

## Components of TI Projects

### Main focus of TI Projects

- **Prevention**
- **Reversal** of the progression of the infection and **Reduction** in the overall level of **prevalence**
- **Evidence-based** approach

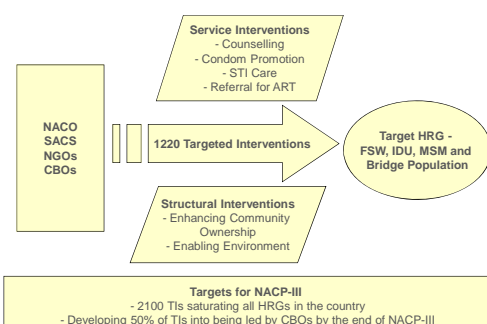
### Lessons from NACP-II

- Dilution in TI Projects; more focus on **Core Groups**
- Programmatic link between **TI Projects** and **Continuum of Care**
- Need to strengthen **Supportive Supervision**; support to SACS / NGO
- Strategic shift from **Support** to **Empowerment**

### Estimated Population in HRG

Group		Lower Estimate	Upper Estimate
FSW		831,199	1,250,115
MSM		-	2,352,133
IDU	Male	96,463	189,729
	Female	10,055	33,392

### TI for HRGs



### Components of TI Projects



### Condom Promotion

- Every person should have access to condoms when he/she needs it
- Primary Strategy: Free supply of condoms to HRGs through TI NGOs/CBOs
- Secondary Strategy: promoting social marketing of condoms through Social Marketing Organizations
- In case of MSM and TGs, the TIs provide lubes to reduce the risk of transmission by penetrative anal sex

### Community Mobilization

- Building community's ownership of the TI objectives
- Collectivisation – collective decision-making
- Creation of a space for community events
- Building capacity of community groups to assume ownership of the programme - formation of various committees like DIC Management Committee and Clinic Committee

### Referrals & Linkages

- Linkages to STI and health services with strong referral and follow-up
- Promotion/distribution of commodities including free condoms, lubricants, needles/syringes
- Linkages to other health services (e.g. for TB) and voluntary counselling and testing centres (VCTCs)
- Provision of safe spaces (DICs)

### Management of STIs

- STI services: an opportunity for prevention education to the individual as well as to his/her partner
- Planning for STI services done with the HRGs
- Clinicians should have an attitude of respect towards the community.
- Availability of services should be as per the needs of the community (for e.g. late-night access)
- Accessibility of services at optimal locations (i.e. not too far from the major sex work sites)
- Regular Medical Check-up to be ensured

### Enabling Environment

- Creating a crisis response/management system
- Advocacy with key stakeholders/power structures response system
- Legal rights education

### Behaviour Change Communication

- Peer-led, NGO-supported outreach and behaviour change communication
- Differentiated outreach/communication based on risk and typology
- Interpersonal behaviour change communication (IPC)

## Conclusion

- The focus of the TIs should be that
  - All key populations are being met regularly
  - All key populations are able to access condoms and use it correctly and consistently
  - All are regularly screened for STI and HIV
  - All in need of care and support are able to access the same
  - The environment around sex work is safe
  - Harm reduction support system is in place for IDUs