

Report on
**Mapping Geographical and Service Delivery
Gaps and Estimating Size of Street, Hotel and
Residence Based Female Sex Workers in
29 Selected Districts in Bangladesh**



জাতীয় এইডস/এসটিডি প্রোগ্রাম
স্বাস্থ্য অধিদপ্তর, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

National AIDS/STD Programme
Directorate General of Health Services
Ministry of Health and Family Welfare



Save the Children

Report on

**Mapping Geographical and Service Delivery
Gaps and Estimating Size of Street, Hotel and
Residence Based Female Sex Workers in
29 Selected Districts in Bangladesh**



A project on 'HIV Prevention and Control among High Risk Population and Vulnerable Young People in Bangladesh'

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ACRONYMS, ABBREVIATIONS, TERMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti Retro Viral Drugs
BAPS	Bangladesh AIDS Prevention Society
BDHS	Bangladesh Demographic and Health Survey
BMSF	Bangladesh Manobadhikar Shangbadik Forum
BSS	Behavioural Surveillance Survey
CRIS	Country Response Information System
CSW	Commercial Sex Workers
DNS	Durjoy Nari Shangha
DU	Drug Users
FGD	Focus Group Discussion
FHI	Family Health International
FSW	Female Sex Worker
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GOB	Government of Bangladesh
HAPP	HIV/AIDS Prevention Project
HBFSW	Hotel Based Female Sex Worker
HIV	Human Immunodeficiency Virus
HNPSF	Health Nutrition and Population Sector Programme
H/RBFSW	Hotel/ Residence Based Female Sex Worker
ICDDR,B	International Centre for Diarrhoeal Diseases Research, Bangladesh
IDU	Injecting Drug User
MARP	Most-at-risk Population
M&E	Monitoring and Evaluation
MoHFW	Ministry of Health and Family Welfare
MSM	Men who have sex with men
MSW	Male Sex Worker
NAC	National AIDS Committee
NASP	National AIDS/STD Programme
NGO	Non-Governmental Organization
PALR	Population-at-lower Risk
PDC	Peoples Development Community
PLHIV	People Living with HIV and AIDS
RBFSW	Residence Based Female Sex Worker
RSA	Rapid Situation Assessment
RSRA	Rapid Situation and Response Assessment
SBFSW	Street Based Female Sex Worker
SJA	Sylhet Jubo Academy
Tk.	Taka (Bangladeshi Currency Unit)
UN	United Nations
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WB	World Bank
WHO	World Health Organisation

This mapping exercise was mainly carried out to identify the services delivery gaps of HIV intervention programs currently operating with street based and hotel/residence based female sex workers (FSW) and also to estimate size of the unserved sex workers in street, hotel and residence settings in 29 districts of Dhaka, Chittagong and Khulna divisions to scale up the HIV essential services and as part of it locations for setting up of DICs can be determined. In addition, to assist program intervention behavioral data on the sex workers was also collected to help devise and fine tune BCC, Advocacy, STI treatment, Condom promotion, and other services at outreach level.

A Rapid Situation Assessment (RSA) method was followed to assess service delivery gaps and estimate size of sex workers. This was a qualitative method involving secondary research, Key Informant Interview (KII), Observation, FGD, In-depth Interview, etc. The size estimation particularly used techniques like time location sampling for street and hotel settings and nomination method for the residence settings. A convenient sample of sex workers was drawn to assess their behavioral pattern. This survey has used a mostly structured questionnaire. All the instruments for the study were pre-tested before use in the field and had been approved by the MA and NASP.

The study was carried out through a well groomed team of field researchers. The key feature of this team is that half the team members were female sex workers and another half experienced male interviewers.

The study teams went to 251 thanas/ upazillas in the 29 districts. They located sex workers in all the districts. The total number of upazillas/thanas where sex workers were located is 153. Of these 153 thanas/upazillas SBFSWs were located in 146, HBFSWs in 44, and RBFSWs in 85 thanas/upazillas.

A total of 24,121-29,612 sex workers were estimated by the study. The SBFSWs account for 58% (17,016), the HBFSWs 25% (7,457), and the RBFSWs are 17% (4,853) of the target population. Of the total SW population 9,107 are currently being served by existing FHI/HATI programs. The estimated huge unserved sex worker population in these locations stands in the range of 15,454 - 20,694. Of the unserved population the largest group is the SBFSWs (9,336-12,350), and the rest are hotel and residence based sex workers (6,118-8,344).

A huge geographic gap exists not in terms of size alone, but also by location. At present only 13 districts out of the selected 29 districts see any FHI/HATI intervention. And even in some of the districts where there are interventions, large unserved SW population exists.

Though a wide range of HIV essential services are provided by the existing interventions, gaps exist in the condom services. Many SWs alleged that NGOs do not provide required number of condoms. Infrequent visit by peer outreach workers, lack of sufficient supervision and appropriate monitoring were also alleged in many places.

The SWs profile indicates that they are a relatively younger population with mean age of 26 years. 12% of the SWs are aged up to 19 years. Fifty percent of them are illiterate. They have been engaged in sex work for an average of 5.1 years. Twenty four percent of them have not married yet and another 35% are separated/divorced/widowed. The remaining 41% is currently married. Their average monthly income is Tk. 6,357. However, highest income was reported in the hotel setting (Tk. 8,148). Nineteen percent of the SWs are also involved in some other income generating activities. Twenty four percent of them are members of some organizations.

The street setting comprise of open public places like bus station, launch station, railway station, park, cinema hall, district/upazilla office/campus, bridge, mazar, common market/commercial places, near slums, hospital campus, etc. Although negotiation with clients take place in such locations, most of the times sex work takes place at a different location, as most of these public places of negotiation do not offer privacy. Sex acts also take place at location nearer to the spots like dark, aloof, unnoticeable, less frequently used paths and alleys, in crop fields, hilltops, deserted train-bogies, rooftops, foot over bridges, busy roads, parks etc. Also sex acts take place at night inside office buildings/markets with the help of the caretakers/night watchers etc.

EXECUTIVE SUMMARY

The peak hour in street settings is mostly from evening to midnight. The charges vary from location to location and even more by the physical features of the SWs. The younger and more attractive ones command higher charges. Their charges for a sex act ranges from Tk.40 - Tk.100. For night long service the charges usually range from Tk. 500 - Tk. 1500. Intra-setting mobility is quite common among the SBFSWs. This usually happens due to increased vigilance by law enforcers and other public, fall in client flow, conflict with other SW/Pimp/Power structure, untoward incidents, and sheer personal reasons. The power structure in the street setting is dominated by pimps, mastans, police, and guards.

The hotels where sex trade takes place vary in quality and standard. A substantial proportion of such hotels are medium standard; cheaper hotels are relatively more into this trade. Usually there are separate rooms in the hotel for sex work, where the SWs wait for the clients. Usually the manager or a designated person manages the sex trade. The hotels reserve certain rooms for such works only.

The peak hours are during daytime (8 am till 6 pm in general). The sex workers stay for 8-10 hours once they arrive at the hotel. Common client profile for hotel-based sex workers includes businessmen, government/non-government service holders, bus and truck drivers, local residents, hotel boarders, men in uniform, tourists, students, etc.

Rates charged by hotel-based sex workers have been found to vary across various districts and within district across hotels. The rates range between Tk.100 and Tk.500, but most of them were concentrated around Tk.150-250. For one-night stands, the rates are usually Tk.500-700 at the rather cheaper hotels. Usually the hotel authorities determine the charges for sex work at their hotels. Room tariff is also part of these charges. Usually the hotel authority also determines what portion of the money the SWs will get and the balance is retained by them as against room rents and commission.

Inter-district mobility is quite high among the Hotel-based sex workers. Apart from this, at the will of their clients, hotel-based sex workers sometimes go to their clients' preferred venues (clients' house/mess/friend's residence, etc.), but usually they are directly contacted by clients in such cases and not picked up from the hotels. Intra-setting mobility is also high among them.

The hotel managers/supervisors and sometimes the bellboys, pimps local mastans and the police are key stakeholders in the power structure.

Some Residential arrangements were seen in the slums, some in low rent households, and some in flat/apartment buildings. Usually the house/room/flat is rented by a pimp - usually a lady (madam) who controls the trade. Residence-based sex works mostly take place during daytime.

Most of the times clients are entertained on an hourly basis, and sometimes on a daylong basis. In many cases the sex workers do not reside at the residence based settings but come from outside and some times on call.

The usual clients found for residence-based sex workers were rickshaw pullers, bus and truck drivers, businessmen, service holders, the uniformed personnel, students, youths, day laborers, and people from all classes and professions. Foreigners were among the clients from relatively sophisticated areas.

Client contact is usually made via pimp/ madam, who carries out the negotiation as well. Usually the charges for sex work are on an hourly basis. The rates that were found across divisions generally ranged between Tk.100 and Tk.500 per hour. Usually the payment is made through the pimp/madam. Following agreement, the sex work takes place at the sex worker's designated room/residence administered by the madam.

A few of them also show inter-setting mobility in between residence and hotels as they also operate out of hotels. Often intra-setting movement is triggered by divulgence of sex worker identity to the locals and fall of number of clients.

The power structure is mainly dominated by the residence owners/madams. Pimps also play a vital role in client contact and negotiations.

Usually three fourths of the SWs combining all settings are engaged in sex work in a given day while almost all (94%) engage over a week. Street based SWs engage more than others. The sex workers entertain 3.4 clients in a given day and 18.9 in a week. The Hotel based sex workers have higher number of clients and sexual acts. 61% of the SWs used condom in their last penetrative sex act. Average number of vaginal sex act was reported to be 4.1 yesterday and 2.7 such acts were reported to be protected by condom use. In the last week the figures are 22.7 acts and 14.9 acts protected. However, consistent condom use was reported by 55% SWs for yesterday and 46% for the last 7 days.

Thirty seven percent sex workers could show a condom to the interviewer and 48% could demonstrate proper way of putting on a condom. Source of condom is generally well known to the SWs. Eighty seven percent of them informed that condom is available at pharmacies. Thirty nine percent mentioned general/grocery stores as a source of condom. Forty two percent of the SWs have heard of female condom. The main barrier to condom use appears to be from the clients' side - they do not get pleasure (45%), and they do not want to use condom (43%), and some clients would have sex forcibly without condom (20%). There are barriers on the SW's side too. Ten percent SWs said that they work without condom. Other barriers are: takes more time (15%), no sexual pleasure (7%), etc.

Fifty five percent SWs reported presence of any STI symptom. High association is seen between absence of STI symptoms and consistent condom use. Fifty eight percent of those having a symptom took treatment but only 29% of those took treatment did it within one week of onset of the system. Those not seeking any treatment has been experiencing the symptoms for the last 12.7 weeks on average.

Ninety percent of the SWs have heard of HIV and AIDS. TV is the main (79%) source for them for HIV related knowledge. Sex (65%) and blood (50%) route has been recalled by a high proportion of SWs as mode of HIV transmission. Used needle (35%) was also mentioned by a substantial proportion of SWs. Mother to child transmission was also mentioned by a substantial proportion of SWS (by pregnancy/during birth 12%, and breast feeding 21%). Use of condom as a mode of prevention of HIV is known to a large majority (89%). Screened blood transfusion (39%) and avoiding used needles (47%) are also mentioned by substantial proportions of the SWs as a mode of HIV prevention. Only 16% of the SWs feel they are at high risk, 24% feel moderate risk, 25% feel low risk and 22% feel no risk at all. Risk perception is associated with low/inconsistent use of condom.

If concerned about HIV, more than half the SWs would prefer to go to government health facilities and 32% to NGO facilities.

In terms of access to health services with sex worker identity 6% could not access while another 28% did not divulge their identity to take service. Others could access service at GOB & NGO provisions. For their children too similar situation prevails - three percent could not access, 38% did not try and 23% did not divulge their identity.

For their children's education ten percent SWs indicated access to government school and 5% NGO schools. Four percent have accessed education without divulging their profession. It may be mentioned that 4% SWs had no intention to educate children, 21% mentioned that they had not sent their children to school yet, 28% respondents had no children, and 15% told that their children were still minor.

About 46% of all the SWs had faced harassment in the last one month. SBFSW reported highest rate as 51% of them faced harassment in the last one month. For all sex workers the perpetrators were mostly police (52%), local muscleman (38%) and clients (27%). Seventy eight percent of the hotel based female sex workers, 55% street based female sex workers and 33% residence based female sex workers mentioned police as a key perpetrator of harassment.

In most cases the harassed sex worker has little recourse. Twenty seven percent SWs reported that the harassed sex worker did not do anything at all. Only 6% SWs told that the harassed SW protested while another 2% respondents reported that the harassed sex worker confronted the perpetrator.

EXECUTIVE SUMMARY

Response from the concerned NGOs against harassment also appears to be very low. Twenty percent sex workers reported that the concerned NGO did not do anything. Only 3% SWs reported that the concerned NGO protested and another 5% reported that the NGO had informed the committee on the harassment incidence.

Forty two percent of the sex workers reported to use any addictive substance. The most commonly used substances are tobacco based - cigarette/ bidi is used by 59% of those who use any addictive substance, 39% use gul, and 30% use chewing tobacco. Other major use of addictive substances includes ganja (29%) and alcohol (20%). Four percent SWs use phensidyl and another 4% use heroin.

Various health, education IGA training and rights and justice related needs were expressed by the sex workers. Condom, lubricant, treatment for STI and common diseases were demanded. IGA training, micro-credit, and fund for small business was demanded. Adult education for themselves and education opportunity for their children was demanded. Reduction of stigma, harassment and establishing their human rights were also demanded.

Considering all the factors of magnitude of unserved sex worker population, service delivery gaps and needs of the SWs in the various settings 40 DICs have been proposed to be established. Strong reservation on part of the hotel and residence based sex workers have been observed during the study regarding sharing the DICs with the street based sex workers. It has also been noticed mobility from street to the other settings and vice versa is rare. Of the 40 DICs 33 are in the non-intervention areas and 7 are in districts where there are some intervention but huge gap existed in terms of number of unserved sex workers. In all, 25 DICs will give services to Street based Sex workers and 15 DICs are for the hotel and residence based sex workers. Nevertheless all the DICs will be open for SWs from all the three different settings.

Given the huge unserved SW population, the study recommends intervention to be more focused on outreach rather than being only DIC centric so that maximum number of sex workers can be reached out. Also major emphasis is suggested on BCC based on dialogue based communications to cater to the largely illiterate population. Efforts should be maximised to attain consistent condom use; and for sustained behaviour change social marketing of condom has been recommended. High presence of symptomatic STI (57%) also suggests further presence of STI without explicit symptoms. Hence presumptive treatment in regular intervals is recommended for all SWs.

Finally, the RSA has been a fantastic initiative to estimate SWs. However, to have more accurate estimate of the SWs the intervention can utilise the now operational intervention set ups and associated staffs to carry out size estimation exercise using capture-recapture method. Hence such a size estimation is recommended.

1 INTRODUCTION

1.1 HIV and AIDS Global Scenario

Unlike other diseases, HIV/AIDS has been the most anxiety provoking disease across the globe for over last couple of decades. The intensity of HIV/AIDS has touched everyone regardless of race, gender, class, geographical boundary and culture. It has been a common concern and agenda across the world about how to tackle the ongoing epidemic of HIV and AIDS.

Already, more than 25 million people around the world have died of AIDS-related diseases since 1981; in the year 2007 around 2.1 million men, women and children lost their lives. 33.2 million people around the world are now living with HIV, and most of them are likely to die over the next decade or so.

At the end of 2007, women accounted for 50% of all adults living with HIV worldwide, and for 68% in sub-Saharan Africa. Young people (under 25 years old) account for half of all new HIV infections worldwide. In developing and transitional countries, 7.1 million people are in immediate need of life-saving ARV; of these, only 2.015 million (28%) are receiving the drugs.

It is matter of great concern that the global numbers of people infected with HIV continue to rise, despite the fact that effective prevention strategies already exist.

1.2 The Regional HIV and AIDS Scenario

It is estimated that between 2 and 3.5 million people are living with HIV or AIDS in South Asia. Common structural and socioeconomic factors across the region put many people at risk of contracting HIV: internal and cross border migration, human trafficking, low literacy levels, stigma related to sex and sexuality, injecting drug use, structured commercial sex and male resistance to condom use.

In most Asian countries the epidemic is centred among particular high-risk groups, particularly men who have sex with men, injecting drug users, sex workers and their partners. However, the epidemic has already begun to spread beyond these groups into the general population.

Following new surveys conducted in 2005-2006, India is now thought to have between 2 million and 3.1 million people living with HIV. Other large epidemics are present in China (700,000), Thailand (610,000) and Myanmar (240,000). The total number of people living with HIV in Asia is thought to be around 4.8 million.

Relatively low national HIV prevalence can mask large and diverse HIV epidemics within countries. Large concentrated epidemics among high risk groups (e.g. injecting drug users (IDU) and their partners, men who have sex with men (MSM), sex workers (SW) and their clients, etc.) are the driving force behind the epidemics in South Asia.

Throughout the region stigma towards people living with HIV and AIDS is widespread. The misconception that AIDS only affects men who have sex with men, sex workers, and injecting drug users strengthens and perpetuates existing discrimination. The most affected groups, often marginalized, have little or no access to legal protection of their basic human rights. Addressing the issue of human rights violations and creating an enabling environment that increases knowledge and encourages behavior change are thus extremely important to the fight against AIDS.

1.3 Bangladesh HIV/AIDS Epidemic Status

With a population of more than 140 million, Bangladesh is one of the most densely populated nations in the world. The 2008 UNGASS Country Progress Report documents that the first case of HIV/AIDS to be reported in Bangladesh was in 1989. By November 2008, the Ministry of Health and Family Welfare reported 1495 cases of HIV. Of these, 476 individuals had acquired AIDS and 165 had died. However during the period December 2007 to November 2008 a total of 288 new infections HIV recorded and reported, of which 111 new AIDS cases identified of whom 42 died.

The report further elaborates that there is also little doubt that the country's limited facilities for sentinel surveillance and voluntary counseling and testing, as well as the social stigma and discrimination attached to HIV, contribute to an understatement of the real incidence of HIV. UNAIDS estimated that approximately 11,000 Bangladeshis were living with HIV at the end of 2006. By the end of 2004, NASP estimated that somewhere between 2.2 and 3.9 million more people were at elevated risk of acquiring HIV, including injecting drug users, female sex workers and their clients, MSM, and internal migrants (NASP/MoHFW, 2005).

The National HIV Serological Surveillance Survey conducted in 2006 covered a larger geographical area than previous surveys. It showed that HIV prevalence amongst the most vulnerable populations is still below 1% (.9%); however, injecting drug users (IDUs) in Central Bangladesh have far exceeded the 1% threshold, achieving the status of a 'concentrated epidemic.' With the rapid spread of HIV amongst IDUs and continued risky behavior patterns amongst high-risk groups, Bangladesh is not far removed from a widespread and devastating epidemic. The 2006 survey found that the prevalence of HIV among IDU in Dhaka City had risen to 7.0 percent, and in one particular neighborhood to 10.5 percent. The 2006 sero-surveillance survey of sex workers and MSM found that overall HIV prevalence in these groups remained below 1 percent.

At present, Bangladesh is among those countries with a low prevalence of infection but a high prevalence of risk behaviors, including unprotected sex between sex workers and their clients, needle-sharing among injecting drug users (IDUs) and the exponential spread of the disease in neighboring countries. Such hazards put Bangladesh at high risk of embracing the HIV epidemic (UNGASS Country Progress Report 2008).

1.4 Bangladesh Response

The Government of the People's Republic of Bangladesh is firm in its political commitment to combat HIV. In 1985, almost twenty five years ago, it responded to the nascent HIV epidemic by setting up a National AIDS Committee (NAC), with the President as its Chief Patron and the Minister of Health and Family Welfare as Chairman. NAC comprises representatives of various government departments, civil society organisations, the business community, community based organizations and self-help groups. The Technical Committee of the NAC includes experts in various fields of speciality that are relevant to the prevention and control of HIV and STI.

In 1997, NAC worked with various stakeholders to develop the National Policy on HIV/AIDS and STI Related Issues (NASP, 1997). After its endorsement by Cabinet the same year, the Bangladesh Government became the first among the SAARC countries to adopt such a policy. This was closely followed by the Strategic Plan for The National AIDS Programme of Bangladesh, 1997-2002 (NASP, 1997), also approved by government in 1997.

In 2005, with the active involvement and support of government, civil society and UN agencies, NASP reviewed the first Strategic Plan and produced the 2nd National Strategic Plan of HIV/AIDS for 2004-2010 (NSP II) (NASP, 2005).

In 2007, with the assistance of UNAIDS, NASP developed the 'National AIDS Monitoring and Evaluation Framework and Operation Plan' (NASP, 2007a) and drafted the 'Operational Plan for The National Strategic Plan for 2006-2010' (NASP, 2007b). The operational plan document has yet to be shared with other stakeholders.

In recent years, Government has mobilized and secured credit funds through the World Bank (WB), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other development partners to implement these policies and plans, specifically to support interventions aimed at preventing the spread of HIV among the most vulnerable groups, namely sex workers, IDU, men who have sex with men (MSM) and mobile populations.

Since 2004, in partnership with NGOs and donor organisations, the government has implemented two national HIV prevention projects:

- The HIV Prevention Project (HAPP), jointly funded by World Bank, DFID and Government and executed by UNICEF, UNFPA and WHO, now extended as HIV AIDS Targeted Intervention (HATI); and
- The Project of HIV Prevention and Control among High-Risk Population and Vulnerable Young People in Bangladesh, funded by the GFATM and executed by Save the Children (USA). The first phase, 2004-2007 had a budget of US\$ 19 million. Under Round 6 of the GFATM, US\$ 40 million will be provided over 2007-2012 for interventions targeted at a wider range of high risk populations including IDUs, Sex Workers, Garment workers, etc.

In addition to these projects, USAID and Family Health International (FHI) support the Bangladesh AIDS Programme-II (BAP-II), 2009-2013, with a budget of US\$ 13 million. This project provides a series of tailored and focused behaviour change interventions and clinical services aimed to increase accurate knowledge of STI/HIV transmission, promote risk reduction behaviours, reduce stigma and discrimination, establish an enabling environment for behaviour change and create demand for STI screening, VCT, care and support services.

1.5 GFATM 6th Round

A recent GFATM grant (Round 6) promotes prevention activities through high-risk interventions for the Most at Risk Population (MARP). This too is a 5-year project began in 2007 and will end in 2012. This project primarily aims to provide essential HIV prevention services for the FSWs, IDUs, and care and support for the most affected communities, information and life-skills support for the garment-industry workers and capacity building of implementing partners and Government institutions. Besides such actions Save the Children, USA will also build on existing activity to boost national scaling-up efforts including advocacy to support the creation of an enabling environment, provision of prevention information through mass and print media, institutionalization of the education curricula through teachers training, and the establishment of the National Standards in Youth Friendly Health Service centers (GFATM3.)

To scale up HIV essential services, GFATM has broken down the interventions by activities and also in most cases by zone and labeled those as package. Such packages are to be implemented by competent consortium selected through a competitive bidding process. In this fashion the partner consortiums have been selected and have started implementing the programs.

1.6 SW intervention and DNS consortium

Durjoy Nari Shangha (DNS) has emerged as a sex workers' organization-comprising street based sex workers of Dhaka city in February 1998 with the aim of uniting of sex workers all around the country. This unique SW's organization focuses on building their self-esteem, increasing mutual respect, enhancing skills and capacity to address felt needs of the sex workers which are mainly shelter, child protection, education and health care. DNS's vision is a world having equal dignity and status of sex workers and their children like others have. DNS mission is to conduct activities to establish fundamental rights, legal recognition of sex work profession, rescue and protection of SWs and their children from harassment and abuse. Its vision also includes creating opportunities and options for SW's alternative livelihood. Sex workers' life is really difficult in Bangladesh, because a major portion of them do not expose themselves professionally owing to the fact of social stigma and lack of recognition of this profession in the society.

Durjoy Nari Shangha (DNS) is very much concerned with this crucial and critical phenomenon, and has been trying to address the issue properly. Lack of unity among the SWs generated a mechanism of "exploitation" which assault, harassment, arrest and has encouraged others (allegedly police and local miscreants) to snatch their income frequently. "Social disadvantage" prevents them from getting public and private services like education, legal aid, shalish, health and social security. Due to lack of fathers' identity their children are not entitled to get access to the primary schools though according to United Nations Convention of Rights for Children (UNCRC) these children have equal rights to be recognized.

Durjoy Nari Shangha acts as a grass root community based organization mainly engaged in mobilizing sex workers, understanding their vulnerabilities and causes, removing structural barriers (e.g. policies, practices, norms, values, gender inequality, social powerlessness) that influence the life and profession of marginalized community, building capacity in increasing self esteem, and individual and community empowerment, establishing dignity, social justice and rights.

Durjoy Nari Shangha won Red Ribbon Award at International AIDS Conference 2006 in Toronto for outstanding contributions to the frontline response to HIV and AIDS in the category “Promoting HIV/AIDS prevention programmes”.

During the 6th round of GFATM intervention in Bangladesh DNS an organization of sex workers formed a consortium with national and international NGOs and achieved GFATM package # 909 as a lead organization through a competitive process. Associate organizations of this consortium are Action Aid Bangladesh, AMCL, BAPS, BMSF, MRC MODE Ltd, PDC and SJA.

1.7 Purpose of Mapping

The purpose of this mapping exercise was mainly to identify the services delivery gaps of HIV intervention programs currently operating with street based and hotel/residence based female sex workers (FSW) in the selected geographical areas in Bangladesh. GFATM has taken the initiative of scaling up HIV essential services among unserved/underserved FSWs. This is quite a challenge as there is no accurate size estimation available for the FSWs population in the selected districts of the three divisions. Hence the other key purpose of the mapping exercise was to assess the size of FSWs population in the various locations and the size of unserved/underserved FSW in those locations to help prioritise locations for setting up DICs based on higher concentration of FSW population.

Further, as the program attempts to offer HIV essential services, a comprehensive understanding of the FSWs, their work patterns and practices, access to and use of treatment facilities, and the stigma and associated harassment situation need to be assessed thoroughly for devising appropriate intervention strategy and implementation of the same. The mapping was expected to assist in all these aspects. A behavioral survey, as part of the mapping would also serve as a baseline to evaluate intervention outcome.

1.8 This Report

This report is the outcome of the mapping activity carried out in 29 districts of Dhaka, Chittagong and Khulna divisions. The first chapter introduces the study and highlights the HIV and AIDS scenario globally, regionally, and locally and discusses Bangladesh response scenario. The second chapter details out the objectives. Detailed discussions of the methodology followed for the study have been presented in the third chapter.

The key findings have been presented in six chapters. Chapter four presents size estimation of the sex worker population in the three different settings. To assess the response situation and more specifically, to find out the geographic and service delivery gaps chapter five analyses availability of current HIV essential service provisions in the mapping locations and their coverage in terms of service provisions and number of sex workers given service to. Chapter six discusses the socio-economic and demographic profile of the sex workers based on the quantitative survey. Chapter seven is dedicated to elaborately discuss the conditions of the three sex work settings, the work pattern there, client profile, power structure and the nature of negotiation and transaction. These findings have been gleaned from the various FGD, IDI, KII, and observations made in the field. The behavioral patterns of the sex workers have been focused in chapter eight in the context of STI, HIV, and stigma and harassment they face. This chapter provides quantitative data from the analysis of the survey among the sex workers. Chapter nine very briefly summarises the service needs of the unserved sex workers reflecting their needs, hopes, and aspirations as voiced by them.

One of the key purposes of the study was to recommend DIC locations for the unserved/underserved SW population. Chapter ten discusses the analysis framework based on SW size and service gaps, and pragmatic considerations of the SW realities based on which the DIC locations and types have been proposed.

The report ends at chapter eleven with crisp actionable recommendations for the program.

2. MAPPING OBJECTIVES

2.1 Overall Objective

The objective of mapping was to identify the services delivery gaps of HIV intervention programs currently operating with street based and hotel/residence based female sex workers (FSW) in the selected geographical areas in Bangladesh. It was expected that findings gathered through the mapping exercise would be utilized by the implementing organizations to design and employ necessary interventions for female sex workers.

2.2 Specific Objectives

- I. **Diffusion and social distribution mapping:** to document existing gaps both at geographical and population levels
 - a. To identify detailed of the cruising locations/spots in the assigned geographical areas
 - b. To estimate size of FSW in the identified cruising locations/spots
 - c. To explore living and working environment of the FSW
 - d. To understand about condom and drug use status among FSW
- II. **Service facility mapping:** to document the existing service in order to know the service gaps
 - a. To ascertain the names, types and nature of services (interventions) of the government and non-government organizations, self-help groups, community based organizations who are currently working with street female sex workers (SFSW), hotel/residence female sex workers (HFSW/RFSW).
 - b. To identify locations where there is little/no service
- III. **Mobility mapping:** to know the mobility of FSW
 - a. To understanding the nature of movement of various FSW across different settings, reasons for movement, time and space of movement and frequency
- IV. **Intervention mapping:** to explore and document necessary information which can feed to design appropriate intervention for sex workers
 - a. To estimate the covered and uncovered number of sex workers by intervention packages
 - b. To understand the types of the gatekeepers and power structure of the individual sex trade and explore the possible ways to reach them for interventions
 - c. To assess the socio demographic and behavioral patterns of FSW to help develop focused program intervention and BCC materials
 - d. To understand a sampling strategy for future survey with FSW

3 METHODS

3.1 Mapping Methodology

3.1.1 Technique

The mapping essentially followed a Rapid Situation Assessment (RSA) technique to quickly map the service delivery gaps, identify behavioral and structural constraints and recommend ways to facilitate scaling up of HIV essential services to Street and Hotel/Residence based FSWs.

The design of the mapping was essentially qualitative in nature in the format of Rapid Situation Assessment (RSA). The applicable and standard data collection tools for RSA were employed and blended. These include informal and formal in-depth interviews with informants and key-informants, focus group discussions and ethnographic field observations. In addition structured questionnaire was used to collect socio demographic and behavioral information. The mapping collected secondary information at national and local level and primary information at local district level.

3.1.2 Mapping & Size Estimation Process:

National Level:

Secondary research
Stakeholder consultation/ interview at national level: SC USA, NASP, UNICEF, FHI, UNAIDS, ICDDR, B, etc.

District/Local level:

Secondary research
Newspaper, Police records, hospital/Clinic records
NGO documents/ reports

Primary data collection
Key Informant Interview (KII):

Key informant exploration was conducted through in-depth interviews and focus group discussion among the following likely stakeholders:
Police, journalists, administration, NGOs, Service providers, FSW organizations, Peers, Local influential, community people

Snowballing technique was used to lead to other Key informants and spots/locations.

The KIIs were yield potential spots/locations, their likely size, and service delivery gaps.

Observation

Identified locations through secondary research and KII were further observed with help of community guides and their characteristics (size) were assessed through observation to get an estimation of size.

FSW Interview for mapping:

To further confirm the spot /location, size and availability of HIV essential services provision some FSWs were interviewed at spot.

3.1.3 Current Socio-Demographic and Behavioral Data Collection Process

FSW Interview

FSWs were interviewed for behavioral data using a mostly structured questionnaire.

FGD

To shed light on specific issues further FGDs were carried out among them.



3.1.4 Size Estimation

There are several size estimation methods e.g. Census and enumeration methods, Population survey methods, Multiplier methods, Nomination methods, Capture-recapture methods, Multiple sample recaptures, The truncated poisson method, Compartmental method, Multiple methods. But as part of the overall mapping exercise, particularly within limited resources (both allocated time and budget), it would not be possible to employ rigorous scientific methods of size estimation under this mapping exercise. However, we plan to apply RSA to roughly estimate the size of each type of female sex workers in each cursing location/spot/district. We understand that RSA does not have any scientific capacity to accurately estimate the size of hidden population. However, the size revealed from RSA would be helpful to design and work with FSW in each setting.

Our methods of size estimation in this assignment were as follows:

- i) National size estimation conducted by NASP and in BSS: some information exists which initially guided the study to investigate the situation. The study collected information regarding the hotels, and the open spaces (e.g., streets, parks, stations) in the study areas where sex trade has been operating. In addition, the field researchers talked to the relevant local organizations in order to get their views about sex trade. The team was involved in extensive ethnographic field observations and interviewed potential key-informants to cross-check information and observations.
- ii) Time-location sampling: The study attempted to get a direct enumeration of the street and hotel based FSW through a structured observational format by several consecutive visits during the peak hours of each day of a week.

The identified spots (Hotel/street) were observed at peak hours (presence of maximum number of sex workers and their clients). A team of one sex worker and one male field researcher covered a spot or a hotel.

- iii) Nomination Method: This method was used for enumerating residence based female sex workers. The study first identified a few such sex workers, pimps, and clients as potential individuals and nominated them to support the study. As half the field researchers were sex workers, it was easier to establish good working relationship with such nominees. They assisted in enumeration of the RBFSWs in a district/upazilla. Through a chain sampling method the nominated RBFSWs calculated the number of sex workers in their close network and provided us a range. Such nominated persons introduced the field researchers to a large number of RBFSWs, as per their convenience. In this manner the study reached to the end of the chain. Same process was repeated for all the chains.

3.2 Data Collection Process

3.2.1 Compilation of Secondary Information

Information on existing HIV prevention programs from different sources like SC USA, NASP, UNICEF, FHI, UNAIDS, ICDDR, B, were collected and compiled. Besides these, the following relevant agencies/organizations were contacted in order to find information to access their respective roles in future intervention programs targeting the FSWs in the mapping area.

- District/Local Administration
- District/Thana Health Department
- District/Thana Social Welfare Office.
- Local NGOs
- Police
- Local Media Groups

The following types of secondary data were collected

Different references, record, estimates have also been taken into account. Various stakeholders and offices were consulted to locate the FSWs spots for example maps were collected from the respective Thana Head Office, or Upazila Council. In order to know more about the locations of the served/unserved FSWs, information was collected from different NGO and government service providers. Information was also collected from HATI partners. Having got the secondary information from the respective NGOs regarding the number of FSWs, these numbers were crosschecked by the primary information that was collected from different sources for triangulation.

3.2.2 Key Informant Interviews (KII)

The initial consultations with key informants were undertaken with government and non-government organizations. These consultations were delineating a set of issues that were then explored in-depth in the subsequent key informant interviews. Discussion and interviewing were made with police, pimps, sex workers, hotel boys & managers, etc.

These consultations across a wide range of sources were necessary in order to assess the behavioral problem in the social, cultural, religious, political and historical context of the district/localities.



During the field investigation, FSWs led the mapping team to identify target FSWs locations. The team members also verified the information and map the locations based on the information gathered from the key informants during field visits.

3.2.3 Mapping of Sites

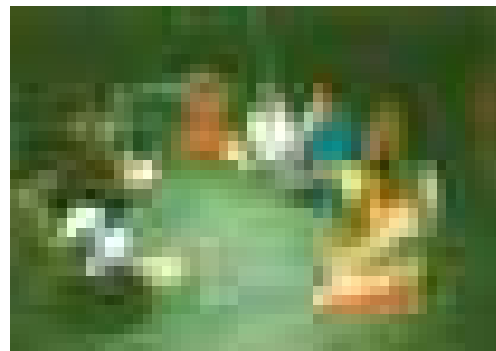
Detailed maps were used to pinpoint the spots/locations of FSWs. In the map size of FSWs population were indicated. Such a map is shown in appendix 8.

3.2.4 Observation

Data were collected carefully by watching the nature of spots like street / hotel/ residence. Ethnographic observation was carried out in each identified locations/spots.

3.2.5 Focus Group Discussion (FGD)

FGDs involved persons especially who had access to the community on a number of issues. The ultimate goal of FGD was to facilitate group discussion as a tool of data collection and possibly policy construction. A moderator and a note-taker conducted each of the sessions. The FGDs covered a wide range of issues detailing the nature of behavioral issues, availability and types of essential services in the local area, its consequences, estimated number of target FSWs population, enabling environment situation, client situation, and current intervention related to FSWs, etc.



3.2.6 In-depth Interviews

FSWs of the three settings were also interviewed using an in-depth interview guideline for getting further information on the nature of their work setting, mobility, living conditions, and the general perception and size of their fellow sex work community.

3.3 Data collection tools

Since the mapping exercise was qualitative in nature and conducted in rapid manner, data collection tools were blended to get information from various sources in order to ensure the quality of information. Focused in-depth interviews based on semi-structured interview guideline were utilized with informants (see Appendix-2) and also semi-structured interview guideline was utilized with key-informants (see Appendix-3). Beside these, the team involved in extensive field observations of various setting (a check list was prepared, see Appendix9)



Through the mapping exercises, the teams also explored information to assist in size estimation exercise. In some cases, focus group discussions (FGD) conducted with some selected homogenous groups of informants and key-informants where the team needs quick and societal level of information (see the guidelines in Appendix-4). The table (in Appendix-1) shows the data collection tools matching the objectives. In addition interviews were taken from purposively selected sample from each districts and categories of FSW using a structured questioner (see Appendix-6) to understand socio-demographic and behavioral pattern.

3.4 Key Target Population

Definitions of different Types of sex workers targeted in the study:

- Street based female sex workers: Sex workers contracted through negotiation by clients on the street or any public place for sex.
- Hotel based female sex workers: Those who are contracted by clients in a hotel setting, with the sex act taking place in hotels.
- Residence based female sex workers: Those who are contracted by clients in the residence setting, with sex act taking place in residence.

3.5 Inclusion and Exclusion Criteria

Inclusion Criteria

- Those who were willing to give consent and participate in the interview.
- Involved in sex trade (within 12 months)
- Capable for giving the response.

Exclusion criteria

- Refusal to give informed consent.
- Mentally not sound.

3.6 Geographical Coverage of the Study

The mapping was covered all the twenty nine districts in the three divisions identified for mapping. In these districts all the spots where Street/Hotel/Residence based sex workers negotiate/entertain clients were identified. At every identified spot the number of Street/Hotel/Residence based sex workers were estimated and socio-demographic and behavioral data was collected from a conveniently selected sample. The locations of the mapping are described in the following table:

Table 1: Geographical Coverage of the Study

<i>Division</i>	<i>Districts</i>	<i>No. of District</i>
Dhaka	Dhaka (South-West and South-East part of Dhaka), Mymensingh, Gazipur, Sherpur, Netrokona, Munshiganj, Narasinghdi and Narayanganj districts	8
Chittagong	Chittagong, Cox's Bazar, Comilla, Chandpur, Feni, Khagrachari, Rangamati, Bandarban, Laxmipur, Noakhali and Brahmanbaria	11
Khulna	Khulna, Chuadanga, Jessore, Kushtia, Meherpur, Magura, Jhinaidaho, Narail, Bagerhat, and Satkhira.	10
Total		29

Out of all the above locations, the Dhaka district has given special attention as the South-West part of Dhaka district has not been clearly identified in the TOR. If we look at the map, we can find the following Thanas in the South-West part of the city:

Adabor, Mohammadpur, Shahabag, Lalbag, Kotowali, Keranigonj, Kamrangichar, New market, Dhanmondi, Hajariabag, Mirpur, Sha-Ali, Dohar, Nawabgonj,

To cover the whole southern part of the city following thanas in the South-East part also been included in the survey:

Demra, Jatrabari, Sutrapur, Shyampur

3.7 Sample Size & Sampling Technique

As the purpose of mapping study was to quickly explore information, therefore, we interviewed only those informants and key-informants who were rich source of information. We purposively selected the available and willing informants and key-informants. Then, we further selected some more informants and key-informants from the information of previous informants. At this point, we followed the following categories of sampling techniques found applicable to different settings:

- Snowball / chain / network sampling
- Opportunistic or convenience sampling (the person who were only available or agreed to be interviewed at the time of the field work)
- Cluster sampling: Specific geographical areas, setting or clusters were identified that were most likely to be representative. Then samples were drawn from those clusters. For example, we did not need to go to all hotels in a city. We mapped all hotels, which operate sex trade. Then we collected some particular information (e.g., location and environmental settings of the hotels, number of SW work everyday, clients flow) based on that we were able to cluster the hotels. Then we sampled from each cluster.

The following table summarizes the division-wise sample size activities:

Table 2 : Sample Size of the Study

<i>Divisions</i>	<i>Data Collection Tools</i>				
	<i>KII</i>	<i>IDI</i>	<i>Survey Questionnaire</i>	<i>FGD</i>	<i>Observation</i>
Dhaka	41	59	507	20	121
Chittagong	40	58	514	19	212
Khulna	40	60	512	19	227
Total	121	177	1533	58	560

3.8 Study Implementation

The mapping study was conducted through following steps which are discussed below one by one:

3.8.1 The Time Line

The timeline of training, field test and the data collection period are given below:

Table 3: Time Line of the Study

<i>Detail Of Field Activity Schedule</i>	<i>Duration/ Date</i>
Training	15-16 March, 2 008
Field Test	16 March, 2008
Field Supervisor Briefing	19 March, 2008
Field Movement for Dhaka Division	22 March, 2008
Start of Dhaka Field	22 March, 2008
1st Round Field Work	23-25 March, 2008
Field Staff Back	26-March, 2008
Field Work Review Meeting	27 March, 2008
Field Staff Moved to Outstation	27 March, 2008
2nd Round Field Work	28 March-2nd April, 2008
Extension of Dhaka and Munshiganj Field work	04-07 April, 2008
Movement 2nd Phase Chittagong Division	03-April, 2008
Start of Field Work 2nd Phase Chittagong Division	04-April, 2008
Dhaka and Munshiganj team movement	08-April, 2008
Chittagong Division Field Work	04-18 April, 2008
Movement 3rd Phase Khulna Division Field Work	20-April, 2008
Khulna Division Field Work	21-30 April, 2008

3.8.2 Study Team Formulation

The study team was comprised of one Principal Investigator (PI), one Co-Principal Investigator (Co-PI), three associate researchers, ten supervisors, forty interviewers (twenty female sex workers + twenty outside male), and around one hundred fifty local community guides.

Mr. A. S. M. Enamul Hoque was the Principal Investigator (PI) while Mr. Tawfique Ahmed was the Co-Principal Investigator (Co-PI). Mr. A.B.M Enayet Ullah, Ms. Khaleda Begum and Md. Farhad Kabir were the associate researchers for data collection. Other Associate researchers for analysis and report writing are Ms. Soma Bhattacharjee. Details of Division wise Field Team composition is elaborated in Appendix 7.1-7.3.

3.8.3 Secondary Research

A number of project proposals and monitoring reports by DORP, PIACT, CDS, BWHC, HELP, and FHI were reviewed: Articles, journals and references from the Internet (e.g. ICCDRB's online publication on HIV surveillance in Bangladesh, information provided by GlobalHealthReporting.org on HIV/AIDS scenario in the context of Bangladesh, Asia and Africa, UNAIDS online publication on Global HIV and AIDS updates, NASP online information on Bangladesh HIV and AIDS updates) were used to include in the report.

3.8.4 Development of Instruments

Both qualitative and quantitative data collection methodological frameworks were followed in the study. A mostly structured questionnaire was used for interviewing the FSWs for the behavioral baseline component. The tool included demographic information, socio-economic characteristics and details of the subject's behavioral experiences. Apart from demographic data income and other high-risk behavior, knowledge of HIV/AIDS transmission, sources of HIV/AIDS, use of conventional and alternative treatments, current state of health and support were recorded.

Apart from quantitative data collection through questionnaire, qualitative tools such as Observations, KIIs, IDIs and FGDs were used during the study. For all other components and qualitative parts, guides were used to facilitate unstructured open-ended discussions. These data collection tools were developed in a participatory manner and reviewed before field-testing.

A pre-test was conducted to test the research instruments and to check eventual 'mechanical' problems of the instruments.

3.8.5 Recruitment and Training of field team

a. Recruitment

Apart from the standard and regular procedure a need was felt to introduce a new recruitment criteria while recruitment of interviewers for this study. Two types of members were included in the data collection team - sex workers and regular interviewers. Sex workers were included in the teams for easy access and good rapport building and collection of accurate and authentic information.

FSWs Recruitment through Sex Worker Organizations: Interviewers from Female sex workers were selected through sex worker organizations e.g. Durjoy Nari Shangha, Ulka, and Shourav.

The team was divided in the ratio of 50:50 so that each interviewer group had the similar profile. The number of each group was 20 experienced male interviewers and 20 FSWs interviewers.

The candidates applied for the relevant positions were interviewed and evaluated for their eligibility to take part in the training. The Supervisors and Interviewers were selected centrally at Dhaka using standard procedure whereby their educational background and relevant experience was considered.

They had familiarity with the target localities, and priority was given to those expert and experienced in such work. Members of the sex workers' community were able to read and write.

In every locality community guides were locally recruited for assisting in spot/location identification, size estimation and for facilitating conduction of interviews/FGDs.

b. Training

Selected personnel were provided training and evaluated through an evaluation grid developed for this selection purpose. A three days training was provided among the field investigators that took place in Durjoy GFATM Project Office. The facilitators of the training were Mr. A.S. M. Enamul Hoque, Principal Investigator (PI), Mr. Tawfique Ahmed, Co-PI, Ms. Nazma, General Secretary, Durjoy, K. M. Nurul Gani, Team Leader, Durjoy GFATM Project, Md. Harisur Rahman and Ms Soma Bhattacharjee, Research Associate, A.B.M. Enayetullah, Operations Controller and Ms. Khaleda Begum, Sr. Operation Executive from MRC-MODE and Ms Chumki, leader of sex workers.

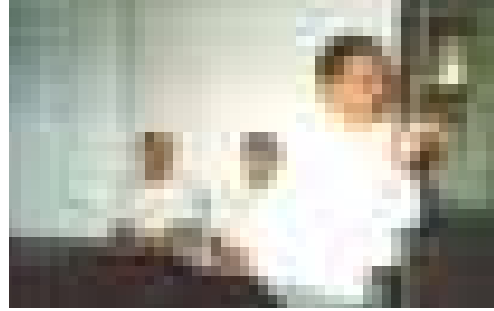


The study believed training and learning is a continuous process and hence repeated the process. Altogether training was conducted three times - once before moving to a division.

METHODS

The training was repeated for three rounds as mentioned below:

1st round: Before commencement of the study a 3 days training was conducted. After the training they were sent to the selected spots of Dhaka city and were called back and reconvened for feedback further training. The reconvened training took feedback from the interviewers regarding their experience, barriers and recommendations that came through the field visit.



2nd round: Once the first round of the study was completed in Dhaka division, the interviewers were reconvened to assess their performance and share their experience. Refresher training was organised for one day at Dhaka for clarifying issues, emphasizing use of size estimation methods, and sharing of relevant experience which will help other team members.

3rd round: The second round of the study was carried out in the Chittagong division. After completion of the Chittagong leg the data collection team was again called back to Dhaka to have yet another refresher training. This round also had the same objective of assessing their performance and sharing their experience. The refresher training focused on geographic peculiarities, experience and data collection methods.

Objectives of the Training

Focused training was conducted to cover field knowledge in conducting field research including the study tools so that they could be familiar with all instruments.

- explain the purpose of the study with background information
- explain different information and variable needs of the study
- describe various information/data collection techniques to be used in this study
- advantageously use a combination of different information/data collection techniques and tools
- identify ethical issues involved in the implementation of study
- prepare a information/data collection plan of operation
- maintain quality of information/data to be collected from the study
- collect relevant, useful and accurate information and data from the study participants

Major Areas Covered At Training Sessions

- introduction to the study, background information and objectives
- definition of different terminology i.e. most at risk groups and their vulnerability with brief HIV/AIDS situation of Bangladesh
- overview of information and data collection techniques/ tools
- methodology, tools and techniques of the study
- importance of combining different data collection techniques
- facts and figure related to HIV/AIDS and sex worker community
- Understanding the relation of sex workers and HIV/AIDS
- How to prepare a spot map
- How to conduct observations and what to notice during observations at a spot.
- bias in information collection
- ethical consideration
- communication with "study participants" (referred here as respondents) and rapport building techniques

- facilitation on sensitive issues
- instruction of administering questionnaire with explanation, coding instruction
- selecting study participants
- maintaining privacy and confidentiality
- observation techniques
- practice questionnaire and sharing lessons learnt
- safety and security of collecting data/information
- planning data/information collection with suitable time and place to be interviewed

An interviewer evaluation Grid was used for the evaluation.

3.8.6 Field Testing and Piloting

Team personnel were sent to field with questionnaire for field testing and piloting of the questionnaire. The interview instrument was pre-tested among FSWs in three locations in Dhaka city- Sadar Ghat, Mohmmadpur, Mirpur. Subsequently, necessary correction, revision and addition were done to make the instrument more effective and suitable. The pre-test also helped field investigators familiarize with the research environment and gave them opportunity to practice data collection in real situations- before the main study begins.

3.8.7 Supervision

All the field investigators were supervised through out the field work period by the supervisors, which played an important role in maintaining the quality of the field work and data collection.

3.8.8 Quality Control

In order to ensure consistency and to minimize errors, each and every complete questionnaire was checked on the first day of the interviews. All inconsistencies were resolved after discussions with the respective interviewers and questionnaires were edited on the same day. Supervisor and associate researchers were always in the field to oversee the quality of fieldwork by the FIs and made necessary corrections if needed.

3.8.9 Mapping Process

Detailed maps were used to pinpoint the spots of FSWs. In the map size of the FSW population congregating in, had also been indicated.

Mapping techniques allowed for geographical representation of many varieties of information. Such maps were able to help RSA investigators to make systemic ethnographic observations, select key informants from a number of locations with similar or different characteristics.

Numbers of spots where FSWs got together were identified in all 29 districts and to see whether those spots differed in any other significant way from the surrounding areas in terms of overcrowding, unemployment and other issues. Rapport building measures were ensured with the FSWs in the respective areas where field investigators first divulged their identity to make a relationship with them, and once they succeeded in building a rapport, the interviews and observations went ahead very smoothly.

3.8.10 Data Management

a. Data collection and entry

After the data has been collected from all the centers, MRC-MODE retrieve all completed forms, checked them for consistency, coded the responses and entered the data into the system using standard data quality control procedure. All the entered data checked and edited for quality, including range, transcription and consistency check before analysis.

b. Data Analysis

All quantitative interview questionnaires were checked for completeness and correctness before data entry. Questions were coded and a codebook was prepared. Data was entered into the computer using the statistical software SPSS or other appropriate packages. Data was cleaned, checked and edited properly before analysis.

Frequency distribution and proportion of important variables were calculated. Cross tabulation and association was determined using the Chi-Square test.

The analysis confirmed the spots, and their sizes in terms of a range (minimum and maximum). Further, the analysis identified the spots that were un/under-served by the current service provisions. This was peer reviewed and relevant stakeholders provided their views on this, based on which the most potential spots were selected for DIC set up so that the maximum number of FSWs could be brought under the HIV essential services provision.

As for qualitative studies, content analysis was done for FGD, KII, IDI, Observations and in-depth interviews. Individual experience and engagement with sex work, their attitudes and perception towards society and non-sex workers perception towards FSWs have been identified in the content analysis. Personal case and everyday behavior were also identified in the observation process. Issue based case study was taken in the research of the FSWs which have also been analyzed in the content analysis.

4 SIZE ESTIMATION

4.1 Districts & Upazillas where FSWs located

4.1.1 No. of Thana/ Upazilla where FSW located

The study covered all the Thanas/ Upazillas of the selected 29 districts. There were a total of 251 such Thanas/ Upazillas. Out of these 259 Thanas/ Upazillas sex workers were found in 153 Thanas/ Upazillas.

Street based sex workers were found in a lot more thanas than the other types of sex workers. In 146 thanas SBFSWs were found while HBFSWs were found in 44 thanas and RBFSWs were found in 85 thanas.

Table 4: Division wise distribution of Thanas where sex workers found

<i>Districts</i>	<i>Total No. of Thana/ UZ in District</i>	<i>No. of Thanas where any type of SW found</i>	<i>No. of Thanas where SBFSW found</i>	<i>No. of Thanas where HBFSW found</i>	<i>No. of Thanas where RBFSW found</i>
Dhaka	83	48	46	17	26
Chittagong	103	62	58	14	34
Khulna	65	43	42	13	25
Total	251	153	146	44	85

4.1.1.1 Number of Thana where Sex Workers were found (Dhaka Division)

There were a total of 8 districts and in these districts there were 83 Thanas/ Upazillas. The study covered all these and found sex workers in 48 Thanas/ Upazillas. No. of Thanas/ Upazillas where Sex workers were located are reported for each district in the following table.

Table 5: District-wise distribution of thanas where sex workers were found in Dhaka division

<i>Districts</i>	<i>Total No. of Thana/ UZ in District</i>	<i>No. of Thanas where any type of SW found</i>	<i>No. of Thanas where SBFSW found</i>	<i>No. of Thanas where HBFSW found</i>	<i>No. of Thanas where RBFSW found</i>
Dhaka	33	18	17	10	14
Mymensingh	12	8	8	2	1
Gazipur	6	4	4	0	3
Sherpur	5	3	3	1	1
Netrokona	10	2	2	1	2
Narsingdi	6	5	5	1	1
Munshiganj	6	4	4	1	1
Narayanganj	5	4	3	1	3
Total	83	48	46	17	26

SBFSWs were located in 48 upazillas/thanas, of which 18 were from the southern part of the Dhaka city itself. RBFSWs were identified in 26 upazillas/ thanas of which 14 are in Dhaka city. As far as HBFSWs are concerned, they were found in 17 upazillas/ Thanas. Ten of these are located in Dhaka city.

4.1.1.2 Number of Thana where Sex Workers were found (Chittagong Division)

Sex workers were located in all the 11 districts where mapping took place in Chittagong division. There were 103 Thanas/ Upazillas in the division and in 62 Thanas/ Upazillas sex workers were located. District-wise number of thanas where sex workers were located (from Chittagong division) are tabulated next page:

SIZE ESTIMATION

Table 6: District-wise distribution of thanas where sex workers were found in Chittagong division

<i>Districts</i>	<i>Total No. of Thana/UZ in District</i>	<i>No. of Thanas where any type of SW found</i>	<i>No. of Thanas where SBFSW found</i>	<i>No. of Thanas where HBFSW found</i>	<i>No. of Thanas where RBFSW found</i>
Chittagong	26	14	14	3	8
Cox's Bazar	7	2	2	1	2
Bandarban	7	7	7	1	4
Rangamati	10	2	2	2	1
Khagrachari	8	8	6	0	8
Chandpur	8	3	3	1	2
Laxmipur	4	4	4	0	1
Noakhali	6	6	6	0	4
Feni	6	6	6	1	1
B.Barua	8	7	6	3	1
Comilla	13	3	2	2	2
Total	103	62	58	14	34

SBFSWs were found in 62 thana/ upazilla, HBFSWs were found in 14 and RBFSWs were found in 38 thanas/ upazillas.

4.1.1.3 Number of Thana where Sex Workers were found (Khulna Division)

The mapping covered 10 districts of Khulna division where there were a total of 65 Thanas/ Upazillas. Sex workers were located in 43 of these Thanas/ Upazillas. No. of thanas where sex workers (from Khulna division) were located are reported in the following table:

Table 7: District wise distribution of thanas sex workers were found in Khulna division

<i>Districts</i>	<i>Total No. of Thana/UZ in District</i>	<i>No. of Thanas where any type of SW found</i>	<i>No. of Thanas where SBFSW found</i>	<i>No. of Thanas where HBFSW found</i>	<i>No. of Thanas where RBFSW found</i>
Khulna	14	4	4	2	1
Meherpur	3	3	3	0	2
Chuadanga	4	4	3	2	1
Jhenaidah	6	6	6	2	5
Shatkhira	7	6	6	1	3
Narail	4	4	4	0	4
Bagerhat	9	2	2	1	1
Kustia	6	6	6	1	2
Magura	4	4	4	1	3
Jessore	8	4	4	3	3
Total	65	43	42	13	25

As is evident in other divisions, SBFSWs are more prevalent in Khulna than in other settings. In 42 thanas/ upazillas SBFSWs were located whereas HBFSWs were located in 13 thanas/ upazillas and RBFSWs in 25 thanas/ upazillas.

4.2 Size Estimation of FSWs

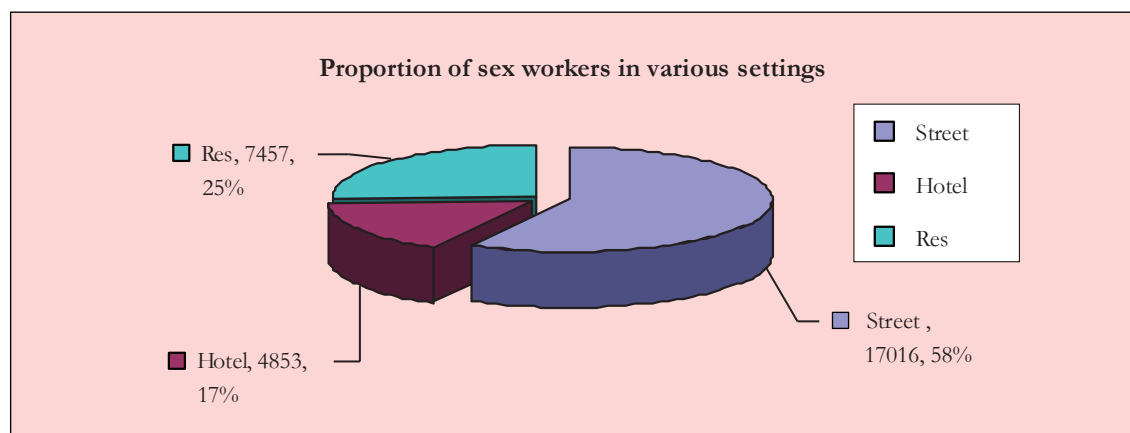
The following table summarizes the size estimation data at divisional levels.

Table 8: Division wise distribution of estimated size of sex workers

	29 districts (3 Divisions)		Dhaka Division		Chittagong Division		Khulna Division	
	Low	High	Low	High	Low	High	Low	High
Street Based								
Total Estimated	14276	17302	5412	6611	4890	5799	3974	4892
Served		4952		1040		2892		1020
Unserved	9336	12350	4372	5571	2010	2907	2954	3872
Hotel Based								
Total Estimated	3900	4853	1540	1913	1015	1286	1345	1654
Residence Based								
Total Estimated	5945	7457	2232	2796	2384	2956	1329	1705
H/RBFSW								
Total of Hotel & Residence Based estimated	9845	12310	3772	4709	3399	4242	2674	3359
H/RBFSWs Served		4155		1465		1520		1170
Total H/R BSW Unserved	6118	8344	2422	3332	1879	2722	1817	2290
S& H/R BFSW								
S& H/R BFSW Estimated	24121	29612	9184	11320	8289	10041	6648	8251
S& H/R BFSW Served		9107		2505		4412		2190
S& H/R BFSW Unserved	15454	20694	6794	8903	3889	5629	4771	6162

The study estimated a total of 24,121-29,612 female sex workers in the 29 districts of the 3 divisions combining the street (14,276-17,302), hotel (3,900-4,853) and residence (5,945-7,457) settings. Of these 9,107 are currently served by HATI and FHI programs. And a huge unserved SW population exists in these locations (15,454-20,694). Of the unserved population the largest group is the SBFSWs (9,336-12,350), and the rest are hotel and residence based sex workers (6,118-8,344).

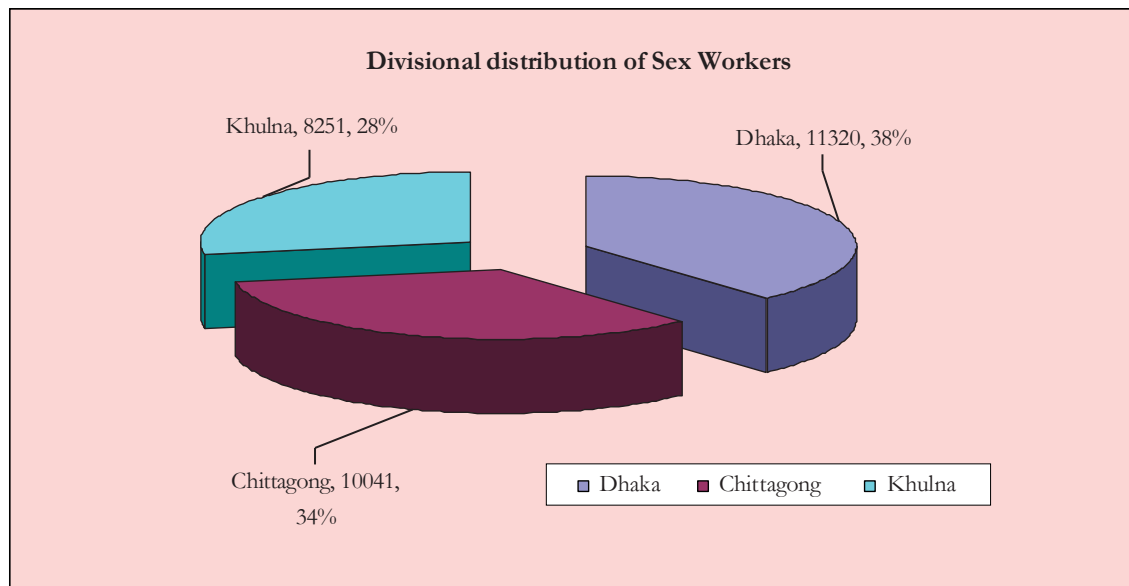
Figure 1: Proportional distribution of sex workers in different settings



SIZE ESTIMATION

The above chart depicts the estimated highest number of sex workers in different settings. The SBFSWs account for 58% of all target SWs. Next highest group of sex workers work in the residence setting (25%). And the HBFSWs constitute 17% of the target sex workers.

Figure 2: Proportion of sex workers in the 3 divisions



The above chart depicts the estimated highest number of sex workers in the three divisions. Dhaka division has the highest number of sex workers which is 38% of all sex workers. The second highest number of sex workers is present in Chittagong division with 34% of all sex workers. Khulna division accounts for 28% of the sex workers.

4.2.1 Street Based Sex Workers

The following table gives a division-wise estimate of street-based sex workers- their total numbers, how many are served by HATI/FHI and how many are unserved:

Table 9: Division-wise estimate of served and unserved street-based sex workers

Division	Street Based Estimate		Served by HATI/FHI	Unserved	
	Low	High		Low	High
Dhaka	5412	6611	1040	4372	5571
Chittagong	4890	5799	2892	2010	2907
Khulna	3974	4892	1020	2954	3872
Total	14276	17302	4952	9336	12350

The study estimated a total of 14276 to 17302 SBFSWs in the three divisions. Out of them 4952 are covered by existing HATI/FHI Programs. The next three tables give district-wise size estimation of Street Based Female Sex Workers for Dhaka, Chittagong and Khulna divisions.

Table 10: District-wise size estimation of SBFSWs in Dhaka Division

District	Estimated SBFSW		Coverage by Program	Estimated Unserved SBFSW	
	Low	High	FHI/HATI	Low	High
Dhaka (South East)	2630	3177	1040	1590	2137
Mymensingh	1355	1674		1355	1674
Gazipur	605	696		605	696
Sherpur	170	222		170	222
Netrokona	149	187		149	187
Narsingdi	121	151		121	151
Munshigonj	124	174		124	174
Narayangonj	258	330		258	330
Total for Dhaka Division	5412	6611		4372	5571

Table 11: District-wise size estimation of SBFSWs in Chittagong Division

District	Estimated Total Number		Coverage by Program	Estimated Unserved SBFSW	
	Low	High	HATI/FHI	Low	High
Chandpur	188	225	200	0	25
Laxmipur	279	353		279	353
Noakhali	485	554	200	285	354
Bandarban	230	286		230	286
Rangamati	158	210		158	210
Khagrachhari	99	131		99	131
Feni	238	295	200	38	95
Cox's Bazar	589	751	400	189	351
Chittagong	2112	2393	1592	520	801
B.Baria	189	245		189	245
Comilla	323	356	300	23	56
Total for Chittagong Division	4890	5799	2892	2010	2907

Table 12: District-wise size estimation of SBFSWs in Khulna Division

District	Total Number		Coverage by Program	National Size Estimation	
	Low	High	FHI	Low	High
Khulna	1375	1575	1020	355	555
Meherpur	326	383		326	383
Chuadanga	256	318		256	318
Jhinaidaha	188	243		188	243
Satkhira	219	268		219	268
Narail	166	215		166	215
Bagerhat	153	209		153	209
Kushtia	259	301		259	301
Magura	184	241		184	241
Jessore	848	1139		848	1139
Total for Khulna Division	3974	4892	1020	2954	3872

SIZE ESTIMATION

The mapping has identified SBFSWs in all the 29 districts. In some districts their presence is highly pronounced. Such districts are Dhaka (2630-3177), Mymensingh (1355-1674), Gazipur (605-696), Chittagong (2112-2393), Cox's Bazar (589-751), Khulna (1375-1575), and Jessore (848-1139).

4.2.2 Hotel/Residence Based Sex Workers

As for hotel/residence-based sex workers, each of their estimated numbers, combined total estimated numbers, and numbers served/unserved by FHI/HATI are summarized in the table below:

Table 13: Division-wise estimate of served and unserved Hotel/Residence Based sex workers

Division	Estimated: Hotel		Estimated: Residence		Total H/R		Served by HATI/FHI	Unserved H/R	
	Low	High	Low	High	Low	High		Low	High
Dhaka	1540	1913	2232	2796	3772	4709	1465	2422	3332
Chittagong	1015	1286	2384	2956	3399	4242	1520	1879	2722
Khulna	1345	1654	1329	1705	2674	3359	1170	1817	2290
Total	3900	4853	5945	7457	9845	12310	4155	6118	8344

Combining the three divisions the total estimated number of HBFSWs ranges from 3900-4853. Dhaka division accounts for nearly half of these SWs. The estimated total number of residence based sex workers is slightly higher ranging from 5945 - 7457. In all it is estimated that there are 9845-12310 Hotel and Residence based sex workers in the three divisions.

The next three tables give district-wise size estimation for Dhaka, Chittagong and Khulna divisions.

Table 14: District wise estimate of Hotel & Residence based Sex Worker- Dhaka Division

District	Size Estimation (HBFSW)		Size Estimation (RBFSW)		Total (H/RBFSW)		Coverage by Program FHI/HATI	Unserved (H/RBFSW)	
	Low	High	Low	High	Low	High		Low	High
Dhaka (South East)	1143	1386	942	1250	2085	2636	665	1420	1971
Mymensingh	130	181	243	303	373	484		373	484
Gazipur	0	0	32	40	32	40		32	40
Sherpur	27	35	70	80	97	115		97	115
Netrokona	90	117	332	377	422	494	200	222	294
Narsingdi	40	52	95	110	135	162	250	0	0
Munshigonj	15	22	219	278	234	300		234	300
Narayanganj	95	120	299	358	394	478	350	44	128
Total-Dhaka Division	1540	1913	2232	2796	3772	4709	1465	2422	3332

Table 15: District wise estimate of Hotel & Residence Based Sex Worker- Chittagong Division

District	Size Estimation (HBFSW)		Size Estimation (RBFSW)		Total (H/RBFSW)		Coverage by Program	Unservd (H/RBFSW)	
	Low	High	Low	High	Low	High	FHI/HATI	Low	High
Chandpur	50	59	162	175	212	234		212	234
Laxmipur	0	0	5	7	5	7		5	7
Noakhali	0	0	68	91	68	91		68	91
Bandarban	15	21	43	60	58	81		58	81
Rangamati	95	119	60	79	155	198		155	198
Khagrachhari	0	0	349	440	349	440		349	440
Feni	10	13	32	43	42	56		42	56
Cox's Bazar	123	180	779	937	902	1117	820	82	297
Chittagong	372	504	658	867	1030	1371	400	630	971
B.Baria	50	70	3	6	53	76		53	76
Comilla	300	320	225	251	525	571	300	225	271
Total	1015	1286	2384	2956	3399	4242	1520	1879	2722

Table 16: District wise estimate of Hotel & Residence Based Sex Workers - Khulna Division

District	Size Estimation (HBFSW)		Size Estimation (RBFSW)		Total (H/RBFSW)		Coverage by Program	Unservd (H/RBFSW)	
	Low	High	Low	High	Low	High	FHI/HATI	Low	High
Khulna	347	467	117	170	464	637	670	0	0
Meherpur	0	0	17	22	17	22		17	22
Chuadanga	49	60	177	228	226	288		226	288
Jhinaidaha	33	40	100	122	133	162		133	162
Satkhira	165	186	95	109	260	295		260	295
Narail	0	0	94	121	94	121		94	121
Bagerhat	5	7	88	125	93	132	200	0	0
Kushtia	82	95	48	59	130	154		130	154
Magura	163	184	77	111	240	295		240	295
Jessore	501	615	516	638	1017	1253	300	717	953
Total	1345	1654	1329	1705	2674	3359	1170	1817	2290

The mapping has identified H/RBFSWs in all the 29 districts. In some districts their presence is highly pronounced. Such districts are Dhaka (2085-2636), Mymensingh (373-484), Chittagong (1030-1371), Cox's Bazar (902-1117), Comilla (525-571), Khulna (464-637), and Jessore (1017-1253).

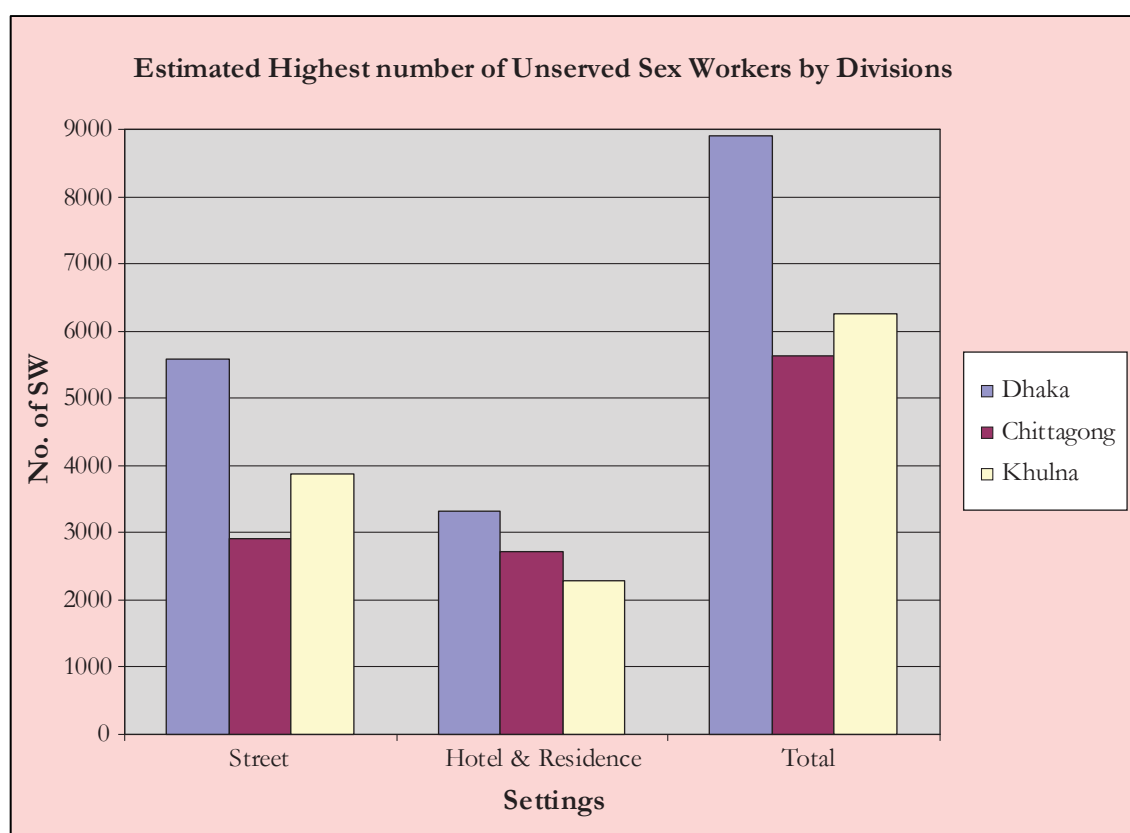
4.2.3 Total Unserved SW (Three Divisions)

The following table gives a summary of the total unserved street-based and hotel/residence-based sex workers across three divisions:

Table 17: Division-wise estimate of unserved sex workers

Divisions	Unserved Street SW		Unserved Hotel/ Residence SW		Total Unserved S & H/R SW	
	Low	High	Low	High	Low	High
Dhaka	4372	5571	2422	3332	6794	8903
Chittagong	2010	2907	1879	2722	3889	5629
Khulna	2954	3872	1817	2290	4871	6262
Total	9336	12350	6118	8344	15454	20694

Figure 3: Estimated highest number of SWS in various settings by Division



Across the 29 districts covered by mapping a total of 15454-20694 SWs are currently not served by any HIV essential services. Of them 9336-12350 are SBFSW while the rest (6118-8344) are H/RBFSWs. Dhaka division accounts for nearly half the unserved SBFSWs while little over one third of the H/RBFSWs are operating in Dhaka division. Chittagong and Khulna divisions also have a large population of unserved SWs demanding attention by HIV/AIDS programming.

5 GEOGRAPHIC & SERVICE DELIVERY GAPS

5.1 Locations where STI/ HIV Services are Available

Locations under Dhaka division, where STI/HIV services are available, and how many FSWs are provided such services have been tabulated below:

Table 18: Locations under Dhaka division, where STI/HIV services are made available by NGOs

Dhaka Division		STI/HIV Services Coverage by # of FSWs			
		Street		Hotel/Residence	
District	Thana	FHI	HATI	FHI	HATI
Dhaka (South East)	Kamrangirchar		80		
	Dhanmondi		100		
	Kotowali		90		
	Mohammadpur		125	115	
	Sutrapur		155		
	Lalbag		105	210	
	Hajaribag		360		
	Shah Ali		25		
	Jatrabari			340	
	Total			1040	665
Netrokona Town					200
Narsingdi Town					250
Narayanganj Town					350
Total for Dhaka Division			1040	665	800

In Dhaka division it was found that FHI, and HATI funded NGOs provide HIV/AIDS essential services to FSWs. FHI provide services only in Dhaka city for the hotel/residence based FSWs while HATI funded NGOs offer services in other districts like Netrokona, Narsingdi, and Narayanganj. In all, 1040 SBFSWs and 1465 H/RBFSWs are given service by HATI and FHI.

Out of an estimated total (as estimated by the current mapping) of 5412-6611 SBFSWs only 1040 are currently served leaving a huge unserved (4372-5571) SBFSW population. And, out of estimated 3772-4709 H/RBFSWs only 1465 are currently served by the intervention leaving (2422-3332) H/R BFSWs unserved. It appears that huge geographic gap in service provision exists in Dhaka division. This is further validated as the current services are offered in 12 thanas/upazillas out of the 48 Thanass/Upazillas where any type of SWs have been identified and estimated.

The locations under Chittagong division having STI/HIV services are shown in the table below:

Table 19: Locations under Chittagong division, where STI/HIV services are available

Chittagong Division		STI/HIV Services Coverage by # of FSWs			
		Street		Hotel/Residence	
District	Thana	FHI	HATI	FHI	HATI
Chandpur	Chandpur Sadar		200		
Noakhali	Choumuhani		200		
Feni	Feni Sadar		200		
Cox's Bazar	Sadar		200		
	Teknaf		200	500	320
	Total	0	400	500	320
Chittagong	City	1392	200		400
Comilla	Sadar	300		300	
Grand Total		1692	1200	800	720

GEOGRAPHIC & SERVICE DELIVERY GAPS

In Chittagong division services are available for both Street and Hotel/residence based sex workers. These services are however, limited to Chittagong city, Chandpur Sadar, Choumuhuni of Noakhali, Feni Sadar, Cox's Bazar Sadar, Teknaf, and Comilla Sadar. In all 2892 SBFSWs and 1520 H/RBFSWs are given service by FHI and HATI supported NGOs.

Out of an estimated total of 4890-5799 SBFSWs only 2892 are currently served leaving large unserved (2010-2907) SBFSW population. And, out of estimated 3399-4242 H/RBFSWs 1520 are currently served by the intervention leaving (1879-2722) H/R BFSWs unserved. It appears that huge geographic gap in service provision exists in Chittagong division. This is further validated as the current services are offered in xxxx thanas/upazillas out of the 59 Thanas/Upazillas where any type of SWs have been identified and estimated.

The following table (Table 20) depicts locations and coverage of SWs in Khulna Division.

Table 20: Locations under Khulna division, where STI/HIV services are available

Khulna Division		STI/HIV Services Coverage by # of FSWs			
		Street		Hotel/Residence	
District	Thana	FHI	HATI	FHI	HATI
Khulna	Khulna Sadar		435	350	320
	Dowlotpur		300		
	Khalishpur		285		
	Rupsha				
	Total		1020	350	320
Bagerhat	Bagerhat Sadar				200
Jessore	Jessore Sadar				300
	Grand Total		1020	350	820

In Khulna division services are available for both Street and Hotel/residence based sex workers. Services for the SBFSWs are however, limited to Khulna city. For H/R BFSWs services are also available in Bagerhat and Jessore. In all 1020 SBFSWs and 1170 H/RBFSWs are given service by FHI and HATI supported NGOs.

Out of an estimated total of 3974-4892 SBFSWs only 1020 are currently served leaving large unserved (2954-3872) SBFSW population. And, out of estimated 2674-3359 H/RBFSWs 1170 are currently served by the intervention leaving (1817-2290) H/R BFSWs unserved. It appears that huge geographic gap in service provision exists in Khulna division. This is further validated as the current services are offered in 6 thanas/upazillas out of the 47 Thanas/Upazillas where any type of SWs have been identified and estimated.

5.2 Districts where STI/ HIV Services are not Available

In the following 16 districts out of the 29 covered HIV essential services were found not available:

Table 21: Districts where STI/ HIV Services are not available

Division	District
Dhaka	Sherpur, Munshigonj, Mymensingh, Gazipur
Khulna	Meherpur, Chuadanga, Jhenidaha, Satkhira, Narail, Kushtia, Magura
Chittagong	Brahman Baria, Laxmipur, Bandarban, Rangamati, Khagrachari,

5.3 Nature of Service and gaps

5.3.1 Nature of Service and gaps

5.3.1.1 Nature of Services

The NGOs provide 18 different types of services to sex workers. The same service is sometimes provided in different fashions according to NGOs. For example, the DICs have peer educators who visit houses/hotels on certain days of the week and provide condoms for free. However, in some places this service has been discontinued (e.g. in Feni) and in some other places it was alleged that condoms were sold at 50 paisa or Tk.1.00 where they are supposed to be distributed for free. Also, in Dhaka, NGOs have peer educators who, on some specific days of the week/month, station themselves on selected streets with stock of condoms to be distributed free. Street-based sex workers are aware of such activities and they visit the peer educators to obtain condoms. Durjoy, through DIC and community outlets sell male and female condoms and lubricant to street-based sex workers following social marketing system.

Most of the NGOs are not providing enough condoms according to the requirements as was reported by the sex workers in most places. Sex workers reported that only 2-4 condoms are provided but their requirements are much more. According to the collected data the average sex act per day per sex worker is more than four and substantial number of sex workers reported even more i.e. 6-10 sex act per day and maximum number sex act was reported 36 in last day. It reveals that NGOs are not providing adequate condoms which are contrary to supporting prevention of STI and HIV as this is a huge service gap as identified.

STI treatment is an integral part of the NGO services. Sex workers visit the DICs to receive STI treatments. These treatments usually involve counseling, checkup/diagnosis and in some places also general treatments. Doctors come to these DICs on particular days of the weeks (usually once a week). Following registration/enlistment, the sex workers receive registration cards, using which they can avail the diagnosis service and medicine for free or with nominal fee. Other than STI, if it is a common disease such as fever, medicines and prescriptions are provided free of charge. For other general diseases, however, sex workers have to purchase the medicines from outside.

Few organizations e.g. Ashar Alo, Mukta Akash, provide care and support services to People Living with HIV and AIDS

5.3.1.2 Services and their Availability

Among the 29 districts (8 districts under Dhaka division, 11 under Chittagong division, and 10 under Khulna division) where Intervention took place, 16 districts were found where services were not available. The locations in the remaining 13 districts are tabulated below, where the services are available:

Table 22: Existing Intervention Locations where Services are Available and Types of Services

<i>Locations of Interventions</i>			<i>Types of Services Available</i>
<i>Dhaka Division</i>	<i>Chittagong Division</i>	<i>Khulna Division</i>	
Kamrangirchar	Chandpur Sadar	Khulna Sadar	DIC Services
Dhanmondi	Choumuhani	Dowlotpur	Condoms
Kotowali	Feni Sadar	Khalishpur	Lubricant
Mohammadpur	Cox's Bazar Sadar	Rupsha	STI Treatment
Sutrapur	Teknaf	Bagerhat Sadar	General Treatment
Lalbag	Chittagong City	Jessore Sadar	Free Medicine
Hajaribag	Bash Khali		Hospital Referral
Shah Ali	Comilla Sadar		IEC/BCC
Jatrabari			Blood Testing (During Serological Surveillance)
Netrokona Town			VCT
Narsingdi Town			VCT Referral
Narayangonj Town			Enabling Environment
			Advocacy
			Legal Aid
			Education
			IGA Training
			Banking

It should be mentioned that some organizations are providing few services sporadically in local level e.g. World Vision in Sherpur, Bandarban, Satkhira; IDF and CCDB in Bandarban; Shamajik in Brahmanbaria; Jubo Club in Meherpur are conducting awareness-raising programs in regards to HIV and AIDS prevention.

5.3.2 List of Service Needs

To assess the service gaps it is useful to have a framework of services that are needed to be provided for HIV essential services. Hence we show below such services first before analysing existing service gaps.

Prevention

1. Information

Discussion

- One to One
- Group

At	* Outreach
	* DIC

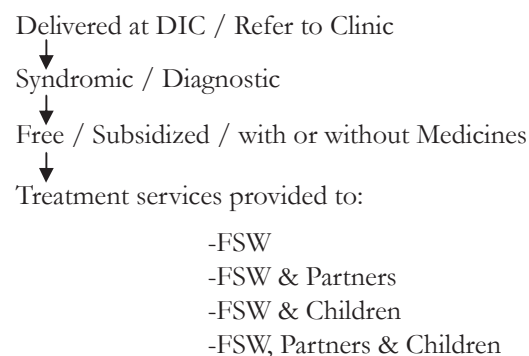
2. IEC/BCC Materials Use/Distribute

- Printed Materials
- Audio materials
- Audio -visual materials

3. Condom Promotion



4. STI Treatment



Treatment services provide for:
 ↓
 STI / General Complaints
 ↓
 Referral facility

5. Enabling Environment Services

↓
 Advocacy
 ↓
 Empowerment
 ↓
 Education
 ↓
 IGA
 ↓
 Micro Credit
 ↓
 Legal Aids / Supports
 ↓
 Social Security
 ↓
 Savings & Banking

6. Community Mobilization

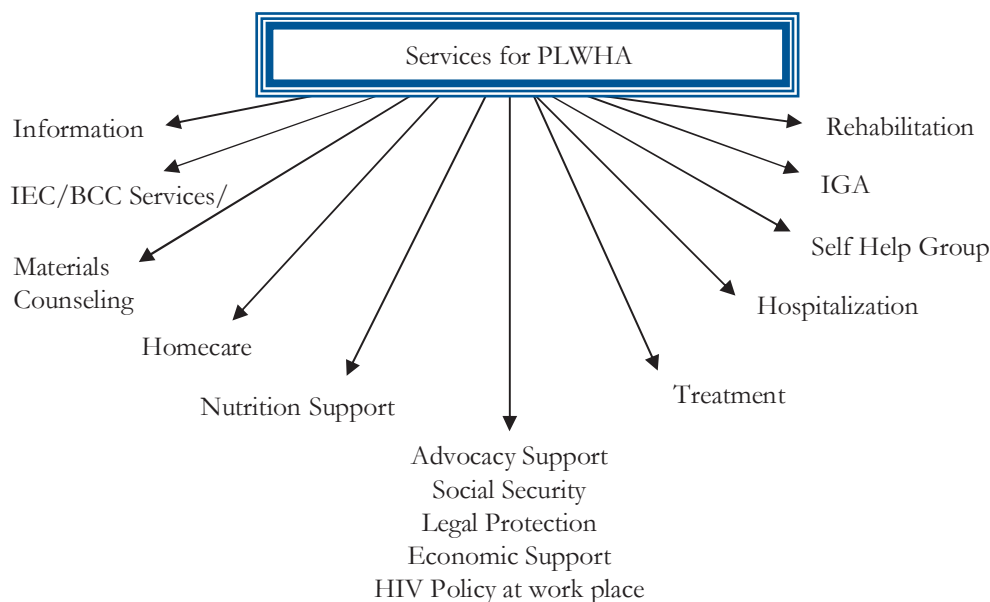
- Identification of Community Needs /Capacity Building
- Collectivization /CBO/Self Help Group
- Organization Development
- Social Events (জন্মদিন, বিয়ে ইত্যাদি)
- National and International Events (জাতীয় দিবস, এইডস দিবস ইত্যাদি)

Care

VCT (Voluntary Counseling & Testing) Services

↓
 VCTC (Voluntary Counseling & Testing Center)
 VCT Referral Services

VCTC ↘ Pre-Counseling
 ↘ Post-Counseling



5.3.3 Degree of Assistance Received by Sex Workers

The following table summarizes the extent to which the sex workers are actually receiving assistance (as per the respondents) in the form of services described above.

Table 23: Degree of assistance received by sex workers

<i>Division</i>	<i>Services do not Exist</i>	<i>Received Most of the Services</i>	<i>Received services to some extent</i>
Dhaka	Munshiganj, Narshingdi, Sherpur		Netrokona, Dhaka, Narayanganj, Mymensingh
Chittagong	Rangamati, Lakshimpur, Bandarban, Brahmanbaria, Khagrachari	Cox's Bazar, Chittagong	Feni, Noakhali, Chandpur, Comilla
Khulna	Magura, Kushtia, Jhenaidaha, Satkhira, Meherpur, Chuadanga	Khulna	Bagerhat, Jessore

As evident from the table, there are a very few thanas where the sex workers receive most of the services; and these thanas are mainly Sadar thanas. According to the response of the sex workers, many NGOs have enlisted them, but they do not get further services from these NGOs. Again, a number of NGOs have discontinued some services they used to carry out previously.

5.3.4 Level of response of the sex workers towards intervention programs

When the sex workers were asked about their opinion towards intervention regarding HIV/AIDS, a common response was that if the sex workers could know more about HIV/AIDS, the risk of being infected would be reduced. However, most of the sex workers do not get any services despite existence of interventions in many districts. It was reported by the sex workers that the field workers of respective organizations who are providing services cannot reach sex workers properly. It was also reported that most of the field workers do not visit outreach spots regularly and very seldom visit sex workers at the spot during evening/night time. Moreover, Services are inadequate compared to the need of the sex workers, who do not get condom to sufficient extent. They have to buy condom and lubricant themselves in spite of organizations distributing free condoms as the free condoms are not sufficient. This, in other way is demotivating sex workers on condom use. It has been reported that the organizations are not covering all

the sex workers in one area because of pre fixed targets imposed from donors' end. Finally, sex workers reported that they are, by now, very much informed about HIV/AIDS. But the collected behavioral data revealed that practice level did not improve that much.

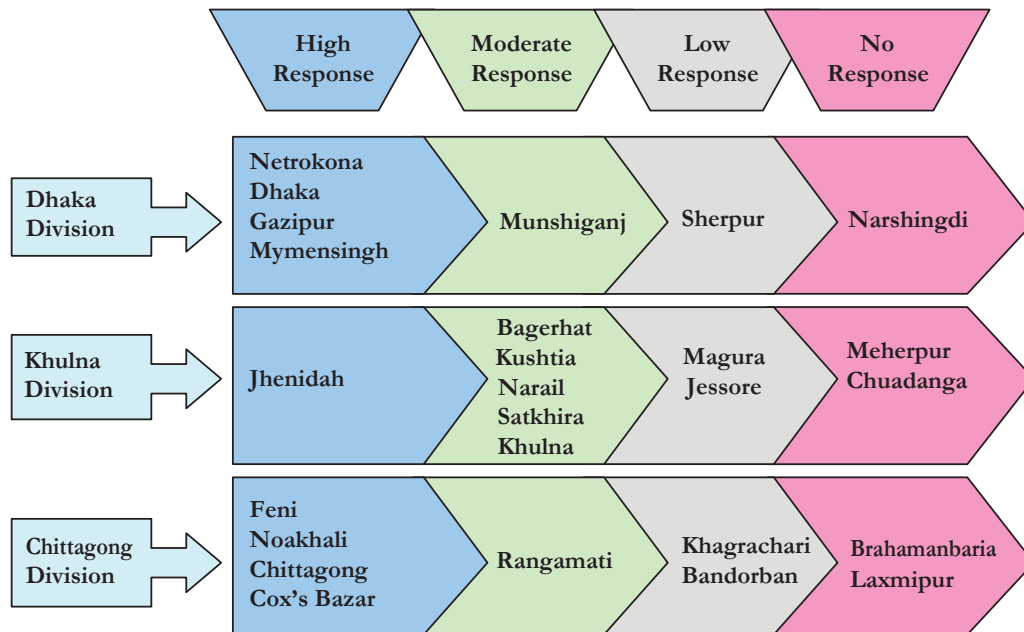
According to their responses, the sex workers were benefited from HIV/AIDS intervention in the way that they get health services, condoms (the only service which was found common in all the intervention areas), STD treatment, DIC facilities and also getting to some extent the facilities of blood testing, advocacy, legal aid, etc. They get training on how to use condom properly. They now know how STD spread and how they can be cautious about them. Where sex workers' organizations are active sex workers get opportunity to work on their rights issues and also getting the opportunity to teach their children.

The flipside of the coin was the drawbacks they faced in HIV and AIDS intervention. They stated that they do not get any general treatment except STI treatment, and frequently they have to buy condoms and lubricant as free condoms are not adequately available to them. Lack of sufficient supply of condoms compels them to engage in sexual intercourse without condom at times. Also, treatment scopes are inadequate; if the mother gets treatment then the children do not get treatment. Their overall remark on the intervention was that the program is good but not sufficient. Many sex workers do not know about DIC services. Sufficient service center is not available. They will have to be provided with all the facilities because they are the neglected people in the society.

Evidences are also available that the condoms are being misused and in many cases sex workers do not give importance to using condom as it is available for free.

A notable matter is that these services are primarily concentrated around the Sadar thanas. Moreover, many of the respondents exhibited lack of awareness about NGOs' existence in respective areas, let alone their names and operations.

Figure 4: Level of response of the sex workers towards intervention program



5.3.5 Service Delivery Gaps

Quite a number of NGOs are engaged in providing services to the intervention areas. However, these services are not without their gaps. Sometimes a portion of the target population is left out from receiving the services; sometimes there is inadequate service at individual level, while there are services completely inexistent in some areas. Accordingly, these gaps are categorically described below:

Uncovered population in intervention areas: Many of the sex workers responded that they do not get the services provided by the NGOs in respective areas. This demonstrates uncovered populations in the areas where the NGOs are operating in. NGOs reported that they could not cover all the populations within the area because of pre fixed target in respect to number of targeted population as decided by the donors.

Lack of Awareness about NGO Activities: A lot of respondents expressed their lack of awareness of the NGOs operating in respective areas, although there were NGOs providing services in those areas. This clearly shows insufficient promotional activities from the NGOs. This is a big concern, as the sex workers who were even willing to receive the services did not know whether the services were available there, let alone knowledge about where to get the services.

Service gaps: There were areas where services were available, but were missing out on some essential services.

Service inadequacy: Apart from a very few areas, respondents from all the other areas expressed service inadequacy at individual level, i.e. even though most of them were getting some of the services, they were not getting as much as they were supposed to. For example, they were getting a fewer numbers of condoms than they were supposed to, or the BCC sessions were taking place less frequently/shorter as per time-length. Inadequate field visit and supervision of the NGO staffs, not reaching sex workers at their work spots.

5.4 Role of Community Based Organization (CBO)/ Self Help Group (SHG)

5.4.1 Role of CBOs

CBO is a rare case where Dhaka and Khulna City showed better instance in terms of presence of CBOs. A number of thanas in Dhaka City and all the thanas under Khulna City Corporation enjoyed services from CBOs where Durjoy Nari Shangha provides services to street based sex workers. Chinnomul Nari Shongho, another CBO, covers sex workers in Mongla under Bagerhat Thana. BWHC provides services through Akshay Nari Shongho in Narayangonj. The various supports that the CBOs are providing to the sex workers are in the forms of:

- Providing advocacy and legal aid,
- Keeping the sex workers safe from the harassments by the police, local mastans, and journalists,
- Bailing out the sex workers in case the police put them in jail,
- Providing financial support e.g. banking, savings, micro credit
- IGA training for developing alternative livelihood skills
- Creating awareness with regards to AIDS, STI etc.
- Providing medical treatment, and referring to hospitals if necessary,
- Helping in providing child care services and education to the children of sex workers.

6 SOCIO-DEMOGRAPHIC PROFILE OF THE FSWS

6.1 Demographic Profile of the respondents

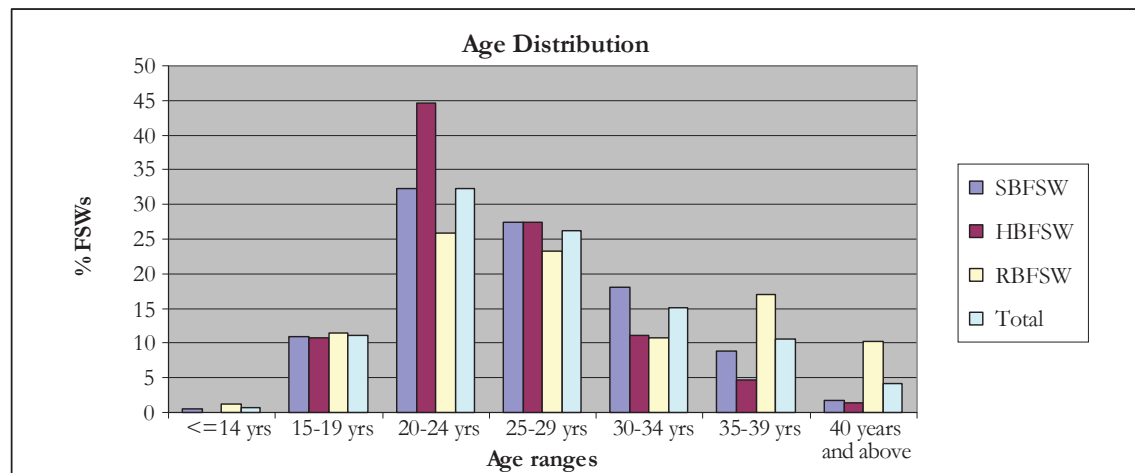
After surveying a wide range of sex workers in their unique environments many behavioral and high-risk practices of the target group were detected that makes them increasingly vulnerable to critical illnesses such as STI/HIV/AIDS. At the onset of presenting these major findings, the demographic characteristics of all three categories of sex workers will first be presented in this chapter with the use of the table shown below.

Table 24: Profile of FSW's by SW Type (% distribution)

Demographic profile	Type			
	SBFSW n=883	HBFSW n=209	RBFSW n=429	Total n=1521
1. Age (in completed years)				
<=14 yrs	0.52	0	1.27	0.66
15-19 yrs	10.92	10.75	11.5	11.06
20-24 yrs	32.35	44.58	25.94	32.22
25-29 yrs	27.47	27.51	23.2	26.27
30-34 yrs	18.07	11.16	10.75	15.05
35-39 yrs	8.87	4.65	17.1	10.61
40 years and above	1.81	1.36	10.25	4.13
Mean age (in years)	25.6	24.5	27.5	26.0
Median age in years	25	23	26	25
2. Education				
Illiterate	57	30	45	50
Up to Class V	33	44	37	36
Class VI - Class X	10	22	17	13
Class X+	0	5	2	1
3. Marital Status				
Never Married	25	30	21	24
Ever Married				
Currently Married	38	47	45	41
Separated	18	10	14	16
Divorced	16	10	15	15
Widow	3	3	6	4

Age

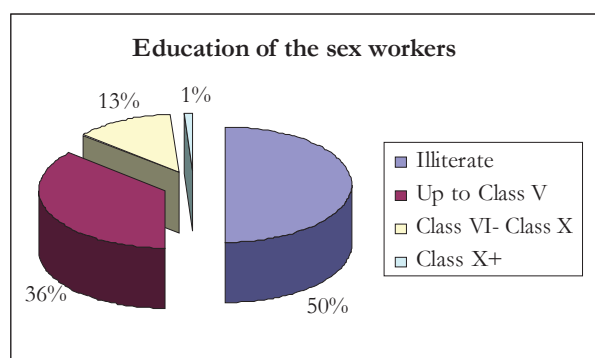
Figure 5: Age Distribution of Sex Worker



The majority of the respondents are relatively young. The mean age of all the sex workers interviewed is 26 years and their median age is 25 years. Those who are aged 14 years or less comprise 0.66% of the target group. However, this might have been under reported. 12% of the sex workers are aged 15-19 years. The percentage of respondents increases to 32% in the next age cohort of 20-24 years. Among the Hotel based sex workers the highest proportion (45%) belongs to this age range. 26% of the total respondents fall in the age group of 25-29 years. Another 25% of the sex worker is in the age band f 30-39 years. Only a small proportion (4%) of the SWs are aged 40 years or above. However, the residence based SWs appear to be relatively older than the others as 10% of them are age 40 years or above.

Education

Figure 6: Education Level of Sex Worker



It was found in this study that half of the total target group population (50%) is illiterate. Thirty six percent had basic primary education. The remainder of the sex workers (14%) has studied from Class VI or above. Only 1% of the SWs have SSC+ education. Of the three types of sex workers, hotel-based sex workers have had the opportunity to get relatively higher education - 27% of them had Class VI or higher education compared to street-based sex workers (10%) and residence-based sex workers (19%).

Marital Status

From the distribution shown in this table, it can be seen that 24% of the sex workers have never been married in their life time and 76% has ever been married. Among the ever married 41 percent are currently married. 35 percent of the sex workers have are divorced (16%), separated (15%) or widowed (4%).

6.2 Income, IGA and Other Occupation

The SWs reported their monthly income and involvement in other IGA and other occupation. Their status on these parameters are summarised in the following table:

Table 25: Income & involvement in IGA (%)

Income & other occupation	Type			
	SBFSW n=883	HBFSW n=209	RBFSW n=429	Total n=1521
Mean monthly Income (In Taka)	5627	8148	6989	6357
Median Income	4206.70	6279.20	5000.00	5000.00
IGA Training				
Received IGA Training	12	12	12	12
Involved in other IGA	6	6	7	6
Engaged in Other Occupation				
Yes	16	28	22	19
No	84	72	78	81
Other Occupations	n=141	n=59	n=94	n=294
Employee	21	53	32	31
Business	16	17	19	17
Tuitions (Arabic)	12	3	7	9
Sewing/handicraft	10	14	12	8

<i>Income & other occupation</i>	<i>Type</i>			
	SBFSW n=883	HBFSW n=209	RBFSW n=429	<i>Total</i> <i>n=1521</i>
House Work /Midwifery/ Cook/ Housewife	16	8	12	13
Laborer/Farming/Wage laborer/Sweeper	10	1	10	9
Rag pickers/ Pickpocket / Thief / Broker / Begging	9	1	4	6
Others	6	3	6	4

Income

The average monthly income of the female sex workers is Tk. 6357. Hotel-based sex workers have the highest average monthly income of Tk. 8148 whereas the street and residence-based sex workers have average monthly incomes of Tk. 5627 and Tk. 6989 respectively. The monthly median income is Tk. 5000 and it is lower than the monthly mean income of the sex workers.

IGA Training & Involvement in other IGA

In terms of whether the target group has received training on income generating activities, 12% of the female sex workers claimed to have undergone such training and no variation was traced among street/hotel/residence-based sex workers in this regard. 6 percent of the sex workers have reported to be involved in such IGA after training.

Engagement in Other Occupation

When asked if the SWs were involved in any other occupation 19% of them reported such involvement. Involvement in other occupation is rather comparatively much higher among the HBFSWs (28%).

Of those who are currently engaged in any other occupation 31% of them are employees, 21% are involved in work like tuitions/ Handicrafts/ Sewing and 17% are associated with business. 13% of the female sex workers are occupied in home based work like House Work/ Cook /Midwifery etc. A substantial portion of them (19%) are involved as Laborer/Farming/Wage Laborer/Sweeper/Rag pickers/ Pickpocket / Thief / Pimp / Begging/ Other occupation.

Membership of Organization

Table 26: Membership of any organization

Membership of Organization	SBFSW	HBFSW	RBFSW	<i>Total</i>
	n=883	N=209	n=429	<i>n=1521</i>
Member	26	21	20	24
Not Member	74	79	80	76

In response to whether they are members of any SWs organization 24% of the total respondents claimed to be a member of such an organization. Whereas 76% sex workers informed that they were not a member of any organization.

6.3 Engagement in Sex Work

The duration of the sex workers involvement in such work and the reasons that they give for selecting such a profession is demonstrated via the table shown below

Table 27: History of Sex Work Occupation

	<i>Type</i>			<i>Total</i> n=1521
	SBFSW n=883	HBFSW n=209	RBFSW n=429	
Duration of Sex Work Occupation				
Less than 1 year	14	15	16	15
1.1-3 Years	31	40	22	30
3.1-5 Years	23	19	15	20
5.1 Years +	32	26	47	35
Average Duration (in year)	5	4.4	5.7	5.1
Median Duration (in year)	4.0	3.0	5.0	4.0
Reason for Choosing SW Occupation				
Poverty/Low income	59	55	59	59
Family Problem/domestic violence	18	13	16	17
Better income	5	6	5	5
Trafficked by pimp/lover	10	19	14	12
Others	12	9	10	11
Weighted Base	883	209	429	1521

The average duration of the sex workers’ involvement in their profession is 5.1 years. The median duration of involvement is 4 years. Period of involvement ranges from less than 1 year to over 5 years. 15% of the total SW population has been involved in the occupation for less than 1 year. Thirty percent of the sex workers have been involved in sex work for 1.1 to 3 years. Twenty percent of them have been involved in it between 3.1-5 years. And the rest 35 percent of the target group have been involved in sex work for over 5 years. 65 percent have been involved in sex work for lesser than the average period.

The reasons for entering into sex work are poverty/low income with just over half of the respondents (59%) giving this reason, family problems such as divorce and second marriage/ domestic violence (17%) and trafficked by pimps/lovers (12%). There are other various personal reasons for involvement such as arranging food for survival, bearing family expenses, torture by step mother, personal interest etc which constitutes approximately 11% of the total responses.

6.4 Living Condition

The present living conditions of the sex workers will be explored through the table depicted below.

a. Living with family or not

Table 28: Whether Lives with Husband/Family Member/s

<i>If lives with husband and family</i>	<i>Type</i>			<i>Marital Status</i>		<i>Total</i> n=1150
	SBFSW n=663	HBFSW n=145	RBFSW n=341	C. Married n=625	Ever Married n=525	
Lives with Husband/Children	63	70	73	81	45	66
Does Not Lives With Husband/Family Member	38	30	27	19	55	34

The majority of those who are currently married live with their family (81%). In total, 66% of the respondents mentioned that currently they are living with husband and children.

7 CONTACT AND ACTION VENUES AND WORK SITUATION OF THE FSWs

7.1 Street Setting

7.1.1 Physical description of the venues/spots

The venues or spots where FSWs primarily concentrate, varies from district to district according to the convenience of both the FSWs and their clients. The spots where the FSWs can be noticed have two different broad characteristics. In one type of place the locations are dark, aloof, unnoticeable, less frequently used paths and alleys, foot over bridges, etc. The sex workers are also seen in open public places like rail stations, bus stations, parks, cinema halls, busy roads, and crowded market places.

The following box depicts the major types of spots where SBFSWs have been located.

<i>Location type</i>
Bus station
Railway station
Launch ghat
Park
Cinema hall
District/Upazila office/Court Campus
Bridge
Mazar
Surrounding Slum areas
Common Market/commercial places
Hospital Campus

7.1.2 Normal and Peak hours at Spots

From observations, FGDs and IDIs it was recorded that the number of sex workers peaked at varying time slots depending on nature of spot. The peak hours generally begin in the evening and peaks later in night in most areas. However, there were cases when peak hours were found during daytime, but they were very few in number.

When asked how long they usually stay at these places, the sex workers' responses ranged from 1-1½ hours to 3-4 hours and in some cases even 8 hours, solely depending on how quickly they can find clients. Delay in finding clients make them stay even for the whole night at times.

7.1.3 Client profile

From the study it is understood that the profile of the sex workers' clients varied widely. According to respondents across districts, the clients are usually rickshaw-pullers, van-pullers, bus and truck drivers, police and other uniformed personnel, hawkers, shopkeepers, daily/migrant laborers, farmers, security guards, service holders, businessmen, boarders of residential hotels, and outsiders on a visit to respective areas, youths, students, local mastans, and pimps, etc.

Some area-specific cases occurred such as shrimp farmers in Satkhira, polder owners in Bagerhat etc. were also quoted to be the clients. Such cases occurred in Chittagong as well (for example, in Rangamati, Cox's Bazar and Khagrachari) where tourists were the sex workers' main clients.

The age of the clients, as determined by the sex workers, varied from 15 years to 50 years. However, their age mostly clustered around the range of 20-40 years.

7.1.4 Mode of contact/negotiation

Locations where sex workers gather are known to the clients, and sex workers as well know that prospective clients visit such places for a specific purpose of finding paid sex. While in most cases the clients approach, sometimes female sex workers also approach probable or prospective or interested clients. If the approach is successful negotiation is made on the spot.

Sometimes the negotiations are conducted through pimps. For example in many cities it has been seen that the SWs roam around on rickshaws and the rickshaw pullers there act as pimps. In these cases the sex workers do not approach the clients directly. In some cases the clients have the sex workers' and/or their pimps' cell phone numbers and negotiations are done over phones as well.

7.1.5 Charge for Sex Acts

The study checked the amount charged for sex acts by the sex workers. It was found that generally the charges per sex act ranged from Tk.40- Tk.100. But further variation in charges was also found. For a whole-night stand, the charges ranged from Tk.500 to Tk.1,500. The charges also varied by the looks, figure, and age of the sex workers. Highest rates were charged by the fair, pretty looking and younger sex workers whereas those not so pretty/less attractive/ older were paid much lesser as compared to the prettier ones - the low charges ranged from Tk.70- Tk.100 and even lesser in few cases. Younger sex workers were seen to be commanding from Tk.200-Tk.500 per client.

7.1.6 Sex work places and nature of transaction

Generally sex acts do not occur at the negotiation points. This is due to the structural factors like lack of privacy, inconvenience of the place, and also at times antagonistic people around like police, mastan and general people.

Usually after the negotiation the client takes the sex worker to his desirable place which could be a hotel, his residence or his friend's residence, etc.

Sex acts also take place at location nearer to the spots like dark, aloof, unnoticeable, less frequently used paths and alleys, in crop fields, hilltops, deserted train-bogies, rooftops, foot over bridges, busy roads, parks etc. Also sex acts take place at night inside office buildings/markets with the help of the caretakers/night watchers etc.

Cash transactions in all instances, was mostly seen to occur before the service is provided, in some cases the payment is made after the service is provided.

7.1.7 Mobility

The mobility of sex workers in street setting mainly happens within spots (intra-setting) as change of spot or place of negotiation.

However, other kinds of mobility like geographical mobility from one district to another (e.g. a change of place from Dhaka to Mymensingh) happens much less frequently. On the other hand inter-setting mobility i.e. to hotel or residence and vice versa is rather rare.

Mobility has been noticed mostly within spots (i.e. intra-setting). There are various reasons for such intra-setting mobility as has been described below:

- a) Increased vigilance: In existing spots sometimes vigilance by the law enforcing agencies or anti crime drives or road cleaning policies get priority. Also at times there are increased presence and activities of the mastans. At times public reaction and vigilance also makes it difficult to operate out of certain spots. In such cases sex workers change spots.

- b) Fall in client flow: Sometimes there is fall in client flow in some locations. Such fall may be due to a wide variety of reasons. For example in tourist destinations seasonality works. Also change economic activities and flow of migrant workers cause reduction in client flow. Sometimes poor law and order situation reduces client flow.
- c) Conflict with other SW/Pimp/Power Structures: Sometimes if a sex worker gets into any conflict with other sex workers/ pimps and finds herself in an unsafe situation, she changes spot to safeguard herself. Sometimes the client is a powerful figure of the society (political leader/influential mastan) and to avoid suspicion or identification or acquaintance with such clients the place is changed.
- d) Untoward incidents: Sometimes untoward incidents involving sex workers like rape, battering, or even homicide forces frightens the sex workers about their own safety and forces them to change spots.
- e) Personal reasons: At times personal reasons like change of residence, fear of identification, family reasons, marriage/divorce/breakup with loved one etc. also force SWs to change spots.

7.1.8 Power structure

Power figures are the ones who control the trade. It has been noticed in general, across all the districts, that the power structure in the Street setting is rather loose and involves fewer layers of stakeholders. They are usually small shopkeepers, night guards, husbands (sometimes their mothers) are a powerful source of commanding authority over sex workers. Pimps, the police, rickshaw pullers, security guards, drivers, staffs at cinema halls, businesspeople etc. know about them too and at time exercise their power in various ways to their advantage or benefit. The sex workers are taken advantage of by the pimps, mastans, police, guards and at times they even engage in sex act for free with them. Street influentials also are part of the power structure and play a role at times of any trouble or conflict. In return the power figures ensure the secrecy and security of the sex workers in the community or society. Sex workers abide by their demands for the sake of maintaining their security.

7.2 Hotel Setting

7.2.1 Physical description of the venues

The hotels where sex trade takes place vary in quality and standard. A substantial proportion of such hotels are medium standard; cheaper hotels are relatively more into this trade.

In the cheap hotels most are filthy and foul smelling on the inside. Majority has been seen not to have sufficient light or air. Rooms are smaller in size there.

Usually there are separate rooms in the hotel for sex work, where the SWs wait for the clients. Usually the manager or a designated person manages the sex trade. The hotels reserve certain rooms for such works only.

7.2.2 Peak hours

There is generally no specific time for sex acts for hotel-based sex workers, but the peak hours are during daytime (8AM till 6PM in general). There are instances of sexual activities taking place at hotels during the nights as well, but not as much as daytime. The sex workers stay for 8-10 hours once they arrive at the hotel.

7.2.3 Client profile

Common client profile for hotel-based sex workers includes businessmen, government/non-government service holders, bus and truck drivers, local residents, hotel boarders, men in uniform, tourists, students, etc.

7.2.4 Mode of contact/negotiation

Previously the hotel-based sex workers could stay in the hotels, where they could make contact with the visiting clients upfront. Now the availability of the sex workers in the hotels has decreased because of strict regulations and police raids. But, as before contact is established through hotel managers, hotel boys or pimps. Once a client is negotiated with, the sex worker is contacted via phone. She, afterwards, arrives at hotel and the sex acts takes place there.

Where the sex workers are available at the hotels, there is a room designated for them. They are usually kept confined to that room only. Access of others is restricted to such room. Once a client is negotiated with, he is taken to that room where he chooses the sex worker and has sex afterwards in another room.

7.2.5 Charge for Sex Acts

Rates charged by hotel-based sex workers have been found to vary across various districts. These rates also vary among the hotels in a district. The rates range between Tk.100 and Tk.500, but most of them were concentrated around Tk.150-250. For one-night stands, the rates are usually Tk.500-700.

7.2.6 Sex work places and nature of transaction

Where the contact/negotiation may take place inside or outside hotels, the sex usually takes place inside the hotels (there are exceptions though, where hotel-based sex workers carry out their sex work at other venues at the clients' will.) There are rooms designated for sex work, where access is restricted to the common boarders/staff. Only the sex workers and the clients (accompanied by pimps) are allowed to go there.

Usually the hotel authorities determine the charges for sex work at their hotels. Room tariff is also part of these charges. Transactions take place in the form of cash, which is collected by the hotel managers/authority/pimps. Usually the hotel authority also determines what portion of the money the SWs will get and the balance is retained by them.

7.2.7 Mobility

Inter-district mobility is quite high among the Hotel-based sex workers. For example such sex workers living outside Dhaka come to Dhaka for sex work, since there are a large number of hotels as well as clients here. The payment is greater in Dhaka as well. In the same manner the SWs from Dhaka also go to other districts for sex work. It has been found that going to other districts e.g. Chittagong, Cox's Bazaar, etc. is a common practice. It has been seen that sometimes the clients take the SWs to other districts as a travel partner.

Apart from this, at the will of their clients, hotel-based sex workers sometimes go to their clients' preferred venues (clients' house/mess/ friend's residence, etc.).

When asked why they change hotels, the sex workers replied that it helps them to keep their sex worker identity confidential. It also helps them to avoid harassments from the police and local mastans. Sometimes when there is less clients, mobility helps them to find clients in a different hotel. However, the police, drivers, local mastans and pimps cause trouble for the sex workers even when they are on the move.

There has been varying response to how frequently sex workers move around. Some said that they moved once/twice a month, some said twice/thrice a month, while some others responded by saying 3-4 times a month.

7.2.8 Power structure

The hotel managers/supervisors and sometimes the bellboys play the most important role in the power structure of hotel based sex trade. It is them who decide which SWs will work out of their hotels and how frequently they can work there. Also they decide on the charge for sex work and what portion of the charge the SWs will receive. Usually, without their role as a middle man the clients cannot contact the sex workers nor have any types of transaction with them. Pimps also play a vital role in connecting the SWs with the hotel managers/supervisors and giving the SWs opportunity to work at various hotels and sometimes shelter is given to such SWs particularly those coming from out of the town and waiting to get a chance to work at a hotel.

Sometimes if there are influential local mastaans, they extort money from the hotels for not disturbing them in running sex trade.

Finally, the police are an important stakeholder in the hotel based sex trade. They are responsible for inspecting/raiding hotels for checking crime and sex trade. They are usually given regular payment to make sure they do not raid the hotels and also at times to keep problem elements out of the hotel premises.

7.3 Residence Setting

7.3.1 Physical description of the venues/spots

The study found residential settings with varying physical appearance and facilities.

Some Residential arrangements were seen in the slums, some in low rent households, and some in flat/apartment buildings. Sometimes their interiors do not bear an impression that sex work takes place there. Sometimes the normal residential areas are preferred, where people do not bother much about what is happening around.

Usually the house/room/flat is rented by a lady (madams) who controls the trade.

In most cases the arrangements in slums and low rent houses were found to be in rather untidy/less hygienic living environments. Many a times these rooms had poor lighting and ventilation. In many cases the doors and windows were also kept shut all the time, restricting light from entering.

7.3.2 Peak hours

Residence-based sex works mostly take place during daytime.

Sometimes clients are entertained on an hourly basis, and sometimes daylong. Daylong contracts are generally for 10-11 hours, which were mostly between 8am-5pm. There are instances of nightlong sessions for clients too.

In many cases the sex workers do not reside at the Residence based settings but come from outside on call and carry out sex work on an hourly basis or even on a day long contract based on the negotiations reached with the client(s) earlier.

7.3.3 Client profile

The usual clients found for residence-based sex workers were rickshaw pullers, bus and truck drivers, businessmen, service holders, the uniformed personnel, students, youths, day laborers, and people from all classes and professions.

Foreigners were among the clients from relatively sophisticated areas.

7.3.4 Mode of contact/negotiation

Contact is usually made via pimp/ madam, who carries out the negotiation as well. Following successful agreement, the pimp/ madam contacts the sex worker and arranges for sex work. In some cases it is the clients directly contact the sex workers, usually over mobile phone and negotiates charge and place of sex work.

7.3.5 Charge of residence-based sex workers

Usually the charges for sex work are on an hourly basis. A wide range of charges were found in the various districts and among the various locations in a district based on the level of sophistication of the locality and 'attractiveness' of the sex workers. The rates that were found across divisions generally ranged between Tk.100 and Tk.500 per hour. In Dhaka, the usual rates found were around Tk.300 (hourly) and Tk.1,500 (daylong). In some places clients usually come in groups, during day and also night, where the rates start from Tk.500-1,000 which may go up to Tk.10,000. Apart from the hour-long sessions, the sex workers stay for 10-11 hours in the cases of daylong contract. The rates were unusually low for some districts in Chittagong though. For example, in Rangamati the hourly rates were found to be Tk.50-150.

7.3.6 Nature of transaction

Following agreement, the sex work takes place at the sex worker's designated room/residence administered by the madam.

The transaction, which takes place either before or after the sexual act, has been in the form of cash in all instances. In some place, the transaction usually precedes the sex work. In some other place the payment has been found to take place before sex work for unknown clients only, else it is usually after the sex work. In rare cases the charges are paid in the form of gifts.

Usually the charge payment is made through the pimp/madam.

7.3.7 Mobility

Residence-based sex workers carry out their sex works at various residences. A few of them also show inter-setting mobility in between residence and hotels as they also operate out of hotels.

Often intra-setting movement is triggered by divulgence of sex worker identity to the locals and fall of number of clients.

As for their frequency of mobility, some of them mentioned 2-3 days a week, some mentioned once a month, some mentioned every 3-4 months, while some mentioned twice/thrice a year.

7.3.8 Power structure

The residence owners/madams mainly manage the residence based sex trade. Pimps also play a vital role in client contact and negotiations. As the residence based sex trade is carried out in a rather secret manner, the madams and pimps are the key people who control the trade.

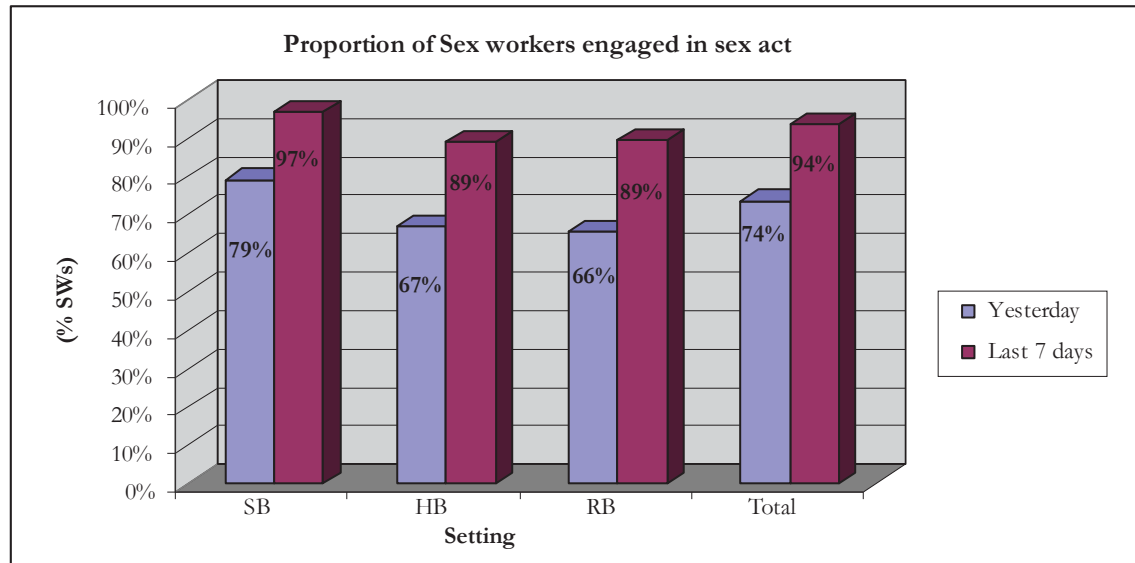
8 BEHAVIORAL PATTERNS OF THE FSWs

8.1 Sex Work Details and Condom Use

Level of engagement in sex acts

The study enquired sex work details for the last 24 hours and the last week. As reported by the sex workers it was found that 74% of the SWs entertained any client in the past 24 hours and 94% in the last 7 days, which is depicted in the following chart.

Figure 7: Proportion of sex worker engaged in sex act (Yesterday & last week)



More of the SBFSWs were engaged in sex work compared to the SWs in the other two settings. While 79% SBFSWs were engaged in sex acts in the past 24 hours and nearly all (97%) in the past week, the corresponding figures for the H/RBFSWs are 66% and 89% respectively.

No. of Clients entertained

The following table shows the number of clients entertained by the sex workers in the last 24 hours and during the last week.

Table 29: Average number of clients entertained by type of setting

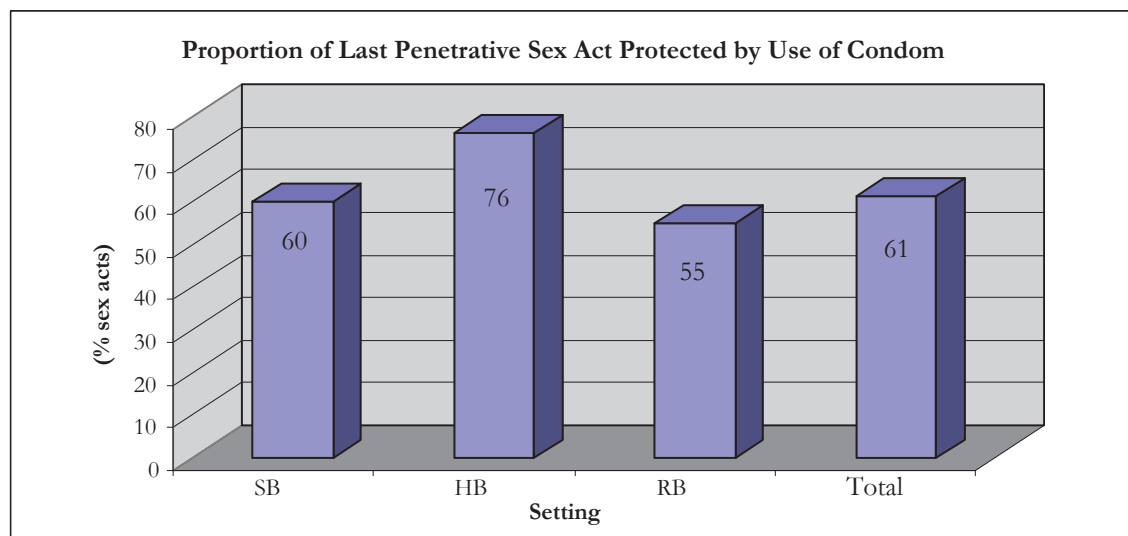
	SB	HB	RB	Total
Average No. of Clients in the last 24 hours	n=698	n=140	n=282	n=1120
	3.5	4	3	3.4
Average No. of Clients in the last 7 days	n=855	n=186	n=383	n=1424
	20	21.1	15.5	18.9

Combining all settings each of the SWs entertained an average of 3.4 clients in the past 24 hours and 18.9 clients in the past week. The HBFSWs tend to entertain relatively higher number of clients (4 clients yesterday and 21.1 in the last week).

Condom use status: Last penetrative sex act

In response to whether the last penetrative sex act was protected by use of condom, 61% of all the respondents reported that they used condom in the last sex act.

Figure 8: Use of condom in the last sex act



The Hotel based sex workers demonstrate relatively higher level of protection status (76%) compared to the sex workers in the other two settings.

Magnitude of vaginal sex acts and condom use in those

The study tried to assess sex acts in the various routes and corresponding condom use. The following table depicts average number of vaginal sex acts with clients and condom use status in those acts both for yesterday and the past one week.

Table 30: Distribution of vaginal sex act patterns and Condom Use

Vaginal sex act and condom use	Yesterday				Last 7 days			
	SB n=698	HB n=140	RB n=282	Total n=1120	SB n=855	HB n=186	RB n=383	Total n=1424
Average No. of Vaginal Sex Acts performed per SW with the clients	4.3	5	3.3	4.1	24.8	26.4	17.3	22.7
Average no. of vaginal sex act performed per client by each SW	1.2	1.3	1.1	1.2	1.2	1.3	1.1	1.2
Avg. No. of Acts Protected by Use of Condom	2.7	4.1	2.2	2.7	15.7	21.2	11.2	14.9
% of vaginal sex acts Protected by Use of Condom	63.4	81.4	65.4	66.2	63.3	80.3	64.7	65.9
Consistency of condom use in vaginal sex (% SWs)								
In all acts	53	71	54	55	41	63	50	46
In Some acts	23	18	21	22	40	28	30	35
No acts	25	11	24	23	19	8	21	18

On average the SWs engaged in 4.1 sex acts in the day before interview and 22.7 acts in the previous week. The magnitude of sex acts is relatively higher for the HBFSWs (5.0 yesterday and 26.4 in the last week). The next higher no. of sex act is performed by SBFSWs who had on average performed 4.3 acts yesterday and 24.8 in the past week. The RBFSWs had comparatively fewer sex acts as they had performed 3.3 sex acts yesterday and 17.3 in the past week.

It is seen that on average each sex worker performs 1.2 sex acts with a client, i.e. in other words with every five clients six sex acts are performed.

As far as condom use in vaginal sex acts with clients is concerned, in 66.2% acts condom was used yesterday and over the past week 65.9% acts were protected. The HBFSWs show much better protection status than others as they reported to have used condom in 81.4% acts yesterday and 80.3% in the past week. Whereas condom use is around 63% for the SBFSWs and around 65% for the HBFSWs.

Despite majority of vaginal sex acts being reported to have been protected by use of condom yesterday, and in the past week, consistent condom use over the same periods is relatively lower. Fifty five percent SWs yesterday and 46% in the past week has used condoms consistently, i.e. used condom in every single vaginal sex act with clients. Relatively much better consistent condom use has been reported by the HBFSWs (71% yesterday and 63% in the past week).

Magnitude of anal sex acts and condom use in those

The magnitude of anal sex acts and status of use of condoms in those acts have been depicted in the table below for yesterday and the past one week.

Table 31: Distribution of anal sex act patterns and Condom Use

<i>Anal Sex act and condom use</i>	<i>Yesterday</i>				<i>Last 7 days</i>			
	SB	HB	RB	Total	SB	HB	RB	Total
% of SWs engaged in anal sex	n=698 2.6	n=140 4.0	n=282 6.0	n=1120 3.4	n=855 4.3	n=186 3.8	n=383 8	n=1424 5.1
Details of Anal Sex & Condom Use	n=18	n=5	n=16	n=38	n=37	n=7	n=29	n=73
Average no. of anal sex acts	1.6	3.5	2.4	2.2	4.1	4.2	3.1	3.7
Avg. no. of anal sex acts protected by use of Condom	0.1	0.7	0.3	0.2	0.7	1.5	1.0	0.9
% of anal sex acts protected by use of Condom	8	33	18	15	35	31	36	35
Consistency of condom use in anal sex (%)								
All acts	8	33	18	15	35	19	36	34
Some acts	0	0	0	0	0	37	0	4
No acts	92	67	82	85	65	44	64	62

A small proportion of SWs reported to have been engaged in anal sex (3.4% yesterday and 5.1% in the last week). Use of condom in such acts is also very low 15% acts were protected yesterday and 35% in the past week. The general pattern suggests, except for the HBFSWs, that those who at all use condom do it consistently. Fifteen percent of the SWs engaged in anal sex yesterday thus report consistent condom use. Thirty four percent of the SWs who engaged in anal sex in the last week reported consistent condom use in anal sex.

Magnitude of group sex acts and condom use in those

The table below describes pattern of group sex and consistency of condom use in those acts.

Table 32: Distribution of group sex act patterns and Condom Use

<i>Group sex act and condom use</i>	<i>Yesterday</i>				<i>Last 7 days</i>			
	SB	HB	RB	Total	SB	HB	RB	Total
% of SWs engaged in Group Sex	n=883 5.5	n=209 1.0	n=429 5.0	n=1521 4.7	n=883 8.4	n=209 3.8	n=429 8	n=1521 7.8
No. of Acts & Protection	N=39	n=1	n=13	n=53	n=72	n=7	n=32	n=111
Avg. No. of times performed Group Sex	3.1	3.0	1.8	2.7	2.3	2.6	1.7	2.2

<i>Group sex act and condom use</i>	<i>Yesterday</i>				<i>Last 7 days</i>			
	SB	HB	RB	Total	SB	HB	RB	Total
Group Sex Acts Protected by use of condom (%)								
Always	34	100	4	28	6	34	21	12
Sometimes	39	0	10	31	31	35	8	25
Never	27	0	86	41	63	31	71	62

Incidence of group sex is also very low - 4.7% SWs performed group sex yesterday and 7.8% in the past week. Those who performed group sex on average they engaged in 2.7 such acts yesterday and 2.2 over the last week. While 28% SWs used condom in all such acts yesterday, only 12% did so over a longer period of last one week.

Magnitude of sex acts with husband/lover and condom use in those

The SWs reported if they had sex with non-clients like husbands and lovers over the past one week and to what extent condom was used in such acts. The following table summarizes their responses.

Table 33: Distribution of sex act patterns with husband/lover and Condom Use

<i>Sex acts with husband/ lover and condom use</i>	<i>Last 7 days</i>			
	SB	HB	RB	Total
% of sex workers had sex with husband/lover in the last 7 days	n=883 35	n=209 38	n=429 44	n=1521 38
Sex with non-client partners and condom use	n=305	n=82	n=191	n=578
Average no. of non-Client (Husband/ Lover) persons entertained	1.3	1.2	1.3	1.3
Average no. of sex acts with such persons	2.7	2.7	2.7	2.7
Avg. no. of sex acts protected by use of condom	0.6	0.5	0.6	0.6
% sex acts protected by use of condom	28.4	28.2	28.7	28.6
Consistency of condom use in sex with husband/lover (%SWs)				
All acts	25	27	25	25
Some acts	7	4	7	7
No act	68	69	68	68

Little over a third (38%) SWs engaged in sex with husband/lover in the last 7 days. A relatively higher proportion of the residence based SWs (44%) engaged in such sex. Those who engaged in such sex act performed 2.7 sex acts on average. Only in 0.6 such acts on average i.e. in 28.6% of such acts condom was used. Twenty five percent SWs used condom consistently in such sex acts.

8.2 Knowledge about and Barriers to Condom Use

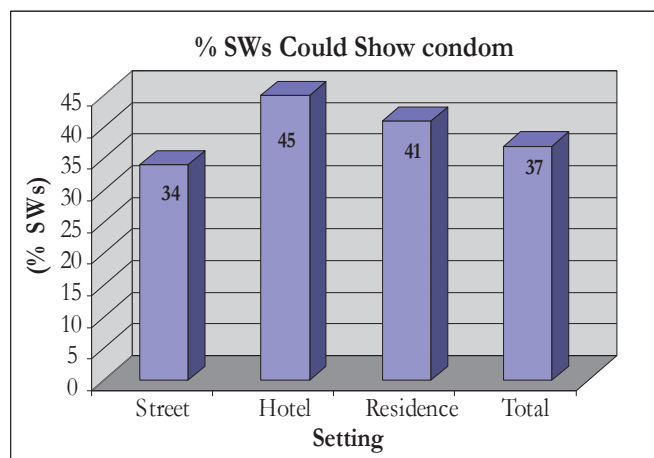
The SWs were enquired about where condoms (male condom) are available, if they had condom with them, to demonstrate how to put on a condom, and problems faced using condom. They were also asked if they knew about female condom and how to insert that.

Table 34: Percentage distribution of SWs on Knowledge about Condom

<i>Knowledge about condom</i>	<i>Type</i>			
	SBFSW	HBFSW	RBFSW	<i>Total</i>
Knowledge about sources of condom (male condom) (Multiple response)	n=883	n=209	n=429	n=1521
Pharmacy	87	88	88	87
General Store/Grocery Store	41	38	36	39
Health worker	27	28	26	27
NGO/DIC/Peer	24	35	29	26
Family Planning worker	13	18	20	16
Others	2	8	0	2
DK/CS	3	2	2	3
% SWs Heard about /Seen Female Condom	42	51	39	42
Knowledge about how to correctly put on FC : (Multiple response)	n=370	n=106	n=167	n=643
Sitting State	37	49	52	43
Lying State	40	41	56	45
Standing State on one foot	39	29	46	39
Hold the ring with two fingers and insert in vagina	13	24	16	15
Others	1	5	1	1
Don't know/Can't say	38	20	33	33

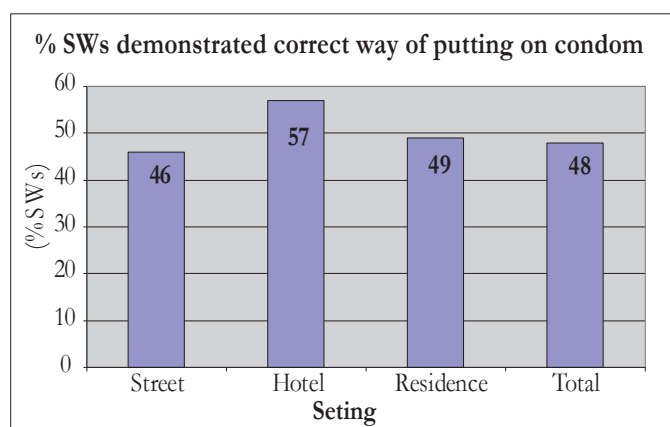
When asked about where condoms are available, more than three quarters (87%) of the sex workers stated that condoms are available at pharmacies. 39% reported that condoms are available at general/grocery stores, 27% reported health workers, 26% informed of NGO/DIC/Peers, and 16% informed of family planning workers.

Forty two percent of the total respondents said that they knew of female condoms. Highest level of knowledge about FC is seen among the hotel-based female sex workers (51%). When asked how to insert an FC, forty three percent of the SWs said that FC has to be inserted in sitting position, 45% said it has to be inserted in lying position, and 39% told that it has to be inserted in standing position (standing on one foot). Fifteen percent of SWs also mentioned how to hold ring and insert the FC.

Figure 9: Percent sex workers could show condom


While being interviewed, 37% of the respondents could show condoms. More hotel-based female sex workers (45%) had condom with them compared to the other two types of SWs. Only 34% SBFSWs could show a condom while 41% RBFSWs did the same.

Figure 10: % SWs demonstrated correct way of putting on condom



Forty eight percent of the SWs could demonstrate proper ways of putting on a condom. Among all the sex workers, those who are hotel-based (57%) ranked the highest in demonstrating the proper way of putting on a condom.

Barriers to condom use

All the SWs were asked about condom use and associated problems or barriers faced with the clients. Their responses are shown in the table below.

Table 35: Percentage distribution of problem faced by type of sex workers

Problems (multiple response)	Street n=883	Hotel n=209	Residence n=429	Total n=1521
Clients do not get pleasure	44	48	47	45
Clients do not want to use condom at all	44	54	37	43
Clients have sex forcibly without condom	23	12	18	20
Clients go away/give less money	19	12	20	18
It takes too much time	14	20	15	15
I work without condom	10	6	10	10
Do not want to buy condom	9	3	8	8
I do not get sexual pleasure	5	13	7	7
Do not have courage to tell the clients about condom	3	3	6	4
Clients beat me up if use of condom is proposed	4	1	1	3
Others	2	2	10	4

The main problem emerges to be non-cooperation of the clients. Forty five percent of the SWs complained that the clients do not feel the pleasure while 43% said that the clients do not want to use condom at all. Twenty percent of the SWs even complained that the clients have sex without condom forcibly despite their request. Nineteen percent of the SWs also reported loss of client in the event of requesting condom use. Four percent SWs told us that they are afraid to approach the client for condom use while 3% complained that they face violent treatment from the clients if they offer use of condom.

Also there are barriers on the SWs side which prevents condom use. Fifteen percent of the SWs complained that use of condom unnecessarily increases sex act time which they do not like. Ten percent of them rather directly said that they like to do sex act without condom. A small proportion (8%) showed disinterest in buying condoms. Seven percent SWs also complained that use of condom prevents them from getting full sexual pleasure.

8.3 STI: Current Status & Treatment Seeking Behaviour

The following table summarizes the percentage distribution of the respondents who have STI symptoms.

Table 36: Percentage distribution of STI symptoms by type of SWs

	Type			Total n=1521
	Street n=883	Hotel n=209	Residence n=429	
No STI Symptom	46	56	38	45
Do not know	2	2	3	3
Has STI symptom at present (multiple response)				
Ache in lower abdomen	29	18	27	27
Itching and discharge	19	23	28	22
Ache during sex	18	9	25	19
Aching/ inflammation during urination	13	6	15	13
Aching/pus during menstruation	8	7	15	10
Itching in genital	10	4	11	10
Heavy discharge	9	8	11	9
Smelly discharge	8	4	6	7
Soar in genitals	3	3	5	3
Soar inside vagina	.9	.4	2.3	1.3
Others	4	4	7	4

More than half (52%) the SWs reported one or more STI symptoms, while 45% did not mention presence of any such symptoms and 3% were unsure. Of the three types of sex workers, it appears that presence of STI symptom is highest among the RBFSWs (59%) and lowest among the HBFSWs (42%).

More common symptoms experienced by the SWs are ache in lower abdomen (27%), itching and discharge (22%), ache during sex (19%), ache in micturation (13%), ache/pus during menstruation, and itching in genitals. Heavy discharge was reported by 9% SWs, and smelly discharge was reported by 7%. About 4% reported soar in genital areas.

Association between degree of condom use and presence of STI symptoms

To find out association between degree of condom use and presence of STI a cross tabulation was carried out on STI presence by degree of condom use for yesterday and over the last 7 days.

Table 37: Percentage distribution of SWs on presence of STI symptoms by consistency of condom use in vaginal sex acts

	Condom use: Yesterday			Condom use: Last 7 days		
	All acts	Some Acts	No act	All acts	Some Acts	No act
Total	n=612	n=245	n=650	n=650	n=505	n=351
Do not have any symptom	58	34	38	59	35	35
Presence of one or more symptoms	42	66	62	41	65	65
Chi square value	60.3			74.2		
P value	<.001			<.001		

Significant association is noticed between consistent condom use and high degree of absence of STI symptoms. In the above table it is seen that those who use condom in some acts and those who did not use condom at all, reported similarly high degree of STI presence, while those reporting consistent condom use have reported much less presence of STI symptoms. This difference is statistically significant.

Interestingly, a substantial proportion (41% - 42%) of those reporting consistent condom use in the immediate past also reported presence of STI symptoms. This requires further investigation into the nature of condom use.

Treatment Seeking Status

Table 38: Percentage distribution of treatment sought and waiting time by type of sex worker

	Type			
	Street	Hotel	Residence	Total
Measures taken for Symptoms	n=476	n=89	n=257	n=822
Sought treatment at NGO Clinic/DIC	48	42	36	31
Visited Pharmacy	16	13	10	14
Visited Govt. Hospital	7	7	8	7
Advice from Relatives/Friends	5	2	7	6
Traditional treatment (Kabirazi/Hekimi/Ayurvedic)	5	1	4	5
Saw a doctor	2	2	1	2
Visited a Clinic	1	1	1	1
Others	0	5	2	2
DK/CS	2	3	2	2
Have taken no initiatives	41	45	41	42
Waiting time between onset of symptoms and seeking treatment	n=271	n=46	n=148	N=465
Sought treatment within a week	27	14	37	29
More than 1 week-2 weeks	14	13	16	14
More than 2 weeks to 3 weeks	14	25	14	15
More than 3 weeks to 4 weeks	7	3	3	5
More than 4 weeks	25	30	22	25
No response	14	15	8	12
Mean waiting time (in weeks)	6.3	5.7	3.6	5.4
Duration of present symptom of those not taken any treatment	n=205	n=42	n=110	N=357
Less than 1 week	7	3	2	5
More than 1 week-2 weeks	5	5	5	5
More than 2 weeks to 3 weeks	15	6	14	14
More than 3 weeks to 4 weeks	2	4	3	2
More than 4 weeks	67	75	73	70
No response	4	6	4	4
Mean duration (in week)	14.3	9.9	10.8	12.7

Of those reported any STI symptoms, 42 percent had not taken any initiatives in seeking advice/treatment regarding their problems. Thirty one percent of them mentioned that they had gone to NGO-run Clinics/DICs for seeking treatment, 14% reported visiting pharmacy, 7% sought treatment from government hospitals, 6% from relatives or friends and 5% from traditional sources such as kabiraj's, hakim's and ayurvedics.

As far as the waiting time between onset of disease and seeking treatment is concerned, those who sought treatment, 29% of them went to take treatment within one week. On average the waiting time is high which is 6.3 weeks for the SBFSWs, 5.7 weeks for the HBFSW, and 3.6 weeks for the RBFSW.

When asked the duration of present those who have not sought treatment yet only 5% of them are within the first week of onset of symptom. All the rest are experiencing the symptoms for rather longer period which is 12.7 weeks on average.

Visiting NGO Clinics

The status of the target group members who have visited NGO-run/Clinics and the reasons for not visiting such places is specified with the help of the following table.

Table 39: Percentage distribution of visiting NGO clinics and reasons for not visiting by type of SW

	<i>Type</i>			Total n=1521
	Street n=883	Hotel n=209	RBFSW N=429	
Ever Visited any NGO Clinic	46	57	60	52
Reasons for not visiting any NGO Clinic	n=474	n=90	n=171	n=735
Have no idea/do not know clinic	57	44	59	56
Get ashamed	22	33	19	23
Do not provide good service	7	14	5	7
Have no good NGO Clinic	5	1	7	5
New comer	3	7	6	4
Have no disease	12	8	10	11
Others	4	4	8	4
DK/CS	4	1	3	3

Fifty two percent of the total respondents have ever visited NGO-run/Clinics. When asked why they did not visit any NGO clinic/facilities, 53% of those who never visited had no idea of such places. 23% did not visit out of shame. Seven percent believe that the NGO clinics do not provide good services, while 5% stated that they have no good NGO-run clinics in their areas. 4% of the respondents were either newcomers or gave other reasons for not paying a visit to the NGO-run clinics.

8.4 HIV and AIDS

The following table describes the knowledge about HIV and AIDS, source of knowledge about HIV, and knowledge about mode of HIV transmission.

Table 40: Percentage distribution of knowledge about HIV and AIDS, source of knowledge & mode of HIV Transmission

Knowledge about HIV and AIDS	<i>Type</i>			Total n=1521
	Street n=883	Hotel n=209	RBFSW N=429	
% Heard about HIV and AIDS	89	94	92	90
Source of knowledge about HIV and AIDS (Multiple Response)	n=785	n=197	n=393	N=1375
TV	78	77	84	79
NGO worker	33	32	40	36
Radio	27	24	24	26

Knowledge about HIV and AIDS	Type			Total n=1521
	Street n=883	Hotel n=209	RBFSW N=429	
Friends	23	30	27	25
Health worker	20	24	20	20
Bill board/poster	13	16	13	13
Newspaper	6	12	9	8
Family	4	3	4	4
Book/periodicals	4	4	5	4
Others	8	6	2	4
DK/CS	1	0	0	1
Proportion of respondents that could mention one or more correct mode of HIV transmission	n=745	n=197	n=393	n=1375
1 mode	36	26	41	36
2 modes	27	28	26	27
3 modes	16	19	16	17
4 modes	6	6	9	7
More than 4 modes	3	5	2	4
Knowledge about various modes of HIV transmission (multiple response)	n=785	n=197	n=393	N=1375
Male-female sex work	68	57	63	65
Male-male sex work	18	13	18	18
Unscreened blood transfusion	46	51	58	50
Mother-child (birth)	12	12	13	12
Used needle	30	48	41	36
Sexual Work without condom	63	83	60	65
Mother to child (breast feeding)	19	24	25	21
Unhygienic lifestyle	7	7	7	7
Others	2	4	5	3
Do not know	4	2	5	4

Heard of HIV/AIDS

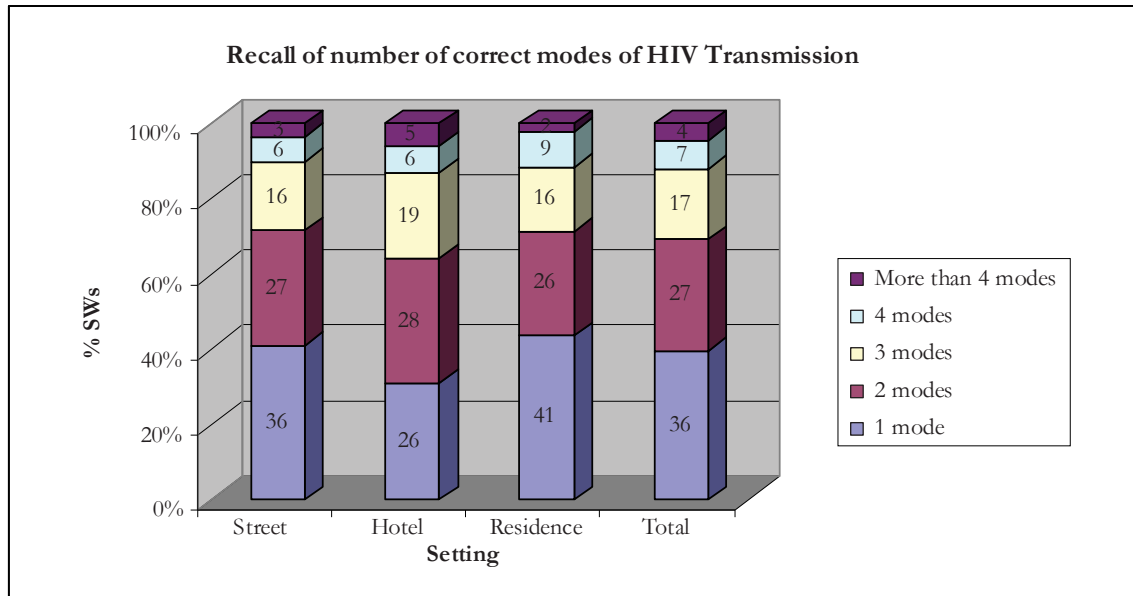
Knowledge of HIV and AIDS was quite high at 90%.

Source of HIV and AIDS Knowledge

When asked about the source of information regarding HIV and AIDS, most of the respondents mentioned TV, measuring 79% of the total respondents who knew about HIV and AIDS; followed by NGO workers (36%), Friends (26%), health workers (20%), and print media (21%). No significant variations were observed across the groups.

Knowledge about Mode of HIV transmission

Figure 11: Recall of number of correct mode of HIV transmission

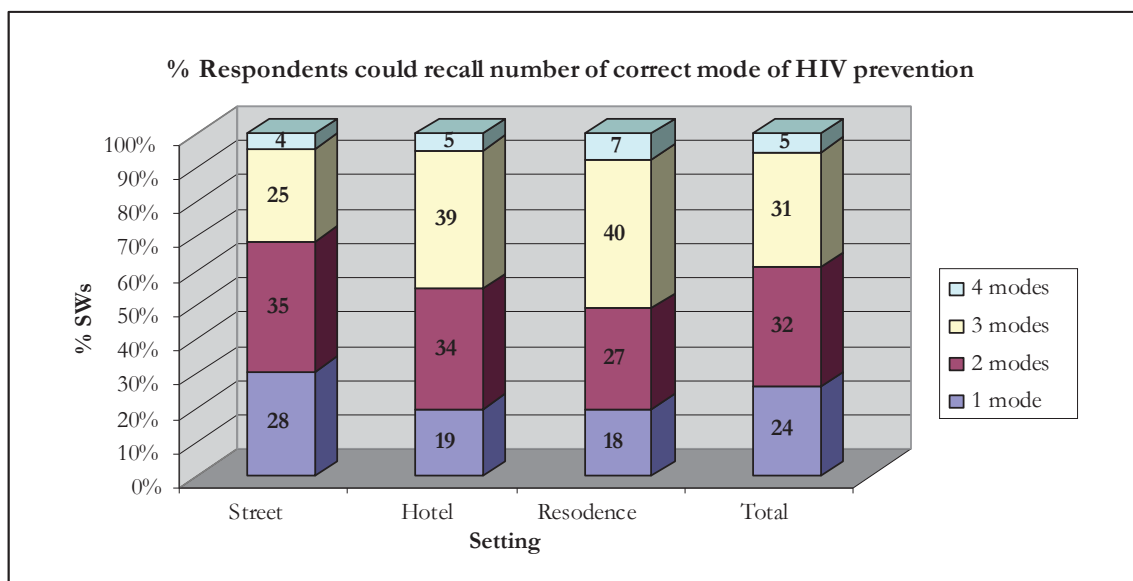


Regarding the knowledge of the modes of transmission of HIV, 36% of the total respondents knew at least one correct mode of transmission, 27% about 2 correct modes, 17% about 3 correct modes, and 11% knew 4 correct modes.

Male-female sex work (65%) and sex work without condom (65%) were known most by the respondents. Unscreened blood transfusion was reported by 50% SWs who knew about HIV and AIDS. Used needles were mentioned by 36% respondents. 21% mentioned mother to child transmission through breast-feeding whereas, 12% mentioned mother-child transmission through birth. 18% mentioned male-male sex work is responsible for HIV/AIDS infection.

Knowledge about modes of HIV Prevention

Figure 12: % Sex workers mentioned number of correct mode of HIV prevention



In response to knowledge of preventive measures of HIV, 24% were aware of 1 correct mode, 32% of two, 31% of three and 5% knew four correct modes. However, 5% did not know any mode of prevention at all.

Table 41: Percentage distribution of Knowledge about HIV prevention

<i>Knowledge about HIV prevention</i>	<i>Type</i>			<i>Total n=1375</i>
	SBFSW n=785	HBFSW n=197	RBFSW n=393	
Knowledge about various modes of HIV Prevention (Multiple Response)				
Not having sex without condom	89	95	86	89
Have to use screened blood	34	48	46	39
Not using used needles and syringe	41	54	57	47
Not having sex with multiple partners	27	29	32	28
Wash genitals with Dettol after sex	3	1	4	3
Have to wash genital with urine after sex	6	4	3	5
Unhealthy/ untidy friends have to be avoided	7	4	7	6
Have to take advice from doctor	7	11	9	8
Others	1	2	0	1
Do not know	6	2	7	5

Eighty nine percent of the sex workers who knew about HIV and AIDS knew that condom use during sexual acts prevented HIV transmission. The second highest known mode (47%) was not using used needles and syringes. Screened blood to be used for transfusion was known to 39% of the respondents. Twenty eight percent SWs also mentioned that avoiding multiple sex partners prevents HIV transmission.

There were, however, some myths among a small proportion of SWs such as washing genitals with urine (5%)/ Dettol (3%), avoiding unhealthy persons (6%).

HIV Risk Perception & Reasons Thereof

When asked on how much the SWs felt the risk of HIV, 12% of them were not sure while the rest indicated various degree of risk perception as is shown in the table below.

Table 42: Percentage distribution of Self Risk Perception by type of sex workers

Self risk perception to HIV transmission	Street N=785	Hotel N=197	Residence N=393	Total N=1375
Very High	16	13	17	16
Moderate	23	32	21	24
Low	23	32	27	25
No possibility	22	19	25	22
DK/CS	16	4	9	12

Generally, risk perception for self of contracting HIV and AIDS is very low. Twenty two percent felt that there was no chance at all, 25% felt low risk, and 24% felt moderate risk. Only 16% of all the respondents felt the risk to be very high.

When asked why the reported level of HIV is perceived the SWs gave various reasons for that which are summarised in the following table.

Table 43: Percentage distribution of reasons for risk perception by perceived level of risk of HIV

Reasons	Risk Perception			
	No Risk n=308	Low Risk n=350	Moderate Risk n=330	High Risk n=217
Do sex work		41	65	57
Perform sex with more than one person		33	55	63
Lover goes to other girl				2
Always/most of the time use condom in sex work	77	34	17	
Use condom sometimes		29	23	35
Do not use condom in sex work		5	28	27
Do not use condom with lover/husband		5	12	14
Many a times condoms get ruptured		22	28	28
See doctor regularly	5	3	1	
Have tested blood	19	6	5	16
Have STI		4	8	16
Have no STI	15	7	2	
Stay clean	13	7	1	

The risk perception is broadly associated with three major groups of reasons, namely multiple sex partner, condom use, and presence of STI.

Multiple partner: Those reporting perceived higher risk have indicated more than others that they are engaged in sex work or they have multiple sex partners. For example this was not mentioned by those confident of no risk at all. Whereas those who reported low risk 41% of them said that they are engaged in sex work and 33% of them said that they had multiple sex partners. On the other hand those perceiving high risk of HIV 57% of them indicated sex work and 63% indicated multiple partners.

Use of Condom: Regular use of condom is highly associated with low or no risk perception. Those who feel no risk at all 77% of them mentioned that they always/most of the time use condom, whereas 34% of those reporting low risk indicated so. Further those who feel moderate risk only 17% of them mentioned always/most often use of condom, while those perceiving high risk did not mention any regular use of condom. Alternately, use of condom infrequently has been mentioned more by those perceiving higher risk. Also, mention of not using condom at all is much higher in the high risk perception groups. This clearly implies that the SWs associate use of condom with HIV prevention.

STI: Absence of STI or seeing doctors or testing negative for STI gives higher confidence of low/ no risk of HIV. The study finds that 19% of no risk perception group reported testing for STI and 15% also proclaimed that they do not have STI. On the other hand, 16% of the high risk perception group reported to have undergone STI test and at the same time 16% also reported to have STI. Hence presence of STI has positive association with high risk perception.

Association between HIV risk Perception and Condom Use

The cross tabulation of risk perception and condom use status reveals high association between condom use consistency and reduced risk perception.

Table 44: Percentage Distribution of risk perception by consistency of condom use

	Use of condom in vaginal acts: Last 7 days		
	All acts n=588	Some acts n=383	No act n=234
No	37	15	14
Low	31	27	28
Moderate	22	30	37
High	10	28	21
Chi square value	113.1		
P value	<.001		

Thirty seven percent of those who used condom consistently over the last 7 days were convinced that they had no HIV risk compared to 14%-15% in the inconsistent/no condom user group. On the other hand, while 10% of the consistent condom user group felt high risk of HIV 21% - 28% of the no/inconsistent condom user group felt the same. A Chi square test reveals positive association between consistent condom use and reduced risk perception.

8.5 Access to Health and Education Services

Health Care

The following table presents the service accessibility status for sex workers and their children.

Table 45: Percentage distribution of sources of health services for concern about STI/HIV and for general treatment

Source of service	Type			Total
	SBFSW n=785	HBFSW n=197	RBFSW n=393	
Preferred source of service if worried about HIV and AIDS or STI				n=1375
Government hospital	56	55	52	54
NGO Clinic	27	25	41	32
Peer outreach worker	13	20	22	17
Private Doctor	17	23	10	16
Other Clinic	12	20	5	11
Friends	5	6	2	4
Relatives	3	2	2	3
DK/CS	12	8	10	11
Availed health services for self with sex worker identity	N=883	n=209	n=429	n=1521
NGO	30	39	43	35
Govt. Hospital	24	28	24	25
Private Doctor	5	11	7	6
Sex worker identity not divulged	31	29	20	28
Could not access services anywhere	6	5	5	6
Did not try/Had no diseases	12	6	11	11

Source of service	Type			Total
	SBFSW	HBFSW	RBFSW	
Places can be accessed for health services for Children with Sex Worker identity	n=663	n=145	n=341	n=1150
Govt. Hospital	17	14	18	17
NGO	12	9	30	17
Private Doctor	8	2	5	6
Did not divulge sex worker identity	25	24	20	23
Could not access services anywhere	3	3	3	3
Did not try/ Had no diseases	40	49	31	38

In case of concern and worry about HIV and AIDS or STD, the most preferred source of service is government hospital (54%), next preferred source is NGO clinic (23%); followed by Peer Outreach Worker (17%), private doctor (16%) and other clinic (11%). Some mentioned friends, relatives and other NGOs to be their desired place for taking services.

With regard to availing health service for self with sex worker identity, one third availed at NGO (35%), 25% at government hospital, and 6% at private doctor's. 28% availed services without divulging their identity. Six percent SWs, however, complained that they could not access services anywhere.

As far as availing children's healthcare as a sex worker, 38% of the respondents mentioned that their children had no diseases or had not tried (38%). 23% of the total respondents mentioned that they had taken services without their sex worker identity and 17% of the total respondents mentioned NGO and government hospital as their source of treatment. However, 3% complained that they could not access service anywhere.

Education

The study investigated access to and utilisation of education services for the SWs' children.

Table 46: Percentage distribution of education service provisions accessed for children

Service Provisions	Type			Total
	SBFSW	HBFSW	RBFSW	
Places from where education can be accessed for children with Sew Worker identity	n=663	n=145	n=341	N=1150
Government School/college	11	5	10	10
NGO school/college	4	8	5	5
Others	2	1	2	2
Did not divulge sex worker identity	5	8	2	4
Had no children	30	33	22	28
Minor child	17	10	14	15
Already literate	2	2	11	5
Had no intention to pursue education	3	3	4	4
Did not try	19	15	26	21

For their children's educational places, the highest number of respondents (28%) mentioned that they had no children to be taught. 21% mentioned that they had not tried to teach their children as yet and 15% told that their children were still minor to be taught. Four percent mentioned that they had no intention to educate children. Ten percent SWs indicated access to government school and 5% NGO schools. Four percent have accessed education without divulging their profession.

8.6 Harassment Situation

Harassment

The police, local mastans and clients harass sex workers more. The following table summarizes the harassment experienced by the sex workers.

Table 47: Percentage distribution of harassment, perpetrators and frequency of harassment faced from the perpetrators

Harassments	Type			Total
	SBFSW	HBFSW	RBFSW	
Faced any harassments	n=883	n=209	n=429	n=1521
% Faced any harassments in the last one month	51	40	38	46
Perpetrators of harassments	n=453	n=84	n=165	N=702
Police	55	78	33	52
Muscleman (<i>Mastan</i>)	41	25	36	38
Clients	27	16	35	27
Pimp	13	11	14	13
Sex worker	13	4	13	12
Other	12	14	16	13
In last one month Average number of time faced harassment by				
Police	3.5	4.0	2.4	3.4
Mastan	3.9	3.1	2.2	3.5
Clients	2.3	2.3	1.9	2.2
Pimp	2.2	2	2.4	2.3
Sex Worker	2.9	1.6	1.5	2.5
Other	1.9	3.4	2.5	2.3

About 46% of all respondents had faced harassment for being involved in sex work. SBFSW reported highest rate as 51% of them faced harassment in the last one month, while both HBFSW and RSFSW had reported comparatively lower rate of 40% and 38% respectively.

The perpetrators were mostly police (52%), local muscleman (38%) and clients (27%). Seventy eight percent of the hotel based female sex workers, 55% street based female sex workers and 33 % residence based female sex workers mentioned police as a key perpetrator of harassment. Thirty eight percent of the respondents mentioned that they were being harassed by local musclemen (*Mastan*) followed by 27% of the total respondents mentioned clients who harass them in different forms. Even pimps and other fellow sex workers were also perpetrators of harassment, though mentioned by a relatively smaller proportion of the respondents.

Those who faced harassment reported number of times they had faced so from the respective perpetrators. If they harass, more frequent harassment takes place from the local muscleman (3.5 times) followed by police (3.4 times) and pimps (2.8 times).

Response against Harassment of Sex workers

When asked what was done by the various stakeholders, including self, in case of harassment of a sex worker, various responses were given as shown in the table below.

Table 48: Percentage distribution of steps taken to prevent harassments

Steps taken to prevent harassments	Type			Total N=1521
	SBFSW n=883	HBFSW n=209	RBFSW n=429	
Self				
Did not do anything	32	29	21	29
Protested verbally	14	8	10	12
Informed the committee	3	2	4	3
Informed concerned NGO	3	2	6	3
Confronted the perpetrator	4	2	3	3
Others	3	4	4	4
No response	47	57	61	52
Harassed Sex Worker				
Did not do anything	30	29	19	27
Protested verbally	7	4	5	6
Confronted the perpetrator	3	2	2	2
Others	8	5	8	7
Do not know	9	13	13	11
No response	47	49	56	50
Concerned NGO				
Did not do anything	23	21	14	20
NGO not informed	8	7	8	8
Protested	3	2	3	3
Informed the committee	5	4	4	5
Do not know	13	14	19	15
No response	50	54	57	53
Others				
Did not do anything	31	27	20	27
Client protested	1	1	0	1
Others	3	1	2	2
Do not know	15	18	20	17
No response	50	54	56	53

In response to harassment of a sex worker, 29% replied that they could do nothing against the perpetrator, 12% mentioned verbal protests, while only 3% reported to have complained to the committee and another 3% to the concerned NGO. Another 3% actively got into confrontation with the perpetrator.

In most cases the harassed sex worker has little recourse. Twenty seven percent SWs reported that the harassed sex worker did not do anything at all. Only 6% SWs told that the harassed SW protested while another 2% respondents reported that the harassed sex worker confronted the perpetrator.

Response from the concerned NGOs also appears to be very low. Twenty percent sex workers reported that the concerned NGO did not do anything. Only 3% SWs reported that the concerned NGO protested and another 5% reported that the NGO had informed the committee on the harassment incidence.

Response from other stakeholders to incidence of harassment is also very poor. Twenty seven percent SWs informed that other stakeholders did not do anything. At times clients, however, protest such harassment which has been reported by 1% SWs.

8.7 Drug Use

Use of drugs among the sex workers was investigated by the study. Forty two percent of the sex workers reported to use any addictive substance.

Table 49: Percentage distribution of drugs used by types of sex workers

<i>Drug use</i>	Type			<i>Total</i>
	SBFSW	HBFSW	RBFSW	
Uses any addictive substances	n=883	n=209	n=429	N=1521
% Uses any addictive substances	45	38	37	42
Type of addictive Substances used	n=400	n=80	n=161	n=641
Cigarette/bidi	60	59	58	59
Gul (powder tobacco)	38	22	50	39
Tobacco leaf (chewing tobacco)	30	18	35	30
Ganja	29	15	35	29
Alcohol	17	24	27	20
Phensidyl	2	10	4	4
Heroin	3	4	5	4
Others	10	10	4	9
DK/CS	3	0	3	2

The most commonly used substances are tobacco based - cigarette/ bidi is used by 59% of those who use any addictive substance, 39% use gul, and 30% use chewing tobacco. Other major use of addictive substances includes ganja (29%) and alcohol (20%). Four percent SWs use phensidyl and another 4% use heroin.

9 SERVICE NEEDS OF THE UNSERVED FSWs

The unserved FSWs put forward demands and expectation of services on various aspects of their work, livelihood, rights and justice issues. Their demands and expectations have been summarised in a few broad groups and briefly presented below.

9.1 Health

1. Access to Condom
2. Access to lubricant.
3. DIC services
4. Access to treatment and medicine for STI for themselves, and treatment for general diseases for themselves as well as for their children
5. Information on health, and HIV/AIDS
6. Counseling services on health and Psychological issues

9.2 Income Generating Activities (IGA)

In qualitative interviews the FSWs expressed the following demand:

1. Vocational training like training on sewing, driving, handicrafts, embroidery, candle making, shopping bag making, etc.
2. Job opportunity
3. Loan at a low interest rate to finance their income-generating activities / micro-credit facilities
4. Capital for business

In the survey also several demands were put forward as is depicted in the table below.

Tabel 50: Percentage distribution of expected vocation for training

IGA Training	Type			Total n=1521
	SBFSW N=883	HBFSW N=209	RBFSW N=429	
Interested in taking IGA Training	58	68	61	61
Vocations on which want IGA training	N=516	N=142	N=263	N=920
Tailoring work/ tailoring machine work	68	52	68	66
Embroidery/ Block boutique/ handloom	9	16	10	10
Parlour work	7	1	5	5
Cattle goat and poultry rearing	2	10	4	4
Wax work/ candle making	4	4	2	3
Others	9	14	14	12
Any vocation	8	7	4	7
DK/CS	3	2	4	3

Majority of the respondents (61%) showed their interest of taking IGA training on tailoring (66%), followed by Embroidery/ Block boutique/ hand loom (10%), etc.

9.3 Education

1. Adult education facilities for sex workers
2. Education facilities for their children

9.4 Improving rights, social justice and dignity status

1. Development of self organization for mobilizing sex workers to establish rights
2. Creating environment to reduce stigma against sex workers
3. Acceptance of sex workers in the society
4. Social and family recognition as sex workers
5. Awareness on rights
6. Training on awareness creation
7. Training on laws and various legal aspects surrounding the sex workers

9.5 Reduce Violence against sex workers

1. Protection against harassment from police and mastan
2. Protection against violence from Madams, pimps
3. Provision of legal support in case of harassment
4. Creating sex work venue safe and secure
5. Ensuring confidentiality from service providers and media people
6. Better living condition and housing facilities

10 DISTRICT SUMMARY

Dhaka

Population: 8,512,000

No of UZ: 33 (Adabor, Badda, Biman Bandar, Cantonment, Demra, Dhamrai, Dhanmondi, Dohar, Gulshan, Hazaribag, Jatrabari, Kafrul, Kamrangir Char, Khilgaon, Keranigonj, Kotwali, Lalbagh, Mirpur, Mohammadpur, Motijheel, Nawabgonj, New Market, Pallabi, Shyampur, Ramna, Shaha Ali, Shahbag, Sabuzbag, Savar, Sutrapur, Tejgaon, Uttara)

No. of UZ where SWs located: 18 (Mohammadpur, Dhanmondi, Mirpur, Shaha Ali, New Market, Sutrapur, Lalbag, Hazaribag, Kotwali, Adabor, Kamrangirchar, Shyampur, Shahbag, Jatrabari, Dohar, Nawabgonj, Keranigonj, Demra)

No. Of SW Spots: Total=224, Street =70, Hotel=75, Residence= 79.



Description of spots

Street: The parks are used at night and early morning. Cinema halls and lakeside areas are also being used for sex. Some SWs contact customers on the bridges and move off to houses.

Residence: The alleys are being used by SWs. Many flat owners have created a business out of it. Some SWs are contacted by the middleman. Many slums have SWs living there and customers come and go openly. At times, they rent a household as husband-wife and continue their act.

Hotel: All types of hotels have such activities. Managers and the middleman conspire with the police and allow such actions to continue.

No. Of SW: 4,715 - 5,813 (Street = 2,630 - 3,177 Hotel & Residence=2,085-2,636)

Unserved: 3,010-4,108 (Street = 1,590-2,137 Hotel & Residence = 1,420 - 1,971)

Served: 1,705 (Street = 1,040 Hotel & Residence = 665)

Intervention: NGOs, Services & Locations:

NGO	Based	Services	Thana	Spot
DORP	Street	Condom provide, STI Service	Mohammadpur, Dhanmondi	Zia Uddan, Sangshad, Sangshad Lake, Dhanmondi Lake, Dhanmondi Park
Durjoy	Street	Condom provide, STI Service	Mohammadpur, Dhanmondi, Shah Ali	Zia Uddan, Sangshad, Sangshad Lake, Dhanmondi Lake, Dhanmondi Park, Nattay Moncho, Baot Club, Shukrabad
PAICT	Street	Condom provide, STI Service	Mohammadpur, Dhanmondi, Sutrapur, Kotowali	Sadarghat, Monistar Cinema Hall, Court Kachari, Roy Shaheb Bazar, Kolta Bazar (Laxman Bazar), BanglaBazar,

DISTRICT SUMMARY

NGO	Based	Services	Thana	Spot
HEED Bangladesh	Street	Condom provide, STI Service, General Treatment	Shah Ali	Purobi Cinema Hall,
Marie Stopes	Street	Condom provide, STI Service, General Treatment	Kotowali	Sadarghat, Monistar Cinema Hall
CDS	Hotel & Residence	Condom, Lubricant, STI Service	Mohammadpur, Adabor, M.Pur	Shamoly Hotel, Paira Hotel, Shershah Suri Road, Shaikher Tek
BWHC	Hotel	Condom, Lubricant, STI Service	New Market, Sutrapur, Kotowali,	Hotel Rising Sun, Hilton City, Himel, Shuvechchha
MODHUMITA	Hotel	Condom, Lubricant, STI Service	New Market, Sutrapur, Kotowali,	Hotel Rising Sun, Hilton City, Himel, Shuvechchha

Sherpur

Population: 1,279,000

N of UZ : 5 (Jhenaigathi, Nakla, Nalitabari, Sadar, Sreebardi)

No. of UZ where SWs located : 3 (Sadar, Jhenaigathi, Nalitabari)

No. of SW Spots : Total=18, Street =13, Hotel=4, Residence= 1.

Description of spots

No. of SW: 267-337 (Street = 170-222, Hotel & Residence=97-115)

Unserved: 267-337 (Street = 170-222, Hotel & Residence=97-115)

served: 00 (Street =0 , Hotel & Residence = 0)

Intervention: NGOs, Services & Locations: N/A



Netrokona

Population: 1,988,000

N of UZ : 10 (Atpara, Barhatta, Durgapur, Khaliajhuri, Kalmakanda, Kendua, Madan, Mohangonj, Sadar, Purba dhala)

No. of UZ where SWs located : 2 (Sadar, Madan)

No. of SW Spots : Total=15 ,Street =9 , Hotel=0 , Residence=6 .

Description of spots

Residence: The SWs leave in secluded houses with boundary on all sides. The houses were generally not very clean. The houses were dark due to bamboo plantations around it. The service was offered openly.



The local people did not have any objections to this type of service. These houses were typically dank and unclean. Customers were always coming and going from these houses, although there were more customers during the evening and especially after 4 p.m.. Customers were contacted through phones at all times of the day. A sardar/sardarni was involved in the provision of such services.

Hotel: The hotels involved with SWs were typically low class, dirty and with very few customers. There was a lack of ventilation and light. These services were provided at night. Customers were contacted through phone. However, between 5 and 7 p.m. customers went to the hotels directly. The SWs were out on the streets searching for customers between 10 and 11 p.m.. However, the SWs were not hotel based. They came from outside the town, offered their services in these hotels and then left. The hotel manager/boy was also involved.

Street: The SWs who are street based offer their services out of sight of the common eye such as forests. They finish their work and then leave. Those areas are extremely dank and dirty. These SWs also provided their service in hotels. The hotel manager/boy helped them with customers. They were mostly out between five and seven p.m. in the evening. Usually, they spent the night performing their service, or after 2/3 customers, they left. They were found near bust stand, rail station, small tea stall and around bushes.

No. Of SW: 571-681 (Street = 149-187, Hotel & Residence= 422-494)

Unserved: 371-481 (Street = 149-187, Hotel & Residence = 222-294)

Served: 200 (Street = 0, Hotel & Residence = 200)

Intervention: NGOs, Services & Locations:

NGO	Based	Services	Thana	Spot
ORA	Street & Residence	Condom Distribution, Blood Check, STI Syndomic Advocacy, Legal Supports, VCT Refer	Netrokona, Madan	Katly, Cotstation, Parla, Railstation, Matrisadan, Chalkpara, Islampur, Nizampur, Katpatti
ORA	Street & Residence	Condom Distribution, Blood Check, STI Syndomic Advocacy, Legal Supports, VCT Refer	Netrokona, Madan	Katly, Railstation, Chalkpara, Islampur, Nizampur, Katpatti

Gazipur

Population: 2,032,000

N of UZ : 6 (Sadar, Kaliakair, Kaligonj, Kapasia, Sreepur, Tongi)

No. of UZ where SWs located : 4 (Sadar, Kaliakair, Kaligonj, Tongi)

No. of SW Spots : Total=18, Street =15, Hotel= 0, Residence= 3.

Description of spots

Street: The SWs come out late at night, sometime around 11 p.m. in search of customers. Very few SWs operate in the morning. SWs around the rail station start at around 5 in the evening and work till late at night. They spend their mornings sleeping. There are a few slums around the rail station. Most SWs of this area engage in intoxicating agents. The cinema hall and bus stand are also



DISTRICT SUMMARY

locations for SWs, but used during the morning hours. These SWs are available in front of the hall during the movie. However, few SWs are found after dark. Many SWs operate around the busy location of Joydebpur Chourasta usually at night time. This location is crowded and used for many business purposes. There are SWs in the national park as well, but they have a middle man overseeing them. They carry out their activities in an old government house

Sagar cinema hall and Bus stand in Kaliakor also see a lot of SWs, but usually after dark. They gather behind the cinema hall and contact customers. SWs also use Chandura Nandan park at all times of the day.

Many SWs and customers visit the area around rail station in Tongi Thana, Deopara and Meghnar Mor between evening and 11 / 12 at night. There are some slums around the area where the Bishwa Ijtema takes place. These locations are also hot spots for sex workers. The customers visit these sex workers from nearby locations.

SWs in Kaliganj Thana are rarely seen in the morning hours as this is not a developed location. They usually work at night. The bus stand and the location around Seven Ring cement (near the Shitalokha river) see a lot of SWs gathering from evening till 10 / 11 at night. The SWs move to slums around this location to carry on their activities.

Residence: The SWs operate under strict confidential conditions in the houses. Very few know about their activities. They live as family in specific houses and carry on their act in the morning hours especially. There are SWs in Hashima's house. Other small houses are built around this house. This house is located west of Bus Stand. Chandura MishtiMai's house is near the bus stand. SWs come to this house in the morning and usually leave by night. Some stay on. Many customers travel far to come to this house. SWs operate at all times of the day and most customers arrive at night. SWs also rent houses around Shitalokha and carry on their work.

Hotel: There are no SWs in Gazipur Shadar. Previously, SWs operated from hotels but due to strict laws this practice has stopped. Occasionally, customers bring SW, rent a room and once their job is done leave with the SW.

No. of SW: 637-736 (Street = 605-696 , Hotel & Residence= 32-40)

Unserviced: 637-736 (Street = 605-696, Hotel & Residence= 32-40)

served: 00 (Street = 0 , Hotel & Residence = 0)

Intervention: NGOs, Services & Locations:

NGO	Based	Services	Thana	Spot
Ashar Alo Jubo Bandhob	Street	Awareness program of HIV/AIDS/ STI, Referred to Hospital	Gazipur Sadar	Rail Station, Jaidevpur , Cinema Hall, Joydevpur Pashchim Para, Joydevpur Hasinar Basa
World Vision	Street And Residence	Awareness program of HIV/AIDS/ STI, Referred to Hospital, Education	Kaliganj	Seven Ring Cement Area, Bus Stand, Rails Station, Shitalokha River Bank, Fatema's House

Norshingdi

Population : 1,896,000

N of UZ : 6 (Belabo, Monohordi, Narshingdi sadar, Palash, Raipur, Shibpur)

No. of UZ where SWs located: 5 (Monohordi, Narshingdi sadar, Palash, Raipur, Shibpur)

No. of SW Spots : Total=26, Street =21, Hotel=3, Residence=2 .

Description of spots

No. of SW: 256-313 (Street =121-151, Hotel & Residence=135-162)

Unservd: 121-151 (Street =121-151, Hotel & Residence = 00-00)

served: 250 (Street = 0, Hotel & Residence = 250)

Intervention: NGOs, Services & Locations:



NGO	Based	Services	Thana	Spot
ORA	Hotel	Condom, STI Treatment	Sadar	Patil Potti, Genji Potti, Sadar

Munshigonj

Population : 1,294,000

N of UZ: 6 (Gazaria, Lohojong, Sadar, Sirajdikhan, Sreenagar, Tongibai)

No. of UZ where SWs located : (Lohojong, Sadar, Sirajdikhan, Sreenagar)

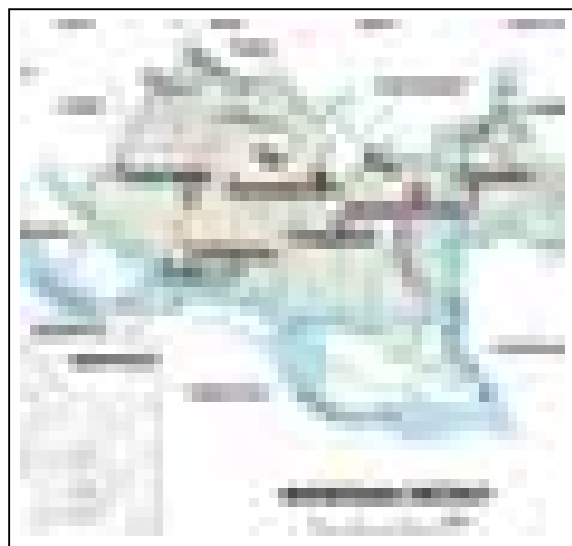
No. of SW Spots : Total=20, Street =17, Hotel=2, Residence= 1.

Description of spots

Street: Munshigonj is located near a river and this has resulted in the growth of several factories. Many of the labour in these factories are women and are of low classes. These women become SWs to increase their income. However, few of them are only SWs or known as such. Since many of the residents of this area are foreigners, these women were able to engage in SW. They usually work in houses, any place where the customer takes them. There are some services offered under Muktarpur Bridge after evening. Usually, during afternoon SWs gather around the bridge and make contact with customers; after which, they move to other areas. After 8 p.m. at night, SWs also hover around Munshigonj launch ghat. Some SWs also work around the market and the cinema halls, bazaars, court gaon and other similar areas after eleven p.m. at night.

Hotel: There are few hotels, if at all, and of note only two - Three Star and International. There are no hotel based SWs. The hotel boys contact SWs through mobile phones. The SWs offer their service to the hotel customer and leave after the work is done. The hotels are moderately clean with relatively small rooms.

Residence: These SWs work around Khalist, Noyagaon, Manikpur, Bikari Bazaar, Mawa ghat and so on.



DISTRICT SUMMARY

The houses are usually tenant buildings, though there are some tin houses. The houses on which sex work is carried out has a secluded room at the back for this use.

No. of SW: 358-474 (Street = 124-174, Hotel & Residence=234-300)

Unserviced: 358-474 (Street = 124-174, Hotel & Residence=234-300)

served: 00 (Street = 0, Hotel & Residence = 0)

Intervention: NGOs, Services & Locations: N/A

Mymensing

Population : 4,490,000

N of UZ: 12 (Bhaluka, Dhobaura, Phulbari, Gaffargaon, Gauripur, Haluaghat, Ishwarganj, Mymensing sadar, Muktagachha, Nandail, Phulpur, Trishal)

No. of UZ where SWs located : 8 (Bhaluka, Gaffargaon, Haluaghat, Mymensing sadar, Muktagachha, Nandail, Phulpur, Trishal)

No. of SW Spots : Total=64, Street=28, Hotel=22, Residence= 14.

Description of spots

No. of SW: 1728-2158 (Street = 1355-1674, Hotel & Residence=373-484)

Unserviced: 1728-2158 (Street = 1355-1674, Hotel & Residence=373-484)

served: 00 (Street = 0, Hotel & Residence = 0)

Intervention: NGOs, Services & Locations:

Few local organizations sporadically provided some services like Condom distribution, STI Treatment, Sex Workers' Right issues. The organizations are- SMC, Marie Stopes Clinic, Sourov (Sex Worker organization) but there is no targeted services related to STI and HIV prevention available.

Narayangonj

Population : 2,174,000

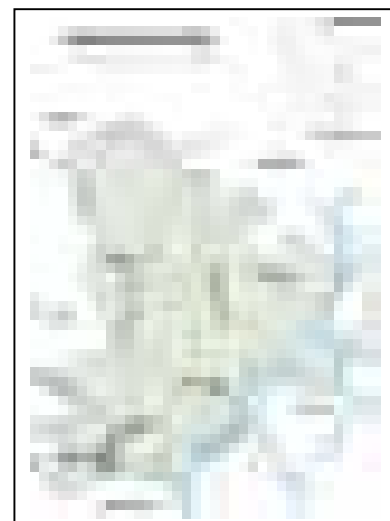
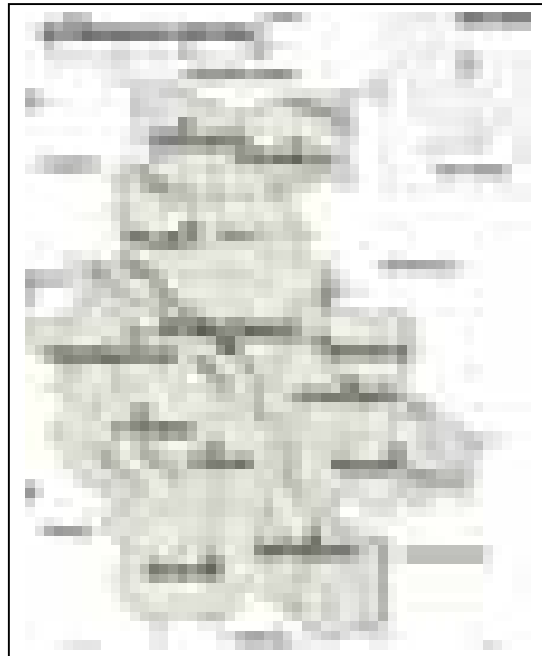
N of UZ : 5

No. of UZ where SWs located : 4

No. of SW Spots : Total=51, Street =21, Hotel=4, Residence=26 .

Description of spots

Street: Most SWs operate from the street. They gather in areas where the crowd is larger and instead of standing there, wander about. Many SWs gather around the Bus stand, Rail Station, Launch Ghat and around hotels. When SWs get a customer, they move off to hotels. If it is already dark, then they engage in the act in corners of the streets. Most work takes place around 11 at night. The rate is between 20 - 200 tk



Hotel: There are six hotels in Narayanganj, of which five are positioned next to bus stand, rail station and launch ghat. Four of these hotels are used by sex workers. Generally these SWs book a room at around 6/7 in the evening and use it till 8/9 at night. These hotels charge between 80-200 Tk. There are rooms for each girl in these hotels; however, in some occasions SWs share the room. The same SW does not use the same room in the same hotel more than once a week. The charge for each work is 200 - 300 Tk.

Residence: Such SWs are usually from very low income families and they act as SWs alongside other jobs. They are usually from Shadar Thana, Bandar Thana, Shidhanganj Thana, Fatullah Thana. There are few middle men at work here. The houses have reserved SWs. Usually the SWs contact customers through phone and then move to a house of convenience. The rate is between 200 - 500 Tk.

No. of SW: 652-808 (Street = 258-330, Hotel & Residence=394-478)

Unserviced: 302-458 (Street = 258-330, Hotel & Residence=44-128)

served: 350 (Street = 0, Hotel & Residence = 350)

Intervention: NGOs, Services & Locations:

<i>NGO</i>	<i>Based</i>	<i>Services</i>	<i>Thana</i>	<i>Spot</i>
BWHC	Street	Legal Support, Social Security, Information, Treatment & Medicine, Enabling Environment, Training, HIV/AIDS/STI Awareness	Narayanganj Sadar	1 no Railgate, Station 5 no.ghat Mach Gath Chasara rail station Chasara Chasara Balur Math, Khanpur Barofcall Tanbazar Road Nitaiganj Zimkhana Kerosin ghat Khal Ghat Jahangir Ghat Shobu Market
CDS	Hotel & Residence	STI Treatment, Information, Condom, HIV/AIDS Awareness	Narayanganj Sadar, Bandar	Dada Hotel Palashi Mehedi Rupali, Bhuiyanpara Jallarpar Tatipara Saidpur Kalagaicha Choddabari Am Bagan Sasta Bari Muslim Nagar Babu Rail Deuvog Masdir Chasara Jaamtola Nitaigonj Khanpur Hajiganj Khalishur Galachipa Shahidnagar, Shona Kanda Salehnagar Thakur Para

DISTRICT SUMMARY

Chittagong

Population : 6,611,000

N of UZ : 26 (Anwara, Bayjid Bostami, Banshkhali, Bakalia, Boalkhali, Chandanaish, Chandgaon, Chittagong port, Double Mooring, Fatikchhari, Halishahar, Hathazari, Karnafuli, Khulshi, Patenga, Kotwali, Lohagara, Mirsharai, Pahartali, Panchlaish, Patiya, Rangunia, Raozan, Sandwip, Satkania, Sitakunda)

No. of UZ where SWs located : 14 (Kotwali, Bayjid Bostami, Chandgaon, Chittagong port, Double Mooring, Halishahar, Karnafuli, Khulshi, Patenga, Anwara, Sitakunda, Patia, Rangunia, Bashkhali)

No. of SW Spots : Total=180, Street =57, Hotel=47, Residence=76 .

Description of spots

No. of SW: 3,142-3,764 (Street = 2,112-2,393 Hotel & Residence= 1,030-1,371)

Unserviced: 1,150-1,772 (Street =520-801, Hotel & Residence = 630-971)

served: 1,992 (Street = 1,592 Hotel & Residence = 400)

Intervention: NGOs, Services & Locations:



NGO	Based	Services	Thana	Spot
DORP	Street	STI, Condom, VCT, Gel	Kotwali	Kazir Dawry, A.K.Khans, Lal Dighir Par, Kornel Hat, uradpur, Oxigane, Baddarhat, Medical, DC Hill, Almas(Cinema Hall) Stadium, Tiger pass, Fhologram Math, Palash Cinema Hall Kohali, Barishal Coloni New Market, Railway Station, Fakirhat, Polo Ground, Agrabad Dayanhat, Andarkila, Port Building, Jhornar Par, hotashaar, Chakbajar, Pahartali, Bayejid Bostami, Gol Pahar, Khulshi,
YPSA	Street	STI, Condom, VCT, Gel	Kotwali	Kazir Dawry, A.K.Khans, Lal Dighir Par, Alonker Moar, Barek Building, Kornel Hat, GEC, Halishahar, Muradpur, Oxigane, Baddarhat, Medical, DC Hill, Almas(Cinema Hall), Stadium, Tiger pass, Badamtoli, Barishal Coloni, New Market, Railway Station, Busterminal, Outerstadium, Fakirhat, Port Building, Jhornar Par, hotashaar, Chakbajar, Pahartali, Khulshi,
CDS	Hotel & residence	STI, VCT, Condom (10 tk =100 Pieces), Free Gel	Kotwali	Hajipara, Halisahar(halima), Halishara(chithy), Halishara(sirin), Halishara(fatema), Halishara(arju), Halishara(Runa), Pahartoli (runa), Pahartoli (kajol), Pahartoli(jhorna), Bandortila, Agrabad munnai, Rashid building, Agrabad moxna, Agrabad chowmohoni, Agrabad XS Road, Agrabad laxmi plaza, Agrabad amina, Forester pushpo, Mother goli, Bothtole, Muhoriopar shilla, Kornel hat rina, Lal khan bajar fatema, Free port shumi, lalkhan bajar ruma, hajipara shahchina akhtar, Haji para ruma, Haji parajesmin,

NGO	Based	Services	Thana	Spot
CDS	Hotel & residence	STI, VCT, Condom (10 tk =100 Pieces), Free Gel	Kotwali	muhuripara lima, muhuri para hasina, bot tola colony forida, bot toli coloni nasifa, old biman office, agrabad moulobipara, oluda, choumohony sami, CEPZ jesmin, Chandgaw momtaj, muradpur rofiq, muradpur shohag, akbor maa osna, akbar maa laily, batiyani shumon, free port rana, outer stadium shoily, rumar ghor, nadima, chandar para minu, bondor tila shumi, parvin, najma, tumpa, foyej lake kajol, old biman office, bondor tila shima, halishohor k block rehana, no.2 gate sholshohor shumon, athor ghata moli, bepari para fatema, mohuri para bokul, munsurabad shumon, double juri honey, free port, bondor till taniya, kalur ghat daisy, boubajar happy ana, shantibag jesmin, halishohor rani apa, halishohor shila, chandgoan rubi, mohuri para onamika, pahartoli brishty, pahartoli shopna, ak khan munnii, EPZ monika, boddarhat shahnaj, Shugondha shurobhi, Garden(riasuddin bajar), Paris Khatun Gonj, Saint martin agrabad, Al Karim riasuddin bajar, Al Amin Sikandar Sadarghat, Shilton Alkoron, Garden riyasuddin, Malek, Shanali riyasuddin, Minar Nandon, Kannon, Baddar Hat, Three Star, Atlanty Lal dighi, Hotel Sobhan- Station Road
HELP	Hotel & residence	STI, VCT, Condom (10 tk =100 Pieces), Free Gel	Kotwali	Hajipara, Halisahar(halima), Halishara(chithy), Halishara(sirin), Halishara(fatema), Halishara(arju), Halishara(Runa), Pahartoli (runa), Pahartoli kajol, Pahartoli(jhorna), Bandortila, Agrabad munnii, Rashid building, Agrabad moxna, Agrabad chowmohoni, Agrabad XS Road, Agrabad laxmi plaza, Agrabad amina, Forester pushpo, Mother goli, Bothtole, Muhoriopar shilla, Kornel hat rina, Lal khan bajar fatema, Free port shumi, lalkhan bajar ruma, hajipara shahchina akhtar, Haji para ruma, Haji parajesmin, muhuripara lima, muhuri para hasina, bot tola colony forida, bot toli coloni nasifa, old biman office, agrabad moulobipara, oluda, choumohony sami, CEPZ jesmin, Chandgaw momtaj, muradpur rofiq, muradpur shohag, akbor maa osna, akbar maa laily, batiyani shumon, free port rana, outer stadium shoily, rumar ghor, nadima, chandar para minu, bondor tila shumi, parvin, najma, tumpa, foyej lake kajol, old biman office, bondor tila shima, halishohor k block rehana, no.2 gate sholshohor shumon, athor ghata moli, bepari para fatema, mohuri para bokul, munsurabad shumon, double juri honey, free port, bondor till taniya, kalur ghat daisy, boubajar happy ana, shantibag jesmin, halishohor rani apa, halishohor shila, chandgoan rubi, mohuri para onamika, pahartoli brishty, pahartoli shopna, ak khan munnii, EPZ monika, boddarhat shahnaj, Shugondha shurobhi, Garden(riasuddin bajar), Paris Khatun Gonj, Saint martin agrabad, Al Karim riasuddin bajar, Al Amin Sikandar Sadarghat, Shilton Alkoron, Garden riyasuddin, Malek, Shanali riyasuddin, Minar Nandon, Kannon, Baddar Hat, Three Star Atlanty Lal dighi, Hotel Sobhan- Station Road

DISTRICT SUMMARY

Cox's Bazar

Population : 1,773,000

N of UZ : 7 (Chakaria, Cox'Bazar Sadar, Kutubdia, Maheshkhali, Ramu, Teknaf, Ukhia)

No. of UZ where SWs located : 2 (Sadar, Teknaf)

No. of SW Spots : Total=70 ,Street = 24, Hotel= 25, Residence=21 .

Description of spots

No. of SW: 1491-1868 (Street = 589-751 , Hotel & Residence= 902-1117)

Unserved: 271-668 (Street = 189-351, Hotel & Residence = 82-297)

served: 1220 (Street = 400, Hotel & Residence = 820)

Intervention: NGOs, Services & Locations:



NGO	Based	Services	Thana	Spot
AKLAB	Street	Condom, Gel, STI, DIC, Training, Counseling,	Sadar, Teknaf	Court Building, Charpara, Jhawbagan, Laldighi par, Peshkarpara, Diganta Hall, BDR Camp, Bus stand, Car Field, Kisari Ghat, Choddyo Kona, Burmis Market, Thana Road, Kolatoli, Jhaliapara, Follan Para, Choudhury Para, Kullan para, Station para, Islambad, Hangorer Dhel, Beri Badh Para, Ghat Para, Keke Para
CDS	Hotel & Residence	Condom, Gel, STI, DIC, Training, Counseling	Sadar	Holiday Hotel, Sunmoon Hotel, Pachtara Hotel, Nazrul Hotel, Saatkanya Hotel, Bahadur Hotel, Nishita Hotel, Almunim Hotel , Al Nizam Hotel, Kohinoor Hotel, Niribili Hotel, Zia Guest in Hotel, Zia Guest House, Simon Hotel, Diamond Hotel, Mohammadia Hotel, Lodge Hotel, Sea View Hotel, Taher Bhaban Hotel, Sea Park Hotel, Shugondha Hotel, Day View Hotel, Sea Heart Hotel, Al Amin Hotel, A Hasan Hotel Bondor Para, Bealla para, Peshkar Para, Samity para, Madrasha para, Pahartali, Tekpara, Boudha Mandir, Bahar Cchara, Leng road, Pias Khali, Badshahar Gona, Tara Buniar Cchara

NGO	Based	Services	Thana	Spot
HELP	Hotel & Residence	Condom, Gel, STI, DIC, Training, Counseling	Sadar	Holiday Hotel, Sunmoon Hotel, Pachtara Hotel, Nazrul Hotel, Saatkanya Hotel, Bahadur Hotel, Nishita Hotel, Almunim Hotel , Al Nizam Hotel, Kohinoor Hotel, Niribili Hotel, Zia Guest in Hotel, Zia Guest House, Simon Hotel, Diamond Hotel, Mohammadia Hotel, Lodge Hotel, Sea View Hotel, Taher Bhaban Hotel, Sea Park Hotel, Shugondha Hotel, Day View Hotel, Sea Heart Hotel, Al Amin Hotel, A Hasan Hotel Bondor Para, Bealla para, Peshkar Para, Samity para, Madrasha para, Pahartali, Tekpara, Boudha Mandir, Bahar Cchara, Leng road, Pias Khali, Badshahar Gona, Tara Buniar Cchara
Sylhet Jobo Academy	Hotel & Residence	Condom, Gel, STI, Counselling, DIC	Sadar	Bealla para, Peshkar Para, Samity para, Madrasha para, Pahartali, Tekpara, Boudha Mandir, Bahar Cchara, Leng road, Pias Khali, Badshahar Gona, Tara Buniar Cchara
SHYED	Hotel & Residence	Condom, Gel, Doctor, DIC, Training	Teknaf	Jhaliapara, Follan Para, Choudhury Para, Kullan para, Station para, Beri Badh Para, Keke Para,

B.Baria

Population : 2,399,000

N of UZ : 8 (Akhaura, Ashuganj, Bancharampur, Brahmanbaria Sadar, Kasba, Nabinagar, Nasimnagar, Sarail)

No. of UZ where SWs located : 7 (Sadar, Nasimnagar, Sarail, Kasba, Nabinagar, Ashuganj, Bancharampur)

No. of SW Spots : Total=36 ,Street =20 , Hotel=13 , Residence= 3.

Description of spots

No. of SW: 242-321(Street =189-245 , Hotel & Residence= 53-76)

Unservd: 242-321(Street =189-245 , Hotel & Residence= 53-76)

served: 00 (Street =0, Hotel & Residence= 0)

Intervention: NGOs, Services & Locations: N/A



DISTRICT SUMMARY

Comilla

Population : 4,596,000

N of UZ : 13 (Barura, Brahmanpara, Burichang, Chandina, Chauddagram, Daudkhandi, Debidwar, Homna, Comilla Sadar, Laksam, Meghna, Muradnagar, Nangalkot)

No. of UZ where SWs located : 3 (Sadar, Laksam, Chauddogram)

No. of SW Spots : Total=20, Street =9, Hotel=5, Residence=6 .

Description of spots

No. of SW: 848-927 (Street = 323-356, Hotel & Residence=525-571)

Unserviced: 248-327 (Street = 23-56, Hotel & Residence=225-271)

served: 600 (Street = 300, Hotel & Residence = 300)

Intervention: NGOs, Services & Locations:



NGO	Based	Services	Thana	Spot
DRISTI	Street, Hotel & Residence	STI, Primary Treatment, Advocacy, Condom, Lubricant, DIC Facility	Sadar	Poaro Park, Zoo, Kandir Par, Shashon Gjcha, Rajganj, Bissho Road, Calk Bazaar, Haddi Khola, Housing Estate, Kaftan Bazaar, Poaroshabha Road
Urban Bondhu	Street, Hotel & Residence	STI, Primary Treatment, Advocacy, Condom, Lubricant, DIC Facility	Sadar	Poaro Park, Zoo, Kandir Par, Shashon Gjcha, Rajganj, Bissho Road, Calk Bazaar, Haddi Khola, Housing Estate, Kaftan Bazaar, Poaroshabha Road
VARD-HATI	Street, Hotel & Residence	STI, Primary Treatment, Advocacy, Condom, Lubricant, DIC Facility	Laksam, Chouddogram	Rail Station, Nosru pur, Sripur Madrassa Road

Feni

Population : 1,240,000

N of UZ: 6 (Chhagalnaiya, Daganbhuiyan, Feni Sadar, Parshuram, Sonagazi, Fulgazi)

No. of UZ where SWs located : 6 (Chhagalnaiya, Daganbhuiyan, Feni Sadar, Parshuram, Sonagazi, Fulgazi)

No. of SW Spots : Total=18 ,Street = 10, Hotel= 3, Residence= 5.

Description of spots

No. of SW: 280-351 (Street = 238-295, Hotel & Residence=42-56)

Unserved: 80-151 (Street =38-95, Hotel & Residence = 42-56)

served: 200 (Street = 200 , Hotel & Residence = 0)

Intervention: NGOs, Services & Locations:



NGO	Based	Services	Thana	Spot
Nari Maitry	Street	Condom, Treatment, Rest, Entertainment,	Sadar	Lalpole, Academy road, Rail station, Shahadepur Rail Station, Dighir Par, Mohipal

Noakhali

Population : 2,577,000

N of UZ : 6 (Begumgonj, Chatkhil, Companiganj, Hatiya, Sengbagh, Noakhali Sadar)

No. of UZ where SWs located : 6 (Begumgonj, Chatkhil, Companiganj, Hatiya, Sengbagh, Noakhali Sadar)

No. of SW Spots : Total=31, Street =25, Hotel= 0, Residence= 6.

Description of spots

Residence: These houses had several rooms, none of which were hygienic. These houses were secluded from others, had a lack of light and wind, and was in differentiable from outside. The windows and doors were always locked from inside. The sardar/sardarni is involved in the provision of these services despite potential dangers of being caught. Between four and five in the afternoon, the customers start coming for the SWs. Sometimes they are contacted through phone. Usually, they leave by night, though sometimes they leave in the early morning hours (six to seven a.m.). Most customers come between five and seven p.m..



DISTRICT SUMMARY

Hotel: The hotels are usually of low class with low room fares. The hotels are not cleanest places. There are no reserved SWs for the hotels. The street based SWs perform their services in these hotels. The interior of the hotels are smelly and dirty. The rooms which are used by SWs are reserved by the manager. It is not understandable at a sudden glance what these rooms are used for. The services are offered in complete secrecy. The hotel manager/boy usually help this business. The customers arrive between five and seven p.m. at night and the services are provided then.

Street: Maijhdi town has a park in which these SWs and customers interact between five and seven p.m. in the evening. They offer their services around bushes. They also take their customers to unused alleys around some buildings. These services are helped by bus drivers, bus stand labor, sardar and other uneducated mastans. The places where these services are offered are typically dirty and unused. Few people want to visit these places. That is to say, alert people usually avoid these areas.

No. of SW: 553-645 (Street = 485-554, Hotel & Residence=68-91)

Unreserved: 353-445 (Street = 285-354, Hotel & Residence = 68-91)

served: 200 (Street = 200 , Hotel & Residence = 0)

Intervention: NGOs, Services & Locations: N/A

Laxmipur

Population : 1490000

N of UZ: 4 (Laxmipur Sadar, Raipur, Ramgoti, Ramgonj)

No. of UZ where SWs located : 4 (Laxmipur Sadar, Raipur, Ramgoti, Ramgonj)

No. of SW Spots : Total=19 ,Street = 18, Hotel= 0, Residence=1 .

Description of spots

Street: There are quite a few spots in this area. SWs clad in Borkha operate around the cinema hall in relatively larger numbers than in other locations. They are usually present from 9 am in the morning till 6 pm. practically no SW is found after dark. Many SWs also work around the bridge during nighttime when there are more customers. The launch ghats are some distance away from Laxmipur and see a lot of SWs and customers around evening. The launch ghat has limited people. SWs also wait at tea stalls and other shops for customers. They also contact customers through phone.

There are few SW in Ramgoti Thana. Most of them work around the cinema hall, either outside in the crowd or inside the hall. Usually the SWs are available during the progress of the movie, few after dark. Ramgoti Thana is underdeveloped and has few people moving about.

Few SWs are available in Rampur Thana. No women can be seen without the Borkha. The few SWs work around the cinema hall or bus stand. They sit around the cinema hall in the morning hours and are not found at night. Many SWs also live around Notun Bazar. They find customers and take them to Tin or Bamboo houses and work there.

Residence: People are extremely religious around this area and thus there are very few SWs based on residence. There are some SWs in Nurjahan's house next to the cinema hall in Shadar Laxmipur. The SWs wait in the house and once they find a customer, finish their task inside.



Hotel: No such incidents.

Service centre: There are no such centres in Laxmipur. Government and NGO's provide them with health care.

No. of SW: 284-360(Street =279-353 , Hotel & Residence=5-7)

Unserved: 284-360(Street =279-353 , Hotel & Residence=5-7)

served: 00 (Street = 0, Hotel & Residence =0)

Intervention: NGOs, Services & Locations: N/A

Chandpur

Population : 2,271,000

N of UZ: 8 (Chandpur Sadar, Faridganj, Haimchar, Haziganj, Kachua, Matlab, Uttar Matlab, Shahrasti)

No. of UZ where SWs located : 3 (Chandpur Sadar, Haziganj, Kachua,)

No. of SW Spots : Total=24, Street =12, Hotel=0, Residence= 12.

Description of spots

Street: In Chadpur, almost all locations with some crowd, especially stations are used by SWs. These SWs gather around the locations from ¾ in the afternoon and stay till 9/10 at night. When they get a customer, they move to hotels or houses. As the night draws on, they simply use the streets.

Rate 50-10 Tk

Hotel: There are no SWs based in hotels. In residential hotels, the rate is within 100 - 300 Tk.

Residence: Most SWs operate in houses. There are no reserve houses for SWs, it all takes place through the middleman.

Rate: 200 - 500 Tk.

No. of SW: 400-459 (Street = 188-225 , Hotel & Residence= 212-234)

Unserved: 212-259 (Street = 0-25, Hotel & Residence = 212-234)

served: 200 (Street = 200, Hotel & Residence =0)

Intervention: NGOs, Services & Locations:



NGO	Based	Services	Thana	Spot
DORP	Street	Information, Treatment, Condom, DIC Facilities	Sadar	Kalibari, Kalibari rail station, Boro Rail Station, 3 no Kaila Ghat, Puran Bazar, Bus stand, Kihinoor Hall, Ghat no. 5
Nari Maitry	Street	Information, Treatment, Condom, DIC Facilities	Sadar	Kalibari, Kalibari rail station, Boro Rail Station, 3 no Kaila Ghat, Puran Bazar, Bus stand, Kihinoor Hall, Ghat no. 5

DISTRICT SUMMARY

Bandarban

Population : 2,980,00

N of UZ: 7 (Ali Kadam, Bandarban Sadar, Lama, Naikhongchhari, Rowangchhari, Ruma, Thanchi)

No. of UZ where SWs located : 7 (Ali Kadam, Bandarban Sadar, Lama, Naikhongchhari, Rowangchhari, Ruma, Thanchi)

No. of SW Spots : Total=45 ,Street =29 , Hotel= 4, Residence= 12.

Description of spots

Street-based: In the Bandarban town, it was found that after evening several sex workers gathered in the traffic junctions and once they had attracted customers, moved off to houses in Magpara. Apart from this, several sex workers engaged in sex in the jungles, on mountaintops and even riverbanks.

Residence-based: Several open locations in town was used for sex. Houses in many upazillas were also used for sexual activities. The natives of Bandarban were generally under the influence of intoxication and wary of the police.

Hotel: Most sex workers operated in middle class hotels, not upper class or lower class ones. Generally more customers were available in the morning hours as compared to evening. The middleman or hotel manager generally brought customers.

No. of SW: 288-367 (Street = 230-286, Hotel & Residence= 58-81)

Unserved: 288-367 (Street = 230-286, Hotel & Residence= 58-81)

served: 00 (Street =0 , Hotel & Residence = 0)

Intervention: NGOs, Services & Locations: N/A

Rangamati

Population : 4,79,000

N of UZ: 10 (Bagaichhari, Barkal, Kawkhali, Belaichhari, Kaptai, Juraichhari, Langadu, Nannerchar, Rajasthali, Rangamati Sadar)

No. of UZ where SWs located : 2 (Kaptai, Rangamati Sadar)

No. of SW Spots : Total=26 ,Street =14 , Hotel=7 , Residence=5 .

Description of spots

Street: Reserve Bazaar, Bonrupa, old stadium, new stadium, DC Bangla and so on are prime locations for SWs. The reserved areas are usually launch ghat, cinema halls, bus stand areas and so on. The SWs arrive after eight p.m. at night and work in silent secluded areas. The rear end of Bonrupa petrol pump is another location. Those who work around the launch ghat at night, also work in hotels in the morning.



Residence: The houses are mostly on the slant of the hills or on top of it. The houses on which these activities are carried out are quite dirty, have a lack of ventilation and are dark. The areas around Police Line are slightly better, even though of low economic class. Some concrete houses have a bamboo room with a tinned roof on which these activities are carried out.

Hotel: The low economic class hotels have incidences of sex work. The rooms are generally dark because these hotels are made of mud. The SWs do not live in the hotels permanently, but arrive when customers demand them.

No. of SW: 313-408(Street = 158-210 , Hotel & Residence= 155-198)

Unserved: 313-408(Street = 158-210 , Hotel & Residence= 155-198)

served: 00 (Street =0 , Hotel & Residence = 0)

Intervention: NGOs, Services & Locations: N/A

Khagrachhari

Population : 526,000

N of UZ: 8 (Dighinala, Khagrachhari Sadar, Lakshichhari, Mahalchhari, Manikchhari, Matiranga, Panchhari, Ramgarh)

No. of UZ where SWs located : 8 (Dighinala, Khagrachhari Sadar, Lakshichhari, Mahalchhari, Manikchhari, Matiranga, Panchhari, Ramgarh)

No. of SW Spots : Total=61 ,Street = 17, Hotel= 0, Residence= 44.

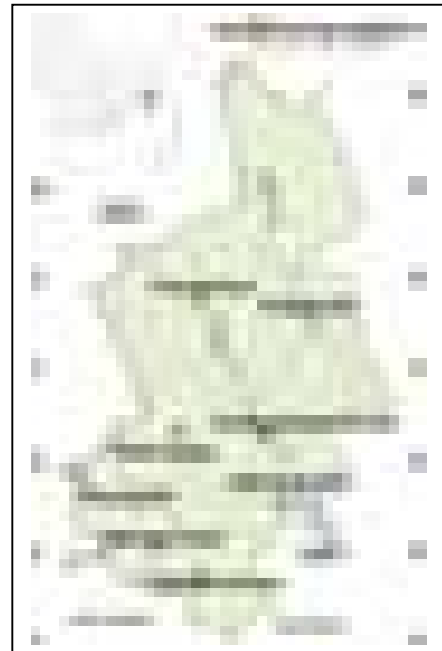
Description of spots

No. of SW: 448-571(Street = 99-131, Hotel & Residence =349-440)

Unserved: 448-571(Street = 99-131, Hotel & Residence =349-440)

served: 00 (Street =0 , Hotel & Residence = 0)

Intervention: NGOs, Services & Locations: N/A



Khulna

Population : 2,379,000

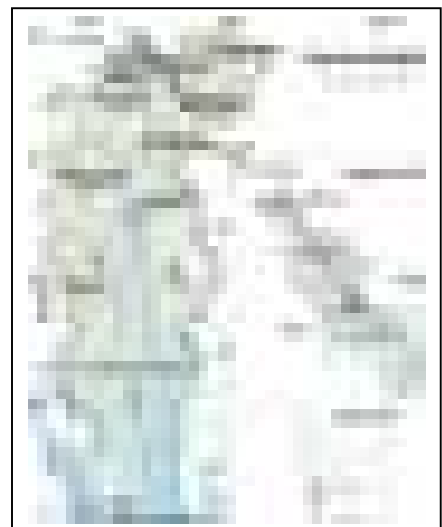
N of UZ: 14 (Batiaghata, Dacope, Daulatpur, Dumuria, Dighalia, Khalishpur, Khan Jahan Ali, Kotwali, Koyra, Paikgachha, Phultala, Rupsha, Sonadanga, Terokhada)

No. of UZ where SWs located : 4 (Khulna Sadar, Khalishpur, Daulatpur, Rupsha)

No. of SW Spots : Total=62, Street =25, Hotel=24, Residence=13.

Description of spots

No. of SW: 1839-2212 (Street = 1375-1575, Hotel & Residence= 464-637)



DISTRICT SUMMARY

Unserviced: 355-555 (Street = 355-555, Hotel & Residence = 0)

served: 1690 (Street =1020, Hotel & Residence = 670)

Intervention: NGOs, Services & Locations:

NGO	Based	Services	Thana	Spot
World Vision	Street	Condom, STI, Blood Test, DIC Facilities, STD/HIV/AIDS awareness, Training on Handicrafts	Sadar, Daulatpur, Khalishpur	Hadis Park, Picuture Place, New Mareket, Rail Station, Sonadanga Bus Stand, Goalla Mari, Rupsha, Bor Bazaar, Mach Factory, Bang Mor , Jiukh Hall, Court Kachari, 250 Bed Hospital, Thana Mor, Khora Slum , Shiv Bari Mor, Shaat Rastar Mor, Moyla Pora Mor, Daulatpur Bazar, Khalisipur Bazar, Goalkhali Busstand
PIACT	Street	Condom, STI, Blood Test, DIC Facilities, STD/HIV/AIDS awareness, Training on Handicrafts	Sadar, Daulatpur, Khalishpur	Hadis Park, Picuture Place, New Mareket, Rail Station, Sonadanga Bus Stand, Goalla Mari, Rupsha, Bor Bazaar, Mach Factory, Bang Mor , Jiukh Hall, Court Kachari, 250 Bed Hospital, Thana Mor, Khora Slum , Shiv Bari Mor, Shaat Rastar Mor, Moyla Pora Mor, Daulatpur Bazar, Khalisipur Bazar, Goalkhali Busstand
DURJOY	Street	Condom, STI, Blood Test, DIC Facilities, STD/HIV/AIDS awareness, Training on Handicrafts	Sadar	Hadis Park, Picuture Place, New Mareket, Rail Station, Sonadanga Bus Stand, Goalla Mari, Rupsha, Bor Bazaar, Mach Factory, Bang Mor , Jiukh Hall, Court Kachari, 250 Bed Hospital, Thana Mor, Khora Slum , Shiv Bari Mor, Shaat Rastar Mor, Moyla Pora Mor
CDS	Residence	DIC, STI/STD, HIV/AIDS Awareness, Advocacy, Doctor	Sadar, Daulatpur	Tut Para, Nirala, Central Road, Taal Tola, Gogon Babu Road, Ghosh Vita, Nobo Polli, Banar Gati, Gobor Chaka, Shobujbaag, South Tut Par, Shonadanga, Mia Para, Shohag Hotel, Uttara Hotel, Milon Hotel, Super Green Hotel, Hotel Khanik Hotel, Raj Mukhut Hotel, Kodor Hotel, Sheraton Hotel, Aram Hotel, Malek Hotel, Glory Hotel, Moon Hotel, Sun King Hotel, Janani Hotel, AP-Hassan Hotel, Elita, Kaitani Hotel, Shufi Hotel, Khulna Boarding, Dhaka Hotel, Jamat khana Hotel, Obokash Hotel Hotel, Milenium Hotel, Khanika Hotel
SAD		Condom, STI/STD/AIDS/HIV Awareness, DIC, Advocacy	Sadar, Daulatpur	Shohag Hotel, Uttara Hotel, Milon Hotel, Super Green Hotel, Hotel Khanik Hotel, Raj Mukhut Hotel, Kodor Hotel, Sheraton Hotel, Aram Hotel, Malek Hotel, Glory Hotel, Moon Hotel, Sun King Hotel, Janani Hotel, AP-Hassan Hotel, Elita, Kaitani Hotel, Shufi Hotel, Khulna Boarding, Dhaka Hotel, Jamat khana Hotel, Obokash Hotel Hotel, Milenium Hotel, Khanika Hotel

Meherpur

Population : 591,000

N of UZ : 3 (Meherpur Sadar, Mujib Nagar, Gangni)

No. of UZ where SWs located : 3 (Meherpur Sadar, Mujib Nagar, Gangni)

No. of SW Spots : Total=27 ,Street =23 , Hotel= 0, Residence=4 .

Description of spots

Street: This area is small, linked to India and known for its history. Quite a few spots were found in this area. SWs work around the cinema halls, but are not found at night. Other than this, Beribag, Court para, Mollik para, Hawladar para, Post office para has several incidents of SWs. These spots are used from 1 p.m. till 8/9 p.m. at night. This area is underdeveloped and has limited movement. SWs rarely operate after dark. Usually they move around the locations in search of customers. There are no special health care or service centres for these women.



Garni Thana: Few SWs are available here and those who are work alongside a middleman. They operate at night in strict confidence and usually carry out their activity in houses or the Mango garden.

SWs live in the villages in Mujibnagar Thana. This area is extremely underdeveloped with no cinema halls and limited movement of people. The SWs operate in confidence in different households.

No. of SW: 343-405 (Street = 326-383), Hotel & Residence= 17-22)

Unserved: 343-405 (Street = 326-383), Hotel & Residence= 17-22)

served: 00 (Street = 0, Hotel & Residence = 0)

Intervention: NGOs, Services & Locations: N/A

Chuadanga

Population : 1,007,000

N of UZ: 4 (Chuadanga Sadar, Alamnagar, Damurhuda, Jibon Nagar)

No. of UZ where SWs located : 4 (Chuadanga Sadar, Alamnagar, Damurhuda, Jibon Nagar)

No. of SW Spots : Total= 52,Street = 29, Hotel=8 , Residence=15 .

Description of spots

No. of SW: 482-606 (Street = 256-318, Hotel & Residence= 226-288)

Unserved: 482-606 (Street = 256-318, Hotel & Residence= 226-288)

served: 00 (Street = 0, Hotel & Residence =0)

Intervention: NGOs, Services & Locations: N/A



DISTRICT SUMMARY

Jhinaidaha

Population : 1,580,000

N of UZ: 6 (Harinakunda, Jhenaidah Sadar, Kaliganj, Kotchandpur, Maheshpur, Shailkupa)

No. of UZ where SWs located : 6 (Harinakunda, Jhenaidah Sadar, Kaliganj, Kotchandpur, Maheshpur, Shailkupa)

No. of SW Spots : Total= 46, Street =30 , Hotel= 5, Residence=11 .

Description of spots

No. of SW: 321-405 (Street = 188-243, Hotel & Residence=133-162)

Unserved: 321-405 (Street = 188-243, Hotel & Residence=133-162)

served: 00 (Street = 0, Hotel & Residence =0)

Intervention: NGOs, Services & Locations: N/A



Shatkhira

Population : 1,865,000

N of UZ: 7 (Assasuni, Debhata, Kalaroa, Kaligonj, Satkhira Sadar, Shymnagar, Tala)

No. of UZ where SWs located : 6 (Assasuni, Debhata, Kaligonj, Satkhira Sadar, Shymnagar, Tala)

No. of SW Spots : Total=48, Street = 19, Hotel=16, Residence=13 .

Description of spots

No. of SW: 479-563 (Street = 219-268 , Hotel & Residence= 260-295)

Unserved: 479-563 (Street = 219-268 , Hotel & Residence= 260-295)

served: 00 (Street = 0, Hotel & Residence =0)

Intervention: NGOs, Services & Locations: N/A



Narail

Population : 698,000

N of UZ: 4 (Kalia, Lohagora, Narail Sadar, Noragathi)

No. of UZ where SWs located : 4 (Kalia, Lohagora, Narail Sadar, Noragathi)

No. of SW Spots : Total=27, Street =19, Hotel=0, Residence=8

Description of spots

Residence: the houses used by SWs in this area are surrounded by trees, hidden from general view and quite dark. Most house-owners are associated with SWs. The houses were not dirty, though there was a lack of ventilation and light. Customers arrive from afternoon and stay there.

Street: SWs are usually helped by shopkeepers, bus drivers and bus stand helpers. They perform their services near bridges, around rivers and trees. They also use bus stands, which is an extremely dirty area. Some SWs also go to different homes. They are visible in different areas between 4 p.m. to 7p.m.. They usually offer their services when people are less present outside their homes. They have no issues in performing their work at any time.

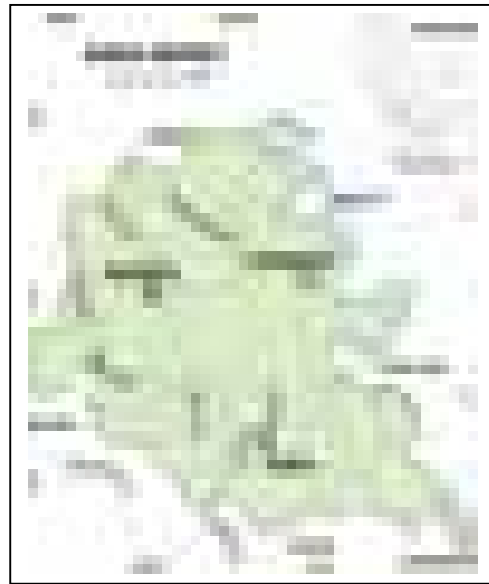
Hotel: There are now hotel based SWs. There are some SWs who work in hotels as well. They usually work in low class hotels. People were usually secretive in their services. The hotels were in clean surroundings. Managers were suspected to be associated with the SWs. Customers arrive between 5 - 7 p.m.. Most leave at night after the work, but some also leave in the morning.

No. of SW: 260-336 (Street = 166-215, Hotel & Residence=94-121)

Unserved: 260-336 (Street = 166-215, Hotel & Residence=94-121)

served: 00 (Street = 0, Hotel & Residence =0)

Intervention: NGOs, Services & Locations: N/A



Bagerhat

Population : 1549000

N of UZ: 9 (Bagerhat Sadar, Chitalmari, Fakirhat, Kachua, Mollahat, Mongla, Morrelganj, Rampal, Sarankhola)

No. of UZ where SWs located : 2 (Bagerhat Sadar, Mongla)

No. of SW Spots : Total=32 ,Street =11 , Hotel=2 , Residence=19 .

Description of spots

No. of SW: 246-341(Street = 153-209, Hotel & Residence = 93-132)

Unserved: 153-209 (Street =153-209 , Hotel & Residence = 0)

served: 200 (Street = 0 , Hotel & Residence = 200)



DISTRICT SUMMARY

Intervention: NGOs, Services & Locations:

NGO	Based	Services	Tbana	Spot
AVAS	Hotel & Residence	STI, Information,	Sadar	Hotel Mamataj, Blas Hotel, Basabati, Gobordia, PuranBajar, Nager Bajar Lake Par, Muniganj, Staff Quarter, Bisik, Khaddar, Beside SP Banglo, Pacha Digir More, Harinkhana, Radha Ballav, Launch GhatRail Road Colony
Chinnomul	Street	Condom, STI, Information	Mongla	Mongla Bazar, Ratarati Coloni, Balur Math, Staff Colony, Narikeltala, Kumarkhali, Behind Akhi Hall
BSD	Street	Condom, STI, Information	Mongla	Mongla Bazar, Ratarati Coloni, Balur Math, Staff Colony, Narikeltala, Kumarkhali, Behind Akhi Hall

Kustia

Population : 1,740,000

N of UZ: 6 (Bheramara, Daulotpur, Khoksha, Kumarkhali, Kustia Sadar, Mirpur)

No. of UZ where SWs located : 6 (Bheramara, Daulotpur, Khoksha, Kumarkhali, Kustia Sadar, Mirpur)

No. of SW Spots : Total=25, Street = 11, Hotel=7, Residence= 7.

Description of spots

No. of SW: 389-455 (Street = 259-301, Hotel & Residence= 130-154)

Unserved: 389-455 (Street = 259-301, Hotel & Residence= 130-154)

served: 00 (Street = 0, Hotel & Residence =0)

Intervention: NGOs, Services & Locations: N/A



Magura

Population : 824000

N of UZ : 4 (Magura Sadar, Mohammadpur, Shalikha, Sreepur)

No. of UZ where SWs located : 4 (Magura Sadar, Mohammadpur, Shalikha, Sreepur)

No. of SW Spots : Total=53, Street =21, Hotel= 6, Residence=26 .

Description of spots

Residence: Many people share rented households. Customers show up at the house and continue their task. Everyone knows about the event, but no one complains. Such a scenario is common throughout the area.



Street: In daylight, most sexual acts take place within the jungles. During nighttime, such events take place in open spaces. Other places used by SWs include, schools, parks, cinema halls, riverbanks, nurseries in stadium para.

Hotel: college students generally use Upper class hotels during daytime. Lower class hotels are also being used for such activities openly. In many cases, the SW works in the hotel and rents a room for a few hours for the customers. The customers come and go openly. There is no fear of police.

No. of SW: 424-536 (Street = 184-241 , Hotel & Residence=240-295)

Unserved: 424-536 (Street = 184-241 , Hotel & Residence=240-295)

served: 00 (Street = 0, Hotel & Residence =0)

Intervention: NGOs, Services & Locations: N/A

Jessore

Population : 2,472,000

N of UZ: 8 (Abhaynagar, Bagherpara, Chaugachha, Jhiokorgachha, Kesabpur, Jessore Sadar, Manirampur, Sharsha [Benapole])

No. of UZ where SWs located : 8 (Abhaynagar, Jhiokorgachha, Jessore Sadar, Sharsha [Benapole])

No. of SW Spots : Total=132 , Street = 50, Hotel= 55, Residence= 27.

Description of spots

Street: Reserve Bazaar, Bonrupa, old stadium, new stadium, DC Bangla and so on are prime locations for SWs. The reserved areas are usually launch ghat, cinema halls, bus stand areas and so on. The SWs arrive after eight p.m. at night and work in silent secluded areas. The rear end of Bonrupa petrol pump is another location. Those who work around the launch ghat at night, also work in hotels in the morning.

Residence: The houses are mostly on the slant of the hills or on top of it. The houses on which these activities are carried out are quite dirty, have a lack of ventilation and are dark. The areas around Police Line are slightly better, even though of low economic class. Some concrete houses have a bamboo room with a tinned roof on which these activities are carried out.

Hotel: The low economic class hotels have incidences of sex work. The rooms are generally dark because these hotels are made of mud. The SWs do not live in the hotels permanently, but arrive when customers demand them.

No. of SW: 1865-2392 (Street = 848-1139, Hotel & Residence=1017-1253)

Unserved: 1565-2092 (Street =848-1139 , Hotel & Residence = 717-953)

served: 300 (Street = 0 , Hotel & Residence = 300)

Intervention: NGOs, Services & Locations:



NGO	Based	Services	Thana	Spot
CDS	Residence	Condom, Lubricant, Awareness Program, Rights Based work	Jessore Sadar	Shosti Tola, Base Para, Shosti Tola, Shahnaz Hotel, Rail Road, Beauty Boarding, Rail Road, Rina Hotel, Haji Md. Mohasin Road, Sylhet Boarding, Shubash Chandra Road, Sree Durga Hotel, Rail Road, Prince Hotel, Maj'-e'-Masjid

11 PROPOSED DICs

11.1 DIC proposition

A number of factors were considered prior to deciding on DIC locations. The issues considered were a direct outcome of the mapping exercise whereby geographic and service delivery gaps have been assessed and also the views of the SWs collected on DIC propositions via survey and qualitative methods.

Firstly, the study identified the gap areas/ locations, i.e. where HIV essential services were not available for the SWs.

Secondly, concentration of SWs i.e. total number of SWs in such gap areas was taken into consideration to identify priority locations from among the feasible ones based on higher number of sex workers.

Finally, further consideration was made of concentration of SWs by setting. Majority of the Hotel and Residence based sex workers expressed strong reservation against sharing the same DIC with the Street based SWs. A large number of street based sex workers also did not prefer to share same DIC with hotel/residence based sex workers. Though hotel and residence based sex workers have no problem to use the same DIC among them but majority of both the categories did not agree to use DIC with street based sex workers.

Actually, the researchers analysed the views threadbare before deciding on separate DICs for different settings. The major points of consideration as put forward strongly by the SWs are indicated below:

- I. There exist major differences in the SWs attitude, etiquette, and attire by setting.
- II. It is generally perceived by the H/RBFSWs that the SBFSW have unpleasant and unhygienic presence due to there untidy and unhygienic practices like dirty clothing, foul smell, and poor get up and looks. This makes it difficult for them to accept their presence.
- III. The socio-economic status also greatly differs between SBFSWs and the H/RBFSWs.
- IV. H/RBFSWs consider the SBFSWs to be violent. They even complained that the SBFSWs carry naked blades, etc. and can create untoward situation in case of any dispute.
- V. On the other hand the SBFSWs perceive the SWs in the other two settings to be snob and arrogant. Which was also indicated rather indirectly by the H/RBFSWs as they did not want to be even seen mixing with the SBFSWs.
- VI. The SBFSWs also hold this view that the SWs in the other two settings consider them fairer, prettier, and of higher social status, which makes it uncomfortable for them to stay in the same facility side by side.
- VII. There was expressed concern from the H/RBFSWs about divulgence of identity/confidentiality if they used same DIC with the SBFSWs.

Given this reality, setting-wise concentration was taken into consideration for deciding on DIC locations so that separate DICs can be set up for Street based and Hotel/residence based SWs.

Table 51 : Proposed locations of DICs by DIC type

SL No.	District	Location	Target population by category	Estimated number of sex workers		Number of SW covered by program (HATI/FHI)		Number of SW presently not covered by any program
				Low	High	HATI	FHI	
Non intervention area								
1	Rangamati	Sadar	Street	143	187	0	0	187
2	Bandarban	Sadar	Street	145	170	0	0	170
3	Khagrachhari	Sadar	Hotel/Residence	162	206	0	0	206
4	Noakhali	Sudharam	Street	285	309	0	0	309

SL No.	District	Location	Target population by category	Estimated number of sex workers		Number of SW covered by program (HATI/FHI)		Number of SW presently not covered by any program
				Low	High	HATI	FHI	
4	Noakhali	Sudharam	Street	285	309	0	0	309
5	Laxmipur	Sadar	Street	202	260	0	0	260
6	B. Baria	Sadar	Street	146	171	0	0	171
7	Chandpur	Sadar	Hotel/Residence	172	210	0	0	210
8	Chittagong	Shitakunda	Street	178	225	0	0	225
9		Potenga and Port	Street	412	450	0	0	450
10	Dhaka	Dohar	Street	143	190	0	0	190
11		Kamrangirchar	Street	123	150	0	0	150
12		Lalbag and Hajaribag	Street	285	367	0	0	367
13		Jatrabari	Street	290	325	0	0	325
14		Demra and Jatrabari	Hotel/Residence	335	395	0	0	395
15		Mirpur, Shah Ali and Adabar	Hotel/Residence	425	510	0	0	510
16	Mymensingh	Sadar	Street	1047	1314	0	0	1314
17		Sadar	Hotel/Residence	365	470	0	0	470
18	Gazipur	Sadar	Street	172	200	0	0	200
19		Tongi	Street	220	260	0	0	260
20	Sherpur	Sadar	Street	156	197	0	0	197
21	Narayangonj	Sadar	Street	226	290	0	0	290
22	Munshigonj	Sadar	Hotel/Residence	234	318	0	0	318
23	Khulna	Rupsha	Street	166	215	0	0	215
24	Meherpur	Sadar	Street	243	276	0	0	276
25	Chaudanga	Sadar	Street	220	273	0	0	273
26	Satkhira	Sadar	Street	157	193	0	0	193
27		Sadar	Hotel/Residence	241	270	0	0	270
28	Kustia	Sadar	Street	202	234	0	0	234
29		Sadar	Hotel/Residence	128	151	0	0	151
30	Jessore	Sadar	Street	331	442	0	0	442
31		Abhaynagar	Street	472	630	0	0	630
32		Benapole	Hotel/Residence	245	280	0	0	280
33	Magura	Sadar	Hotel/Residence	193	227	0	0	227
Intervention area with unserved population								
34	Netrokona	Sadar	Hotel/Residence	410	495	0	200	295
35	Khulna	Sadar	Street	739	750	0	435	315
36	Cox's Bazar	Sadar	Street	425	536	200	0	336
37		Sadar	Hotel/Residence	492	624	320	0	304
38	Chittagong	Pahartoli, Halishahar and Kotowali (part)	Hotel/Residence	538	746	200	0	546
39		Kotowali (part) and Panchlaish	Hotel/Residence	492	625	200	0	425
40	Jessore	Sadar	Hotel/Residence	685	858	300	0	558

12 RECOMMENDATIONS

- The program should not depend only on DIC centric service delivery approach rather should emphasize on delivering services at workplace (e.g. streets, hotels, residences) of sex workers through peer outreach workers to cover the maximum number of sex workers.
- Program staffs need to reach sex workers at their work place frequently in a certain intervals specifically during evening/night times as most of the sex workers particularly, at streets operate at evening/night time.
- Services need to be delivered adequately and preferably no free services should be delivered to ensure appropriate use and sustainability of changed behaviors.
- Social marketing of condom need to be promoted and strengthened
- Presumptive treatment provision need to be introduced to address the asymptomatic STI cases as the study detects the wide presence of such cases.
- Separate DICs need to be operated for street based and hotel/residence based sex workers as most of the hotel and residence based sex workers categorically denied to use same DIC with street based sex workers. A large number of street based sex workers also do not prefer to share same DIC with hotel/residence based sex workers. Though hotel and residence based sex workers have no problem to use same DIC among them but both categories are not agreeable to share DIC with street based sex workers.
- DIC should not turn as field office. Too much use of DIC by too many program staff may erode the feelings of sex workers that the DIC is a safe, private and intimate place for them.
- Sex workers may prefer a building for DIC that is used by other people; this gives a degree of anonymity, because anyone entering the building is not immediately presumed to be a sex worker. A drop-in centre should usually locate in an area within sex workers' operating location to ensure easy access for local sex workers, and should remain open at times when sex workers require it e.g. DIC needs to be open from dawn to dusk.
- The program should provide importance more on dialogue based communication in spite of using various numbers of printed BCC materials as majority of sex workers are illiterate and situations vary from person to person, place to place and even between times of the day.
- Program should address community's perceived needs and intrinsic rights
- Creating space (physical, social, political) for target community both in the program and outside will ensure full fledged mobilization of the community
- There is a need to address structural issues (e.g. policies, practices, norms, values, gender inequality, social powerlessness) that influence the life and profession of this marginalized community
- Program must follow basic humane approach (restoring respect, rights and dignity of this marginalised community)
- Program needs to seriously address harassment issues, as harassment against sex workers and other marginalized groups is an immense Problem. Police frequently arrest sex workers and detain them in vagrant homes.
- Incremental participation of the target community in the program should be the basic approach to prevention strategy

- Inclusion and involvement of target communities in all decision making processes with an objective to share ownership of the program should be emphasised
- Building ownership of the target community over the period should be a key strategy of the program
- Community empowerment through self help group should be one of the key strategy for HIV prevention program
- A strong team work is necessary for lobbying and advocacy at all possible levels for a successful program
- A broad based networking is important to provide adequate support base to vulnerable communities like SWs
- Save the Children should take initiative for having further accuracy on estimation of female sex workers' size in Bangladesh using capture recapture method utilizing the present program structure of GFATM package # 908 and 909. The capture recapture method can utilise the existing human and other resources of the two packages. The opportunity if utilised extensively can also produce more accurate size of the high risk population in Bangladesh with most cost effective and time saving procedure.

13 REFERENCES

1. AVERT. (2008). India: HIV and AIDS statistics [Electronic version]. <http://www.avert.org/worldstats.htm>
2. WHO (2010). HIV/AIDS in the South-East Asia Region: Progress Report 2010: [Electronic Version] http://www.searo.who.int/.../HIV-AIDS_HIV_report-2010-0Nov.pdf
3. Barker, G. (1995). The use of qualitative research methods in conducting rapid assessment procedure on drug abuse in the community. Working paper prepared for the United Nations International Drug Control Programme.
4. Beebe, J. (2001). Rapid assessment process: An introduction. Walnut Creek, CA: AltaMira.
5. Denzin, N. K. (1997). Interpretive ethnography: ethnographic practices for the 21st century. London: Sage.
6. Denzin, N.K., and Lincoln, Y.S. (2000). Handbook of qualitative research. Thousand Oaks, CA: Sage.
7. Ezzy, D. (2002). Qualitative analysis: Practices and innovation. Sydney: Allen and Unwin.
8. Govt. of Bangladesh (2007). National HIV Serological Surveillance, 7th Round Technical Report, 2006 Bangladesh. Dhaka, National AIDS/STD Programme, Directorate General of Health Services, Ministry of Health and Family Welfare, Govt. of Bangladesh.
9. NACO. (2006). Monthly updates on AIDS [Electronic version]. Retrieved April 5, 2008 from <http://www.avert.org/indiaAIDS.htm>.
10. Patton, M. Q. (2002). Qualitative evaluation and research methods (3rd ed.). London: Sage Publications.
11. Reddy, A., Kelly, R., and Brown, T. (2007). The consequences of current risk: the Asian epidemic model for Dhaka city 2006. Dhaka: Family Health International
12. Sarker, K., Bal, B., Mukherjee, R., Niyogi, S.K., Saha, M.K., and Bhattacharya, S.K. (2005). Cross border HIV epidemic among injecting drug users of Himalayan West Bengal. *European journal of epidemiology*. 20, 373-374
13. Sittitrai W. and Brown, T. (1990). Training manual on focus group discussions in human sexuality research. Bangkok: Chulalongkorn University.
14. Spall, S. (1998). Peer debriefing in qualitative research. *Qualitative Inquiry*, 4(2), 280-293.
15. Taylor, S. J., and Bogdan, R. (1998). Introduction of qualitative research methods: A guide book and resource (3rd ed.). USA: Wiley and Sons.
16. Trochim, W. (2000). The Research Methods Knowledge Base, 2nd Edition. Atomic Dog Publishing, Cincinnati, OH
17. Weller-Molongua., and Knapp, J. (1995). Social network mapping. In Slocum, R., Wichhart, L., Rocheleau, D., and Thomas-Slayter, B. (Eds.). Power, process and participation. pp. 186-190.
18. Wong, E. (2002). Rapid assessment and response on HIV/AIDS among especially vulnerable young people in South Eastern Europe. United Nations Children's Fund (UNICEF). UNICEF Area office for the Balkans.
19. UNAIDS (2006). AIDS epidemic update 2006. Geneva: UNAIDS and WHO.
20. UNAIDS (2007). AIDS epidemic update 2007. Geneva: UNAIDS and WHO.

APPENDIXES

Appendix-1: Objectives, methods, data collection tools and sample/source of mapping exercise

Broad objective	Specific Objectives	Data collection tools	Sample/source
<i>Diffusion and social distribution mapping:</i> To document existing gaps both at geographical and population levels	To know the gaps in geographical areas in the assigned project sites with detail locations of the contact/negotiation with clients/cruising sites	Literature review, consultation meeting, In-depth interviews (IDI), field observations, FGD, key-informant interview (KII), informal discussions	Existing literature on FSW, representatives of NASP, NGOs, CBOs, Sex Worker Organizations/Self-help groups, research organizations, gatekeepers of different sex trade settings (pimp, law enforcement agency, masatan, hotel managers), and SFSW, HFSW, RFSW
	To locate the locations/spots/hotels/residences where sex workers contact/negotiate clients and engaged with sex act, their gathering/cruising spot & time, reasons for gathering, how long they stay, their destinations before and after sex work	IDI, free listing, observation, FGD, Key informant interviews, informal discussion	Existing service providers at district level, gatekeepers of different sex trade settings (pimp, law enforcement agency, masatan, hotel managers), and SFSW, HFSW, RFSW
	To know living and working environment of the FSW		
<i>Service facility mapping:</i> To document the existing service in order to know the service gaps	To know the names, types and nature of services (interventions) of the government and non-government organizations, self-help groups, community based organizations who are currently working with street female sex workers (SFSW), hotel/ residence female sex workers (HFSW/RFSW).	Document review, consultation meeting, informal discussion, KII, and observations, survey questionnaire	NASP, NGOs, CBOs and self-help groups, research organizations, other relevant local organizations both at GO and NGO level
<i>Mobility mapping:</i> To know the mobility of FSW	To understanding the nature of movement of various FSW across different settings, reasons for movement, time and space of movement and frequency	Informant and key-informant interviews and FGD	Existing service providers (if there is any) at district level, gatekeepers, and SFSW, HFSW, RFSW
<i>Intervention mapping:</i> To explore and document necessary information which can feed to design appropriate intervention for sex workers	Size estimation: To reach an estimated number of street/park/stations and hotel and residence based FSW (if possible we will try to calculate the covered and uncovered number of sex workers by intervention packages)	Time location sampling for SFSW, HFSW; nomination sampling for RFSW, Structured Interview, FGD	Gatekeepers and other members of the power structure at street, hotel and residence settings, and SFSW, HFSW, RFSW

Appendix-2: In-depth interview guideline for HFSW/RFSW and SFSW (Bangla & English)

In-depth interview guideline for HFSW/RFSW (Bangla)

Broad objective	Specific Objectives	Questions/ guiding queries
<p>পরিব্যাপ্তি এবং সামাজিক বিন্যাস ম্যাপিং :</p> <p>ভৌগোলিক এবং জনস্তরে বিদ্যমান গ্যাপ নিরূপণ করা।</p>	<p>কোন কোন এলাকায় ইন্টারভেনশন গ্যাপ আছে তা নিরূপণের জন্য প্রজেক্ট এলাকায় যৌনকর্মীদের স্পট ও ঘোরাফিরার জায়গাগুলো বিস্তারিতভাবে চিহ্নিত করা।</p> <p>যৌনকর্মীদের জন্য সবচেয়ে গুরুত্বপূর্ণ স্থান, তাদের জড়ো হওয়ার স্থান, জড়ো হওয়ার সময়, জড়ো হওয়ার কারণ, কত সময় তারা সেখানে অবস্থান করে, যৌন কর্মের আগে এবং পরে তাদের গন্তব্য ইত্যাদি সম্পর্কে জানা।</p>	<ul style="list-style-type: none"> এই সমস্ত হোটেল/বাসাবাড়ীগুলো কোন জায়গায় অবস্থিত? এই জায়গার প্রধান হোটেলগুলো/বাসাগুলি কি কি? আনুমানিক কত সংখ্যক FSW একেকটি হোটেল/বাসায় যৌন পেশায় আছে (সংখ্যা নির্ধারণের জন্য) আপনি কি আর অন্য কোন হোটেল/ বাসার সম্পর্কে জানেন? সেখানে আনুমানিক কত সংখ্যক FSW কাজ করে থাকে? সেখানকার হোটেলগুলোতে/বাসাগুলোতে কি HIV এবং AIDS এর উপর সরকারী/NGO পর্যায় থেকে কোন কার্যক্রম বাস্তবায়ন করা হয়েছে? কোন কোন হোটেলগুলো/বাসাগুলোকে ঐ কার্যক্রমের আওতায় আনা হয়েছে? ঐ কার্যক্রমের ধরন কেমন কেমন?
		<ul style="list-style-type: none"> এই এলাকার কোন হোটেলগুলো/বাসাগুলোতে যৌন কর্মীরা বেশী আসে? আর কোন হোটেলগুলো/বাসাগুলোতে সর্বাধিক সংখ্যক খদ্দেরের (সম্ভব হলে জেলার নাম জেনে নিন) আগমন ঘটে থাকে? আপনার মত যৌনকর্মীরা কেন ঐ হোটেলগুলোতে/বাসাগুলোতে বেশী বেশী আসেন? এই সব হোটেলগুলোতে/বাসাগুলোতে কেন সর্বাধিক খদ্দের আসে? খদ্দেররা কেন বেশী ঘন ঘন আসে? আপনি কি স্থানীয় নাকি এই জেলার বাইরে থেকে এসেছেন? আপনি সাধারণত কখন এই সমস্ত হোটেল/বাসাগুলোতে আসেন? আপনি সাধারণত কত সময় এই সমস্ত হোটেল/বাসাগুলোতে অবস্থান করেন? আপনার যৌন ব্যবসার কাজ শেষ হলে আপনি সাধারণত কোথায় যান? আপনার খদ্দের কারা? তাদের পেশা কি এবং তারা কি ধরনের লোক? তারা কি স্থানীয় নাকি এই এলাকার বাইরে থেকে আসে? তারা কোন বয়স শ্রেণীর?
	<p>মহিলা যৌনকর্মীদের (FSW) বাসস্থান এবং কর্মস্থলের পরিবেশ সম্পর্কে জানা।</p>	<ul style="list-style-type: none"> আপনি কার সাথে বাস করেন ? যদি আপনি পরিবারের সাথে থাকেন, আপনার সাথে যারা বাস করে তারা কারা? আপনার পরিবারকে আপনি কিভাবে সামলান? আপনার পেশা ও বাহিরে সময় কাটানোর দিক দিয়ে? তারা কি আপনার পেশা সম্পর্কে কি জানে ? আপনার বাসায় কয়টি থাকার কক্ষ আছে ? আপনার কর্মক্ষেত্রের (হোটেল/বাসা) পরিবেশ কেমন? এই পরিবেশ (কর্মক্ষেত্রের পরিবেশ) কি আপনার জন্য কোন সমস্যার সৃষ্টি করে? আপনি সাধারণত কি ধরনের সমস্যার মুখোমুখি হয়ে থাকেন? আপনার পরিচিত কেউ কি মাদকদ্রব্য গ্রহণ করে? কনডম ব্যবহার করতে কি কোন বাধা বা অসুবিধার সম্মুখীন হতে হয়?

Broad objective	Specific Objectives	Questions/ guiding queries
<p>সার্ভিস ফ্যাসিলিটিস ম্যাপিংঃ</p> <p>বিদ্যমান সেবা সমূহ বিস্তারিত লিপিবদ্ধ করা, যাতে সেবায় কি গ্যাপ আছে তা নিরূপন করা যায়।</p>	<p>বিভিন্ন সরকারী/এন. জি. ও. সংস্থার সেল্ফ হেল্ফ গ্রুপ, কমিউনিটি প্রতিষ্ঠান যারা বর্তমানে রাস্তা/হোটেল ও বাসাবাড়ী ভিত্তিক মহিলা যৌনকর্মীদের জন্য কাজ করছে তাদের নাম, ধরন ও সেবার প্রকৃতি নিরূপন করা</p>	<ul style="list-style-type: none"> এই এলাকায় কি কোন সরকারী/NGO প্রতিষ্ঠান কাজ করছে? যদি হ্যাঁ হয়, তারা কি ধরনের সেবা দিয়ে থাকে? এই সেবাগুলো কি সমাজে চাওয়া এবং পাওয়া যায়? যদি সেখানে একাধিক NGO কাজ করে তাহলে তাদের সেবা কার্যক্রমের পদ্ধতির ভিন্নতা কি? কোন দিক থেকে তারা আলাদা? যদি না হয়, তাহলে সেবা সুবিধাসমূহকে কিভাবে আরও উন্নত করা যায়? সেখানে কি কোন সেল্ফ হেল্ফ দল বা CBO কাজ করছে? যদি হ্যাঁ হয়, তাদের কাজের ধরন কি? আপনি কি মনে করেন যে, আপনি এই প্রতিষ্ঠানের কাছ থেকে পর্যাপ্ত সেবা পাচ্ছেন? (যদি কোন ধরনের সেবা সুবিধা সেখানে থেকে থাকে)
<p>যৌনকর্মীদের মনিলিটি ম্যাপিংঃ</p> <p>যৌনকর্মীদের অবস্থানের স্থিতাবস্থা বা পরিবর্তনশীল অবস্থা সম্পর্কে জানা।</p>	<p>বিভিন্ন ধরনের FSW দেয় বিভিন্ন সেটিং (রাস্তা/হোটেল/বাসাবাড়ী) এর মধ্যে কাজ করার ধরন সম্পর্কে বুঝতে চাওয়া, এক অবস্থান থেকে অন্য অবস্থানে যাওয়ার কারণ, সময় এবং জায়গা এবং কত ঘন ঘন অবস্থান পরিবর্তন করে তা জানতে চাওয়া।</p>	<ul style="list-style-type: none"> আপনি কি শুধু মাত্র এই নির্দিষ্ট (হোটেল/বাসায়/রাস্তায়) স্থানে যৌন কাজ করে থাকেন? (এই নির্দিষ্ট জেলায়) যদি না হয় তাহলে আপনি আর কোথায় (হোটেল/রাস্তায়) কাজ করে থাকেন? আপনি আর অন্য কোন সেটিং এ কাজ করে থাকেন? (হোটেল/বাসাবাড়ী/রাস্তায়) যদি হ্যাঁ হয়, আপনি সাধারণত কোথায় গিয়ে থাকেন? আপনি ঐ এলাকাগুলোতে কেন এবং কখন গিয়ে থাকেন? আপনি কত ঘন ঘন সেখানে গিয়ে থাকেন? কেন? আপনি কি রাস্তায়/পার্কে/সিনেমা হলে গিয়ে খদ্দের যোগাড় করেন?
<p>ইন্টারভেনশন ম্যাপিংঃ</p> <p>যৌনকর্মীদের জন্য একটি যথোপযুক্ত প্রকল্প রূপায়নে প্রয়োজনীয় তথ্যাদি অনুসন্ধান এবং নথিবদ্ধ করা</p>	<p>Size Estimationঃ</p> <p>রাস্তাঘাটে/স্টেশনে, অন্যান্য এবং হোটেলে, বাসা বাড়ীতে যেসব FSW যৌন ব্যবসা/কাজ করে তাদের প্রাক্কলিত সংখ্যা নিরূপন করা। (যদি সম্ভব হয়, আমরা কোন প্রকল্পের আওতায় এবং বাইরের যৌনকর্মীদের সংখ্যা নিরূপণের চেষ্টা করবো)</p>	<p>(Covered in Diffusion and social distribution mapping)</p>
	<p>গেটকিপারের ধরন সম্পর্কে এবং বিভিন্ন ধরনের যৌনব্যবসার শক্তির অবকাঠামো সম্পর্কে বিস্তারিতভাবে জানা, যাতে প্রকল্পের আওতায় তাদেরকে নেয়ার জন্য তাদের কাছে পৌছানোর সম্ভাব্য পথ সম্পর্কে বিস্তারিতভাবে জানা।</p>	<ul style="list-style-type: none"> আপনি যে এখানে কাজ করেন তা কে জানে? তারা কি এ থেকে লাভবান হচ্ছে? এজন্য কি তারা কোন সমস্যার সম্মুখীন হচ্ছে? (যদি হ্যাঁ হয়) কি সমস্যা? আপনার কার্যক্ষেত্র /এলাকায় কারা আপনার জন্য সমস্যার সৃষ্টি করছে? তারা কিরূপ সমস্যা সৃষ্টি করছে? কেন তারা সমস্যা করছে? এথেকে তাদের কি লাভ হচ্ছে? সাধারণত কারা আপনার সাথে বিনা পয়সায় যৌনকাজ করে থাকে? তারা কেন এমন করে বা এটা করতে সমর্থ হয়? কোন লোকগুলি যৌন কাজ সম্পাদনের পর চুক্তি মোতাবেক টাকা দেয় না? আপনাকে কি কাউকে টাকা দিতে হয়? অথবা অন্য কাউকে? কেন দিতে হয়? আপনার জন্য সেবা কার্যক্রম শুরু করার সময় ঐ লোকেরা সম্ভাব্য কি সমস্যার সৃষ্টি করতে পারে? ঐ লোকদের সৃষ্ট সমস্যাগুলো থেকে কি ভাবে আমরা পরিব্রাণ পেতে পারি। যদি আমরা কোন সেবা প্রদান কার্যক্রম শুরু করতে চাই তাহলে কিভাবে আমরা ঐ সব সমস্যা থেকে পরিব্রাণ পেতে পারি? আপনার কর্মক্ষেত্রে কে আপনাকে সাহায্য করে থাকে? সাহায্যের ধরনই বা কি? কেন তারা এটা করে?

Broad objective	Specific Objectives	Questions/guiding queries
		<ul style="list-style-type: none"> • কি কি উপায় তারা এই সেবা প্রদান কার্যক্রমকে সহায়তা করতে পারে? • যাদের কাছ থেকে SFSW রা উপকৃত হচ্ছে তাদেরকে আমরা কিভাবে কাজে লাগাতে পারি। এদের কাছ থেকে এই সেবা কার্যক্রম আরো বেশী উপকার পেতে পারে?
	বিভিন্ন ধরনের FSW দের কাছে ইন্টারভেনশন নিয়ে পৌছানোর উপায় সম্পর্কে তথ্য দেওয়া	<ul style="list-style-type: none"> • কিভাবে আমরা আপনার কাছে এবং আপনার সাথে যারা যৌনকাজ করে তাদের কাছে সেবা নিয়ে পৌছাতে পারি? • এজন্য সবচেয়ে উপযুক্ত পছা (সময় ও স্থান) কোনটি? • এই ব্যাপারে আপনার আর কোন পরামর্শ আছে কি?

Indepth interview guideline for SFSW (Bangla)

Broad objective	Specific Objectives	Questions/guiding queries
<p>পরিব্যাপ্তি এবং সামাজিক বিন্যাস ম্যাপিং :</p> <p>ভৌগোলিক এবং জনসংকে বিদ্যমান গ্যাপ নিরূপণ করা।</p>	<p>কোন কোন এলাকায় ইন্টারভেনশন গ্যাপ আছে তা নিরূপণের জন্য প্রজেক্ট এলাকায় যৌনকর্মীদের স্পট ও ফোরাফিরার জায়গাগুলো বিস্তারিতভাবে চিহ্নিত করা।</p>	<ul style="list-style-type: none"> • স্পট কোথায় অবস্থিত? • এই এলাকার মধ্যে প্রধান সমাগম স্থান কোনগুলি? • আনুমানিক কত সংখ্যক SFSW এই স্থান/এলাকায় কাজ করছে (সংখ্যা নিরূপণের জন্য) • এই সমস্ত স্পটগুলোতে HIV এবং AIDS এর উপর সরকারী/NGO পর্যায় থেকে কোন কার্যক্রম পরিচালিত হচ্ছে? কোন এলাকাগুলো এই কার্যক্রমের আওতায় আনা হয়েছে? তাদের কাজের প্রকৃতি কি?
	<p>যৌনকর্মীদের ব্যবসার জন্য সবচেয়ে গুরুত্বপূর্ণ স্থান, তাদের জড়ো হওয়ার স্থান, জড়ো হওয়ার সময় জড়ো হওয়ার কারণ, কত সময় তারা সেখানে অবস্থান করে, যৌন কর্মের আগে এবং পরে তাদের গন্তব্য ইত্যাদি সম্পর্কে জানা।</p>	<ul style="list-style-type: none"> • সাধারণত খদ্দেরা আপনাকে এবং মহিলা যৌনকর্মীদের (SFSW) কোথায় পায়? • আপনি কি আমাকে কিছু স্থানের নাম বলতে পারেন যেখানে বেশী সংখ্যক SFSW জড়ো হয়ে থাকে? • আপনি কেন এই স্থানে বেশী আসেন? এবং খদ্দেরই বা এখানে কেন বেশী আসে? • আপনি কি স্থানীয় নাকি এই এলাকার বাইরে থেকে এসেছেন? • কখন আপনি সাধারণত এই স্থানে আসেন? • আপনি কোথা থেকে এসেছেন ? • আপনি সেখানে কত সময় সাধারণত অবস্থান করেন? • আপনার যৌন ব্যবসার কাজ শেষ হলে আপনি সাধারণত কোথায় যান? • আপনার খদ্দের কারা তাদের পেশাই বা কি? তারা কি স্থানীয় নাকি এই এলাকার বাইরে থেকে আসে? খদ্দেরদের বয়সের শ্রেণীই বা কি? • এই এলাকার কোন স্থানে সর্বাধিক সংখ্যক খদ্দের আসে? (সম্ভব হলে জেলার নাম লিখে নিন) • খদ্দেরদের সাথে কি কি সমস্যা হয় (Violence/Condom etc)
	<p>মহিলা যৌনকর্মীদের (FSW) বাসস্থান এবং কর্মস্থলের পরিবেশ সম্পর্কে জানা।</p>	<ul style="list-style-type: none"> • আপনি কার সাথে বাস করেন ? • যদি আপনি পরিবারের সাথে বাস করেন, তারা কারা, যারা আপনার সাথে বাস করে • আপনি আপনার পরিবারকে কিভাবে সামলান? আপনার পেশাগত এবং বাহিরে সময় কাটানোর দিক দিয়ে? • তারা আপনার পেশা সম্পর্কে কি জানে? • আপনার বাসায় কয়টি কক্ষ আছে? • আপনি সাধারণত কোন স্থানে যৌনকর্ম করে থাকেন? • আপনার যৌনকর্মের স্থানের পরিবেশ কেমন ? • এই স্থানটি আপনার জন্য কোন সমস্যার (যৌনকর্মের স্থানের পরিবেশ) সৃষ্টি করে? আপনি সাধারণত কি ধরনের সমস্যার মুখোমুখি হন?

Broad objective	Specific Objectives	Questions/guiding queries
সার্ভিস ফ্যাসিলিটিস ম্যাপিংঃ বিদ্যমান সেবা সমূহ বিস্তারিত লিপিবদ্ধ করা, যাতে সেবায় কি গ্যাপ আছে তা নিরূপণ করা যায়।	বিভিন্ন সরকারী/এন. জি. ও. সংস্থা, যৌনকর্মী সংগঠন, কমিউনিটি প্রতিষ্ঠান যারা বর্তমানে রাস্তা/হোটেল ও বাসাবাড়ী ভিত্তিক মহিলা যৌনকর্মীদের জন্য কাজ করছে তাদের নাম, ধরন ও সেবার প্রকৃতি নিরূপণ করা	<ul style="list-style-type: none"> এই এলাকায় কি কোন সরকারী/NGO প্রতিষ্ঠান কাজ করছে? যদি হ্যাঁ হয়, তারা কি ধরনের সেবা দিয়ে থাকে? যদি সেখানে একাধিক NGO কাজ করে তাহলে তাদের সেবা কার্যক্রমের পদ্ধতির ভিন্নতা কি? কোন দিক থেকে তারা আলাদা? আপনি কি সেখানে পর্যাপ্ত সেবা পাচ্ছেন? যদি না হয়, তাহলে সেবা সুবিধাসমূহকে কিভাবে উন্নত করা যায়? সেখানে কি কোন যৌনকর্মী সংগঠন বা CBO কাজ করছে? যদি হ্যাঁ হয়, তাদের কাজের ধরন কি? (আইনগত সহায়তা প্রদান, সামাজিক নিরাপত্তা, মৌলিক চাহিদা, স্বাস্থ্য সেবা) আপনি কি মনে করেন যে, আপনি এই প্রতিষ্ঠানের কাছ থেকে পর্যাপ্ত সেবা পাচ্ছেন?
যৌনকর্মীদের মবিলিটি ম্যাপিংঃ যৌনকর্মীদের অবস্থানের স্থিতাবস্থা বা পরিবর্তনশীল অবস্থা সম্পর্কে জানা।	বিভিন্ন ধরনের FSW দের বিভিন্ন সেটিং (রাস্তা/হোটেল/বাসাবাড়ী) এর মধ্যে কাজ করার ধরন সম্পর্কে বুঝতে চাওয়া, এক অবস্থান থেকে অন্য অবস্থানে যাওয়ার কারণ, সময় এবং জায়গা এবং কত ঘন ঘন অবস্থান পরিবর্তন করে তা জানতে চাওয়া।	<ul style="list-style-type: none"> আপনি আর কোথায় (খদ্দেরের বাড়ী/হোটেল/বাসাবাড়ী) কাজ করে থাকেন? /আপনি আর অন্য কোন সেটিং এ কাজ করে থাকেন? (হোটেল/বাসাবাড়ী) যদি হ্যাঁ হয়, আপনি সাধারণত কোথায় গিয়ে থাকেন? আপনি ঐ এলাকাগুলোতে কেন এবং কখন গিয়ে থাকেন? আপনি কত ঘন ঘন সেখানে গিয়ে থাকেন? কেন? আপনি কি হোটেল/বাসাবাড়ীতে অবস্থান করে খদ্দের যোগাড় করেন?
ইন্টারভেনশন ম্যাপিংঃ যৌনকর্মীদের জন্য একটি যথোপযুক্ত প্রকল্প রূপায়নে প্রয়োজনীয় তথ্যাদি অনুসন্ধান এবং নথিবদ্ধ করা	Size Estimation : রাস্তাঘাটে/স্টেশনে, অন্যান্য এবং হোটেলে, বাসা বাড়ীতে যেসব FSW যৌন ব্যবসা/কাজ করে তাদের প্রাক্কলিত সংখ্যা নিরূপণ করা। (যদি সম্ভব হয়, আমরা কোন প্রকল্পের আওতায় এবং বাইরের যৌনকর্মীদের সংখ্যা নিরূপণের চেষ্টা করবো)	(Covered in Diffusion and social distribution mapping) Further information will be collected as mentioned in the bellow format*.
	গেটকিপারের ধরন সম্পর্কে এবং বিভিন্ন ধরনের যৌনব্যবসার শক্তির অবকাঠামো সম্পর্কে বিস্তারিত ভাবে জানা, যাতে প্রকল্পের আওতায় তাদেরকে নেয়ার জন্য তাদের কাছে পৌঁছানোর সম্ভাব্য পথ সম্পর্কে বিস্তারিতভাবে জানা।	<ul style="list-style-type: none"> আপনি যে এখানে কাজ করেন তা কে জানে? তারা কি এ থেকে লাভবান হচ্ছে? এজন্য কি তারা কোন সমস্যার সম্মুখীন হচ্ছে? (যদি হ্যাঁ হয়) কি সমস্যা? আপনার কার্যক্ষেত্র /এলাকায় কারা আপনার জন্য সমস্যার সৃষ্টি করছে? তারা কিরূপ সমস্যা সৃষ্টি করছে? কেন তারা সমস্যা করছে? এথেকে তাদের কি লাভ হচ্ছে? সাধারণত কারা আপনার সাথে বিনা পয়সায় যৌনকাজ করে থাকে? তারা কেন এমন করে বা এটা করতে সমর্থ হয়? কোন লোকগুলি যৌন কর্ম সম্পাদনের পর চুক্তি মোতাবেক টাকা দেয় না? আপনাকে কি কাউকে টাকা দিতে হয়? অথবা অন্য কাউকে? কেন দিতে হয়? আপনার জন্য সেবা কার্যক্রম শুরু করার সময় ঐ লোকেরা সম্ভাব্য কি সমস্যার সৃষ্টি করতে পারে? ঐ লোকদের সৃষ্ট সমস্যাগুলো থেকে কি ভাবে আমরা পরিত্রাণ পেতে পারি? যদি আমরা কোন সেবা সুবিধা প্রদান কার্যক্রম শুরু করতে চাই তাহলে কিভাবে আমরা তাদেরকে সামলাতে পারি? আপনার কর্মক্ষেত্রে কে আপনাকে সাহায্য করে থাকে? সাহায্যের ধরনই বা কি? কেন তারা এটা করে?

In-depth interview guideline for HFSW/RFSW (English)

Broad objective	Specific Objectives	Questions/guiding queries
<p><i>Diffusion and social : distribution mapping</i></p> <p>To document existing gaps both at geographical and population levels</p>	<p>To know the gaps in geographical areas in the assigned project sites with detail locations of the cruising sites</p>	<ul style="list-style-type: none"> • Where are these hotels/residence located? • What are the major hotels/residences in these locations? • Approximately how many FSW work in each hotel/residence (for size estimation purpose)? Do you know about other hotels/residence? Approximately how many FSW work there? • Is there any HIV and AIDS interventions/program implemented by GO/NGOs in these hotels/residences? Which hotels are covered by the interventions/programs? What is the nature of the work?
	<p>To locate the 'hotspots' of the sex establishments, gathering spot & time, reasons for gathering, how long they stay, their destinations before and after sex work</p>	<ul style="list-style-type: none"> • In which hotels/residence in the area having more concentration of the sex workers? Which hotels/residences in the area (district, if possible) have highest number of clients? • Why do you gather in those hotels/residences more? Why these hotels/residences have highest number of clients? Why do the clients come here more frequently? • Are you local or come from outside the district? • When do you usually come in those hotels/residences? • How long do you usually stay in the hotels/residences? • Where do you usually go after the sex trade is finished? • Who are the clients? What are their occupations and backgrounds? Are they local or come from outside the area? What is the age-range of the clients?
	<p>To know living and working environment of the FSW</p>	<ul style="list-style-type: none"> • Whom do you live with? • If you live with family, who are the members those live with you? • How you manage your family? Time and Occupation? • What they know about your occupation? • How many rooms do you have? • How is the environment of your work place (hotels/residences)? • Is it (working environment) creating any problem for you? What type of problem do you usually face?

Broad objective	Specific Objectives	Questions/guiding queries
<p><i>Service facility mapping:</i> To document the existing service in order to know the service gaps</p>	<p>To know the names, types and nature of services (interventions) of the government and non-government organizations, self-help groups, community based organizations who are currently working with street female sex workers (SFSW), hotel/residence female sex workers (HFSW/RFSW).</p>	<ul style="list-style-type: none"> • Is there any GO/NGO working in the area? • If yes, what type of services do they provide? Are these services available and accessible? • If multiple NGOs work, then differentiate their intervention process? How they are different? • If not, how to improve the service facilities? • Is there any self-help group or CBO working in the area? • If yes, what is the nature of their work? • Do you think you are getting adequate services from these organizations? (If any service facility is available).
<p><i>Mobility mapping:</i> To know the mobility of FSW</p>	<p>To understanding the nature of movement of various FSW across different settings, reasons for movement, time and space of movement and frequency</p>	<ul style="list-style-type: none"> • Do you work in this particular hotel/residence (and in this certain district) only? If not, where else (in hotel/residence setting) do you work? Do you work in other settings (hotel/residence/street)? • If yes, where do you usually go to? • Why and when do you go to those area(s)? • How frequently do you move? Why?
<p><i>Intervention mapping:</i> To explore and document necessary information which can feed to design appropriate intervention for sex workers</p>	<p>Size estimation: To reach an estimated number of street/park /stations and hotel and residence based FSW (if possible we will try to calculate the covered and uncovered number of sex workers by intervention packages)</p>	<p>(Covered in <i>Diffusion and social distribution mapping</i>)</p>
	<p>To understand the types of the gatekeepers and power structure of the individual sex trade and explore the possible ways to reach them for interventions</p>	<ul style="list-style-type: none"> • Who knows that you work in here? Are they benefited from this? Do they face problems for this? (If yes) What are those? • Who creates problems for you in the area(s)/workplace? What are those problems? Why do they do these? What are their benefits from these? • Who usually have sex with you without money? Why do they do this? Or, how they are able to do such? • Who are the individuals who do not pay the contracted amount after sex? • Do you have to pay money someone? Or others? Why? • What might be the difficulties created by these persons while initiating an intervention?

Broad objective	Specific Objectives	Questions/guiding queries
		<ul style="list-style-type: none"> • How can we overcome the problems created by these people? • If we want to launch any intervention/service facility, how can we address them? • Who helps you in the area you work? What is the nature of such helps? Why do they do this? • What might be the ways these people can help the intervention process? • What can we do to address those from whom the HFSW/RFSW are benefited? How can we get more benefited from them in terms of intervention?
	To provide information regarding the ways to access to different types of FSW	<ul style="list-style-type: none"> • How can we reach you and your peers with our intervention services? • What is the best way to do that (time, venue)? • Do you have any other suggestion in this regard?

Indepth interview guideline for SFSW (English)

Broad objective	Specific Objectives	Questions/guiding queries
<p><i>Diffusion and social distribution mapping:</i> To document existing gaps both at geographical and population levels</p>	To know the gaps in geographical areas in the assigned project sites with detail locations of the cruising sites	<ul style="list-style-type: none"> • Where is the spot located? • What are the major cruising spots in the area? • Approximately how many SFSW work in these spots/area (for size estimation purpose)? • Is there any HIV and AIDS interventions/program operated by GO/NGO in those cruising spots? Which spots are covered by the interventions/programs? What is the nature of the work?
	To locate the 'hotspots' of the sex establishments, gathering spot & time, reasons for gathering, how long they stay, their destinations before and after sex work	<ul style="list-style-type: none"> • Usually from where do the clients find you and other SFSW? • Can you tell us about the spots in the area with more concentration of SFSW? • Why do you gather in this/these spots more? And why do the clients come here frequently? • Are you local or come from outside the area? • When do you usually come in that spot? • From where do you come from? • How long do you usually stay there? • Where do you usually go after the sex trade is finished? • Who are the clients? What are their occupations? Are they local or come from outside the area? What is the age-range of the clients? • What places in the area (district, if possible) have highest number of clients?

Broad objective	Specific Objectives	Questions/guiding queries
	To know living and working environment of the FSW	<ul style="list-style-type: none"> • Whom do you live with? • If you live with family, who are the members those live with you? • How you manage your family? Time and Occupation? • What they know about your occupation? • How many rooms do you have? • Where do the sex acts usually take place? • How is the environment of your work place? • Is it (working environment) creating any problem for you? What type of problem do you usually face?
<i>Service facility mapping:</i> To document the existing service in order to know the service gaps	To know the names, types and nature of services (interventions) of the government and non-government organizations, self-help groups, community based organizations who are currently working with street female sex workers (SFSW), hotel/residence female sex workers (HFSW/RFSW).	<ul style="list-style-type: none"> • Is there any GO/NGO working in the area? • If yes, what services do they provide? • If multiple NGOs work, then differentiate their intervention process? How they are different? • Are you getting adequate services? • If not, how to improve the service facilities? • Is there any self-help group or CBO working in the area? • If yes, what is the nature of their work? • Do you think you are getting adequate services from these organizations?
<i>Mobility mapping:</i> To know the mobility of FSW	To understanding the nature of movement of various FSW across different settings, reasons for movement, time and space of movement and frequency	<ul style="list-style-type: none"> • Do you work in other areas (clients' house/hotel/residence)? / Do you work in other settings (hotel/residence)? • If yes, where do you usually go to? • Why and when do you go to those area(s)? • How frequently do you move? Why?
<i>Intervention mapping:</i> To explore and document necessary information which can feed to design appropriate intervention for sex workers	Size estimation: To reach an estimated number of street/park/stations and hotel and residence based FSW (if possible we will try to calculate the covered and uncovered number of sex workers by intervention packages)	(Covered in <i>Diffusion and social distribution mapping</i>)

Broad objective	Specific Objectives	Questions/guiding queries
	To understand the types of the gatekeepers and power structure of the individual sex trade and explore the possible ways to reach them for interventions	<ul style="list-style-type: none"> • Who knows that you work in here? Are they benefited from this? Do they face problems for this? (If yes) What are those? • Who creates problems for you in the area(s) you work? What are those problems? Why do they do these? What are their benefits from these? • Who usually have sex with you without money? Why do they do this? Or, how they are able to do such? • Who are the individuals who do not pay the contracted amount after sex? • Do you have to pay money someone? Or others? Why? • What might be the difficulties created by these persons while initiating an intervention? • How can we overcome the problems created by these people? • If we want to launch any intervention/service facility, how can we address them? • Who helps you in the area you work? What is the nature of such helps? Why do they do this? • What might be the ways these people can help the intervention process? • What can we do to address those from whom the SFSW are benefited? How can we get more benefited from them in terms of intervention?
	To provide information regarding the ways to access to different types of FSW	<ul style="list-style-type: none"> • How can we reach you and your peers with our intervention services? • What is the best way to do that (time, venue)? • Do you have any other suggestion in this regard?

*Give the names of the locations where sex workers (Street locations-spot/hotel/residence) negotiate with their clients and how many sex workers are operating in those locations?

Approximate Number:

Name of the places	Approximate number of sex workers			Comments
	Street Based	Hotel based	Resident based	
Total				

Appendix-3 : Key informant Interview Guideline (Bangla & English)

Key informant Interview Guideline (Bangla)

তথ্য প্রদানকারীর সাক্ষাৎকার গ্রহণের নির্দেশিকা

পরিব্যাপ্তি এবং সামাজিক বন্টন সংক্রান্ত বিষয়সমূহঃ

(Diffusion and social distribution related issues)

১. কোনধরনের এলাকায় যৌন ব্যবসা চলে? (এই সমস্ত এলাকা নির্বাচনের কারণসমূহ (সুবিধাদি) বিস্তারিতভাবে আমাদেরকে জানতে হবে)।
২. এই এলাকার কোন কোন রাস্তা/পার্ক/উন্মুক্ত এলাকা/সিনেমা হলসমূহে/হোটেলগুলোতে/ বাসাবাড়ীগুলোতে যৌনকর্মীরা সাধারণত জড়ো হয়ে থাকে? এই এলাকার কোন রাস্তা/পার্ক/উন্মুক্ত এলাকা/সিনেমা হলসমূহে এবং হোটেলগুলোতে / বাসাবাড়ীগুলোতে সর্বাধিক সংখ্যক খদ্দের (সম্ভব হলে জেলার নাম সহ) সামাগম হয়?
৩. প্রত্যেক বাস্তায়/পার্ক/উন্মুক্ত এলাকায়/সিনেমা হল ইত্যাদি এবং হোটেল/বাসায় আনুমানিক কত সংখ্যক যৌনকর্মী তাদের ব্যবসা চালিয়ে থাকে? (* সংযুক্ত ছক পূরণ করতে হবে)
৪. যৌনকর্মীরা কি এই সমস্ত সামাগম/যোগাযোগস্থলে নিরাপদে যৌন কাজ করতে পারে? তারা কি কি ধরনের সমস্যা বা ভোগান্তির সম্মুখীন হয়ে থাকে? পুলিশ, গেটকিপার/নিয়ন্ত্রক, মাস্তান, হোটেলের ম্যানেজার, হোটেল বয় এবং দালালদের সাথে যৌন কর্মীদের কি ধরনের সম্পর্ক বজায় রেখে চলতে হয়?
৫. মূলত কোন সময়ে যৌন কাজ হয়ে থাকে? [এখানে যৌনকর্মীদের আসার সময় এবং যাওয়ার সময় এবং কোন সময়ে যৌন কর্মী ও খদ্দেরদের উপস্থিতি সর্বাধিক হয় (Pick hours) সে সম্পর্কে বিস্তারিত জানা প্রয়োজন]।
৬. যোগাযোগ বা সামাগম স্থানে তারা কত সময় অবস্থান করে?
৭. এই স্থানে সাধারণত কি ধরনের খদ্দের আসে? খদ্দেরের গমনাগমনের মাত্রা কেমন?
৮. এই সমস্ত স্থানের যৌনকর্মীদের রোট সাধারণত কত হয়ে থাকে? তারা কিভাবে লেনদেন করে থাকে?

সেবা সুবিধা সংক্রান্ত বিষয়সমূহ :

(Service facility related issues)

৯. এই রাস্তা/পার্ক/সিনেমা হল/উন্মুক্ত এলাকায়/ হোটেল/বাসাবাড়ীতে কি HIV এবং AIDS এর উপর সরকারী/বেসরকারী পর্যায়ে থেকে কোন ধরনের কার্যক্রম বাস্তবায়ন করা হয়েছে? কোন কোন রাস্তা/হোটেল/বাড়ীগুলোকে এই সমস্ত কার্যক্রমের আওতায় আনা হয়েছে? সেখানে কি কোন যৌন কর্মী সংগঠন/CBO আছে? তাদের কার্যক্রমের ধরন কেমন?
১০. এই সমস্ত সংস্থা থেকে তারা কি কি ধরনের সুবিধা/সেবা পায়? (আইনগত সহযোগিতা, সামাজিক নিরাপত্তা, মৌলিক চাহিদাগত, স্বাস্থ্য সেবা, ডি আই সি, ইত্যাদি)
১১. আপনি কি মনে করেন তাদের জন্য আরও সেবার প্রয়োজন আছে? কেন?
১২. আপনি কি মনে করেন যৌনকর্মীরা রাস্তা/হোটেল/বাসাবাড়ী ইত্যাদি সকল ধরনের যৌনকর্মীদের সাথে একই ডিআইসি ব্যবহার করতে রাজি আছে না আলাদা ডিআইসি চায়? হ্যাঁ বা না হলে কেন? আপনার নিজের কি মত?

স্থান পরিবর্তন সংক্রান্ত বিষয়সমূহ :

(Mobility related issues)

১. যৌনকর্মীরা কি প্রতিদিন একই স্থানে নাকি একস্থান থেকে অন্য স্থানে ঘুরে ঘুরে তাদের কাজ চালিয়ে থাকে? তাদের বিভিন্ন স্থানে গমনাগমনের (মবিলিটির) প্রকৃতি কেমন?
২. কোন একটি নির্দিষ্ট স্থানে থেকে যৌন কাজ চালিয়ে যাওয়ার পিছনে কি কারণ আছে অথবা যৌন কাজের জন্য স্থান পরিবর্তনের পিছনে কারণ কি?
৩. এই সমস্ত এলাকায় কারা (ব্যক্তি বা সংগঠন) মহিলা যৌনকর্মীদের সহায়্য করে থাকে? তাদের সাহায্যের ধরনইবা কি? কেন তারা এটা করে? তারা আমাদের সেবা কার্যক্রমকে কিভাবে সহায়্যতা করতে পারে।
৪. যাদের মাধ্যমে SFSW এবং HFSW/RFSW রা সুবিধাদি পেয়ে থাকে তাদেরকে কিভাবে ইন্টারভেনশনের সুবিধার্থে কাজে লাগানো যেতে পারে?

Key informant questionnaire Interview (English)***Diffusion and social distribution related issues***

1. What types of areas are used for sex trade? We have to explore the reason of selecting those areas (advantages)
2. In which streets and hotels/residence in this area the sex workers mostly gather? Which streets and hotels/residences in the area (district, if possible) have highest number of clients?
3. Approximately how many FSW run their business in each street and hotel/residence? (Have to fill up the attached* table)
4. Do the FSW work safely in cruising venue? What types of disturbances or sufferings they face? What types of relations they have to maintain with policemen, gatekeepers, *mastans*, hotel managers, hotel boys and pimps?
5. What is the usual time of sex trade? [It is needed to explore the time of arrival and departure of the sex workers and the flow of the sex workers and their clients during pick hour].
6. How long do they stay in the venue?
7. What types of clients usually come in that venue? How is the client flow?
8. What is the common rate of that venue? How do they make deal?

Service facility related issues

9. Is there any HIV and AIDS interventions/program implemented by GO/NGOs in these hotels/residences? Which streets/hotels are covered by the interventions/programs? Are there any self-help groups or CBO here? What is the nature of their work?
10. What types of advantages/services they get from those organizations? (Legal aid, social security, basic needs, healthcare, DIC etc.)
11. Do you think additional services are needed? Why?
12. Do you think that all types of sex workers namely street, hotel, resident based sex workers are agreed to use the same DIC or demand different DIC? If yes or no, then why?

Mobility related issues

13. Does the FSW regularly sell sex in one spot/setting or they move from one to another? What is the nature of the mobility?
14. What are the reasons for running sex trade in a particular venue or what are the reasons for changing the site?
15. Who helps FSW in the area? What is the nature of such helps? Why do they do this? What might be the ways these people can help the intervention process?
16. What can we do to address those from whom the SFSW and HFSW/RFSW are benefited?

Drug use related issues:

17. Form your knowledge; have the SFSW and HFSW/RFSW used the addictive substances in the past one-year? If so, then what types of drugs have been used by them? (Alcohol, Gnaja, Phensidil, Sleeping pill, injection etc)
18. How many of their number who take drugs (cite the number according to the varieties of drug users)

Intervention issues

- 19. What is your (group's) suggestion to reach the SFSW and HFSW/RFSW in this area/district? What is the best way to do that?
- 20. What kind of intervention could be effective for SFSW and HFSW/RFSW?
- 21. In order to establish an effective intervention, whom can we involve? How?

*Give the names of the locations where sex workers (Street locations-spot/hotel/residence) negotiate with their clients and how many sex workers are operating in those locations?

Approximate Number:

Name of the places	Approximate number of sex workers			Comments
	Street Based	Hotel based	Resident based	
Total				

Appendix-4 : FGD Guideline SFSW/HFSW/RFSW (Bangla & English)

FGD Guideline SFSW/HFSW/RFSW (Bangla)

ফোকাস গ্রুপ আলোচনার নির্দেশিকা

ভৌগোলিক গ্যাপ

(Geographical Gaps)

১. যৌনকর্মের জন্য যৌনকর্মীদের “খদ্দেরদের সাথে ” যোগাযোগের স্থান (রাস্তা, পার্ক, সিনেমা হল, উন্মুক্ত স্থান, হোটেল/বাসাবাড়ি) কোথায় অবস্থিত (Setting সম্পর্কে ধারণা)?
২. যৌন কর্মের জন্য এলাকার প্রধান বা গুরুত্বপূর্ণ স্থানগুলো যেমন : রাস্তা/ পার্ক/সিনেমা হল/উন্মুক্ত এলাকা /হোটেল/বাড়ী কোনগুলো
৩. এসব এলাকায় আনুমানিক কতজন যৌনকর্মী আছে? (*সংযুক্ত ছক পূরণ করতে হবে)
৪. এই এলাকার কোথাও কি যৌনকর্মীদের জন্য কোন কার্যক্রম চলছে? যদি হ্যাঁ হয় তাহলে, কোন কোন স্থান (রাস্তা/পার্ক/সিনেমা হল/উন্মুক্ত এলাকা)/হোটেল/বাসাবাড়ী এই কার্যক্রমের আওতায় আনা হয়েছে?

যৌন কর্মীদের খদ্দেরের সাথে যোগাযোগের, যৌন কর্মের স্থান ও সময়

(Locations where sex workers contact/negotiate clients - Hotspots- Sex Establishment, Gathering and Time for Spending)

১. এই এলাকার কোন কোন স্পটে (রাস্তা/পার্ক/সিনেমা হল/উন্মুক্ত এলাকা)/হোটেল/বাসাবাড়ীতে যৌনকর্মীরা এবং খদ্দেররা বেশীরভাগ জড়ো হয়ে থাকে?
২. যৌনকর্মীরা কেন ঐ স্থানে/হোটেল/বাসাবাড়ীতে বেশী আসে? এবং খদ্দেররা কেন ঘন ঘন এখানে আসে? (যেমন বাজার / সিনেমা হল /পুলিশের-মাস্তানের উপদ্রপ কম)
৩. যৌন কর্মীরা কি এই এলাকাতে বসবাস করে নাকি বাহিরে থেকে আসে?
৪. যৌন কর্মী সাধারণত কত সময় এখানে অবস্থান করে?
৫. খদ্দের কারা? তাদের পেশা কি? তারা কি স্থানীয় নাকি বাহির থেকে আসে?

কাজের পরিবেশ

(Working environment)

১. যৌন কর্ম সাধারণত কোথায় হয়ে থাকে ?
২. ঐ স্থানগুলির সুবিধাগুলি কি কি? *(Probe in detail)*
৩. এই এলাকায় যৌনকর্মীদের কি কোন সমস্যায় পড়তে হয়? তারা সাধারণত কোন ধরনের সমস্যায় পড়ে? বেশীরভাগ সময় তারা কোন সমস্যার মুখোমুখি হয়ে থাকে?
৪. ঐ স্থানে কারা সমস্যাগুলি তৈরী করে? কেন তারা এইগুলি করে? এইগুলি করে তাদের লাভ কি? ঐ লোকদের দ্বারা তৈরী সমস্যাগুলি থেকে কিভাবে আমরা পরিত্রান পেতে পারি? যদি আমরা কোন কার্যক্রম/সেবা সুবিধা পরিচালনা করতে চাই, তাহলে কিভাবে আমরা এসব সমস্যার সমাধান করতে পারি?
৫. আপনি যে এলাকায় কাজ করেন বা চিনেন ঐ এলাকায় কারা মহিলা যৌনকর্মীদের সহযোগিতা করে থাকে? তাদের সহযোগিতার ধরনইবা কি? কেন তারা এটা করে? তারা আমাদের কার্যক্রমকে কিভাবে সহায়তা করতে পারে।
৬. যাদের মাধ্যমে SFSW এবং HFSW/RFSW রা সুবিধাদি পেয়ে থাকে তাদের জন্য আমরা কি করতে পারি।

সেবা সুবিধাসমূহ :

(Service facilities)

১. যৌনকর্মীদের জন্য কি কোন সরকারী/NGO/CBO/সেল্ফ হেল্প গ্রুপ এখানে কাজ করছে?
২. যদি হ্যাঁ হয়, তবে কি কি ধরনের সেবা কার্যক্রম তারা দিয়ে থাকে? তারা কি ধরনের কাজ করে? এ সব সেবাগুলি কি সকল যৌনকর্মীরা পাচ্ছে?

১. যদি হ্যাঁ হয়, তা হলে কোন বিষয়ে সেবার মান আরো উন্নত করার প্রয়োজন আছে কি? এবং কোন বিষয়গুলি এখনও এই সেবার আওতায় আসেনি?
২. এই সেবাগুলি কি পর্যাপ্ত ?
৩. যদি না হয়, তারা কি কি সমস্যার কথা উল্লেখ করেছেন এবং কিভাবে সমাধান করা যায় ?
৪. যৌন কর্মীদের জন্য কার্যক্রমে যৌন কর্মীদের কেমন সাড়া পাওয়া গেছে?
৫. সবাই কি সমান আগ্রহ দেখাচ্ছে? যদি না হয় তবে কেন নয় ?
৬. আপনারা কি মনে করেন যৌনকর্মীরা রাস্তা//হোটেল/বাসাবাড়ী ইত্যাদি সকল ধরনের যৌনকর্মীদের সাথে একই ডিআইসি ব্যবহার করতে রাজি আছে না আলাদা ডিআইসি চায়? হ্যাঁ বা না হলে কেন? আপনার নিজের কি মত?

স্থান পরিবর্তন (Mobility)

১. রাস্তা যৌনকর্মী কি হোটেলে বা হোটেল ভিত্তিক যৌন কর্মী কি রাস্তায় খদ্দের ঠিক করে?
২. যৌন কর্মীরা কি অন্য কোথাও/এলাকাতে যৌনকর্ম করে থাকে?
৩. যদি হ্যাঁ হয়, তবে সাধারণত তারা কোথায় যায়? যদি না হয়, তাহলে কারণগুলি কি কি?
৪. কোন পরিস্থিতিতে তারা অন্য এলাকায় যেতে বাধ্য হয়?
৫. তারা কত ঘন ঘন স্থান পরিবর্তন করে?

ইন্টারভেনশন (Intervention)

যেসব এলাকায় যৌনকাজ হয় সেখানে কি কোন HIV প্রতিরোধের কার্যক্রম চালু আছে ?

যদি কার্যক্রম চালু থাকেঃ

১. চলতি কার্যক্রম সম্পর্কে আপনারা কি ভাবছেন?
২. এই কার্যক্রম থেকে আপনারা কি কি ধরনের সুবিধা পাচ্ছেন?
৩. এই কার্যক্রমে কি কোন ধরনে অসুবিধা বা সীমাবদ্ধতা আছে? যদি হ্যাঁ হয় দয়া করে বিস্তারিত বলুন?
৪. ঐ সমস্ত সীমাবদ্ধতা থেকে পরিত্রাণ পেতে আপনার পরামর্শ কি?
৫. কোন কোন এলাকা এই কার্যক্রমের আওতায় আসে নাই?

যেখানে কার্যক্রম চালু নাই :

১. আমাদের কার্যক্রমের সেবাগুলি কিভাবে আমরা SFSW এবং HFSW/RFSW দের কাছে পৌঁছে দিতে পারি?
২. এটা করার জন্য সবচেয়ে ভাল পথ কি (সময়, স্থান) ?
৩. এই সম্পর্কে আপনার কি আর অন্য কোন পরামর্শ আছে? বা কি ধরনের কার্যক্রম গ্রহন করা যেতে পারে বলে আপনি মনে করেন?

FGD Guideline SFSW/HFSW/RFSW (English)

Geographical Gaps

1. Where are the 'hot spots'/hotels/residences of sex trade located? Types.
2. What are the major spots/hotels/residences of the area?
3. Approximate number of FSW in each area
4. Is any intervention in that area? If yes, which spots/hotels/residences are covered by these interventions?

Hotspots- Sex Establishment, Gathering and Time for Spending

1. What are the spots/hotels/residences in the area having more concentration of the sex workers and clients?
2. Why do FSW gather in those spots/hotels/residences more? And why do the clients come here frequently?
3. Do the sex workers live in this area or they come from outside?
4. How long do the FSW usually stay here?
5. Who are the clients? What are their occupations? Are they local or come from outside?

Working environment

1. Where do the sex acts usually take place?
2. Do the FSW face any kind of problem in this area? What type of problem do they usually face?
3. What is the most common problem they confront?
4. What are the advantages of those spots?
5. Who creates problems in the venue? Why do they do these? What are their benefits from these? How can we overcome the problems created by these people? If we want to launch any intervention/service facility, how can we address them?
6. Who helps you in the area you work? What is the nature of such helps? Why do they do this? What might be the ways these people can help the intervention process?
7. What can we do to address those from whom the SFSW and HFSW/RFSW are benefited?

Service facilities

1. Is there any GO/NGO/CBO/self-help group working for FSW?
2. If yes, what kinds of services they provide? What is the nature of their work?
3. Are all sex workers getting those services?
4. If yes, which areas need further improvement? If not, which areas are yet to cover?
5. Are the services adequate?
6. If not, what are the problems they mentioning and how to solve?
7. What is the community response to the intervention?
8. Do all show the level of interest? If not, why?

Mobility

1. Do they have sex in other settings/areas (clients' house/hotel/residence)?
2. If yes, where they usually go to? If not, what are the reasons?
3. What situation leads them to move to other areas?
4. How frequently do they move?

Intervention

Is there any HIV prevention intervention ongoing?

If intervention is ongoing:

1. What do you all think about the ongoing intervention?
2. What kinds of benefits are you getting from the intervention?
3. Is there any kind of disadvantages or limitations? If yes, please describe.
4. What could be your suggestions for overcoming those limitations?
5. Which areas are not covered by these interventions?

Where no intervention is ongoing:

1. How can we reach SFSW and HFSW/RFSW with our intervention services?
2. What is the best way to do that (time, venue)?
3. Do you have any other suggestion in this regard?

* Give the names of the locations where sex workers (Street locations-spot/hotel/residence) negotiate with their clients and how many sex workers are operating in those locations?

Approximate Number:

Name of the places	Approximate number of sex workers			Comments
	Street Based	Hotel based	Resident based	
Total				

Appendix-5: Observational tools (Bangla & English)

Observational tools (Bangla)

পর্যবেক্ষণ নির্দেশিকা

রাস্তা পরিস্থিতি

(Street setting)

- রাস্তা/পার্ক/স্টেশন/সিনেমা হল/বাস টার্মিনাল/লঞ্চ টার্মিনাল ইত্যাদির অবস্থান ।
- চারিপার্শ্বে পারিপার্শ্বিক অবস্থা (জনসমাগম, অবকাঠামো, ইত্যাদি)
- যৌন কর্মী/খদ্দেরের উপস্থিতি ও গমনাগমনের মাত্রা (Client Flow)?
- খদ্দেরদের প্রকার ভেদ ।
- গেটকিপার বা নিয়ন্ত্রকদের চিহ্নিত করণ ।
- যৌন কর্মের সময় (কখন ও কত সময়) ।
- রাস্তায় কি শুধু খদ্দেরদের সাথে যোগাযোগই হয় না যোগাযোগ ও যৌন কাজ উভয়ই হয় ।
- আদান প্রদানের প্রক্রিয়া ।
- আনুমানিক যৌনকর্মীর সংখ্যা । (* সংযুক্ত ছক পূরণ করতে হবে)
- দালালের অবস্থান ও ধরন ।
- যৌনকর্মী এবং খদ্দেরের গতি প্রকৃতি (মবিলিটি) ।
- NGO কর্মীদের উপস্থিতি ।

হোটেল পরিস্থিতি

(Hotel setting)

- হোটেলের অবস্থান ঃ স্থান এবং তলা যেখানে যৌন ব্যবসা হয়ে থাকে । হোটেলের বর্ণনা ।
- যৌনকর্মের সময় ।
- কখন কতজন বোর্ডার আসে ।
- যৌনকর্মীরা খদ্দেরের জন্য কোথায় অপেক্ষা করে? স্থান পর্যবেক্ষণ ।
- খদ্দেররা যৌন কর্মীর জন্য কোথায় অপেক্ষা করে?
- অপেক্ষমান যৌনকর্মী ও খদ্দেরদের সংখ্যা কত? (* সংযুক্ত ছক পূরণ করতে হবে)
- যে সব কক্ষে যৌন কর্মীরা অপেক্ষা করে এবং যৌন কর্ম হয় সেসব কক্ষের পরিবেশ ।
- একজন খদ্দেরের সাথে যৌন কর্মের জন্য আনুমানিক কতটুকু সময় বরাদ্দ থাকে ।
- আদান প্রদানের প্রক্রিয়া ।
- যৌনকর্মী এবং খদ্দেরের গতি-প্রকৃতি (মবিলিটি) ।
- NGO কর্মীদের উপস্থিতি ।

বাসাবাড়ী পরিস্থিতি

(Residence setting)

- বাসা-বাড়ীর অবস্থান এবং ধরন ।
- পারিপার্শ্বিক অবস্থা
- খদ্দেরের আগমনের হার কেমন ।
- খদ্দেরের প্রকার ভেদ ।

Observation tools (English)

Street setting

- Location of the street/ park/ station /cinema/launch ghat etc.
- Surroundings (public gathering, structural setting etc.)
- Flow of the clients
- Types of the clients (observing the clients)
- Identify the gatekeepers
- Timing of sex trade (When and how long)
- Whether street setting is used only for contract or for both contract and exposure
- Procedure of dealing
- Approximate numbers of the sex workers (* have to fill up)
- Existence of pimps
- Mobility of the sex workers and the clients
- Presence of the NGO workers

Hotel setting

- Location of the hotel: floor and space where sex trade takes place
- Timing of sex trade
- Flow of the borders
- Where do the sex workers wait for the clients? Observing the setting
- Approximate numbers of the sex workers waiting
- Environment of the rooms
- Approximate time allocation for a sex act
- Procedure of dealing
- Mobility of the sex workers and the clients
- Presence of the NGO workers

Residence setting

- Location of the residence
- Surroundings
- Flow of the clients
- Types of the clients (observing the clients)
- Procedure of dealing
- Existence of pimps
- Presence of the NGO workers
- Mobility of the sex workers and the clients
- Approximate numbers of the sex workers (* have to fill up)
- Gathering of the people of the locality
- Identify the gatekeepers

*Give the names of the locations where sex workers (Street locations-spot/hotel/residence) negotiate with their clients and how many sex workers are operating in those locations?

Approximate Number:

Name of the places	Approximate number of sex workers			Comments
	Street Based	Hotel based	Resident based	
Total				

Appendix-6: Primary Questionnaire related to the Behavior of the Sex Workers-2008 (Bangla & English)

Primary Questionnaire related to the Behavior of the Sex Workers-2008 (Bangla)

যৌনকর্মীদের আচরন বিষয়ক প্রাথমিক প্রশ্নপত্র - ২০০৮

জরিপ এলাকা:

যৌনপল্লীর নাম:

Household No :

Durjoy Nari Shangha/MRC-MODE Ltd.		Listing Qtnr. No.		
District : _____	Upazila _____	Post office: _____		
Urban : 1	Rural : 2			
Mahalla : _____	Name of the Village : _____ Union : _____			
Name of the Respondent : (যদি রাজী থাকে)				

আমি দুর্জয় নারী সংঘ ও MRC-MODE Limited নামক সংস্থা থেকে এসেছি। যৌনকর্মীদের আচরন বিষয়ক একটি জরিপ কাজ করার জন্য এসেছি। আপনাকে আমরা কিছু একান্ত ব্যক্তিগত প্রশ্ন করবো। আপনার কাছ থেকে প্রাপ্ত তথ্য এই জরিপের কাজ ছাড়া অন্য কোথাও ব্যবহার করা হবে না। আপনার নাম বা ঠিকানা কোথাও লিখা হবে না। আপনি ইচ্ছা করলে এই সাক্ষাৎকারে অংশগ্রহণ নাও করতে পারেন। এজন্য আপনার কোন অসুবিধা হবে না। এমনকি কথা শুরুর পর যে কোন মূহুর্তে আপনি সাক্ষাৎকার দেয়া বন্ধ করে দিতে পারেন। আপনি নিশ্চিত থাকতে পারেন যে, আপনার কথা আমরা অবশ্যই গোপন রাখবো। আপনি যদি সাক্ষাৎকার দিতে রাজী হন, তবে আমরা আশা করবো আপনি আমাদের সঠিক তথ্য দিয়ে সহায়তা করবেন। আপনার সঠিক তথ্যের উপর নির্ভর করছে আমাদের কাজের সফলতা।

আপনি কি সাক্ষাৎকার দিতে রাজী আছেন? (প্রয়োজ্য ঘরে ✓ (টিক) চিহ্ন দিন)

হ্যাঁ না সাক্ষাৎকারের ফলাফল (প্রয়োজ্য ঘরে ✓ টিক চিহ্ন দিন) ক. সম্পূর্ণ
খ. অসম্পূর্ণ

সাক্ষাৎকার গ্রহনকারী	তথ্য মিলানো ও সংশোধনকারী
স্বাক্ষর:	স্বাক্ষর:
নাম:	নাম:
পদবী:	পদবী:
তারিখ:	তারিখ:

আর্থ-সামাজিক অবস্থা সংক্রান্ত তথ্য

১। আপনার বয়স কত? ----- বছর	২। আপনি যৌনকাজ ছাড়া অন্য কোন পেশায় কি আছেন? ১. হ্যাঁ; ২. না;
৩। আপনি কতদূর লেখাপড়া করেছেন?----- -----ক্লাস (স্বাক্ষাৎকার প্রদানকারী যে ক্লাস পর্যন্ত পাস করেছেন সেই ক্লাস লিখুন)	'হ্যাঁ' হলে, কি পেশায় আছেন? ১. চাকুরি; ২. ব্যবসা; ৩. বেকার; ৪. ছাত্রী; ৫. পকেটমার; ৬. টোকাই; ৭. ড্রাগ বিক্রি; ৮. বাড়ীর মালিক; ৯. চুরি ১০. অন্যান্য (উল্লেখ করুন):
৪। আপনার আনুমানিক মাসিক আয় কত? _____ টাকা	
৫। বৈবাহিক অবস্থা: ১. বিবাহিত; ২. অবিবাহিত; ৩. বিচ্ছেদ; ৪. তালাকপ্রাপ্ত; ৫. বিধবা	
৬। স্বামী ও ছেলে মেয়ের সাথে থাকেন কিনা: ১. হ্যাঁ; ২. না; ৩. প্রযোজ্য নয়	

- ৭। কত বছর ধরে যৌনকাজ করছেন? বছর এক বছরের কম মাস
(ক) আপনি কেন এই পেশায় এসেছেন?
- ৮। গতকালের আয় টাকা গত সপ্তাহের আয় টাকা
- ৯। গতকাল সকাল থেকে সারারাত কতজন খদ্দেরের সাথে আপনি যৌন কাজ (যোনী ও পায়ু) করেছেন? জন
গত ৭ দিনে কতজন খদ্দেরের সাথে আপনি যৌন কাজ (যোনী ও পায়ু পথে) করেছেন? জন
- ১০। এই খদ্দেরদের সাথে আপনি মোট কতবার যোনীপথে যৌন কাজ করেছেন?
গতকাল বার গত ৭ দিনে বার
ক) এই যোনী পথে যৌন কাজের সময় কতবার আপনার পক্ষে কনডম ব্যবহার করা সম্ভব হয়েছে?
গতকাল বার গত ৭ দিনে বার
- ১১। এই খদ্দেরদের সাথে আপনি মোট কতবার পায়ুপথে যৌন কাজ করেছেন?
গতকাল বার গত ৭ দিনে বার
ক) এই পায়ু পথে যৌন কাজের সময় কতবার আপনার পক্ষে কনডম ব্যবহার করা সম্ভব হয়েছে?
গতকাল বার গত ৭ দিনে বার
- ১২। শেষ যৌনকর্মে (যোনী / পায়ুপথে) আপনি কি কনডম ব্যবহার করেছিলেন? √ (টিক) চিহ্ন দিন
হ্যাঁ না
- ১৩। আপনি কতবার একের অধিক খদ্দেরের সাথে একই সময়ে দলগত যৌনকাজ করেছেন?
গতকাল বার গত ৭ দিনে বার
১৩ক) তখন কনডম ব্যবহার করেছেন? √ (টিক) চিহ্ন দিন
গতকাল সব সময় কখনো কখনো একবারও না দলগত যৌনকাজ করিনি
গত ৭ দিনে সব সময় কখনো কখনো একবারও না দলগত যৌনকাজ করিনি
- ১৪। কি কি কারণে খদ্দেরের সাথে আপনার কনডম ব্যবহার করতে সমস্যা হয়?
(উল্লেখিত উত্তরে/ (টিক) চিহ্ন দিন, একাধিক উত্তর হতে পারে)
খদ্দের নেই না কোন সমস্যা হয় না জোর করে কনডম ছাড়া কাজ করে
আমি কনডম ছাড়া কাজ করি খদ্দের মজা পায় না খদ্দের চলে যায়/টাকা কম দেয়
সরদারনী মারে আমি মজা/আরাম পাই না কনডম ব্যবহারে সময় বেশী লাগে
খদ্দের ব্যবহার করতে চায় না কনডম কিনতে চাই না বলতে সাহস পাই না
খদ্দের মারে

- ১৫। এখন আমি যৌনরোগ সম্পর্কে প্রশ্ন করবো। যৌনরোগের কোন লক্ষণ কি আপনার এখন আছে?
(পড়ে শোনান এবং উল্লেখিত উত্তরে ✓ (টিক) চিহ্ন দিন, একাধিক উত্তর হতে পারে)
(যদি না থাকে তবে ১৯ নং প্রশ্নে যান)
- | | | | | | |
|----------------------------|--------------------------|---------------------------------|--------------------------|-------------------------------------|--------------------------|
| ১. চুলকানিসহ স্রাব | <input type="checkbox"/> | ২. অত্যধিক স্রাব | <input type="checkbox"/> | ৩. গন্ধযুক্ত স্রাব | <input type="checkbox"/> |
| ৪. গোপনাসে ঘা | <input type="checkbox"/> | ৫. গোপনাসে চুলকানী | <input type="checkbox"/> | ৬. যোনী ভিতরে ঘা/ক্ষত | <input type="checkbox"/> |
| ৭. মাসিকের সময় ব্যথা/পুঁজ | <input type="checkbox"/> | ৮. তলপেটে ব্যথা | <input type="checkbox"/> | ৯. প্রসাবের সময় ব্যথা/জ্বালা/পোড়া | <input type="checkbox"/> |
| ১০. যৌনমিলনে ব্যথা | <input type="checkbox"/> | ১১. পায়খানার রাস্তায় পুজ/রক্ত | <input type="checkbox"/> | ১২. জানি না | <input type="checkbox"/> |
| ১৩. এখন কোন লক্ষণ নাই | <input type="checkbox"/> | | | | |
- ১৬। যদি এখন থাকে এর চিকিৎসা জন্য কি ব্যবস্থা নিচ্ছেন?
(উল্লেখিত উত্তরে ✓ (টিক) চিহ্ন দিন, একাধিক উত্তর হতে পারে)।
- | | | | |
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| ১. কোন ব্যবস্থা নেইনি | <input type="checkbox"/> | ২. দেশীয় চিকিৎসা (কবিরাজী/হেকেমী/আয়ুবেদি) | <input type="checkbox"/> |
| ৩. সরকারী হাসপাতাল | <input type="checkbox"/> | ৪. NGO ক্লিনিক/ DIC | <input type="checkbox"/> |
| ৫. ডাক্তার (এমবিবিএস) | <input type="checkbox"/> | ৬. অন্যান্য ক্লিনিক | <input type="checkbox"/> |
| ৭. ওষুধের দোকান | <input type="checkbox"/> | ৮. বন্ধু/আত্মীয় | <input type="checkbox"/> |
- ১৭। চিকিৎসা গ্রহণের আগে আপনি কতদিন অপেক্ষা করেছিলেন? দিন
- ১৮। কোন চিকিৎসা না নিয়ে থাকলে বর্তমানে লক্ষণটি আপনার শরীরে কতদিন যাবৎ আছে? দিন
- ১৯। আপনি কি কখনও NGO ক্লিনিকে গিয়েছেন?/ (টিক) চিহ্ন দিন হ্যাঁ না
(যদি হ্যাঁ হয় তবে ২১ নং প্রশ্নে যান)
- ২০। যদি NGO ক্লিনিকে না গিয়ে থাকেন তাহলে কি কারণে যান নি?
(উল্লেখিত উত্তরে ✓ (টিক) চিহ্ন দিন, একাধিক উত্তর হতে পারে)
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| নতুন এসেছি | <input type="checkbox"/> | রোগ নেই/ছিল না | <input type="checkbox"/> | ভাল চিকিৎসা দেয় না | <input type="checkbox"/> |
| লজ্জা পাই | <input type="checkbox"/> | প্রেমিক/স্বামী যেতে দেয় না | <input type="checkbox"/> | ধারণা নেই | <input type="checkbox"/> |
- এখন আমরা স্বামী, প্রেমিক বা এমন ব্যক্তির কথা জানতে চাইব যার কাছে আপনি যৌন মিলনের বিনিময়ে কোন টাকা পয়সা পাওয়ার আশা করেন না।
- ২১। গত সপ্তাহে খন্দের নয় এমন কতজন ব্যক্তির (প্রেমিক/স্বামী) সাথে আপনি যোনী ও পায়ু পথে যৌন কাজ করেছেন?
..... জন
- ক) এই ব্যক্তিদের সাথে আপনি মোট কতবার যোনী এবং পায়ু পথে যৌন কাজ করেছেন?বার
- খ) এর মধ্যে কতবার আপনার পক্ষে কনডম ব্যবহার করা সম্ভব হয়েছে? বার
- ২২। এইচ.আই.ভি বা এইডস্ সম্বন্ধে কিছু শুনেছেন?/ (টিক) চিহ্ন দিন
হ্যাঁ না (যদি উত্তর না হয় তাহলে ২৬ নং প্রশ্নে চলে যান)
- ক) এইচ.আই.ভি বা এইডস্ রোগ সম্বন্ধে আপনি যা জানেন বা শুনেছেন তা কোথা থেকে জেনেছেন?
(উল্লেখিত উত্তরে ✓ (টিক) চিহ্ন দিন, একাধিক উত্তর হতে পারে)
- | | | | |
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| ১. রেডিও | <input type="checkbox"/> | ২. খবরের কাগজ | <input type="checkbox"/> |
| ৩. টিভি | <input type="checkbox"/> | ৪. বন্ধু-বান্ধব | <input type="checkbox"/> |
| ৫. পরিবার | <input type="checkbox"/> | ৬. স্বাস্থ্য কর্মী | <input type="checkbox"/> |
| ৭. বই/পত্রিকা | <input type="checkbox"/> | ৮. ক্যানভাসার | <input type="checkbox"/> |
| ৯. বিল বোর্ড/পোস্টার | <input type="checkbox"/> | ১০. এনজিও কর্মী | <input type="checkbox"/> |
| ১১. কেয়ার | <input type="checkbox"/> | ১২. সংশ্লিষ্ট এনজিও | <input type="checkbox"/> |
- খ) এইডস্ কিভাবে ছড়ায় বলবেন কি? (উল্লেখিত ✓ (টিক) চিহ্ন দিন, একাধিক উত্তর হতে পারে)
- | | | | |
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| ১. নারী-পুরুষে যৌনকর্ম | <input type="checkbox"/> | ২. পুরুষে-পুরুষে যৌনকর্ম | <input type="checkbox"/> |
| ৩. অপরিষ্কৃত রক্ত গ্রহণ | <input type="checkbox"/> | ৪. মা-শিশু (জন্ম) | <input type="checkbox"/> |
| ৫. ব্যবহৃত সূঁচ | <input type="checkbox"/> | ৬. কনডম ছাড়া যৌনকর্ম | <input type="checkbox"/> |
| ৭. মা-শিশু (বুকের দুধ) | <input type="checkbox"/> | ৮. করমর্দন | <input type="checkbox"/> |
| ৯. অপরিষ্কার থাকলে | <input type="checkbox"/> | ১০. মশার কামড় | <input type="checkbox"/> |
| ১১. খাদ্য/বস্ত্র ভাগাভাগি | <input type="checkbox"/> | ১২. জানি না | <input type="checkbox"/> |

- গ) এইডস্ রোগ থেকে নিজেকে বাঁচানোর উপায় বলবেন কি? (উল্লেখিত উত্তরে √ (টিক) চিহ্ন দিন, একাধিক উত্তর হতে পারে)
- | | | | |
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| ১. কনডম দিয়ে যৌনকর্ম করা | <input type="checkbox"/> | ২. রক্ত পরীক্ষা করে নিয়ে ব্যবহার করা | <input type="checkbox"/> |
| ৩. একজনের ব্যবহৃত সুই/সিরিঞ্জ অন্য জন ব্যবহার না করা | <input type="checkbox"/> | ৪. একাধিক সঙ্গীর সাথে যৌন কাজ না করা | <input type="checkbox"/> |
| ৫. ডেটল দিয়ে দুয়ে ফেলা | <input type="checkbox"/> | ৬. অসুস্থ্য/নোংরা সঙ্গী বাদ দেওয়া | <input type="checkbox"/> |
| ৬. প্রশ্রাব দিয়ে দুয়ে ফেলা | <input type="checkbox"/> | ৭. জানি না | <input type="checkbox"/> |
| ৮. চিকিৎসকের পরামর্শ নেওয়া | <input type="checkbox"/> | | |
| ১০. অন্যান্য (উল্লেখ করুন) | | | |
- ২৩। আপনার এইডস্-এ আক্রান্ত হবার সম্ভাবনা কতটুকু বলে মনে করেন? √ (টিক) চিহ্ন দিন
খুব বেশী মোটামুটি কম কোন সম্ভাবনা নেই জানি না
- ২৪। কি কারণে আপনি এই কথা বলছেন? (উল্লেখিত উত্তরে √ (টিক) চিহ্ন দিন, একাধিক উত্তর হতে পারে)
- | | | | |
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| ১. যৌন কাজ করি | <input type="checkbox"/> | ২. যৌনকাজে সবসময় কনডম ব্যবহার করি | <input type="checkbox"/> |
| ৩. একাধিক লোকের সাথে যৌন কাজ করি | <input type="checkbox"/> | ৪. রক্ত পরীক্ষা করিয়েছি | <input type="checkbox"/> |
| ৫. যৌন রোগ আছে | <input type="checkbox"/> | ৬. যৌনকাজে মাঝে মাঝে কনডম ব্যবহার করি | <input type="checkbox"/> |
| ৭. যৌনরোগ নাই | <input type="checkbox"/> | ৮. শুধু প্রেমিক/স্বামীর সাথে যৌনকাজ করি | <input type="checkbox"/> |
| ৯. যৌনকাজে কনডম ব্যবহার করি না | <input type="checkbox"/> | ১০. এখন যৌন কাজ করি না | <input type="checkbox"/> |
| ১১. নিয়মিত ডাক্তার দেখাই | <input type="checkbox"/> | ১২. পরিস্কার থাকি | <input type="checkbox"/> |
| ১৩. অনেক সময় কনডম ফেটে যায় | <input type="checkbox"/> | ১৪. প্রেমিক/স্বামীর সাথে কনডম ব্যবহার করি না | <input type="checkbox"/> |
| ১৫. প্রেমিক/স্বামীর সাথে কনডম ব্যবহার করি | <input type="checkbox"/> | ১৬. প্রেমিকের কোন রোগ নাই | <input type="checkbox"/> |
| ১৭. প্রেমিক অন্য মেয়ের কাছে যায় না | <input type="checkbox"/> | ১৮. প্রেমিক অন্য মেয়ের কাছে যায় | <input type="checkbox"/> |
- ২৫। আপনি যৌনরোগ বা এইডস্ নিয়ে চিন্তিত হলে সাহায্যের জন্য কোথায় যাবেন? (উল্লেখিত উত্তরে √ (টিক) চিহ্ন দিন, একাধিক উত্তর হতে পারে)
- | | | | |
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| ১. সরকারী হাসপাতাল | <input type="checkbox"/> | ২. অন্যান্য ক্লিনিক (কেয়ার ছাড়া) | <input type="checkbox"/> |
| ৩. প্রাইভেট ডাক্তার (এমবিবিএস) | <input type="checkbox"/> | ৪. বন্ধু-বান্ধব | <input type="checkbox"/> |
| ৫. পার্টনার এনজিও/কেয়ার ক্লিনিক | <input type="checkbox"/> | ৬. পিয়ার / আউটরীচ কর্মী | <input type="checkbox"/> |
| ৭. আত্মীয়-স্বজন | <input type="checkbox"/> | ৮. জানি না | <input type="checkbox"/> |
- ২৬। কনডম কোথায় পাওয়া যায় বলবেন কি? √ (টিক) চিহ্ন দিন, একাধিক উত্তর হতে পারে)
- | | | | | | | | |
|------------------------|--------------------------|-----------------|--------------------------|--------------|--------------------------|--------------|--------------------------|
| পরিবার পরিকল্পনা কর্মী | <input type="checkbox"/> | স্বাস্থ্য কর্মী | <input type="checkbox"/> | ওষুধের দোকান | <input type="checkbox"/> | সাধারণ দোকান | <input type="checkbox"/> |
| এনজিও | <input type="checkbox"/> | জানি না | <input type="checkbox"/> | | | | |
- ২৭। এখন কি আপনার সাথে কনডম আছে? হ্যাঁ না √ (টিক) চিহ্ন দিন)
(সাক্ষাৎকার গ্রহনকারী) দেখেছেন কি? হ্যাঁ না √ (টিক) চিহ্ন দিন)
- ২৮। সঠিকভাবে কনডম ব্যবহার করার পদ্ধতি আমাকে দেখাবেন কি (দেখুন এবং সঠিক ঘরে √ (টিক) চিহ্ন দিন) ?
 সঠিক হয়েছে ঠিক হয়নি
- ২৯। আপনি কি মহিলা কনডমের নাম শুনেছেন/দেখেছেন? (যদি না হয় তবে ৩১ নং প্রশ্নে যান)
হ্যাঁ না
- ৩০। উত্তর হ্যাঁ হলে এর সঠিক নিয়মে ব্যবহারের পদ্ধতি সম্পর্কে বলবেন কি? √ (টিক) চিহ্ন দিন, একাধিক উত্তর হতে পারে)
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|--|--------------------------|-------------------|--------------------------|------------------------------------|--------------------------|
| ক) বসা অবস্থায় | <input type="checkbox"/> | খ) শোয়া অবস্থায় | <input type="checkbox"/> | গ) দাড়ানো অবস্থায় এক পা উঁচু করে | <input type="checkbox"/> |
| ঘ) কনডমের ভেতরের রিংটি দুই আঙ্গুল দিয়ে চেপে ধরে যৌনপথে প্রবেশের মাধ্যমে | <input type="checkbox"/> | | | | |
| ঙ) জরায়ুর মুখে রিংটি ঠিক আছে কিনা তা পরীক্ষা করে দেখা | <input type="checkbox"/> | চ) জানি না | <input type="checkbox"/> | | |

APPENDIXES

৩১। যৌনকর্মী হিসেবে আপনি নিজে অথবা আপনার সন্তানেরা নিম্নলিখিত স্থান থেকে নিয়মিত স্বাস্থ্যসেবা গ্রহন করতে পারেন কিনা? (পড়ে শোনান এবং উল্লেখিত উত্তরে √ (টিক) চিহ্ন দিন)

আপনি নিজেঃ

সরকারী হাসপাতাল প্রাইভেট ডাক্তার এনজিও
 চেষ্টা করিনি রোগ নেই/ছিল না কোথাও থেকে পারিনি পরিচয় দেইনি

আপনার সন্তানঃ

সরকারী হাসপাতাল প্রাইভেট ডাক্তার এনজিও চেষ্টা করিনি
 রোগ নেই/ছিল না সন্তান নেই কোথাও থেকে পারিনি পরিচয় দেইনি

৩২। যৌনকর্মী হিসেবে আপনি নিজে অথবা আপনার সন্তানেরা নিম্নলিখিত স্থান থেকে লেখাপড়া গ্রহন করতে পারেন কিনা? (পড়ে শোনান এবং উল্লেখিত উত্তরে √ (টিক) চিহ্ন দিন)

আপনি নিজেঃ

সরকারী স্কুল/কলেজ বেসরকারী স্কুল/কলেজ অন্যান্য লেখাপড়া জানি
 বয়স বেশী লেখাপড়ার ইচ্ছা নেই চেষ্টা করিনি কোথাও থেকে পারিনি
 পরিচয় দেইনি

আপনার সন্তানঃ

সরকারী স্কুল/কলেজ বেসরকারী স্কুল/কলেজ অন্যান্য সন্তান ছোট সন্তান নেই
 লেখাপড়ার ইচ্ছা নেই চেষ্টা করিনি লেখাপড়া জানে কোথাও থেকে পারিনি

৩৩। গত একমাসে আপনি নিজে কতবার নির্যাতনের শিকার হয়েছেন? (সংখ্যা লিখুন)

যৌনকর্মী দ্বারা সর্দারনী দ্বারা বাড়ীওয়াল/বাড়ীওয়ালী দ্বারা প্রেমিক দ্বারা
 পুলিশ দ্বারা মাস্তান দ্বারা খদ্দের দ্বারা দালাল দ্বারা..... অন্যান্য

৩৪। নির্যাতন প্রতিরোধে কি ধরনের ভূমিকা/ব্যবস্থা নিয়েছেন/নেওয়া হয়েছিল?

(উল্লেখিত উত্তরে √ (টিক) চিহ্ন দিন, একাধিক উত্তর হতে পারে)

আপনি নিজেঃ

কিছুই করিনি মৌখিক প্রতিবাদ করেছি কমিটিকে বলেছি সংশ্লিষ্ট এনজিওকে বলেছি
 ঝগড়া করেছি শুনিনি / দেখিনি মিমাংসা করেছি প্রেমিককে বলেছি
 পুলিশকে বলেছি সর্দারনীকে বলেছি অন্য এনজিওকে বলেছি
 বাড়ীওয়াল/বাড়ীওয়ালীকে বলেছি দালালাকে বলেছে

নির্যাতিত যৌনকর্মীঃ

কিছুই করিনি প্রতিবাদ করেছে কমিটিকে বলেছে সংশ্লিষ্ট এনজিওকে বলেছি
 ঝগড়া করেছে মিমাংসা করেছে প্রেমিককে বলেছে সর্দারনীকে বলেছে
 পুলিশকে বলেছে কেয়ারকে বলেছে অন্য এনজিওকে বলেছে জানি না
 বাড়ীওয়াল/বাড়ীওয়ালীকে বলেছে

সংশ্লিষ্ট এন জি ও :

কিছুই করেনি কমিটিকে বলেছে প্রতিবাদ করেছে ছাড়িয়ে এনেছে জানায়নি
 মিমাংসা করেছে পুলিশকে বলেছে বাড়ীওয়াল/বাড়ীওয়ালীকে বলেছে জানি না
 দালালাকে বলেছে

অন্যান্যঃ

কিছুই করেনি সর্দারনী প্রতিবাদ করেছে সর্দারনী মিমাংসা করেছে
 প্রেমিক প্রতিবাদ করেছে প্রেমিক মিমাংসা করেছে পুলিশ মিমাংসা করেছে
 মাস্তান প্রতিবাদ করেছে মাস্তান মিমাংসা করেছে খদ্দের মিমাংসা করেছে
 খদ্দের প্রতিবাদ করেছে অন্যান্য এনজিও মিমাংসা করেছে
 বাড়ীওয়াল-বাড়ীওয়ালী প্রতিবাদ করেছে বাড়ীওয়াল-বাড়ীওয়ালী মিমাংসা করেছে জানি না

৩৫। আপনি কি কোন যৌন কর্মী সংগঠনের সদস্য ?

হ্যাঁ না

ক) কেন ?

.....

.....

.....

৩৬। আপনি কি কোন নেশা জাতীয় দ্রব্য গ্রহণ করেন?

হ্যাঁ না (যদি না হয় তবে ৩৭ নং প্রশ্নে যান)

ক) যদি হ্যাঁ হয় কি ধরনের নেশা জাতীয় দ্রব্য গ্রহণ করেন?

- | | |
|--|------------------------------------|
| <input type="checkbox"/> মদ | <input type="checkbox"/> সাদা পাতা |
| <input type="checkbox"/> গাঁজা | <input type="checkbox"/> গুল |
| <input type="checkbox"/> ফেনসিডিল | <input type="checkbox"/> হিরোইন |
| <input type="checkbox"/> সিগারেট/বিড়ি | <input type="checkbox"/> ইনজেকশন |
| <input type="checkbox"/> অন্যান্য | |

৩৭। আপনি কি রাস্তা/হোটেল/বাসাবাড়ী ইত্যাদি সকল ধরনের যৌনকর্মীদের সাথে একই ডিআইসি ব্যবহার করতে রাজি আছেন না আলাদা ডিআইসি চান?

হ্যাঁ না

হ্যাঁ বা না হলে কেন?

৩৮। আপনি কি বাড়তি আয়ের জন্য কোন প্রশিক্ষণ নিয়েছেন? (যদি না হয় তবে ৩৯ নং প্রশ্নে যান)

হ্যাঁ না

৩৮(ক) যদি হ্যাঁ হয় তাহলে আপনি ঐ প্রশিক্ষণ অনুযায়ী কোন বাড়তি আয়মূলক কর্মকাণ্ডে জড়িত আছেন?

হ্যাঁ না

৩৯। আপনি যদি আগে কোন প্রশিক্ষণ নিয়ে না থাকেন তবে এখন কি কোন বাড়তি আয়মূলক কাজের প্রশিক্ষণ নিতে চান?

হ্যাঁ না

(ক) যদি হ্যাঁ হয় তা হলে কোন বিষয়ে প্রশিক্ষণ নিতে ইচ্ছুক (উত্তর একাধিক হতে পারে)

.....

আপনার সহযোগিতা ও মূল্যবান সময় দেয়ার জন্য আপনাকে অনেক অনেক ধন্যবাদ।

Information regarding Socio-economic condition

1. How old are you?-----Years	2. Are you involved in any other occupation beside sex work If, yes then in what occupation are you involved in? 1. Job 2. Business 3. Unemployed 4. Student 5. Pick pocket 6. Tokai 7. Drug seller 8. House owner 9. Theft 10. Others (Cite)
3. How far have you studied _____ Class--	
4. What is your approximate monthly income? Tk. -----	
5. Marital status: 1. Married 2. Unmarried 3. Separated 4. Divorced 5. Widow	
6. Whether live with husband and children: 1. Yes 2. No 3. Not applicable	

7. How many years have you been involved in sex work? -----Years
less than 1 year ----- month
7 (a) Why have you entered this profession?
8. Yesterday's income -----taka last week's income -----taka
9. How many clients have you had sex with since the previous morning and throughout the entire night (Vaginal and Anal)?-----Number
10. How many times have you had vaginal sex with those clines?
Yesterday----- No of times Last seven days -----No of times
a. how many times were you able to use condoms during vaginal sex?
11. How many times have you engaged in anal sex work with clients?
Yesterday ----- times Last seven days ----- times
12. Did you use condoms in the last (Vaginal/Anal) sex act? (Place a tick mark next to the answer)
1. Yes 2. No
13. How many times have you had group sex with more than one client?
Yesterday-----times Last seven days-----Times

Did you use condoms then? (Put tick)
Yesterday:
1. Always
2. Sometimes
3. Not at all
4. Have not had group sex

Over the last seven days
1. Always
2. Sometimes
3. Not at all
4. Have not had group sex

14. What are the reasons behind not using condoms with clients?
 1. Clients do not take
 2. Do not feel any problem
 3. Want to have sex without condoms
 4. I work without condoms
 5. Clients do not feel interest
 6. Clients go away
 7. Sarderni beats
 8. Do not feel interest
 9. It takes too much time
 10. Clients do not want to use it
 11. Do not want to buy condoms
 12. Do not dare to tell
 13. Sarderni beats
 14. Others (Refer)

15. Now I will ask about some sexually transmitted diseases. Do you have any symptoms of STD at this moment?
 1. Itching with discharge
 2. Excessive discharge
 3. Discharge with bad smell
 4. Infection in the secret organ (*Goponongo*)
 5. Itching in the secret organ (*Goponongo*)
 6. Itching in the vagina/sore
 7. Ache during menstruation/pus
 8. Ache in the abdomen
 9. Ache during urination
 10. Ache during intercourse
 11. Pus in the anal route/pus
 12. Do not know
 13. Others (Refer)

16. If you do have STD symptoms, then what are the initiatives that you have taken for treatment? (Allow multiple responses)
 1. Have not taken any initiatives
 2. Have taken local medication (Kabiraji/Hekimi/Ayurbedi)
 3. Government Hospital
 4. NGO clinic/DIC
 5. Doctor (MBBS)
 6. Other clinic
 7. From pharmacy
 8. Relatives
 9. Others (Refer)

17. How many days did you wait before seeking treatment?-----days

18. In case of not taking treatment, for how many days the symptoms sustaining in your body?-----days

19. Have you ever been to an NGO clinic? (Tick) (If yes, then go to question number 21)
 1. Yes
 2. No

20. If you have not gone to an NGO clinic, then what was the reason behind this?
(Allow multiple responses)

I am new here
Have no diseases/have not any diseases
Do not give good treatment
Feel ashamed
Lover/husband do not allow to go
Have no idea
Others (Refer)

Now we want to know about your husband, or those persons from whom you do not expect money in exchange for sex work.

21. In the last week, how many times have you engaged in sex work (using the vaginal and anal routes) with the persons who are not clients (Husband/lover)----- number

(a) With those persons, how many times have you engaged in vaginal and anal sex work---
(Number of times)

(b) Out of those sex works how many times was it possible for you to use condoms?----(Number of times)

22. Have you heard about HIV/AIDS

Yes
No

(If the answer is no then go to the ques. no 26)

- (a) From where have you heard/known about HIV/AIDS related diseases
(Allow multiple responses)

1. Radio
2. Newspaper
3. TV
4. Friends
5. Family
6. Health worker
7. Book/magazine
8. Canvasser
9. Billboard/poster
10. NGO activists
11. CARE
12. Concerned NGO
13. Others (Refer)

- (b) how does HIV/AIDS spread?
(Allow multiple responses)

1. Male sex with female
2. Male sex with male
3. Taking blood without test
4. Mother to child (Birth)
5. Used needle
6. Sex without condom
7. Mother-child (breast feeding)
8. Handshake
9. Unclean
10. Bite of mosquitoes
11. Sharing foods and clothing
12. Do not know
13. Others (Refer)

- (c) How does one-keep him/herself safe from AIDS?
(Allow multiple responses)
1. Have to sex using condom
 2. Have to test blood before taking
 3. Not to share needle with others
 4. Have to stay away from having sex with many partners
 5. Have to wash with Dettol
 6. Have to wash with urine
 7. Have to drop unhealthy/unclean partner
 8. Have to take advice from doctor
 9. Do not know
 10. Other (Refer)
23. What is the probability of you getting infected with HIV/AIDS?
1. Very high
 2. Moderate
 3. Less
 4. Have no possibility
 5. Do not know
24. What are the reasons of your saying so?
(Allow multiple responses)
1. Do sex work
 2. Use condom in all sex work
 3. Do sex work with more than one person
 4. Have tested blood
 5. Have sexual diseases
 6. Use inconsistent condom in sex work
 7. Have no sexual diseases
 8. DO sex with husband/lover only
 9. Do not use condom in sex work
 10. Do not do sex work now
 11. See doctor regularly
 12. Stay clean
 13. Sometimes condoms get tear
 14. Do not use condom while have sex with husband and lover
 15. Use condom while sex with husband and lover
 16. Have no disease of my lover
 17. Lover does not go to other girl
 18. Lover goes to other girl
 19. Other (Refer)
25. In case of your concerns about STD/AIDS, where do you seek help from?
(Allow multiple responses)
1. Government hospital
 2. Other clinic
 3. Private doctor (MBBS)
 4. Friends
 5. Partner NGO/CARE clinic
 6. Peer/outreach activist
 7. Relatives
 8. Do not know
 9. Others (Refer)

26. Could you tell me where condoms are available?
1. Family planning activist
 2. Health activist
 3. Pharmacy
 4. General store
 5. NGO
 6. Do not know
 7. Other (Refer)
27. DO you have condoms with you now?
1. Yes
 2. No
- Whether interviewer has seen it or not?
1. Yes
 2. No
28. Would you please show me the right method of using condoms?
1. Have got it right
 2. Not right
29. Have you ever heard of/seen female condoms?
1. Yes
 2. No
30. If yes, then could you tell me the right method of using them? (Allow multiple answer)
1. In sitting state
 2. In lying state
 3. In standing state on one leg
 4. Hold the inside ring of the condom with two finger and fix it around the vagina
 5. Have to be ensure whether the ring in front fetus is in right state
 6. Do not know
 7. Other (Refer)
- Q 31. As a sex worker where would you prefer to seek treatment for yourself as well as your children?
- Yourself**
1. Government Hospital
 2. Private Doctor
 3. NGO
 4. Have not tried
 5. Have no illness/Never had any illness
 6. Was not able to seek treatment from anywhere
 7. Did not disclose identity
- Your Children**
1. Government Hospital
 2. Private Doctor
 3. NGO
 4. Have not tried
 5. Have no illness/Never had any illness
 6. Was not able to do from anywhere
 7. Did not disclose identity
 8. Have not tried

Q.32 As a sex worker, where would you prefer to seek an education for yourself as well as your children?
(Read out and put tick mark next to the answer)

Yourself

1. Government school/College
2. Private School/College.
3. Others
4. Know how to read and write
5. Too old
6. f. Do not wish to educate myself
7. Have not tried
8. Have not got from anywhere
9. Did not disclose the identity

Your Children

1. Government school/College
2. Private School/College.
3. Others
4. Small child
5. Have no children
6. Do not have wish to educate children
7. Have not tried
8. Do know study
9. Did not disclose the identity

Q33. How many times have you been harassed in the past one month? (State the number).

1. Police
2. *Mastans*
3. Clients
4. Sex worker
5. Pimps
6. Land lord/lady
7. Lover
8. Dalal
9. Others.

34. What role/steps were taken by you/by others against harassment? (Give a tick mark next to your given answer).

Yourself:

1. Did nothing
2. Verbally protested
3. Informed the committee
4. Informed the concerned NGO
5. Have argued
6. Have not heard or seen
7. Mediated
8. Informed Lover
9. Informed the Sarderni
10. Informed the Police
11. Informed the NGO
12. Informed the house owner
13. Informed the *dalal*
14. Others

Harassed sex workers herself:

1. Did nothing
2. Verbally protested
3. Informed the committee
4. Informed the concerned NGO
5. Have argued
6. Have not heard or seen
7. Mediated
8. Informed Lover
9. Informed the Sarderni
10. Informed the Police
11. Informed CARE
12. Informed the NGO
13. Informed the house owner
14. Others

Concerned NGO

1. Did nothing
2. Informed the committee
3. Have protested
4. Have set free
5. Did not inform
6. Mediated
7. Informed the Police
8. Informed the house owner
9. Do not know
10. Have informed the dalal

Others:

1. Did nothing
2. Sarderni protested
3. Sarderni mediated
4. Lover protested
5. Lover mediated
6. PPPolice4 mediated
7. Mastan protested
8. Mastan mediated
9. Client protested
10. Client mediated
11. Other NGOs have mediated
12. House owner protested
13. House owner mediated
14. Do not know

35. Are you a member of any sex workers' organization? Place a tick mark beside your answer.

1. Yes
2. No

a. Why?

36. Are you taking any addictive substances?

- a. Yes
- b. No (If no, then refer to Q.39)

36a. If yes, then what types of drugs are you taking?

1. Alcohol
2. Tobacco
3. Ganja
4. Gul
5. Phensidyl
6. Heroin
7. Cigarette/*Bidi*
8. Injection
9. Others

37. Do you wish to seek services from a DIC collectively with other street/hotel/residence-based sex workers or would you rather seek services from a separate DIC altogether?

1. Yes
2. No.

If no, then why?

38. Have you received any training for extra income? (If not, then go to Q. 39.)

38. If yes, have you undertaken any additional income generating activity besides sex work?

1. Yes
2. No

39. If you have not undertaken any income generating activity in the past, then do you still wish to undertake any form of IGA?

1. Yes
2. No

(a) if yes, then which type of IGA training would you prefer to receive? (Allow multiple responses)

Thank you for your valuable time & kind cooperation

Appendix-7: Mapping Team Distribution & Time Plan (Dhaka, Chittagong & Khulna Division)

Mapping Team Distribution & Time Plan
(Dhaka Division)

Team #	Team Composition	District to be Mapped	Field Interviewer Name	Field Supervisor name
1	Supervisor-1 Female Investigator-2 Male Investigator-2 Local guide-3	Dhaka (Dohar), Keranigonj, Nowabgonj, Demra, Kamrangir Char, Shyampur, Jatrabari, Shahabag	Nasrin Keya Golam Faruk Nizam	Sabina Akhter Minu
2	Supervisor-1 Female Investigator-2 Male Investigator-2 Local guide-3	Dhaka (Dhanmondi) Kotwali, Mohammadpur Sutrapur, Lalbagh Mirpur, Hazaribagh Adabar, Shah Ali, New Market	Sahnaz Parul Rofique Abul Basher	Ringku Mistry
3	Supervisor-1 Female Investigator-2 Male Investigator-2 Local guide-3	Mymensingh	Shanu, Nasrin, Sirajul, Hasib,	Taher Hossain
4	Supervisor-1 Female Investigator-2 Male Investigator-2 Local guide-3	Gazipur	Nazma, Hazera, Hammad, Faruk,	Md. Motiur Rahman
5	Supervisor-1 Female Investigator-2 Male Investigator-2 Local guide-3	Sherpur	Asia Shathi Alokesh Tayabur	Rohima Begum Kakoli
6	Supervisor-1 Female Investigator-2 Male Investigator-2 Local guide-3	Netrokona	Nazma Sumona Milon Nirod	Monirul islam
7	Supervisor-1 Female Investigator-2 Male Investigator-2 Local guide-3	Munshigonj	Chumki yeasmin Akter Kamal Shakhawat	Ruhul alam
8	Supervisor-1 Female Investigator-2 Male Investigator-2 Local guide-3	Narayanganj	Binu Bveauty Farhad Habib	Warusur Rahman
9	Supervisor-1 Female Investigator-2 Male Investigator-2 Local guide-3	Narshingdi	Rohima Rosina Alam Mokbul	Nurul Afser
10	Supervisor-1 Female Investigator-2 Male Investigator-2 Local guide-3	Comilla	Baby Hena Amir Aminul	G.M Haider Shaheen

The team will start data collection from the evening of March-22, 2008 in the locations as mention in above table and will continue until March-31, 2008

Mapping Team Distribution & Time Plan
(Chittagong Division)

Team #	Team Composition	District to be Mapped	Field Interviewer Name	Field Supervisor name
1	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Khagrachari	Nasrin Keya Golam Faruk Nizam	Sabina Akhter Minu
2	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Bandarban	Sahnaz Fulan Rofique Abul Basher	Ringku Mistry
3	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Chittagong	Shanu nasrin Sirajul Munir	Taher Hossain
4	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Laxmipur	Nazma Hazera Hasib Masud	Faruque khalil
5	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	B. Baria	Asia Shathi Alokesh Habib	Rohima Begum Kakoli
6	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Noakhali	Nazma Sumona Milon Nirod	Monir ul Islam
7	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Rangamati	Chumki yeasmin Akter Kamal Shakhawat	Masum
8	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Chandpur	Binu Bveauty Farhad Habib	Warisur Rahman
9	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Feni	Rohima Rosina Alam Mokbul	Nurul Afser
10	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Cox's Bazar	Baby Hena Ripon Aminul	G.M Haider Shaheen

except 3 hill tract districts and will continue until April 14, 2008. Data Collection started in 3 hill tract districts from the Morning of April 09, 2008 and will continue until April 18, 2008.

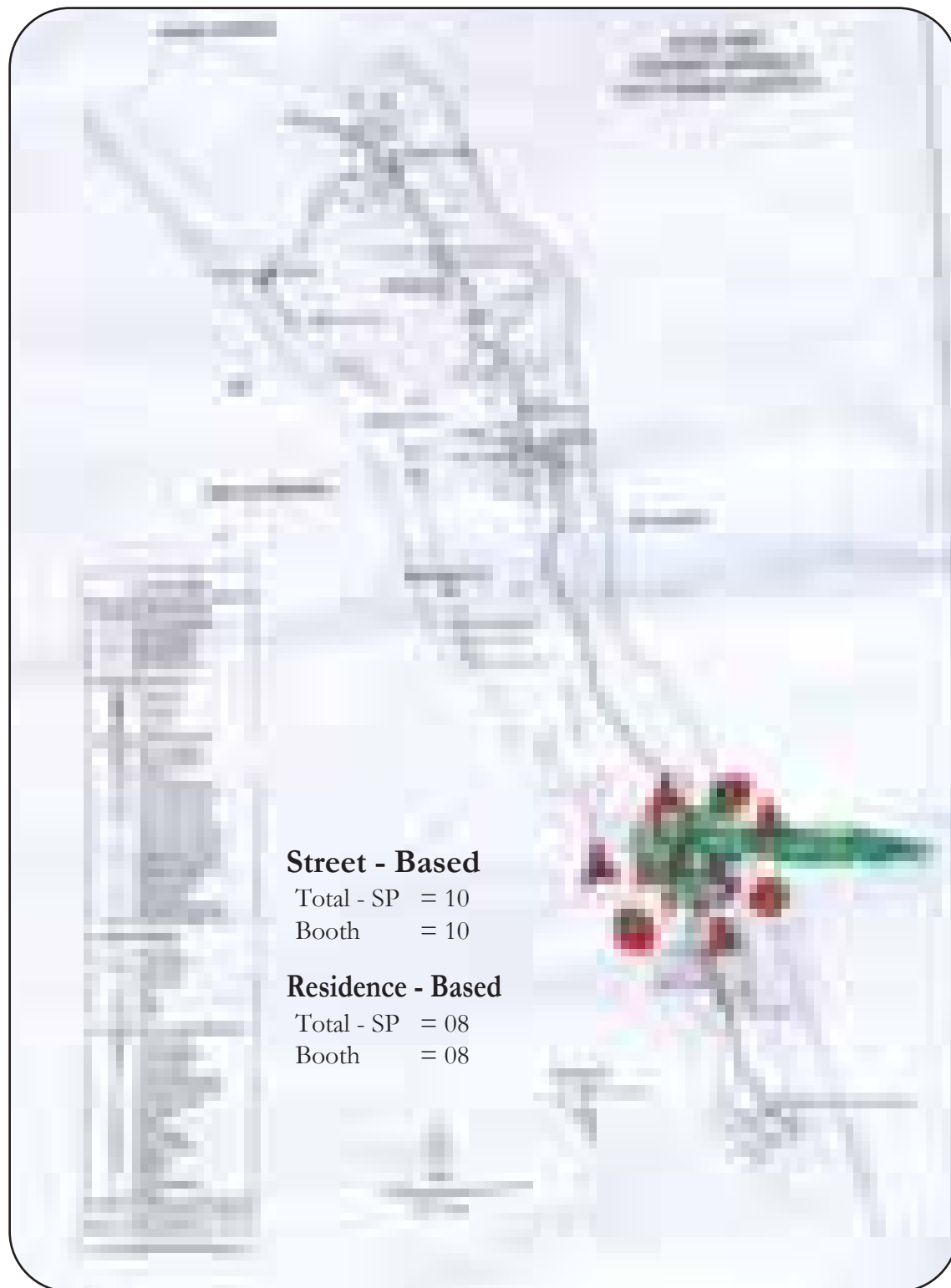
Mapping Team Distribution & Time Plan
(Khulna Division)

Team #	Team Composition	District to be Mapped	Field Interviewer Name	Field Supervisor name
1	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Magura	Nasrin Keya Golam Faruk Nizam	Sabina Akhter Minu
2	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Jhenaidah,	Sahnaz Fulan Rofique Abul Basher	Ringku Mistry
3	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Chuadanga,	Shanu nasri n Sirajul Munir	Taher Hossain
4	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Meherpur,	Nazma Hazera Hasib Masud	Faruque khalil
5	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Kushtia	Asia Shathi Alokesh Habib	Rohima Begum Kakoli
6	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Narail	Nazma Sumona Milon Nirod	Monirul Islam
7	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Jesso re	Chumki yeasmin Akter Kamal Shakhawat	Masum
8	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Bagerhat	Binu Bveauty Farhad Mehedi Hassan	Warisur Rahman
9	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Satkhira,	Rohima Rosina Alam Mokbul	Nurul Afser
10	Supervisor -1 Female Investigator -2 Male Investigator -2 Local guide -3	Khulna	Baby Hena Ripon Shilpi Aminul	G.M Haider Shaheen

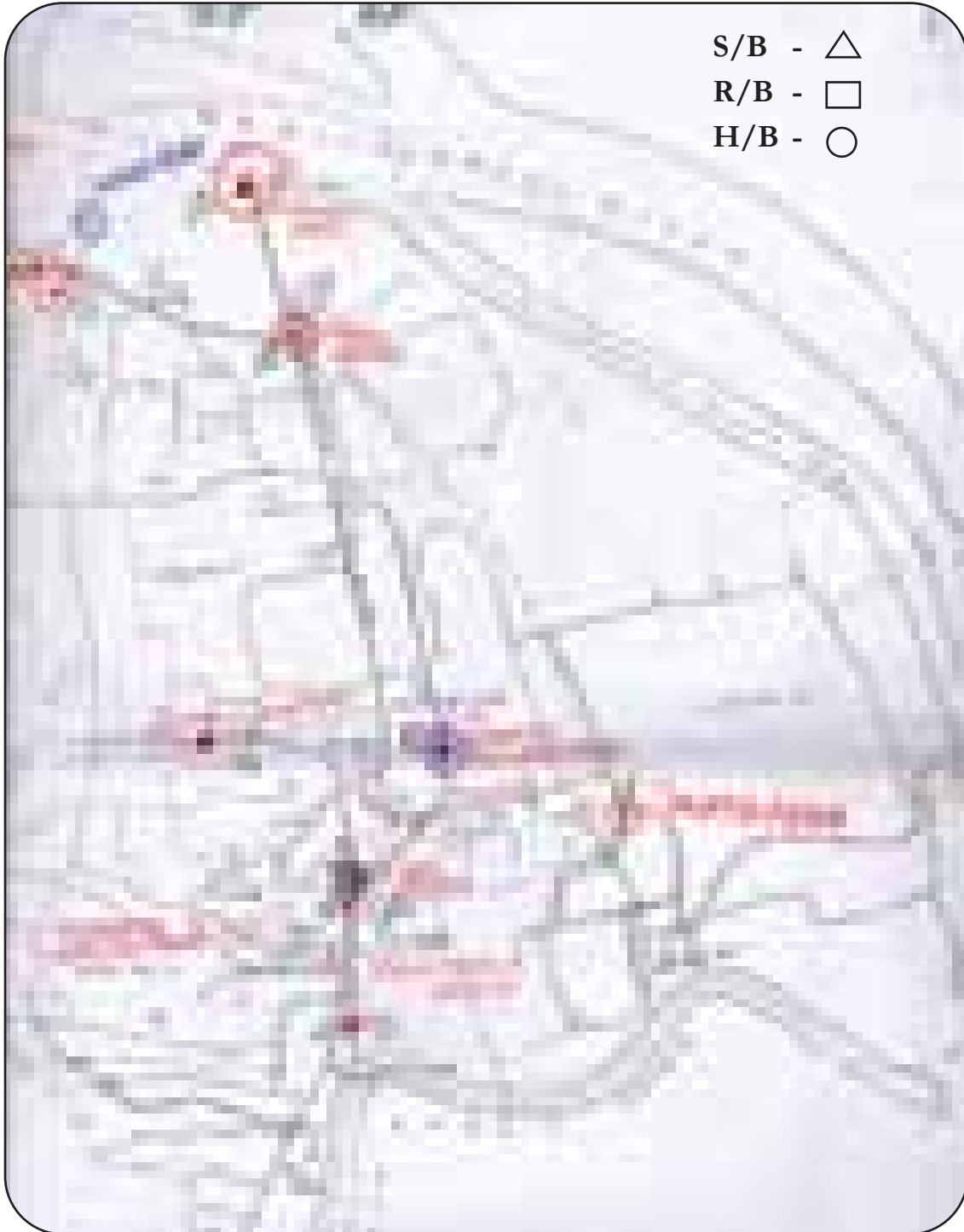
The team started data collection from the Morning of April 21, 2008 in the locations as mentioned in above table and will continue until April 30, 2008.

Appendix-8: Hand sketch of a location Teknaf-Cox's Bazar, Munshigoanj Pourashava, Trishal-Mymensing and Shaha Ali-Dhaka.

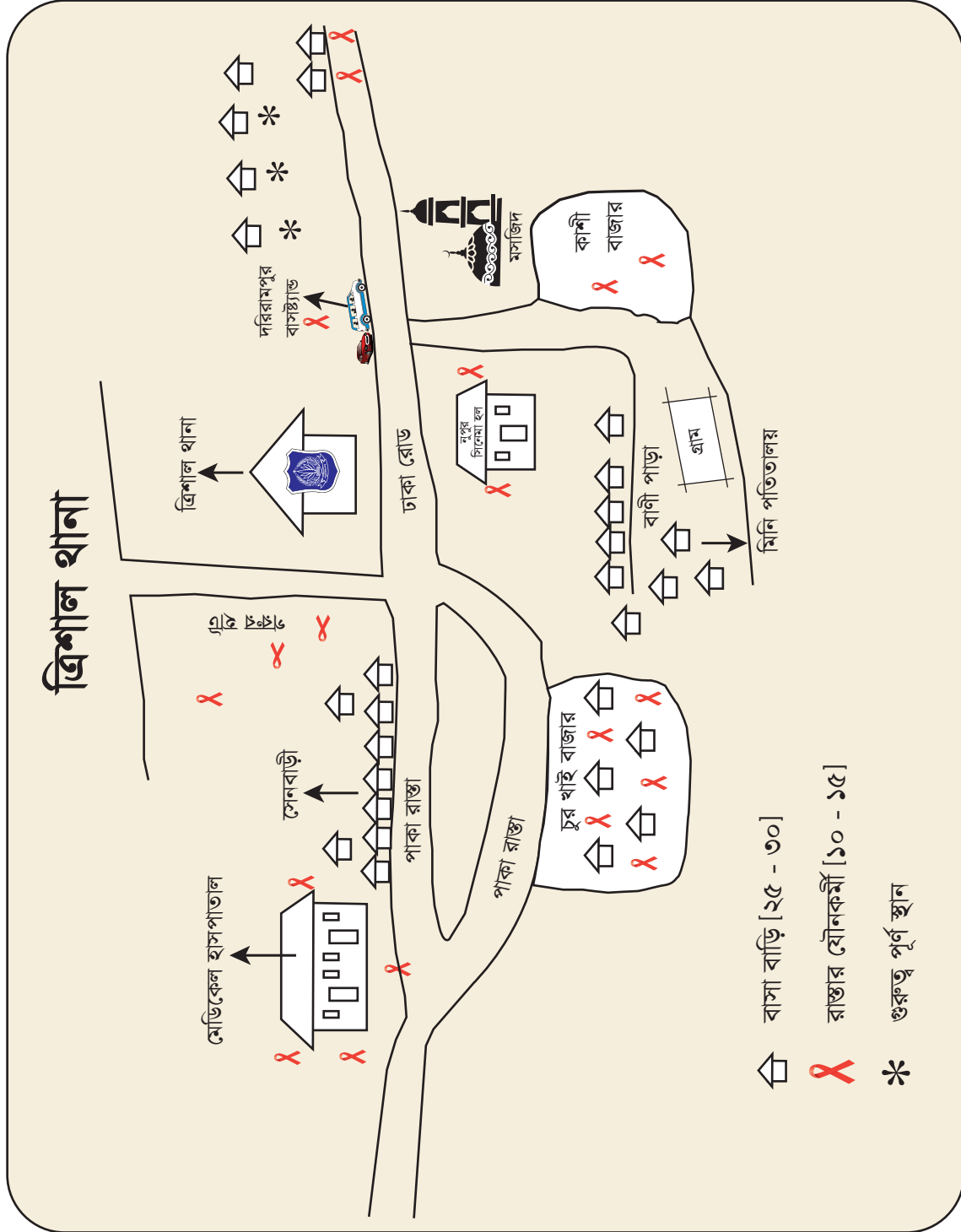
Hand sketch of a location at Upazila: Teknaf, District: Cox's Bazar



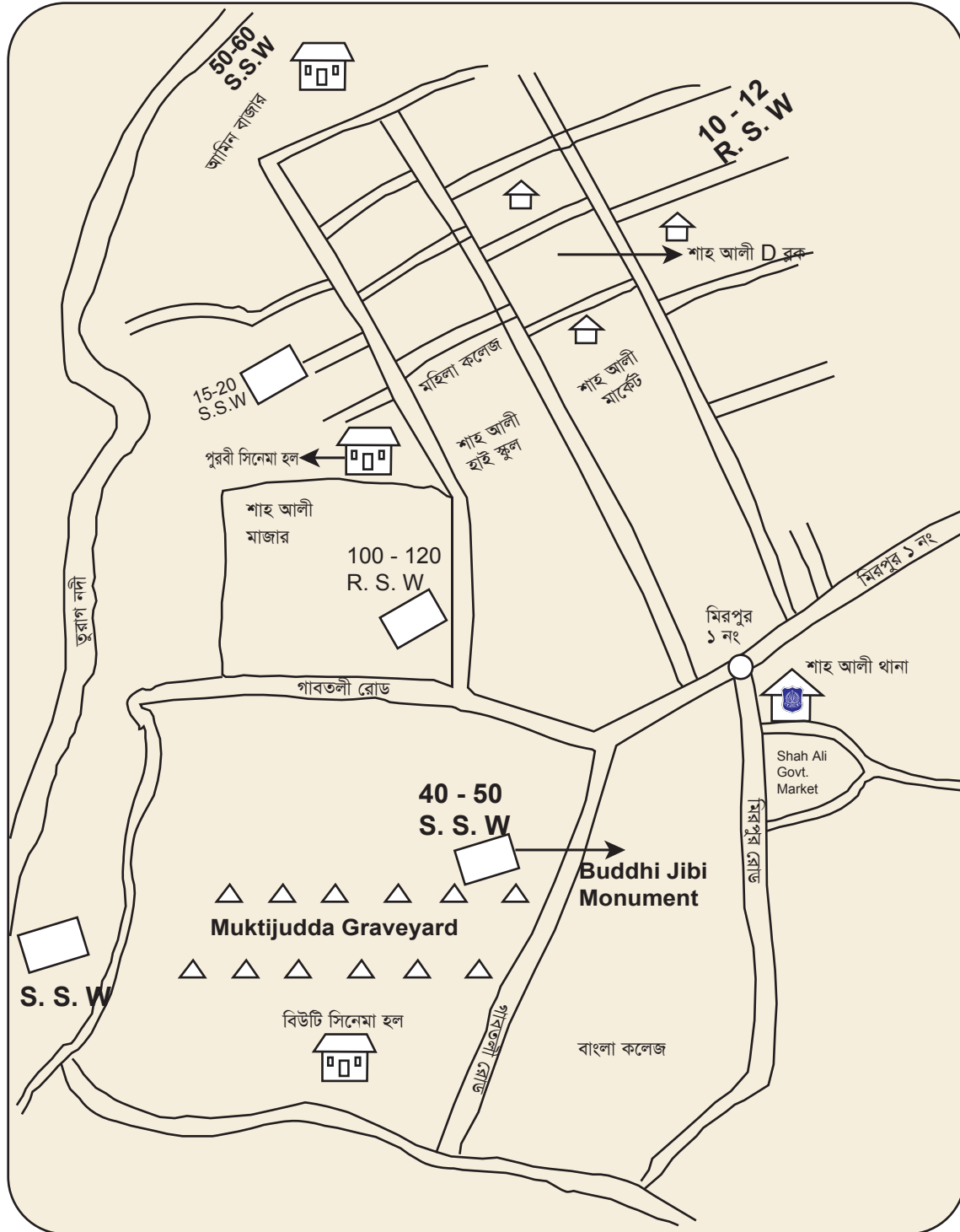
Munshigoanj Pourashava



Hand sketch of an area at Trishal Upazila under Mymensingh District



Hand sketch of an area at Shaha Ali Thana under Dhaka City





বাঁচতে হলে জানতে হবে

জানাতে হবে

