



ANNUAL REPORT
2020-21

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Executive Summary

The Year 2020-21 was a fruitful year for SIAAP which led the organisation to a new path and vision. The focus continued to lie in empowering and strengthening existing systems for the marginalized communities.

One of the major challenges of this year was the COVID 19 pandemic. It has been a confusing, challenging and difficult period for the team. Without proper knowledge of transmission dynamics and with a lot of uncertainties in disease prevention and transmission, our projects had to be maneuvered differently. We came together for team check-ins, took stock of the situation and proceeded to co-ordinate relief efforts for the community in order to cater to their immediate needs while taking precautions and efforts to ensure safety protocols were in place. **With the help of individual donor support and some government funding, we were very successful in coordinating COVID-19 relief and consider it one of our biggest successes this year.**

During the reporting period, Malarkal, SIAAP's pioneering project on adolescent mental health received funding for scale-up and therefore, the projects and interventions were able to be made more intensive and effective.

The program saw key activities to motivate children to visit the centres, established within the community. The program continued its perspective building sessions with the parents to understand their life situations, parenting, and ways of supporting adolescent children, and their priorities and dreams for their children. Recruiting counsellors from within the community was one of the largest enablers of program successes; working closely with the community counsellors also provided further insights into the community norms and culture. This helped to ensure that the interventions created were culturally attuned to the life of those in the community.

Another important program focusing on advocacy to improve access for Female Sex Workers to comprehensive, non-discriminatory SRHR services saw good successes. This program made great strides in improving access to SRHR services for poor, vulnerable and marginalised groups including persons living with disabilities or with HIV/AIDS and challenging stigma and discrimination, including for LGBTI groups. SIAAP also focused on reducing Vulnerabilities and Increasing resilience of female Sex Workers in India during the COVID Pandemic. The project further strengthened its attempts to sensitize health care service providers, law enforcement authorities, media persons and community members towards FSWs. **Most importantly, this year saw this program receive funding specifically to help us move from a space of advocating for these communities to a new, more enriching space of FSWs and**

other members of the community advocate for themselves. This has been one of the important landmark successes for us this year. Similarly, other projects have collaboratively helped in advocating and strengthening inclusive spaces for LGBTQIA+ community members as well.

An important program focusing on the Reintegration of Children in Institutional Care saw enormous successes. This program aimed at promoting family based care for children rather than institutional care to nurture growth and development of the children. This project has played out well in preparing the children in institutional care and their families and care staff in child care institutions. **Further, SIAAP saw important progress in taking the reintegration project successfully to its next phase, in establishing alternative care models for vulnerable children. This next phase of the reintegration project, in the form of alternative care, allowed for the scale-up of the pilot intervention across other districts in Tamil Nadu.**

As in the past two years, SIAAPs vision has been focused on the holistic multidimensional development and emotional wellbeing of adolescents. Important pilot interventions focusing on holistic improvements in adolescent mental and sexual health in underserved communities have been pioneered and have paved way to realizing new and exciting outcomes in the upcoming year.

Project name: Malarkal – A Million Blossoming: Integrated approach to strengthening health, gender safety, and employment preparedness of adolescent girls in urban slums

Project Period: 2017 - ongoing

Themes: Multidimensional approach towards Adolescents Mental Health and Well being

Objectives: The objective of the initiative is strengthening agency of approximately 5000 adolescents (3840 adolescent girls and 960 adolescent boys) in an urban slum in Chennai city through building capabilities related to life skills, nutrition, sex and reproductive health, mental health and employability among primary and secondary stakeholders in a period of 3 years.

Interventions: We follow the capabilities approach pioneered by Amartya Sen (1991) which focuses on building agency of affected people to pursue their rights they value. This project intervention focused on building agency at two levels a) strengthening capacities of affected people to realize their potential and to pursue opportunities for their own development and b) strengthening capacities of service providers and policymakers to respond sensitively and adequately to need of all people. Key interventions of the project are perspective building with parents and communities to draw attention on needs and concerns of adolescents and seek engagement, confidence building and skill building among adolescent's girls and boys for emotional well-being, nutrition, self-awareness and communication, establishing community counselling centre for adolescents and their parents in the space provide by Slum Clearance Board.

Impact: During this period, scale of up of the project through donor funding started with recruitment of counsellors from the community and enumeration of all the houses in the community to list the household members and recruit children for the programme. Further, community counsellors were exposed to the induction training, perspective building with parents to identify and recruit adolescents, adolescent training topics and facilitation skills. About 4 counselling centres were established as against the planned target of 3 centers and Twice the targets for counselling adolescents have been achieved. About 90% of the target for number of interactive sessions with adolescents and targets for number of self-defence sessions, organising PAC meetings, modules for adolescents and parents and perspective building sessions with community members have been achieved. The CCs recruited are also coming with the same histories of multidimensional poverty and intergenerational trauma that the adolescents and parents in the community have. Through months of more work, training and hand holding, the CCs will continue to be a resource even when the programme in the community winds up. Their articulation of the emotions they have and their ability to understand others' situations and respond accordingly has increased immensely. They are now more aware of their own emotions, the tone of their voice, and are able to question and challenge people with confidence, and assertiveness. They have developed a sense of non-judgement and acceptance of differing perspectives of the world that people may hold. This is seen in their increased sensibilities of empathy with respect to people's lives, reflection, negotiation and transparency. They also now possess the desire to learn without fear of being judged for their mistakes and a new found commitment to learning new things. This is translated in all their interactions with stakeholders in the community, in the form of assertive articulation with empathy and appreciation with the adolescents in the interactive sessions and counselling setting.

Donor: Siaap Self-funded and APPI

Primary Stakeholders/Beneficiaries: Children, and adolescents in the age group 8-18 years, their parents, community members, healthcare providers, Anganwadi Workers, Teachers, Police Officers, and Slum Clearance Board officials.

Project title: Advocacy to improve access for Female Sex Workers to comprehensive, non-discriminatory SRHR services in 3 states in India

Themes:

- Access to SRHR services for poor, vulnerable and marginalised groups including persons living with disabilities or with HIV/AIDS
- Challenging stigma and discrimination, including for LGBTI groups

Project period: 08 Feb 2020 to 07 Feb 2021

Interventions: This work pivoted to provide immediate relief and support to SWs for COVID-19, especially extensive mental health outreach and increasing resilience of CBOs. SRHR guidelines have been reworked based on feedback from AC, to develop the first comprehensive SRHR guidelines for sex workers in India. Capacity building in other areas like online working has been achieved, which is an important asset in the current climate. During the pandemic, the community has been mobilized to access emergency services for SRH and noncommunicable diseases as well as mental health, which fall under the objectives of the project. The District AIDS Control and Prevention Units have been mobilized to home deliver ARV to SWs in remote areas. SWs have been helped in accessing SRH services including for pregnancy in private hospitals, in the absence of government facilities. Advocacy with government departments has been successful, and have been useful during the pandemic. For example, the Secretary of Social Welfare has been linked with in the previous period, and this relationship resulted in dry rations being provided to SWs during the crisis. National level advocacy efforts have been made with the National Human Rights Commission and the Supreme Court of India who recognised the vulnerability of sex workers and recommended inclusion in policies and schemes. On the international level, advocacy efforts have been established with the Global Fund to Fight AIDS, Tuberculosis and Malaria along with other key populations to successfully obtain an emergency grant. Communication and media work planned for the current grant are complete. In the previous periods, in an attempt to portray positive media representations of SWs, strong relations with the media have been established. This has been leveraged to push for media advocacy for health and social protection for SWs during the crisis. A transition to online environments has been established and capacity building for SWs has continued for the progress of work, and maintain documentation.

Impact:

One of the biggest successes was the widespread awareness we created about the lack of access to services by SWs, especially SRHR. This resulted in bodies such as NHRC and Supreme Court recognizing the vulnerability of SWs and recommending immediate support and inclusivity in policies/schemes and in greater visibility and a positive reputation about our work among governments, increasing our credibility to push for policy change. We have established sustainable relationships which will be of support to work beyond funded projects. We have developed knowledge products like research reports, policy and media briefs, position paper and policy guidelines that were effective advocacy tools with HCPs, police and the government. The credibility of our requests was affirmed through these tools. Stronger organisational capacity. Having conducted a study with a large sample of 1000, our research skills are immensely sharpened. We implemented policies such as anti-fraud, whistle-blower, and children & vulnerable adults safeguarding policies, strengthening our commitment to ethics and accountability. A stronger coalition for SRHR. We have established sound financial and M&E systems to measure progress of staff and provide appropriate support. Through PMC meetings we rigorously planned our work, discussed challenges, learning and strategies to fine-tune our work

Primary beneficiaries/ stakeholders: Female sex workers, service providers

Donor: Amplify Change

Project Title: Reducing Vulnerabilities and Increasing Resilience of Women Sex Workers in India During the COVID Pandemic

Themes: Improved resilience in the face of the COVID-19 pandemic, access to information regarding disease control and treatment and reduction of vulnerabilities in the face of COVID-19

Project period: November 2020- November 2021

Objectives: This project aims to assist sex workers to leverage and access social protection safety nets, access better health outcomes, legal assistance by strengthening community based organisations who are members of the National Network of Sex Workers (NNSW) in operating help desks at the district level.

Interventions: In 4 districts of Tamil Nadu such as Kanniyakumari, Tirunelveli, Madurai and Theni help desk were established and operate in small office space and in case the local collective doesn't have an office space, the help desk is operated by the peer through her mobile. Each help desk is operated by one peer sex worker trained in the criteria for opening bank accounts, social protection schemes etc. The help desks support the sex workers in opening zero bank accounts, accessing eligible social protection schemes through e literacy, facilitating coordination with required departments, and ongoing follow-up, ensuring access to legal services. Since the initiation of the project from November 2020 till February 2021, peers recruited for the Help Desk actively engaged in conducting baseline assessment (on accessibility to basic identification documents issued by the government, to social entitlements and to social welfare programmes) of the state and central governments) and facilitated access to the same through accompanied referral to several government departments and offices.

Impact: Help desk peers have done 1,285 baseline assessment till now from four districts. New Bank account was created for 14 people, 15 has been received Ration card, 7 people received Pan card, 13 People received Aadhar card and 2 received welfare board card. 5 health care advocacies were done and 7 people received legal support over the past six months. We had invited officials from different government line departments, NGOs and other agencies and individuals who are resourceful for the effective linkages and services for the inauguration of Help Desks. Our women felt very brave and confident by visiting them directly and explaining about the help desk activities and inviting them for the inauguration. Help Desk peers improved themselves as a facilitator by working jointly with government officers. They felt respected by the government officials and confidently articulated their work with sex workers. This gave them the sense of improved social capital and social connections, improved the ability to negotiate with power structures (welfare department, police and judiciary by continuously working with them) and sense of recognition for sex workers. In Theni district treatment was denied for a person living with HIV by referring back and forth to different public hospitals, our help desk peer was involved and advocated against the denial of treatment owing to HIV status with the help of community members, district HIV/AIDS Programme Manager and Supervisor and other human rights networks and ensured that the patient provided the treatment at the nearest health facility. And in the same district, police department continuously filed false cases against women in sex work especially during the state assembly election period. Women contacted the help desk and

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Donor:

The Fund for Global Human Rights
National Network of Sex Workers
European Union
Gestalt Stitching / Stitching Fideel

Primary stakeholders/ beneficiaries: Women Sex Workers

Project title: Re-Integration of Children in Institutional Care Settings and Preventing Re-institutionalization

Project period: 01/03/2020 to 28/02/2021

Themes:

- Re-Integration of Children in Institutional Care Settings
- Prevention of Re-institutionalization
- Enhanced support towards re-integration

Objectives:

- Strengthening families and empowering caregivers and management staff for successful re-integration of children in Government Children's Home for Boys, Ranipet.
- Promoting reintegration and preventing re-institutionalization by empowering children, building mechanisms, and capacity building of child protection functionaries.
- To support role out of 5-year action plan and promotion of alternate care and de-institutionalization in Tamil Nadu and Kerala

Interventions: Key interventions of the project includes developing crisis intervention directory children reintegrated with families, conducting awareness and capacity building session for staff of Ranipet home to promote reintegration and strengthen families for reintegration and preventing re-institutionalization, facilitating family visits to provide psychosocial support, access financial sponsorship, crisis intervention, school enrolment and post reintegration assessment for families, conducting parenting skill training and support group meetings, capacity building of mentors in the communities of reintegrated children and support group meetings for children, developing guide on critical intervention for Reintegration, developing IEC materials on safe guarding girl children and assessment on the impactor Covid-19 on families of children in institutional care,

Impact: About 12 children over and above the proposed target were successfully reintegrated with their families and remain in the families for a period of 4 months without need for re-institutionalisation and enrolled in schools to continue their education. A safety net comprising of VLCPCs and volunteers/mentors was strengthened in 12 communities of reintegrated children. A document explaining the standard operating procedures and on critical interventions for successful reintegration shared with policy makers. Child protection knowledge products in place: Girl child protection stickers (5), abuse prevention video clip (1), resource directory (1), counsellors' guide (1) were prepared and Covid-19 impact assessment reports was shared with policy makers. About 7 mothers availed sponsorship grant and two were linked for widow pension scheme. One of the mother was successfully rescued from bonded labour and linked for government assistance. Assistance to families during the pandemic related lockdown in the form of dry ration kit, medical emergency support helped them to ensure 3 meals a day for all the children in temporary family care and access medical service on time. Considering the success of the project and ensuring family based care for all the children in institutional care, reintegration of children with families and alternative care for children without parents is scaled up in 7 districts of Tamil Nadu in collaboration with Department of Social Defence and Unicef.

Donor: UNICEF

Primary stakeholders/ beneficiaries: Children in institutional care and their families, caregivers and child protection functionaries.

Project title: General operating support for the LGBTI Program

Project period: 1 January 2020 to 31 December 2021

Themes: Strengthen and empower members of the LGBTQI community

Objectives:

- Advancing equal rights for LGBTI people and to achieve significant legal, policy and cultural change towards equal rights for LGBTI people
- To bring changes in public understanding of LGBTQI issues and communities and/or new narratives by and about historically oppressed people within LGBTQI communities
- Building stronger relationships, alliances, and partnerships to advance LGBTI rights
- Strengthening crisis response team and burnout prevention among social workers

Intervention: During this period, lockdowns came into effect and hence the priority intervention was to support for the relief for queer community members affected by COVID lockdown. The Institute of Mental Health, Kilpauk, Chennai, invited us to speak on their World Mental Health Day program on 6 October 2020 and we participated and reached out to students. We also conducted webinar and gender and sexuality, six-day online programs for social workers and awareness about gender and sexuality to children and adolescents in children home.

Donor: Astraea Lesbian Foundation for Justice

Primary stakeholders/beneficiaries: Queer community members affected by COVID lockdown, children and adolescents from underserved communities, social workers.

Project Title: Promoting Inclusion and Welfare of LGBTIQ-Advocacy to Prevent Discrimination of LGBTIQ Communities

Project Period: 1 January 2020 to 31 December 2021

Themes: Advocacy for LGBTIQ communities

Objectives: To strengthen and empower members of the LGBTIQ community, facilitation of support, groups for social workers and community leaders to include LGBTIQ community members and women in sex work to create awareness, prevent discrimination, and promote understanding.

Interventions:

Support groups for social workers and community leaders is one of the main activities undertaken with the help of this grant. We were able to identify and include diverse members of the LGBTIQ+ community as well as some women in sex work in these sessions which were facilitated by a professional psychodramatist and expressive arts therapist. This helped promote understanding of each other. For example, one female sex worker played the role of another woman with same-sex attraction in the group during the enactment of the psychodrama and after that all group members irrespective of their identity connected with each other emotionally. The diverse community members have continued to be in touch with each other and during the lockdown we had a few followup calls. We offered the option of continuing with online sessions. However, the group members prefer to have the session in a physical space and we hope to resume them as soon as it is logistically possible to organize them without compromising health and safety of the participants (this has been rebudgetted in the upcoming AJWS grant as well).

Our lockdown responses included catering to the immediate needs of the affected community members. Many LGBTIQ+ community members have lost their jobs and been forced to go back to families of origin and often pushed back into abusive situations. For example, many parents of queer women and transmasculine individuals who lost jobs and went to stay with the parents are now putting undue pressure on them to get married. Initially, we were able to do local fundraising to address some of the most pressing needs of the queer community. However, as the local funds dried up, we are glad that AJWS allowed us to use some of the grant money for relief work. Through this, we provided over 50 community members with basic needs like food, dry rations, essential home needs, medicine, hygiene products, etc. We also spoke to community members and arranged for peer counseling and psychosocial support as per their needs. Our team members helped eligible transgender women avail the government schemes for corona relief. Although the government has in principle accepted to cover transgender men in the welfare schemes of the Third Gender Welfare Board, in practice most transmen were unable to get the benefits of the government scheme as they did not have the necessary identity cards and documentation (like bank account in their name). So, we prioritized the people who are left out of government schemes and other avenues for help in our relief work for the LGBTIQ+ community. Additionally, we have also successfully conducted online sessions with legal professionals, social workers, mental health practitioners, etc, during the lockdown.

Impact:

The support provided to community members during the crisis of coronavirus lockdowns have helped them survive the most challenging period and given them hope to look for opportunities as the lockdown restrictions are now being relaxed. Some of our team members have also been involved in providing livelihood options for the LGBTIQ+ community through a project that is being supported by Solidarity Foundation. In fact, Sridhar who interned with our team a couple of years ago is now the coordinator of that project. A student who has interned with him has helped organize a 6-day online program for social workers which was very well received by the participants. We had limited success with online sessions for legal

professionals, but we plan to build on the momentum and organize more sessions in physical spaces for legal and other professionals as and when it is logistically feasible to do so without compromising health and safety for everyone.

The greatest achievement during this period was the progress made toward LGBTIQ+ inclusion at policy level in Tamil Nadu. An inclusive mental health policy has been released by Tamil Nadu government (https://cms.tn.gov.in/sites/default/files/gq/hfw_e_301_2019.pdf, in particular check section 3.8.2 Mental Health Needs of LGBTI+ community in pages 31 and 32). There is also considerable progress made toward inclusion of transgender men in the schemes of the Third Gender Welfare Board (although the name "Third Gender" itself is still unacceptable to many community members) of Tamil Nadu. Although there are still significant implementation gaps that need to be addressed, in principle, the newly launched transgender clinics offer services to both transwomen and transmen. Through media advocacy, we have helped ensure that inclusive policies and judgements were implemented. For example, this article (<https://www.thehindu.com/news/national/tamil-nadu/despite-court-ruling-officials-refuse-to-register-transwomens-marriage/article30670135.ece>) by a journalist who had attended our gender and sexuality workshop helped ensure the marriage was actually registered. All this has been the result of years of engaging with government officials by our team members along with other activists and community leaders.

In addition, given the unprecedented situation of sudden draconian lockdowns being imposed as a response to the spread of COVID, we were able to successfully coordinate local fundraising (<https://milaap.org/fundraisers/support-kanaga>) which was also community-led and inclusive of all subgroups within the transgender community. However, due to continued loss of income among our local donors, it was not possible to sustain these efforts over the period of extended lockdown and we are glad AJWS allowed us to use some of the grant money for relief work for the LGBTIQ+ community. In addition to providing rations of food, medicine, hygiene products, essential home needs, etc., we also provided counseling and psychosocial support to the affected community members.

Donor: AJWS

Primary stakeholders/beneficiaries: Social workers, Community leaders, LGBTIQ+ community members

Emergency Response to Covid-19 Pandemic

As an immediate response to COVID 19 crisis situation, we reached out to our core constituencies –(i) adolescent girls and boys and their families in Ernavur, Chennai, (ii) children in institutional care in Ranipet, Vellore district, who have been sent back to their families during this epidemic, and (iii) female sex workers across Tamil Nadu state. Our objective is to support them with information, counselling, access to food and medicines, and emergency services. Through our discussion, we identified the following situations distressing related to sex work and the sex workers:

LOSS OF INCOME AND LIVELIHOOD: Most women were single earning member in the family, managing their children and aged parents, out of the income from sex work. We understood the intensity of the issue and pooled support from various sources (individuals and donors) to provide dry rations for them. Transportation of food and grocery packets was distributed to the women was our priority. We engaged with the peer leaders, facilitated them to identify women in need in their locality, identify grocery shops that would provide groceries against online payment and would be able to dispatch packs in a short time. Women took the risk of collecting the provision from the shops and distributing locally by adhering to the safety protocols and with special permissions from the local bodies. We also gave travel/petrol allowance to the peer leaders and others to transport the required items.

INABILITY TO ACCESS TO HEALTHCARE FACILITIES: We ensured that all positive (HIV+) women had adequate ART in hand and facilitated with the DAPCU and other units that were arranged to dispatch ART for 3 months. We talked to women on adherence and understood that they also required additional medicines for conditions including Diabetes, Blood pressure, access for which became difficult due to lock down and restricted or no access to Government hospitals. We ensured and made necessary arrangements to ensure adherence to all treatment and additional nutrition apart from monthly dry ration.

INACCESSIBILITY OF FREE RATION SERVICES: While the Government rolled out free provisions through the Public distribution system, several women didn't have access to the ration cards and it was unfortunate that they couldn't access the additional financial support provided by the government as some of them do not have valid identify proofs success the services.

ADDRESSED BASIC NEEDS: Upon interactions we understood that more women were in distress and required support like basic medicines, sanitary napkins, daily use materials, we immediately provided required support. Apart from this we facilitated counselling refresher training online and helped more women access and reach out to more women in need for support. After initial conversations, we understood that they were anxious and confused about corona and had several questions about both the pandemic and their livelihood. We understood and immediately devised a plan to provide psychosocial support via individual and group calls. We spoke about COVID, gave them information on the signs and symptoms, importance of screening, availability of testing centres in their locality, and most importantly to stay safe. By offering psycho-social support and discussing their emotions and specific needs, we found that they were struggling for basic necessities such as food. We approached the donors of the existing projects and government departments and sent out social media appeal for contributions and we received good support to cater to the needs of the affected people. We provided psychosocial support to deal with emotional issues associated with pandemic, dry ration ratios kits to deal with lockdown situation, emergency medical support and facilitating access to health services. As a result, we reached out to about 1000 families to offer psycho social support, facilitated door step delivery of ART tablets to 5 people living with HIV, emergency medical treatment and surgery support for 3 women and dry ration kits for over 2000 families.

Through our discussion, we identified the following situations distressing families in Ernavur, Chennai where we work with adolescent girls and their families, we have currently collated information from about 350 families, and have identified two main needs: Food supplies and cash to meet daily expenses for milk, tea, gas cylinder, vegetables etc. The vast majority of the people we spoke with so far are daily wagers, who have been unable to go to work during the extended period of lockdown.

Men are the main wage earners, while most women appear to be home makers. Most men are employed as fishermen, auto drivers, load men, electricians, painters, carpenters, and construction workers. Where women work, they are employed as domestic help, sweepers, housekeepers in companies, and tailors. Due to lockdown, almost all of them are jobless and do not have any cash flow to meet out their routine day-to-day expenses. They are struck at home with families and children, and without any income to cater to the basic needs of the children, who are used to having chips or snacks like biscuits, bun-butter-jam, etc.

We understood from the conversation with parents that many of the families

1. Do not have ration card to receive relief supplies provided by the Government of TN.
2. Do not hold unorganised sector welfare board membership card to receive cash relief of Rs. 000/- provided by Govt. of Tamil Nadu
3. Majority do not have Jan Dhan Bank Account to receive PM Care relief.
4. Majority are not enrolled under Ujwala Scheme to get free gas cylinders. Many families holding empty cylinders and could not get the refill as they run out of money.
5. There are also single parents, who do not have ration cards because of the cards are only given to families.

Key reasons for not having social entitlements include many of the families are reallocated from different parts of Chennai and new cards were not issued for quite long time, cumbersome process coupled with repeated visits to different offices and certificates and ignorance of e-seva center staff. On the other hand, we also received information from few families that the supplies provided in the PDS shops as relief measures were very poor quality and could not be consumed. They shared that, "We understand that this is what is available and only this is affordable.... What to do, children are not eating this and feel this is very hard to eat and poor in quality. It's very hard to make them eat... even with this, we just have two meals a day."

After initial conversations, we understood that they were anxious and confused about corona and had several questions about both the pandemic and their livelihood. We understood and immediately devised a plan to provide psychosocial support via individual and group calls. We spoke about COVID, gave them information on the signs and symptoms, importance of screening, availability of testing centres in their locality, and most importantly to stay safe. By offering psycho-social support and discussing their emotions and specific needs, we found that they were struggling for basic necessities such as food. We approached the donors of the existing projects and government departments and sent out social media appeal for contributions and we received good support to cater to the needs of the affected people. We provided psychosocial support to deal with emotional issues associated with pandemic, dry ration ratios kits to deal with lockdown situation, emergency medical support and facilitating access to health services. As a result, we reached out around 2500 families and offered psycho social support, delivery of ART tablets, emergency medical treatment and surgery support and dry ration kits.

Donors:

Chennai Corporation, APPI, Mariwala Health Initiatives, Amplify Change, NNSW, Individual Donors and Fund generated by volunteer through MILAP platform

Project title: Building Alternative Care for Children in Institutional Care in Tamil Nadu and Improving Adolescent Mental Health in Low Income Urban Settlement

Project period: 1 March 2021 to 28 February 2022

Themes:

- Alternative care
- Improving mental health of adolescents

Objectives:

- Building capacities of select Child Protection Functionaries to empower children, strengthening families and empowering caregivers and management staff for successful re-integration of children in selected CCLs.
- Establishing cadre of child protection functionaries delivering reintegration services to children in institutional care
- Establishing linkages mechanism to foster family strengthening services to promote reintegration in the state
- Improving mental health and resilience of adolescents through skill building, provision of psychosocial services and linkages with existing services
- Build supportive environment in the family and community for adolescent

Intervention: Based on the success of the reintegration of 12 children institutional care with their biological parents, the Department of Social Defence approved the proposed plan to scale up the de-institutionalisation efforts in the state. In addition to reintegrating children with their families, current initiative attempts to facilitate reintegration as well as alternative forms of care such as foster care for children those who don't have parents. As the children in low income urban settlements are surrounded by multiple vulnerabilities, addressing their mental health is the need of the hour. Key interventions related to alternative care included Identifying priority districts and developing implementation roadmap, in consultation with the Directorate of Social Defence, for the promotion of alternative care in selective districts of Tamil Nadu, developing social and behavioural communication materials, monitoring and evaluation tools, reporting formats and reporting tool, building capacities of CPF towards effective and efficient implementation of reintegration activities in the prioritised district, building consensus and commitment among stakeholders and strengthen linkages with related agencies and ensure convergence and assisting CPF to create database of prioritized children, explore conditions to thrive in the family (SIR and ICP based), initiate contact and assessment with families, prepare children and families, reintegration, and post reintegration follow-up. Intervention with adolescents to improve mental; health included desk review and sample survey on mental health status of adolescents (with special reference to intergenerational mental health disorder and low-income urban settlements) including substance addiction, socio-economic and environment factors affecting mental health and support seeking behaviour of adolescents in low-income urban settlement, identifying and building cadre of child spokesperson to promote peer support systems, positive role models and advocate with policy makers about issues affecting them, establishing provision of community based adolescent friendly counselling services to promote psychosocial support to adolescents and their parents, linkages with existing mental health services through accompanied referral to promote access to mental health issues and improving resilience of adolescents through building knowledge, attitude, skills, through life skills education

Donor: Unicef

Primary stakeholders/beneficiaries: Children and their families, care staff and child protection functionaries.

Other Activities:

Fund Raising for sex worker's daughter's education: A sex worker who left to Singapore 3 years back was died over there. Her Daughter is staying at her aunt's place in Pondicherry and is in 12th grade. They could not afford the school fees of Rs. 52,000 and they reached out for help from SIAAP. We contacted Project X in Singapore and collected funds for the child. We went to visit the Vice Principle of the school to request for fee reduction. Finally, it was agreed to pay Rs. 30000. Fortunately, the collected funds by Project X and SIAAP came up to Rs. 60,680. After discussing with the child's aunt, it was decided to maintain a short term fixed deposit with the remaining amount Rs. 30,680 for four months. This will be used for her higher studies.

Health care Advocacy: A sex worker infected with HIV has not been properly treated in Theni district. The hospital staffs treated her with disrespect because she was a sex worker affected with HIV. They were told to move to Madurai, nearby district, citing the lack of treatment facilities at the hospital. The same thing was happened in Madurai also. So she went back to Theni district hospital again. The situation remains the same there; she was disappointed and contacted our help desk member and told her what was happened to her in the hospitals. Our help desk peer directly went to the department head in the hospital with the help of some officers and explained the problems faced by the sex worker in their hospital. She advocated for the rights to access the health care. The department head understood the situation and took immediate action against them. After these actions the sex worker was treated there in Theni hospital with respect and she completely recovered from the illness.

Strengthening Vadamalar Federation: As the Covid-19 pandemic has devastating impact on the lives of sex workers and further marginalised them which necessitated consistent support for the leaders of the CBOs and Federations to get in touch with the communities during pandemic situation and attend to their needs immediately. Biweekly online meetings were conducted with federation leaders to understand the situation of leaders and motivate them to be in connection with CBO members. In order to facilitate the process, leaders were provided with the support to access internet data, visit health care facilities, collecting identification documents from women to facilitate GFATM relief measure and organising the federation related activities along with NNSW. Through a collective advocacy with NNSW, the NHRC recognised sex workers as informal workers in their advisory released on October 7, 2020. on sex work and sex workers which as later modified.

Relocation of office: SIAAP has relocated its administrative office from Thiruvanniyur to Kottivakkam as the existing work space is not conducive to follow Covid-19 safety protocols such as maintaining physical distance and proper ventilation.

Projects in Pipeline: SIAAP along with Saheli Sangh, Maharashtra and Sangama, Karnataka, have jointly proposed to Amplify Change a project to its renewal grant titled, "Strengthening Access to SRHR and Wellbeing among Female Sex Worker Community in 3 States in India" and the grant was approved. The project is likely to start from June 2021.