aware about these ethical issues like maintaining confidentiality about the person's HIV positive status, consent of the person before testing blood and no discrimination against the person on the ground of his/her HIV-positive status. But it is found that the knowledge is superficial among some of the out-reach workers and

peer educators (PEs). It is also found that except project managers, doctors and counselors, the concerned PEs and outreach workers (ORW) also know the HIV positive status of the 2 FSWs under the study. It is found that staff members are strictly maintaining confidentiality about this matter i.e. not disclosing the HIV status to the outsiders. One counselor informed that she shares the problems and hazards of the FSWs without disclosing their identity to her friends and family members as she wanted to eradicate the stigma attached with sex workers through narrating the circumstances under which one is forced to adopt sex work as profession. She also informed that she is trying to change the perception of general people about FSWs in her own way.

(c) **Necessity of the NGO's HIV / AIDS Program**

All the 40 staff members under the study informed that before the existence of TI Programmes, the health condition of the FSWs and awareness on HIV/AIDS was quite poor. But, now beneficiaries are benefitted through the services of TI Programmes. All the staff discussed that whatever health care services for FSWs are mentioned for TIPs in the NACO's guidelines, they are implementing all those properly. They also informed that even in some cases, they are giving additional services to the beneficiaries which are not included under TI programmes like general health care facilities, vocational training for FSWs, etc. It is found that out of 40 staff members, 62.5 per cent (25 staff) revealed that the NGOs' program of TIPs is necessary to reduce new HIV infection through one to one tracking of FSWs. They also told that whatever success has been achieved in the field of HIV/AIDS in Tripura is due to the NGOs' program. Because it is only the NGOs who are able to work at grass root level which is not possible by the government health staff. Remaining 37.5 per cent staff mentioned that without taking into consideration of the clients' awareness, the TI program for FSWs will not bring the desired result or outcome. They also expressed that the decision making process of FSWs regarding safer sex is mostly controlled by their clients especially by their regular partners. 12 (30%) staff members opined that poor FSWs are getting numerous supports through this program, so these services of NGOs are required for FSWs. In addition, they revealed that through these NGOs' program, some of the scattered FSWs have been brought under the TI programmes, which will help FSWs for any kind movement related to their rights in future. All the 40 respondents said that there are special categories of FSWs

in their respective NGO, who need special care. They have identified 5 types of special categories of FSWs like – (i) FSWs who are mobile in nature, which is preventing them from accessing prevention and treatment services of NGOs. So these types of FSWs are hard to reach and bring under TI programmes; (ii) new comers FSWs are special FSWs who need special care. In support of their statement, the staff members told that these FSWs are not only new, but also young and often belong to a superior class from clients’ perspective. In sex industry, there is a strong demand for young and fresh FSWs. As a result their client load and number of working days is high. They also added that the unequal power relations reflected in such relationships affect new FSWs’ ability to refuse unsafe sex, and expose them to sexually transmitted infections, including HIV/AIDS; (iii) FSWs, whose family burden is more; (iv) who are addicted to alcohol; and (v) HIV positive FSWs. According to 14 staff members (35%), the special current need of FSWs is to earn more money to support their family for better livelihood as well as for their old age, while other 4 staff (10%) talked about the FSWs’ need of stable income. Out of 40 selected staff, 12 staff members (30%) told that medicine for general health is the special need for FSWs. Other major needs of FSWs highlighted by the staff members are –abolition of the fixed working hour in ICTC (5 staff); and fixed red-light area or brothel is the special need of FSWs from the HIV/AIDS perspective and hidden nature of FSWs (5 staff). All selected staff also informed that NGOs collect medicine from doctors’ sample to satisfy FSWs’ need for general health care as it’s not funded by TSACS/NACO under TI programmes. NGOs also sometime organize health camp, but this cannot be done on regular basis. To increase FSWs’ income and to provide stable source of income, two NGOs (Sanghadip & Dishari) under the study have formed SHG with FSWs. All the 40 selected staff agreed that it is not possible to meet all special needs of the FSWs, but they have put forward some suggestions to TSACS to satisfy the unmet needs of FSWs like – (a) introduction of vocational training for FSWs so that they can get stable source of income along with the sex work and they can get support and security at their old age; (b) provision of frequent health check-up camps with the help of the State Government; (c) initiatives to review the existing law about sex work and sex workers by the Government of India; (d) collection of information and need assessment from ground level, before planning for TI programmes by TSACS/NACO; and (e) flexible working hour in the ICTCs by TSACS. Finally, out of 40 selected staff, 30 staff members (75%) told that the

FSWs/beneficiaries would feel helpless and disappointed, if such TI programmes are stopped or withdrawn in near future. Table-7.4 shows the comparison between the 60 beneficiaries/FSWs' opinion about the services that they are receiving from TI programme of respective 4 selected NGOs and 40 selected staff members' opinion about the services that they are providing to the FSWs.

(d) Cost and Quality of Services Provided by NGOs

All the NGO staff informed that beneficiaries are getting all the health care services from TIPs at free of cost as per NACO's guidelines. But, along with free supply of condoms, TSACS supply some special condoms to be purchased (optional, not mandatory) at concessional rates meant for social marketing. The difference is that beneficiaries have to pay least amount for those special condoms, which cost less than the current market price. Moreover, beneficiaries also have the scope to sell those special condoms at market rate to their clients or to any other shops. They also shared that beneficiaries have some negative feelings about the quality of condom which are providing to them with free of cost, as some of beneficiaries told them about the leakage of condoms, lack of sufficient gel and absence of spike on those condoms. All 40 selected staff members also informed that all the beneficiaries get all those medicines at free of cost, which are prescribed by the doctors of NGOs according to the NACO guideline. But during data collection, one of the medicines for the treatment of STI labeled as Kit-6 was out of stock. This Kit-6 composed of 3 separate medicines namely Doxycycline, 100 mg, Metronidazole, 400mg, and Cefixine, 400 mg, which is prescribed for 28 days. Even it was not available in the STI clinics of the government hospitals and also in the TSACS. But when doctors prescribe cream or lotion for external use or any other general medicines, the NGO can't provide these officially as those medicines are not included in the list of TSACS/NACO. In such cases, sometime NGO staffs collect general health medicines from doctors' sample or NGO manage medicines from other fund or sometime NGO staff themselves purchase those from their own pocket or sometime beneficiaries themselves had to purchase. In case of those medicines, which are out of stock, beneficiaries were requested by the respective NGOs to wait for few days and promised to deliver at their homes by the NGOs' staff members. After the availability of the medicines, beneficiaries receive those medicines through outreach facility. But the staff members hold mixed opinion about the satisfaction of the beneficiaries

regarding the doctors and staff members of government hospitals and ICTC; and quality of health services, medicines, condoms, etc. provided by the government hospitals. Out of 40 staff under the study, 50 per cent (20 staff) informed that beneficiaries are satisfied about the services of government hospitals, while remaining 50 per cent (20 staff) staffs told that beneficiaries are not fully satisfied. However, all selected 40 staff members opined that beneficiaries are happy in general with the services provided through TI Programmes of their respective NGOs. Significantly, 2 staff members added that there is no effective mechanism in this earth to make all people happy because of people's high expectation without considering the reality.

(e) **Challenges/ Barriers Faced by Staff Members**

All the 40 staff under the study mentioned that at the beginning TSACS has given the task of mapping of the FSWs from the project area to be covered under TI programme to the respective NGOs. From that list of FSWs, the peer educators (PEs) are recruited by the respective NGOs. Then through PEs, hidden FSWs are identified and brought under TI programme. Except PEs, NGOs get support from other stake holders like owners of tea shop, *paan* shop and from few clients of FSWs in identifying such hidden and mobile FSWs. Out of the selected 40 staff members, 25 staff (62.5%) revealed that during the inception of project, they faced challenges in identifying and getting consent of FSWs, as there is no brothel or red light area in Tripura and FSWs are hidden and mobile in nature. Therefore, except those FSWs who solicit clients at street, other FSWs want to hide their identity due to fear of stigmatization and criminalization of sex work. After the long continuous effort, through one to one interaction and counseling, staff members are able to overcome these challenges. They also shared that in case of new FSWs, many a time male staff members contact with them first time as a client to overcome the challenges of identification. In recent times too, project staffs are facing different types of challenges and problems. Some of the problems shared by staff members are – FSWs' fear of stigmatization and ignorance about sexual health, STIs/HIV/AIDS; scattered and mobile nature of FSWs, and indifferent attitude of the people towards FSWs. Moreover, all the staffs unanimously shared that majority of the beneficiaries are anxious about the social stigma, fear of being caught red hand, their child's future, and general health problems. In addition to these, all selected staff members are of the opinion that

FSWs' dependency on regular partners in terms of accessing the health services; the number of working days and timing of the ICTC are not satisfactory for the FSWs; inadequate finance and delayed disbursement of funds by TSACS are also affecting the implementation of TI Programmes and failed to bring desired outcome. Therefore, awareness of sexual health and adopting precaution for safer sex is always been neglected. However, they have suggested some ways to minimize those barriers like – (i) de-criminalization of sex work and sex workers; (ii) establishment of brothel or red light area (RLA); (iii) coverage of FSWs' clients; (iv) 24×7 facility of ICTC; (v) capacity building of the NGOs' staff especially with regard to motivational skill to motivate FSWs for accessing services of NGOs; (vi) continuous awareness program for FSWs as well as their clients and mass people; and (vii) more involvement of FSWs in the TI programme, so that they can feel and cooperate with the staff members of NGOs just like CBOs.

(f) Human Rights Violation

In case of human rights violation of FSWs, majority (42.5%) of the selected staff members informed that they take up the issue with the appropriate authority for redressal of the issues. Here appropriate authority means Crisis Management Committee of all NGOs' under TIPs. As per guidelines of NACO, all the TI Programmes implementing NGOs under TSACS has formed the crisis management committee consisting of doctor, police, lawyer, FSW, NGO staff, etc. to address any kind of human rights violation against FSWs. All the members of the crisis management committee have been instructed to act as stake holders in TI programme.

(g) Reasons of Spreading HIV/AIDS

Majority (62.5%) of the staff feel that risk taking behavior of FSWs and their clients, ignorance of people, migration and intoxication and poverty are the major reasons responsible for spreading HIV/AIDS in India. They also informed that the negative effect of different media is also responsible for spreading of HIV/AIDS. They have specifically mentioned about current TV serials, advertisement, etc. which are promoting extra-marital relations, consumerism, and youth are easily motivated and adopted such modern life styles like western countries. 15 staff (37.5%) members feel that both FSWs and their clients' awareness are required to prevent HIV/AIDS. But in the TI program of NACO, clients of the FSWs are not under the outreach programme

and remain excluded. It is the clients of the FSWs who are controlling the decision making process of practicing safe or unsafe sex and the FSWs are helpless as they are financially dependent on their clients. Besides this, 3 staff members additionally expressed that easy access to pornography through internet by the students and youth in particular without having any parental and social control is also responsible for spreading HIV/AIDS. Many of modern youth are having more than one sex partners and addicted to alcohol/drugs, either for curiosity or for fun or due to peer pressure. Hence, such youth are also vulnerable to HIV/AIDS, though they are not in high risk groups (HRGs) as defined by NACO.

(h) Future AIDS Scenario and Role of NGOs

Out of 40 selected staff under the study, 30 staffs (75%) informed that the prevalence rate of HIV in Tripura would gradually decline in future, if TSACS/NACO continues its TI programmes for HRGs through NGOs and also take appropriate measures for the awareness of mass people. They pointed out that if NGOs stop their TI programmes, it would be impossible for government agencies to discharge the same functions as done by the concerned NGOs at the grass root level of the society. To them, these NGOs are working in the respective areas for a long time and established very good rapport with all stakeholders of that particular area. It has already been seen that beneficiaries are not satisfied with the staff members of the government hospitals and ICTCs. They also added that FSWs are very often poor and forced to engage in sex work, and are burdened with their stigmatized identity and discriminatory behaviour of the society. In such circumstances, there is none in this society who can help FSWs or with whom FSWs can disclose their problems, feelings, etc. except TI programme implementing NGOs. Hence, all the views expressed by the selected staff members (75%) of concerned 4 NGOs clearly indicated the dependency of the beneficiaries on the NGOs. Surprisingly, 10 staff members (25%) opined that if NGOs stop its TI program, beneficiaries would not feel helpless or disappointed. In favor of their views, they told that it is impossible to run any scheme like NACP for a long period of time or for life time. Besides it, they think that efforts must be made to make the beneficiaries self -dependent in case of health matter along with providing free services to beneficiaries.

From the above discussion (Part-I & Part-II) on the beneficiaries perception towards the services provided by the NGOs and views expressed by the staff members of TI programme implementing 4 NGOs, it is observed that both the stake holders agreed with some common issues related to HIV/AIDS services for FSWs. Although all the 60 selected beneficiaries shared through FGD that they are happy in general with the services provided by the selected 4 NGOs (UBOSM, VDT, Sanghadip and Dishari), but some contradictions have been found regarding the services received by the beneficiaries and the services provided to them as claimed by the concerned staff members of the NGOs (see Table-7.5).

Table-7.5: Views of Beneficiaries and Staff about the Services Provided by NGOs

<i>Sl. No.</i>	<i>Services provided by NGOs</i>	<i>FSWs' Responses</i>	<i>NGO Staff's Responses</i>
1.	Treatment of STIs	60 (100%)	40 (100%)
2.	Condom at free of cost	60 (100%)	40 (100%)
3.	<i>Escorting to ICTC during blood test</i>	45 (75.0%)	40 (100%)
4.	Counselling	50 (83.3%)	40 (100%)
5.	<i>Awareness among neighbours to remove stigma</i>	15 (25.0%)	28 (70.0%)
6.	<i>Medicines for general diseases</i>	28 (46.7%)	40 (100%)
7.	Support during any crisis	51 (85.0%)	36 (90.0%)
8.	Vocational training	30 (50.0%)	25 (62.5%)
9.	Formed SHG with FSWs	30 (50.0%)	20 (50.0%)
10.	RMC for FSWs	60 (100%)	40 (100%)
11.	<i>Advocacy to protect Human Rights of FSWs/HIV/AIDS victim</i>	15 (25.0%)	12 (30.0%)
12.	Arrangement of ART	02 (03.3%)	12 (30.0%)
13.	Organizing health camp	55 (91.7%)	37 (92.5%)
14.	<i>Referral to other Organizations</i>	25 (41.7%)	20 (50.0%)
15.	<i>Taking care of FSWs during their hospitalization</i>	28 (46.7%)	20 (50.0%)
16.	<i>TA from FSWs' home to ICTC/NGO</i>	42 (70.0%)	40 (100%)

Some of the services where beneficiaries and staff members' views are differing with each other are mentioned below:

- i. Escorting the FSWs to ICTC during blood test by NGOs' staff
- ii. Travelling Allowances given to FSWs for travelling from their homes to NGO and ICTC

- iii. Taking care of FSWs during their hospitalization
- iv. Referral to other Organizations
- v. Medicines for general diseases
- vi. Awareness among neighbours to remove stigma
- vii. Advocacy to protect Human Rights of FSWs/HIV/AIDS victim

Role Suggested by FSWs for Various Stakeholders

During the FGD sessions of selected 8 groups comprising 60 beneficiaries (FSWs) from 4 selected NGOs, the beneficiaries asked many questions to the Researcher about the some deficiencies in services under the current TI programmes. The beneficiaries not only just shared their views towards the services that they are receiving from the respective NGOs, they also suggested on their own as thinking human being to make these TI programmes more effective and achieve the ultimate goal of the government i.e. combating HIV/AIDS in Tripura as well as in India. The suggestions put forwarded by the beneficiaries are clubbed for three major stake holders namely – for NGOs, Government and Society and are being discussed below:

A. Role Suggested for NGOs

During FGD it is understood that to some extent, FSWs have dependency on the respective NGOs. They expressed clearly their concern and worry about the stoppage of TI programmes by NGOs in future. Beneficiaries have more expectation from the NGOs with regards to their general health care facilities through TI Programmes. Though majority of them are aware that there is no provision under TI programme of TSACS/NACO to supply medicines for other diseases and admitted that all the NGOs are providing medicines for FSWs' general health occasionally from their own fund or resources. Apart from this, FSWs want to see that NGOs should play more active role in stopping violation of human rights and advocacy for FSWs, reducing social stigma attached to FSWs, generating HIV/AIDS awareness among their clients, creating more employment opportunities through vocational training programmes, introducing programme of education for the FSWs' children, providing more scope of FSWs' participation in all activities of TI programmes and empowering FSWs to form their own association to safe guard their own interests. In addition, NGOs should take part in the prevention of trafficking, protection of child sex abuse and mass awareness

to restore women security. Some FSWs also want NGOs to be vocal against the government in de-criminalization of sex work and FSWs and to provide fixed place for sex workers i.e. brothel or red light area which will help all concerned in combating HIV/AIDS too.

B. Role Suggested for Government

It is found that all the sex workers in this study more or less have suggested those roles for Government which is burning issue now-a-days. The FSWs want the government to provide them the status of workers, worker's rights and various statutory welfare measures like other workforce of the country. The FSWs have objection about their identity as evils of the society, while their clients don't get such humiliation from the society or Government. Out of 60 beneficiaries under the FGD, 19 per cent of FSWs suggested government to take initiatives to legalize prostitution and they also demanded for brothel and fixed red light areas like other states of the country. It is also observed that 33.3 per cent FSWs want Government to provide employment or job opportunities under various schemes to run their family. Poverty is considered as one of the chief causes for the women to adopt prostitution in Tripura as well as in India. According to them, women are becoming insecure day by day and 18.3 per cent want social security for women. They have cited the example of recent incident, 'Nirvaya' in New Delhi.

C. Role Suggested for Society

FSWs are not self-centered or evils of the society as perceived by the majority of people in the society. They also think for others especially for general women and girl children. FSWs want that society should play more active role in protesting against any kind of violence, exploitation and crime against the weaker sections of the society like children, women and aged persons. Apart from this, they also want that society should treat FSWs as human beings, who are victims of certain circumstances and are very often forced to engage in sex work for earning their bread and butter; and at the same time their clients also belong to the same society against whom the society is silent. Hence, they want the removal of existing social stigma, discrimination and marginalization of FSWs. Society stigmatizes FSWs as they exhibit socially undesirable attributes for which they have lost their social status or identity. As a result, FSWs become marginalized and ostracized, which makes them more

vulnerable and are experiencing violence regularly from their own family members, clients, police as well as from the general mass in the society. FSWs also expect that the society should protect the destruction of youth from drug addiction and substance abuse.

Part-III: Views of Key Officials Towards the Existing Services of TIs

7.3 Views of the Key Officials of NGOs & TSACS

We have already seen in methodology (see Chapter-3) that key officials of NGOs and TSACS were also included as respondents with regard to the 4th objective of the study i.e. beneficiaries' perception towards the existing services of TI programmes implementing NGOs.

7.3.1 Views of Key Officials of NGOs

This section deals with the views expressed by NGOs' key officials. The researcher interviewed 4 Secretaries of the 4 selected NGOs in this regard. All the Secretaries of the 4 selected NGOs have informed about the delayed approval of the project and irregularity of the fund flow from TSACS affecting TI programmes badly. Due to lack of fund in the middle of the running project, they take loan from the respective organization's own fund to continue the services for FSWs. All the Secretaries told that they didn't find any threat to carry out this program from political parties or other groups. They also shared that they are getting support from the various organizations like local clubs, transport associations, other NGOs and PRI bodies to implement TI Programme smoothly. But, at the same time they cannot deny the existing social stigma about the sex work and FSWs is one of the major hurdles in implementing the TI programmes. According to them, it will take more time to change society's perception toward sex work and sex workers. Despite the co-operation from all the stakeholders, they are facing some staff related difficulties also in their NGOs like – (i) non-availability of staff due to AIDS related stigmas/ fear of disclosure of identity; (ii) lack of competent staff; (iii) staff members' grievance about the salary; (iv) there is no provision of travelling allowances (TA) for peer educators (PEs) and outreach

workers (ORWs); (v) lack of adjustment ability and conflict with other staff / superiors; etc. All the Secretary of the respective NGOs admitted that NGOs must be involved in policy making of TSACS/NACO for providing effective services to FSWs. But except VDT, none of the NGOs have such an opportunity to take part in TSACS. VDT is receiving such opportunity as this NGO is engaged in TB- HIV Co-ordination Committee in Sipahijala District; TB- HIV Co-ordination Committee in West Tripura District and State Level ASHA Mentoring Committee. All of them revealed that as per Project guidelines, they recruit Peer Educators from the target group i.e. FSWs, with the help of TSACS during inception of TI for FSWs. According to them, PEs mainly used to take initiatives in identification of new FSWs, establishing rapport with FSWs to motivate them to take the services under TI Programmes. But, all the 4 Secretaries of the selected NGOs unanimously agreed that implementation of TI programmes through FSWs themselves (CBOs) like other states is not possible in Tripura as FSWs in Tripura are still not that much aware and they don't have any Sex Workers' Association till date. All of them also informed that monitoring of the TI Programmes is done through regular field visits by the Project Director of the respective NGOs and other staff members of the organization; and also by conducting regular monthly meeting with project staff members as per the guidelines of TSACS. In all the 4 selected NGOs, according to these key officials, few innovative components were introduced in TI programmes, which helped the FSWs to get back their self esteem and to become financially independent. Some of these innovative programmes are – income generation activity through SHGs of FSWs, conducting training on job oriented professional courses, family counseling centres to help in family problems, etc. According to them, such initiatives have been helping to implement the TI programmes more effectively. Except *Sanghadip*, the remaining 3 NGOs have some future plan regarding HIV /AIDS care program like – formation of CBO; opening school for FSWs' children and hostels for them; and extension of HIV/AIDS care program with support by other funding agencies, if possible. However, all the 4 Secretaries of the selected 4 NGOs unanimously agreed that some additional services like vocational training; income generation activities; supply of good quality condoms; medicines for general health care; and 24x7 ICTC services should be incorporated in the existing TI programmes of TSACS/NACO.

7.3.2 Views of Key officials of TSACS

As discussed in the Methodology of the present study, purposive sampling technique was used to select 10 key officials of Tripura State AIDS Control Society (TSACS) on the basis of their experiences and expertise on HIV/AIDS and Targeted Intervention Programmes in Tripura. Key officials from TSACS were selected as respondents to know their views on TI Programmes for FSWs. Profile of the selected 10 key officials of TSACS has been shown in Table-7.6. The views of the key officials of TSACS have been analyzed below the table.

Table-7.6: Profile of the Key Officials of TSACS

<i>Sl. No.</i>	<i>Designation</i>	<i>No. of the Officials</i>
1.	Deputy Director (STD)	01
2.	Assistant Director (TI Program)	01
3.	Assistant Director (IEC)	01
4.	Assistant Director (Monitoring & Evaluation)	01
5.	Assistant Director (Youth Affairs)	01
6.	Assistant Director (Main Streaming)	01
7.	Assistant Director (Publicity)	01
8.	Administrative Officer	01
9.	Divisional Assistant	02
	Total	10

All the 10 key officials agreed on the need of TI programme for FSWs, although 2 of them told that some modifications or innovations are required in the existing programmes. Out of 10 selected TSACS officials, 8 officials (80%) think that existing services provided under TI Programmes through NGOs are adequate enough to meet the goals of the Nation, while the opinion of the 2 officials (20%) differs. In support of their views, 8 officials told that TI Program is required as the FSWs and other HRGshave been covered through TIs; STIs and HIV/ AIDS awareness has reached through TI programmes in rural areas of Tripura and TI is a scientifically structured program with all needed services for FSWs. 50 per cent TSACS officials opined that the beneficiaries are benefitted and satisfied with the services of TI programmes, while remaining 50 per cent informed that beneficiaries are benefitted to some extent

but are not fully satisfied as there is no provision to meet the need of general health problems. Except one, all 9 officials informed that some positive changes have been found among the FSWs after the introduction of TI programmes. According to them, some of the positive changes found in the behavior of FSWs like – adopting precautions while serving clients (4 officials), voluntarily accessing health services through TI programmes (3 officials) and few FSWs are making their clients aware too (2 officials). Out of 10 officials, 7 officials (70%) think that the prevalence rate of HIV/AIDS will increase in future, if TSACS / NACO stop its TI programmes. But 30 per cent officials felt otherwise. To them, if TSACS or NACO stop its program, then the State Government should carry forward the HIV/AIDS programme till the epidemic is controlled.

The 10 key officials of TSACS revealed that they are happy with some of the TI implementing NGOs' services but not with all the NGOs. They felt that more positive contribution and ethical accountability of the NGOs are required as they are the key player in providing quality services to the beneficiaries. Regarding the breach of confidentiality in Government hospitals / ICTCs /ART Centres, only one official admitted that such cases are rare, while remaining 9 officials out rightly denied such things. There are 8 officials who think that the training programs of TSACS / NACO are not adequate enough for the capacity building of NGO staff. Non-availability of suitable human resources due to poor pay structure and contractual nature of job is also affecting the quality of services as admitted by 7 officials. Regarding the pay structure and job insecurity these 70 per cent officials opined that TSACS is helpless in this matter as pay structure is determined by NACO. According to them, NACO thinks if the salary of Peer Educators (who are FSWs only) has been increased, then their improved economic status will affect their acceptance among the beneficiaries i.e. will affect the quality and proper delivery of the services. Officials have shown some reasons of their unhappiness with the quality of services along with some suggestions to improve the quality of the services like – (i) strict and surprise vigilance is required by the Executive Body members of the respective NGOs as well as by the respective officials of TSACS as outreach services are not given properly; (ii) with the help of effective stakeholder, efforts should be made to identify and register all FSWs in Tripura especially those who are hidden and mobile in nature and still remains uncovered under TI programmes; and (iii) effective awareness campaign

through folk media, street drama, puppet show, etc. are to be done. NGOs can bring modifications in their awareness campaigning as awareness program is not up to the mark of some NGOs. All selected TSACS officials also agreed with views of NGOs' secretaries that some additional services like vocational training; income generation activities; supply of good quality condom; medicines for other diseases should be incorporated in the existing programs of TSACS/NACO.

All the officials of TSACS mentioned that there are three major barriers which affecting the implementation of the TI Programmes for FSWs in Tripura. These barriers are – (i) FSWs are not concentrated in a specific area and mobile in nature (4 officials); (ii) stigmatization of sex work and FSWs (4 officials); and guidelines of NACO are centralized and based on brothel/Red Light Area setup which is utterly a mismatch in Tripura with ground reality (2 officials). To encounter these barriers, they have suggested some measures such as (i) to strengthen outreach program, sufficient and effective training is required for the NGOs' staff; (ii) more involvement of FSWs in different activities of NACO/TSACS/TI programme is required for their capacity building; (iii) mass awareness is required (iv) sex education should be introduced in educational institution (v) medicines other than STIs should be provided. Except these suggestions, only 2 officials have suggested that formation of CBOs by FSWs in Tripura is the need of the hours and TSACS and NGOs have a crucial role to play in this regard. But other key officials of TSACS think that CBOs would not have been more effective than NGOs in implementing TIs in Tripura, due to hidden, scattered and mobile nature of FSWs in absence of brothel or red light areas.

In a nutshell, Part-I, Part-II and Part-III of this chapter has highlighted all the stake holders' perceptions and views towards the existing services of TI Programmes for FSWs implemented through the selected four NGOs under TSACS in this study. In Part-I, to know the beneficiaries perception eight groups have been formed i.e. @ 2 groups per NGO. Out of eight groups, seven groups in general have expressed positive feeling and satisfaction towards the services of NGOs. But two members of one group expressed their grievance and showed dissatisfaction against the staff members of the NGOs (VDT). By and large beneficiaries have better perception towards the working of respective NGOs. To them, these NGOs have helped them in improving their health status; awareness level on HIV related issues and extended

their support to increase their self-esteem and confidence. But, at the same time some of the group members are not happy with the programme structure of the TI Programme as there is no provision for treatment of beneficiaries' common general health problems; and their right to participate directly in all activities of NGOs like planning, budgeting, etc. One member is also questioned about the lack of medical facility of their clients under TI Programmes. Most of the beneficiaries are dissatisfied with the government run hospital and their staff including doctors' indifferent attitude, discrimination and behavior for their treatment. They are also dissatisfied with the timing and working hours/days of government run ICTC. Despite this, majority of the beneficiaries perceive the respective NGO from which they are receiving services, as their guardian and use these NGOs as a mile-stone for better services beyond the NACO's structured TI programmes.

Part-II of this chapter has analyzed the views of staff members of four NGOs on various issues related to HIV/AIDS. It is found that all the staff members are happy in working in TI Programmes. But, half of the staff members are affected by stigma inside and outside their family due to their nature of job with sex workers. Hence, it is viable to comment that along with the FSWs, these staff members are also receiving the negative perception from the general people due to prevailing social stigma. All the staff members are aware about the ethical issues related to HIV/AIDS but their knowledge is superficial especially among some of the PEs. With regard to the quality and cost of the services of the NGOs, all the staff members under the study informed that beneficiaries are benefitted from the services of TI programmes run by NGOs at free of cost. In some cases, NGOs are providing additional services to the beneficiaries which are not included in TI programmes of TSACS/NACO. They also shared that beneficiaries have some negative feelings about the quality of condom which are providing to them at free of cost. Majority of the staff informed that fear of stigmatization and ignorance about sexual health, STIs/HIV/AIDS among FSWs; scattered and mobile nature of FSWs; fixed timing of the ICTC; FSWs' dependency on regular partners in terms of accessing the health services; inadequate finance and delayed disbursement of funds are affecting the implementation of TI Programmes. However, they mentioned that ignorance; migration, intoxication and poverty are the major reasons responsible for spreading HIV/AIDS in India. Few of the staff members also feel that both FSWs as well as their Clients' awareness is required to

prevent HIV/AIDS. But in the TI program of NACO, clients of the FSWs are remained untouched. But in reality, it is the clients of the FSWs who are controlling the decision making process in sexual acts and most FSWs are helpless as they are financially dependent on their clients.

Part-III of this chapter attempts to discuss about the views of key officials of the selected 4 NGOs and TSACS towards the TI programmes of TSACS and the activities of TI implementing NGOs. All the Secretary of 4 four NGOs have recognized the peer educators' (FSWs) initiatives in identification of new FSWs, establishing rapport with FSWs to motivate them to take the services under TI Programmes. It is also found that the TI programmes suffer from more than one problem, which adversely affecting the effective implementation of the TI programmes. These problems are delayed approval of the project by TSACS; lack of timely disbursement of fund by TSACS; poor pay structure of the staff; no funding provision for the treatment of general health problems; and no provision for meeting travelling allowances (TA) of PEs and ORWs; etc. All the NGO key officials told that thought they didn't find any threat to carry out this program from political parties or other groups, but at the same time they cannot deny the fact that TI implementing NGOs suffer from non-availability of competent staff due to AIDS related stigmas/ fear of disclosure of identity and poor pay structure. However, all the 4 Secretaries of the selected 4 NGOs unanimously agreed that some additional services like vocational training; income generation activities; supply of good quality condoms; medicines for general health care; and 24x7 ICTC services should be incorporated in the existing TI programmes of TSACS/NACO in order to get desired outcome. All the 10 key officials of TSACS agreed on the need of TI programme for FSWs exclusively and existing services provided through NGOs are adequate enough to meet the goals of the TSACS/NACO. According to them, some of positive changes have been found in the behavior of FSWs like – adopting precautions like using condoms, voluntarily accessing health services through TI programmes and few FSWs are making their clients aware too. Officials of TSACS also admitted that the current training programs of TSACS / NACO are not adequate enough for the capacity building of NGO staffs. Like key officials of NGOs, they too informed that non-availability of suitable human resources due to poor pay structure and contractual nature of job is also affecting the quality of TI services. In reply of the Researcher's question of allowing 2 HIV-

positive FSWs to continue their profession, concerned officials of 2 NGOs informed that they are trying to provide suitable alternative for their economic rehabilitation as soon as possible. Just now they don't want to forcefully stop these 2 HIV-positive FSWs as they may leave the place and will continue their profession like many other hidden FSWs. With regard to this issue, Assistant Director (TI Program) of TSACS informed that they have instructed the concern NGOs to immediately arrange alternative economic rehabilitation for these 2 HIV-positive FSWs. In the context of the importance of CBOs, the key officials of TSACS think that CBOs would not have been more effective than NGOs in implementing TI programmes for FSWs in Tripura, as FSWs are hidden, scattered and mobile in nature in absence of brothel and red light areas.

Therefore, from the above discussions (Part-I, Part-II & Part-III) it is observed that all the stake holders of TI programs i.e. beneficiaries (FSWs), NGO staff members and key officials of NGOs and TSACS have agreed on some common issues related to TI programme under TSACS. These are – lack of general health care facilities for FSWs in TI programmes, poor pay structure of staff, inadequate training of NGO staff for capacity building, lack of income generating component under TI programmes and difficulties in formation of CBOs. It is also observed that there are some contradictions in views between the key officials of TSACS and the rest 3 stake holders of TI programmes. Officials of TSACS remained silent regarding some issues like – breach of confidentiality in ICTC and government hospitals; travelling allowances and poor salary structure for peer educators (PEs); timing of Integrated Counseling and Testing Centres (ICTC); indifferent attitude of government hospital staff, delay in project approval by TSACS and lack of timely disbursement of fund for TI programmes from TSACS. Hence, it is clear from the views of all stake holders that TI programmes for FSWs is not fully successful in bringing about the desired outcome as planned by the NACO and TSACS. Therefore, policy makers need to re-think and develop suitable strategies to overcome those problems that are affecting the very purpose of TI programmes.