



# 2022-23 ANNUAL REPORT

—  
**COMPOSITE TARGETED INTERVENTION  
PROJECT FUNDED BY CHANDIGARH STATE  
AIDS CONTROL SOCIETY**



**Association of Professional Social Workers and Development  
Practitioners (APSWDP)**

Association in Special Consultative Status with Economic and Social Council (ECOSOC) of the United Nations  
Affiliated with the Department of Global Communications (DGC) of the United Nations  
Accredited with United Nations Environment Programme (UNEP) and United Nations Environment Assembly (UNEA)  
Associated with UNESCO MIL Alliance, Registered with NITI AAYOG (Former Planning Commission), Government of India

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**Composite Targeted Intervention Project (CTIP)  
for the Sexual Minorities (FSW(s), MSM, and TG(s) funded by  
Chandigarh AIDS Control Society (CSACS)  
under the patronage of  
National AIDS Control Organizations (NACO),  
Ministry of Health and Family Welfare,  
Government of India**









## Table of Contents

|  |           |
|--|-----------|
| <b>1. BACKGROUND OF APSWDP.....</b>    | <b>15</b> |
| <b>2. CTI PROJECT TEAM.....</b>        | <b>21</b> |
| <b>3. PROJECT BACKGROUND.....</b>      | <b>25</b> |
| <b>4. PROJECT COMPONENTS.....</b>      | <b>29</b> |
| <b>5. DROP IN CENTRE.....</b>          | <b>33</b> |
| <b>6. SAMTA NYAY KENDRA.....</b>       | <b>37</b> |
| <b>7. PROJECT PROGRESS REPORT.....</b> | <b>41</b> |
| <b>8. PROGRAMS &amp; EVENTS.....</b>   | <b>51</b> |
| <b>9. PICTURES GALLERY.....</b>        | <b>63</b> |





## ABBREVIATIONS

|        |  |
|--------|--|
| AIDS   | Acquired Immune Deficiency Syndrome                                      |
| ANC    | Anti Natal Care  |
| ANM    | Auxiliary Nurse Midwives   |
| APSWDP | Association of Professional Social Workers and Development Practitioners |
| ART    | Anti-Retroviral Therapy  |
| BCC    | Behaviour Change Communication   |
| CBO    | Community Based Organization   |
| CSACS  | Chandigarh State AIDS Control Society                                    |
| CTIP   | Composite Targeted Intervention Project                                  |
| DGM    | Demand Generation Meetings   |
| DIC    | Drop-In-Center   |
| DLSA   | District Legal Services Authority  |
| FSW    | Female Sex Workers   |
| HIV    | Human Immunodeficiency Virus   |
| HRG    | High Risk Group  |
| ICTC   | Integrated Counselling and Testing Center                                |
| MSM    | Men having Sex with Men  |
| MTCT   | Mother To-Child Transmission   |
| NACO   | National AIDS Control Organization                                       |
| NGO    | Non-Governmental Organization  |
| ORW    | Out Reach Worker   |
| PE     | Peer Educator  |
| PLWHA  | People Living with HIV/AIDS  |
| PT     | Presumptive Treatment  |
| RMC    | Regular Medical Checkup  |
| RTI    | Reproductive Tract Infections  |
| STD    | Sexually Transmitted Disease   |
| STI    | Sexually Transmitted Infection   |
| TG     | Transgender  |
| TI     | Targeted Intervention  |

## LIST OF TABLES

**TABLE-1:** BRIEF DETAILS OF THE PROJECT

**TABLE-2:** DETAILS OF PARTNER NGOS OF CHANDIGARH STATE AIDS CONTROL SOCIETY IMPLEMENTING TI PROJECTS

**TABLE-3:** ORW WISE PEER LIST

**TABLE-4:** MIS

**TABLE-5:** EXECUTIVE SUMMARY OF THE PROJECT

**TABLE-6:** ONE TO ONE (FSW)

**TABLE-7:** ONE TO ONE (MSM)

**TABLE-8:** ONE TO ONE (TG)

**TABLE-9:** DEMAND GENERATION ACTIVITIES

**TABLE-10:** DIC MEETINGS

**TABLE-11:** COUNSELING

**TABLE-12:** CLINIC VISIT

**TABLE-13:** HIV & VDRL TESTING

**TABLE-14:** CONDOM DISTRIBUTION

**TABLE-15:** TRAINING DETAILS



# **BACKGROUND OF APSWDP**





## BACKGROUND

Association of Professional Social Workers & Development Practitioners (APSWDP) is a registered not for profit organization of professional social workers and development practitioners working in various social welfare domain across the country. Social issues like poverty, livelihood, health, education, water & sanitation, unemployment, disease control programs, urbanization, youth issues of de-addiction, and others have covered the whole gamut of government, development agencies, and academic institutions. Since the influx of specialization and expertise has increased over the current decade in the country among implementation agencies, the requirement of trained social work professionals and practitioners is indeed a factual requirement.

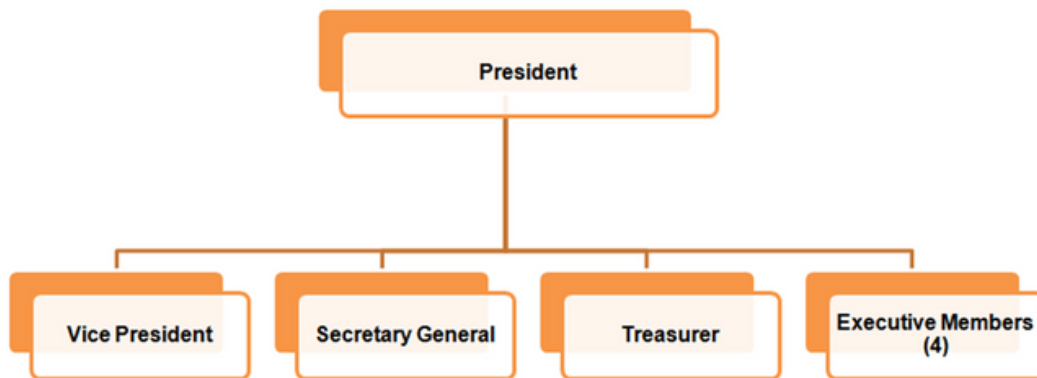
The association focuses on creating a country-wide and global network of dedicated social work professionals and development practitioners from remote geographical rural areas, to discuss, debate, and develop a key framework for evidence & practice-based interventions, and methods. The focus will be to enable social workers and development practitioners all around the globe to share their ideas and work on various development issues. APSWDP will also offer a platform to youth leaders, and scholars/researchers with a striving passion to participate in bringing reformation through correctional measures in existing policies.

## GENESIS

Association of Professional Social Workers & Development Practitioners (APSWDP) was founded initially by a group of professional social workers working in development sectors. It primarily started with a popular online social forum 'Alliance of Social Work & Development Practitioners' on the occasion of 65th Republic Day 2014 i.e. 26th January 2014. The forum productively stretched to BSW and MSW learners of Indira Gandhi National Open University (IGNOU) with support from Regional Centre Chandigarh. An orientation program-cum-workshop was organized jointly by the Forum of Professional Social Workers coinciding World Social Work Day and Month for the first time at Chandigarh involving research scholars, learners, civil society, and line departments on 29th March 2014. It was felt during the workshop at the regional center that the forum must be taken to a next higher level by attaining legal status.

On 1st December 2014, World AIDS Day, the online forum received its legal status as an association under the Society Registration Act 1860 as 'Association of Professional Social Workers & Development Practitioners (APSWDP)'. The current President, Vice-President, Secretary General, and Treasurer of the association are Dr. Sumit Arora, Mr. Sharad Singh, Mrs. Rekha Trivedi, and Mr. Amitoz Dogra respectively.

## FUNCTIONAL STRUCTURE



## APSWDP PHILOSOPHY

### VISION

To be a state of art inclusive network of professional social workers and development practitioners, APSWDP will showcase a noteworthy role in the promotion of social work education, and evolving practice-based methods, approaches, skills, and ethics through social innovation, proven models, and vibrant social leadership.

### MISSION

To achieve the vision of APSWDP, our mission is to work in proximity with togetherness, unlocking the inherent potential and building a sustainable network of professional social work and development practitioners by way of promoting social work profession to rural and urban-underprivileged youth, mid-aged to undertake the flagship of development, understand the global trend, be a partner and agent of social change at local stratum.

### VALUES

- Understanding differing ethnic and cultural patterns, as well as the capacity to engage in ethnic-gender and age-sensitive practice.
- Respecting and Welcoming.
- Committed to dispersing social work and developmental leadership at bottom of the pyramid.

### AIMS

The broader aims of the association shall be:

- To promote social work as a profession through national, regional, and International Cooperation and networks.
- To strengthen professional values, ethics, standards, and professional relationship with the employing organizations.
- To support social organizations, and community-based organizations for the promotion of professionally educated and trained social workers' participation in planning, formulation of policies, social work training, monitoring & evaluation.

- To strengthen the values of great Indian reformers in social work education and profession.
- To bridge between the Professional Social Work organizations and Development agencies also including the faith-based & Cultural organizations.

## KEY OBJECTIVES

In order to achieve the Aims, the Association shall:

- Work for developing cooperation between Professional Social workers in the Country.
- Organizing workshops, conferences, social work forums, exposure visits, research, and field projects for the promotion and expansion of Professional Social Work.
- Work for building relationships between local Social Work organizations & their members to International organizations and bodies.
- Engaging with political leaders, researchers, corporate icons, and technologists in the country with the view to fostering cooperation among Professional Social workers & international issues, including UN organizations.
- Focus on strengthening relationships with professional Social Work organizations in SAARC countries with the view to providing impetus to regional development.
- Establish working relationships between social work scholars, statesman administrators, and corporate leaders in the country.
- Undertake focused area-based studies targeting international social issues with respect to the Indian context.
- Work for innovative development models through Public Private Partnership in the Social Work profession.
- Develop a think tank of Social work professionals so that this can provide solutions & action plans to complex social issues of national importance to national, state, and local government.
- Examine the social work curriculum taught by the universities from the perspective of a professional career with a view to improving the credibility of the Social Work Profession.
- Develop statistical tools and evidence-based indicators pertaining to human development.

## KEY PROGRAMME ACTIVITIES

The Association shall strive to achieve its aims and objectives by undertaking the following activities:

- Conduct Training Courses with an inter-stakeholder approach where Social Work professionals, policymakers, and Civil Society representatives are invited for cross-fertilization of ideas.
- Development of Case Studies and documentation of best practices from Social Workers working in various organizations.

- Conduct Research Studies with emphasis on primary research through sample surveys, use of SPSS and other sophisticated statistical software, and qualitative methods of research including Focus Group Interviews and Participant Observation.
- Organization of Seminars, Workshops, and Symposia for an in-depth discussion on focused subjects: more and more about less and less!
- Publication of a periodical Technical Journal/ News bulletin on the Social Work and Development sector addressing frontier research and critical analytical techniques on the one hand and best practices in difficult existential situations on the other hand.
- Special emphasis on Trainee Assignments in the form of Syndicate Reports, Individual Assignments, and other instrumentalities with a view to challenging the Trainee's capacity to think and imbibe critical knowledge and skills.
- Converting Research Studies into priced publications, monographs, and reports with a view to sharing project experiences and research outcomes.
- Participation in citizens' advocacy campaigns with a view to bringing about actual improvements on the ground.
- Starting of Research Portals for sharing research outcomes with other researchers and program implementing teams.
- Any other work deemed fit by the Governing Body in Social Welfare domain w.r.t any developmental project, international humanitarian context, international tie-ups with educational institutions, international trusts, organizations including intergovernmental and others.
- Initiate, hold, direct, manage, take part in and contribute to conferences, congresses, meetings, lectures, and demonstrations on any aspect of the Social Work Profession and social welfare for the purpose of advancing any of the objectives of the association.
- Hold an Annual Convention and periodic meetings or conferences, CME of members of the association and of the social work and social development profession in general.
- The association can join/partner with any global forum and federation or allied Federations.
- The association can establish its own academy, university, or institute in the future.





**CTI PROJECT TEAM**







**Ms. Rekha Trivedi**  
**Project Director, CTIP**



**Mr. Narender Kumar**  
**Project Manager**



**Mr. Laxman Yadav**  
**MEA-cum-Accountant**



**Ms. Jasvir Kaur**  
**Counsellor**



**Ms. Punita Jaiswal**  
**ORW (FSW)**



**Mr. Pardeep Kumar**  
**ORW (MSM)**



**Ms. Sonia Duggal**  
**ORW (TG)**





# **PROJECT BACKGROUND**





## Introduction:

Targeted interventions are a resource-effective way to implement HIV prevention and care programmes in settings with low-level and concentrated HIV epidemics. They are also a cost-effective method of reaching people who are most at risk in more generalized epidemics. Targeted interventions are aimed at offering prevention and care services to high risk populations ( Female Sex Workers- FSW, Male having Sex with Male- MSM, and Injecting Drug Users- IDUs) within communities by providing them with the information, means and skills they need to minimize HIV transmission and improving their access to care, support and treatment services. These programmes also improve sexual and reproductive health (SRH) among these populations and improve general health by helping them reduce the harm associated with behavior such as sex work and injecting drug use. Implementing targeted interventions does not negate the need for broader interventions in the community. In many settings, it optimizes the use of resources by focusing on the environments and populations in which the risk of HIV infection is the greatest.

## Purpose:

- are for people within the community who are most at risk of HIV and STI infection.
- are targeted to behaviour and practices not the identity
- involve them and their issues within the broader frame work of interventions
- are adapted to be culturally and socially appropriate to the target audience.
- focus on limited resources and where they can be used to the best benefit.
- acknowledge that barriers to accessing health-care services exist for some populations within communities.
- acknowledge that people who are at risk of HIV infection are often marginalized from the broader community, stigmatized and discriminated against.







# **PROJECT COMPONENTS**





## Components:

**1. Behaviour Change Communication:** This component involves understanding and assessment of individual and group practices/behaviour which can pose risk to HIV infection. Development of context specific strategies/activities to address the risk of infection through peer counselling, counselling through counsellors, creating enabling environment to reinforce safe practices. Under NACP-III, the Peers, Out reach workers lead the activities under this component through one to one sessions and group sessions among the community. There are also group, issue specific Information Education and Communication (IEC) materials are developed to further augment behaviour change.

**2. Access to STI services:** This component is aimed at improving the access to STI services as STI (both symptomatic and asymptomatic) pose greater risk for HIV infection and which is high among the High Risk Groups.

**3. Provision of commodities to ensure safe practices:** TI programme ensure safe practices by providing choices and options of easy accessibility, availability and acceptability. The commodities (only male lubricated latex condoms) supplied through peers, out reach workers and social marketing. The social marketing is supported through two channels : Direct budget provision under TI and through appointment of social marketing agencies.

**4. Enabling Environment through structural intervention:** This component of enabling environment was introduced in NACP-II focusing creation of an environment facilitating the access to information, services and commodities by the high risk groups. It is essential to note that these HRGs are considered marginalized section of the society super imposed with stigma and discrimination. Also it is desirable that an effective enabling environment creates a reinforcing atmosphere for sustenance of safe practices and behaviour reducing their vulnerability. Hence, under NACP-III, NACO envisage identification of power structures and their influence on the access and control over resources for sustaining safe behaviour and practices. There are provision for building the capacity of HRGs to advocate for themselves in creating enabling environment as well as control of requisite resources to address the issues of stigma and discrimination.

**5. Community Organising and Ownership Building:** NACO envisage that engaging Community Based Organisation (CBOs) in programme management through developing their capacity and ownership will lead to steering of community agenda through themselves only. Presently, the TIs have been able to provide services through peers representing the community, where community playing a passive role. Experience shows such strategy has not been able to achieve the desired scale and coverage, reduce the violence and discrimination which impede active participation in accessing services optimally. Thus, it has not been able to develop community norms to steer the programme in its desired manner, which can further sustain the behaviour change. Hence, NACO envisage to mobilise the at-risk communities to play proactive role in implementation as CBOs, while the NGOs will continue to play the role as capacity builders and support agents, thereby putting the prevention responsibility on those who are themselves at risk.

**6. Linkages to Care and Support Programme:** NACO has experienced that lack of mechanism to strengthen linkage care and support programme( ICTC, ART, Community Care Centre, RNTCP Programme, Detox Centre) has affected access to these essential services meant to reduce vulnerability. NACO under NACP-III has envisaged to build the capacity of the counsellors and health care providers at care and support institutions and building their perspectives and sensitivity.

### **Composite Targeted Intervention Project implemented by APSWDP at Chandigarh:**

The Composite Targeted Intervention Project [FSW(s), MSM, and TG(s)] was accorded to APSWDP Chandigarh w.e.f. 1st April 2021. Under the leadership of Project Director, the project has managed to outreach the HRGs who are either mobile or under transition. The outreach workers through the peer educators endeavours to meet and interact with the HRGs on a daily basis. Also, they are provided with commodities such as condoms and lubes. Besides, HIV testing, Syphilis screening, Regular Medical check-ups, Tuberculosis, Suraksha clinic, and other referral services are also provided for the benefit of HRGs.



**DROP IN CENTRE**





## Drop-in Centre:

The High-Risk Groups (HRGs) including Transgenders, MSM, and FSW communities are among the most marginalized, vulnerable, and socially excluded communities. They are subjected to a variety of social discrimination from mainstream society. The 'leave no one behind' principle of the United Nations is especially relevant for these communities who are on the verge of being left behind by the National and International development initiatives. Issues such as poverty and unemployment, health disparity, poor health outcomes, discrimination in education, frightening levels of physical violence, homelessness, high rates of attempted suicide, etc. are faced by most Transgenders.

APSWDP has been entrusted with a Community Based Composite Targeted Intervention Project under the aegis of Chandigarh State AIDS Control Society wherein a Drop-in-center (DIC) has been established. Drop-in Centre (DIC) is a crucial service facility improvised to deliver quality services to High-Risk Groups. It emphasizes addressing immediate needs and requirements of the HRGs such as counseling, referral, and follow-up services for HIV and STI screening, strengthening linkages between HRGs and the service providers, commodity distribution, offering a platform to HRGs for self-expression and empowerment, enabling environment, and to protect and promote their rights.

The Drop-in center aims at providing counseling, and psychosocial support in terms of group meetings and avail social security schemes. The center will also link PLHIV with care and support service providers, with government schemes and assist them in coping with issues. Experience has shown that in order to mobilize community support, advocacy among High-Risk Groups (HRGs) and Persons Living With HIV AIDS (PLWHAs) is required for creating an enabling environment. DIC offers a safe and secured environment for HRGs and PLWHAs to rest, recreate by engaging in different activities, discuss coping mechanisms, develop a strong bond, identify different ways to mainstream life and livelihood, and overcome the stigma attached to HIV/AIDS.







# **SAMTA NYAY KENDRA**





## Samta Nyay Kendra:

SAMTA NYAY KENDRA (Free legal aid clinic) was established at the office of APSWDP Composite Targeted Intervention Project at New Indira Colony, Manimajra, Chandigarh on 19th September 2021 jointly by the District Legal Services Authority (DLSA) and Chandigarh State AIDS Control Society. The inauguration was done by Hon'ble Justice Jaswant Singh, Punjab and Haryana High Court, Chandigarh, and Chairman, State Legal Services Authority (SLSA), Chandigarh. This free legal aid clinic is first in North India and fifth in the country aims to provide counseling and help to the third gender to redress their grievances. Also, it will render services such as legal awareness training, linkages, and capacity building services and would function on Wednesday and Saturday.



The joint objectives of the Drop-In Center (DIC) and SAMTA NYAY Kendra are as follows:

- 1) To promote positive living among HRGs and improve the quality of life of the infected.
- 2) To build the capacity and skills of HRGs to cope with the infection
- 3) To create an enabling environment for the HRGs
- 4) To establish linkages of HRGs with PLWHAs Networks, with the existing health services, NGOs, CBOs and
- 5) Other social security, welfare, and development programs.
- 6) To protect and promote the rights of the infected.
- 7) To provide free legal counseling, support and other NLSA Scheme benefits to Transgenders





# **PROJECT PROGRESS REPORT**





**TABLE-1: BRIEF DETAILS OF THE PROJECT**

|                                       |  |
|---------------------------------------|--|
| Project Area                          | Indira Colony, Bapudham Colony, Subhash Nagar, IT Park, Sector 7, 17, 18, 19, 20, 21, 22, Kishangarh and Kaimbwala |
| Sanctioned Population                 | MSM-300, FSWs-300, TGs-100   |
| Typology                              | FSW, MSM & TG  |
| Name of the Implementing Organization | Association of Professional Social Workers and Development Practitioners (APSWDP)                                  |
| Project Office Address                | #232, Old Ropar Road, Manimajra, Sector-13, Chandigarh   |
| Corporate Office Address              | #782/15, Khalsa Market, Opp. Community Center Manimajra Sector 13, Chandigarh                                      |
| Phone Number                          | 01722913430  |
| E-Mail                                | apswdp.ti@gmail.com  |
| Name of Project Director              | Smt. Rekha Trivedi   |
| Contact Details                       | 9876098722   |

**TABLE-2: DETAILS OF PARTNER NGOS OF CHANDIGARH STATE AIDS CONTROL SOCIETY IMPLEMENTING TI PROJECTS**

| #  | NAME               | ADDRESS   | DESIGNATION        | CONTACT NO. |
|----|--------------------|---|--------------------|-------------|
| 1. | Mr. Narender Kumar | # Vill. Kainan Post office Morni Hills Pkl Haryana              | Project Manager    | 9588729022  |
| 2. | Mr. Laxman         | # 341 Sector- 21-A Chandigarh                                   | MEA-cum-Accountant | 9779310132  |
| 3. | Ms. Jasvir Kaur    | #224, W.No.3, Kurali, Kurali S.A.S Nagar (Mohali) Punjab 140103 | Counsellor         | 7888440585  |
| 4. | Mr. Pardeep        | #2331 New Indira Colony M.Majra Chandigarh                      | O.R.W              | 7717307642  |
| 5. | Ms. Punita Jaiswal | #79, Vill Maheshpur, Sec 21, PKL                                | O.R.W              | 9056470620  |
| 6. | Ms. Sonia Duggal   | #1717, Ramdarbar, Phase 2, Chandigarh                           | O.R.W              | 6280267086  |

**TABLE-3: ORW WISE PEER LIST**

| #  | NAME OF ORW           | PEER EDUCATOR WISE LIST |                  |           |         |        |
|----|-----------------------|-------------------------|------------------|-----------|---------|--------|
|    |                       | 1                       | 2                | 3         | 4       | 5      |
| 1. | Mr. Pardeep           | Shubham                 | Subhash          | Deepak    | Raju    | Satish |
| 2. | Ms. Punita<br>Jaiswal | Priyanka                | Surinder<br>Kaur | Sashibala | Deepika | Babita |
| 3. | Ms. Sonia<br>Duggal   | Vijayta                 | Serishiti        | -NA-      | -NA-    | -NA-   |

**TABLE-4: MIS**

| #  | FORM     | NAME OF THE FORM                |
|----|----------|---------------------------------|
| 1  | FORM-A   | HRG REGISTRATION FORM           |
| 2  | FORM-C   | INDIVIDUAL HRG COMPILE SHEET    |
| 3  | FORM-C 1 | MONTHLY SUMMARY                 |
| 4  | FORM-D   | ORW WEEKLY REPORT               |
| 5  | FORM-E   | HRG MASTER REGISTER             |
| 6  | FORM-F   | NETWORK CLINIC REGISTER         |
| 7  | FORM-FF  | CLINIC DAILY SUMMARY SHEET      |
| 8  | FORM-G   | MEDICINE STOCK REGISTER         |
| 9  | FORM-H   | REFERRAL SLIPS/ REGISTER        |
| 10 | FORM-I   | COUNSELLING REGISTER            |
| 11 | FORM-L   | TRAINING REGISTER               |
| 12 | FORM-M   | DIC REGISTER                    |
| 13 | FORM-N   | COMMODITY STOCK REGISTER        |
| 14 | FORM-O   | MOVEMENT REGISTER               |
| 15 | FORM-P   | COMMUNITY MOBILIZATION ACTIVITY |
| 16 | FORM-K   | CRISIS MANAGEMENT REGISTER      |

**MANUAL RECORDS:**

1. GROUP MEETING REGISTER
2. LEAVE REGISTER
3. VISITOR REGISTER



**TABLE-5: EXECUTIVE SUMMARY OF THE PROJECT**

|                          |               |
|--------------------------|---------------|
| <b>Target Population</b> | <b>700</b>    |
| Typology                 | FSW/ MSM/ TG  |
| Typology Wise Target     | 300/ 300/ 100 |
| Achievement              | 310/ 311/ 134 |

**1. FSWs**

|                             |      |
|-----------------------------|------|
| One to One Contact          | 3645 |
| Regular Contact             | 3276 |
| Condom used during last sex | 3537 |

**2. Men having Sex with Men**

|                             |      |
|-----------------------------|------|
| One to One Contact          | 3631 |
| Regular Contact             | 3138 |
| Condom used during last sex | 3511 |

**3. Transgender**

|                             |      |
|-----------------------------|------|
| One to One Contact          | 1483 |
| Regular Contact             | 1283 |
| Condom used during last sex | 1433 |

| <b>Particulars</b>                         | <b>Total</b> |
|--|--------------|
| Total number of Counseling                 | 1600         |
| Total number of Demand Generation Meeting  | 60           |
| Total number of STIs/RTIs patients treated | 38           |
| Total number of Advocacies                 | 5            |
| Total number of DIC Level Meeting          | 66           |
| Total number of ICTC referrals             | 1993         |
| Total HIV Tested Actual                    | 1436         |
| Total Condoms Distributed                  | 536811       |
| CSM Condoms sold                           | 6190         |

**TABLE-6: ONE TO ONE COUNSELLING (FSW)**

| <b>Month</b> | <b>No of HRG Registered</b> | <b>Drop Out</b> | <b>New Identified</b> |
|--------------|-----------------------------|-----------------|-----------------------|
| April-22     | 963                         | 10              | 3                     |
| May-22       | 967                         | 16              | 4                     |
| June-22      | 968                         | 26              | 1                     |
| July-22      | 973                         | 11              | 5                     |
| Aug-22       | 979                         | 5               | 6                     |
| Sep-22       | 986                         | 24              | 7                     |
| Oct-22       | 989                         | 0               | 3                     |
| Nov-22       | 993                         | 0               | 4                     |
| Dec-22       | 998                         | 0               | 5                     |
| Jan-23       | 1004                        | 14              | 6                     |
| Feb-23       | 1011                        | 0               | 7                     |
| Mar-23       | 1020                        | 0               | 9                     |
| <b>Total</b> | <b>11851</b>                | <b>106</b>      | <b>60</b>             |

**TABLE-7: ONE TO ONE COUNSELLING (MSM)**

| <b>Month</b> | <b>No of HRG Registered</b> | <b>Drop Out</b> | <b>New Identified</b> |
|--------------|-----------------------------|-----------------|-----------------------|
| April-22     | 989                         | 11              | 5                     |
| May-22       | 994                         | 18              | 5                     |
| June-22      | 996                         | 38              | 2                     |
| July-22      | 999                         | 68              | 3                     |
| Aug-22       | 1003                        | 22              | 4                     |
| Sep-22       | 1007                        | 6               | 4                     |
| Oct-22       | 1010                        | 4               | 3                     |
| Nov-22       | 1017                        | 0               | 7                     |
| Dec-22       | 1019                        | 0               | 2                     |
| Jan-23       | 1025                        | 1               | 6                     |
| Feb-23       | 1029                        | 0               | 4                     |
| Mar-23       | 1038                        | 0               | 9                     |
| <b>Total</b> | <b>12126</b>                | <b>168</b>      | <b>54</b>             |

**TABLE-8: ONE TO ONE COUNSELLING (TG)**

| Month        | No of HRG Registered | Drop Out  | New Identified |
|--------------|----------------------|-----------|----------------|
| April-22     | 232                  | 1         | 2              |
| May-22       | 234                  | 1         | 2              |
| June-22      | 235                  | 1         | 1              |
| July-22      | 237                  | 2         | 2              |
| Aug-22       | 239                  | 0         | 2              |
| Sep-22       | 241                  | 6         | 2              |
| Oct-22       | 243                  | 0         | 2              |
| Nov-22       | 245                  | 0         | 2              |
| Dec-22       | 247                  | 0         | 2              |
| Jan-23       | 250                  | 3         | 3              |
| Feb-23       | 252                  | 0         | 2              |
| Mar-23       | 254                  | 0         | 2              |
| <b>TOTAL</b> | <b>2909</b>          | <b>14</b> | <b>24</b>      |

**TABLE-9: DEMAND GENERATION ACTIVITIES**

| Month        | Total No. | Total Participants |
|--------------|-----------|--------------------|
| April-22     | 5         | 49                 |
| May-22       | 5         | 53                 |
| June-22      | 5         | 56                 |
| July-22      | 5         | 65                 |
| Aug-22       | 5         | 51                 |
| Sep-22       | 5         | 53                 |
| Oct-22       | 5         | 50                 |
| Nov-22       | 5         | 56                 |
| Dec-22       | 5         | 55                 |
| Jan-23       | 5         | 49                 |
| Feb-23       | 5         | 53                 |
| Mar-23       | 5         | 52                 |
| <b>TOTAL</b> | <b>60</b> | <b>642</b>         |

**TABLE-10: DIC MEETINGS**

| Month        | No. of DIC Meeting organized | Participants |
|--------------|------------------------------|--------------|
| April-22     | 5                            | 54           |
| May-22       | 6                            | 62           |
| June-22      | 6                            | 60           |
| July-22      | 5                            | 53           |
| Aug-22       | 6                            | 65           |
| Sep-22       | 6                            | 61           |
| Oct-22       | 5                            | 52           |
| Nov-22       | 6                            | 64           |
| Dec-22       | 5                            | 55           |
| Jan-23       | 6                            | 65           |
| Feb-23       | 5                            | 55           |
| Mar-23       | 5                            | 57           |
| <b>TOTAL</b> | <b>66</b>                    | <b>703</b>   |

**COUNSELLING SERVICES:**

FSWs were provided counseling services regarding the risks of unsafe/unprotected sex and incidence of diseases like STDs and danger of HIV infection. The advantages of usage of safety measures during the sexual activity were emphasized. Counseling services were provided to the FSWs not only in the Project Office/Counseling Center but also wherever suitably required by the target group in the field.

Since 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023 no. of counseling sessions provided by Counselor/ANM were as below:

**TABLE-11: COUNSELING**

| MONTH        | COUNSELING<br>(FSW+MSM+TG) | TOTAL       |
|--------------|----------------------------|-------------|
| April-22     | 51+49+21                   | 121         |
| May-22       | 51+50+24                   | 125         |
| June-22      | 49+38+27                   | 114         |
| July-22      | 46+46+33                   | 128         |
| Aug-22       | 47+48+29                   | 124         |
| Sep-22       | 47+42+27                   | 116         |
| Oct-22       | 51+50+37                   | 138         |
| Nov-22       | 55+59+36                   | 150         |
| Dec-22       | 58+58+32                   | 148         |
| Jan-23       | 53+51+40                   | 144         |
| Feb-23       | 54+57+35                   | 146         |
| Mar-23       | 57+58+31                   | 146         |
| <b>TOTAL</b> | <b>619+609+372</b>         | <b>1600</b> |

**STI TREATMENT:**

In case of Sexually Transmitted Infection, risk of HIV transmission is ten

**TABLE-12: CLINIC VISIT**

| Month        | Symptomatic | Presumptive | R.M.C       |
|--------------|-------------|-------------|-------------|
| April-22     | 6           | 7           | 263         |
| May-22       | 4           | 10          | 246         |
| June-22      | 5           | 2           | 221         |
| July-22      | 4           | 8           | 263         |
| Aug-22       | 3           | 9           | 244         |
| Sep-22       | 3           | 10          | 230         |
| Oct-22       | 2           | 6           | 243         |
| Nov-22       | 5           | 8           | 241         |
| Dec-22       | 1           | 8           | 233         |
| Jan-23       | 2           | 13          | 254         |
| Feb-23       | 2           | 11          | 226         |
| Mar-23       | 1           | 19          | 260         |
| <b>Total</b> | <b>38</b>   | <b>111</b>  | <b>2924</b> |

**TABLE-13: HIV & VDRL TESTING**

| Month        | FSW            | MSM            | TG             | Total            |
|--------------|----------------|----------------|----------------|------------------|
| April-22     | 65/65          | 68/68          | 13/13          | 146/146          |
| May-22       | 51/51          | 47/47          | 11/11          | 109/109          |
| June-22      | 47/47          | 36/36          | 30/30          | 113/113          |
| July-22      | 50/51          | 43/44          | 21/23          | 114/118          |
| Aug-22       | 53/53          | 36/41          | 16/17          | 105/111          |
| Sep-22       | 66/66          | 54/54          | 33/33          | 153/153          |
| Oct-22       | 39/39          | 46/46          | 15/16          | 100/101          |
| Nov-22       | 49/49          | 27/29          | 12/14          | 88/92            |
| Dec-22       | 47/47          | 58/58          | 28/28          | 133/133          |
| Jan-23       | 47/48          | 40/41          | 22/24          | 109/112          |
| Feb-23       | 49/49          | 50/55          | 18/19          | 117/123          |
| Mar-23       | 59/59          | 55/55          | 35/35          | 149/149          |
| <b>TOTAL</b> | <b>622/624</b> | <b>560/574</b> | <b>254/263</b> | <b>1436/1461</b> |

**CONDOM DEPOT HOLDERS:**

13 Condom Depots have been established at different places of project area for easy availability of condoms to the targeted population.

**TABLE-14: CONDOM DISTRIBUTION**

| <b>Months</b> | <b>Free Supply</b> | <b>Social Marketing</b> |
|---------------|--------------------|-------------------------|
| April-22      | 29702              | 400                     |
| May-22        | 30220              | 290                     |
| June-22       | 28434              | 550                     |
| July-22       | 23912              | 650                     |
| Aug-22        | 22337              | 650                     |
| Sep-22        | 21143              | 800                     |
| Oct-22        | 20992              | 600                     |
| Nov-22        | 20549              | 250                     |
| Dec-22        | 21292              | 500                     |
| Jan-23        | 20423              | 500                     |
| Feb-23        | 20649              | 500                     |
| Mar-23        | 20566              | 500                     |
| <b>TOTAL</b>  | <b>536811</b>      | <b>6190</b>             |

**TABLE-15: TRAINING DETAILS**

| Month/<br>Year | Duration | Total<br>Participants | Training<br>Venue  | Training             | Organizer      |
|----------------|----------|-----------------------|--|----------------------|----------------|
| May 2022       | 2 Day    | 02                    | Hotel Sky<br>Residency<br>Sarangpur<br>Chandigarh                              | STI                  | CSACS          |
| June 2022      | 1 Day    | 07                    | Hotel Park<br>View<br>Chandigarh   | STI/RTI              | CSACS          |
| July 2022      | 2 Day    | 02                    | Mahatma<br>Gandhi State<br>Institute of<br>Public<br>Administration,<br>Punjab | SOCH<br>LMS          | CSACS          |
| September 2022 | 1 Days   | 12                    | In TI Office<br>#232 Day<br>Verma Care<br>Center M.<br>Majra                   | Peer<br>Educator     | CTIP           |
| February 2023  | 4 Day    | 01                    | Hotel Park<br>View<br>Chandigarh   | Master<br>Trainer    | SPYM           |
| February 2023  | 5 Day    | 03                    | Hotel Park<br>View<br>Chandigarh   | Capacity<br>Building | CSACS/<br>SPYM |
| March 2023     | 3 Day    | 08                    | Lala Lajpat Rai<br>Bhawan<br>Chandigarh  | Capacity<br>Building | CSACS/<br>SPYM |

**OTHER COMPONENTS:****BEHAVIOUR CHANGE COMMUNICATION:**

Around 619+609+372 FSWs, MSM & TG were identified for BCC of the TI project and 700 were counseled to practice safe sex and promote positive health seeking behavior. One to one and Group Meetings were arranged for this group to bring about a positive change in their behavior. To bring desirable change in the FSWs, &MSM BCC was done in five stages: -

- (1) Information
- (2) Correct knowledge about HIV/AIDS and STIs

- (3) Self motivation of clients
- (4) Practicing behavior change
- (5) Sustainability

Several methods were used to make Behavior Change like One to One Contacts, Group Meetings, DIC level Meetings, Advocacy Meetings and Community Events, etc.

#### **STRATEGIES:**

- One to one contact with FSWs & MSM to educate them on HIV/AIDS and work as a catalytic agent till desirable changes do not occur.
- Develop a need of using condom, condom demonstration and easy availability with STI treatment and HIV testing services.
- Develop new IEC material and use it effectively among FSWs& MSM.
- Monitoring of services provided to FSWs& MSM their sustainability and follow up.

#### **CONDOM PROMOTION:**

Promotion of correct and consistent use of condoms was another thrust area of the project. Condom is one of the safest methods used for prevention and control of spreading HIV and STIs. Myths regarding use of condoms were identified among the target population and which are common among all the groups of community:

- It is only used by the persons who have STI
- Using condom is not pleasurable
- It decreases sexual stamina



### **CONDOM DEPOT HOLDERS:**

During the project period 31 Condom Depots Holders were established. The access to condoms was supported by BCC through NGO STI clinic, depot holders, peer educators and field staff and more than 42264 free supply condoms.

### **FORMATION OF SELF-HELP GROUPS:**

The long-term objective of TI project is to help the targeted population in mainstreaming. Income generation program therefore was one of the prime action plans to bring them into substitute income generating activities. Three Self Help Groups of FSWs, MSM & TGs were formed under the project. One Group is “Sanjh Group” “Sakhi Group” the Groups are running very successfully. These self-help groups are helpful in empowering the FSWs and TGs. The formal process is under consideration.

### **GIPA (Greater Involvement of People Living with AIDS):**

TI project has extended services to PLHAs by reaching them with rigorous information dissemination. The project team involved 17 PLHIVs (Active registered) who have undertaken number of support group meetings with FSWs, MSM & TGs where discussions were held on various measures of STIs, Problems of HIV+ clients, Stigma and discrimination, including condom demonstration. Sometimes the community people were encouraged to conduct sessions so that the meeting becomes more interactive. All the cases are regularly tested and are maintaining CD4 count except one who is on ART. From time to time they are involved in group meetings under GIPA. Also, they were provided with ration.

The project did not encounter any crisis during the said financial year.

**HOTSPOT MEETINGS:**

Hotspot meetings were effective means of spreading information and empowering HRGs regarding various facets of HIV/AIDS. During April 2022 to March 2023, a total of 144 outreach programs (Group Meetings) were conducted to interact, discuss, counsel and for various intervention with the HRGs. The main topics of discussion were:

1. Importance of knowing one's HIV status;
2. HIV/AIDS awareness and condom usage;
3. Negotiations with clients for condom use and usage;
4. Risk assessment and risk reduction;
5. Behaviour change
6. General Medical Check-up
7. Regarding Self-help Group
8. Sponshership Scheme
9. Education for HRGs Child

**CONCLUSION:**

1. This project with all the stipulated services, with a specific focus on high risk groups namely FSWs, MSM, & TGs was started on 1<sup>st</sup> April, 2022. The sites covered under the project were areas like Indira Colony /Old Indiarara, Subhash Nagar, Bapudham Colony, Kishangarh, IT Park and Kaimbwala; Urban sectors like Sector-21,22, 17, 19, 20, 18, and TGs all over Chandigarh.
2. The project succeeded by providing services to the potential Key Population/ High Risk Groups (HRGs) (as per the target allocated) that were identified during the mapping study conducted prior to this project.



# **PROGRAMS & EVENTS**





## COMMUNITY EVENT-1

**Capacity Building and Training Programme for Marginalized and Vulnerable Community and Launch of SHG 'Saanjh' for the Sexual Minorities on 20th August 2022 at Gurdwara, Indira Colony, Sector-13, Chandigarh.**



In order to celebrate 75 years of Independence with the theme 'Ek Bharat, Shresht Bharat', APSWDP under the ambit of Chandigarh State AIDS Control Society(CSACS) organizing a Community Event for the vulnerable and marginalized groups of sexual minorities who are at the brink of confronting some health related challenges including HIV/AIDS, STIs/STDs/ Venereal Diseases, and other socio-legal challenges.

APSWDP in order to provide them with dignified life have introduced the concept of Self-Help Groups (SHGs) among the registered HRGs with the Composite Targeted Intervention Project. SHGs are informal groups of people who come together to address their common problems. While SHGs might imply a focus on the individual, one important characteristic of SHGs is the idea of mutual support and having people help each other. These groups can serve many purposes depending on the situation and the need. For instance, within the development sector, SHGs have been used as an effective strategy for poverty alleviation, human development, and social empowerment and are often focused on microcredit programs and income-generating activities.

APSWDP has been very thoughtful in conceiving the notion of introducing SHGs for the HRGs for the last couple of months. In order to prepare these HRGs, trainings were organized at the Regional Institute of Cooperative Management (RICM), Chandigarh. It is expected that these SHGs are likely to have a good future connection with cooperatives such as the Regional Institute of Cooperative Management (RICM), the National Urban Livelihood Mission (NULM), and the National Bank for Agriculture and Rural Development (NABARD).

During the Community Event, APSWDP also launched its first SHG with the name 'Saanjh' which connotes togetherness amongst the HRG community and shall motivate them to work more for achieving triumph.



The programme introduction was given by Sh. Narender Kumar, Project Manager, CTIP, APSWDP. He mentioned the aims and objectives of this community event which has been organized on the eve of celebrating 75 years of Independence – 'Azadi Ka Amrit Mahotsav'. The High Risk Groups (HRGs) should also know the relevance of this very significant Day and should engage themselves into social causes with patriotic spirit, he added. Dr. Sumit Arora, President, APSWDP shared about various activities that are planned for supporting the High Risk Groups (HRGs) under the Composite Targeted Intervention Project with directions from the Project Director. Dr. Arora mentioned other initiatives that the Association has taken for the welfare of HRGs such as formation of Self Help Groups within the HRG community for livelihood generation and to accord a decent and a healthy way of life.

Smt. Rekha Trivedi, Secretary General-cum-Project Director, Composite Targeted Intervention Project (CTIP) being implemented by APSWDP presided over and mentioned regarding these initiatives taken by APSWDP to Empower the Sexual Minorities i.e., through livelihood generation.

Sh. Sandeep Mittal, Deputy Director Targeted Interventions, CSACS and the Chief Guest during the event while addressing the audience mentioned regarding the Composite Targeted Intervention Project (CTIP) which is aimed at benefitting the High-Risk Groups (HRGs) and also for creating a welfare state for all those who are in dire need. While addressing the Community gathering of HRGs emphasized the importance of Self Help Groups (SHGs) that can provide them with decent work and livelihood. Sh. Mittal also talked about the psycho-social and health-related issues and challenges that most of the HRGs are at risk. Therefore, it is the need of the hour to shift to alternative means of livelihood which will reduce their risks of contracting HIV/STIs, etc. Sh. Mittal, also congratulated APSWDP for initiating this idea of creating SHGs of HRGs registered with their project and gave his good wishes for all future endeavours.

The esteemed guest Sh. Yogesh Sharma talked about the Targeted Intervention Projects and the benefits that are given to the HRGs registered with the project. He also mentioned that the Outreach and Peer educators during the field-level interventions discuss the various aspects of HIV/AIDS and STIs which is very crucial for all the HRG community since they are on the brink of contracting infections.



The esteemed guest Sh. Gautam Bhardwaj, Advocate, State Legal Services Authority, Chandigarh while addressing the community gathering mentioned various legal services that are offered to the marginalized and vulnerable sections of society which are absolutely free of cost including their family members. Sh. Bhardwaj talked about the Samta Nyay Kendra, which is a Legal Aid Clinic for the Transgender community in Chandigarh. However, the State Legal Services Authority also provides benefits like old age pension, widow pension, etc.

While addressing, he mentioned various awareness generation activities conducted by SLSA for the school dropout children who are willing to get an education, but due to family circumstances are not able to continue with their education. Sh. Bhardwaj ensured that SLSA is always ready to accord its services to all those in need. He also congratulated APSWDP for initiating Self Help Groups for the vulnerable and marginalized section of society.

### **Release of Annual Report of CTI Project:**

During the community event, an Annual Report of the Composite Targeted Intervention Project (CTIP) being implemented by APSWDP was released by Sh. Sandeep Mittal. The report comprises all the activities that were undertaken by the CTI Project during f/y 2021-22. The report was much appreciated by Sh. Sandeep Mittal, Sh. Yogesh Sharma and Sh. Gautam Bhardwaj.

### **Launch of Self Help Group 'Saanjh':**

During the community event, the first SHG for the FSW community was launched by Smt. Rekha Trivedi, Secretary General-cum-Project Director, CTI Project and Sh. Sandeep Mittal, Deputy Director-TI, CSACS. The group of women beneficiaries was also invited during the event to share their views and raise their concerns regarding the formation of SHGs.

### **MY STORY TELLING**

The programme concluded by last session titled 'My Story Telling' taken up by Dr. Sumit Arora wherein the HRGs were motivated to share their story and the challenges faced by them. A Few HRGs volunteered and came forward to share their story.

## COMMUNITY EVENT-2

### Community Health and Development Camp for Capacity Building and Empowerment of High Risk Groups (HRGs) with Stakeholders on 28 February, 2023 at Manimajra, Sector-13, Chandigarh.



A Community Health and Development Camp–cum-Health Check-up camp was organized by APSWDP- CTIP at Community Park, Near Community Centre, New Indira Colony, Sector-13, Manimajra, Chandigarh on 28 February 2023 to commemorate International Women's Day.

#### Community Development Camp:

During the event, 55 HRGs (33 FSWs and 22 MSM) marked their presence. Sh. Narender Kumar, Project Manager, started the event and shared the background of this event which marks the International Women's Day. He also discussed regarding the significance of HIV testing and Syphilis screening for all the registered HRGs. Moreover, he also talked about Regular Medical Check-up which is offered free of cost to all the HRGs registered with this project. He also referred to Health Check-up camp which shall be accessible to HRGs after the conclusion of this event.

Smt. Punita Jaiswal and Sh. Pardeep Kumar, Outreach workers for the project, shared about the challenges faced by them during HIV and RMC testing which curtail the overall progress of the project. Also, both of them discussed regarding the consistent use of condoms. For MSM, Sh. Kumar referred to the usage of lubes that are also provided free of cost through this project.

Smt. Jasvir Kaur, Counsellor, mentioned regarding the importance of counselling for all HRGs as well as their index partners. She also talked about the STIs/RTIs cases among HRGs that are either due to non-usage of condoms or due to bad personal hygiene. Lastly, She mentioned the DIC services that are offered free to all HRGs, and they can visit the office for availing it.



## Health Check-up Camp:

After the event was concluded, Health Check-up camp was started wherein 87 walk-in patients (31 males and 53 females and 3 children) accessed the services including HRGs, their immediate family members and partners.



The free health check-up camp was organized with the following aims and objectives:

1. To commemorate the International Women's Day 2023;
2. To administer health assessment and spread health awareness; and
3. To provide health counselling.

In the health check-up camp, proper medical treatment of the people of New Indira Colony and nearby area was done and remedial measures were provided, all free of cost, including the basic medicines required for an early recovery. The walk-in patients were also counselled regarding the health problems and associated factors.

Similarly, a Blood Pressure (BP) check was performed on every walk-inpatient. Both the doctors associated with the CTIP-APSWDP namely Dr. Devender Singh Verma and Dr. Geeta Verma attended the patients with health issues and provided an appropriate solution to curb it. Few among them were referred to the respective medical practitioners under referral mechanism for getting the remedial measures, keeping in view of the concerns and queries raised by them. Majority of the people were suffering from general ailments such as seasonal cough, chronic back pain, swelling, watery eyes and high/low B.P., etc.

The entire staff of APSWDP-CTIP was present during the free health check-up camp.



## COMMUNITY EVENT-3

### Community Awareness Generation and Sensitization Programme and Swachhta Ki Holi.

**Celebrating World Social Work and International Women's Day -2023 among the sexual minorities and their Capacity Building Programme on 7 March 2023 at Sky Hotel, Manimajra, Sector-13, Chandigarh.**



Sh. Narender Kumar, Project Manager, CTIP-APSWDP welcomed Smt. Rekha Trivedi, Secretary General, APSWDP cum Project Director, CTIP during the Community Awareness Generation and Sensitization Programme. He also greeted Sh. Karamveer Singh, Chief Executive Officer (Hon.), APSWDP and the Chief Guest for the event. Besides, he also exchanged his greetings with all the key speakers, namely Sh. Akash Yadav, Advocate, Punjab and Haryana High Court; Mx. Kajal Mangalmukhi, TG/ Hijra Rights Activist; and Sh. Balbir Singh, Assistant Community Organizer, DAY-NULM, Municipal Corporation Chandigarh during the event.

Sh. Narender Kumar highlighting the aims and objectives behind organizing this 'Community Awareness Generation and Sensitization Programme' on the eve of celebrating 'International Women's Day' and 'World Social Work Day 2023', he stated that International Women's Day is an occasion to celebrate the progress made towards achieving gender equality and women's empowerment but also to critically reflect on those accomplishments and strive for a greater momentum towards gender equality worldwide. Similarly, World Social Work Day is the key day in the year that social workers worldwide stand together to advance their messages for the community and society. While coinciding the event, he mentioned that through this Composite Targeted Intervention Project on FSWs, MSM and TGs, the focus is to enable HRGs registered with this project by empowering them through education and skill development. The CTIP-APSWDP has already formed Self Help Groups for FSWs and TGs which shall be formalized in due course, he added.

Also, he cited about the theme 'Swacchta Ki Holi' which intends to focus on celebrating and eco-friendly, healthy and garbage free holi. The entire country has engaged them in Swachh Bharat Mission, which aims at making the surroundings clean and green. Hence, the theme in itself gives a very clear message to carry forward this momentum.



Smt. Rekha Trivedi, Secretary General, APSWDP cum Project Director, CTIP while in her address talked about various milestones that have been achieved in the past which is a positive step in making the society HIV free and to enable People Living with HIV/AIDS to live a health and positive life. She also talked about the various services that are provided to HRGs free of cost under this project, which have enabled HRGs to lead a health and disease free lifestyle. Besides, the project has also focused on establishing linkages of HRGs with various social welfare schemes for their betterment.

While referring to the past achievements made by the project, she talked about the skill development, and livelihood opportunities being created under this project which aims at reducing the risk of HRGs. Furthermore, the project is also emphasizing on training and learning through education, which is a reformative step. She mentioned that Sh. Pardeep Kumar, Outreach Worker (MSM typology) has been enrolled to Matriculate through National School of Open Learning.

She also cited the services being offered to TGs under Samta Nyay Kendra through State Legal Service Authority. The office of CTIP-APSWDP in consonance with SLSA has been jointly working to address different concerns raised by TGs through legal channel.

While concluding, Smt. Rekha Trivedi ensured that all HRGs registered with this project should avail free services being accorded under this project. Also, she highlighted the fact that the project shall have more opportunities for the HRGs in near future who are firm in reducing their risk behaviour.



### Session-1: Rights of Women and TGs

Sh. Akash Yadav, Advocate, Punjab and Haryana High Court mentioned that the Constitution of India recognizes the principle of gender equality in its Preamble, Fundamental Rights, and under the Directive Principles of State Policy. One of the most significant provisions in the Indian Constitution is Article 15(3) which empowers the State to adopt measures of positive discrimination in favour of women. He mentioned that since the project is dealing with Female Sex Workers who lives on the edge of marginality are the most vulnerable to violence. For instance, the majority of the FSWs are facing challenges in terms of low or no financial support through their spouse or family. Moreover, their vulnerability in terms of HIV and STIs is also very high, which makes them prone to acquiring diseases. Several cases of domestic violence have been registered throughout the country and the graph also depicts the range of heinous crimes against women either through their spouse or intimate partner. While concluding his session, Sh. Akash Yadav ensured all kinds of support through legal channel and congratulated CTIP-APSWDP for their remarkable initiatives.

### Session-2: Issues and challenges faced by Hijra and TG community

Mx. Kajal Mangalmukhi, a well renowned Hijra/ TG activist talked about the right of Hijra and Transgender Community. She mentioned that most of the Hijra and Transgender are still not able to avail benefits that have been accorded by the Government. It is due to the lack of information and understanding regarding the identity problems faced by Transgenders and the Hijaras. Most of the society members still view them as if they are alien and comes from a different planet.

While talking about the rights, she mentioned that this community doesn't even have a proper place to live and opportunities to earn their livelihoods. The reason being they are marginalized and less educated; it is very difficult for them to live a decent life. She also acknowledged that due to lack of financial support, majority of them are into begging, and also into sex work which makes them more and more vulnerable in terms of contracting HIV/AIDS and STIs. Besides, a few are also taking psychotropic substances including alcohol to reduce their stress.



Mx. Kajal Managalmukhi mentioned the support being given to the TG and Hijra community by CTIP-APSWDP in terms of organizing various community events and health camps is motivating and an exemplary initiative. Such community gathering is one good way to meet and to reduce the barriers that the community has built amongst themselves. This also gives us an opportunity to share our problems faced through different channels. She congratulated the entire team of CTIP-APSWDP and the Secretary General- cum-Project Director for her never ending support.

### **Session-3: Formation of Self Help Group**

Sh. Balbir Singh, Assistant Community Organizer, DAY-NULM, MC Chandigarh discussed benefits of forming a Self Help Group (SHG) and loan facility that is available to the group members. He mentioned that SHGs plays a great role in empowering women who are from economically weaker sections of society by providing financial independence through self-employment opportunities.

While defining Self Help Groups (SHGs), he mentioned that these are small groups of poor people and the members of an SHG face similar problems, hence they help each other to solve their problems. SHGs promote small savings amongst their members that are kept with the bank. This is the common fund in the name of the SHG that gives small loans to its members from its common fund. SHG is an informal group and registration under any Societies Act, State cooperative Act or a partnership firm is not mandatory vide Circular RPCD. No. Plan BC.13/PL -09.22/90- 91 dated July 24th, 1991, he added.

He cited the following advantages of forming a Self Help Group:

1. Making women financially independent.
2. Borrowing loans from each other without any collateral.
3. Loans are provided at a low rate.
4. Building a block of organization of women.



# **PICTURE GALLERY**











## Capacity Building and Training Programme



## Blanket Distribution to CTI Project Beneficiaries



### Celebrating Swachhta Ki Holi with target community



## Participation of Project Staff in AIDSCON-2023



**CTIP Programme Staff in action during various field outreach events.**



**CTIP Programme Staff in action during various field outreach events.**

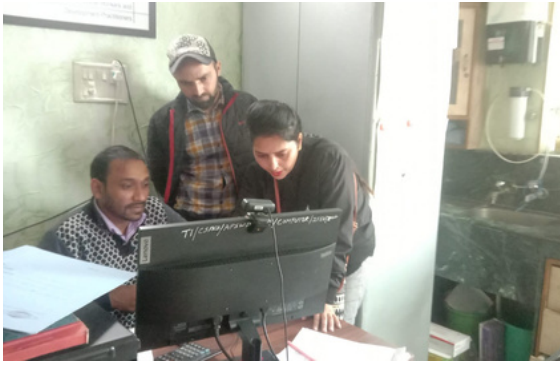


**Project CTIP Programme Staff in action during various field outreach events and meeting.**





**Project CTIP Programme Staff in action during various DIC Level meetings.**



**Project CTIP Programme Staff in action during various monitoring and handholding meetings.**



**Project CTIP Programme Staff in action during various monitoring and handholding meetings.**



Project staff in Community Health Camp



**Project staff in various Training Workshops**



## Community Development and Awareness Camp



## Capacity Building and Training Programme with RICM Chandigarh



## Advocacy Meetings with various Stakeholders





**Group Pictures with CSACS Authorities and NGO Representatives**



## APSWDP PROJECT MONITORING COMMITTEE (PMC) COMPOSITE TARGETED INTERVENTION (CTI) PROJECT - HIV/AIDS

*A community-level targeted intervention project that aims to address the issues, challenges, and handholding of High-Risk Groups (HRGs) for their Health & Well Being and Socio-economic empowerment under the ambit of UN- SDG*

Management and  
Administration



**Dr. Sumit Arora**  
President, APSWDP



**Sharad Singh**  
Vice-President, APSWDP



**Rekha Trivedi**  
Project Director, CTI -cum-  
Secretary General, APSWDP



**Amitoz Dogra**  
Treasurer, APSWDP

Hon. Expert Members



**Dr. Priyanka Khanna Kaushik**  
HIV/AIDS



**Dr. Shet Masih**  
HIV/AIDS



**Dr. Geetika Malhotra**  
Community Outreach



**Mx. Kajal Mangal Mukhi**  
Gender and Community Outreach

Hon. Legal Advisors



**Gautam Bhardwaj**  
Advocate



**Akash Yadav**  
Advocate



**Jitender Lohia**  
Advocate



**Dr. Radhika Dev Varma**  
Advocate

**Association of Professional Social Workers and Development Practitioners (APSWDP)**

*In Special Consultative Status with Economic and Social Council of the United Nations since 2019*



APSWDP SUPPORT SDG'S

**“HIV does not make people dangerous to know, so you can shake their hands and give them a hug: Heaven knows they need it.” – Princess Diana.**



## **Association of Professional Social Workers and Development Practitioners (APSWDP)**

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