



THE RIGHT TO BE HUMAN: THE DILEMMAS OF RIGHTS-BASED PROGRAMMING AT CARE-BANGLADESH

Case A

In late July of 1999, Enamul Hoque, the program manager for CARE-Bangladesh's SHAKTI program, found himself in a terrible dilemma. For four years, he and his staff at SHAKTI—Stopping HIV/AIDS through Knowledge and Training Initiatives—had worked tirelessly to encourage Bangladeshi sex workers to make their voices heard and fight for their basic human rights. The program had engaged community leaders and made hard-won progress in publicizing the abuse and ostracism suffered by these women. But in the early morning of July 24, police in Dhaka, the nation's capital, raided the Tanbazar and Nimtoli brothels, evicting more than 3,000 sex workers. Although such evictions were not uncommon, this one led to a dramatic and unprecedented development: The sex workers, empowered by their experience with SHAKTI, took to the streets in protest. As other non-governmental organizations (NGOs) publicly condemned the government's actions and the media coverage grew intense, Enamul was caught between two conflicting obligations: a deeply felt personal obligation to declare support for the sex workers, and his obligation to uphold CARE-Bangladesh's longstanding policy of remaining non-political.

As one of the largest humanitarian organizations in the country, CARE-Bangladesh had developed a positive relationship with the government and a strong reputation among the population. CARE-Bangladesh took care to accomplish its goals without ever taking a public stand against the government or its policies. Enamul understood that protesting the government's eviction of the sex workers could have major repercussions for SHAKTI as well as CARE-Bangladesh's other programs. Several people within CARE-Bangladesh's leadership had already expressed concern over some of SHAKTI's methods and would react strongly to any action on Enamul's part that could harm CARE-Bangladesh's work across the country. But Enamul himself had been the guiding force behind the recent formation of sex workers' self-help groups, and if he could not publicly support the women after encouraging them to organize in the first place, the SHAKTI program and all of CARE-Bangladesh's efforts to stop the spread of

This case was prepared by Eric Bratton under the supervision of Professor Mary Kay Gugerty and with the support of funding from the Ford Foundation Diversity Case Studies Project at the Daniel J. Evans School of Public Affairs, University of Washington. The case is intended solely as a vehicle for classroom discussion, and is not intended to illustrate either effective or ineffective handling of the situation described.

The Electronic Hallway is administered by the University of Washington's Daniel J. Evans School of Public Affairs. This material may not be altered or copied without written permission from The Electronic Hallway. For permission, email hallhelp@u.washington.edu, or phone (206) 616-8777. Electronic Hallway members are granted copy permission for educational purposes per Member's Agreement (www.hallway.org).

HIV in Bangladesh could be damaged. The media were calling Enamul to ask for CARE-Bangladesh's position on the protests, and he had to respond.

Bangladesh

Bangladesh is one of the poorest and most densely populated countries in the world, with over 140 million people living in an area slightly smaller than the state of Iowa. It is bordered by India on the west, north, and east, Myanmar on the very southeast corner, and the Bay of Bengal to the south (Appendix A). Since gaining independence from Pakistan in 1971, Bangladesh has had a stormy history. Political assassinations, coups, and dictatorial rule dominated the nation's first two decades. A fragile democracy took root in the 1990s, but acrimony between the two dominant political parties has made governing difficult. Each side accuses the other of stealing elections, and political assassinations are frequent (Appendix B). Corruption is a significant problem and is considered a major impediment to Bangladesh's development. The global anti-corruption organization Transparency International has consistently ranked Bangladesh as one of the most corrupt countries in the world.ⁱ

Bangladesh is a predominately Muslim country. About 88 percent of the population is Muslim, 11 percent is Hindu, and the remaining 1 percent includes Christians, Buddhists, and people of other religious faiths. Islam and nationalism play important roles in the politics of the country, with many Bangladeshi Muslims torn between the two. During Bangladesh's war for independence from Pakistan, many of the Islamist parties, believing that Islamic solidarity should be paramount, sided with Pakistan. As a result, strong feelings of animosity still remain between the more secularist parties and the Islamist parties. During the early 1990s, the Islamist parties began to gain strength. The result was a greater push for the imposition of Islamic law, especially in rural areas where the Islamists' power was greatest. This profoundly affected the marginalized populations that CARE-Bangladesh hoped to work with.

CARE-Bangladesh

CARE International (CARE) is one of the largest independent humanitarian organizations in the world, with more than 800 programs in over 70 countries directly benefiting more than 45 million people each year. Operating as a confederation of 12 member organizations in North America, Australia, Europe, Thailand, and Japan, CARE works with families and communities to help them overcome poverty by creating sustainable solutions to the most threatening problems. It has a staff of more than 12,000—more than 90 percent of them nationals from the countries where CARE implements its programs.

CARE has operated in Bangladesh since 1955, focusing on the poorest areas and populations. Its programs have covered a wide range of activities and issues in the country and have involved partnerships with a variety of parties, including the Government of Bangladesh. As of 2005, CARE-Bangladesh was the largest CARE office in the world, with over 3,000 employees.

Due to Bangladesh's tumultuous history, CARE-Bangladesh maintained a policy of being non-religious, non-ethnic, and non-political. Political parties had often sought retribution against organizations that sided with their opponents. CARE-Bangladesh tried to work with every government in power while still remaining politically neutral. Its non-ethnic and non-religious stance, along with the effectiveness of its programs, helped it to build a good reputation with the Bangladeshi people.

AIDS in Bangladesh

Beginning in the late 1980s, several Asian countries experienced dramatic increases in the number of HIV infections among their adult population. As the virus spread, the reaction from national governments and NGOs in the region varied. Compared to its neighbors, Bangladesh's adult population had a low rate of HIV infection in 1993 when CARE-Bangladesh began to focus attention on the issue. The HIV rate among high-risk groups was also low.ⁱⁱ But Bangladesh faced the same challenges that countries with high HIV rates faced before the spread of the disease—among them extreme poverty, high STD rates, a large sex industry, systemic gender inequality, and inadequate health services. Bangladeshis also engaged in some of the riskiest behavior in Asia. A higher percentage of men purchased sex in Bangladesh than in other Asian countries. Along with the high rates of commercial sex were very low rates of condom use. Based on these indicators, CARE-Bangladesh concluded that Bangladesh was vulnerable and faced a serious risk of a nationwide epidemic if immediate action was not taken.

SHAKTI

CARE-Bangladesh first identified HIV/AIDS as an important programming initiative in 1993 and quickly began working to design a program to raise HIV/AIDS awareness among high-risk groups, namely sex workers, injecting drug users, and transport workers. High-risk groups were identified as bridging populations, linking the virus with the general population. At the time, HIV/AIDS education and awareness in Bangladesh were virtually non-existent and the national government showed little interest in addressing the potential crisis. Therefore, the team developing CARE-Bangladesh's HIV/AIDS program believed that the best way to address the issue was through education and raising awareness.

In 1995, with funding from the United Kingdom's Department for International Development (DFID), CARE-Bangladesh began implementing SHAKTI, which means "power" or "strength" in Bangla, the main language of Bangladesh. Enamul joined SHAKTI as program manager in September 1995. Before arriving at SHAKTI, Enamul worked on poverty alleviation programs in the Dhaka slums. A quiet and unpretentious man with graying hair and a mustache, he was skilled at putting people at ease. He was familiar with the success of CARE-Bangladesh's programs and was eager to work for CARE-Bangladesh on the country's first HIV/AIDS program. Enamul didn't have a background in health, but he did have extensive experience working with marginalized populations. As program manager, Enamul was in charge of overseeing SHAKTI's implementation in the field.

Enamul and the other SHAKTI staff members were overwhelmed at the prospect of targeting sex workers, injecting drug users, and transport workers all at the same time. They decided to concentrate on just one high-risk group as they developed a program model that could also be implemented with the other two groups. SHAKTI chose the sex workers in the Kanapara brothel in Tangail, a city 100 kilometers northwest of Dhaka, as the first group to focus on because they were a stable population in a single location. The Kanapara brothel housed about 730 sex workers and was more than 120 years old. Brothels in Bangladesh actually resemble small, self-contained villages with homes and shops that often house hundreds or even thousands of sex workers, their children, and others who are dependent on sex workers for their livelihood.

The challenges began immediately. When the newly hired program coordinator for SHAKTI, Dr. Swarup Sarkar, arrived from India, he quickly challenged SHAKTI's awareness-raising approach. Swarup was a dynamic figure who was a pioneer in HIV/AIDS programming in South Asia. In India, he had helped develop a highly successful HIV/AIDS program for sex workers in the largest red-light district in Calcutta. Through this experience, he found that merely raising awareness was not enough to avert the spread of HIV. Swarup explained to Enamul and the other SHAKTI staff he supervised that high-risk groups were infected not because they didn't know about HIV/AIDS, but because they were engaging in behavior that made them more vulnerable to contracting the virus. He stressed the need for SHAKTI to focus on giving sex workers methods to change behavior and reduce harm. If SHAKTI was going to make an impact, it needed to address the underlying reason the high-risk groups were considered high-risk, and work to change those behaviors.

Enamul was intrigued by Swarup's ideas, but changing the focus from raising awareness to modifying behavior would dramatically affect the program's design and would require SHAKTI staff to engage with sex workers on a much more personal level instead of just holding education and training sessions. Behavior modification meant not only informing sex workers about the importance of condom use, but also inducing them to use condoms and encouraging them to regularly visit health clinics for treatment of STDs and other health problems.

Swarup recommended a behavior-modification approach that proved highly effective in India: using sex workers as peer educators. Going door to door throughout the red-light district in Calcutta, peer educators provided other sex workers with information on HIV/AIDS, how to use condoms, and the role of STDs in HIV infection. Swarup explained that the sex workers responded much more positively to such a message coming from a peer rather than a stranger. Enamul was concerned about CARE-Bangladesh's limited experience using peer educators, and he feared that staff members would be skeptical of the sex workers' reliability. But one of his goals for SHAKTI was to involve the sex workers in every aspect of implementing the program, and he began to envision peer educators eventually taking over implementation of the program, with SHAKTI supplying only technical support. He resolved to work toward alleviating staff concerns so a peer education approach could be used.

In addition to using peer educators, SHAKTI would also establish health clinics for the sex workers, concentrating on STD treatment and prevention. STDs provide an easy entry point for HIV; a person infected with an STD is at a much greater risk of contracting HIV. The clinic would act as a good intervention point. SHAKTI would establish clinics inside the brothels and would partner with other NGOs that specialized in STD treatment to staff the clinics. SHAKTI would work closely with each clinic NGO in formulating STD treatment and prevention. Peer educators would encourage sex workers to visit the clinics on a regular basis, not just when they were really sick.

Challenges to Launching the Program

From the beginning, Enamul envisioned that SHAKTI would be a completely nonjudgmental program that promoted respect and dignity for sex workers while creating a supportive environment for SHAKTI staff. But because sex workers were among the most marginalized populations within Bangladeshi society—even talking about them was considered taboo—it was hard for SHAKTI staff to envision working with them directly. In a culturally conservative and Islamic society, any efforts that might be seen as promoting the commercial sex industry would be strongly discouraged, and the staff understood that. But even more disturbing for Enamul was that many SHAKTI staff, despite their humanitarian beliefs, held the same prejudices against sex workers that were held by the general population. When Enamul first took staff members to interview sex workers for baseline data, they were apprehensive about even entering a brothel. “When we first went to a brothel in Dhaka, the staff stood outside unwilling to enter,” Enamul said. “Female staff members broke down in tears, fearing people would consider them sex workers, and male staff members were concerned that they would be forced to have sex with the sex workers or that they might be attacked.” Several staff members even submitted their resignation rather than enter, fearing that family or friends would find out they were in a brothel. It took many days of working with the remaining staff before they could muster the courage to enter.

Enamul had to act quickly before more of his staff resigned. He organized counseling sessions on working with sex workers in the brothels and on the street, and he even conducted anonymous surveys asking staff members about their own sexual practices to help them shed some of their inhibitions about talking about sex. He also invited family members of SHAKTI staff to meetings to discuss SHAKTI and why it was focusing on sex workers. But perhaps the most unusual approach Enamul took was to hold social functions, including picnics, where staff, their families, and sex workers could meet and interact, thereby alleviating some of the fear and discomfort on both sides. All of these efforts continued throughout the first two years of implementation.

Swarup and Enamul also believed that SHAKTI’s management structure should reflect a collaborative approach. Organizations within Bangladesh are traditionally very hierarchical, which discourages the free flow of ideas and a team approach. Swarup was a big proponent of a more open management style. He believed that working with marginalized groups and encouraging their participation would require a more transparent model of management for SHAKTI itself. This in turn would create a more trusting and accepting atmosphere among SHAKTI staff, which would spill over to the

marginalized groups. Swarup worked closely with Enamul to eliminate many of the top-down approaches to management that traditionally existed within CARE-Bangladesh's programs. "CARE-Bangladesh's organizational approach was very centralized, and policies were black and white," said Enamul. "SHAKTI started with an open approach. "One example of the open approach was having staff address each other by their first names instead of more traditional forms of address. Swarup and Enamul also encouraged front-line staff involvement in program design and implementation decisions. "Staff were encouraged to ask questions, make suggestions, and offer criticisms," explained Enamul. According to Luci Khanam, one of SHAKTI's first program officers, SHAKTI was "much more flexible than other CARE-Bangladesh programs, which allowed staff to make decisions on their own and to address the needs of sex workers as they arose much more effectively."

SHAKTI's Program Goals vs. Sex Workers' Concerns

Having addressed some of the initial challenges, CARE-Bangladesh was ready to begin implementing the program at Kanapara. Enamul, along with other SHAKTI staff members, began the program by meeting with sex workers to discuss HIV/AIDS and SHAKTI. For over a year, Enamul and the other SHAKTI staff had worked diligently to collect data and design the program. But after just a few meetings, it became clear that the sex workers weren't interested in participating in a program focused only on HIV/AIDS issues. In fact, they weren't interested in hearing about HIV/AIDS at all. When Enamul and other staff tried to initiate discussions about HIV/AIDSs, the sex workers interrupted them, wanting to know why they were being singled out. They also wanted to know why SHAKTI wasn't working to address issues that were far more important to them, and they scoffed at CARE-Bangladesh's ignorance of sex worker issues. At the time, as far as was known, no one within the brothel was infected with HIV. HIV/AIDS wasn't seen as an issue because most sex workers didn't even know what it was.

Instead of continuing to talk about SHAKTI and its objectives, as he had planned, Enamul sat and listened to the sex workers vent their anger and frustration at the injustices they faced on a daily basis. They complained about constant harassment—emotional, physical, and sexual— at the hands of the police, *mastans* (local thugs), their clients, and society in general. So taboo were sex workers that they were subject to all sorts of harsh social controls. Any time a sex worker left the brothel, she ran the risk of being picked up by the police and imprisoned—or worse, beaten and raped. Police regularly demanded money from sex workers as a bribe to keep from being thrown in jail. Sex workers also faced harassment from people in the community. Shopkeepers would often sell items to them at a higher price or would refuse to sell to them at all. On the streets, sex workers were often harassed and even spat on.

The sex workers also expressed their frustration at not being permitted to dress as they wanted. When they left the brothel, they couldn't wear the more modern *salwar* and *kameeze* worn by most Bangladeshi women. They also weren't allowed to wear shoes or sandals in public, which made them easily identifiable as sex workers and helped ensure that they would remain within the brothel complex. The police, madams, guards

at the brothel gate, and the community in general enforced these restrictions. Aklima Begum Akhi, one of the more outspoken sex workers, complained bitterly about the restrictions. She said one day she just wanted to see a movie and snuck out of the brothel with her sandals tucked under her armpits. When she was a safe distance from the brothel, she put on her sandals. As she was leaving the theater, a child of one of the other sex workers recognized her and reported her to a policeman. The policeman notified Aklima's *sardani*, or madam, and Aklima was beaten for her infraction. ⁱⁱⁱ

Sex workers also weren't permitted to leave the brothel to seek other employment. No one in the community would hire a woman who was a sex worker. Even if the woman left the sex trade, she was still seen as a "bad woman" and unemployable. One of the sex workers' biggest concerns was that their children were not permitted to attend school. To register, a mother would have to provide the name of the child's father. Most sex workers didn't even know who the fathers were, let alone their names. Most children growing up in brothels, especially girls, were therefore doomed to follow in their mother's footsteps and enter the sex trade. On top of all of these indignities, when a sex worker died she wasn't even permitted a proper burial. Her body was simply thrown into the river. One sex worker tearfully told Enamul that she and several other sex workers had once secretly buried another sex worker who had died in the brothel. When the burial was discovered, people from the local community dug up the woman's body and threw it into the river.

Enamul and the other SHAKTI staff members were deeply troubled by what they heard. Most of them had no idea that sex workers suffered such abuses. They also weren't expecting such resistance to their HIV/AIDS program. It hadn't occurred to them that the sex workers might not share their goals for the program. When Enamul and his team were designing SHAKTI, they had little understanding of what it meant to be a sex worker in Bangladesh. Many of these women ended up as sex workers after having been raped at a young age and disowned by their family, sold by their family into the brothel, or left by their husband with no other source of income. Sex workers lacked any real power over their own lives.

Gender inequality is extreme in Bangladeshi society. Women who do not conform to long-established norms of what is considered a "good woman" face harassment and scorn. Women are expected to be quiet and docile and obey the wishes of the men in their lives. Any woman who does not conform to these social norms is considered "bad." The image of the "bad woman," who is a social outcast, is used to keep women under control and accept their position in society. Once a woman is considered a "bad woman," it is very difficult for her to rehabilitate her image.^{iv} Sex workers are considered "bad women" because they have sex outside of marriage. So harsh is the social stigma that even if a woman's image is tarnished by no act of her own, she cannot alter perceptions. Khalifa F., a sex worker, is an example of just such a case. She was first raped when she was 14 by the sons of the household where she worked as a domestic servant. When she returned home after the incident, she was beaten by her parents when they discovered what had happened. In their eyes, she had had sex outside of marriage, and that was unforgivable. Knowing she had been raped, boys in her village demanded sex from her. When she refused, they raped her. At age 15, a

friend convinced her to take up sex work because she was already “spoiled” and had no other options.^v

It was evident to Enamul that the human rights abuses faced by sex workers on a daily basis were a much more important issue for them than a disease they knew nothing about and none of them had. He also realized that SHAKTI’s behavior modification message was meaningless if the sex workers were unable to negotiate condom use with their clients. But how could sex workers possibly negotiate when they had no bargaining power? Being sex workers only compounded their diminished status within Bangladeshi society, making any kind of negotiation with male clients extremely difficult. Enamul described the sex workers’ position in this way: “First they are female, which is second to males. Second they are sex workers, culturally and socially not acceptable.” The sex workers’ extremely low status within society made it almost impossible to expect them to negotiate with their clients. Enamul had heard several sex workers describe being beaten by clients for merely suggesting the use of condoms. For Enamul, SHAKTI’s success in addressing the women’s sexual health and safer sex practices would depend on empowering them to gain more control over their bodies and their lives. This would require not only boosting the self-esteem of the sex workers so they could negotiate safe sex practices with their clients, but also changing the attitudes and practices of the surrounding community. Both tasks would be daunting because it would mean challenging basic societal norms and beliefs.

Despite the unforeseen challenge of having to reevaluate their program to include the empowerment of sex workers, the SHAKTI staff had already gained an important benefit from the first meetings with the sex workers: they began to empathize with them in a way they couldn’t before. “Sex workers were considered ‘bad people’ and I felt uncomfortable working with them,” reflected Luci Kanam. “But gradually, as I began to listen to their stories, I changed my attitude. I wanted to work hard to help these people. Before, I feared community reaction and how my family would react. Now I am proud of working with such marginalized people.”

Reaching Out to the Community

Enamul realized that much of the powerlessness of the sex workers stemmed from the attitudes and practices of the local community. Because engaging the local community and involving them in the program would be vital to the program, he organized formal and informal gatherings that brought together municipal officials, police, business owners, community leaders, pimps and madams, and clients of the sex workers. The first goal of these gatherings was to introduce the SHAKTI program and explain why such a program was necessary, not just for the sex workers but also for the community as a whole. “From the very beginning, we tried to make them understand that we were not there to cause problems,” Enamul said. “We had no interest except preventing HIV. If we could prevent HIV by promoting good health among the sex workers, this was good for the community.” Enamul also invited the community to be involved in program activities, including a management committee to run the health clinics that would include landlords, sex workers, madams, and SHAKTI staff.

The second goal of the meetings was to address the concerns of the sex workers by having the sex workers themselves speak. After encouragement and prodding from SHAKTI staff, the women agreed to share their stories. For most of those in attendance, it was the first time they had heard directly from sex workers about the issues they faced. Prejudicial attitudes did not disappear immediately, but some community leaders began to understand the importance of addressing sex worker concerns in preventing the spread of HIV.

SHAKTI staff also opened up their offices and encouraged the sex workers to stop by to discuss their concerns. Soon, sex workers were meeting at SHAKTI's offices to discuss issues and problems they faced and to strategize about possible solutions. Enamul helped facilitate meetings but encouraged the women to take charge and decide for themselves what was important and how to move forward in addressing the issues. For many sex workers, it was the first time they had ever been treated as human beings. Other NGOs had tried to work with sex workers before SHAKTI, but the sex workers felt that their staff hadn't treated them with respect. Aklima Begum Akhi, who was by then training to be one of the peer educators, recalled being reprimanded by a staff member from an NGO for sitting in a chair with her legs crossed. She was told that was how ladies sat, and sex workers were not considered ladies. With SHAKTI, "not only could I sit as I wanted, but staff members even gave up their chairs for sex workers to sit in."

In just over a year, Enamul and the SHAKTI staff successfully trained peer educators, opened a clinic within the brothel, and engaged the community to address some of the sex workers' concerns. Swarup had resigned as the program coordinator, so Enamul became the sole driving force behind SHAKTI, which was ready to expand to other parts of the country.

Training Street-Based Sex Workers

In 1997, SHAKTI expanded to include street-based sex workers in Dhaka, a group that would be far more difficult to work with than the brothel-based sex workers because they were mobile and hard to track. They also faced greater risks. "The street-based sex workers experience more violence and harassment from the police, *mastans*, and clients than the brothel-based sex workers," said Enamul. "Police and clients physically assault them, take their money, and force sex." Street-based sex workers didn't have the "protection" of the brothel structure. Most of them lived on the street, which meant they often had to go where the client chose to have sex. It was not uncommon for a sex worker to arrive at a location and find other men waiting for her—sometimes as many as 10 men. She would be forced to have sex with all of them but would be paid only what she would have received for having sex with one man. If she refused, she would be beaten and raped.

The street-based sex workers lacked any sense of self-worth. "Society thinks of sex workers as bad women," said Enamul. "When an individual believes they are bad and what they are doing is bad, then they do not expect anything should be different, but think it is the natural way things are. " When Enamul brought the first group of 26

street-based sex workers to the SHAKTI offices, the new SHAKTI program coordinator was skeptical that the women could ever be trained to be peer educators. “The sex workers couldn’t communicate clearly,” Enamul said. “They didn’t wash themselves, they didn’t have any sense of manners or social etiquette, and they didn’t even listen when people tried to speak with them.” It was hard for SHAKTI staff to imagine them handling even the simplest of responsibilities.

Enamul was determined not to give up on the street-based sex workers. “I had worked in the slums and with other marginalized people, so I understood they could change,” he said. He explained this to the new program coordinator, who reluctantly agreed to give them a chance. For three months, Enamul worked with this group, giving them etiquette training and lessons in basic hygiene. More importantly, he treated them with respect. When Enamul invited the program coordinator to meet the sex workers again, the man was astounded. “The program coordinator thought they were a completely new group and he couldn’t believe that they were all the same people,” Enamul said.

But as SHAKTI expanded to include the street-based sex workers in Dhaka, the staff faced another unforeseen challenge. SHAKTI’s offices in Dhaka shared a building with other CARE-Bangladesh programs. Just as they had in Tangail, SHAKTI staff invited the sex workers to their offices to meet. But just as many SHAKTI staff members initially resisted contact with sex workers, the other CARE-Bangladesh employees were bitterly opposed to having the women in the building. “CARE-Bangladesh staff refused to use the same glasses and dishes as sex workers out of fear of HIV and the stigma associated with sex workers,” Enamul said.

With support from CARE-Bangladesh leadership, SHAKTI staff implemented education programs within CARE-Bangladesh offices to explain the issues faced by the sex workers and how those issues interfered with effective HIV/AIDS prevention programs. Again, sex workers described their lives and the daily challenges they faced, and just as they had changed the hearts and minds of the SHAKTI staff members, their stories had a huge affect on the attitudes of other CARE-Bangladesh staff.

Formation of Self-Help Groups

Enamul was inspired by the sex workers’ newfound confidence as they met with community leaders and participated in local and national conferences on HIV/AIDS. But he began to realize that if their needs were ever to be truly addressed, they would need an organization of their own. NGOs working on behalf of sex workers would always have their own agendas. By organizing into self-help groups, sex workers could decide for themselves which issues were important and how best to address them. Critical to this approach was ensuring that the formation of self-help groups was a sex worker initiative and not another SHAKTI initiative. However, at this stage the sex workers still lacked the capacity to organize. Enamul had previous experience organizing self-help groups of disadvantaged people when he was active in politics in the years immediately following independence. What the sex workers needed was someone to facilitate meetings to get the conversation started. Enamul believed that

was his task. Unfortunately, the CARE-Bangladesh country director didn't share Enamul's enthusiasm.

CARE-Bangladesh's leadership feared that SHAKTI was turning into more than just a HIV/AIDS prevention program, and Swarup's successor as program coordinator didn't share the same vision as Swarup or Enamul. CARE-Bangladesh also needed to balance a number of priorities. SHAKTI's activities had the potential of negatively affecting other CARE-Bangladesh programs, and the leadership needed to take that into consideration.

CARE-Bangladesh had over 3,000 employees working on many projects throughout the country. It was impossible for the people at the top of the organization to know what was going on with every project in the field. As a result, SHAKTI had been able to develop and grow without a lot of day-to-day input from headquarters. And because SHAKTI's management structure was more open than that of other projects, SHAKTI's project coordinator was not a part of every single decision at SHAKTI. When Enamul spoke with CARE-Bangladesh leaders, they were often surprised by some of SHAKTI's activities and would ask for more information.

As Enamul contemplated the formation of sex worker self-help groups, he sought input and approval from CARE-Bangladesh's leadership, but the situation had been complicated by a significant amount of turnover, within both SHAKTI and CARE-Bangladesh. After one person had approved some of Enamul's plans, that person would leave and Enamul would have to start over explaining what he was trying to accomplish. When it came to establishing the self-help groups, no one at CARE-Bangladesh headquarters would or could give him full authorization to proceed.

Many CARE-Bangladesh managers didn't believe sex workers possessed the ability or sense of responsibility to run their own organization. Some of them also suggested that Bangladeshi society wouldn't accept a sex worker organization. One of the biggest fears expressed by CARE-Bangladesh's leadership was that the organization of self-help groups would lead to protests in the streets and confrontations with the government, which was not something CARE-Bangladesh wanted to be associated with. At every opportunity, Enamul stressed the empowerment aspects of the self-help groups and the need to protect the sex workers' basic human rights. He tried to dispel the notion that the groups would become political organizations that would protest in the streets. But the leadership sat on their hands, neither approving nor rejecting the creation of the self-help groups. The groups weren't part of SHAKTI's original design, and the leaders worried that the groups would require significant assistance from CARE-Bangladesh. Enamul envisioned the self-help groups turning into independent NGOs, but the leaders wondered how sex workers could ever handle such responsibility. Where would they get funding? How would they manage money? Could they protect themselves from opportunistic organizations looking to take advantage of them?

Enamul was unsure whether or how to proceed without the explicit support of CARE-Bangladesh. If he proceeded with the formation of the self-help groups, he risked losing his job. He was also concerned that if the groups were created and then later dropped by the orders of CARE-Bangladesh leadership, SHAKTI might lose all support of the sex workers.

Enamul ultimately decided that if he couldn't form the groups with CARE-Bangladesh's explicit support, he would find some other way of doing it. He approached Naripokkho, a Bangladeshi women's rights NGO that had worked with sex workers, for assistance in organizing meetings with the sex workers to discuss forming self-help groups. Naripokkho agreed to help and to provide a meeting space. Enamul met with the sex workers to begin laying the groundwork for forming the groups.

At every meeting, Enamul stressed that it was up to the sex workers to act. If they wanted a voice, they would have to create their own platform. The sex workers were very resistant at first. All of their previous attempts at asserting their independence or changing the system had met with fierce opposition. Many of them didn't feel they were capable. Although Enamul was discouraged, he continued to push the issue.

In 1998, an opportunity arose that helped dramatically shift the perspective of the sex workers. Enamul was able to arrange for several SHAKTI staff members and sex workers to travel to India to participate in an international conference for sex workers. Aklima was one of the sex workers from Tangail who made the journey. At the conference, Aklima met numerous Indian sex workers who had organized into a self-help group that advocated for the basic human rights of its members. Aklima and the other Bangladeshi sex workers were astounded. When they returned home, they shared with their fellow sex workers what they had learned, and Aklima argued passionately that if the Indian sex workers could organize and form self-help groups, so could Bangladeshi sex workers. Her commitment was infectious, and for the first time, the sex workers could actually imagine starting a group of their own. Within a couple of months, Durjoy Nari Shango (Durjoy), the first sex worker self-help group, was established for street-based sex workers in Dhaka. A few months later, the brothel-based sex workers in Tangail organized the second self-help group, known as Nari Mukti Shango (Nari Mukti), and Aklima became its president.

One initial obstacle facing Durjoy was that they had no place to meet—the sex workers were all street-based. CARE-Bangladesh had not explicitly approved the creation of the groups, so Enamul thought it was risky to allow Durjoy meetings at SHAKTI's offices, and Naripokkho could no longer provide space. So Enamul decided to rent a room in a house where Durjoy could meet. Given the fragile status of the initiative, he decided it would be better not to inform SHAKTI's program coordinator or anyone else at CARE-Bangladesh of his actions. After three months of self-help group meetings, Enamul felt the process was on solid enough footing that he could report back to the SHAKTI program coordinator and explain what he had done. The program coordinator was concerned about Enamul's actions, but he was slowly beginning to see the benefits of the self-help groups and gave his approval to continue renting the room.

Enamul was also able to convince the program coordinator that the street-based sex workers needed drop-in centers that included health clinics and safe places to rest, get a meal, and meet. Part of Enamul's plan was to have Durjoy and other self-help groups take over the management and operations of the drop-in-centers. Enamul's rented room would become the first drop-in-center and would continue to provide Durjoy with a meeting space.

CARE-Bangladesh still had not given express approval for the formation of the groups, but they also hadn't told Enamul to stop working with them. Enamul was growing more and more frustrated with the mixed signals he was receiving.

Tanbazar and Nimtoli Evictions

The Tanbazar and Nimtoli brothels represented almost 30 percent of all brothel-based sex workers in Bangladesh, with more than 3,000 sex workers between the two. In the predawn hours of July 24, 1999, the police, under the direction of the Bangladesh Department of Social Services, encircled the brothels. For several weeks, under public pressure, the government had been threatening to close the brothels with the cooperation of the landlords (Appendix C). Citizen groups and religious organizations had complained that the brothels corrupted young men in the community, promoted alcohol and drug use, and were breeding grounds for disease. The Department of Social Services' stated policy was to "rehabilitate" the sex workers. It also claimed that only sex workers who volunteered to be rehabilitated would be placed in rehabilitation programs. But as the police encircled the brothels, it became clear that it would not be a voluntary operation.

The police stormed the brothels and forced more than 300 sex workers into waiting buses, which took them to vagrancy homes.^{vi} The remaining sex workers, their children, and others living in the brothels fled in fear. The police beat many of the sex workers as they ran, and only a few were able to grab any belongings in the panic. Children were separated from their mothers in the melee, and in some cases days went by before mother and child were reunited.

Brothel evictions weren't new to Bangladesh. They had often been conducted under the guise of rehabilitating sex workers. But in actuality, evictions were conducted for political purposes. Local politicians often controlled the areas surrounding brothels. When one party was voted out of power, the new party would close down brothels in their rivals' area of control. Evictions were also used to gain the support of Islamic organizations that objected to the existence of brothels in their communities. When the government evicted the sex workers, however, it never followed through on its promises to assist the women in finding other sources of income or provide job-training skills. Instead, sex workers were forcibly taken to vagrancy homes. Sex workers from past rehabilitation programs usually ended up living on the streets.

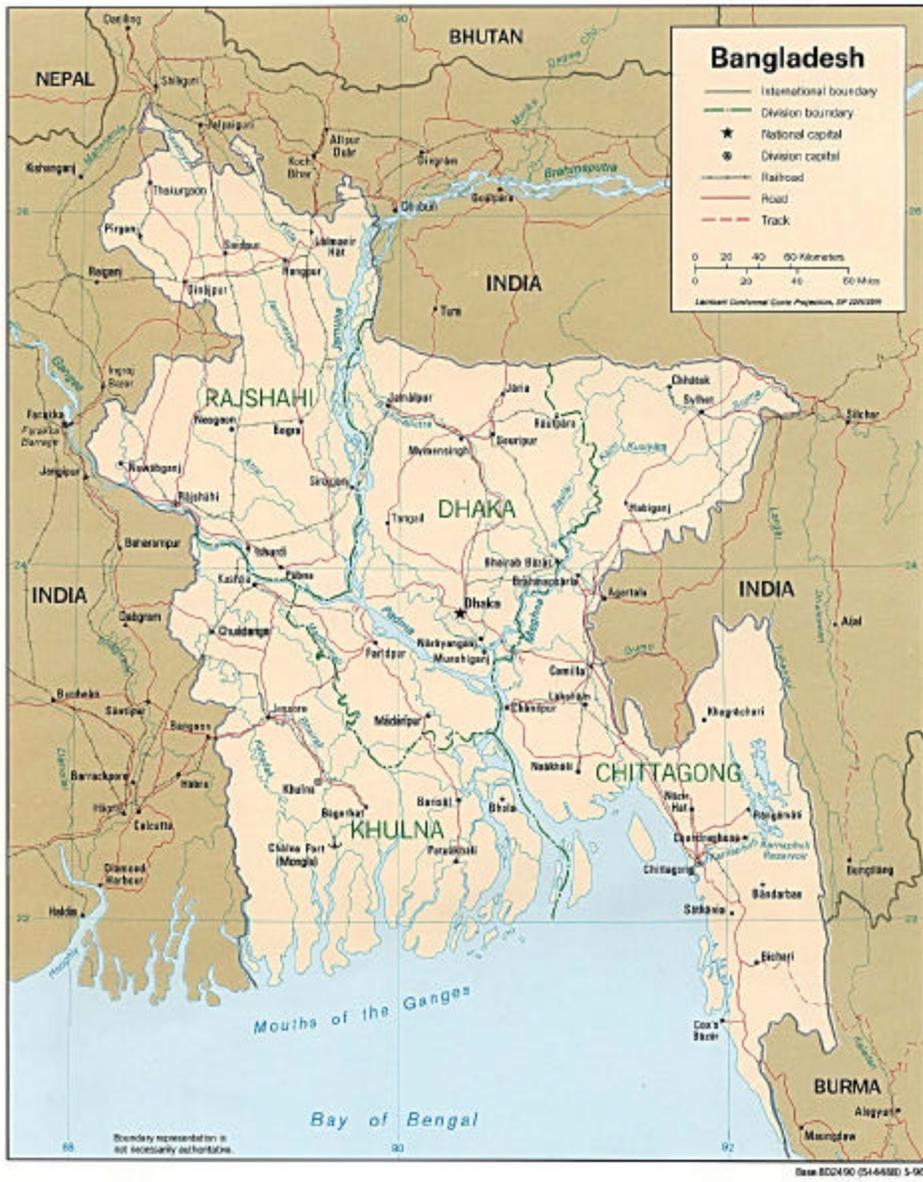
What was different about the Tanbazar and Nimtoli evictions was the response from the sex workers. They mobilized immediately, protesting the evictions in numbers that the

country had never seen before. Word of the evictions quickly spread throughout Dhaka. Members of Durjoy immediately came to the evicted sex workers' aid, providing help in obtaining food and clothing and leading the sex workers in protesting the evictions. Several NGOs, including Naripokkho, issued press releases condemning the government's actions and demanding that the sex workers be permitted to return to their homes. Rumors began circulating that the government was planning to close all of the brothels in the country. For the first time, media coverage included the sex workers' concerns rather than just reporting on the evictions.

The leaders of Durjoy approached Enamul for help, and Naripokkho sought his help in organizing other NGOs to denounce the evictions. Enamul was faced with a difficult decision. Should he support the sex workers in their protests against the evictions, or should he abide by CARE-Bangladesh's policy of remaining non-political? In the past, whenever CARE-Bangladesh had confronted the government on actions that infringed on the rights of marginalized people, it did so behind the scenes and usually involved representing parties that were sympathetic in the eyes of the public. Siding with sex workers in public demonstrations against the government would be a huge departure from CARE-Bangladesh's usual approach. Enamul understood that a government backlash against the protests could hurt CARE-Bangladesh's other programs because the organization depended on government support and cooperation. CARE-Bangladesh had also built a good reputation with the public, enabling it to operate in areas that other NGOs would find too difficult. Enamul also understood that program coordinators and managers of other CARE-Bangladesh programs might pressure headquarters to stop him if they felt his actions were endangering their own programs.

Despite the risks, Enamul felt obligated to support the sex workers. For him, SHAKTI was no longer a project about addressing needs, but about addressing rights. The only way sex workers could ever be protected from HIV/AIDS was for their rights to be respected and for them to gain control over their own bodies. He made his way to the program coordinator's office to announce his decision to publicly support the sex workers in their protests against the government.

APPENDIX A: MAP OF BANGLADESH



vii

Bangladesh is essentially one large river delta with three major rivers and hundreds of minor rivers and tributaries flowing through it. The volume of water flowing out of Bangladesh is the third highest in the world, after the Amazon and Congo systems. More water flows through Bangladesh than all of Europe. The three major rivers flowing from the Himalayas are the Padma (Ganges), the Jamuna (Brahmaputra), and the Meghna. As a result of so many rivers and tributaries flowing through the country, 90 percent of Bangladesh lies in alluvial plains that rise only about 10 meters above sea level. Almost a third of Bangladesh floods every year, with major flooding throughout the entire country occurring frequently.

APPENDIX B: BRIEF HISTORY OF BANGLADESH

Bangladesh is a fairly young country, having gained independence in 1971. When the British ruled India, present-day Bangladesh made up the eastern half of the larger Indian state of Bengal. This area was predominately Muslim, whereas the western half of the state was predominately Hindu. In the late 19th and early 20th centuries, Muslim and Hindu leaders pressed the United Kingdom for independence. Leading the movement was the Indian National Congress, which was a largely Hindu organization. Muslims, concerned with the growing Hindu domination of the independence movement, formed the All-India Muslim League in 1906. The two organizations shared the same goal of independence, but they were unable to agree on a formula to ensure the protection of Muslim religious, social, and political rights, which eventually led to a series of violent inter-communal conflicts. As the conflicts intensified, the idea of creating a separate Muslim state emerged.

At the close of World War II, the United Kingdom, unable to maintain its colonial empire, quickly moved to grant India independence. However, realizing there was no hope for creating one state, in 1947 it granted independence to two successor states, India and Pakistan. Pakistan consisted of the contiguous Muslim-majority districts located in northwestern India, to be known as West Pakistan, and the Muslim-dominated parts of eastern Bengal state, to be known as East Pakistan. The result was a bifurcated Muslim nation separated by more than 1,000 miles of Indian territory. Islamabad, located in what was known as West Pakistan, became the capital of the Pakistani federal government.

Frictions between East and West Pakistan developed almost immediately. They were not only physically divided by Indian territory, but also divided by linguistic, cultural, and ethnic differences. The Pakistani government was dominated by the military and oligarchies rooted in West Pakistan, resulting in significant amounts of national revenues going toward developing the West at the expense of the East. When the central government tried to impose Urdu as the sole official state language, students, intellectuals, and eventually average citizens from the Bengali-speaking East mobilized and protested the central government's actions.

The language movement galvanized public opinion in the East against the West, but rival factions within the East hindered its ability to effectively assert itself against the West. Finally, by the 1970-1971 elections, the Awami League of East Pakistan had gained enough support to win a majority of the seats in the Pakistan national assembly. Fearful of having to negotiate away the central government's control over East Pakistan, the Pakistani president postponed seating the national assembly. Massive protests erupted in East Pakistan, culminating in the leader of the Awami League declaring the independence of East Pakistan. The Pakistani army mobilized and sent troops to East Pakistan to quash the independence movement. Using brutal tactics, including the indiscriminant napalming of villages and the systematic rape of women, the Pakistani Army was relentless in its attempt to maintain control over the East. Nearly 10 million refugees, predominately Hindu, began flooding across the Indian

border, further straining already tense relations with Pakistan. In December 1971, Pakistan made the fatal mistake of preemptively bombing Indian forces that it feared were preparing to aid East Pakistan. India immediately invaded East Pakistan to fight alongside the Bangladeshis, as East Pakistanis called themselves. Within 11 days, the Pakistani army surrendered. Although estimates vary, it is believed that more than 1 million Bangladeshis were killed in just 11 months of fighting.

Since gaining independence, Bangladesh has had a stormy history. Political assassinations, coups, and dictatorial rule dominated the first two decades of independence. In 1991, democracy returned to Bangladesh, but the acrimony between the two dominant political parties has made it difficult to govern. Each side has accused the other of stealing elections, and political assassinations are a frequent occurrence. Corruption is also a significant problem and a major impediment to Bangladesh's development. Transparency International has consistently ranked Bangladesh as one of the most corrupt countries in the world. Since Bangladesh was first included in Transparency International's Corruption Perceptions Index in 2001, it has consistently been rated the most corrupt country in the world.

**APPENDIX C: NATIONAL POST ARTICLE ABOUT THE TANZABAR
EVICTIONS.**

NATIONAL POST
Monday, July 12, 1999
Mustar Hossain
Reuters

p. A13.

Prostitutes in Bangladesh fight eviction
BROTHEL FOUNDED IN 1888

Girls earn about \$30 a day, but half goes to pay for rent

TANBAZAR, BANGLADESH-- About 3,500 Bangladeshi prostitutes dug in their heels yesterday and defied eviction from one of the country's oldest and largest brothels.

The prostitutes, up in arms over an agreement by their landlords to close the 2,000-room complex of bordellos, said they faced starvation if thrown on to the streets without compensation.



RAFIQUR RAHMAN/REUTERS

Prostitutes at Tanbazanj brothel in the town of Narayanganj in Bangladesh -- near the capital, Dhaka -- chant while protesting a move to evict them yesterday. About 3,500 Bangladeshi prostitutes dug in their heels and defied eviction from one of the country's oldest and largest brothels.

"They have given us nothing. They also did not refund [the money] they took as security deposits and savings from us," said Nazma, a 30-year-old prostitute.

Owners of the brothel complex, in the Tanbazar red-light district of Narayanganj, just outside the Bangladeshi capital, Dhaka, had agreed under pressure from local authorities to close shop. Citizen's groups and religious bodies complained the brothels lured boys into the sex trade, promoted the sale of alcohol and drugs and were a blot on the town.

But the sex workers refused to budge yesterday although water and power have been cut off. Police are also barring entry to customers, who are said to have included political activists, students and foreigners -- and the police.

**'WE WILL FIGHT
TO THE LAST
TO STAY HERE'**

Sathi, the prostitutes' leader, said the sex workers had also paid protection money to police and local musclemen, and lined the pockets of political parties and administration officials.

"They used to get money from us on a regular basis besides having free sex," said the 33-year-old. "Now they are trying to throw us out and make our lives uncertain. "

The brothel owners have promised the prostitutes free food rations while an official rehabilitation plan is drawn up.

But the brothel girls of Tanbazar are unconvinced and have held several protest rallies since the eviction order a week ago.

Each girl earns about \$30 a day, but half of that is spent on rent, the prostitutes said, adding they had worked hard to save money and now feared their bank deposits would be frozen.

"We have been living here for so long and did not do any harm to anybody. We gave toll to political parties, police and even people in administration," Sathi said.

"If we are to be on the streets, who will take our responsibility? We will fight to the last to stay here. "

The brothel was established in 1888 and has outlived several eviction orders. But this time its owners have been warned their other business interests will suffer if it is not closed down.

Shamim Osman, a ruling-party lawmaker from Narayanganj, said the government planned to spend \$620,000 to rehabilitate the evicted prostitutes.

But the sex workers doubt they will see any of it. "This is just an excuse," Nazma said.

-- *Reuters*

BIBLIOGRAPHY

Most of the information for this case study came from interviews conducted in Dhaka, Bangladesh, between July 1 and September 1, 2004. The interviewers were Eric Bratton and Eden Mercer, graduate students at the Evans School of Public Affairs at the University of Washington. They spoke with present and former CARE-Bangladesh staff, government officials, members of Durjoy and Nari Mukti, representatives of CARE-Bangladesh partner organizations, and members of other high-risk groups.

Bala Nath, Madhu. "Women's health and HIV: Experience from a sex workers' project in Calcutta." *Gender and Development*, Vol. 8, No. 1, March 2000.

Bloem, Maurice, Enamul Hoque, Lusy Khanam, Trisna Selina Mahbub, Moshfaqua Salehin, and Shanaz Begum. "HIV/AIDS and female street-based sex workers in Dhaka city." In *Resistances to Behavioural Change to Reduce HIV/AIDS Infection*, edited by John C. Caldwell, Pat Caldwell, John Anarfi, et al. Canberra: Health Transition Centre, National Centre for Epidemiology and Population Health, The Australian National University, 1999.

CARE-Bangladesh. "Brothel-Based HIV/AIDS Intervention: Tangail." March 2004.

———. "HIV Program: Advocacy Felt Needs Document." April 2002.

———. "HIV Program: Advocacy Strategy Concept Note." June 2002.

———. "SHAKTI 2: Project Memorandum." October 2000.

———. "Street-Based Sex Worker Intervention in Dhaka." December 2002.

Haque, K. M. "Research Report on Mapping Exercise on HIV/AIDS Law, Ethics and Human Rights," Ministry of Law, Justice and Parliamentary Affairs & UNDP, August 2000–July 2001.

Hussain, A. M. Zakir. "Report on the Sero-Surveillance and Behavioural Surveillance on STD and AIDS in Bangladesh 1998-1999." AIDS and STD Control Programme, Directorate General of Health Services, Ministry of Health & Family Welfare, Govt. of the People's Republic of Bangladesh, June 2000.

Human Rights Watch. "Bangladesh – Ravaging the Vulnerable: Abuses Against Persons at High Risk of HIV Infection in Bangladesh." Human Rights Watch, August 2003, Vol. 15, No. 6, found at

<http://hrw.org/reports/2003/bangladesh0803/bangladesh0803.pdf>

Accessed on March 27, 2005.

The Right To Be Human: The Dilemmas Of Rights-Based Programming At Care-Bangladesh, Case A

Jenkins, Carol. "Female sex worker HIV prevention projects: Lessons learnt from Papua New Guinea, India and Bangladesh," UNAIDS Case Study, November 2000.

———. "Resistance to condom use in a Bangladesh brothel. " In *Resistances to Behavioural Change to Reduce HIV/AIDS Infection*, edited by John C. Caldwell, Pat Caldwell, John Anarfi, et al. Canberra: Health Transition Centre, National Centre for Epidemiology and Population Health, The Australian National University, 1999. Available at http://htc.anu.edu.au/pdfs/resistances_ch18.pdf

———, and Habibur Rahman. "Rapidly Changing Conditions in the Brothels of Bangladesh: Impact on HIV/STD," *AIDS Education and Prevention*, 14, Supplement A, 2002.

National AIDS/STD Programme, *HIV In Bangladesh: Is Time Running Out?* Background document for the dissemination of the fourth round (2002) of national HIV and behavioural surveillance. National AIDS/STD Programme, June 2003.

National Assessment of Situation and Responses to Opioid/Opiate use in Bangladesh (NASROB). *What will happen to us?* June 2002.

"Needs Assessment Study on Knowledge, Attitudes and Practice (KAP) for Advocacy on Protection and Promotion of Human Rights of Sex Workers. " Submitted to CARE-Bangladesh by Social Initiatives (Ltd.). Accessed at www.carebd.org/needs_assessment_study_on.pdf. Accessed on March 27, 2005.

Overs, Cheryl. "Report on Capacity Building of Sex Workers: SHAKTI Project CARE-Bangladesh. " CARE-Bangladesh, December 1999.

ENDNOTES

ⁱ Since Transparency International began including Bangladesh in its Corruption Perceptions Index in 2001, Bangladesh has consistently been rated last. (<http://www.transparency.org>)

ⁱⁱ The first well-defined HIV serological surveillance in Bangladesh occurred in 1998. It found the HIV rate among high-risk groups to be about 0.4 percent. International Centre for Diarrhoeal and Disease Research, Bangladesh (ICDDR,B). “HIV in Bangladesh: The Present Scenario, 2004,” summarizing the 5th Round Serological Surveillance in Bangladesh conducted by ICDDR,B between June 2003 and March 2004. Available at <http://202.136.7.26/activity/index.jsp?activityObjectID=1185> Accessed on March 3, 2005. The United Nations gauges the risk of a country developing an AIDS epidemic by looking at the incidence of HIV infection within traditionally high-risk groups—sex workers, injecting drug users, clients of sex workers and their partners, and men who have sex with men. If the rate of HIV infection is greater than 5 percent in any of those groups, HIV is considered to be a concentrated epidemic. Evidence has shown that once a country has a concentrated epidemic, it is only a matter of time before the virus will spread quickly to other high-risk groups and throughout the general population.

ⁱⁱⁱ The following is a brief description of the hierarchy within the brothel from a report commissioned by CARE-Bangladesh: “The findings reveal that within the brothel, the bonded sex-workers are the most oppressed and exploited. These are the young girls who have been bought by another, older sex-worker, the *sardani* or the *gharali*. The torture of the bonded sex-worker is systematic and is a determined effort to break her spirit.... Girls who are born in the brothel for the most part become sex-workers when they are older (at adolescence). Independent sex workers are those who earn independently. They are usually older. Very often they buy young girls who work for them. They are called *sardanis* or *ghorali*. They usually have one person, a client, who is referred to as *babu* with whom they have an emotional relationship. Although she has a fixed client, she continues servicing other clients as well. Usually the elderly women in the brothel, who work as maids and cooks, are women who can no longer make a living as sex-workers. These women are sometimes called *mashi*.” “Needs Assessment Study on Knowledge, Attitudes and Practice (KAP) for Advocacy on Protection and Promotion of Human Rights of Sex Workers.” Submitted to CARE-Bangladesh by Social Initiatives (Ltd.). Date unknown. Found online at www.carebd.org/needs_assessment_study_on.pdf. Accessed on March 27, 2005.

^{iv} Ibid.

^v Human Rights Watch, “Bangladesh – Ravaging the Vulnerable: Abuses Against Persons at High Risk of HIV Infection in Bangladesh.” Human Rights Watch, August 2003, Vol. 15, No. 6, found at <http://hrw.org/reports/2003/bangladesh0803/bangladesh0803.pdf> Accessed on March 27, 2005.

^{vi} The aim of Bangladesh’s Vagrancy Act of 1943 was to rehabilitate vagrants through vocational training. A “vagrant” was defined as any person begging for money in any public place or any person who loitered in any public place with the appearance of someone who might beg for money. People picked up for vagrancy were taken to vagrancy homes, where they were to live until they had been “rehabilitated.” But the police often used the Vagrancy Act as an excuse to arrest sex workers and hold them until a family member, or more often a pimp, paid for their release. K. M. Haque. “Research Report on Mapping Exercise on HIV/AIDS Law, Ethics and Human Rights.” Ministry of Law, Justice and Parliamentary Affairs & UNDP, August 2000–July 2001.