



This project has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement No. 282542

# DIFFER

## REPORT ON THE SOUTH-SOUTH CAPACITY BUILDING

International Centre  
for Reproductive Health  
*WHO collaborating centre*



**ICRH** Moçambique  
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Health



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## INTRODUCTION

### ***Intro to Ashodaya:***

Born out of the aspiration of the sex workers, Ashodaya Samithi was formed in December 2005. It has a democratically elected board of directors (sex workers) and a membership of over 8,000 sex workers across 6 districts of Karnataka. Begun as a HIV prevention programme, the community of sex workers came together and formed their own organization. Taking ownership over community processes and using community intelligence, they have successfully brought down HIV prevalence among sex workers from 26% in 2004, to just 11% in 2012. The focus of Ashodaya's work continues to be in the continuum of prevention, care and support among sex workers. In addition, Ashodaya Samithi has developed key referral points in both government and non-government healthcare settings for provision of treatment, care and support to those living with HIV. Ashodaya has diversified itself to various fields beyond HIV. It integrates HIV and SRH services for sex workers, works for mitigating stigma, discrimination and violence, and facilitates social entitlements for sex workers including HIV positive sex workers. Apart from this, working with children of sex workers is key to their mission.

### ***Ashodaya philosophy of community capacity building:***

As a sex worker collective, Ashodaya has a unique perspective and approach to capacity building. The Ashodaya Academy was created in 2010 following six years of successfully implementing a sex-worker community led targeted intervention for HIV/AIDS prevention. Academy faculty members are community members identified and capacitated based on their skill sets. The Ashodaya Academy works collaboratively with the targeted intervention and researchers to encourage evidenced-based training and approaches. Key components of the "Ashodaya Way" include:

- Focus on community to community learning, and some community to non-community training
- Program is entirely "field based"
- Approach is very dynamic
- Focus on experiential learning
- Context dependent and ever evolving
- Templates are difficult to project as each setting has a different context
- No didactic curriculum and limited written material

## OBJECTIVES AND METHODOLOGY

The overall goal for Work Package 5 was to build the capacity of DIFFER partners, FSW community members and the staff of organizations providing community-based FSW services in Africa and in India throughout the project life.

### ***Broad objectives included:***

1. To build capacity among collaborating partners in implementing an integrated SRH package through south-south collaboration of FSW community members and staff of organizations providing community-based FSW services through sharing of knowledge and experience as needed, and;

2. To enhance community empowerment as a means for improved SRH services in Targeted Interventions.
3. To build capacity in integrating and strengthening SRH interventions in the context of Targeted Intervention among FSW

To provide clear direction for project implementation, the broad objectives were sub-divided into specific objectives:

1. *To build the capacity of FSW community representatives to implement the intervention, Ashodaya will:*
  - Provide follow-up, on-site support and mentoring to DIFFER partners twice per year, based on the identified needs.
  - All on-site support will be conducted by community coaches/faculties from Mysore along with an Ashodaya Academy staff.
  - Support will commence with a participatory needs assessment to determine progress, identify challenges and determine needs.
  - Based on this exercise support and mentoring will be provided. A list of needs will be identified and finalized at the end of the CB building workshop in Mysore.
  - Communicate regularly (by telephone, Skype, email, e-forum - minimum quarterly) with each implementing partner (community and staff) to assess (and address) on-going needs and challenges
  - Monitor community progress through regular assessments (field based every 6 months) through the use of a community led participatory process.
2. *To improve community engagement/involvement in TI and SRH service delivery through on-going on-site and long-distance support and mentoring, Ashodaya will:*
  - Support community led activities including, e.g. mapping/enumeration; designing and implementing community led outreach, etc.
  - Build capacity of the community to advocate for community friendly TI/SRH services and for creating an enabling environment.
3. *To evaluate the effectiveness of the capacity building activities, Ashodaya will:*
  - Conduct bi-annually an assessment of the progress toward each partner's FSW community objectives
  - In collaboration with all DIFFER partners, conduct an "end of project Community Evaluation Workshop" to determine both the effectiveness of capacity building training and future needs of the community

To implement the DIFFER project multiple methodologies/approaches were utilized by the Ashodaya team. They included:

- 1) Conducting an initial *needs assessment*
- 2) Developing a *capacity building curriculum*
- 3) Conducting a *capacity building workshop*
- 4) Conducting relevant *thematic workshops in partner sites*
- 5) Providing *in-country hand-holding and support*
- 6) Conducting regularly an in-country assessment of community engagement and progression using a *DIFFER Community Progression Tool*.

7) *Evaluating the effectiveness* of the capacity building activities using participatory approaches

***Each of these approaches is detailed below.***

## ACTIVITIES CONDUCTED

### 1. NEEDS ASSESSMENT

Successful capacity building is directly correlated with meeting the specific learning needs of participants. The process of assessing needs was therefore a major area of focus for WP5. Given the diversity of DIFFER partner needs and on-ground realities, Ashodaya (in collaboration with the DIFFER partners) expanded the CB needs assessment to include four (4) methodologies:

- Situational Analysis expanded to include needs assessment questions. Data/findings were reviewed and analysed.
- The Ashodaya Team made initial site visits to DIFFER implementing partners for an on-site assessment and extensive discussions conducted by and with FSW community members
- Telephonic and in-person discussions with DIFFER implementing partners and community members were conducted to clarify the initial findings
- Finally, during the Mysore based Capacity Building Training Workshop in-depth discussions among the participants continued until a list of capacity building needs was finalized

The needs assessment, even prior to the CB Training Workshop, clearly highlighted the variable level of FSW community involvement in all four major intervention areas - viz. community mobilization, service utilization, outreach and creating an enabling environment - at the Africa DIFFER sites. It was therefore mutually agreed by all partners that Ashodaya ***CB training would focus on strengthening community led approaches through community-to-community learning.***

### 2. CURRICULUM DEVELOPMENT

Based on the information shared from the capacity building needs assessment Ashodaya developed a draft Capacity Building Curriculum. This draft CB Curriculum was shared with all DIFFER partners for their feedback and comments. It was agreed that the curriculum would be dynamic in nature and would be adapted according to the issues and country specific needs raised among implementing partners before and during the training workshop. Based on the feedback received from the partners, Ashodaya finalized the curriculum for the workshop at Mysore. It was also agreed, that for the first workshop each country will send 5 participants (4 FSW and one non-community). A list of the subjects covered during the India CB Training Workshop are listed below and the objectives for each subject are detailed in Appendix 1:

- 1) Perspective Building on Sex Workers and Sex Work
- 2) Program Initiation through Mapping & Enumeration (or Validation)
- 3) Peer-Based Outreach
- 4) Community Led Service Delivery for Integrated SRH & HIV
- 5) Creating an Enabling Environment

## 6) Community Mobilization

### ***3. CAPACITY BUILDING WORKSHOPS***

There were four Capacity Building Training Workshops (each for 6 days) conducted in Mysore. The first one was held in Mysore, India for FSW community members, project managers and staff from November 26th to Dec. 1st 2013. There were a total of 18 participants (11 Community and 7 Non-community) from South Africa, Mozambique and Kenya. Following this, at the request of the partners from South Africa and Mozambique, Ashodaya conducted three more workshops in Mysore with the same content for additional staff and community members. The training programs were run entirely by Ashodaya Academy faculty members and trainers. FSW community leaders from Durbar Mahila Samanwaya Committee (DMSC), a Calcutta-based sex worker collective and the Kenya Sex Worker's Alliance (KESWA) facilitated sessions as well.

#### **Learning Objectives and Process**

Each day the participants were provided a course outline that captured the topics to be covered, specific objectives of the session, methods, short synopsis of the session and "take home messages." The course outline also captured critical questions for participants to reflect and debate among themselves. Participatory approaches and experiential learning techniques were used during the training program. In addition, participants visited Ashodaya field sites including the drop-in-centre, clinic and select hot spots where they interacted extensively with community members, stakeholders, clinic staff and others. Participants also attended the First DIFFER CB Training Workshop Opening Ceremony held at a 5 star hotel. The ceremony was chaired by a Member of India's Parliament (MP) and in attendance were a number of high level State, District and media officials. This event provided important lessons for all participants to understand how a sex worker led organization can effectively work and advocate with various stakeholders, including politicians and the media. At the end of the training program, the participants developed a work plan highlighting the needs for technical assistance (in the form of on-site support by Ashodaya team) in their respective countries. **(Table 1)**

**Table – 1: DIFFER Partners Future Capacity Building Needs**

**DIFFER PARTNER’S FUTURE CAPACITY BUILDING NEEDS**

**Support Requested by the FSW Community, DIFFER site Manager and Agreed Upon by Ashodaya**

<i>Site</i>	<i>Mapping &amp; Enumeration:</i>	<i>Outreach:</i>	<i>Clinical Services</i>	<i>Community Mobilization</i>	<i>Enabling Environment</i>	<i>Remarks</i>
<b>Tete, Mozambique</b>	<i>Support from Ashodaya for a full mapping exercise in Tete</i>	<i>Recruitment and training of PE Designing and planning the outreach  Forming a community outreach management committee.  Peer educators training on outreach  Using planning and monitoring tools</i>	<i>Recruitment &amp; training of community to run and oversee the clinical activities</i>	<i>Demonstrating how to build rapport with community and how to mobilize community  Support in building community ownership  Formation of community based organization and community led financial inclusions</i>	<i>Sensitization for police and clients to create a safer sex work environment  Crisis management</i>	<i>Need to be trained on various tools used by Ashodaya</i>
<b>Durban, South Africa</b>	XXX	<i>Peer recruitment and training on all aspects of outreach</i>	<i>Building common identity, perspective on sex work</i>	<i>How to mobilize FSW</i>	<i>Creating an enabling environment  Crisis management  Stigma and Discrimination</i>	<i>Need to be trained on various tools used by Ashodaya</i>
<b>Mombasa, Kenya</b>	XXX	<i>Planning and implementation of outreach by forming outreach management committee</i>	<i>How to engage FSW in clinic management committee and for referrals Developing community ownership over service delivery</i>	<i>How to mobilize community</i>	XXX	<i>Need to be trained on various tools used by Ashodaya</i>

#### 4. THEMATIC WORKSHOPS

Based on the needs expressed by the partners and also as identified by the Ashodaya team, special thematic workshops were organized at all DIFFER sites. These workshops were highly interactive and most often directed towards the sex worker leaders or community peer workers. Table 2 below describes the workshops conducted, their content and number and type of participants.

**Table - 2: “THEMATIC WORKSHOPS” CONDUCTED IN EACH COUNTRY DURING ONSITE VISITES**

	<i>DATE</i>	<i>CONTENT</i>	<i>NUMBER OF PARTICIPANTS</i>
<b>SOUTH AFRICA</b>	March 2015	<ul style="list-style-type: none"> <li>• On Community Progression Tool</li> <li>• Perspective Building on Sex Work</li> <li>• Understanding community-led outreach</li> </ul>	Team of 25 19 Community 6 Non Community
	October 2015	<ul style="list-style-type: none"> <li>• Perspective building on sex work and sex workers</li> <li>• Outreach planning through formation of community committees.</li> <li>• Crises management</li> </ul>	Team of 32 26 Community 6 Non Community
<b>KENYA</b>	July 2014	<ul style="list-style-type: none"> <li>• Importance of self-identification for building the self-confidence for addressing the various issues related to the sex workers.</li> <li>• Communities’ participation in Outreach planning through formation of community committees</li> <li>• Community led Crises management and addressing the violence</li> </ul>	Team of 19 17 Community 2 Non Community
	Mar 2016	<ul style="list-style-type: none"> <li>• Community mobilizations and Community led structural interventions and crises management and advocacy.</li> </ul>	Team of 17 16 Community 1 Non Community
<b>MOZAMBIQUE</b>	October 2014	<ul style="list-style-type: none"> <li>• Community led mapping and participatory sites assessments</li> <li>• Orientation about the Community progression and Perspectives building</li> </ul>	Team of 16 14 Community 2 Non Community researchers :
	October 2015	<ul style="list-style-type: none"> <li>• Understanding about the perspectives on sex work for the peer educators</li> <li>• Importance of community participation in Outreach planning and crises management and Advocacy.</li> <li>• Formation of community self-groups and community mobilization.</li> </ul>	Team of 16 14 Community 2 Non community
	March 2016	<ul style="list-style-type: none"> <li>• Peers training on outreach and services delivery</li> <li>• Community led Crises management and Advocacy</li> <li>• Formation of community based organization and community led financial inclusions</li> </ul>	Team of 14 12 Community 2 Non community



## **5. IN-COUNTRY HAND-HOLDING**

A critical aspect of Ashodaya's capacity building was to provide in-country hand-holding and support to all DIFFER partners and community members. Following the initial Capacity Building Workshop in Mysore, each team returned home knowing that they had friends and colleagues in India who would support their work. **(Table 3)**

- Efforts were made to visit each DIFFER partner site once or twice per year, based on the identified needs. All on-site support was conducted by community coaches/faculties from Mysore accompanied by an Ashodaya Academy staff member. During these country visits the DIFFER partner organized field visits to facilitate the Ashodaya Team's understanding of problems they were facing. During these visits many issues (violence, access to health services and condoms, lack of community engagement etc.) were discussed and analysed. Follow-up discussions with the Ashodaya Team, DIFFER staff and community members often identified potential approaches to these field-based problems.
- The Ashodaya Team also communicated regularly (by telephone, Skype, email, e-forum - minimum quarterly) with each implementing partner (community and staff) to assess (and address) on-going needs and challenges
- To effectively monitor community progress, regular assessments were conducted using a community led participatory process and the Community Progression Tool.

**Table - 3 : SUMMARY OF HAND-HOLDING COUNTRY VISITS**

COUNTRY	DATE OF VISITS	KEY ACTIVITIES
<b>MOZAMBIQUE</b>	<ul style="list-style-type: none"> <li>October 2014</li> </ul>	<ul style="list-style-type: none"> <li>Familiarization visit</li> <li>Training on community led mapping and participatory sites assessments and assistance in conducting it</li> <li>Orientation about the Community Progression Tool and perspectives building</li> </ul>
	<ul style="list-style-type: none"> <li>October 2015</li> </ul>	<ul style="list-style-type: none"> <li>Update on status of intervention</li> <li>Perspectives building assisted the team on outreach planning, crisis management and advocacy.</li> <li>Field work to demonstrate how to mobilize community, form community groups</li> <li>Demonstrate how to participate in stakeholders' meeting</li> <li>Demonstrate how to advocate to mitigate crisis</li> </ul>
	<ul style="list-style-type: none"> <li>March 2016</li> </ul>	<ul style="list-style-type: none"> <li>Progress review and feedback</li> <li>Meeting with the new team in expanded areas, orient them on outreach, mobilization and addressing crisis</li> <li>Demonstrating them the processes of formation of community based organization and community led financial inclusions</li> </ul>
<b>SOUTH AFRICA</b>	<ul style="list-style-type: none"> <li>March 2015</li> </ul>	<ul style="list-style-type: none"> <li>Project orientation about the sex worker intervention in Durban city</li> <li>Sites visit to sex work sites.</li> <li>Orientation about the Community Progression Tool and perspectives building</li> <li>Outreach planning and crisis management</li> </ul>
	<ul style="list-style-type: none"> <li>October 2016</li> </ul>	<ul style="list-style-type: none"> <li>Sharing of project updates</li> <li>Provided handholding to the local outreach team.</li> <li>Addressing the issues</li> <li>Interactive sessions with the team.</li> <li>Perspective building on sex work and sex workers</li> <li>Outreach planning through formation of community committees.</li> <li>Crisis management</li> </ul>
	<ul style="list-style-type: none"> <li>March 2016.</li> </ul>	<ul style="list-style-type: none"> <li>Sharing of project updates</li> <li>Provided handholding to the local outreach team, currently facing crisis due to end of funding</li> <li>Interaction with the team in planning the remedial measures for the crisis and local resource mobilization</li> </ul>
<b>KENYA</b>	<ul style="list-style-type: none"> <li>September 2013 sites assessment visits.</li> </ul>	<ul style="list-style-type: none"> <li>Familiarization visit</li> <li>Site visit, community interaction</li> <li>Assessing CB needs</li> </ul>
	<ul style="list-style-type: none"> <li>July 2014</li> </ul>	<ul style="list-style-type: none"> <li>Orientation on importance of community progression tool (CPT) for planning the community led HIV/SRH intervention.</li> <li>Mapping the baseline status using CPT</li> <li>Perspective building on sex work and sex workers leading to enhancing self-esteem and developing leadership skills</li> <li>Outreach planning through formation of community committees.</li> <li>Crisis management</li> <li>Supported formation of community committees</li> </ul>
	<ul style="list-style-type: none"> <li>March 2016</li> </ul>	<ul style="list-style-type: none"> <li>Progress review</li> <li>Sites visit and interaction with peer educators and community</li> <li>Meeting/workshop of Community mobilization, crisis management and advocacy.</li> </ul>

## 6. COMMUNITY PROGRESSION TOOL

A capacity building assessment tool – known as the “Community Progression Tool,” was specifically developed to be utilized during Ashodaya site visits to DIFFER partner countries. Developed with the active participation of Ashodaya community members, it was designed to cover the four key areas required for community engagement in HIV/AIDS prevention:

1) Outreach; 2) Clinical Services; 3) Enabling Environment; and 4) Community Mobilization.

Each section contains five specific areas of inquiry. Please see **Table 4** below for the five levels of inquiry for each of the key areas.

**Table – 4: Key Areas and Questions for CB Progression Tool**

OUTREACH	CLINICAL SERVICES	ENABLING ENVIRONMENT	COMMUNITY MOBILIZATION
1. Who does outreach?	1. Service Delivery Model	1. Family	1. Individual Identity
2. How is outreach planned and done?	2. What Kind of Services are Available?	2. Culture & Stakeholders	2. Connection with any NGO/Organisation/Intervention
3. Peer Educators/Outreach Workers	3. Accessibility of Services	3. NGO / Interventions	3. Process of Community Coming Together
4. How is monitoring/supervising done?	4. Acceptability and Affordability of Services	4. Economics	4. Forming a Community Based Organization (democratic )
5. How to evaluate outreach?	5. Is There a Referral System?	5. Rights, Law, Politics and Policies	5. State/ National level sex workers movement

Under each of these areas are six statements describing a range of possible answers. These are scored from 0-5. For example, under the first question for outreach “Who does outreach?” there are 6 possible answers, each scored as shown:

- 0 = Community not aware of any outreach
- 1 = Outreach done by project staff and mainly consists of condom distribution
- 2 = Outreach done by community members chosen by the project staff
- 3 = Outreach by community, only conducted in areas of relevance to the project
- 4 = Community outreach by a closed community group
- 5 = Outreach by community, chosen by community with relevance to the concerns of the community

This type of tool allows the community participating in this assessment to identify their own situation as well as to become aware of the type of situations that might be possible. Thereby creating opportunities for self-assessment as well as raising awareness about potential community scenarios. Furthermore, the tool allows the Ashodaya Team to ascribe a quantitative number to the local team’s progress toward community involvement in HIV/AIDS/SRH programming. This is then presented to the team in a visual, color coded graphic, using the color progression - red, orange, yellow, green - to signify progress. Below you can see the results for the three DIFFER partner sites.

**Table - 5: Summary of Community Progression from Kenya, Mozambique and South Africa**

Summary of Community Progression		
<b>KENYA</b>		
	<b>July 2014</b>	<b>May 2016</b>
<i>Outreach</i>	13	16
<i>Clinical Services</i>	12	21
<i>Enabling Environment</i>	4	16
<i>Community Mobilization</i>	12	16
<b>SOUTH AFRICA</b>		
	<b>March 2015</b>	<b>May 2016</b>
<i>Outreach</i>	13	25
<i>Clinical Services</i>	11	24
<i>Enabling Environment</i>	14	16
<i>Community Mobilization</i>	9	10
<b>MOZAMBIQUE</b>		
	<b>Oct 2014</b>	<b>May 2016</b>
<i>Outreach</i>	10	16
<i>Clinical Services</i>	11	21
<i>Enabling Environment</i>	4	16
<i>Community Mobilization</i>	8	15

Scoring Key:

0 to 6
7 to 13
14 to 20
21 to 25

The above visual clearly shows that all DIFFER partners experienced community progress in most areas. Particularly impressive are the jumps from orange to green for more user-friendly clinical services in all three countries and for South Africa's success with their outreach. Kenya and Mozambique noted improvements in the enabling environment particularly in relation to sex worker's self-perceptions which notably improved. Also worth noting is Mozambique's impressive progress on community mobilization which they report was inspired by their observations of Ashodaya in Mysore.

## 7. EVALUATION WORKSHOP

### **Final Community Participatory Evaluation**

*Durban, South Africa – May 25th to 28th, 2016*

The goal of the Final Community Participatory Evaluation Workshop was: *To conduct a community participation exercise to evaluate the effectiveness of Ashodaya's implementation of DIFFER WP5 and to determine if it has made any changes to the sex workers perspective, understanding, skills etc.* From each site, two participants, who had been part of the capacity building process, were selected to participate. Specific objectives included:

- Re-engage a select number of community members who have participated in Ashodaya training (A) in India B) in country on-site support C) via Skype and other virtual platform interactions)
- Conduct a “Community Progression” exercise to ascertain levels of community engagement in each country
- Identify effective versus ineffective strategies/approaches used by Ashodaya in WP5
- Collect feedback, in the form of stories and anecdotes from participants on changes/impact of capacity building work
- Create a post DIFFER mechanism/vehicle for collaboration among the four DIFFER community partners
- Share with all participants what Ashodaya has learned from this experience
- Expose all the participants to a community to community coaching/mentoring mechanism (through exposure visit in Durban site)

#### **PRINCIPLE OUTCOMES OF THE WORKSHOP INCLUDED:**

- **COMMUNITY PROGRESSION:** Working with representatives from each country, the Community Progression Tool revealed that all three countries made significant progress toward greater sex worker involvement during the DIFFER project period.
- **EVALUATION OF ASHODAYA STRATEGIES** – after much discussion and a final “vote” it was determined that all participants (community members as well as Lifeline project staff) felt the exposure visit to Mysore had been the most “life-changing” experience. For many “seeing what was possible and working in Mysore” gave them a vision to which they could aspire. They also identified the on-going support (through Skype and in-country site visits) as critical to their sense of “not being alone” but rather feeling like “with Ashodaya’s help, I/we can do anything”. For the Mysore based training they identified the Community-to-Community sharing and discussions around issues as most effective, field visits to sites were also helpful and they identified the lectures as least helpful. All of the DIFFER partners (non-community members) stated that they would have appreciated more documentation from Ashodaya.
- **FUTURE COLLABORATION** – the participants decided to create a group called: “SKIM” (South Africa, Kenya, India and Mozambique) which will conduct periodic Skype meetings, and create SKIM Face book and WhatsApp Groups. This group has already been active in exchanging information and support.
- **ASHODAYA LEARNINGS** – Through the DIFFER project Ashodaya became acutely aware of how each country’s different perspective of sex work, culture, laws and policies impacted on the implementation of the DIFFER project. They worked closely with community members and staff to adapt Ashodaya’s approaches to best suit the local

context. The Ashodaya team, at times, found it difficult to balance the project needs of the NGO's with those of the community.

## OUTCOMES

- **Increased understanding of community led Targeted Intervention:**

The initial needs assessment, Mysore based Capacity Building Workshop and subsequent interaction with the Ashodaya team, helped all participants to understand the important elements of a community led targeted intervention for prevention of STI/HIV/AIDS. In particular key community members were trained and exposed in India to various tools, techniques and strategies for implementing a community led SRH/ HIV Prevention intervention. This also helped them to build insight about the importance of not only preventive services but also clinical services as well as the importance of community mobilization.

- **Developing skills in designing and implementing successful strategies – including stakeholder negotiation:**

The capacity building curriculum, augmented by field based “hand-holding and support enabled community members and DIFFER staff to develop appropriate strategies and acquire skills to address issues around crisis and violence more effectively. At various instances, the local team (community and non-community support staff) advocated with important stakeholders in their settings to ensure that incidents of violence and harassment were mitigated or addressed.

- **Incremental increase in community participation leading to mobilization and developing ownership:**

As mentioned earlier, the community leaders and staff observed the power of “coming together” in Mysore. The field-based support helped the community to realize how to deploy strategies for mobilizing the community. Over time it was observed that the community leaders, at each site, were taking “baby steps” towards mobilization of their peers and toward bring them together. In each country they initiated group meetings, identified group members’ problems and initiated actions demonstrating their concern for each other. This made the groups more unified.

- **Importance of community friendly preventive and clinical services understood by community leaders:**

Through direct exposure and engagement with the clinics and health care providers, community members, especially in Mozambique and Kenya, understood the importance of sex worker involvement in the planning and implementation of services. It's critical that special populations, like sex workers, have special delivery points/clinics (even potentially outside the government sector) that are able to meet their unique needs – including special operating hours, trained clinicians, specialized counsellors etc. As the community becomes involved with service delivery they not only help to make the clinic services more “community friendly” but they also take ownership of the services which results in increased utilization. Mechanisms that provide regular feedback from the community to the service providers and key institutional stakeholders, are especially important to ensure improvement and/or maintenance of service quality.

- **Community members beginning to find their own voices and solutions to issues:**  
The whole process of capacity building especially the mentoring visits and the support provided virtually, made the community recognize their “power within.” This gave them enormous confidence to discuss not only their problems but potential solutions as well. This ability was not only restricted to a few leaders but also to the other community members who started handling day to day issues and taking charge at times of crisis. Therefore, this “community to community” capacity building created a ripple effect that touched the lives of many community members who were part of the DIFFER project
- **DIFFER partners (staff members) see potential of community to help themselves when offered the necessary support**  
Most of the partners commented, during the visits, that there was definite improvement in community taking the lead in various project activities. There were several instances when community leaders approached the staff and asked for specific support e.g. changes in peer educators, checking on status of the Community Progression Tool, organizing meetings with police etc. This made the partners feel that DIFFER was not just a project “for the community” but rather it’s a project “with the community.”

## CHALLENGES

There were three primary challenges encountered during the implementation of WP5:

- ***Limited time available for proposed number of visits and difficulties of procuring Visas***  
Following the December 2013 capacity building workshop in Mysore, there were multiple requests for capacity building hand-holding visits from each of the DIFFER partners. Finding suitable dates and procuring the necessary travel Visas presented many more challenges than anticipated. Months of time and expense were lost in dealing with embassies in Delhi (a 3.5 hour flight from Mysore) and in the back and forth about the required documents. These problems resulted in multiple delays in making scheduled visits and finally limited the actual number of visits that were made.
- ***Ensuring availability of DIFFER staff & sex-worker leaders during the visits***  
Visits by the Ashodaya Team were occasionally less successful than anticipated due to the limited availability of DIFFER staff and also due to limited access to key sex worker community members. When DIFFER staff and community members were available, Ashodaya Team field visits yielded positive outcomes and significant capacity building for all participants. For both staff and community members observing a situation in action was reported to be the most efficient way to understand the steps and techniques for project implementation.
- ***Addressing policy and cultural issues while working in the field***  
For all three DIFFER partners implementing a community led targeted intervention was a new approach and therefore the learning curve was very steep. Because the interventions were at a nascent stage, the Ashodaya team encountered a number of situations in the field where the communities’ expectations for assistance or resolution posed a challenge. In a number of instances neither the DIFFER partner nor the community had laid the foundations for solving these issues. This needed to be done by the local team in consultation with the relevant people.

## LESSONS LEARNED

Serving as the Capacity Building lead partner for the DIFFER project has been an enormous honour for Ashodaya. Below are just a few of the “lessons learned” during the course of this exciting project:

❖ **Community to community connection is key**

The power of community connecting to community, across geographic boundaries and language barriers have been demonstrated in DIFFER. Community members from the four partner countries have formed personal relations and collegial ties that have already demonstrated their potential. Mozambique and South African community members are already telephoning and crossing borders to support one another – replicating the same support that they have received from the Ashodaya team. From one sex worker to another sex worker...person to person.

❖ **C2C must to go beyond “training/workshop”**

As mentioned in the WP5 Evaluation section, community members greatly appreciated the Capacity Building Workshop in Mysore, India. But they also appreciated and required the in-country handholding to actually put into action, in their own settings, the techniques and strategies that they had learned about during the workshop.

❖ **Leadership endorsement is required for meaningful access to the community**

Having access to the sex worker community is key to any type of community led Targeted Intervention and critical for successful capacity building. In those countries where the DIFFER staff had only limited access to the sex workers, project progress was slow and limited. In South Africa, one learned that a cascading level of exposure to Ashodaya (leadership from the organization, to staff and to the community) resulted in fast tracking the community to community learning and resulted in important project achievements.

❖ **Community to community capacity building is bi-directional**

While Ashodaya provided capacity building to the DIFFER partners they also learned about the sex worker situation in each country and, in particular, learned a great deal about Africa’s community-based care and support programs.

❖ **Proper logistics planning and documentation is important**

Due to the difficulties of obtaining visas and coordinating travel arrangements, the Ashodaya Team learned the importance of detailed logistics planning. For community members with limited education, efficient methods for documenting activities are critical to maintaining open communication with those being served.



## APPENDIX 1: Learning Objectives, Processes, and Anticipated Outcomes of the Workshop:

<b>CAPACITY BUILDING WORKSHOP CURRICULUM</b> <i>Learning Objectives, Processes, Anticipated Outcomes</i>		
<b>LEARNING OBJECTIVES</b>	<b>PROCESS</b>	<b>OUTCOMES OF THE SESSION</b>
<p><b>1. Workshop Introduction &amp; Perspective Building on Sex Workers and Sex Work</b></p> <ul style="list-style-type: none"> <li>• To ensure all training participants understand the objectives, activities and service package of DIFFER and its relevance to sex workers</li> <li>• To know about the sex work scenario in each participating country</li> <li>• To develop a common understanding of sex work and sex workers from the sex workers' perspective</li> </ul>	<p><i>This session will be done through testimonials from sex workers and interactive discussions on understanding sex work and sex workers.</i></p> <p><i>Two sex workers will offer personal testimonials in order to provide insights into how sex workers consider their profession and how they wish to run their lives. It will also provide an opportunity for participants to understand how a sex worker evolves through a process to gain control over his/her life.</i></p> <p><i>Following the testimonials, there will be interactive discussions on sex work and workers. Discussion will involve understanding power dynamics and inequity, overcoming the barriers in the prevention of HIV, and the need for community mobilization.</i></p>	<p><i>At the end of the session the participants will be able:</i></p> <ol style="list-style-type: none"> <li>1. <i>To understand that Sex work is choice and a livelihood option. Therefore, it should be treated the way the other jobs are treated. Dignity and respect should not be robbed. This is critical to internalize it and then design intervention accordingly.</i></li> <li>2. <i>To recognize that sex workers everywhere face violence. Violence is a cross-cultural issue</i></li> <li>3. <i>To identify and involve people who will stand by the sex workers. Making sure they understand the issues of sex workers, and advocate on our behalf ensuring sex workers get equal respect and recognition.</i></li> </ol>
<b>LEARNING OBJECTIVES</b>	<b>PROCESS</b>	<b>OUTCOMES OF THE SESSION</b>
<p><b>2. Program Initiation Through Mapping &amp; Enumeration (or Validation)</b></p> <ul style="list-style-type: none"> <li>• To understand the strategic elements and progression required for community led interventions</li> <li>• To develop an understanding of how to initiate programs with community involvement in various activities, especially in gathering information in the context of mapping and enumeration</li> <li>• To look at the country-specific methodology used in information gathering (participatory mapping, enumeration, etc.) and identifying means of validation</li> </ul>	<p><b>Context-Setting</b> <i>This session will be undertaken through a short presentation which will highlight how the strategies for intervention will take into consideration principles of occupational health and not just behaviour change. This will also highlight how a program which starts as being "for" the community moves on to become a program "by" the community.</i></p> <p><b>Program Initiation</b> <i>This session will be undertaken the classroom. Classroom session will be done through presentation, interactive discussions, question &amp; answers, and group work.</i></p> <p><i>After the presentation and discussion, participants will be divided into country teams and various mapping tools will be provided. Discussions on tools will be undertaken. Following this, participants will discuss their course of action related to mapping and enumeration plans. Each group will present their points from their discussion. This is expected to help better understand how community can gather their own information and assist in program design.</i></p>	<p><i>At the end of the session the participants will:</i></p> <ol style="list-style-type: none"> <li>1. <i>Able to understand:</i> <ul style="list-style-type: none"> <li>• <i>Pre-mapping: should be a "must to do.", Build trust by addressing the immediate needs of the community, Practice certain core values</i></li> <li>• <i>Mapping: Should be done by the community and supported by non- community "researcher/experts", Sex workers are the best and accurate sources of information</i></li> <li>• <i>The need to adopt a methodology for enumeration that will give a near perfect denominator, It should be done as the part of intervention and should be an opportunity to bring community together</i></li> <li>• <i>The use of Enumeration Data. It helps us to know the coverage in the intervention, It helps us to know the about the stakeholders from each location as well as the problems and needs of the community, Services can be scaled up based on these information, Necessary for understanding the changing pattern of sex work</i></li> <li>• <i>Various tools and techniques used for mapping</i></li> </ul> </li> </ol> <p><i>The overarching take home messages:</i></p> <ul style="list-style-type: none"> <li>○ <i>Confidentiality and anonymity must be maintained.</i></li> </ul>

		<ul style="list-style-type: none"> <li>○ Mapping and enumeration should not be done as isolated research and should lead to initiation of intervention as soon as possible</li> <li>○ All the countries agreed to carry out this exercise with the community, either in the form of mapping or validation.</li> <li>○ They also agreed that their capacities need to be built to carry out this exercise and each country will develop their own methodology and tools.</li> </ul>
LEARNING OBJECTIVES	PROCESS	OUTCOMES OF THE SESSION
<p><b>3. Peer-Based Outreach</b></p> <ul style="list-style-type: none"> <li>• To understand the importance of outreach, principles and types of outreach</li> <li>• To understand outreach planning, implementation, monitoring and management of outreach by the community</li> <li>• To understand the importance of context specific tools that the community can develop in conducting the outreach</li> </ul>	<p>This session will be undertaken both in classroom as well as through field visit later in the day. Classroom session will be done through brainstorming, Presentation, and interactive discussions. This session will also provide an opportunity for the community to look at the tools and explore the possibility of developing their tools or adapt these tools in their setting after making necessary changes.</p> <p><u>Field Visit to Outreach Areas</u></p> <p>The last segment of the outreach session will be done through field visits to the street and house-based settings. Explanation of the different settings and how the outreach is undertaken in various settings will be given. Participants will have a chance to interact with community members in these settings. In addition to this, during the visit to the streets, the participants will interact with various stakeholders (e.g., boyfriends, police, etc.). Prior to the visit, participants will be given an orientation on the do's and don'ts of the field visit.</p>	<p>At the end of the session, participants understand</p> <ul style="list-style-type: none"> <li>• How to conduct meaningful outreach that has relevance to the lives of the sex workers.</li> <li>• Key to successful outreach is planning, building trust, developing friendship. Winning confidence of the friends by addressing their problems is a must.</li> <li>• Important to Identify issues and needs of each of the sex workers and address them, Move away from "Show and Tell" to identify real problems and solve,</li> <li>• Team members to be accountable to the community and not only to the project. Appraise the work of the team based on structured feedback from community members whom they serve.</li> </ul>
LEARNING OBJECTIVES	PROCESS	OUTCOMES OF THE SESSION
<p><b>Community Led Service Delivery for Integrated SRH &amp; HIV</b></p> <ul style="list-style-type: none"> <li>• To understand how the community develops ownership over services</li> <li>• To understand how the community transforms itself from "passive" beneficiaries to the ones who ensure that quality services are provided</li> <li>• To understand, from the community, how to mobilize HIV positive sex workers and manage health services through community committees</li> <li>• To understand how to integrate SRH and HIV services within a targeted intervention setting</li> <li>• To understand and observe how a community based organization can</li> </ul>	<p><u>Services, Referrals &amp; Linkages</u></p> <p>This topic had been covered in two days. 1st day's session will comprise of a testimonial, presentation, and facilitated discussion. The first part will be a testimonial given by a sex worker contrasting the services that were available and sought prior to the start of the project to the services available now at the Ashodaya clinic; and why she prefers these services over those available in the government sector.</p> <p>The second part of the session will be through a presentation on the way services have been delivered at Ashodaya, what makes community accessing these services, how to mobilize them and how does community develop ownership over services. The importance of other non-health services to the community will also be highlighted. Following this, each country's service delivery approach will be discussed where the focus will be on the level of co-ownership and how to improve service utilization</p>	<p>At the end of this module participants were able to understand:</p> <ul style="list-style-type: none"> <li>• How to develop a community led HIV prevention, treatment, care and support continuum</li> <li>• That addressing felt needs of the community is the entry point for successful service utilization.</li> <li>• How to ensure that community develop ownership over services by Involving them community from the inception of planning</li> <li>• Special populations require special delivery points/clinics, even outside of the government sector</li> <li>• Including SRH, one stop shop providing services for SRH and HIV will be important for ensuring high utilization/coverage</li> <li>• Placing volunteers in government healthcare settings helps sensitize health care providers and counter stigma and discrimination towards sex workers living with HIV who seek services in those settings.</li> </ul>

<p>develop and establish successful referral/linkages with government systems</p> <ul style="list-style-type: none"> <li>To understand and observe how to integrate SRH and HIV services for both sex workers and general population within an HIV hospital</li> </ul>	<p>The next segment of the services will focus on establishing linkages, referral system and mobilization of HIV positive sex workers in utilizing SRH and HIV prevention, care and support.</p> <p>The next focus will be on involvement and engagement of HIV positive sex workers. There will be a panel discussion with HIV positive sex workers focusing on how they get themselves mobilized, how they access SRH and HIV services and what role they play in prevention, care and support. Following the discussion there will be a visit to the government hospital ART centre where the participants will be exposed to Ashodaya's "health care navigator system." This will follow with a visit to Ashodaya's drop-in centre and clinic at the drop-in centre will assist the participants on integration of services at a targeted intervention clinic as well as creating a safe space for them. Participants will be divided into multiple groups and have group interaction with Ashodaya community members at the drop-in centre.</p>	<ul style="list-style-type: none"> <li>Follow-up and adherence to treatment can be achieved through continuous advocacy with health care providers at ICTC/ART centres.</li> <li>Image of the clinic determines the degree of utilization. The positive image brings about increasing number of individuals from the community build a relationship between themselves and the clinic.</li> <li>Mechanisms that provide feedback from the community to ensure improvement/maintenance of quality of services are essential.</li> </ul>
LEARNING OBJECTIVES	PROCESS	OUTCOMES OF THE SESSION
<p><b>5. Community Mobilization &amp; Enabling Environment</b></p> <ul style="list-style-type: none"> <li>To understand key issues about community mobilization including the need and processes for mobilizing the sex worker community and building a collective organization</li> <li>To understand how the community creates an enabling environment for themselves in the context of SRH and HIV prevention programs</li> </ul> <p>To understand the need and ways for the community to sustain their own action and activities</p>	<p><u>Community Mobilization: Journey of Ashodaya</u> The session will be undertaken predominantly through brainstorming. Participants will think bring out their perspectives on community mobilizations. Participants will understand that mobilization of communities will take place when there is a common purpose / issues / problems they face. This will be followed by a testimonial by a testimonial by DMSC highlighting the issues that brought them together as a mobilized community. In continuation of that, Ashodaya will focus on their journey from being "an individual sex worker" to a mobilized community of sex workers. This will be followed by interactive discussion and questions &amp; answers.</p> <p><u>Enabling Environment</u> This session will be a continuation of the previous presentation on the evolution of Ashodaya. The next segment of the presentation will focus on the enabling environment strategies used in Mysore and how to go about monitoring your own environment. The presentation will highlight how a community based organization can work towards creating an enabling environment.</p> <p>This will be followed by interactive discussion that will also bring to light how Ashodaya has been able to reduce violence from different perpetrators in the lives of the community members, create safety mechanisms that they practice, and how they mitigate or respond to a crisis situation. Participants will be taken through the enabling</p>	<p>Participants will understand that</p> <ul style="list-style-type: none"> <li>How to initiate Community mobilization</li> <li>Mobilization needs to happen around a purpose</li> <li>Marginalized communities (sex workers) need a platform (their own organization) which provides them a collective bargaining power</li> <li>Formation of community organization should be through a democratic process that involves over 60% of the sex worker population. Such a process can be institutionalized</li> <li>It is important to identify and nurture those who have "leadership" qualities and engage them in a process that will help the community to "grow."</li> <li>Accepting the identity of being a sex worker helps in building self-esteem.</li> </ul> <p><u>Enabling Environment</u></p> <ul style="list-style-type: none"> <li>Enabling environment needs to address peoples' needs and not just project needs</li> <li>Many issues and stakeholders operate in sex workers' life. They are both socio-political as well as personal in nature (including structural barriers).</li> <li>Enabling environment strategies address these two domains.</li> <li>Take local action (baby steps) on issues that affect personal life of sex workers and gain confidence in order to address socio-political issues.</li> </ul>

	<p><i>environment monitoring tool that is used by Ashodaya to monitor their environment.</i></p> <p><i>This will be following by a discussion on the self-regulatory board. This is being undertaken by both DMSC and Ashodaya.</i></p>	<ul style="list-style-type: none"> <li>• <i>To create an enabling environment several processes like assisting, engaging, networking, lobbying and advocating for sex workers should be undertaken.</i></li> <li>• <i>There is a need to identify critical stakeholders who have a direct influence over the lives of sex workers and analyse them periodically to ascertain what kind of efforts need to be put in.</i></li> <li>• <i>Though non community members may be involved in implementing enabling environment strategies, sustainable results can be achieved through community led enabling environment.</i></li> </ul>
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