

Women Initiating New Goals for Safety Learnings from India

Dr Harjyot Khosa

WINGS intervention in India

- Pilot phase – Site one, April 2017 to March 2018
- Intervention phase – Three sites, April 2018 to March 2019, reached 195 women
- Service delivery phase – Three sites, April 2019 to December 2019, reached 265 women

Partners

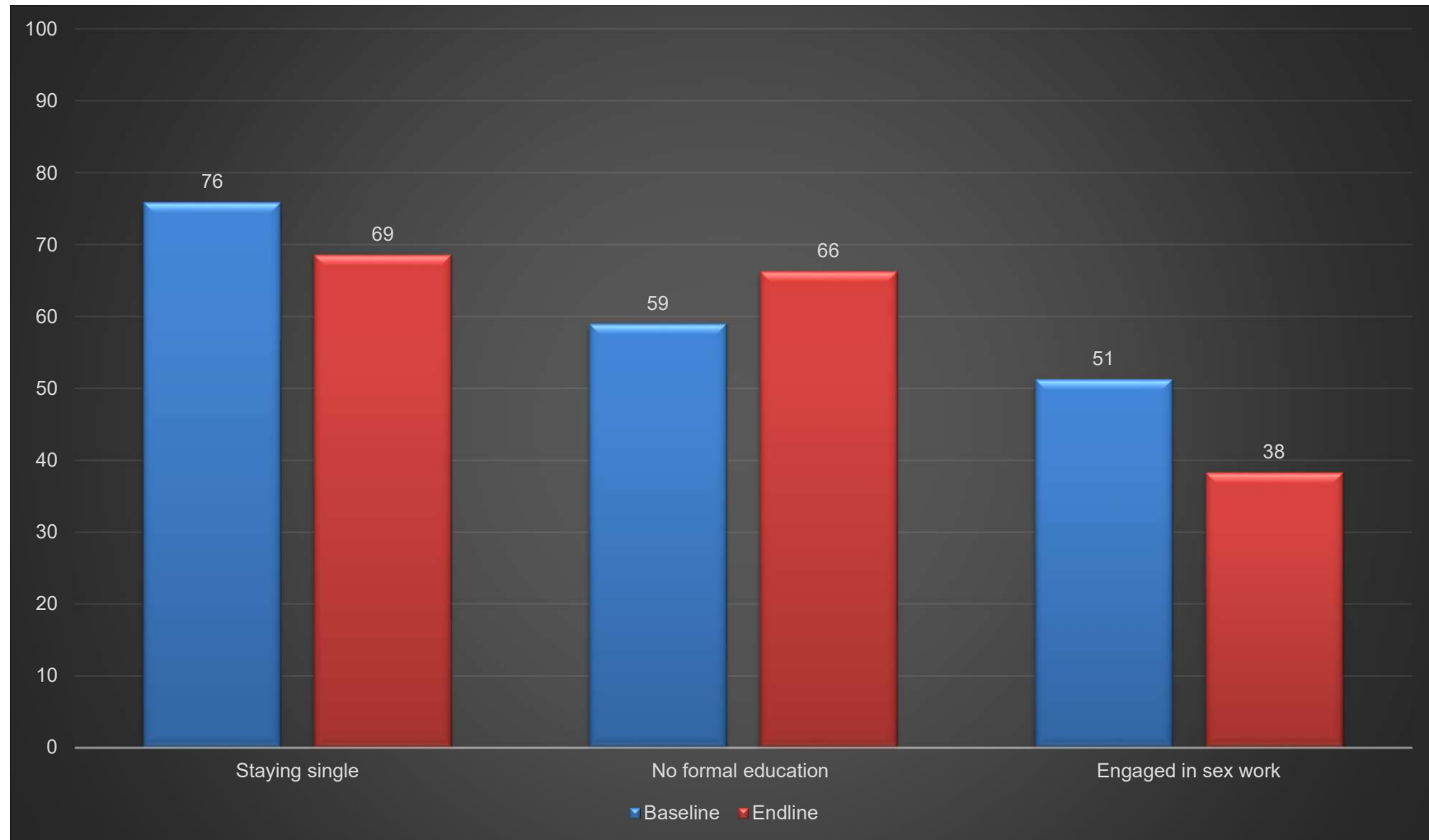
Nirvana Foundation, Manipur

Ganga Social Foundation, New Delhi

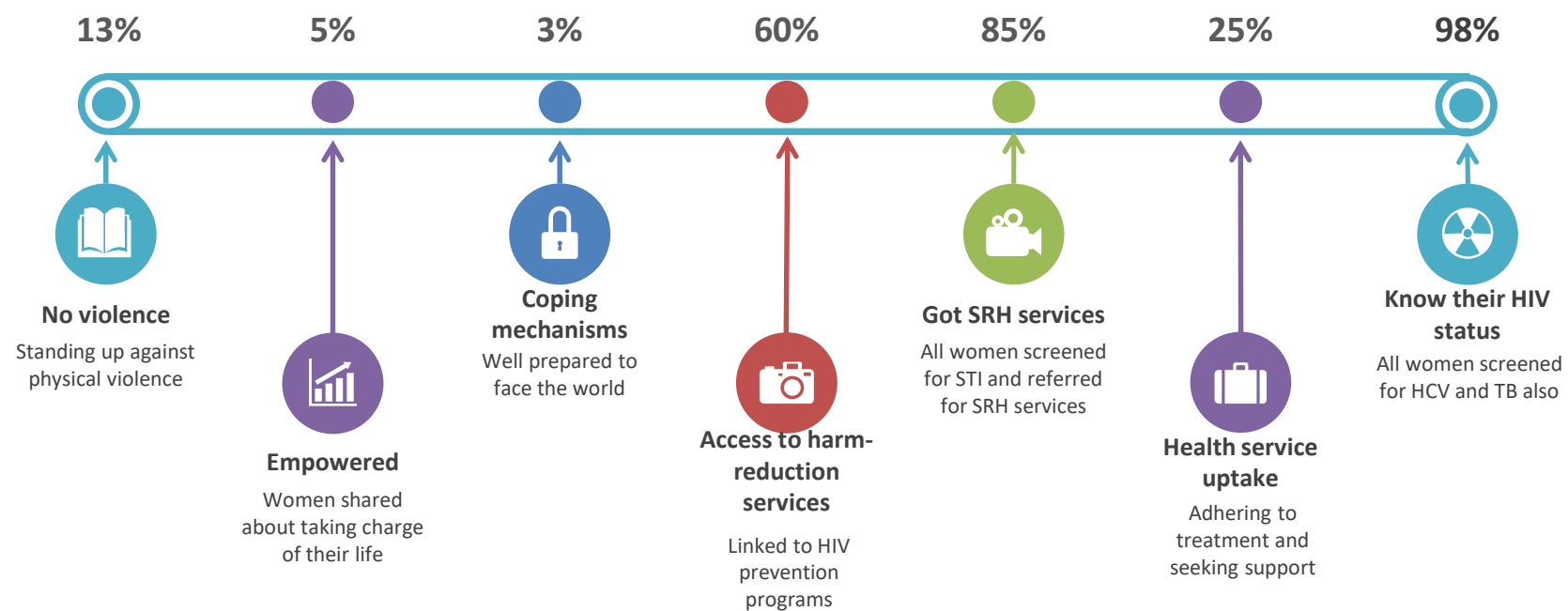
Sahara Aalhad, Maharashtra



Respondents profile



What WINGS did!



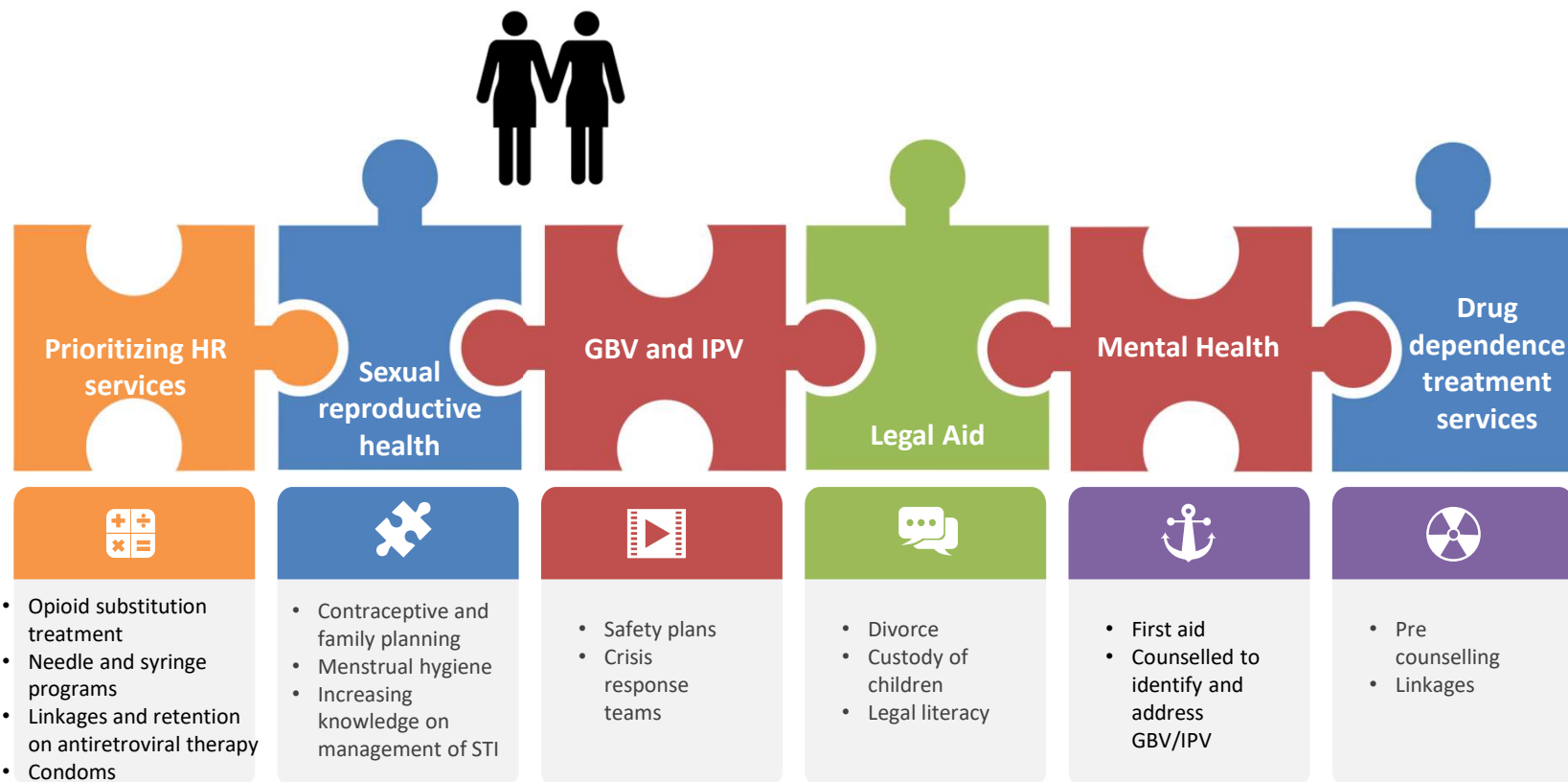
Steps undertaken to develop a service package

Our journey!



It will be complimented by simultaneous capacity building of communities

Service package!



In the Harm-Reduction service Package **following will be prioritized:**

- Women friendly peer led overdose management (includes peer led distribution of naloxone)
- Prevention and management of abscess
- Women friendly Prevention, diagnosis and treatment of tuberculosis and HCV (making services gender sensitive)

Reflections on the service package: Community members

Proposed services	Components: What all areas should be covered		Feedback shared during the training
	Already Proposed	Further Suggestions	
Sexual reproductive health	Contraceptive and family planning, Menstrual hygiene, Increasing knowledge on management of STI	Access to safe abortion, pregnancy test kits, oral contraceptive pills. Nutritional support for pregnant women and medical treatment for cervical cancer.	Link women to Primary health Centers (PHCs).
GBV and IPV	We propose: Safety plans and Crisis response teams	Safe night shelters for women and children. Mobilizing the community through advocacy and involvement of multiple stakeholders.	Link women to organizations working towards eradication of family crisis.
Legal Aid	We propose: Divorce, Custody of children, Legal literacy	Enabling sex workers to deal with violence/harassment through legal remedies. Legal literacy of WUDs: Fundamental rights, nature/types of human rights abuses, routes of seeking legal remedies, information about certain acts (NDPS, POCSO, succession, certain provisions of IPC criminalizing violence against women etc.)	Mob justice/beatings/harassment experienced by women in Manipur and elsewhere. Involve multiple stakeholders to address the problem.
Mental Health	We propose: First aid, Counselling to identify and address GBV/IPV	Provision of psychiatric and psychotherapeutic services. Mental health literacy for strengthening coping mechanisms (including stress management), decision making, conflict negotiation etc.)	Provision of safe spaces where women can share their stories among others. WUDs must not be coerced to participate in surveys/research studies. Mental health counselling should be made the first priority of overall package. Partners can be involved in WUD's rehabilitation through one on one counselling.

Proposed services	Components: What all areas should be covered		Feedback shared during the training
	Already Proposed	Further Suggestions	
Drug dependence treatment service	We propose: Pre counselling and Linkages	Provision of gender specific home based detoxification and overdose management training.	<p>Advocacy: Highlight the lack of gender specific rehabilitation services.</p> <p>Work with families/partners unwilling to let WUDs undergo detoxification.</p> <p>Provision of post detoxification services to avoid relapse.</p>
Priorities from Harm – reduction package	<p>We propose:</p> <ul style="list-style-type: none"> • Opioid substitution treatment • Needle and syringe programs • Linkages and retention on antiretroviral therapy • Condoms • Women friendly peer led overdose management (includes peer led distribution of naloxone) • Prevention and management of abscess • Women friendly Prevention, diagnosis and treatment of tuberculosis and HCV (making services gender sensitive) 		<p>Education and skill building concerning management of chronic illness along with drug use.</p> <p>Capacity building on sexual and reproductive health.</p>
Additional services proposed during the training:	<p>Components:</p> <ul style="list-style-type: none"> • Vocational training of women. Linking WUDs with placement services. • Strengthening family integration through group/family counselling. • Linking WUDs to social schemes 	<p>Rationale for including this service:</p> <ul style="list-style-type: none"> • Stable employment sustains recovery, addresses financial difficulties and ensures economic empowerment. • Violence emerging within families can be address by working with both the partners towards developing and adhering to health ways of maintaining a relationship 	

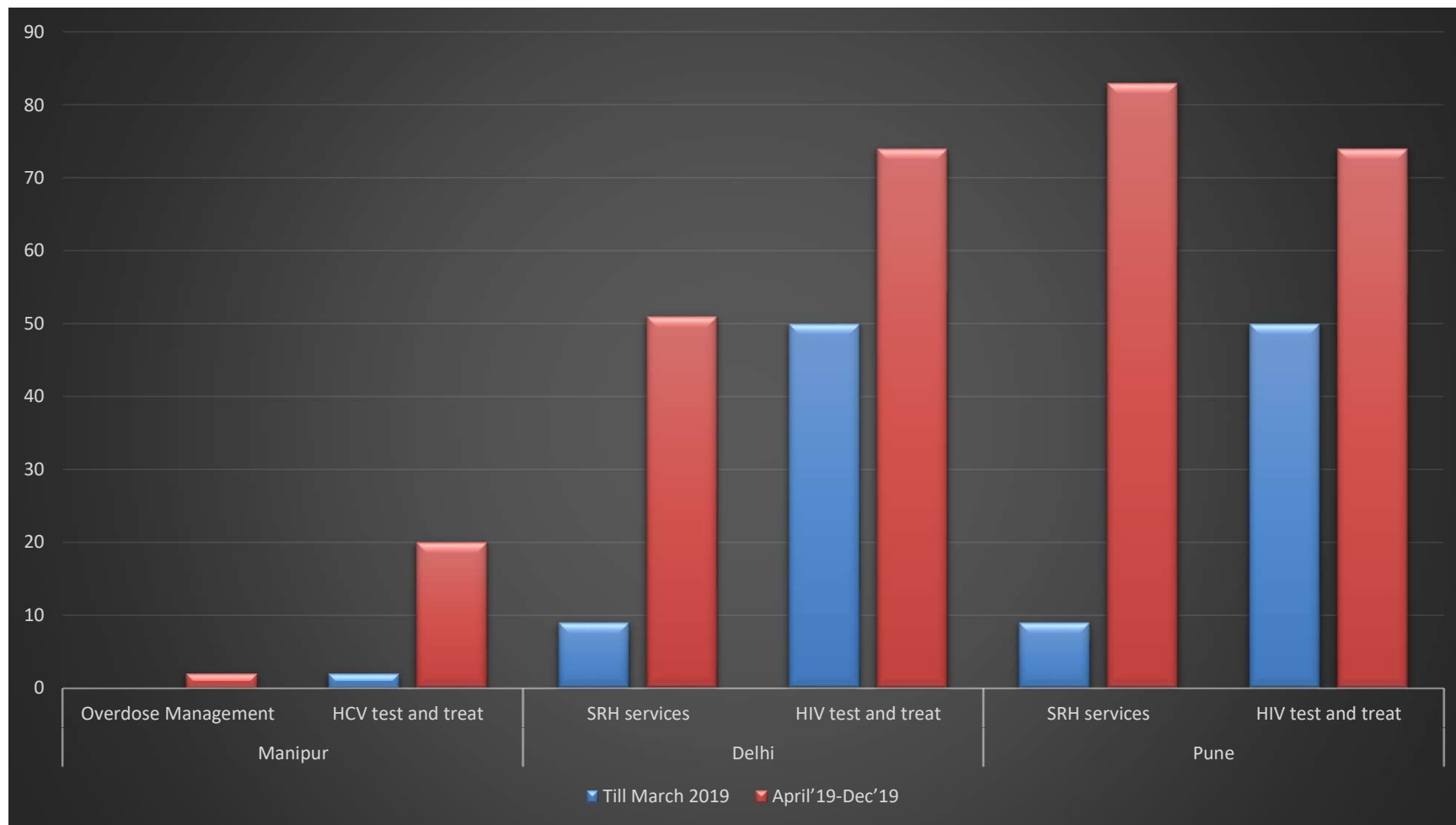
Developing site specific strategies

In 2019, after mid line (March 2019), an amplified service delivery implementation strategy was churned out, based on the site specific needs. Thus, an end-line was undertaken in December, 2019 to assess impact in service uptake. During this period another round of safety plans were also developed for women who have been part of the intervention.

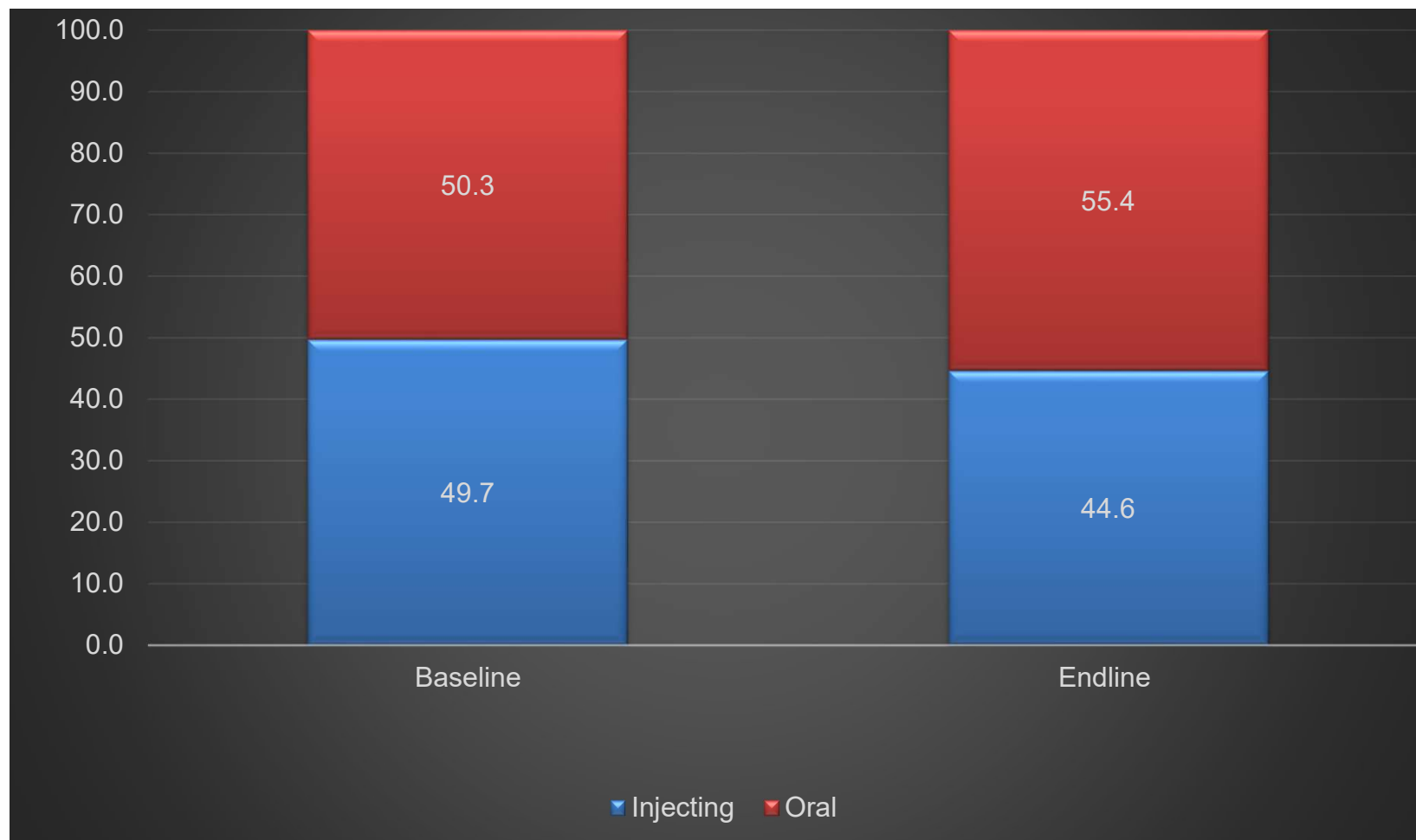
Manipur	Delhi	Pune
<ul style="list-style-type: none"> • Overdose management • HCV 	<ul style="list-style-type: none"> • New/ unreached women • Basic harm-reduction services 	<ul style="list-style-type: none"> • Sexual reproductive health • New/ unreached women

- 265 WUDs registered with the project during the study period.
- 9 WUDs tested positive out of 327 HIV tests and 7 linked were linked with ARTC.
- 227 WUDs received treatment for SRH and Abscess management.
- 59 WUDs tested for TB and one tested positive.
- 51 WUDs tested for HCV, 35 found positive and 12 initiated treatment.
- 30 WUDs initiated OST treatment and 39 WUDs initiated drug treatment in de-addiction centres.
- 52 WUDs were rendered knowledge session on legal aid and linked with SLSA/DLSA for availing legal aid

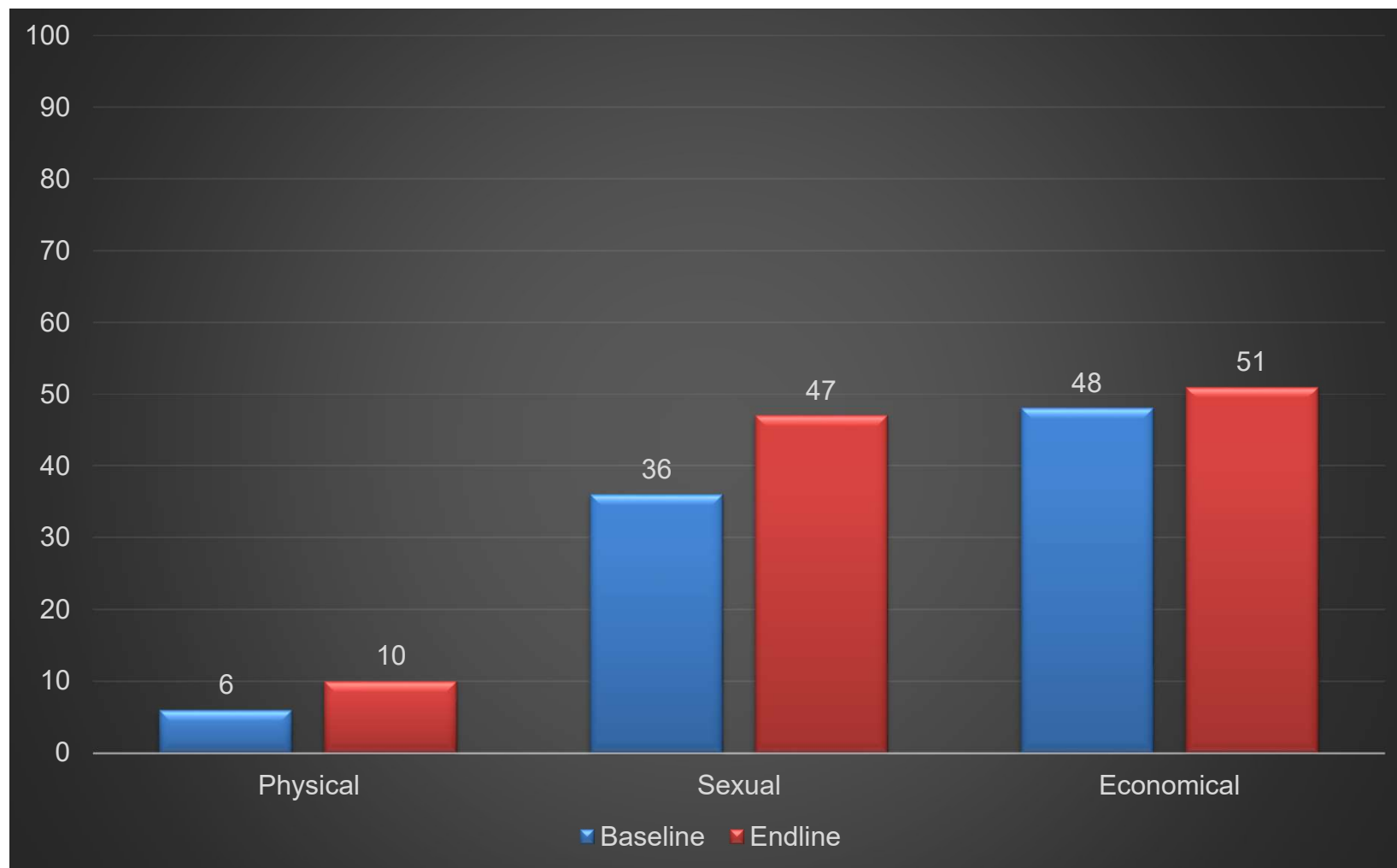
Change in uptake of services



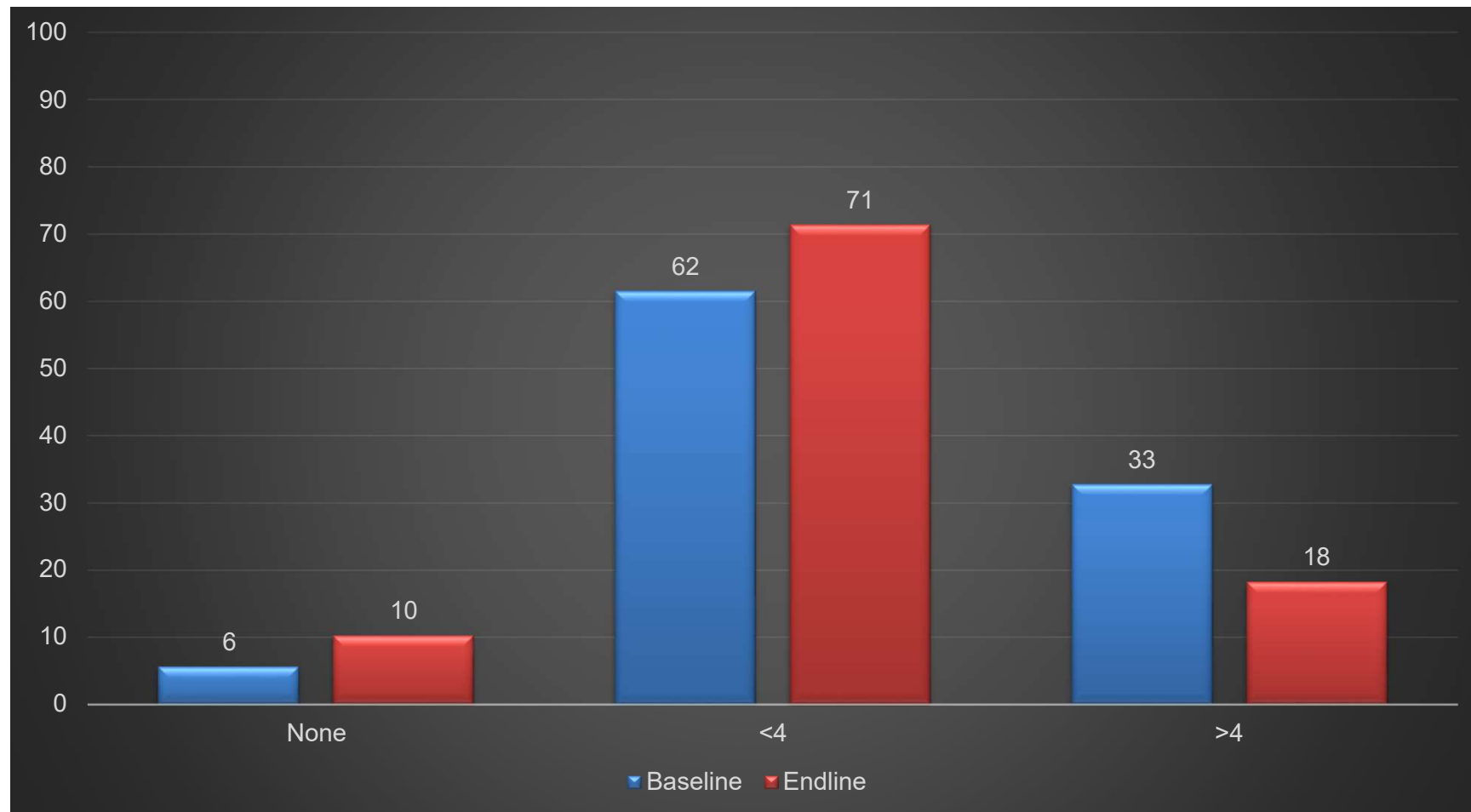
Change in pattern of drug use



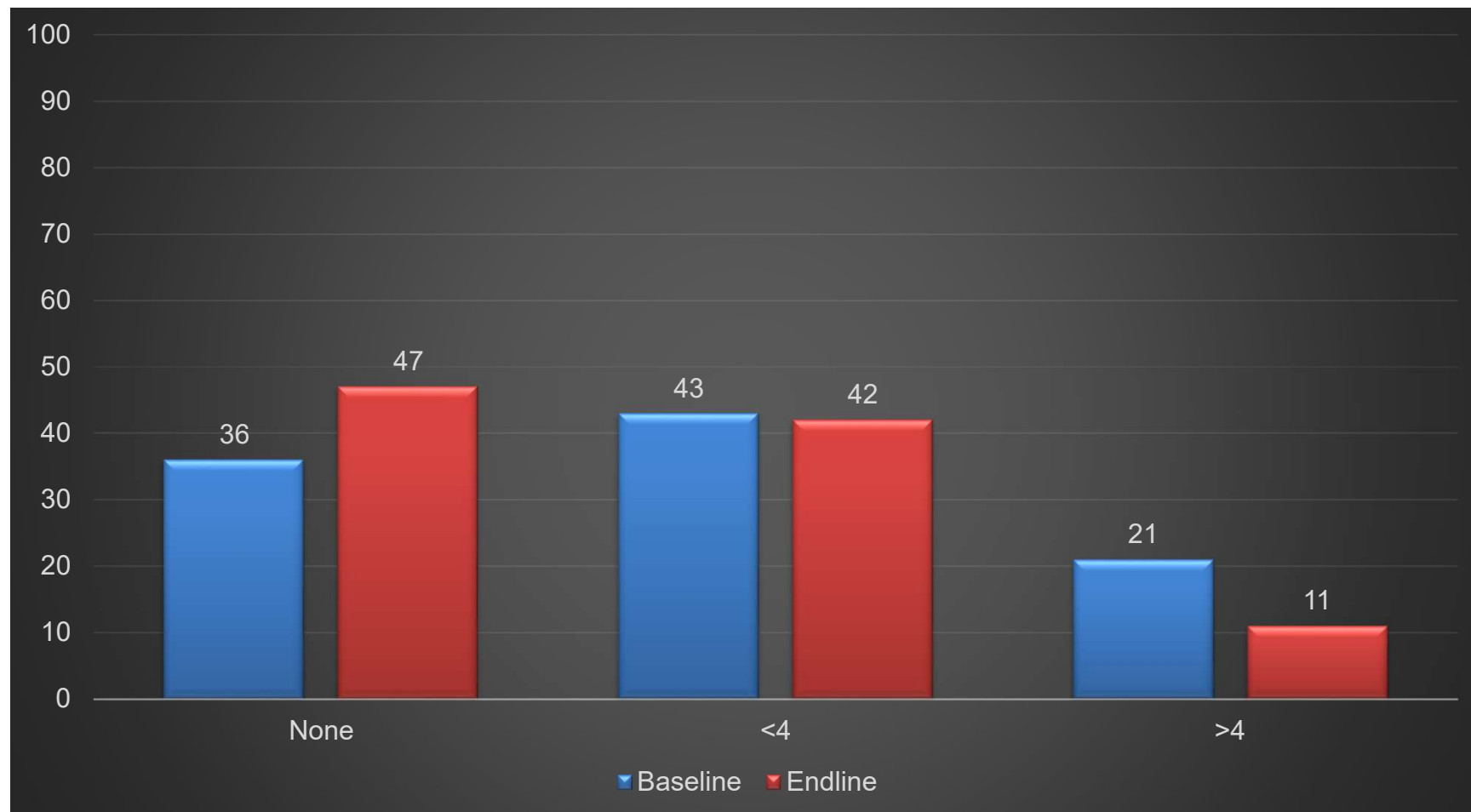
Violence faced by women



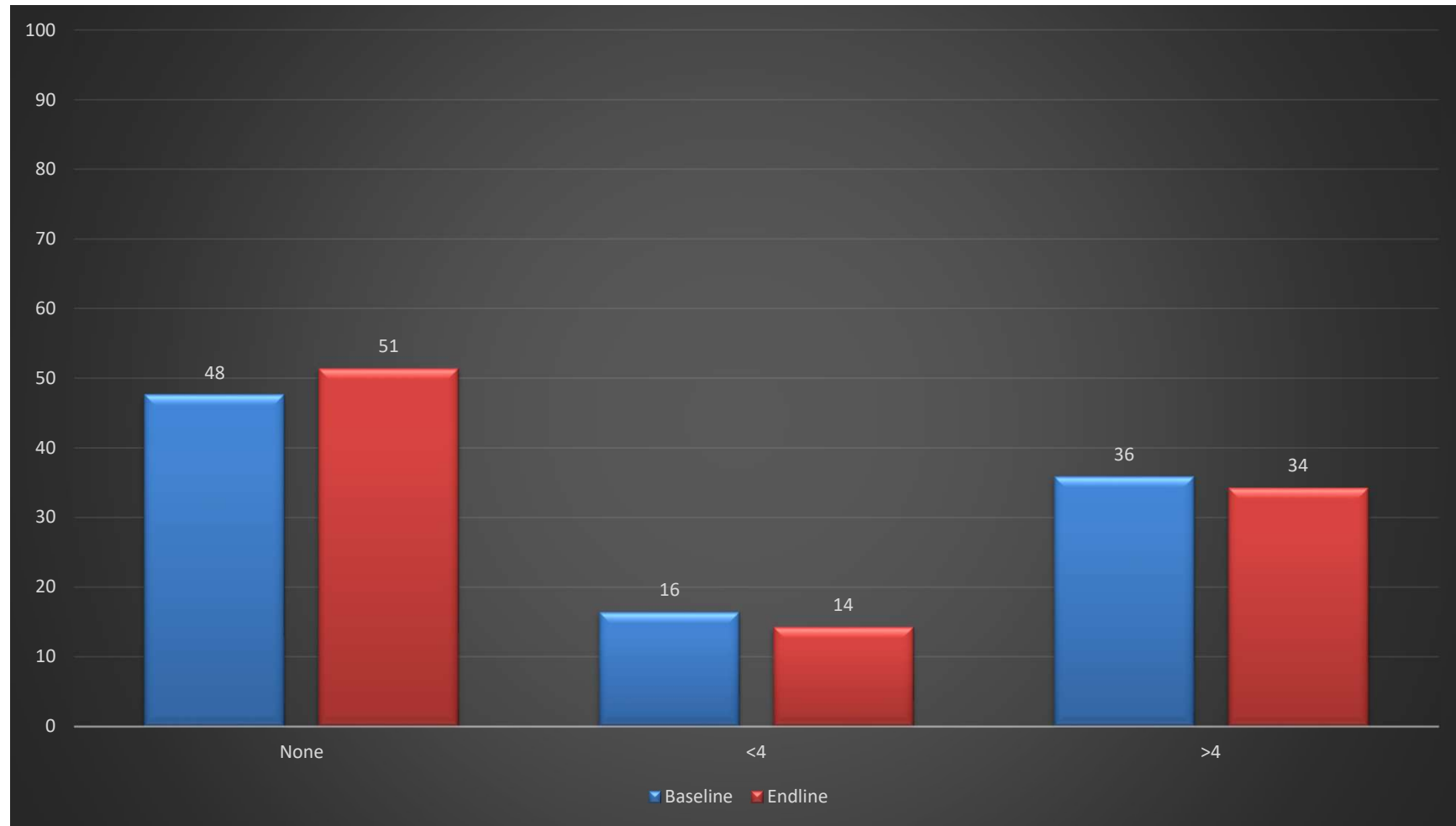
Change in frequency of physical violence



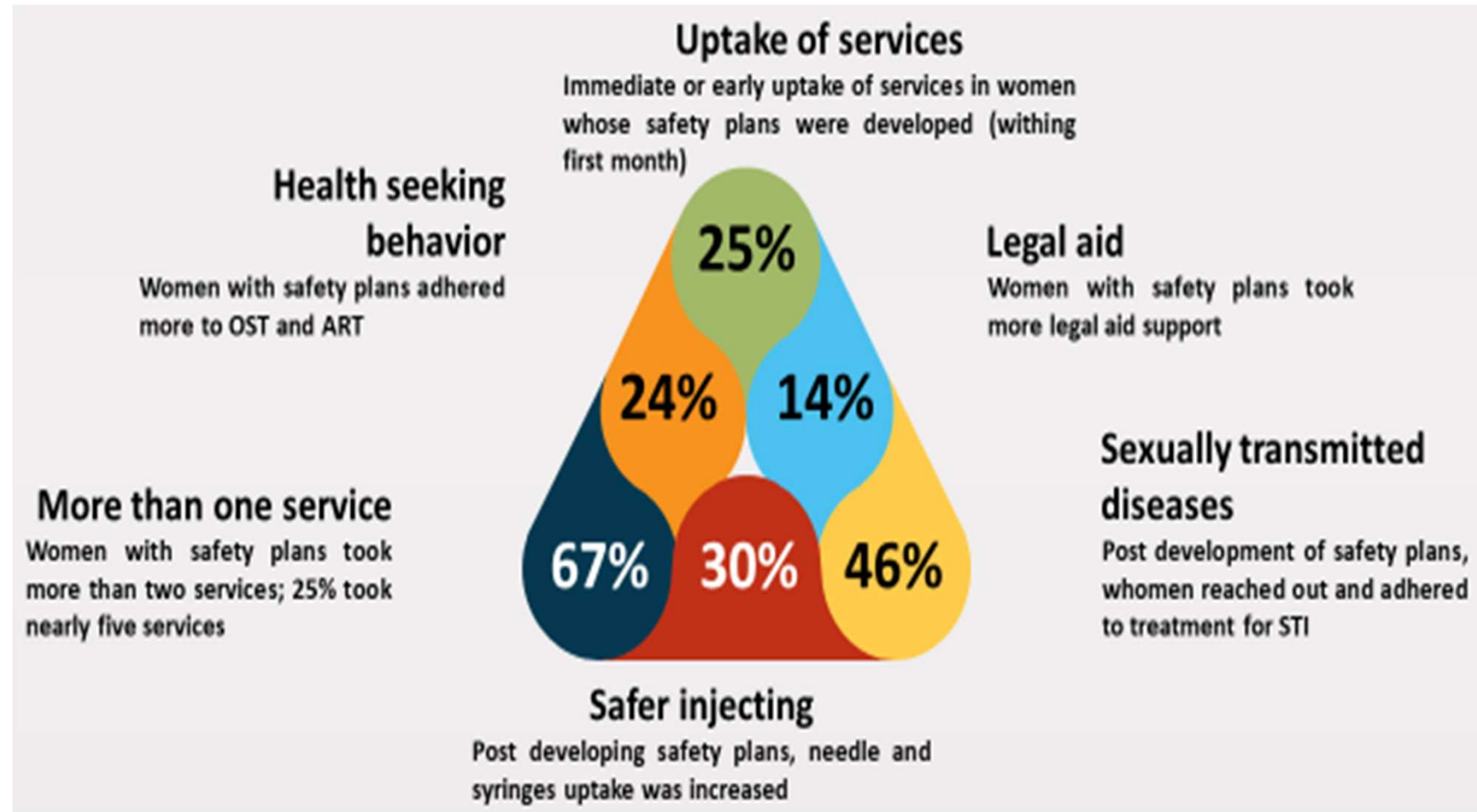
Change in frequency of sexual violence



Change in frequency of economical violence



Usage of services



Voices!

I need to do something, it is my responsibility. We are worried about women who use drugs. We need to safe guard them on priority. We are focusing on both preventive and risk mitigation measures. **We will help to build shelter homes for women who use drugs specially those who inject; beginning with in Imphal west – I am inviting Sobhana to share her WINGS experience and support the commission in shaping the programme which we will support.**

Prof. Dr. Binota Meinam, Chairperson, Manipur State Commission for Women, Government of Manipur (*State advocacy consultation, Manipur, November 13th, 2019*)

“They listen to my problems. My husband is a drug user and when he is intoxicated he beats me. Talking to them have made me better equipped to escape violence. I now avoid activities that would put me to risk of violence. I avoid talking to my husband whenever he’s under influence of alcohol”- Reshma (Reshma is a 40 years old injecting drug user and was enrolled at Delhi site).

“I never used condoms before. I did not know that condoms could avoid us getting infected. Now, I use condoms as well as distribute to my friends if they need one. I decline any service to my client if they refuse to use condoms. I have now realised the risks involved in our work and our drug use and how to fight back.” Shalu (Shalu is a 28 years old drug user and was enrolled at Pune site).

Thank You!

Strengthening community action on AIDS

ALLIANCEINDIA.org

India HIV/AIDS Alliance
6 Community Centre, Zamrudpur
Kailash Colony Extension, New Delhi 110048
T +91-11-45367700

