



2023-24 ANNUAL REPORT

**COMPOSITE TARGETED INTERVENTION
(CTI) 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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NACO



**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**

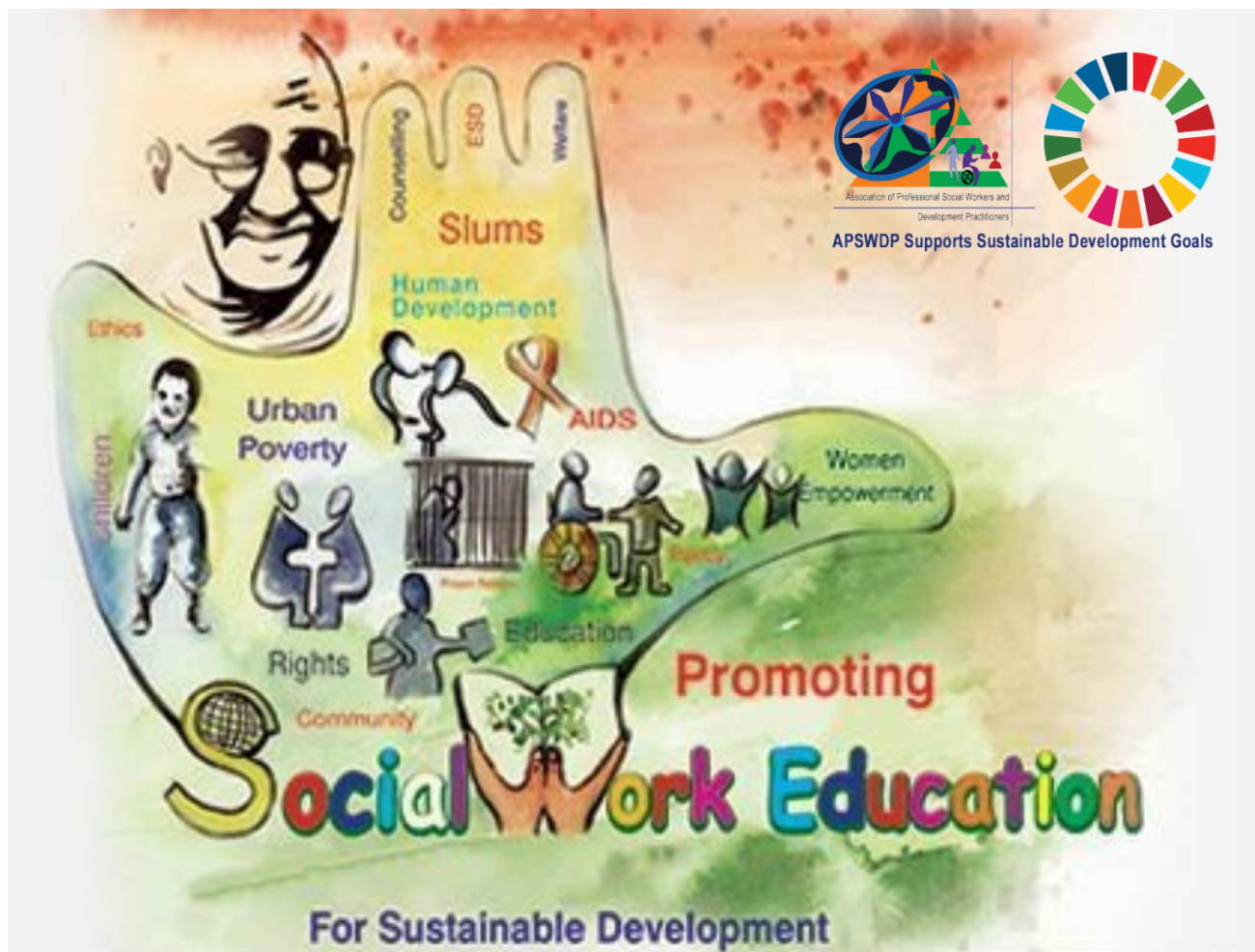




Table of Contents

1. BACKGROUND OF APSWDP.....	15
2. CTI PROJECT TEAM.....	23
3. PROJECT BACKGROUND.....	29
4. PROJECT COMPONENTS.....	33
5. DROP IN CENTRE.....	37
6. SAMTA NYAY KENDRA.....	43
7. PROJECT PROGRESS REPORT.....	49
8. SWOT ANALYSIS.....	69
9. PROGRAMS & EVENTS.....	73
10. PICTURES GALLERY.....	81
11. MEDIA GALLERY	105
12. CHALLENGES & LIMITATIONS.....	111

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	Behavior 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
SMP	SPA and Massage Parlours
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TG	Transgender
TI	Targeted Intervention
VDRL	Venereal Disease Research Laboratory

LIST OF TABLES

Table-1	Brief Details of the Project
Table-2	Details of Staff Members/ Project Workers
Table-3	ORW wise Peer Educator List
Table-4	MIS
Table-5	Executive Summary of the Project
Table-6	Summary Details of the Program Indicators
Table-7	One to One (FSW)
Table-8	One to One (MSM)
Table-9	One to One (TG)
Table-10	One to One (SPA)
Table-11	Demand Generation Activities
Table-12	DIC Meetings
Table-13	Counseling Services
Table-14	HIV Testing
Table-15	VDRL Testing
Table-16	Clinic Visit
Table-17	Condom Distribution
Table-18	Index Testing
Table-19	Training Details
Table-20	Best Practices



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.

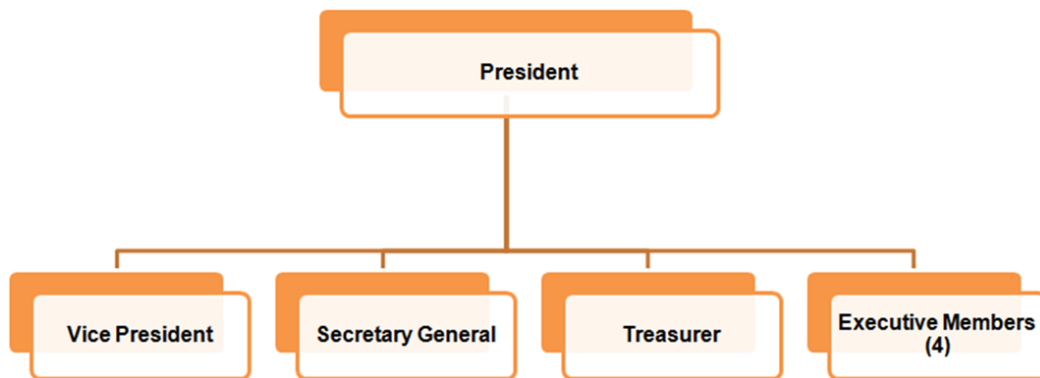
The association focuses on creating a country-wide and global network of dedicated social work professionals and development practitioners from remote geographical rural areas, to discuss, debate, and develop a key framework for evidence & practice-based interventions, and methods. The focus will be 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.


LEGAL INSTRUMENTS

Association of Professional Social Workers and Development Practitioners (APSWDP) is registered with NITI Aayog, Income Tax Act, 1961 (Section 12AA), Income Tax Act, 1961 (Section 80G), Corporate Social Responsibility, Ministry of Corporate Affairs and, Foreign Contribution Regulation Act (FCRA), 2010.

ACCREDITATION

The Association of Professional Social Workers and Development Practitioners (APSWDP) has been accredited/associated with the following inter-governmental institutions of national and global importance:-

1. Observer Status under the United Nations Framework Convention on Climate Change since 2023.
2. Accreditation under the United Nations Environment Programme (UNEP) and Observer Status under the United Nations Environment Assembly (UNEA) since 2022.
3. UNESCO MIL Alliance
4. United Nations Special Consultative Status under Economic and Social Council (ECOSOC) since 2019
5. Affiliated with Department of Global Communications (DGC) of United Nations since 2019
6. Registered with European Commission (E.U.) as Expert under Research and Innovation Programme since 2017
7. Registered under National Institution of Transforming India (NITI Ayog - Former Planning Commission of India) since 2015



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)



Ms. Kiran devi
ORW (Virtual)

Project Outreach Hierarchy



Ms. Punita Jaiswal
ORW (FSW)



Mr. Pardeep Kumar
ORW (MSM)



Ms. Sonia Duggal
ORW (TG)



Ms. Kiran devi
ORW (Virtual)



Ms. Surinder Kaur
Peer Educator



Mr. Lakshay
Peer Educator



Mx. Vijayta
Peer Educator



Ms. Priyanka
Peer Educator



Ms. Shashi Bala
Peer Educator



Mr. Rajeev Rana
Peer Educator



Mx. Deepak
Peer Educator



Ms. Deepika
Peer Educator



Mr. Suhash
Peer Educator



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:

The key purposes of the Targeted Intervention Project are:

- for people within the community who are most at risk of HIV and STI infection.
- targeted to behavior and practices, not the identity
- involve them and their issues within the broader frame work of interventions
- 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 of Targeted Intervention Project:

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 the Project Director, the project has managed to outreach the HRGs who are either mobile or in transition. The outreach workers through the peer educators endeavour 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. In 2023-24, Virtual Out Reach was added to outreach Spas and virtual network in pilot mode.

In the third year of the operation, CTI project was evaluated by an external third party team appointed by CSACS led by Dr. Nidhi Jaswal and two other experts. The project scored 91% score in the defined indicators of evaluation and been confirmed for continuation in next project cycle in 2024-25.



DROP IN CENTRE



DROP-IN CENTRE

The High-Risk Groups (HRGs) including transgender, 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 Transgender.

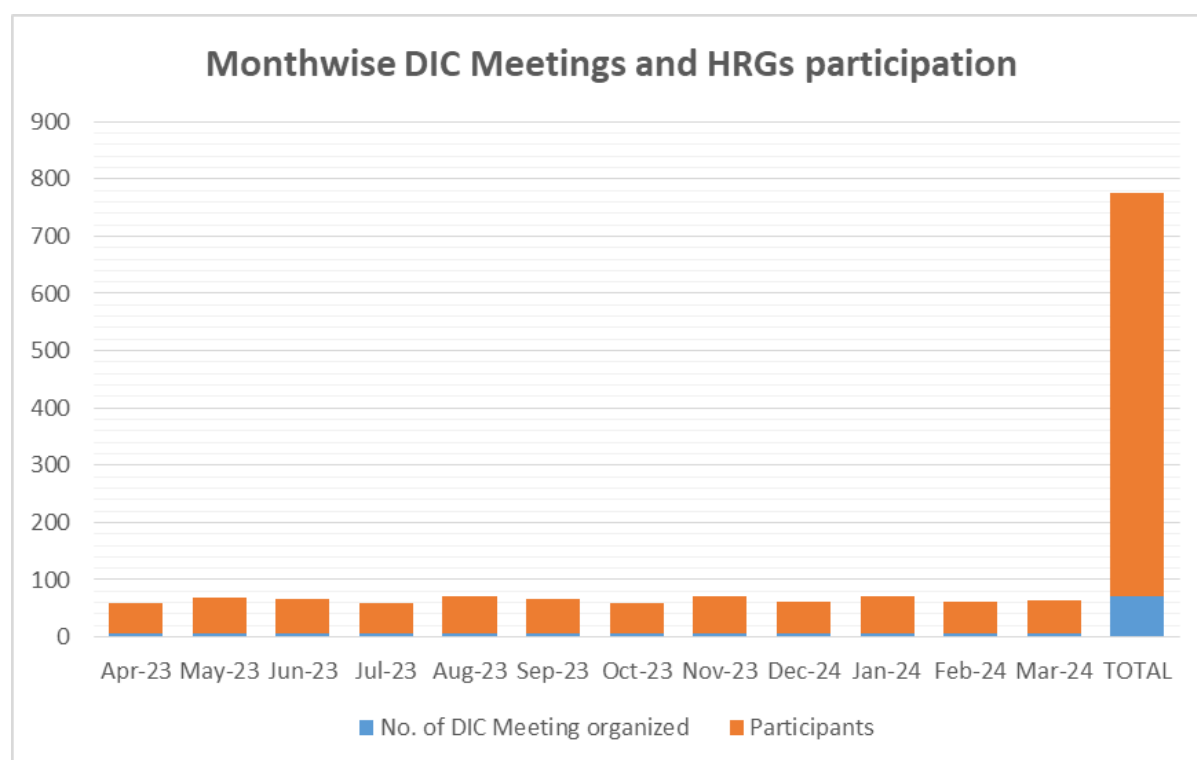


Pic: Visit of DIC by DG NACO and PD CSACS

The Drop-in center aims to provide counselling 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.

DROP-IN CENTRE MEETINGS:

Months	No. of DIC Meeting organized	Participants
Apr-23	6	54
May-23	6	62
Jun-23	6	60
July-23	6	53
Aug-23	6	65
Sep-23	6	61
Oct-23	6	52
Nov-23	6	64
Dec-24	6	55
Jan-24	6	65
Feb-24	6	55
Mar-24	6	57
TOTAL	72	703



During the project cycle, 72 DIC-level meetings were organized and 703 HRGs of all typology participated and were extended benefits of diverse nature including linkages to scholarships, credit scheme, SHGs, skill training and welfare support with social security schemes.



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:

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

PROVISION OF SUPPORT SERVICES:

Following free services are provided to the HRGs and PLWHA at Drop-in Center cum SAMTA NYAY KENDRA:

- Counseling
- Psycho-social support
- Referral and Linkages
- Formation of Self Help Groups
- Enrolment in various social security schemes
- ART linkages and follow-up
- Extensive outreach
- Recreational services along with the library
- Free legal aid through DLSA panel lawyer

KEY INITIATIVES:

- Capacity Building & Training through the Regional Institute of Cooperative Management (RICM) at Chandigarh.
- Social Enterprises and development under the micro-credit scheme of MUDRA Yojana (Self Employment Programme) and PM SVANidhi Scheme.
- Co-operatives and Self Help Groups formation under National Urban Livelihood Mission (NULM)
- Skill Training and Vocational trainings under national programme.
- Continuing formal education under National Open School.
- Partnered Mainstreaming event on accessible urban spaces for transgender in the city with Alliance Francaise, Chandigarh.
- Cultural perseverance by organizing events like Swacchhata Ki Holi and other cultural rituals at DIC.
- Identity Card enrollment from Govt. of India portal.


LIVELIHOOD LINKED AND OPPORTUNITIES:



One Transgender SHG (10 TGs) was given Cleaning of Public Places at Manimajra by Urban Local Body in Chandigarh.



One Transgender SHG (10 TGs) was given Cleaning of Public Places at Manimajra by Urban Local Body in Chandigarh.



PROJECT PROGRESS REPORT

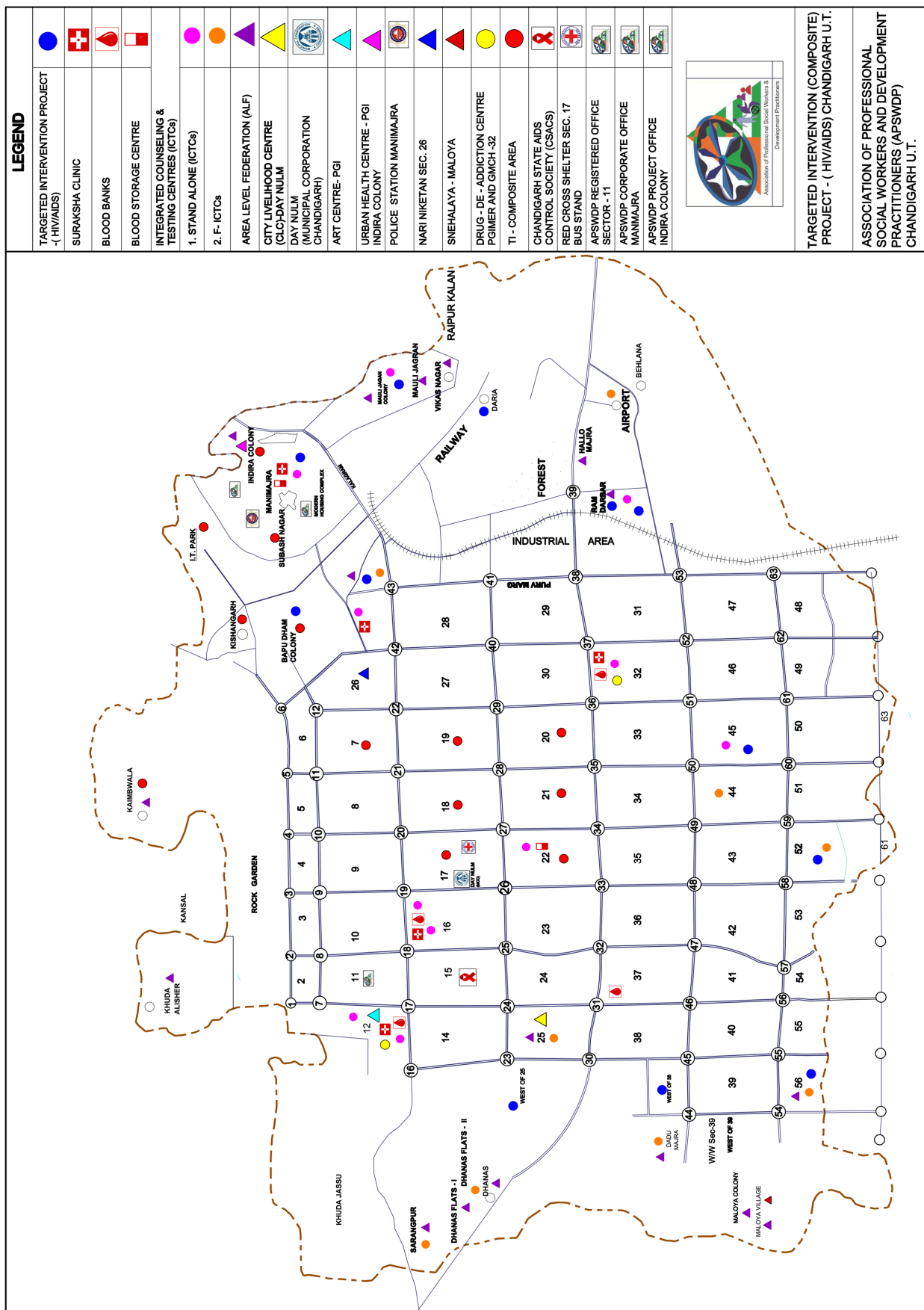


CTI Project Location Map



India

Chandigarh



Map- Targeted Intervention - Project Areas under APSWDP Implemented CTI Project.

TABLE 1: BRIEF DETAILS OF THE PROJECT

Hotspot Details	Indira Colony, Bapudham Colony, Subhash Nagar, IT Park, Sector 7, 17, 18, 19, 20, 21, 22, Kishangarh and Kaimbwala
Sanctioned Population	MSM-400, FSWs-400, TGs-150
Typology	FSW, MSM & TG
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 PROJECT STAFF

S. No.	NAME	DESIGNATION	CONTACT NO.
1.	Mr. Narender Kumar	Project Manager	9588729022
2.	Mr. Laxman	MEA-cum-Accountant	9779310132
3.	Ms. Jasvir Kaur	Counsellor	7888440585
4.	Mr. Pardeep	O.R.W	7717307642
5.	Ms. Punita Jaiswal	O.R.W	9056470620
6.	Ms. Sonia Duggal	O.R.W	6280267086
7.	Ms. Kiran	O.R.W (Virtual)	8528227767

TABLE 3: ORW WISE PEER EDUCATORS

S. No.	NAME OF ORWs	PEER EDUCATOR WISE LIST				
		1	2	3	4	5
1.	Mr. Pardeep	Lakshya	Subhash	Rajiv Rana		
2.	Ms. Punita	Surinder	Sashibala	Deepika		
3.	Ms. Sonia	Vijayta	Deepak			
4.	Kiran	Priyanka				

TABLE 4: MANAGEMENT INFORMATION SYSTEM (MIS)

S. No.	FORM	FORM DETAILS
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

PHYSICAL PROGRESS

The physical progress under various components viz-a-viz outreach, counselling, testing, clinical visits, STIs, etc has been compiled and is given in tables and charts in this section.

TABLE 5: EXECUTIVE SUMMARY OF THE PROJECT

Target Population	950			
Typology	FSW	MSM	TG	SPA & Virtual
Typology Wise Target	400	400	150	300
Achievement	423	424	156	310

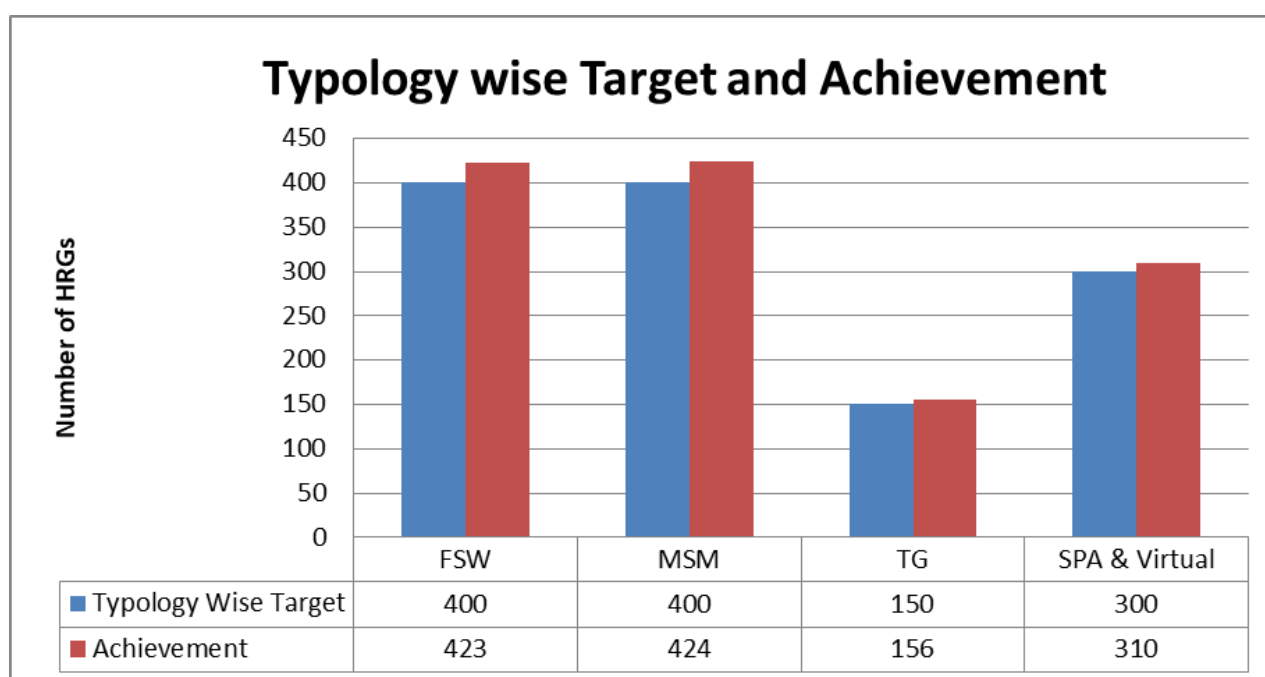


TABLE 6: SUMMARY DETAILS OF PROGRAM INDICATORS

PARTICULARS	TOTAL
Total number of Counseling	3222
Total number of Demand Generation Meetings	66
Total number of STIs/RTIs patients treated	27
Total number of Advocacies	10
Total number of DIC Level Meeting	72
Total number of ICTC referrals	1985
Total HIV Tested Actual	1985
Total Condoms Distributed	293880
CSM Condoms sold	16610

TABLE-7: ONE TO ONE COUNSELLING (FSW)

MONTHS	NO OF HRGS REGISTERED	DROP OUT	NEW IDENTIFIED
Apr-23	1025	0	5
May-23	1033	0	8
Jun-23	1040	0	7
Jul-23	1051	0	11
Aug-23	1074	0	23
Sep-23	1110	0	36
Oct-23	1117	0	7
Nov-23	1125	0	8
Dec-24	1134	0	9
Jan-24	1141	0	7
Feb-24	1148	0	7
Mar-24	1157	24	9
TOTAL		24	137

TABLE-8: ONE TO ONE COUNSELLING (MSM)

MONTHS	NO OF HRGS REGISTERED	DROP OUT	NEW IDENTIFIED
Apr-23	1043	0	5
May-23	1051	0	8
Jun-23	1058	0	7
Jul-23	1069	0	11
Aug-23	1090	0	21
Sep-23	1127	0	37
Oct-23	1134	0	7
Nov-23	1142	0	8
Dec-24	1150	0	8
Jan-24	1158	0	8
Feb-24	1166	0	8
Mar-24	1174	23	8
TOTAL		23	156

TABLE-9: ONE TO ONE COUNSELLING (TG)

MONTHS	NO OF HRGS REGISTERED	DROP OUT	NEW IDENTIFIED
Apr-23	257	1	3
May-23	260	0	3
Jun-23	263	0	3
Jul-23	266	1	3
Aug-23	269	0	3
Sep-23	275	0	6
Oct-23	279	0	4
Nov-23	282	0	3
Dec-24	284	1	2
Jan-24	287	0	3
Feb-24	289	0	2
Mar-24	292	13	3
TOTAL		16	38

TABLE-10: ONE TO ONE COUNSELLING (SPA & VIRTUAL)

MONTHS	NO OF HRGS REGISTERED	DROP OUT	NEW IDENTIFIED
Apr-23	0	0	0
May-23	0	0	0
Jun-23	0	0	0
Jul-23	4	0	4
Aug-23	24	0	20
Sep-23	105	0	81
Oct-23	135	1	30
Nov-23	205	0	70
Dec-24	240	0	35
Jan-24	265	0	30
Feb-24	285	0	20
Mar-24	322	0	37
TOTAL		1	327

TABLE-11: DEMAND GENERATION ACTIVITIES

MONTHS	DGA MEETINGS	TOTAL PARTICIPANTS
Apr-23	5	49
May-23	6	53
Jun-23	5	56
Jul-23	6	65
Aug-23	5	51
Sep-23	6	53
Oct-23	5	50
Nov-23	6	56
Dec-24	5	55
Jan-24	6	49
Feb-24	5	53
Mar-24	6	52
TOTAL	66	642

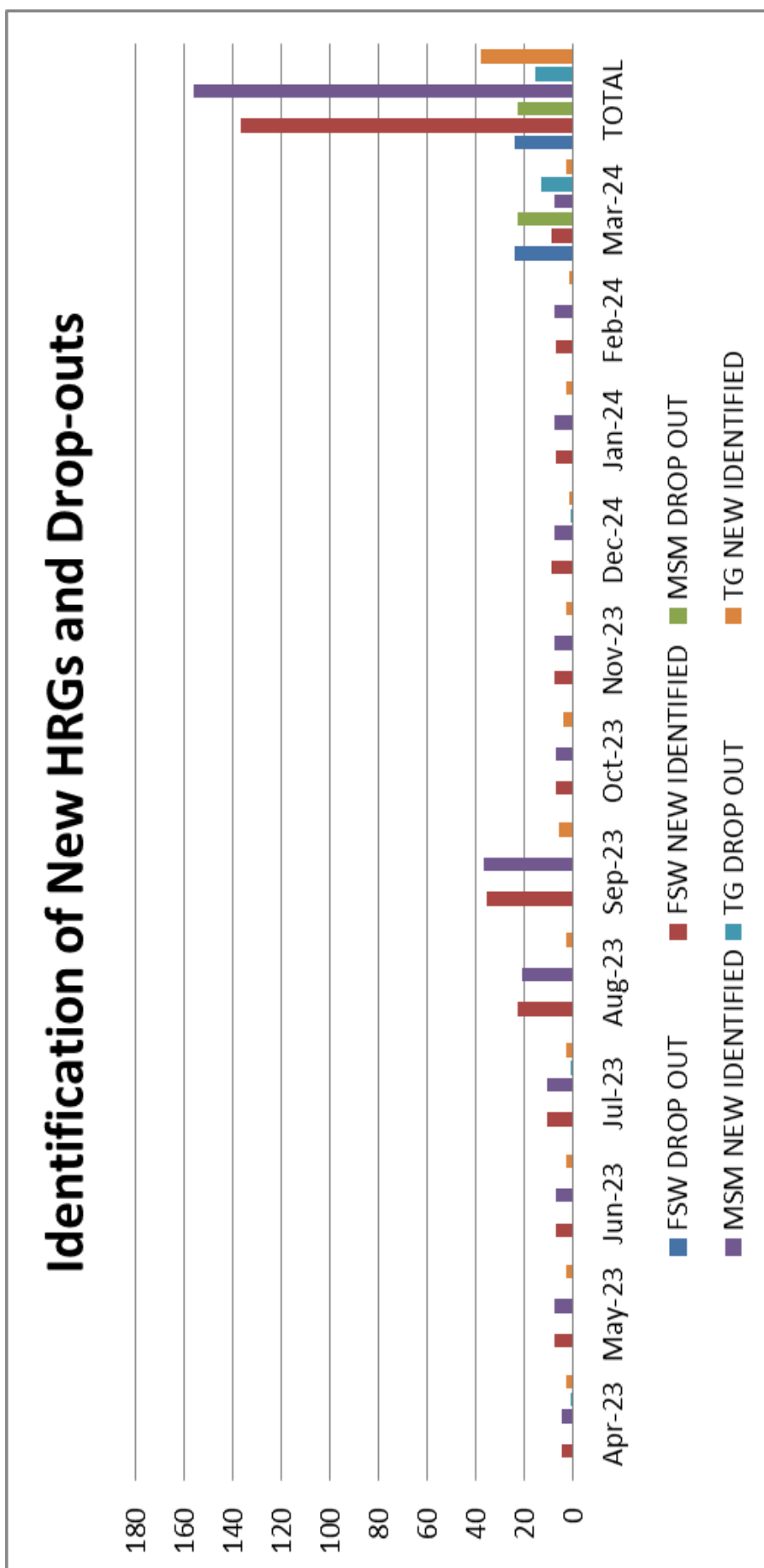


TABLE-12: DIC MEETINGS

MONTHS	NO. OF DIC MEETING	PARTICIPANTS
Apr-23	6	54
May-23	6	62
Jun-23	6	60
Jul-23	6	53
Aug-23	6	65
Sep-23	6	61
Oct-23	6	52
Nov-23	6	64
Dec-24	6	55
Jan-24	6	65
Feb-24	6	55
Mar-24	6	57
TOTAL	72	703

COUNSELLING SERVICES

Counselling services, both in-person as well as through virtual mode were provided to the HRGs on safe sexual practices, risk reduction, psychosocial support, stigma and discrimination, crisis management and, other preventive measures to avoid HIV transmission. Largely, the services also covered emotional support to both infected HRGs as well as affected individuals, including their family members.

The details of the counselling services from 1st April 2023 to 31 March 2024 provided by TI Counselor are given below:

TABLE-13: COUNSELING SERVICES

MONTH	COUNSELING (FSW)	COUNSELING (MSM)	COUNSELING (TG)	COUNSELING (SPA)	TOTAL
Apr-23	60	66	49	0	175
May-23	71	71	33	0	175
Jun-23	73	75	40	0	188
Jul-23	97	85	55	0	237
Aug-23	111	102	41	20	274
Sep-23	124	142	47	35	348
Oct-23	112	114	55	12	293
Nov-23	128	122	44	40	334
Dec-24	143	145	49	20	357
Jan-24	129	120	72	10	331
Feb-24	137	132	46	05	320
Mar-24	148	153	47	37	385
TOTAL	1333	1327	578	179	3417

TABLE-14: HIV TESTING

Month	FSW	MSM	TG	Total
Apr-23	65	43	19	127
May-23	52	72	15	139
Jun-23	55	53	29	137
Jul-23	61	63	23	151
Aug-23	71	76	22	169
Sep-23	96	92	41	229
Oct-23	72	50	23	145
Nov-23	60	80	18	158
Dec-24	64	62	31	157
Jan-24	68	71	29	168
Feb-24	78	84	24	186
Mar-24	105	77	44	226
TOTAL	847	823	322	1992

Table-15: VDRL TESTING

Month	FSW	MSM	TG	Total
April-23	65	43	18	126
May-23	52	70	14	136
June-23	55	53	29	137
July-23	60	62	27	147
Aug-23	71	71	21	163
Sep-23	96	92	41	229
Oct-23	72	50	22	144
Nov-23	60	78	17	155
Dec-24	64	61	31	156
Jan-24	67	70	28	165
Feb-24	77	79	23	179
Mar-24	105	77	44	226
TOTAL	844	806	313	963

During the counseling sessions, the counselor discussed about the Sexually Transmitted Diseases (STDs), also known as Sexually Transmitted Infections (STIs), that spread from person to person through sexual activity, including anal, vaginal, or oral sex.

The counsellor very pro-actively focused on the STDs/ STIs and their causes/ routes, and the treatment regime. Also, it is reiterated during the counseling session that Sexually Transmitted Infection, risk of HIV transmission is ten times higher. The HRGs are referred to the Preferred Private Practitioner (PPP) for Regular Medical Check-up (RMC). The details of STI services provided from 1st April 2023 to 31st March 2024 are as under:

TABLE-16: CLINIC VISIT

MONTHS	R.M.C	SYMPTOMATIC	PRESUMPTIVE
Apr-23	258	1	12
May-23	235	4	15
Jun-23	255	4	13
Jul-23	275	3	22
Aug-23	254	2	45
Sep-23	272	2	77
Oct-23	301	1	17
Nov-23	300	2	17
Dec-24	351	1	18
Jan-24	319	3	15
Feb-24	320	2	15
Mar-24	365	3	17
TOTAL	3504	28	283

A total of 13 Condom Depots have been established at different places in the project area and these depots are backbone of the project intervention through Peer Educators and ORWs. The following table shows the distribution of condoms over the project cycle on monthly basis:

TABLE-17: CONDOM DISTRIBUTION

MONTHS	FREE SUPPLY	SOCIAL MARKETING
Apr-23	21164	700
May-23	17183	750
Jun-23	7468	2995
Jul-23	15655	1066
Aug-23	22687	1050
Sep-23	26502	1350
Oct-23	28774	1200
Nov-23	29887	1300
Dec-24	29523	1300
Jan-24	30018	1299
Feb-24	31028	2300
Mar-24	31452	1300
TOTAL	293880	16610

TABLE 18: INDEX TESTING

TPOLOGY	TARGET	ACHIEVEMENT	ONCE TESTING	TWICE TESTING
FSW	7	7	7	7
MSM	31	31	31	31
TG	19	19	19	19
TOTAL	57	57	57	57

During the project cycle, various capacity building programmes were organized by APSWDP, CSACS and SPYM for the project staff at various levels on diverse range of topics for enhancing the capacity of the staff. The details of the trainings conducted are given below in the table:

TABLE-19: TRAINING DETAILS

Month/ Year	Duration	Participants	Training Venue	Training	Organizer
June 2023	1 Day	Peer Educators	CTI Project Office	Refresher Training	APSWDP
September 2023	1 Day	Peer Educators	CTI Project Office	New Skill	APSWDP
October 2023	1 Day	Project Manager and M&EA	Mahatma Gandhi State Institute of Public Administration, Chandigarh	SOCH New Skill	CSACS
November 2023	1 Days	Peer Educators	CTI Project Office	New Skill SOCH	APSWDP
December 2023	2 Day	Project Manager and M&EA	Hotel Park View Chandigarh	Capacity Building	SPYM
December 2023	2 Day	Project Manager, Counselor, and ORWs	Hotel Park View Chandigarh	HSS 2023 New Skill	CSACS
December 2023	1 Day	Peer Educators	CTI Project Office	HSS 2023 New Skill	CTIP
January 2024	1Day	Project Manager	Raj Shree Hotel Phase – 1 Ram Darbar	Health Promoter	CSACS
February 2024	1 Day	Project Manager	Hotel Park View Chandigarh	HIV/AIDS Act 2017	CSACS
February 2024	1 Day	Project Manager and PPPs	Hotel Park View Chandigarh	STI/RTI	CSACS
March 2024	1 Day	Peer Educators	Hotel Park View Chandigarh	Capacity Building	SPYM
March 2024	3 Day	ORWs	Hotel Park View Chandigarh	Capacity Building	SPYM

During the project cycle, the staff undertook various innovative initiatives under convergence with government missions, which later after integration, resource mapping & mobilization and network building became best practices under CTI Project. The details of the best practices emerged over the years are given below in the table:

TABLE 20: BEST PRACTICES

S. NO.	BEST PRACTICES	BRIEF DESCRIPTION
1	Distribution of Woolen Blankets to HRGs	The project raised support from Bebo Technologies under CSR for the distribution of woolen blankets to HRGs.
2	Educational Support to Staff and HRGs	1. Skill Training Programme under NULM to HRGs, 2. 10 th Schooling to ORW and Peer Educators under the National Institute of Open Schooling (NIOS) 3. Post-Graduation studies to Project Staff from IGNOU.
3	Benefit under Social Welfare Schemes	Four Thousand Rupees per month per child for their Education to 12 Children of FSWs under Social Protection Scheme.
4	Formation Of Self Help Groups	5 Transgender Self Help Groups were formed and registered with NULM.
5	Identity Card of TGs	55 Transgender Identity Cards were made through the Government of India portal.
6	Livelihood to HRGs	Two SHGs were given work of O&M of Community toilets and road cleaning work.
7	DBT Scheme to Sex Workers	Benefit to 7 new HRGs under FSW through Food and Supply Department.

PROJECT MANAGEMENT COMMITTEE

The Project Management Committee Conducted Four Meetings during the said financial year.

List of members

S. NO	NAME	DESIGNATION
1	Dr. Sumit Arora	President
2	Smt. Rekha Trivedi	Project Director
3	Sh. Narender Kumar	Project Manager
4	Adv. Gautam Bhardwaj	Legal Adviser APSWDP
5	Mr. Hitesh Gulati	APSWDP Member

S. NO	MEETING DATE	VENUE
1	22 April 2023	CTI Project Office, #232 Verma Day Care Centre Manimajra
2	15 July 2023	CTI Project Office, #232 Verma Day Care Centre Manimajra
3	30 November 2023	CTI Project Office, #232 Verma Day Care Centre Manimajra
4	27 January 2024	CTI Project Office, #232 Verma Day Care Centre Manimajra

CRISIS MANAGEMENT COMMITTEE

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

List of members:

S. NO	NAME	DESIGNATION
1	Dr. Sumit Arora	President
2	Smt. Rekha Trivedi	Project Director
3	Sh. Narender Kumar	Project Manager
4	Smt. Jasvir Kaur	Counsellor
5	Adv. Gautam Bhardwaj	Legal Adviser APSWDP
6	Mr. Lakshya	Stake Holder
7	Mx Dimple	Stake Holder
8	Smt. Deepika	Stake Holder

MONTHLY REVIEW MEETINGS:

There were 12 Monthly Review Meetings were conducted under the Chairpersonship of the Project Director, CTI, the details of the meetings are as follows:

S. NO	MEETING DATES	VENUE
1	30 April 2023	Project Office
2	31 May 2023	Project Office
3	30 June 2023	Project Office
4	31 July 2023	Project Office
5	30 August 2023	Project Office
6	30 September 2023	Project Office
7	31 October 2023	Project Office
8	30 November 2023	Project Office
9	30 December 2023	Project Office
10	31 January 2024	Project Office
11	29 February 2024	Project Office
12	30 March 2024	Project Office

In the monthly review meetings under the Project Director CTIP and other APSWDP management members, wide range of issues related to performance, monthly progress, hurdles, limitations, and challenges were discussed with project staff. In addition, issues related to monitoring, performance evaluation, resource mobilization, advocacy, community event, conduct of staff with Project Manager and other team members is also observed strictly.

BEHAVIOUR CHANGE COMMUNICATION:

Around 619 FSWs, 609 MSMs & 372 TGs were identified for BCC in the TI project and 950 were counselled 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 behaviour.

To bring desirable change in the FSWs & MSM and TGs BCC was done in five stages: -

- (1) Information
- (2) Correct knowledge about HIV/AIDS and STIs
- (3) Self-motivation of clients
- (4) Practising behavior change
- (5) Sustainability

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

STRATEGIES:

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

CONDOM PROMOTION:

The promotion of correct and consistent use of condoms was another trust area of the project. Condom is one of the safest methods used for the prevention and control of the spreading HIV and STIs. Myths regarding the 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

FORMATION OF SELF-HELP GROUPS:

The long-term objective of the TI project is to help the targeted population in mainstreaming. The income generation program therefore was one of the prime action plans to bring them into substitute income-generating activities. Five Self Help Groups of FSWs, MSM & TGs were formed under the project namely "Sanjh Group" "Sakhi Group" "Radhey Radhey" "Shiv Shakti" and "Shiv Shankar" SHGs, which are running very successfully. These self-help groups help empower the FSWs and TGs.

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 15 PLHIVs (Active registered) who have undertaken a 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 a ration.

HOTSPOT MEETINGS:

Hotspot meetings were an effective means of spreading information and empowering HRGs regarding various facets of HIV/AIDS. From April 2023 to February 2024, a total of 132 outreach programs (Group Meetings) were conducted to interact, discuss, counsel, and for various interventions 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 Communication
6. General Medical Check-up
7. Regarding Self-Help Group
8. Sponsorship Scheme
9. Education for HRGs Child
10. Formation of Self-Help Group



SWOT ANALYSIS



SWOT ANALYSIS



Strength:

1. Working knowledge and quality experience of Project Staff.
2. Provision of in-house capacity building through professional network and Governing Body members.
3. Strong Advocacy and rapport-building with the key stakeholders.
4. Spacious office infrastructure with provisions of a CSR supported state of the art DIC-cum-Samta Nyaya Kendra and good staff sitting capacity.
5. Exquisite office setup having a well-connected road network both within the Town area and availability of IT infrastructure.

Weakness:

1. HRGs are reluctant to come forward for livelihood opportunities.
2. Limited knowledge and capacity of HRGs;
3. Persuasion of HRGs by Out reach staff on linking with social security measures.
4. HRGs are demanding for cash opportunities, lacking patience among HRGs.
5. HRGs does not turn up and respond positively after intervention and convergence.

Opportunities:

1. Available means to outreach key populations in target areas;
2. Scope of outreach in TG community and virtual outreach in the city;
3. Potential of establishing good network and linkages with line departments, agencies, NGOs and CBOs, etc.;
4. Livelihood opportunities for PLWHA through SHGs/ Cooperatives.



Threat:

1. HRGs discourage condoms supplied under the project.
2. Budgetary constraints in IEC component.
3. Less Behavioural Intervention during counselling.
4. Less inter-sectoral convergence and capacity on psychological aspects of HRGs.
5. Low intervention and support for extending social security schemes.



PROGRAMS & EVENTS



PROGRAMME AND EVENTS

Capacity Building and Training Workshop on Empowerment of High Risk Groups in collaboration with CSACS and RGNIYD, Chandigarh



A Capacity Building and Training Programme Workshop on Empowerment of High-Risk Groups (HRGs) for Inclusive Development and Mainstreaming of Sexual Minorities was organized on 28th October 2023 coinciding with the International Day for the Eradication of Poverty. The community engagement cum advocacy event was organized in collaboration with Chandigarh State AIDS Control Society and Rajiv Gandhi National Institute of Youth Development (RGNIYD), RC Chandigarh.

The Programme witnessed the participation of Mr. Amit Sharma, Secretary, High Court Legal Service Committee as Chief Guest, Mr. Sandeep Mittal, Deputy Director, CSACS as Guest of Honor, Prof. Inderjeet Singh Sodhi, Prof. T. Gopinath as special guest, Adv. Gautam Bhardwaj, Dr. Vishal Dhiman, and Dr. Vivek Trivedi as Experts.

In the training program, a workshop was convened and moderated by Dr. Sumit Arora and Mr. Rajeev Choudhury on Resource Mapping and Mobilization, which was participated by the staff of CTI, Peers and Students from RGNIYD.

PROGRAMME AND EVENTS

One Day Awareness, Sensitization Workshop on Stigma Reduction and Livelihood Opportunities cum Advocacy Meeting with Stakeholders for HRGs under CTI Proejct, CSACS on 25th December, 2024.



One Day Awareness, Sensitization Workshop on Stigma Reduction and Livelihood Opportunities cum Advocacy Meeting with Stakeholders for HRGs under CTI Proejct, CSACS was organized on 25th December, 2024. coinciding with the celebration of Christmas and the advent of New Year. The HRGs community engagement event was organized in collaboration with Chandigarh State AIDS Control Society as a part of scheduled programme.

The Programme witnessed the participation of Dr. Joginder Kumar Yadav, Patron-in-Chief, APSWDP and Regional Director IGNOU as Chief Guest. Also, senior members of the governing body including Dr. Sumit Arora, Ms. Rekha Trivedi, Mr. Sudeep Agnihotri, Rajeev Choudhary took part in the event.

In the training program, a workshop was convened and moderated by Dr. Sumit Arora and Mr. Rajeev Choudhury on Stigma Reduction which was participated by the staff of CTI and Peer Educators. In the last, blankets were also distributed to participants HRGs which were provided by Bebo Technolgies Ltd under CSR support

PROGRAMME AND EVENTS

CTI TI Review organized by CSACS, Chandigarh

Chandigarh State AIDS Control Society organized a Quarterly – Cum–Orientation Meeting with the Project Director of the NGO’s implementing TI project on 28th July 2023 at Park View under the chairmanship of the Project Director, Chandigarh State AIDS Control Society (CSACS). The Performance of Targeted Intervention Projects for the period April 2023 to June 2023 was reviewed and a discussion on target and achievement through TI Project Staff in the Presence of Ms. Rekha Trivedi, SG-cum–Project Director, APSWDP was made.



Health Check-up and Community Camp

A Health camp was organized by the Association of Professional Social Workers and Development Practitioners (APSWDP) – under the CTIP Project supported by Chandigarh State AIDS Control Society at New Indira Colony, Sec-13, Manimajra Chandigarh on 18th August 2023. In the camp, 104 HRGs including all target groups including their family members were diagnosed by the Medical Experts from Verma Day Care Center and given medicines for various ailments.



Transgender Camp for mainstreaming and empowerment

A mega camp Was organized by Transgender Welfare Board, Chandigarh with support from NGOs and other line departments in Chandigarh involved in welfare and empowerment of marginalized communities on 4th September 2023 at Bal Bhawan Sec-23 Chandigarh for mainstreaming and welfare of Transgender Community involved in various livelihood generation which are not considered socially accepted. APSWDP mobilized TG community to the camps for looking with other government schemes.



Chandigarh Red Run organized by CSACS

Chandigarh Red Run organized by Chandigarh State AIDS Control Society on 10th September 2023 at Sukhna Lake. Association Of Professional Social Workers and Development Practitioners (APSWDP) CTIP project associated 11 members of Transgender Community participated in the event along with the Project team and secured winning positions in the run with award money too.



PROGRAMME AND EVENTS

External Evaluation of CTI Project

An External Evaluation Team led by Dr. Nidhi Jaswal comprising two expert namely Mr. Manish Kahar from Gujarat and Mr. Vikas Chaudhary (Finance expert) from Punjab, appointed by Chandigarh State AIDS Control Society (CSACS) evaluated the Composite Targeted Intervention Project which was commissioned on 1st April 2021. The team evaluated the APSWDP project w.r.t. NACO indicators in comprehensive manner and the project secure 91 percent marks in the evaluation process.



Participation of CTI Project Staff in One Day Workshop on Shared Future for Transformative Change on the occasion of World Social Work Day 2024 on 23rd March, 2024.



The programme staff of CTI Project participated in World Social Work Day-2024 which was commemorated on the 23rd March 2024 on the global theme **Buen Vivir: SHARED FUTURE FOR TRANSFORMATIVE CHANGE** at RGNIYD Chandigarh in addition to a workshop **on SHARED FUTURE FOR TRANSFORMATIVE CHANGE** in collaboration with the Department of Public Administration, Rajiv Gandhi National Institute of Youth Development (RGNIYD), Regional Center Chandigarh and The Climate Reality Project-India and South Asia. The workshop was inaugurated by Mr. Parminder Pal Singh, IAS, Additional Secretary, Department of Education, Government of Punjab. In the programme, a book titled “Transformative Change in Society and Administration: Perspectives, Development, and Challenges” and the first copy of International Journal of Social Work and Sustainable Development (IJSWSD) were released on the auspicious day. In the workshop, more than 65 participants from diverse background have participated and more than 10 development expert delivered expert talks on community outreach, behavioural change, community development, social change, resource mobilization and social development. In the programme, Mr. Narender Kumar, Project Manager and Ms. Jasvir Kaur, Counsellor were awarded with Best Young Social Worker Award 2024.





PICTURE GALLERY







Capacity Building and Training Programme



Blanket Distribution to CTI Project Beneficiaries



Celebrating Swachh Deepawali with Project Staff



Participation of Project Staff in RED RUN -2023



CTIP Programme Staff in action during various field outreach events.





Project CTIP Programme Staff in action during Advocacy Meeting with Key Stakeholders



Project CTIP Programme Staff in action during Health Camps in Community



Project CTIP Programme Staff in action during Health Camps in Community

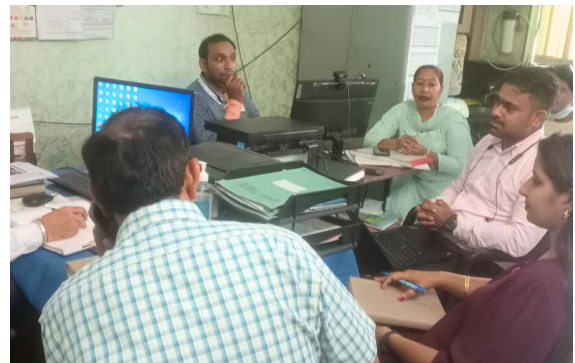
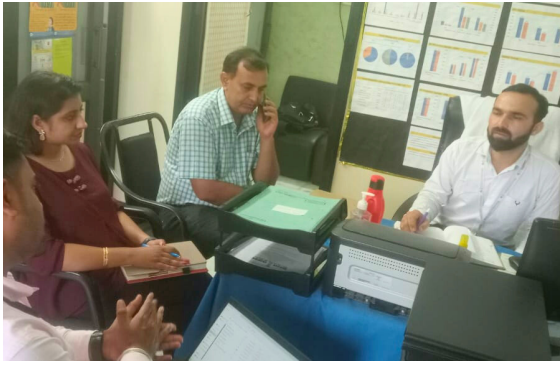




Visit of Additional Secretary MoHFW-cum-Director General NACO along with CSACS Officials to CTIP Office



Visit of NACO team along with TSU/SETU and CSACS Officials to CTIP Office



Visit of TSU/SETU and CSACS Officials to CTIP Office



Project staff in various Community Level Street Play



Project staff mobilizing HRG community for testing at ART Center and ICTC Van in Targeted Communities



CTIP Staff in Transgender Mela at Bal Bhawan



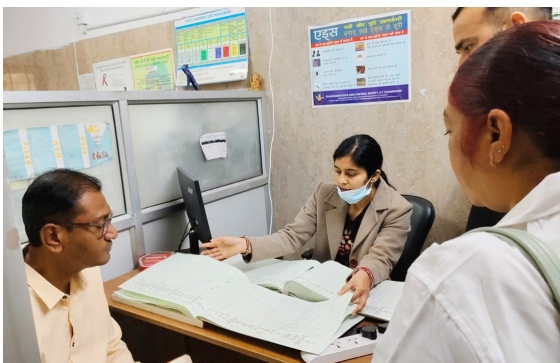
CTIP Staff while in Counselling Mode



Participation of TG SHG in Exhibition organized by Center for Social Work at Panjab University



Mainstreaming and Livelihood Linkage of Transgenders



Third Party Three Years TI Evaluation conducted by CSACS Panel Evaluators



Group Pictures with CSACS Authorities and NGO Representatives



Media Gallery







Chandigarh State AIDS Control Society

27 December 2023 - 🌐

NGO APSWDP and Partner TI project Manimajra organized a festive community event, distributing 40 blankets to HRGs and peer educators. The gathering included key stakeholders, celebrating Christmas and discussing social welfare schemes and self-help group formation.

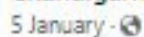
Ministry of Health and Family Welfare, Government of India



Chandigarh State AIDS Control Society

International Hostel, Near Congress Bhawan, Madhya Marg, Sector 15-A, Chandigarh - 160015





NACO India



1 comment 3 shares



CHALLENGES & LIMITATIONS



CHALLENGES AND LIMITATIONS:

In the third year of implementation of the Composite Targeted Intervention Project, challenges and limitations that emerged initially, are now overcome with the support of mentorship by the Deputy Director, CSACS, Expert and Governing Body members of APSWDP, and guided intervention by the Project Director, Advisor over the years. Some challenges are as under:

1. **Human Resource-** In the beginning, staff turnover was not stable and was causing turbulence with continuous monitoring and handholding, the staff was retained with sustainability and leadership training provided by the APSWDP.
2. **Capacity Building & Training-** There was an issue with the capacity of project staff and understanding of outreach, which was resolved and taken care with support from CSACS and APSWDP management.
3. **Stakeholder Engagement -** There were convergence issues with stakeholders, which were addressed with support from CSACS and the APSWDP member network.
4. **Livelihood Linkages-** HRGs were not ready to come forward for livelihood opportunities, but with a lot of intervention by our trained Project Manager and the team of ORWs, it was achieved, and the project has attracted many HRGs under TG and FSW to evolve their livelihood linked enterprises.

Conclusion: At the onset, the project made remarkable progress and made a space of its own in the city among other organizations implementing similar projects by its dedicated and targeted interventions, convergence approaches, and networking with stakeholders. In due course, it will further make strong and assertive outreach with a motive to link the HRG community to a platform which will give them livelihood with dignity.



**CSACS REVIEW MEETING ATTENDED BY THE
PROEJCT DIRECTOR, APSWDP**



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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