

## TOR /Scope of work Involved

Targeted interventions are aimed at offering prevention and care services to populations with high risk behavior. These populations include Female Sex Workers (FSW), Men-who-have-sex-with-men (MSM), Transgendered Population (TG), Injecting Drug Users (IDUs) and Bridge Population (Truckers and Migrants) with the active involvement of the community, these interventions seek to reduce risk and vulnerabilities associated with these populations and increase health seeking behaviour.

### Components of Targeted Interventions under NACP:

#### 1. Behaviour Change Communication

- This component involves understanding and assessment of individual and group practices/behavior which can pose risk to HIV infection.
- Development of context specific strategies/activities to address the risk of infection through peer counseling, counseling through counselors, creating enabling environment to reinforce safe practices.
- The Peer educators/ peer leaders and Out Reach Workers/ Health educators lead activities under this component through one-to-one sessions and group sessions among the community.
- Information Education and Communication (IEC) materials are developed to further augment behaviour change.

#### 2. Access to services for treatment of sexually transmitted infections (STI)

- This component is aimed at improving access to STI services as STI (both symptomatic and asymptomatic) pose greater risk for HIV infection.
- Access to STI services is provided through three different approaches i.e. Project Based Clinics, Fixed day and time – Fixed time out reach clinics and Referral clinics either with private or public facility. Also health camp based approach is adopted for interventions working with migrants.
- All IDU projects are required to establish a static clinic within the DIC for abscess management, STI treatment and treatment of common physical co-morbidities. Where as FSW and MSM TIs would have their DICs attached to project office or as decided in the contract. The migrant TIs would have 3 DICs in place preferably at the worksite, residences and project office or as decided in the contract.
- Under TI budget there is provision for one part time doctor and one ANM / Counsellor per TI.

#### 3. Provision of commodities such as condoms, needle and syringes and lubes to ensure safe sex/injecting practices

#### 4. Enabling Environment through structural intervention The interventions focus on creating an environment which facilitates access to information, services and commodities by the high risk groups. The interventions carry out advocacy with key stakeholders and elicit their involvement in the HIV prevention programme

#### 5. Linkages to ICTC, ART, Community Care Centre, RNTCP Programme, Government OST centre, Detoxification services (for IDU projects) . Some of NGO projects working with IDUs may be required to implement Opioid Substitution Therapy directly in addition to the other preventive services mentioned above.