

| Intervention       | Entry level: Outreach<br>IPC, Small groups, CMs   | Intensive Level:<br>Peer education  | Exit level:<br>Sustainability plans  |
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| <b>Behavioural</b> | <ul style="list-style-type: none"> <li>• Identify key stakeholders in the community e.g. brothel owners/managers, local pimps, chairladies, madams, law enforcement agents, others as applicable</li> <li>• Conduct community stakeholder dialogue</li> <li>• Key influencers/gatekeepers pre-intervention dialogue               <ul style="list-style-type: none"> <li>○ Baseline PM&amp;E</li> <li>○ Validation of identified hotspots/intervention sites</li> <li>○ Selection of peer educators within respective target community</li> </ul> </li> </ul> <p><b>Condom</b></p> <ul style="list-style-type: none"> <li>• Identify a system of <b>condom</b> procurement</li> <li>• Estimate condom requirement for target community</li> </ul> | <ul style="list-style-type: none"> <li>• Train Peer Educators on the program</li> <li>• PEs to conduct periodic contacts to the respective FSW communities (monthly) using drama/rolw plays, film shows, games etc– refer to national FSW community tool – PEP model</li> <li>• Conduct monthly review and refresher meetings with trained PEs.</li> <li>• Conduct community stakeholders’ update meetings regularly (quarterly)</li> <li>• Process documentation and dissemination</li> </ul><br><ul style="list-style-type: none"> <li>• Drama/role play</li> </ul><br><ul style="list-style-type: none"> <li>• Film shows</li> </ul><br><ul style="list-style-type: none"> <li>• Games – board games, cards, community conversation toolkit</li> </ul><br><ul style="list-style-type: none"> <li>• PEs direct distribution and tracking of condoms to target communities</li> <li>• PEs identify traditional/ non-traditional outlets and establish distribution systems in all sites</li> </ul> | <ul style="list-style-type: none"> <li>• Formation of community-led social structures/groups</li> <li>• Plan for sustainability of formed social structures/groups</li> <li>• Promote voluntary PEs from the community</li> <li>• End of project evaluation/dissemination sustainable sexual behaviour programs</li> </ul><br><ul style="list-style-type: none"> <li>• Outlet sustainability of condom distribution</li> </ul> |

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| <p><b>Biomedical</b></p> | <p><b>STI control and mx</b></p> <ul style="list-style-type: none"> <li>• Identification of sites where clinical services will be provided to target communities</li> <li>• Adapt the existing national standard operational guideline for STI management</li> <li>• Advocacy to relevant stakeholders and policy makers to include budgetary allocation for continuity of biomedical intervention for target communities</li> <li>• Identify and build capacity of existing community structures (CBOs, target community leaders and other community groups) to continue with support implementation after exist of program</li> </ul> <p><b>HCT</b></p> <ul style="list-style-type: none"> <li>• Adopt the national SOP for counseling and testing for HIV</li> <li>• Identify organizations that can be linked to the program to provide HCT services, if the program does not provide these services directly</li> <li>• Training of personnel (counselor, nurses, community based organizations) on HIV counseling</li> <li>• Establish linkages between HCT service providers with comprehensive clinics in hotspots/implementation sites</li> </ul> <p><b>PMTCT</b></p> <ul style="list-style-type: none"> <li>• Follow/ adapt the national SOP for treatment and care for beneficiaries</li> </ul> | <ul style="list-style-type: none"> <li>• Training and retraining of clinic staff (counsellors, nurse, doctors, prevention officers) on the SOP and needs of target communities</li> <li>• Provide counseling for STI at the clinic to all target communities</li> <li>• Referrals and/or treatment for target communities for STI – syndromic management</li> <li>• Partner notification and treatment (clients and non-paying partners)</li> <li>• Institute follow up systems for target communities undergoing STIs management in line with the national guideline</li> <li>• Strengthen linkages between community level activities and health care facilities to ensure sustainability</li> </ul><br><ul style="list-style-type: none"> <li>• PEs follow up of target communities for regular testing and counseling ( mobile HCT)</li> <li>• Refer pregnant women (gen. pop and MARPS) for HIV testing</li> <li>• Facilitate HIV positive pregnant target communities to access appropriate PMTCT services</li> <li>• Promote community counseling systems, particularly PLHIV networks</li> </ul><br><ul style="list-style-type: none"> <li>• Refer HIV positive target community members to PMTCT</li> <li>• Refer for tests for LFT, RFT and CD4</li> </ul> | <ul style="list-style-type: none"> <li>• Strengthen linkages between community level activities and health care facilities</li> <li>• Institute fora for the continued engagement of community stakeholders with health facilities and target community groups that would look at progress review, feedback processes and recommendations for sustainability</li> <li>• Linkages with positive network</li> </ul> |
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|                   |   | <p><b><i>(where Medical Personnel is available)</i></b></p> <ul style="list-style-type: none"> <li>• Initiate/ refer for initiation of ART and CTX <b><i>(where Medical personnel is available)</i></b></li> <li>• Provide/ refer for adherence counseling</li> <li>• Follow up of HIV positive target communities by HIV positive peers or acceptable outreach staff</li> <li>• Promote PMTCT among target community as part of peer education package</li> <li>• Refer for family planning services (pills, condoms, injectable contraceptives) to target communities</li> <li>• Refer for cervical, anal cancer, HPV and HSV2s screening for target communities</li> <li>• Refer target community for other services like diabetes and hypertension screening and other services that the target community need</li> <li>• Referrals to other services related to rape support</li> </ul> |   |
| <b>Structural</b> | <ul style="list-style-type: none"> <li>• Analyze environmental context(social, cultural, economical and geographical) of target population activity within locality</li> <li>• Conduct stakeholder analysis (Internal, external, Clients)</li> <li>• Analyze key issues of relating to stigma &amp; discrimination; violence (physical, sexual, emotional), and exploitation members of local target communities ( law enforcement agencies, bar man, brothel owner, area boys, boyfriends etc)</li> <li>• Prioritize key issues to be addressed and develop mitigation plan</li> </ul> | <ul style="list-style-type: none"> <li>• Engagement with internal target community (bar owners; managers)through awareness creation and dialogues</li> <li>• Engagement with external community (host communities; law enforcement agencies and transport worker associations) through formal and informal policy change; institutional capacity development</li> <li>• Improve access to financial mitigation activities through partnerships with relevant public and private sector organization and entities</li> <li>• Strengthen self worth through life skills training</li> </ul>  | <ul style="list-style-type: none"> <li>• Development of sustainability plans by internal and external target community</li> <li>• Support the formation of cooperatives of target community where possible</li> </ul> |
|                   | <b>One month</b>  | <b>Three months (at least two contacts</b>   | <b>Ongoing from entry level</b>   |

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|   |  | and maximum three per month) |  |
| <b>Total number of months to reach an individual – four</b> |  |                              |  |