**C.5. Sashakt Project**

Sashakt (*meaning empowerment*) is an UNDP India supported project to strengthen community systems for MSM/TG/Hijra communities in India. This is an 18 month pilot project to the approved Global Fund Round 9 initiated from September 2009 – February 2011. This project is implemented by India HIV/AIDS Alliance in collaboration with four civil societies – SAATHII, SIAAP, HST and Maan AIDS Foundation. The project aims at demonstrating two basic intervention themes – ability of the community to come together in form of groups and synergize with the national HIV/AIDS programme by taking on programmes specific to their communities and to demonstrate need and approaches that address specific issues and services for the MSM/TG/Hijra community.

SIAAP entered into an agreement with India HIV/AIDS alliance as a state lead partner in October 2009 and chose to work with Social Welfare Association for Men (SWAM) as the implementing partner since we have had a long-term association with them and because they are one of the oldest and successful CBOs in the city running sexual health projects for MSM and TG in the city of Chennai. The project was supposed to come to closure in February 2011. Since the Global Fund Round 9- Pehchān was approved for SWAM in April 2011, UNDP supported SWAM with a bridge funding for the month of March 2011. The project came to a closure in March 2011. This report encompasses progress, challenges, lessons learnt and achievement for the period April 2010 to March 2011.

**Progress**

* Four support groups were formed and 10 meetings conducted among positive MSM to discuss positive living, among married MSM to address issues of female partner referral and among TGs regarding SRS and among MSM and TG who are sex workers
* Staff trained on Monitoring and Evaluation of the Project and handling finances as well as advanced counseling skills ranging from mental health, spouse, family, trauma, ART adherence, positive living and psycho social counseling.
* Beneficiaries have been referred to public and private health care professionals for services ranging from HIV testing, OI management and ART, to TB diagnosis and treatment, mental health counseling, Psycho social counseling, family counseling, trauma and violence rapid response.
* Stakeholders sensitization meetings were held with Lawyers and Media
* The team has dealt with 22 cases of advocacy
* 1396 beneficiaries against the target of 1300 were reached with two additional services from April 2010 – March 2010

**Challenges**

* Integration with the TI project was delayed till the last week of March since TANSACS requested for a letter from NACO on the project which was received only in the last week of March.
* Ideally both Sashakt and TI offices and DIC had to be under the same roof. Since the TI already had an establishment, lack of space forced Sashakt to look for another place which was time consuming and delayed other planned activities. This challenge was overcome with some adjustment by the TI team providing space for Sashakt staff.
* Turn-over of Peer Educators every month affected the ongoing activities of the project till October 2010. And since then there has been no turn over till the project ended.

**Lessons Learnt**

* Rapid response team of Sashakt project was viewed as an effective one by the community and cases being reported have increased
* Community members came forward to access services because services are beyond the scope of HIV/AIDS which led to increased coverage in the TI
* Sensitisation meeting held with Lawyers led to friendly lawyers take up cases of MSM and TG community members.
* Sensitisation meeting with Media led to positive coverage of MSM and TG community by visual media (Television)
* Acknowledging the differences and need for need based services for TGs and Kothis, Panthis , DDs within the context of DIC and providing the same through two specialized DICs has increased the clientele at the DIC

**Achievements**

* Project has been able to create visibility in the NGO and CBO circle in the city by projecting the unique services that it provides
* SWAM’s TI’s performance increased to a large extent because of Sashakt’s contribution to its overall target.
* The best practices were documented by India HIV/AIDS Alliance and this site emerged as learning site among other sites.