



WORKING WITH COMMUNITY-BASED ORGANISATIONS

INTERVENTION BRIEF

SAMVEDANA PLUS: PREVENTING INTIMATE PARTNER VIOLENCE

As one important way to prevent intimate partner violence, Samvedana Plus seeks to strengthen the community-based organisations (CBOs) of female sex workers in order to:

- recognise this form of violence against members
- stand together against partner violence
- strengthen its own systems to stop this violence

In the Bagalkot district of north Karnataka, Samvedana Plus is implemented by the community-based organisation Chaitanya AIDS Tadegattuwa Mahila Sangha (CATMS). This brief outlines the way that CATMS works to prevent intimate partner violence against members. Two main steps were involved at the outset: creating a crisis management team and providing gender training.

Gender training to build CBO capacities

The main purpose of the training was to create social change agents for the community of sex workers. An external resource person facilitated the training of six members of the CBO board and 18 Crisis Management Team (CMT) members. Training took three days, using the manual developed by an external expert in discussion with the programme team. Role play and games promoted participants' critical thinking on how gender norms perpetuate violence, with a focus on:

- gender discrimination
- social norms
- the rights of women
- understanding violence through a gender lens
- understanding power structures
- the role of different stakeholders in combating violence,
- the importance of communication and the negotiation and use of it in daily life to address conflict
- the role of the CMT in reducing and preventing violence

The Crisis Management Team

A grassroots initiative of the CBO, the Crisis Management Team (CMT) is set up to resolve disputes, establish women's rights and build a network of institutions providing legal counsel to rural FSWs. FSWs in distress can approach the CMT for:

- legal guidance and counsel
- psychological and emotional support
- guidance for solving violence-related problems

CHAITANYA AIDS TADEGATTUWA MAHILA SANGHA

Registered in 2001, Chaitanya AIDS Tadegattuwa Mahila Sangha (CATMS) has a membership of 4,840 female sex workers (FSWs). With a board consisting of 11 FSW leaders, the CBO implements Samvedana Plus in 47 villages of Jhamkhadi and Mudhol blocks. CATMS has implemented two phases (2011 and 2016) of the Targeted Interventions (TI) programmes for the prevention of HIV among FSWs in the district. As part of the TI, it has organised close to 40 clinics for the uptake of STI/HIV services on a monthly basis, in addition to outreach, condom promotion and reducing violence from clients, police and *goons*. The CBO has a presence across 350 villages in all six blocks of the district. In addition to the TI and Samvedana Plus, CATMS runs care and support centres, as well as programmes under the National Rural Livelihood Mission for its sex worker members.

The *taluka*-level CMT consist of seven members – selected from the CBO board, project and CBO members – and functions under the aegis of the CBO. In 2016, there are three CMTs formed at the *taluka* level and one at district level. The district level team has 11 members selected from the *taluka* CMTs and oversees the functioning of *taluka*-level CMTs.

For each case brought to their notice, the CMT documents and collect evidence. The CMT may also mediate and negotiate with the help of the outreach workers (ORW) or peer educators in the field. If they cannot solve an issue at their level, they seek support from the community, police or court depending on the nature of the case. Sometimes, the CBO supports victims/survivors of violence with financial help. They rigorously follow up with police and other legal system when the case is registered.

Women who are selected to be members are able, articulate and skilled in problem solving and conflict resolution. They have leadership qualities, mobility, self-confidence and an interest in providing service. Members are trained in the functioning of the CMT, types of violence, how to address violence, prevention techniques and how to document and follow up cases.

CMT meetings are held every month on a regular basis (on the 2nd or 3rd of every month). Here, CMT members discuss the number of crisis cases reported and addressed, ways in which they have been resolved and challenges faced in resolving them.

What roles do CBOs play?

1. Address crises through the CMT

Members of the CBO inform the CMT in the event of a crisis that cannot be resolved at the individual or ORW level. Each CMT has identified village leaders who are allies of the programme, such as village government leaders, caste leaders, members of local women's organisations, ORWs and peer educators of the TI programme. They all have the contact numbers of CMT members and quickly coordinate to act and resolve an issue.

The CMT and CBO Board meet once a month to discuss specific instances of intimate partner violence experienced by the FSW members.

2. Make links with other women's organisations

CATMS partners with other women's organisations to integrate partner violence against FSW within the wider movement on violence against women.

It has partnered with the NGOs that run Santwana centres, the government counselling centres, to spread awareness about Samvedana Plus and issues of intimate partner violence against FSWs. In the event of an incident of violence against a



VIOLENCE RESOLUTION UNCOVERS HIV RISK AMONG COUPLES

Devamma is a 32-year-old woman in sex work, not a *devadasi*. She was married at a young age and experienced severe violence in the two years that she stayed with her husband. After her divorce, she got into sex work while living with her parents. In addition, she worked as an agricultural labourer in the field of a village land-owner. She fell in love with him and they have been in a relationship for six years. However, her intimate partner suspected her of continuing sex work with other men and was constantly violent. He also refused to use condoms during sex. The case was brought to the notice of the CMT. They found that Devamma is HIV-positive and, after persuading her partner to get tested, discovered that he was also HIV-positive. In addition to counselling the couple to reduce violence and live harmoniously, they successfully encouraged the couple to undergo HIV treatment. The CMT regularly follows up with the ORWs on the health of the couple and on incidences of violence in the relationship.

PATHWAYS OF ADDRESSING VIOLENCE

1. When the violence is life-threatening

Female sex worker →
ORW or peer educator →
CMT visits village →
find out the violence is life-threatening and lodge a first information report at the police station →
CBO and CMT members follow up with the police to ensure justice.

The redress mechanism is faster this way than when a single sex worker lodges a complaint. A single sex worker is seen as a victim, but with the support of the CBO, the complaint is seen as coming from the collective. The CBO may give financial support to the woman who has experienced violence, to cover medical and legal expenses.

2. When the violence is not life-threatening

Female sex worker and/or ORW →
CMT/CBO go to the field, counsel the woman to deal with the violence, collect information from her →
discover the violence is not life threatening, involve the intimate partner by reaching out to him through a male ORW →
meet the man either at the village or at the CBO office →
male ORW and CBO members/CMT jointly counsel the intimate partner on preventing violence.

FSW, these associations make it easier for the CBO to access help for those affected.

3. Advocacy with the government to include intimate partner violence against FSWs in the violence against women discourse

CATMS advocates with the government to give increased attention to intimate partner violence against FSWs while implementing the Domestic Violence Act. The CBO also carries out advocacy to change the attitude of the staff at government service centres, such as counselling centres, helplines, shelter homes and short stay homes. CATMS has held one-to-one discussions with Assistant Commissioner and District level Deputy Director of Women and Child Welfare, Circle Police Inspector at the block level, and the Officer of the Department of Social Welfare to brief them about the programme and seek assistance specifically relevant to the FSWs.

Acknowledgements

Project Samvedana Plus is funded by the UK Department for International Development (DFID) as part of STRIVE, a 6-year programme of research and action devoted to tackling the structural drivers of HIV (<http://STRIVE.lshtm.ac.uk/>), the University of Manitoba (UoM) and also funded by UK aid from the UK government via the What Works to Prevent Violence against Women and Girls? Global Programme. The funds were managed by South African Medical Research Council. The views expressed here are those of the

authors and do not necessarily reflect the official policy or position of the UK government or UoM.

This brief was prepared by Sreeparna Chattopadhyay, Priya Pillai and Kavitha D L with inputs from Lata Kulkarni, Parinita Bhattacharjee and Raghavendra T. Special thanks to Chaitanya AIDS Tadegattuwa Mahila Sangha members and outreach workers for supporting the data collection. Thanks to Priya Pillai, N P Jayan and Annie Holmes for photographs.

© 2016 KHPT