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India's voice against AIDS
Ministry of Health & Family Welfare, Government of India
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CAPACITY BUILDING NEEDS ASSESSMENT

In the context of IDU Interventions in India

Project Hifazat: Strengthen the capacity, Reach and Quality of IDU Harm Reduction Services

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In the context of IDU Interventions in India

Currently, 'Injecting Drug Users' (IDUs) are referred to as 'People Who Inject Drugs' (PWID). However, the term 'Injecting Drug Users' (IDUs), has been used in this document to maintain consistency with the term used presently in National AIDS Control Program.

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Preface

In India, Targeted Intervention (TI), under the National AIDS Control Program (NACP) framework, is one of the core strategies for HIV prevention amongst injecting drug users (IDUs). Apart from providing primary health services that include health education, abscess management, treatment referrals, etc., the TIs have also designated centres for providing harm reduction services such as Needle Syringe Exchange Program (NSEP) and Opioid Substitution Therapy (OST). The services under the TIs are executed through a peer based outreach as well as a static premise based approach, i.e., through Drop-In Centres (DIC) which in turn serves as the nodal hub for the above activities to be executed.

To further strengthen these established mechanisms under the NACP and to further expand the reach to vulnerable IDUs, United Nations Office on Drugs and Crime (UNODC) in India provides technical assistance to the National AIDS Control Organisation (NACO) through the Global Fund Round 9 Project (i.e., Project Hifazat), amongst others. In doing so, UNODC supports NACO through technical assistance in undertaking the following:

- *Conduct Operational Research*
- *Develop Quality assurance SOPs*
- *Develop Capacity Building / Training Materials*
- *Training of Master Trainers*

It is in this context, that a study on Capacity Building Needs Assessment (CBNA) has been conducted. The study aims to understand the capacity building gaps and needs of the service providers at various levels (implementers, monitors and managers) working with NACO IDU TI programme.

This CBNA report assesses the profile and the capacity needs of IDU TI staff, State Training Resource Centers (STRCs) and Technical Support Units (TSU), as well as the opinion of various officers on capacity building. Additionally, the CBNA exercise involved reviewing the existing training materials and mechanisms for capacity building. Finally, recommendations have also been provided for improving the quality of training.

This study therefore, has been conducted with a vision to serve as an invaluable tool to improve the capacity building mechanisms of the service providers engaged in IDU TI's in India in order to enable them to deliver quality services. Contributions from the Technical Working Group of Project Hifazat, which included representatives from NACO, Project Management Unit (PMU) of Project Hifazat, SHARAN, Indian Harm Reduction Network and Emmanuel Hospital Association was critical towards articulating and consolidating the study.

Acknowledgement

The UN office on Drugs and Crime, Regional Office for South Asia (UNODC ROSA), in partnership with national government counterparts from the drugs and HIV sectors along with leading non-governmental organizations in the countries of South Asia is implementing a project titled 'Prevention of transmission of HIV among drug users in SAARC countries' (RAS/H13).

As part of this regional initiative, UNODC is also engaged in the implementation of the Global Fund Round -9 IDU- HIV Project (i.e. HIFAZAT). Project HIFAZAT aims to strengthen the capacities, reach and provide quality service to the IDUs in India. It involves offering support for the scaling up of services for IDUs through the National AIDS Control Program.

We would like to acknowledge the invaluable feedback and support received from various stakeholders including NACO, Project Management Unit (PMU) of Project HIFAZAT, Emmanuel Hospital Association (the Principal Recipient of the grant 'Global Fund to Fight AIDS, Tuberculosis and Malaria- India HIV-IDU, Grant No-IDA-910-G21-H'), SHARAN, Indian Harm Reduction Network and individual experts who have contributed significantly to the development of this document. Acknowledgements are also due to the NGOs implementing IDU TIs, STRCs, TSUs and SACS who participated in the study.

Special thanks are due to the UNODC Project H13 team for their persistent and meticulous efforts in conceptualising and consolidating this document.

Contents

Abbreviations

ACRONYM	STANDS FOR
AIIMS	All India Institute of Medical Sciences
ANM	Auxiliary Nurse Midwife
BCC	Behaviour Change Communication
CBNA	Capacity Building Needs Assessment
DIC	Drop-In Centre
DOTS	Daily Observed Treatment Strategy
EHA	Emmanuel Hospital Association
Hep C	Hepatitis C
HIV	Human Immunodeficiency Virus
HRG	High Risk Groups
ICTC	Integrated Counselling and Testing Centre
IDU	Injecting Drug User
IDUs	Injecting Drug Users
M&E	Monitoring and Evaluation
MARP	Most At-Risk Population
MSJE	Ministry of Social Justice and Empowerment
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NDDTC	National Drug Dependence Treatment Centre
NDPS Act	Narcotic Drugs and Psychotropic Substances Act
NGO	Non- Governmental Organisation
NSEP	Needle Syringe Exchange Programme
OI	Opportunistic Infection
ORW	Outreach worker
OST	Opioid Substitution Therapy
PE	Peer Educator
PEP	Post Exposure Prophylaxis
PM	Programme Manager
RRTC	Regional Resource and Training Centre
RTTC	Regional Technical Training Centre
SACS	State AIDS Control Societies
STI	Sexually Transmitted Infections
STRC	State Training and Resource Centre
TB	Tuberculosis
TI	Targeted Intervention
TOT	Training of Trainers
TSU	Technical Support Unit
UNODC	United Nations Office on Drugs and Crime

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Executive Summary

Background

Injecting Drug Users (IDUs) are a vulnerable group for acquiring and transmitting the HIV (Human Immunodeficiency Virus) infection. While the National AIDS Control Organisation (NACO) has responded to HIV among IDUs by establishing and continually scaling up the Targeted Interventions (TIs), the gap in training and capacity building of service providers as well as monitors and mentors is being acutely felt. To address this gap, UNODC has commissioned this study titled 'Capacity Building Needs Assessment (CBNA)'.

Methodology

This CBNA was conducted with the objectives of:

(a) Exploring and documenting the existing capacity building structures, systems and tools as pertaining to the IDU TIs
(b) Exploring the perceived training needs of various levels of functionaries: service providers, capacity building officers and programme monitoring staff.
(c) Providing recommendations for improving the capacity building systems.

To achieve these objectives, a combination of secondary data review and primary data collection were employed in the study. The collection of primary data involved an email survey as well as field visits to collect data from a variety of respondents: SACS, STRCs, TSUs, RRTCs and most importantly the IDU TIs. Once the data collection was completed, the data was triangulated and analysed using largely qualitative data analysis techniques. The findings were used in formulating the conclusion and recommendations.

Findings

Responses were obtained from 17 SACS, 19 TSUs, 15 STRCs, 7 RRTCs and 64 IDU TIs spread throughout the country, resulting in response rates ranging from 63% to 100%.

STRCs

All the STRCs have been conducting training programmes for the IDU TIs as per the NACO guidelines. However, most STRCs do not have adequate in-house technical capacities and this problem is compounded by the scarcity of resource persons – with expertise in IDU issues within the country. Almost half of STRCs have training officers who have not attended a single TOT which would equip them to deal with IDU TI issues. Many STRCs reported various management issues as problems regarding the functioning of STRCs.

SACS

On most of the thematic areas of IDU TI functioning, SACS officials alleged that they had inadequate capacities in monitoring the IDU TI programme. Most SACS officials have not received any training or exposure to enhance their capacities. SACS officials were also able to identify specific areas where IDU TIs in their states had inadequate capacities. Concerns regarding the inadequate capacities of STRCs were also expressed by many SACS officials.

TSUs

Many programme officers of TSUs – those who are entrusted with the task of providing technical assistance to the TIs – are themselves not fully capacitated to be able to execute their responsibilities. There are certain areas of TI functioning where the Program Officers (POs) from TSUs are required to provide on-field training viz. outreach planning, execution of planning in the field, NSEP, waste disposal management, advocacy and networking and documentation and reporting.

IDU TIs

The data was collected from a total of 64 IDU TIs, from 18 states, spread throughout the country. All the surveyed TIs reported that they had the necessary staff in position, all of whom have been largely trained. The lowest proportion of untrained staff are the PMs and the highest proportion of untrained staff are the doctors. A large majority of all categories of staff however, reported not having attended any exposure visit. In certain themes, all the staff categories appear to be not trained and hence require training urgently. These are: OST, overdose management and providing services to female partners/female IDUs. The problems faced by the IDU TIs regarding training of staff include: Lack of timely training, frequent turnover of staff, concerns regarding resource persons, logistic issues and dissatisfaction with resource material. The inadequate capacities of IDU TI staff were found to affect multiple

areas of TI functioning, viz. Overall programme management, outreach and regular contacts (including NSEP and waste management), general medical care of IDU, counselling and behaviour change, HIV testing and treatment, referrals and linkages and working with female IDUs and partners of male IDUs.

Triangulation of data

The triangulation of data collected from various sources revealed the following significant thematic areas where urgent training is required: Abscess management, OST, Overdose management, Female IDUs and partners of male IDUs.

Existing training modules

A variety of training modules are available with the National AIDS Control Programme. Some of these are aimed at specific staff (such as modules for PMs or ORWs), some are focused on specific interventions (such as OST or counselling) and some are aimed at specific population groups (such as reaching out to female partners of male IDUs). Together while all of them cover most of the areas important for capacity building of staff at various levels, on certain themes, additional resource material is urgently required.

Conclusion and Recommendations

- IDU programme has unique and special training needs - A generic TI approach fails to capture the complexities involved in dealing with IDUs adequately.
- Institutional mechanisms for capacity building are in place and need to be strengthened- Specifically there is a need to strengthen the STRCs.
- Other institutional mechanisms for capacity building must be explored-Specifically, the RRTCs functioning with the Ministry of Social Justice and Empowerment appears to be promising institutions which could be roped in.
- It is not enough to only train TI staff; capacity building is required at all levels- Other than service providers, the staff involved in monitoring and mentoring (SACS, STRCs and TSUs) must also be trained.
- Some TI staff appear to fall out of the training net- Particularly the doctors and nurses remain untrained on many important medical issues.
- Existing resource material needs to be relooked at, updated and supplemented.
- The pool of resource persons in the country must be expanded- This can be achieved by conducting Training of Trainers programmes. Additionally training for NACO must be made more attractive for the resource persons.
- Innovative training methodologies and techniques are required, this may involve going beyond the class room type setting to more exposure visits, audio-visual training aids and more interactive and participatory presentations.

Background and Introduction

It is now well established that Injecting Drug Users (IDUs) are highly vulnerable in the acquiring and transmitting of the HIV (Human Immunodeficiency Virus) infection. Among various high risk groups, currently, HIV prevalence is the highest among IDUs in India, as reported in the sentinel surveillance carried out by the National AIDS Control Organisation (NACO). With the increasing recognition of high HIV prevalence among IDUs in India, the National AIDS Control Programme (NACP) has responded by increasing 'Targeted Interventions' (TIs) for IDUs. As of mid-2011, about 260 TIs, providing services to IDUs exclusively, have been established in the country.

These TIs are entrusted with providing a variety of services to the IDUs, including, but not limited to: Outreach, Behaviour Change Communication (BCC), Peer Education, Needle Syringe Exchange Programme (NSEP), Primary Health Care and facilitation of referral to various other services. In addition, around 50 TIs also provide Opioid Substitution Treatment (OST) with buprenorphine to the IDUs.

In order to provide effective services to the IDUs, all service providers require adequate capacities. Indeed, Capacity Building is one of the four major components of the National AIDS Control Programme Phase III (along with Prevention, Care Support and Treatment and Strategic Information Management). However, training and capacity-building remains an area which requires immediate attention to ensure that interventions are of the required scale and quality. Building capacities is not only important for the service providers, but also to those entrusted with oversight functions including Monitoring and Evaluation (M&E) as well. It has been felt that the human resources deployed for such tasks (service delivery as well as monitoring and mentoring) have not kept pace with the current developments and rapid scale-up of services. Thus, the gap in training and capacity building of service providers as well as monitors and mentors is being acutely felt.

As a technical partner of the Global Fund (for AIDS Tuberculosis and Malaria – the GFATM) Round 9 HIV/AIDS activity for IDU), UNODC has commissioned this study on Capacity Building Needs Assessment (CBNA) – with the aim to understand the gaps and needs in the area of capacity building of the various levels of programme personnel (implementers, monitors and managers) working with the IDU TI programme of NACO.

Methodology

Objectives

This CBNA was conducted with the following objectives:

1. *To explore and document the existing capacity building structures, systems and tools as pertaining to the IDU TIs.*
2. *To explore the perceived training needs of various levels of functionaries: service providers, capacity building officers and programme monitoring staff.*
3. *To provide recommendations for improving the capacity building systems.*

Methodological Approach

To achieve these objectives, a combination of following methodological approaches was used in the study.

1) Review of existing (secondary) data

This comprised of a review of the existing capacity building tools such as Training modules, etc.

2) Collection and Analysis of primary data

i. An email survey was conducted among various levels of functionaries:
- *Service providers (i.e. IDU TI staff)*
- *Capacity building officers (STRCs)*
- *Programme monitoring staff (TSU/SACS)*
- *Additional capacity building mechanisms (RRTCs of MSJE)*

ii. Using largely qualitative interview methods, trained interviewers (co-lead consultants) collected data onfield, among various levels of functionaries:
- *Service providers (i.e. IDU TI staff)*
- *Capacity building officers (STRCs)*
- *Programme monitoring staff (TSU/SACS)*

Tools for Data Collection

For primary data collection, a set of semi-structure questionnaires was drafted, specific for each category to be interviewed. The questionnaires were then subjected to peer-review and after discussion among various stakeholders, were finalised. While the full questionnaires have been added as annexure, a brief outline of questionnaires for all categories of respondents follows:

Table 1: Areas covered in the questionnaire

ENTITY	AREAS COVERED IN THE QUESTIONNAIRE
SACS	• Profile of SACS • Capacities of SACS officials in monitoring the IDU TIs and managing the IDU TI programme • Perception of SACS about capacities of IDU TIs • Opinion of SACS on capacity building of IDU TIs • Role of STRC as perceived by the SACS
TSU	• Profile of TSU • Capacities of POs of TSU in monitoring the IDU TIs and providing technical support to IDU TIs in the field • Perception of TSUs about capacities of IDU TIs • Opinion of TSUs on capacity building of IDU TIs
STRC	• Profile of STRC • Data on training programmes conducted in the recent past • Profile of Training Officers • Training needs of Training Officers • Opinion of STRCs on existing resource materials • Opinion of STRCs on capacity building of IDU TIs • Opinion of STRCs on functioning of STRC
RRTC	• Profile of RRTC • Experiences of recent trainings on IDU – HIV issues
IDU TI	• Profile of IDU TI • Profile of staff • Capacities and training needs of staff • Influence of capacity and knowledge related factors on various areas of TI functioning • Opinion of TI on STRC • Opinion of TI on capacity building

Additionally, it was noted that just simple straightforward questions such as "Have you been trained/not trained?" would not serve the purpose. The scope of the study demanded going into some depth about existing capacities and perceived capacity building needs. Thus, a list of important themes/areas, which are necessary for adequate functioning of an IDU TIs, was prepared. Almost all the entities were specifically asked about their own capacities (or capacities of IDU TIs in their state) on each of the listed thematic areas (presented in the table which follows).

As observed in this list, almost all the surveyed entities were asked about various areas ranging from the most basic issues related to IDU, to the specific issues such as providing services to special population groups.

Table 2: Themes

Themes	
1. Basic knowledge about drug addiction and IDU	Waste disposal
2. Basic understanding about HIV and Harm Reduction	OST
3. Outreach Planning and Conducting	Overdose management
4.Running and managing a DIC	Community mobilisation
5.BCC	Referrals and linkages/ Networking
6.Needle Syringe exchange including demand analysis	Advocacy
7. Condom distribution	Reporting
8.Abscess management and primary health care	Providing services to female sex partners Providing services to female IDUs

It must be noted that the basic unit for data collection was not the individuals but the organisations. Thus in each of the surveyed entities (i.e. above mentioned categories of organisations), the person who takes the lead and is likely to be most informed about the IDU TI programme was asked to respond to the questionnaires on behalf of - and in consultation with - other – the staff of the organisation. It is also worth clarifying that this methodology was not an evaluation of performance of various entities surveyed. Additionally, in this report it is also being ensured that the findings are not used to single-out or pin-point a given individual or an organisation. Hence in the section on findings too, care has been taken to avoid disclosing the identity of a particular organisation.

Sample Selection

For both the methods of data collection mentioned above, an attempt was made to choose a sample which was as representative as possible. It was ensured, to the highest possible extent that various geographical regions of the country were proportionately represented, since different regions and states of the country are in varying stages of the IDU-HIV epidemic. Thus, in case of SACS, each state/SACS was sent a questionnaire. In case of STRCs and TSUs, each STRC and TSU was sent a questionnaire. However, since there is a large number of IDU TIs in the country (around 260), the following approach was undertaken to select the sample:

- *In states with 5 or less IDU TIs, at least two IDU TIs were chosen randomly*
- *In states with more than 5 IDU TIs, at least 50% IDU TIs were chosen randomly.*

Thus, about 106 IDU TIs were sent questionnaires, i.e. around 42% of the total IDU TIs in the country. Among the chosen IDU TIs, about a third was visited and data was collected by the co-lead consultants using specified data collection tools. The basis for selection of sites for the field visit was both – representativeness in terms of geographical region and burden of IDU-HIV epidemic as well as logistic considerations. Similarly, staff from some of the SACS, TSUs and STRCs were also personally interviewed during field visits, in addition to the email survey.

Data Analysis

Once the data collection was over, data was triangulated and analysed using largely qualitative data analysis techniques. The variables/items, which were in numerical form, were analysed using descriptive statistical tests. However, most of the data was qualitative in nature. This data was entered in data-entry formats, coded for common themes, triangulated and finally analysed to summarise the findings. These findings were then used in formulating the conclusion and recommendations.

Findings

Response Rate

The following table presents the response rate across various categories of respondents.

Table 3: Sites Contacted

Category	No. of organistions aproached	No. of organisations from whom responses could be obtained (through email/on-field interviews)	Response Rate
SACS	25	17	68%
TSU	20	19	95%
STRC	15	15	100%
RRTC	9	7	78%
IDU TIs	106	64	60%

As observed, a large majority of organisations responded. In case of TIs however, despite best efforts, responses could be obtained from about 60% TIs within the stipulated duration of data collection. Still, the 64 IDU TIs made up more than a quarter of IDU TIs in the country.

The section on findings has been organised as follows:

- Responses obtained from each category of the organisations have been summarised.
- Common issues arising out of triangulation of data collected from various sources has been presented.

Data from the STRCs: The Existing Capacity Building Mechanism

As of now, the primary responsibility for building the capacities of TI staff lies with the institutions designated as STRCs. The data regarding STRCs was available for the following states:

Table 4: List of states from where the STRCs were surveyed

List of states from where the STRCs were surveyed		
Andhra Pradesh	Arunachal Pradesh	Chandigarh
Chhattisgarh	Delhi	Gujarat
Jharkhand	Karnataka	Kerala
Maharashtra	Manipur	Mizoram
MP	Nagaland	Tamil Nadu
West Bengal		

Profile of STRCS

An analysis of the data collected from and about existing STRCs (n=15), reveals that there is considerable variability among the profiles of organisations working as STRCs. Some of these organisations are educational/ academic bodies, some health care institutions and others are purely research and training organisations. In general, STRCs are relatively young institutions; most of which, have been functioning as STRCs for 2 or 3 years only.

It was noted that the parent organisations of all the STRCs are engaged in a variety of other activities and this does influence their work with IDU TIs. It was also interesting to find that particularly those organisations which have themselves been involved in implementing programmes for drug users and/or involved in training other organisations engaged with drug uses, reported their experiences – of working on drug use issues – to have a positive influence on their role as STRC, specifically in relation to the training of IDU TIs.

It was also noted that almost all STRCs had an experience of conducting multiple training programmes for IDU TIs. A closer look at the description of these training programmes reveals that these programmes have followed the format advised by NACO and cover the entire gamut of topics which are a part of the IDU TI training module. Almost all STRCs conduct the training programmes in local languages besides English, though when specifically asked about their opinion on this issue the opinion was divided between "Training manuals in English are adequate, though the training delivery should be largely in local language" and "Training manuals should be available in the local languages." Almost all the STRCs suggested that the training method should be a combination of training in the classroom setting as well as a field visit to a functioning TI site.

The resource persons or trainers used for these training programmes include in-house resource persons, i.e. those within the STRC, as well as the outside resource persons. Barring one, all the STRCs reported that they had in-house resource persons for training of IDU TIs. However not a single STRC was equipped enough to rely exclusively on in-house resource persons; all STRCs reported using outside resource persons, with 4 out of 10 reported using resource persons

not just from outside STRC but from outside the state. However, the numbers of such resource persons 'outsourced' externally were very few.

While all the STRCs reported maintaining a roster of resource persons, the proportion of resource persons deft in the issues of IDU TIs - barring an exception, the STRC for Manipur and Nagaland – was very low: ranging from 3% to 16%. Indeed, if the number of resource persons which could be regarded as specific on IDU issues are totalled for all the STRCs in the country (assuming that each STRC has a mutually exclusive list of resource persons), the number appears to be abysmally low – just about 57 (for 14 STRCs, disregarding an outlier which reported 35 IDU specific resource persons in the roster). All STRCs also reported having in-place an academic committee, however, only a small minority (overall about 10%) of academic committee members could be regarded as experts on IDU related issues. Barring an outlier, there are just 16 academic committee members throughout the country who are experts on IDU related issues.

Profile of Training Officers from STRCS

The training officers are meant to be the backbone of STRCs. An analysis of the profile of training officers from STRCs revealed that almost all possess an educational qualification of Masters or above. However, most training officers reported having other work experience prior to their current job, very few training officers appear to have an experience of working as 'trainers'; the occupational experiences of training officers (before their current job) lie largely in the domain of service provision (as counsellors) or programme management. Training officers with any kind of work experience specific to drug-user related issues are even scarcer.

The Existing Training Material: *Opinion Of STRCS*

All the STRCs were asked for their opinion on existing training manuals of NACO, i.e. whether they considered them adequate or inadequate with reference to the training of IDU TIs. Specifically, they were asked to comment upon the adequacy on certain themes:

Table 5: Opinion on Adequacy of Existing Training Material

Themes	Opinion on adequacy of existing training material
1. Basic knowledge about drug addiction and IDU	Largely adequate
2. Basic understanding about HIV and harm reduction	Largely adequate
3. Outreach planning and conducting	Largely adequate
4. Running and managing a DIC	Largely adequate
5. BCC	Largely adequate
6. Needle syringe exchange including demand analysis	Largely adequate
7. Condom distribution	Largely adequate
8. Abscess management and primary health care	Largely adequate
9. Waste disposal	Largely adequate
10. OST	Inadequate
11. Overdose management	Inadequate
12. Community mobilisation	Inadequate
13. Referrals and linkages/Networking	Largely adequate
14. Advocacy	Largely adequate
15. Reporting	Largely adequate
16. Providing services to Female sex partners	Inadequate
17. Providing services to Female IDUs	Inadequate

Though there were some variations in terms of respondents' opinion on adequacy of existing training material on these themes, in general, some trends were evident. Specifically on the themes of OST, overdose management, community mobilisation, and dealing with female IDUs/female sex partners, a majority of STRCs did not find the existing training materials adequate.

While all the STRCs reported using NACOs training modules, the awareness regarding the use of any other resource material was very low. While some

STRCs did mention being aware of certain UNODC publications (which happen to be recently published/in draft stage), most STRCs were not aware of any other resource material for training of IDU TIs. Only some STRCs reported having translated the manuals in local languages.

Training needs of Training Officers

In about half of the STRCs surveyed, there were training officers who reported not having attended any TOT that would equip them to perform their duties on IDU-related issues. A majority of the STRC training officers have not attended any exposure visit to a functional IDU TI. When asked specifically about the need for more TOTs/exposure visits, most STRCs expressed the opinion that training officers would benefit from further training on almost all the thematic areas listed above. In case of STRCs – as compared to other categories of respondents – the variations were not prominent with respect to themes but with respect to STRC itself. In other words, the training officers tended to be either trained or not trained at all, across all the listed themes. Certain themes – notably in the area of female IDUs/ female partners, almost all STRCs reported their training officers to be 'not trained at all.'

Most of the STRCs expressed need for more TOTs and exposure visits on IDU related issues for their staff. An interesting trend observed was that while training officers appear to be adequately equipped for dealing with HIV related issues, they have expressed desire for more capacity building on drug addiction related issues. Almost all the STRCs have expressed the need for better management systems for STRCs. Specifically the need to review the existing budgets, timely release of funds and the need for more staff has been voiced by many STRCs. In addition, expanding the pool of resource persons and enhancing the honorarium for them has also been suggested by many STRCs.

Data from STRCs: Summary

- *All the STRCs have been conducting training programmes for the IDU TIs as per the NACO guidelines.*
- *Most STRCs do not have adequate in-house technical capacities.*
- *There is a general scarcity of resource persons – with expertise in IDU issues – in the country.*
- *Almost half of STRCs have training officers who have not attended a single TOT on IDU TI issues.*
- *Many STRCs reported various management issues as problems regarding functioning of STRCs.*

Data from the SACS

PROFILE OF SACS

Data was collected from 17 SACS through email interviews, out of which officials from 10 SACS were personally interviewed. The states represented were:

Table 6: List of states where SACS were surveyed

Andhra Pradesh	Arunachal Pradesh	Assam
Bihar	Chandigarh	Delhi
Jharkhand	Kerala	Madhya Pradesh
Meghalaya	Mizoram	Nagaland
Punjab	Rajasthan	Sikkim
Uttar Pradesh	Uttarakhand	

Together these states had a total of 180 functioning IDU TIs. Most states had a fairly new IDU programme; the mean duration since the first IDU TI became functional in these states was 5.5 years (with a range of 2 to 12 years). Still, it is reassuring to note that in most of the states surveyed, the coverage of IDU population ranges between 64 to 100%.

Capacity of SACS in Monitoring and Managing The IDU Programme

The SACS officials were asked about their own capacity building needs in the following specific thematic areas (see table).

- Notably, in almost all the areas, most of the SACS officials felt that they would require more training, though at present they can manage somehow with the existing capacities.
- Only on very few thematic areas some SACS officials were reported to be 'fully trained – no further training required'. The thematic areas where SACS officials responded that they have 'Not received any training or do not have the capacity to monitor the programme' were either the medical issues like abscess management/overdose or issues related to female IDUs/female sex partners.

Many SACS officials lamented the fact that they have never received any training – especially on monitoring the IDU programme. Similarly the need for exposure visits to other states' IDU TI programmes was also voiced by officials from many SACS.

Table 7: Perception of SACS Regarding their Own Capacities

Themes/areas of IDU TI functioning	Perception of majority of SACS regarding own capacities
Identifying emerging IDU epidemics and responding to them	Can manage but further training required
Basic knowledge about drug addiction and IDU	Can manage but further training required
Basic understanding about HIV and Harm reduction	Can manage but further training required
Outreach planning and conducting	Can manage but further training required
Running and managing a DIC	Can manage but further training required
BCC	Can manage but further training required
Needle Syringe exchange including demand analysis	Can manage but further training required
Condom distribution	Can manage but further training required
Abscess management and primary health care	No training; No capacity
Waste disposal	No training; No capacity
OST	No training; No capacity
Overdose management	No training; No capacity
Community mobilisation	Can manage but further training required
Referrals and linkages/Networking	Can manage but further training required
Advocacy	Can manage but further training required
Reporting	Can manage but further training required
Providing services to Female sex partners	No training; No capacity
Providing services to Female IDUs	No training; No capacity

Capacity Building of IDU TIs: Opinion Of SACS

In addition to their perception on their own training needs, SACS officials were also asked about their perception of capacity building needs of IDU TIs. Here too, a similar trend was observed. Most IDU TIs – though managing the programme somehow – perceived to require more training. In most of the states, the thematic areas where IDU TIs were not perceived to have any capacity were medical issues like overdose management or issues related to female IDUs/ female sex partners.

Table 8: Perception of SACS regarding capacities of IDU TIs

Themes/areas of IDU TI functioning	Perception of majority of SACS regarding capacities of IDU TIs
Basic knowledge about drug addiction and IDU	Can manage but further training required
Basic understanding about HIV and Harm reduction	Can manage but further training required
Outreach planning and conducting	Can manage but further training required
Running and managing a DIC	Can manage but further training required
BCC	Can manage but further training required
Needle Syringe exchange including demand analysis	Can manage but further training required
Condom distribution	Can manage but further training required
Abscess management and primary health care	No training; No capacity
Waste disposal	No training; No capacity
OST	No training; No capacity
Overdose management	No training; No capacity
Community mobilisation	Can manage but further training required
Referrals and linkages/Networking	Can manage but further training required
Advocacy	Can manage but further training required
Reporting	Can manage but further training required
Providing services to Female sex partners	No training; No capacity
Providing services to Female IDUs	No training; No capacity

The absence of STRC in some states is being acutely felt. The states that do not have a STRC at present, blamed this absence on "timely and need based training not at all happening (sic)". Additionally, in states lacking a

STRC, delays in organising training were reported to occur since "from putting a proposal for the training to the actual sanctioning of fund for training takes time in a government setup (sic)."

However, even in states where a STRC exists, the SACS officials do not generally appear to be fully satisfied with its role and performance, as far as capacity building of IDU TIs is concerned. Major problems identified vis-à-vis STRCs – in the opinion of SACS – were:

- Inadequate capacities of STRC staff
- Inadequate number of resource persons
- Inadequate budgets for training (particularly inadequate honorarium for resource persons)
- Relative scarcity of resource material (especially in local languages)
- Training of PEs was mentioned as especially difficult since it has been found difficult to bring PEs to the training site.

While many states recognised the value addition brought by STRC for capacity building of IDU TIs, some did not hesitate to express their blunt opinions ("They are doing trainings just for the sake of training. But are not able to meet the requirements of the TIs and build the required capacities (sic)" or "They just conduct generalised trainings and no needs assessment is done before designing of the training programme (sic)").

Data from SACS: Summary

- *On most of the thematic areas of IDU TI functioning, SACS officials perceived that they had inadequate capacities in monitoring the IDU TI programme.*
- *Most SACS officials have not received any training or exposure visit to enhance their capacities.*
- *SACS officials were also able to identify specific areas on which IDU TIs in their states had inadequate capacities.*
- *Concerns about inadequate capacities of STRCs were also expressed by many SACS officials.*

Data from the TSU

PROFILE OF TSUs

The data was collected from a total of 19 TSUs[1] through email questionnaires/interviews. The states represented were:

Table 9: List of states where TSUs were surveyed

Andhra Pradesh	Arunachal Pradesh	Assam
Chattisgarh	Delhi	Jharkhand
Kerala	Madhya Pradesh	Maharashtra
Manipur	Meghalaya	Mizoram
Nagaland	Punjab	Sikkim
Tamil Nadu	Tripura	Uttar Pradesh
West Bengal		

A close look at the profile of TSUs suggests that most of the TSUs have started working as TSUs only recently. The parent organisations of most TSUs do not seem to have any prior experience of working with drug users. Indeed at the moment, only one TSU is being run by a parent organisation which has a significant experience of working with drug users.

TSUs: Capacities And Training Needs

It was interesting to note that the programme officers of TSUs – those who are entrusted with the task of providing technical assistance to the service providers on the ground – are themselves not fully capacitated to be able to execute their responsibilities. On the list of themes/areas of functioning of an IDU TI, only 1 out of 19 TSUs perceived their POs to be "fully capacitated" for most of the themes/areas. Indeed, for most of the themes, the TSU POs "can manage but may benefit from further training." In certain thematic areas such as female IDUs/female sex partners, majority of the TSU POs were "not trained at all". Indeed, when asked during qualitative interviews, most TSUs lamented the lack of training for their POs on IDU specific issues and expressed the desire for the same.

Table 10: Perception of TSUs on the capacities of TSU POs

Themes/areas of IDU TI functioning	Perception of majority of TSUs regarding capacities of TSU POs
Basic knowledge about drug addiction and IDU	Can manage but further training required
Basic understanding about HIV and Harm reduction	Can manage but further training required
Outreach planning and conducting	Can manage but further training required
Running and managing a DIC	Can manage but further training required
BCC	Can manage but further training required

[1] *The North East Regional Office (NERO) functions as TSU for the eight north eastern states.*

Needle Syringe exchange including demand analysis	Can manage but further training required
Condom distribution	Can manage but further training required
Abscess management and primary health care	No training; No capacity
Waste disposal	No training; No capacity
OST	No training; No capacity
Overdose management	No training; No capacity
Community mobilisation	Can manage but further training required
Referrals and linkages/ Networking	Can manage but further training required
Advocacy	Can manage but further training required
Reporting	Can manage but further training required
Providing services to Female sex partners	No training; No capacity
Providing services to Female IDUs	No training; No capacity

Training Of IDU TI Staff: Opinion of TSUs

All TSUs were asked to provide a list of issues regarding training of IDU TI staff, which in their opinion, was an area of concern. The common responses – from all the responses of all the TSUs – are the following:

- Frequent staff turn-over (resulting in the need for training of freshly recruited staff, with which the training frequency cannot keep pace)
- Scarcity of resource persons
- Scarcity of locally suitable resource material
- Trainings being too generalised (i.e. not focused on IDU issues)
- Inability of TIs to translate class room training into practice on-field
- No training at all for certain categories of staff (mainly doctors)

Most TSUs do see the need to provide hand-holding / technical support in the field to the TIs, over and above the class room training provided by the STRC. The areas where such on-field technical support is usually required are:

- Outreach Planning
- Execution of Planning in the Field
- NSEP
- Waste Disposal Management
- Advocacy & Networking
- Documentation And Reporting

Data from TSUs: Summary

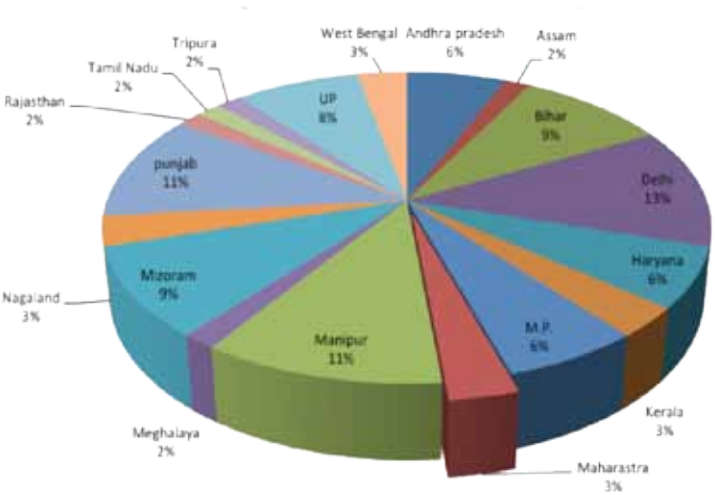
- *Many programme officers of TSUs – those who are entrusted with the task of providing technical assistance to the TIs – are themselves not fully competent.*
- *There are certain areas of TI functioning where the POs from TSUs are required to provide on-field training viz. outreach planning, execution of planning in the field, NSEP, waste disposal management, advocacy & networking, documentation and reporting.*

Data from the IDU TIs

PROFILE OF IDU TIS

The data was available from a total of 64 IDU TIs, from 18 states, spread across the country. Out of the total sample of 64 IDU TIs, 18 were from the North Eastern region of the country. The mean duration for which these TIs NGOs were implementing IDU TI was 3.5 years, with a range of 0 (just started) to 9 years. The mean target population size was 436 IDUs with a range of 150 to 1000. Out of these 64 IDU TIs, 9 were also providing OST. The mean of "Usual number of IDUs reached on any given day through outreach" was, 104. In terms of proportion of total IDUs (target) reached on any average day through outreach, there was a wide variation, ranging from 0.6% to 90% with a mean of 23%. The figures for proportion of clients (out of target) accessing DIC services on any given day were even more dismal. On an average, just about 4% of the target population accesses DIC on any given day (range 0.75% to 17%).

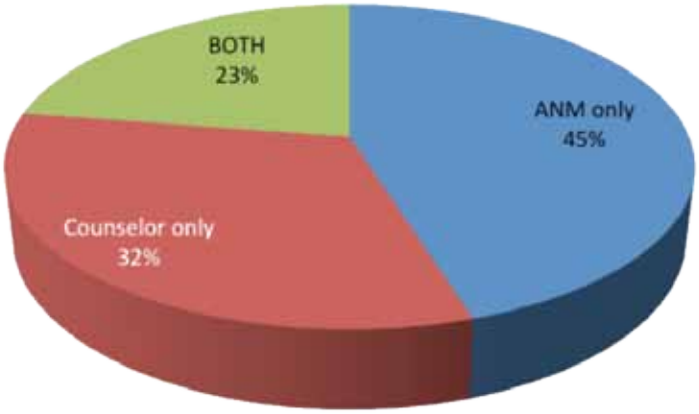
Figure 1: Distribution of TI sample across states



(The sum total may be more than 100% due to rounding off of individual percentages)

Staff at IDU TIs

Figure 2: Staff at IDU TI

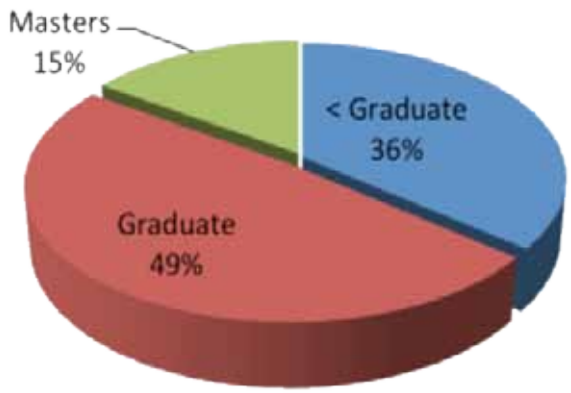


All the surveyed TIs reported that they had the necessary staff in position (i.e. the project manager, the outreach workers, doctor, and peer educators). Regarding availability of ANM/Counsellor, as the chart shows, only a minority of 23% TIs had both in place.

Project Managers

Most TIs had Project Managers (PMs) with educational qualification of Masters or above (45 out of 64). About one fourth had PM with qualification reported as graduate. The mean duration of experience of work as PM was 1.8 years (with a range of 0 to 7 years). Barring a small minority (9%) almost all PMs, reported having received at least some training. However a majority (40 out of 64) had not received any exposure visit to another IDU TI.

Figure 3: Educational Qualification of ORWs



Outreach Workers

A surprising finding was the educational qualification of ORWs. As many as 49% of ORWs were reported to be graduates and an additional 15% as having a qualification of Masters or above!

The mean duration of experience as ORWs was 1.8 years with a range of 0 to 7 years. About one fourth ORWs described themselves as 'from the drug use background'.

Nurses

Among ANMs, about one third had a qualification of Bachelor of Nursing or above, while the rest had a qualification of ANM or diploma in Nursing. The mean duration of experience was about 1.9 years with a range of 0 to 10 years.

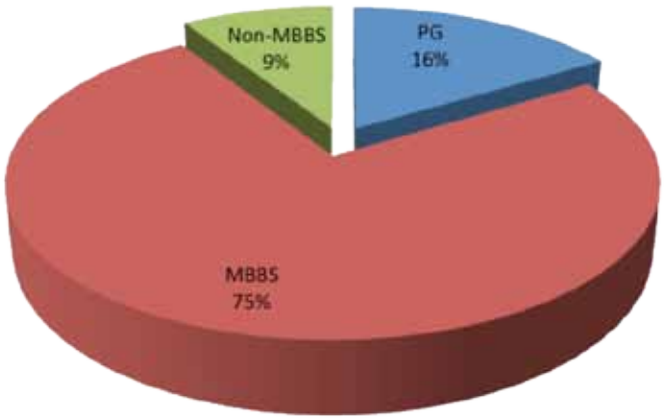
Counsellors

Just about half of the TIs surveyed had a counsellor in place. Among counsellors, about 60% had a qualification of Masters and above, while the rest were Graduates. Three organisations had counsellors with a qualification of less than graduates. The mean duration of experience of counsellors was just about 1 year with a range of 0 to 5 years.

Doctors

A majority of TIs had Doctors with a qualification of MBBS; a few even had Post Graduate doctors. Only a small minority of TIs reported having a doctor possessing a non-MBBS medical degree. The mean duration of experience in case of doctors was 2.75 years

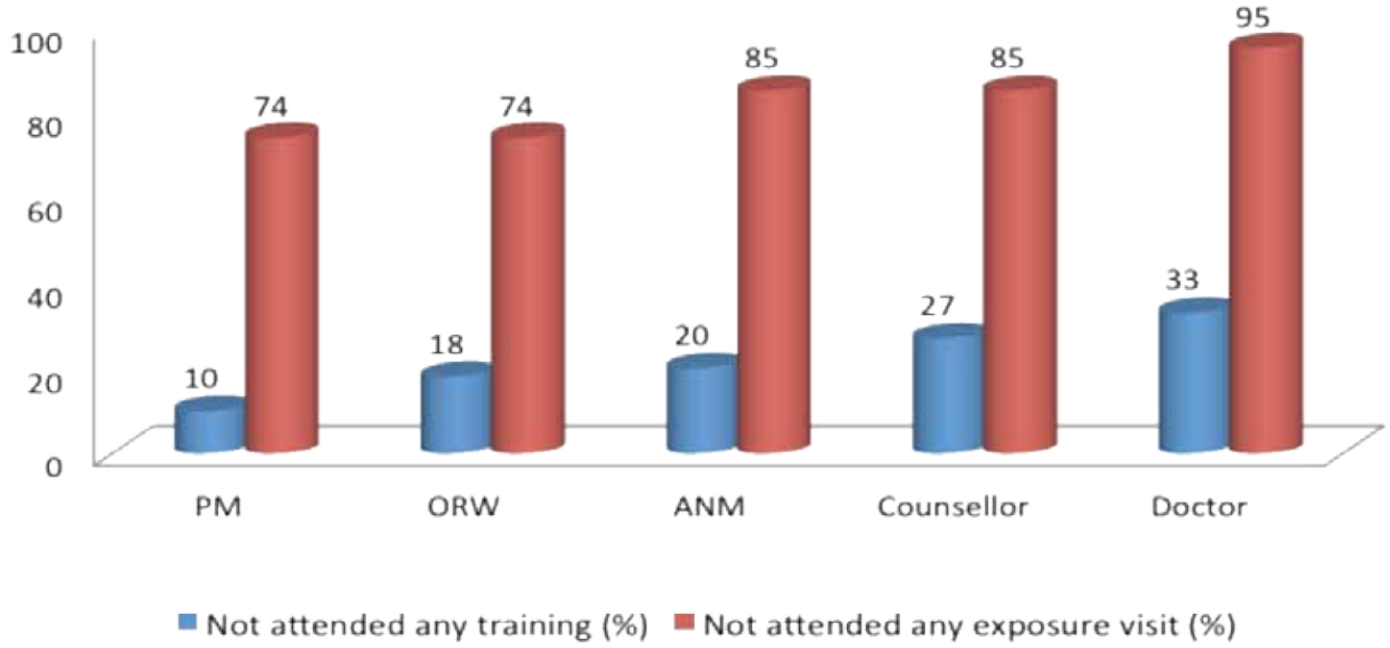
Figure 4: Qualification of doctors working with IDU



Training Experience

The following chart illustrates the proportion of TI staff who report not having had a single training so far. As is evident from the table, only a small minority of staff members were reported to be completely untrained. Interestingly there was a clear trend visible with lowest proportion of untrained staff among PM and highest among doctors. As many as one third IDU TIs have doctors who have never been trained.

Figure 5: Proportion of IDU TI staff not received training /exposure visit (in %)



A large majority of all categories of staff however, reported not having attended any exposure visit. An attempt was also made to analyse the data on the number of training programmes attended by the staff. Interestingly, among the staff who reported having received training, only a small minority reported attending just one training programme. In other words, those who attended trainings, most often received the opportunity of attending more training programmes. Additionally, no clear pattern emerged upon looking at the data on duration of experience vis-à-vis number of trainings attended. There were staff members who had duration of experience of just one year and reported having received as many as four trainings and on the other hand there were some staff members who were in place for 3 or 4 years, who reported not having attended a single training programme.

Themes and Areas Of IDU TI Functioning: Training Needs

Table 11: Proportion of TI staff having received no training at all

Theme/area	Proportion of staff reporting having received no training at all (in %)				
	PM	ORW	ANM / counsellor	Doctors	PEs
Basic knowledge about drug addiction and IDU	8	1	6	12	10
Basic understanding about HIV and Harm reduction	5	3	6	15	16
Outreach planning and conducting	2	6	7	22	25
Running and managing a DIC	5	12	17	20	30
BCC	2	13	15	16	30

All figures have been rounded off.

Theme/area	Proportion of staff reporting having received no training at all (in %)				
	PM	ORW	ANM / counsellor	Doctors	PEs
Needle Syringe exchange including demand analysis	2	5	12	25	15
Condom distribution	1	1	5	15	5
STI detection and treatment	8	25	14	14	30
Abscess management and primary health care	15	25	20	16	33
Waste disposal	20	16	15	25	35
OST	45	60	60	45	60
Overdose management	30	45	40	30	48
Community mobilisation	22	22	16	22	30
Referrals and linkages/Networking	6	10	12	18	25
Advocacy	10	14	21	30	36
Reporting	6	5	15	22	30
Programme management	5				
Providing services to Female sex partners	45	60	50	33	50
Providing services to Female IDUs	50	50	60	40	50

There are some striking trends apparent from the table. Generally, in keeping with the data regarding prior experience with training, the lowest proportion of staff with training needs in specific areas were also the PMs followed by ORWs and ANM/Counsellors/ PEs. In certain themes however, all the staff categories appear to be not trained and hence require training urgently. While the high proportion of untrained staff on OST is expected (given that OST is not expected to be implemented by a majority of TIs), quite a high proportion of staff have not been trained on overdose management. Similarly, female sex partners/female IDUs comes across as yet another priority area for the training.

Additionally, it is also apparent that the IDU TI staff are trained in the core activities of running a TI – outreach, NSEP, condom distribution, referrals etc. – but need to be trained in issues specific to IDUs such as abscess management, waste disposal and overdose management.

Problems Faced by the IDU TIs Regarding Training of the Staff

This data was collected as qualitative information. Subsequently, all the responses were arranged and grouped into various themes. analysis reveals the problems faced by IDUTIs regarding capacity building of staff (arranged in order of importance i.e. by number of TIs who have voiced these concerns are given in the adjacent table.

Problems Faced by the IDU TIs Regarding Training of the Staff

- *Lack of timely training of staff: Most TIs have expressed concerns over lack of timely training. This issue gets further compounded by the next concern i.e.*
- *Frequent turnover of staff: Since the staff – particularly the PEs – get replaced very frequently, new staff needs to be trained. Most TIs reported difficulty in organising in-house training for the PEs.*
- *Concerns regarding resource persons: Many IDU TIs expressed dissatisfaction with the resource persons recruited for training by the STRC, further exemplified by statements such as "Sometimes resource person talk in high language and using complicated words. Most of the time trainer less talk on drug users issue (sic)". In addition, language of the training programmes also figures as an issue.*
- *Duration of training programmes: Some TIs find it difficult to send all staff for training at one go since it hampers the routine services.*
- *Distance of the training venue: Distance between the training locations from the city/town where TI is located has also been voiced as a concern.*
- *Dissatisfaction with resource material: Some TIs have voiced the need for additional training resources in the form of audio visual material.*

Influence of Capacity/Knowledge Related Factors on Various Areas of TI Functioning

TIs were asked their opinion regarding 'Which CAPACITY/ KNOWLEDGE related factors influence the following activities and how'. The responses have been summarised below:

- Overall Programme management: From the responses of some TIs, it became very clear that IDU TIs do not view 'programme management' as an isolated issue. Many TIs opined that "Lack of understanding of drug use, drug user behaviour and understanding of drug use patterns influence Program management." Particularly for IDU TI management, need for special emphasis was voiced (as opposed to TIs for other HRGs). In words of a PM, "There are some unique components in IDU intervention like NSEP, OST, abscess prevention and management which remain untouched during the training programme conducted by SACS. That fails us to deliver quality services (sic)."
- Outreach and regular contacts (including NSEP and waste management): Most TIs recognised that the routine training programmes do address these issues but clearly felt that periodic, frequent training on outreach (particularly waste management) is very important.
- General medical care of IDU: It became quite apparent from the responses of the TIs that the inadequate capacity of TI staff does hamper their responsibility of providing general medical care of IDUs. The results revealed that TI staff would require building of capacities at two levels: First, the outreach staff would require building capacity to motivate clients for medical care and health check-up and second, the medical staff (doctors and nurses) would require training for providing medical care.
- Counselling and behaviour change: Many TIs expressed dissatisfaction over the capacities of their counsellors and suggested further training of counsellors and other TI staff.
- HIV Testing and treatment/Referrals and linkages: While the TI staff appeared to be adequately trained on this issue, need to train the ICTC staff on drug use related issues did appear as a response.
- Working with Female IDUs and Partners of Male IDUs: Lack of training on this issue was voiced by many TIs and in many different forms. Also it clearly emerged that most TIs see female outreach workers as the appropriate staff to deliver services to Female IDUs/Female partners.

Role of STRC as Perceived by the IDU TIs

TIs from the states where STRC were not present/functional expressed the need for the same. Many TIs from states where STRC is present, commended and appreciated the training provided by the STRC. Some TIs expressed need to have more regular and timely trainings.

Regarding suggestions for capacity building, most TIs opined that

- The training methods should be more participatory
- Resource material should also include audio visual material
- Exposure visits should also be a modality for training
- Resource persons should be experts and thoroughly familiar with issues pertaining to IDUs. Additionally, a need for training to be conducted in local languages was also strongly expressed
- Regarding training frequency, there was a lot of variations in the responses but most TIs appear to prefer a training programme once every quarter
- Training are required not just for TI staff but also for the POs of TSUs

Data from IDU TIs: Summary

- *The data was available from a total of 64 IDU TIs, from 18 states, spread throughout the country.*
- *All the surveyed TIs had the necessary staff in positional of who have been largely trained.*
- *The lowest proportion of untrained staff are the PMs and the highest proportion of untrained staff are the doctors.*
- *A large majority of all categories of staff, reported not having attended any exposure visit.*
- *In certain themes, all the staff categories appear to be not trained and hence require training urgently: OST, Overdose management, providing services to female partners/female IDUs.*
- *The problems faced by the IDU TIs regarding training of staff include: Lack of timely training, frequent turnover of staff, concerns about resource persons, logistic issues and dissatisfaction with resource material.*
- *The inadequate capacities of IDU TI staff were found to affect multiple areas of TI functioning.*

Data from the RRTCs

A total of nine RRTCs were approached, out of which, responses could be obtained from seven. Five out of these seven had been working as RRTC for a long time. It was interesting to note that many RRTCs themselves had an experience of implementing IDU TI programmes. Almost all RRTCs reported that they had been conducting training programmes for IDU TIs or training programmes focused on IDU issues. More importantly, almost all RRTCs also reported that the issues related to IDU and HIV find place in the routine training programmes offered by them to NGOs working as drug treatment centres under MSJE.

It was also heartening to note that the RRTCs reported using a larger number of manuals and resource materials (as opposed to STRCs). On this particular item, the responses provided by the RRTCs were much more than the responses by STRCs. Additionally, many RRTCs also reported having developed/translated resource material for training of NGOs.

Triangulation of Data

Since the methodology adopted allowed collection of data from multiple sources, it provides an opportunity to triangulate the data so obtained. For this purpose, some common themes have been identified on which data was available from multiple sources. These are:

- *Capacities of IDU TIs*
- *Role of STRCs*
- *Opinions and suggestions about capacity building.*

Capacities of IDU TIs

Information on this parameter was available from SACS and IDU TIs themselves. Largely, both data sources are of the opinion that IDU TIs need capacity building in many areas. Although, by and large, the perception of SACS regarding capacities of IDU TIs tended to be higher than the TIs themselves!

In terms of different thematic areas, there was some convergence of opinion. Both – SACS and TIs themselves – regarded similar thematic areas as important where they have received no training at all:

- *Abscess management*
- *OST*
- *Overdose management*
- *Female IDUs*
- *Female sex partners of male IDUs*

Role of STRCS

On this issue, data was available from SACS, IDU TIs as well as TSUs. In general, as far as capacity building of IDU TIs is concerned, some SACS officials do not generally appear to be fully satisfied with the role and performance of STRC. However, in those states where STRC is not present, it is being sorely missed. Most TIs on the other hand appreciated and commended the STRC for their role in capacity building of TI staff. TSUs listed certain areas (outreach planning, execution of planning in the field, NSEP, disposal management, advocacy & networking and documentation and reporting) where they have to provide capacity building in the field, over and above the training provided by the STRC. Interestingly, many of these areas were those on which the TIs – in their own perception – were either 'fully capacitated' or 'can manage but may benefit from additional training'. Clearly there is a degree of mismatch between capacities and training needs as perceived by the TSUs and the TIs themselves.

Opinions and Suggestions about Capacity Building

Information on concerns or problems regarding capacity building by STRCs also surfaced from different sources. Almost all quarters – SACS, STRCs and TIs – expressed the dissatisfaction over unavailability of appropriate resource persons, resource material and the training methods. The following issues found resonance in the responses of almost all the categories of respondents:

- *The training frequency is not at the optimum level and is unable to keep pace with the frequent turnover of staff*
- *Resource persons tend to be not fully familiar with IDU issues*
- *Largely, the trainings are not held in the language most trainees would be comfortable in*
- *Training methods need to be more participatory and more practicallskills-oriented*
- *There is a strong need for audio-visual training material*
- *There is a lack of resource material in the local languages*
- *Exposure visits are practically non-existent and are perceived as very useful for the TI staff*

A comparison of existing training modules and how they address various areas of IDU TI functioning

This review was conducted by the author (Atul Ambekar) along with one of the co-lead consultants (Kanudeep Kaur). The criterion for choosing the manuals for review was that the manual should have been published by or developed for NACO.

The following modules were reviewed:

1. A manual for working with Injecting drug users (main module as well as supplementary material)
2. Peer Educators Training module [PE Manual , Situation cards, PPTs for Training IDU PEs (Part 2 of manual), Picture Cards (for session on STI) , Flipbooks, Situation cards IDU for PE]
3. Out Reach Workers training module (module as well as PowerPoint Presentations for Out Reach Workers)
4. Draft OST Training module
5. Draft Module for reaching out to partners
6. Counselling in TIs for IDUs

All these modules were reviewed and commented upon with respect to following:

1. *Overall organisation of module*
2. *Predominant training techniques*
3. *Target Groups*
4. *Any other comments*
5. *Specific comments regarding themes/areas*

While the detailed comments on these modules can be found in the annexure, 'specific comments regarding themes and areas of IDU TI functioning' are being presented in the matrix given on the next page.

Training modules which have been reviewed						
Themes / areas of IDU TI functioning	**A manual for working with Injecting drug users**	**Peer Educators Training module**	**Out Reach Workers training module**	**Implementing OST: A Training module (DRAFT)**	**Reaching out to female partners of IDUs (DRAFT)**	**Counselling in the context of IDU TIs**
Basic knowledge about drug addiction and IDU	• A separate session on basics of drug addiction can be made part of the manual • The IDUs placement in the NACP III is well covered	• Basics issues of drugs have been dealt with • Not mentioned about the IDUs - concept is lacking	Not covered	Adequately covered	Adequately covered	Adequately covered
Basic understanding about HIV and Harm reduction	• Basics of HIV can be included • Harm Reduction is adequately covered	• Basic knowledge about the HIV is entirely missing • Session on Harm Reduction – should be elaborated	• Not mentioned • A session on harm reduction is required	• Harm reduction concept is dealt in detail • Module does not include basics about HIV	• Covered, as per the need	
Outreach planning and conducting	The topic is covered considerably	• Sessions included • Time needs to be increased • Tools may be too complex for many PEs	Covered adequately	-	-	-
Running and managing a DIC	The topic is covered in sufficient detail	Adequately covered	Not covered	-	-	-
BCC	The topic is covered comprehensively	No session	Covered adequately	Psychosocial interventions as part of OST – adequately covered	-	Entire manual is on counselling and behaviour change
Needle Syringe exchange including demand analysis	• The topic is covered fairly adequately • Need more coverage on N/S demand analysis	• Session too short • Should include some demonstrations • Nothing on Demand analysis	• Not covered • Should be made a compulsory part of it	-	-	Counselling about the safer injecting practices has been incorporated meticulously

Training modules which have been reviewed						
Themes / areas of IDU TI functioning	**A manual for working with Injecting drug users**	**Peer Educators Training module**	**Out Reach Workers training module**	**Implementing OST: A Training module (DRAFT)**	**Reaching out to female partners of IDUs (DRAFT)**	**Counselling in the context of IDU TIs**
Condom distribution	• No session on Condom Distribution • A brief session on condom demonstration would be of help	• Too long session – runs to almost half a day • Need to curtail the time devoted	• Nothing has been covered under the topic • Condom distribution session must be included	-	Other aspects of condom covered adequately – like condom use and negotiation (in the context of female partners of IDUs)	Counselling on condom usage has been covered adequately
Abscess management and primary health care	The topic is covered meticulously	• Adequate • Has film screening, body mapping exercise	• Not mentioned at all in the module • Module should cover a session on abscess prevention and management (role of ORWs)	-	-	Issues pertaining to the prevention and treatment of the Abscess have been taken care of in the manual
Waste disposal	• Briefly mentioned under NSEP session • Separate session on waste disposal required	• Not mentioned / no session on waste disposal • A separate session is required	• Not mentioned • Session required on waste management and disposal	-	-	Not covered in the manual
OST	Covered adequately	• No separate session on OST • Some part is covered under Harm Reduction session	Not mentioned	Extensively covered	Basics covered – as per need	Counselling issues concerning OST have been taken care of in the manual
Overdose management	Separate session required	No separate session on Overdose management	Not mentioned	Overdosed related to OST – covered adequately	-	Issues pertaining to overdose prevention have been extensively covered in the manual – especially how to deal with the person suffering from the overdose

Training modules which have been reviewed						
Themes / areas of IDU TI functioning	**A manual for working with Injecting drug users**	**Peer Educators Training module**	**Out Reach Workers training module**	**Implementing OST: A Training module (DRAFT)**	**Reaching out to female partners of IDUs (DRAFT)**	**Counselling in the context of IDU TIs**
Community mobilisation	Covered adequately	No separate session on community mobilisation	Not included	-	-	-
Referrals and linkages / Networking	The topic is covered extensively	No separate session on networking	Not included	-	Sufficient as required	Sufficiently covered in the manual
Advocacy	The topic is covered well	No separate session on advocacy	Not mentioned	-	-	-
Reporting	• Not covered • Separate session required	Quite elaborate session on the monitoring and documentation	Not mentioned	Reporting pertaining to OST records – covered adequately	-	-
Providing services to Female sex partners	• Not covered • Separate session required	No mention	-	-	Entire manual is devoted to the topic	Some 'family' counselling issues have been discussed
Providing services to Female IDUs	• Not covered • Separate session required	No mention	-	OST for female drug users discussed	Briefly and tangentially discussed	Briefly and tangentially discussed

Conclusions and Recommendations

A huge amount of data has been collected in this exercise, which has been condensed, summarised and used for formulating certain recommendations in this section:

A. IDU Programme has Unique and Special Training Needs

It appears from the data that on many occasions, a generic approach is employed in the HIV prevention programme where capacity to manage a programme focusing on 'HIV prevention in general' is seen as enough to deal with all the complexities involved in managing an IDU programme. However, the needs of all vulnerable groups/HRGs are unique – more so in the case of IDUs. Consequently, an expertise in HIV prevention through sexual transmission (which is the case with other HRGs) leaves one relatively unequipped to deal with the plethora of complexities associated with IDU. This reflects in the data, where in general, staff from all the categories surveyed appeared to be comfortable in dealing with generic issues such as DIC, advocacy, reporting etc. However, in most of the issues specific to IDUs – abscesses, waste disposal, overdose, female IDU, female sex partners – staff at all levels appear to require more capacity building.

B. Institutional Mechanisms for Capacity Building are in Place; Need to be Strengthened

STRCs are coming across as rather strong institutional mechanisms for capacity building of IDU TIs. However, these institutions need to be strengthened for a more effective response. Many STRCs appear to be struggling with administrative and management issues. Some of these issues are:

- *The management systems of STRCs may need to be reviewed and resource allocation – if required – may be optimised.*
- *There is also a need for provision of more human resources at the STRCs.*
- *Since capacity-building requirements of IDU programmes are unique, staff with specific expertise and experience in dealing with drug use related issues may have to be considered and recruited.*
- *States who do not have a STRC at present should be urgently provided with institutional mechanisms for capacity building.*

C. Other Institutional Mechanisms for Capacity Building Must be Explored

While STRCs could be seen as the primary capacity building institutions for the TIs, other institutional mechanisms – particular for building capacities of other entities such as SACS, TSUs etc. – must be explored. Data indicates that the RRTCs functioning with Ministry of Social Justice and Empowerment could be roped in for many such purposes. Additionally, for the training of medical staff such as doctors and nurses working with IDU TIs, medical institutions should be approached.

D. It Is Not Enough to train just the TI Staff; Capacity Building is Required at all Levels

The target groups for training programmes, at the moment appear to be only comprising of staff working with IDU TIs. Since, as stated earlier, IDU programme is unique in many ways, staff at all the levels require building of capacities. Thus, the TI personnel need to be trained so that they can effectively implement and deliver the services. Additionally, the TSU staff (programme officers) and the SACS staff must be trained so that they can effectively monitor the TIs and provide technical support.

E. Some TI Staff Appear to Fall Out of the Training Net

It is evident that doctors at a majority of the TIs remain one of the most inadequately trained staff. There was some indication from the data, that the existing training programmes may not appear attractive or suitable for the doctors. Innovative institutional mechanisms for the training of doctors must be explored. It is here that the earlier recommendation of bringing in the medical colleges and institutions on-board appears to be relevant.

F. Existing Resource Material Needs to be Relooked at, Updated and Supplemented

The existing training manuals appear to be largely generic in nature, i.e. they have been designed for TI programmes in general and not specific for IDU TIs. While a specific-for-IDUs training manual is in place, it fails to cover all the relevant issues adequately. This

finding is backed by the opinion of various categories of staff particularly the STRCs regarding adequacy of training manuals. Specifically, additional resource material on the following themes is urgently required:

- *Overdose management*
- *Abscess management*
- *Waste disposal*
- *Reaching out to female sex partners and female IDUs*
- *Opioid Substitution Treatment*

Additionally, it may also help if the training and resource material can be translated to the local languages.

G. The Pool of Resource Persons in the Country must be Expanded

Feedback from most states, SACS, TSUs, TIs and STRCs themselves have expressed concerns over limited availability of resource person specifically for the IDU TI training. Both the qualitative and quantitative data has highlighted the very meagre number of resource persons in the country for training of IDU TI staff. There is a need to create more resource persons in the country on IDU specific issues. This would require the following:

- *Identifying master trainers*
- *Conducting Training-of-Trainers (TOT) programmes*

Additionally it would also require managing logistics such as adequate honorarium for the resource persons.

Innovative Training Methodologies and Techniques are Required

The existing training methodologies appear to be less than adequate for the purpose of effective capacity building. Almost all sectors have expressed the need for training methodologies which go beyond class-room style training. The additional training methodologies must include:

- Exposure visits (to other IDU TIs): These must be organised not only for TIs, but should form a part of capacity building systems at all levels: SACS, TSU, TIs and STRCs – all must get an opportunity to observe the functioning of an IDU TI. For this purpose, some TIs may have to be developed as learning centres/demonstration sites. Such learning/demonstration centres must be identified as national levels as well as regional level programmes.

- Developing audio visual training material: New audio visual training aids must be developed. These must be developed not only for the newer themes/areas (discussed earlier) but also to supplement and strengthen the existing training material. For instance, a short video could demonstrate correct technique for waste disposal, another could show the interaction between an IDU client and an outreach worker/counsellor, yet another could demonstrate Incision and drainage procedure for an injection-site abscess and so on.

- More interactive and participatory presentations: Even the pedagogic presentation can also be innovatively designed to be more participatory in nature. A case in point are the training manuals 'working with injecting drug users' (developed by NACO), the 'OST training manual'[2] and the manual on 'reaching out to female sex partners of IDUs'. There are techniques with which presentation slides can be designed so as to foster interest and interaction with the audience. Thus, keeping the audience motivated and serving the purpose of driving home the message.

[2] *The OST training manual and the manual on reaching out to female sex partners of IDUs were under-publication stage while this report was being drafted.*

Annexure

A. QUESTIONNAIRES USED IN THE STUDY

CAPACITY BUILDING NEEDS ASSESSMENT (CBNA)
Questionnaire for Service Providers (IDU TIs)

A. ORGANISATION PROFILE (to be filled by Project Director of NGO / Programme manager of TI)		
1. Name of NGO		
2. Address Office with phone number and email		
3. Address DIC		
4. Duration since working as IDU TI		
5. Current Target		
6. Providing…(Tick • one)	IDU TI services only	IDU TI services + OST
7. Current coverage (in %, IDUs covered / target)		
8. Average number of contacts made through the outreach on any given day		
9. Average number of clients on any given day to receive OST:		
10. Average attendance in DIC on any given day		
11. Number of IDU TI staff in place (as of today)	11.1	PM
	11.2	ORWs
	11.3	PEs
	11.4	ANM
	11.5	Counsellor
	11.6	Doctor
	11.7	Any Other (specify)
Peer educators		
12. Total number of peer educators in place as of today		
13. Total number of NEW peer educators placed till date in the last one year		

14. Total number of peer educators TRAINED (in a formal training conducted by STRC) till date in last one year		
15. Total number of peer educators TRAINED (in-house) till date in last one year		
16. Total number of TRAINED peer educators in place as of today		
17. Other activities of the parent NGO (if any) Tick ☐ as many as applicable	☐	Drug treatment / rehab centre
	☐	Vocational rehab / counselling / training
	☐	Educational activities
	☐	Microfinance / SHGs
	☐	Shelter homes
	☐	Other TIs (FSW, MSM, Migrant etc.)
	☐	Any other (specify)
18. If the parent NGO conducts some other activities, do they influence (either positively or negatively) your work with IDUs in any way? Describe how.		

B.Implementing a IDU TI	
1.	Provided below is the list of some of the activities you regularly conduct. For each of the activity listed below, mention the problems your encounter / or encountered in the past. Also list the possible solutions to these problems. These solutions may include some of the measures which you have already taken or some measures you expect other stakeholders (SACS / NACO / TSU / STRC etc.) to take.
For each of the activity listed below, mention the problems your encounter / or encountered in the past. Also list the possible solutions to these problems. These solutions may include some of the measures which you have already taken or some measures you expect other stakeholders (SACS / NACO / TSU / STRC etc.) to take.	

Activity / Area	**Problems encountered (now or in the past)**	**Solution (adopted by you or you expect others to provide these solutions)**
1.1. Staff turnover		
1.2. Staff Recruitment		
1.3. Managing infrastructure		
1.4. Ensuring supplies		
1.5. Training of staff		
1.6. Line-listing		
1.7. Outreach planning		
1.8. Conducting outreach / fieldwork		
1.9. Maintaining regularity of contact / follow-up of clients		
1.10. Needle syringe exchange		

1.11. OST (Leave blank if you are not implementing OST. For those TIs implementing OST, there is a set of additional items towards the end)		
1.12. Documentation and reporting		
1.13. Reaching out to female partners / spouses of IDUs		
1.14. Reaching out to special population groups of IDUs (females, adolescents, any other)		
1.15. Community Mobilisation / Collectivisation / Formation of SHGs		
1.16. Advocacy		
1.17. Ensuring testing (ICTC) of IDUs		
1.18. Linkage with ART and ART adherence		
1.19. Other Referral and linkages		
1.20. Financial management		

Below is the list of some factors, which potentially influence the performance of your IDU TI, either positively or negatively. Please check which of these apply to your setting and also briefly mention how they influence performance in the activities / areas indicated below.

Please note that we would like to know about following areas:

2.1. Overall Programme management
2.2. Outreach and regular contacts (including NSEP and waste management)
2.3. General medical care of IDU
2.4. Counselling and Behaviour Change
2.5. HIV Testing and treatment / Referrals and linkages
2.6. Working with Female IDUs and Partners of Male IDUs

For instance at some places, finding appropriate staff is difficult, at certain others, the geographical area is such that the IDU population is scattered making outreach difficult. Some TIs may have noted that having people with the drug use background among staff (PM/ORW/PE) helps them form better rapport and deliver services to the IDUs. In some places, there are some anti-social elements that hamper the functioning of IDU TI, while at certain others, it is the local police. Some TIs may have found that a police force sensitised and oriented to IDU issues through advocacy is a great help in delivering services. Please describe for each of the areas, how do factors related to staff, social / structural / climatic factors, capacity-related factors, technical support related factors and law-enforcement related factors influence the performance of IDU TI.

Factors related to	2.1 Overall Programme management
2.1.1. STAFF (such as, sourcing appropriate staff during recruitment, staff attitude and motivation etc.)	Which **STAFF** related factors influence **Overall Programme management** and how?
2.1.2. SOCIAL / STRUCTURAL / GEOGRAPHICAL / CLIMATIC FACTORS (such as adverse climate, attitude of general community etc)	Which **SOCIAL / STRUCTURAL / GEOGRAPHICAL / CLIMATIC FACTORS** influence **Overall Programme management** and how?
2.1.3. CAPACITY / KNOWLEDGE RELATED FACTORS (Inadequate training etc)	Which **CAPACITY / KNOWLEDGE RELATED FACTORS** influence **Overall Programme management** and how?
2.1.4. TECHNICAL / FINANCIAL SUPPORT SYSTEMS (SUCH AS NACO / SACS / TSU / STRC / PARENT NGO) (inadequate /untimely provision of funds etc)	Which **TECHNICAL / FINANCIAL SUPPORT SYSTEMS (SUCH AS NACO / SACS / TSU / STRC / PARENT NGO)** related factors influence **Overall Programme management** and how?
2.1.5. LEGAL / LAW ENFORCEMENT RELATED FACTORS (harassment by police or anti-social elements, poor law and order etc)	Which **LEGAL / LAW ENFORCEMENT RELATED FACTORS** influence **Overall Programme management** and how?
2.1.6. OTHER FACTORS (please specify)	Which **OTHER FACTORS** influence **Overall Programme management** and how?

Factors related to	2.2 Outreach and regular contacts (including NSEP and waste management)
2.2.1 STAFF (Such as, finding appropriate staff during recruitment, staff attitude and motivation etc.)	Which **STAFF** related factors influence outreach and **regular contacts (including NSEP and waste management)** and how?
2.2.2 SOCIAL / STRUCTURAL / GEOGRAPHICAL / CLIMATIC FACTORS (such as adverse climate, attitude of general community etc)	Which **SOCIAL / STRUCTURAL / GEOGRAPHICAL / CLIMATIC FACTORS** `influence Outreach and regular contacts **(including NSEP and waste management)** and how?
2.2.3 CAPACITY / KNOWLEDGE RELATED FACTORS (Inadequate training etc)	Which **CAPACITY / KNOWLEDGE RELATED FACTORS** influence **Outreach and regular contacts (including NSEP and waste management)** and how?
2.2.4 TECHNICAL / FINANCIAL SUPPORT SYSTEMS (SUCH AS NACO / SACS / TSU / STRC / PARENT NGO) (inadequate / untimely provision of funds etc)	Which **TECHNICAL / FINANCIAL SUPPORT SYSTEMS (SUCH AS NACO / SACS / TSU / STRC / PARENT NGO)** related factors influence **Outreach and regular contacts (including NSEP and waste management)** and how?

2.2.5 LEGAL / LAW ENFORCEMENT RELATED FACTORS (harassment by police or anti-social elements, poor law and order etc)	Which **LEGAL / LAW ENFORCEMENT RELATED FACTORS** influence **Outreach and regular contacts (including NSEP and waste management)** and how?
2.2.6 OTHERS FACTORS (please specify)	Which **OTHERS FACTORS** influence **Outreach and regular contacts (including NSEP and waste management)** and how?

Factors related to	2.3 General medical care of IDU
2.3.1 STAFF (Such as, finding appropriate staff during recruitment, staff attitude and motivation etc.)	Which **STAFF FACTORS** influence **General medical care of IDU** and how?
2.3.2 SOCIAL / STRUCTURAL / GEOGRAPHICAL / CLIMATIC FACTORS (such as adverse climate, attitude of general community etc)	Which **SOCIAL / STRUCTURAL / GEOGRAPHICAL / CLIMATIC FACTORS** influence **General medical care of IDU** and how?
2.3.3 CAPACITY / KNOWLEDGE RELATED FACTORS (Inadequate training etc)	Which **CAPACITY / KNOWLEDGE RELATED FACTORS** influence **General medical care of IDU** and how?
2.3.4 TECHNICAL / FINANCIAL SUPPORT SYSTEMS (SUCH AS NACO / SACS / TSU / STRC / PARENT NGO) (inadequate / untimely provision of funds etc)	Which **TECHNICAL / FINANCIAL SUPPORT SYSTEMS (SUCH AS NACO / SACS / TSU / STRC / PARENT NGO)** influence **General medical care of IDU** and how?
2.3.5 LEGAL / LAW ENFORCEMENT RELATED FACTORS (harassment by police or anti-social elements, poor law and order etc)	Which **LEGAL / LAW ENFORCEMENT RELATED FACTORS** influence **General medical care of IDU** and how?
2.3.6 OTHERS FACTORS (please specify)	Which **OTHERS FACTORS** influence **General medical care of IDU** and how?

Factors related to	2.4 Counselling and Behaviour Change
2.4.1 STAFF (Such as, finding appropriate staff during recruitment, staff attitude and motivation etc.)	Which **STAFF FACTORS** influence **Counselling and Behaviour Change** and how?
2.4.2 SOCIAL / STRUCTURAL / GEOGRAPHICAL / CLIMATIC FACTORS (such as adverse climate, attitude of general community etc)	Which **SOCIAL / STRUCTURAL / GEOGRAPHICAL / CLIMATIC FACTORS** influence **Counselling and Behaviour Change** and how?
2.4.3 CAPACITY / KNOWLEDGE RELATED FACTORS (Inadequate training etc)	Which **CAPACITY / KNOWLEDGE RELATED FACTORS** influence **Counselling and Behaviour Change** and how?
2.4.4 TECHNICAL / FINANCIAL SUPPORT SYSTEMS (SUCH AS NACO / SACS / TSU / STRC / PARENT NGO) (inadequate / untimely provision of funds etc)	Which **TECHNICAL / FINANCIAL SUPPORT SYSTEMS (SUCH AS NACO / SACS / TSU / STRC / PARENT NGO) FACTORS** influence **Counselling and Behaviour Change** and how?
2.4.5 LEGAL / LAW ENFORCEMENT RELATED FACTORS (harassment by police or anti-social elements, poor law and order etc)	Which **LEGAL / LAW ENFORCEMENT RELATED FACTORS** influence **Counselling and Behaviour Change** and how?
2.4.6 OTHERS FACTORS (please specify)	Which **OTHERS FACTORS** influence **Counselling and Behaviour Change** and how?

Factors related to	2.5 HIV Testing and treatment / Referrals and linkages
2.5.1 STAFF (Such as, finding appropriate staff during recruitment, staff attitude and motivation etc.)	Which **STAFF FACTORS** influence **HIV Testing and treatment / Referrals and linkages** and how?
2.5.2 SOCIAL / STRUCTURAL / GEOGRAPHICAL / CLIMATIC FACTORS (such as adverse climate, attitude of general community etc)	Which **SOCIAL / STRUCTURAL / GEOGRAPHICAL / CLIMATIC FACTORS** influence **HIV Testing and treatment / Referrals and linkages** and how?
2.5.3 CAPACITY / KNOWLEDGE RELATED FACTORS (Inadequate training etc)	Which **CAPACITY / KNOWLEDGE RELATED FACTORS** influence **HIV Testing and treatment / Referrals and linkages** and how?
2.5.4 TECHNICAL / FINANCIAL SUPPORT SYSTEMS (SUCH AS NACO / SACS / TSU / STRC / PARENT NGO) (inadequate / untimely provision of funds etc)	Which **TECHNICAL / FINANCIAL SUPPORT SYSTEMS (SUCH AS NACO / SACS / TSU / STRC / PARENT NGO)FACTORS** influence **HIV Testing and treatment / Referrals and linkages** and how?
2.5.5 LEGAL / LAW ENFORCEMENT RELATED FACTORS (harassment by police or anti-social elements, poor law and order etc)	Which **LEGAL / LAW ENFORCEMENT RELATED FACTORS** influence **HIV Testing and treatment / Referrals and linkages** and how?
2.5.6 OTHERS FACTORS (please specify)	Which **OTHERS FACTORS** influence **HIV Testing and treatment / Referrals and linkages** and how?

Factors related to	2.6 Working with Female IDUs and Partners of Male IDUs
2.6.1. STAFF (Such as, finding appropriate staff during recruitment, staff attitude and motivation etc.)	Which **STAFF FACTORS** influence **Working with Female IDUs and Partners of Male IDUs** and how?
2.6.2. SOCIAL / STRUCTURAL / GEOGRAPHICAL / CLIMATIC FACTORS (such as adverse climate, attitude of general community etc)	Which **SOCIAL / STRUCTURAL / GEOGRAPHICAL / CLIMATIC FACTORS** influence **Working with Female IDUs and Partners of Male IDUs** and how?
2.6.3. CAPACITY / KNOWLEDGE RELATED FACTORS (Inadequate training etc)	Which **CAPACITY / KNOWLEDGE RELATED FACTORS** influence **Working with Female IDUs and Partners of Male IDUs** and how?
2.6.4. TECHNICAL / FINANCIAL SUPPORT SYSTEMS (SUCH AS NACO / SACS / TSU / STRC / PARENT NGO) (inadequate / untimely provision of funds etc)	Which **TECHNICAL / FINANCIAL SUPPORT SYSTEMS (SUCH AS NACO / SACS / TSU / STRC / PARENT NGO)FACTORS** influence **Working with Female IDUs and Partners of Male IDUs** and how?
2.6.5. LEGAL / LAW ENFORCEMENT RELATED FACTORS (harassment by police or anti-social elements, poor law and order etc)	Which **LEGAL / LAW ENFORCEMENT RELATED FACTORS** influence **Working with Female IDUs and Partners of Male IDUs** and how?
2.6.6. OTHERS FACTORS (please specify)	Which **OTHERS FACTORS** influence **Working with Female IDUs and Partners of Male IDUs** and how?

4. Can you describe the specific ways in which the TSU / NERO (in case of North East states) has helped you improve the performance of your TI?
5. Do you have any other suggestions / advise about improving the performance of IDU TIs?

C. Staff (To be filled in by the PM or the respective staff themselves)			
PM			
1. Qualification			
2. Duration of Experience as PM of IDU TI			
3. Any other work experience (provide details)			
4. Whether would like to describe himself / herself as 'from the drug use background'?			
5. Number of training programmes attended as PM			
6. Details of training Programmes Mention, for each training attended –	Year of training,	Programme conducted by	Main topics covered
7. Exposure visits to other IDU TIs and their details Mention, for each exposure visit –year, place/site where exposure visit was made, visit organised by			
8. Has there been a staff turnover in the last one year (staff leaving the project in the last one year)?	No		Yes
9. If YES, Please mention the cadre of staff and the number against the cadre who have left in the last one year	Cadre		Number of staff who have left
	PM		
	ANM/Counsellor		
	Doctor		
	ORW		
	PEs		

ORW 1(senior most) **(To be filled in by the PM or the respective staff themselves)**		
10. Qualification		
11. Duration of Experience as ORW of IDU TI		
12. Any other work experience (provide details)		
13. Whether would like to describe himself / herself as 'from the drug use background'?		

14. Number of training programmes attended as ORW			
15. Details of training Programmes Mention, for each training attended –	Year of training,	Programme conducted by	Main topics covered
16. Exposure visits to other IDU TIs and their details Mention, for each exposure visit –year, place/site where exposure visit was made, visit organised by			

ORW 2 (Junior most) (To be filled in by the PM or the respective staff themselves)			
17. Qualification			
18. Duration of Experience as ORW of IDU TI			
19. Any other work experience (provide details)			
20. Whether would like to describe himself / herself as 'from the drug use background'?			
21. Number of training programmes attended as ORW			
22. Details of training Programmes Mention, for each training attended –	Year of training,	Programme conducted by	Main topics covered
23. Exposure visits to other IDU TIs and their details Mention, for each exposure visit –year, place/site where exposure visit was made, visit organised by			

ANM / Counsellor (To be filled in by the PM or the respective staff themselves) (to be filled in separately for both, in case the TI has both - an ANM and a counsellor. see below)		
24. Qualification		
25. Duration of Experience as ANM / Counsellor of IDU TI		
26. Any other work experience (provide details)		
27. Whether would like to describe himself / herself as 'from the drug use background'?		

28. Number of training programmes attended as ANM / Counsellor			
29. Details of training Programmes Mention, for each training attended –	Year of training,	Programme conducted by	Main topics covered
30. Exposure visits to other IDU TIs and their details Mention, for each exposure visit –year, place/site where exposure visit was made, visit organised by			

ANM / Counsellor (To be filled in by the PM or the respective staff themselves) (To be filled in separately for both, in case the TI has an ANM and a counsellor. If the TI has just one person as ANM / Counsellor, skip this)			
31. Qualification			
32. Duration of Experience as ANM / Counsellor of IDU TI			
33. Any other work experience (provide details)			
34. Whether would like to describe himself / herself as 'from the drug use background'?			
35. Number of training programmes attended as ANM / Counsellor			
36. Details of training Programmes Mention, for each training attended –	Year of training,	Programme conducted by	Main topics covered
37. Exposure visits to other IDU TIs and their details Mention, for each exposure visit –year, place/site where exposure visit was made, visit organised by			

Doctor (To be filled in by the PM or the respective staff themselves)	
38. Qualification	
39. Duration of Experience as Doctor attached to IDU TI	
40. Any other work experience (provide details)	
41. Number of training programmes attended as Doctor attached to IDU TI	

42. Details of training Programmes Mention, for each training attended –	Year of training,	Programme conducted by	Main topics covered
43. Exposure visits to other IDU TIs and their details Mention, for each exposure visit –year, place/site where exposure visit was made, visit organised by			

D. Staff and their training needs
Please see the table below. Which of the following aspects of TI functioning do you think the staff needs training in? Feel free to elaborate.
Note: Ideally the following table must be filled by the individual staff. However, in case it is difficult, programme managers may also – as per their understanding about staff training needs – respond to the following table.

Legend:

Fill '1', if Trained and feel fully confident; no further training required
Fill '2', if Trained; but may benefit from further training
Fill '3', if Not received any training at all

	PM	ORW (applies to ORWs in general)	ANM / Counsellors	Peer educators	Doctor	M & E officer (if applicable)
1. Basic knowledge about drug addiction and IDU						
2. Basic understanding about HIV and Harm reduction						
3. Outreach planning and conducting						
4. Running and managing a DIC						
5. Counselling / BCC						
6. Needle Syringe exchange including demand analysis						
7. Condom distribution						
8. STI detection and treatment						
9. Abscess management, and general medical care						
10. Waste disposal including Post Exposure Prophylaxis (PEP)						
11. OST						
12. Overdose prevention and management						
13. Community mobilisation						
14. Referrals and linkages / Networking						
15. Advocacy						
16. Reporting						
17. Programme management (only for PM)						

18. Providing services to Female sex partners						
19. Providing services to Female IDUs						
20. Any other topic / theme 1						
21. Any other topic / theme 2						
22. Any other topic / theme 3						
23. Do you have any resource material in the TI (such as operational or practice guidelines or manuals etc) to which the staff can refer to? If yes, please mention the names.						
24. In what way the STRC has contributed to functioning and capacity-enhancement of your TI? Describe briefly.						
25. Do you have any specific suggestions to improve the training systems (process or manner of training) for staff of IDU TIs? Please provide details. To be filled in by the PM. Specific suggestions from individual staff may be obtained by the PM.						
a) Training methods						
b) Training frequency						
c) Training language						
d) Resource material						
e) Trainers / resource persons						
f) Any other						

E. Only For those IDU TIs which are implementing OST too:
1. In your opinion, how does OST influence your other activities with IDUs?
2. In your opinion, how do other TI activities influence OST?
Regarding OST, in which of the following areas do you think your staff needs training.

Fill '1', if Trained and feel fully confident; no further training required
Fill '2', if Trained; but may benefit from further training
Fill '3', if Not received any training at all

	PM	ORW (applies to ORWs in general)	ANM / Counsellors	Peer educators	Doctor	M & E officer (if applicable)
3. Deciding which IDU clients are suitable for OST						
4. Diagnosing Opioid Dependence						
5. Explaining the benefits of OST to clients / motivating them for OST						
6. Deciding about appropriate dose of OST						
7. Dispensing of OST medications						
8. Managing stock related to OST						
9. Record Maintenance related to OST						
10. Understanding Drug interactions between buprenorphine and other drugs						
11. Counselling of clients on OST / ensuring regularity of treatment						
12. Follow-up and reaching out to clients who have dropped out						
13. Any other topic / theme						

- End of Survey -
- Thank you very much for your time and patience -

CAPACITY BUILDING NEEDS ASSESSMENT (CBNA)

Questionnaire for State AIDS Control Society

Profile of SACS (To be filled by JDTI / DDTI / ADTI any other official familiar with functioning and training needs of IDU TIs)	
1. Name of SACS	
2. Office Address	
3. Number of IDU TIs currently functional in state (only core, not composite)	
4. Which year did the FIRST IDU TI become functional in your state?	
5. Current, approximate coverage of IDU population (in %)	
6. Whether STRC present in state?	
7. Whether TSU present in state?	
8. What is the number of training programmes held for IDU TIs of your state, in last one year?	
9. What is the number of exposure visits held for IDU TIs of your state, in last one year?	
10. Number of IDU TIs for whom, there has been NO INDUCTION TRAINING (on IDU specific issues) till date	
11. Number of IDU TIs for whom, there has been just an induction training but NO FURTHER / REFRESHER TRAINING till date	

CAPACITY OF SACS FOR MONITORING THE IDU TIs			
One of the important activities of the SACS is to monitor the functioning of IDU TIs. In your assessment / opinion, in which of the following areas, SACS officials in your state need capacity building in order to be able to effectively monitor the IDU TIs? Note: There may be variations among SACS staff with some officials more in need of capacity building, than others. Please provide response to this questions in terms of what you think applies to most of the SACS staff.			
	1. Fully capacitated to monitor the IDU TI programme; no further training required	2. Can manage to monitor the IDU TI programme, but may benefit from further training	3. Not received any training or do not have the capacity to monitor the programme
12. Basic knowledge about drug addiction and IDU			
13. Basic understanding about HIV and Harm reduction			
14. Outreach planning and conducting			
15. Running and managing a DIC			
16. BCC			
17. Needle Syringe exchange including demand analysis			

18. Condom distribution			
19. Abscess management and primary health care			
20. Waste disposal			
21. OST			
22. Overdose management			
23. Community mobilisation			
24. Referrals and linkages / Networking			
25. Advocacy			
26. Reporting			
27. Providing services to Female sex partners			
28. Providing services to Female IDUs			
29. Any other topic / theme 1			
30. Any other topic / theme 2			
31. Any other topic / theme 3			

CAPACITY OF IDU TIs

In you assessment / opinion, in which of the following areas, do IDU TIs in your state need capacity building?
Note: There may be variations among TIs with some TIs more in need of capacity building, than others. Please provide response to this questions in terms of what you think applies to most of the IDU TIs.

	1. **Trained and fully capacitated to implement the programme; no further training required**	2. **Trained and can manage to implement the programme, but may benefit from further training**	3. **Not received any training or do not have the capacity to implement the programme**
1. Basic knowledge about drug addiction and IDU			
2. Basic understanding about HIV and Harm reduction			
3. Outreach planning and conducting			
4. Running and managing a DIC			
5. BCC			
6. Needle Syringe exchange including demand analysis			
7. Condom distribution			
8. Abscess management and primary health care			
9. Waste disposal			
10. OST			
11. Overdose management			
12. Community mobilisation			
13. Referrals and linkages / Networking			
14. Advocacy			
15. Reporting			

16. Providing services to Female sex partners			
17. Providing services to Female IDUs			
18. Any other topic / theme 1			
19. Any other topic / theme 2			
20. Any other topic / theme 3			
21. Please list briefly, the challenges, which you think are faced by SACS, regarding training of IDU TIs			
22. Please list briefly your suggestions and recommendations for improving the capacity building programme for IDU TIs			

23. Provided below is the list of some of the activities IDU TIs regularly conduct. For each of the activity listed below, mention the problems IDU TIs encounter / or have encountered in the past. Also list the possible solutions to these problems. These solutions may include some of the measures which IDU TIs have already taken or some measures you expect other stakeholders (NACO etc.) to take.

Activity	Problems encountered (now or in the past)	Solution (adopted by the TIs or you expect other stake-holders to provide these solutions)
23.1. Staff turnover		
23.2. Staff Recruitment		
23.3. Managing the infrastructure		
23.4. Ensuring the supplies		
23.5. Training of staff		
23.6. Line-listing		
23.7. Outreach planning		
23.8. Conducting outreach / fieldwork		
23.9. Maintaining regularity of contact		
23.10. Needle syringe exchange		
23.11. OST		
23.12. Documentation and reporting		
23.13. Reaching out to female partners / spouses of IDUs		
23.14. Reaching out to special population groups of IDUs (females, ado-lescents, any other)		
23.15. Referral and linkages		
23.16. Formation of SHGs		
23.17. Advocacy		
23.18. Ensuring testing (ICTC) of IDUs		
23.19. Linkage with ART and ART adherence		
23.20. Financial management		
24. Can you describe the specific ways in which the STRC has helped the state to improve the capacities and per-formance of IDU TIs?		
25. Can you describe the specific ways in which the TSU / NERO (for North East states) has helped in the state to improve the performance of IDU TIs?		

26. Do you have any other suggestions / advice about improving the performance of IDU TIs?
27. Do you have any suggestions about improving the capacities of monitoring officers from SACS, related to the monitoring of IDU TIs?

- End of Survey -
- Thank you very much for your time and patience -

CAPACITY BUILDING NEEDS ASSESSMENT (CBNA)

Questionnaire for Training Officers from STRCs

(To be filled preferably by the STRC coordinator. Most of the responses would require extensive knowledge of functioning of this STRC)

Note: If a single organisation is responsible to function as STRC for more than one state, separate questionnaires should be filled for each of the states.

State……

Profile of STRC			
1. Name of STRC			
2. Office Address			
3. Duration since working as STRC			
4. Other activities of the parent organisation (if any)			
5. Do other activities of the parent organisation influence your work as STRC – specifically in the context of training for IDU TIs – in any way? If Yes, how?			
6. Total Number of Training Programmes conducted for TIs in last one year (ANY type of TIs)			
7. Number of Training Programmes conducted exclusively for IDU TIs			
8. Number of Training Programmes conducted in which IDU TIs were also trained			
9. Please provide details of training programmes conducted by you for the IDU TI staff in past one year: (if a document / report exists summarising this information, it may kindly be attached) Please mention for each training: Month, Main Topics, Duration in days, Number and type of participants			
10. The language in which the training programmes are usually conducted	☐ English ☐ Other (Specify)		
11. In most of the training programmes FOR IDU TIS, where do you get resource persons from?	☐ ONLY In-house resource persons (among STRC officials) ☐ In-house + outside resource persons (within state) ☐ In-house + outside resource persons (including those from outside the state) ☐ Outside resource persons only (within or from outside the state)		
12. Total number of resource persons which you have used for IDU TI trainings till date, in last one year.	In-house resource persons (among STRC officials)		
	Resource persons outside STRC (but within state)		
	Resource persons from outside the state		
13. Besides in-house resource persons, do you have a roster of resource persons from outside (for any type of training)?			
14. Total number of resource persons in the roster			
15. Total number of resource persons in the roster who are specific for IDU related training			
16. Do you have an academic committee in place?			

17. Total number of members in the academic committee			
18. Total number of members in the academic committee who could be regarded as IDU experts			
19. Please mention the names of TRAINING MANUALS you use for training of IDU TIs (Title and publishing agency / organisation's name)			
20. Mention the names of other resource materials – such AS PRACTICE GUIDELINES or OPERATIONAL GUIDELINES – you use for training of IDU TIs (Title and publisher's name)			
21. Are you aware of any other training manuals / resource materials which could be used for training of IDU TIs? Though you may not be using them. (you can include both national as well as international publications in your responses)			
22. Has your STRC developed / translated in local language, any training / resource material specific for IDU TIs? Please mention names.			
In your opinion, for which of the following areas of functioning of IDU TI, the EXISTING TRAINING MANUALS are inadequate? (Tick • one) Note: Please DO NOT consider operational or practice guidelines here			
Topic / Area	Existing manuals / training material ADEQUATE	Existing manuals / training material INADEQUATE	Can't say since we have never conducted training on this issue
23. Basic knowledge about drug addiction and IDU			
24. Basic understanding about HIV and Harm reduction			
25. Outreach planning and conducting			
26. Running and managing a DIC			
27. BCC			
28. Needle Syringe exchange including demand analysis			
29. Condom distribution			
30. Abscess management and primary health care			
31. Waste disposal			
32. OST			
33. Overdose management			
34. Community mobilisation			
35. Referrals and linkages / Networking			
36. Advocacy			
37. Reporting			
38. Providing services to Female sex partners			
39. Providing services to Female IDUs			
40. Any other topic / theme 1			
41. Any other topic / theme 2			
42. Any other topic / theme 3			

In your opinion, for which of the following areas of functioning of IDU TI, the existing resource materials (such as practice or operational guidelines) are inadequate? (Tick • one)			
Topic / Area	Existing resource materials (such as practice or operational guidelines) ADEQUATE	Existing resource materials (such as practice or operational guidelines) INADEQUATE	Can't say since we have never conducted training on this issue
43. Basic knowledge about drug addiction and IDU			
44. Basic understanding about HIV and Harm reduction			
45. Outreach planning and conducting			
46. Running and managing a DIC			
47. BCC			
48. Needle Syringe exchange including demand analysis			
49. Condom distribution			
50. Abscess management and primary health care			
51. Waste disposal			
52. OST			
53. Overdose management			
54. Community mobilisation			
55. Referrals and linkages / Networking			
56. Advocacy			
57. Reporting			
58. Providing services to Female sex partners			
59. Providing services to Female IDUs			
60. Any other topic / theme 1			
61. Any other topic / theme 2			
62. Any other topic / theme 3			
63. What is your opinion on the language of Training Manuals? (Tick •one)			
☐ Training manuals in English are fine, though the training delivery should be largely in local language			
☐ Training manuals should be available in local languages			
64. What is your opinion on method of training? (Tick one)			
☐ A typical classroom training only is adequate			
☐ A combination of class room training with practical exposure which is delivered in classroom setting / training venue itself			
☐ A combination of classroom training with a field visit to a functioning TI site			

Please see the matrix below. There is a list of certain activities which an IDU TI is supposed to conduct / know. On which of the following aspects of IDU TI functioning you think the training officers in your STRC need more TOT / exposure?

Note: Ideally the following matrix must be filled after consulting the training officers. It is quite possible that there is disparity among Training officers, with some of them fully trained and comfortable, while others may not be fully trained and comfortable. The responses should pertain to the 'largely' felt need of the STRC.

	1. Training officers trained and feel fully confident in training the TI staff; no further TOT required	2. Training officers trained and can manage somehow to train the TI staff, but may benefit from further training	3. Training officers have not received any training or do not feel comfortable in training the TI staff
65. Basic knowledge about drug addiction and IDU			
66. Basic understanding about HIV and Harm reduction			
67. Outreach planning and conducting			
68. Running and managing a DIC			
69. BCC			
70. Needle Syringe exchange including demand analysis			
71. Condom distribution			
72. Abscess management and primary health care			
73. Waste disposal			
74. OST			
75. Overdose management			
76. Community mobilisation			
77. Referrals and linkages / Networking			
78. Advocacy			
79. Reporting			
80. Programme management			
81. Providing services to Female sex partners			
82. Providing services to Female IDUs			
83. Any other topic / theme 1			
84. Any other topic / theme 2			
85. Any other topic / theme 3			

Profile of Training Officers (to be filled by any three training officers)	
Training Officer -1	
1. Qualification	
2. Duration of Experience as Training officer of STRC	
3. Any other work experience (provide details)	
4. Any other experience / exposure with drug users / IDUs? (mention briefly)	
5. Number of training programmes facilitated / co-facilitated as Training officer of STRC (for any type of training)	
6. Number of training programmes facilitated / co-facilitated as Training officer of STRC - SPECIFICALLY FOR IDU TIs	
7. Number of TOT programmes attended as Training officer of STRC	
8. Number of TOT programmes attended as Training officer of STRC SPECIFICALLY ON IDU issues	

9. Details of TOT Programmes Mention, for each TOT attended –year, duration of programme in days, programme conducted by, main topics covered	
10. Number and details of exposure visits (related to IDU TI) attended, if any Mention, for each exposure visit–year, duration of visit in days, visit conducted at, main topics covered	
Training Officer -2	
11. Qualification	
12. Duration of Experience as Training officer of STRC	
13. Any other work experience (provide details)	
14. Any other experience / exposure with drug users / IDUs? (mention briefly)	
15. Number of training programmes facilitated / co-facilitated as Training officer of STRC (for any type of training)	
16. Number of training programmes facilitated / co-facilitated as Training officer of STRC - SPECIFICALLY FOR IDU TIs	
17. Number of TOT programmes attended as Training officer of STRC	
18. Number of TOT programmes attended as Training officer of STRC SPECIFICALLY ON IDU issues	
19. Details of TOT Programmes Mention, for each TOT attended –year, duration of programme in days, programme conducted by, main topics covered	
20. Number and details of exposure visits (related to IDU TI) attended, if any Mention, for each exposure visit–year, duration of visit in days, visit conducted at, main topics covered	
Training Officer -3	
21. Qualification	
22. Duration of Experience as Training officer of STRC	
23. Any other work experience (provide details)	
24. Any other experience / exposure with drug users / IDUs? (mention briefly)	
25. Number of training programmes facilitated / co-facilitated as Training officer of STRC (for any type of training)	
26. Number of training programmes facilitated / co-facilitated as Training officer of STRC - SPECIFICALLY FOR IDU TIs	
27. Number of TOT programmes attended as Training officer of STRC	
28. Number of TOT programmes attended as Training officer of STRC SPECIFICALLY ON IDU issues	
29. Details of TOT Programmes Mention, for each TOT attended –year, duration of programme in days, programme conducted by, main topics covered	
30. Number and details of exposure visits (related to IDU TI) attended, if any Mention, for each exposure visit–year, duration of visit in days, visit conducted at, main topics covered	
31. Do you have any specific suggestions to improve the training systems for staff of IDU TIs? (provide details)	
32. Do you have any specific suggestions to improve the way the STRCs function? (provide details)	

- End of Survey -
- Thank you very much for your time and patience -

CAPACITY BUILDING NEEDS ASSESSMENT (CBNA)

Questionnaire for Technical Support Unit (TSU) / NERO (in case of North-eastern states)

Note: If a single organisation is responsible to function as TSU for more than one state, separate questionnaires should be filled for each of the states. (For instance NERO is responsible for many states)
State……

Profile of TSU / NERO in case of North east (to be filled by Team Leader – TI or any other official familiar with issues related to IDU TIs)	
1. Name of TSU	
2. Office Address	
3. Any other activities conducted by the parent organisation?	
4. Does the activities of the parent organisation influence in any way, your work as a TSU with the IDU TIs? Whether positively or negatively? Please describe briefly	
5. Total number of programme officers in the TSU	
6. Number of IDU TIs currently functional in state (only core, not composite)	
7. Which year did the FIRST IDU TI become functional in your state?	
8. In which year, did the first TSU become functional in your state?	
9. In which year, did your organisation start working as a TSU in this state?	
10. Current, approximate coverage of IDU population (in %)	
11. Whether STRC present in state?	
12. What is the number of training programmes held for IDU TIs of your state, in the last one year?	
13. What is the number of exposure visits held for IDU TIs of your state, in the last one year?	
14. Number of TIs for whom, there has been NO INDUCTION TRAINING (on IDU specific issues) till date	
15. Number of TIs for whom, there has been just an induction training but NO FURTHER / REFRESHER TRAININGS till date	

Capacity building needs of TSU
To be filled by the senior most PO or team leader – TI The programme officers of TSU are expected to provide technical assistance to IDU TI staff for many activities. In you assessment / opinion, for which of the following activities, the programme officers of your TSU need their own capacity building? Note: There may be variations among programme officers with some programme officers more in need of capacity building, than others. Please provide response to this questions in terms of what applies to most of the POs.

	1. The POs are trained and fully capacitated to assist the IDU TIs; no further training required	2. The POs are trained and can manage to assist the IDU TIs, but may benefit from further training	3. Not received any training or do not have the capacity to assist the IDU TIs
16. Basic knowledge about drug addiction and IDU			
17. Basic understanding about HIV and Harm reduction			
18. Outreach planning and conducting			
19. Running and managing a DIC			
20. BCC			
21. Needle Syringe exchange including demand analysis			
22. Condom distribution			
23. Abscess management and primary health care			
24. Waste disposal			
25. OST			
26. Overdose prevention and management			
27. Community mobilisation			
28. Referrals and linkages / Networking			
29. Advocacy			
30. Reporting			
31. Providing services to Female sex partners			
32. Providing services to Female IDUs			
33. Any other topic / theme 1			
34. Any other topic / theme 2			
35. Any other topic / theme 3			

Problems encountered by IDU TIs and their solutions

36. Provided below is the list of some of the activities the IDU TIs are expected to conduct. For each of the activity listed below, mention the problems IDU TIs encounter / or have encountered in the past. Also list the possible solutions to these problems. These solutions may include some of the measures which IDU TIs (with or without assistance from the TSU) have already taken or some measures you expect other stakeholders (SACS / NACO etc.) to take.

Activity	Problems encountered (now or in the past)	Solution (adopted by TIs or you or you expect others to provide these solutions)
36.1. Staff turnover		
36.2. Staff Recruitment		
36.3. Managing infrastructure		
36.4. Ensuring the supplies		
36.5. Training of staff		
36.6. Line-listing		
36.7. Outreach planning		
36.8. Conducting outreach / fieldwork		
36.9. Maintaining regularity of contact		
36.10. Needle syringe exchange		
36.11. OST		

36.12. Documentation and reporting		
36.13. Reaching out to female partners / spouses of IDUs		
36.14. Reaching out to special population groups of IDUs (females, adolescents, any other)		
36.15. Referral and linkages		
36.16. Formation of SHGs		
36.17. Advocacy		
36.18. Ensuring testing (ICTC) of IDUs		
36.19. Linkage with ART and ART adherence		
36.20. Financial management		
37. Please list briefly, the challenges, that you think are faced by TSU, regarding capacities of IDU TIs		
38. Please list briefly those areas where you think that the TSU programme officers have to provide on-site / on-field training for the IDU TI staff, over and above the class-room training?		
39. Please list briefly your suggestions and recommendations for improving the capacity building programme for IDU TIs		
40. Please list briefly your suggestions and recommendations for improving the performance of IDU TIs		

CAPACITY BUILDING NEEDS ASSESSMENT (CBNA)

Questionnaire for RRTC

(To be filled preferably by the RRTC coordinator. Most of the responses would require extensive knowledge of functioning of this RRTC)

Profile of RRTC		
1. Name of RRTC		
2. Office Address		
3. Duration since working as RRTC		
4. List names of the States for which the RRTC is responsible		
5. Other activities of the parent organisation		
6. Total Number of Training Programmes conducted for NGO drug treatment centres in last one year ?		
7. Have you EVER conducted training programmes for IDU TIs (working under the National AIDS Control Programme)?	Yes	No
8. Have you EVER conducted Training Programmes EXCLUSIVELY for IDU TIs?	Yes	No
9. Do issues pertaining to 'Injecting Drug Use and HIV' figure in the training curriculum for NGO drug treatment centres?	Yes	No
10. The language in which the training programmes are usually conducted is..	☐ English ☐ Other (Specify)	
11. In most of the training programmes where do you get resource persons from?	☐ ONLY In-house resource persons (among RRTC officials) ☐ In-house + outside resource persons (within state) ☐ In-house + outside resource persons (including those from outside the state) ☐ Outside resource persons only (within or from outside the state)	
12. Please Mention the names of TRAINING MANUALS you use for training (Title and publishing agency / organisation's name)		
13. Has your RRTC developed / translated in local language, any training / resource material specific for IDU and HIV issues? Please mention names.		
14. What is your opinion on the language of Training Manuals? (Tick •one)		
☐ Training manuals in English are fine, though the training delivery should be largely in local language ☐ Training manuals should be available in local languages		
15. What is your opinion on method of training? (Tick •one)		
☐ A typical classroom training only is adequate ☐ A combination of class room training with practical exposure which is delivered in classroom setting / training venue itself ☐ A combination of classroom training with a field visit		

- End of Survey -

- Thank you very much for your time and patience -

B. Review of Existing Training modules in the context of Capacity Building of IDU TIs

Review of existing training modules in the context of capacity building of IDU TIs

The following modules were reviewed, specifically with regards to their adequacy of addressing certain themes/ areas of functioning of an IDU TI.

- A manual for working with Injecting drug users (main module as well as supplementary material)
- Peer Educators Training module [PE Manual , situation cards, PPTs for training IDU PEs (Part 2 of manual), picture cards (for session on STI) , flipbooks, situation cards IDU for PE]
- Out Reach Workers training module (module as well as PowerPoint Presentations for Out Reach Workers)
- Draft OST Training module
- Draft Module for reaching out to partners
- Counselling in TIs for IDUs

All these modules were reviewed and commented upon with respect to following:

- Overall organisation of module
- Predominant training techniques
- Target Groups
- Any other comments
- Specific comments regarding themes / areas

A. A manual for working with Injecting drug users

- ***Overall organisation of module:***

This manual is exclusively for the IDUs. The manual extensively covers all the aspects of the IDUs.
A five day extensive training programme.
It gives a detailed understanding about various components of the TI before training the staff on IDUs issues and this help participants understand the IDU programme under NACP III.
Outreach planning is dealt with in detail – one entire day is devoted to make participants understand and practise the outreach planning tools.
The curriculum also includes a field visit, which is very essential part of the training and also helps in better retention of the practises and concepts.
The manual also includes the sessions on BCC, community mobilization, advocacy and networking too.
However, the manual missed some important domains like waste disposal management, overdose prevention and management, documentation and reporting, etc.

- ***Predominant training techniques:***

Presentations
Discussions
Group discussions
Role plays

- ***Target Groups:***

IDU Staff

- ***Any other comments***

Separate session required on
Waste management and disposal
Over dose management and prevention
Condom distribution – a brief session
Documentation and reporting
Monitoring

- ***Specific comments regarding themes/areas***

Themes / areas of IDU TI functioning	Comments about adequacy and appropriateness of module to address this theme
Basic knowledge about drug addiction and IDU	• A separate session on basics of drug addiction can be made part of the manual • The IDUs placement in the NACP III is well covered
Basic understanding about HIV and Harm reduction	• Basics of HIV can be included • Harm Reduction is adequately covered
Outreach planning and conducting	The topic is covered considerably
Running and managing a DIC	The topic is covered greatly
BCC	The topic is covered comprehensively
Needle Syringe exchange including demand analysis	• The topic is covered fairly • Need more on N/S demand analysis
Condom distribution	• No session on Condom Distribution • A brief session on condom demonstration would be of help

Themes / areas of IDU TI functioning	Comments about adequacy and appropriateness of module to address this theme
Abscess management and primary health care	The topic is covered meticulously
Waste disposal	• Briefly mentioned under NSEP session • Separate session on waste disposal required
OST	Covered adequately
Overdose management	Separate session required
Community mobilisation	Covered adequately
Referrals and linkages / Networking	The topic is covered extensively
Advocacy	The topic is covered well
Reporting	• Not covered • Separate session required
Providing services to Female sex partners	• Not covered • Separate session required
Providing services to Female IDUs	• Not covered • Separate session required

B. Peer Educators Training module

- ***Overall organisation of module:***

The module seems well designed. The manual has tried to cover the pertinent issues of all the core groups. Still, some more focus was required on the issues pertaining to the IDUs. It seems that the IDU component has been sidelined in the design and the entire section on IDUs is more or less generalised (based upon the FSW design). Time devoted for some specific training sections (like the one on condoms, etc.) could be lessened and instead the sessions on NSEP and Harm Reduction could be given more time.

- ***Predominant training techniques:***

Presentation
Discussions
Role plays – very limited
Brainstorming
Demonstrations –On condom sessions
Group work – On outreach tools
Situation cards - DIC

- ***Target Groups:***

FSW staff
MSM staff
IDU staff

- ***Any other comments***

More situation cards pertaining to the IDUs for the Session on DIC

- ***Specific comments regarding themes/areas***

Themes / areas of IDU TI functioning	Comments about adequacy and appropriateness of module to address this theme
Basic knowledge about drug addiction and IDU	• Basics of drugs is there • No mention about the IDUs- concept is lacking
Basic understanding about HIV and Harm reduction	• Basic knowledge about the HIV is entirely missing from the manual • Session on Harm Reduction – should be elaborated – need to increase the time
Outreach planning and conducting	• Sessions included • Time needs to be increased • Too many tools for the PEs to understand
Running and managing a DIC	Adequately covered
BCC	No session
Needle Syringe exchange including demand analysis	• Session too short • Should include some demonstrations • Nothing on demand analysis
Condom distribution	Too long session – runs to almost half a day Need to curtail the time devoted
Abscess management and primary health care	**Adequate** Has film screening, body mapping exercise
Waste disposal	**Not mentioned**/no session on waste disposal A separate session is required
OST	**No** separate session on OST Some part is covered under Harm Reduction session
Overdose management	**No** separate session on Overdose management
Community mobilisation	**No** separate session on community mobilisation
Referrals and linkages / Networking	**No** separate session on networking
Advocacy	**No** separate session on advocacy
Reporting	Quite elaborated session on the monitoring and documentation
Providing services to Female sex partners	Not mentioned
Providing services to Female IDUs	Not mentioned

C. Out Reach Workers Training Module

- ***Overall organisation of module:***

The module has been designed for a five day training programme for the ORWs on their role as outreach workers in the Targeted intervention programme under NACP III. A field visit to one of the intervention sites has also been made part of this module and it will help the participants in orienting themselves to the field level issues and challenges.

The module lacks information on the basics of HIV and drug addiction and several other IDUs issues. It majorly emphasises on the roles and responsibilities of an ORW and planning, conducting and monitoring outreach activities.

- ***Predominant training techniques:***

Group work	Presentations
Brainstorming	Group discussions
Games	Field visit

- ***Target Groups:***

ORWs

- ***Any other comments***
- ***Specific comments regarding themes/areas***

Themes / areas of IDU TI functioning	Comments about adequacy and appropriateness of module to address this theme
Basic knowledge about drug addiction and IDU	Not covered
Basic understanding about HIV and Harm reduction	• Not mentioned • A session on harm reduction is required
Outreach planning and conducting	Covered adequately
Running and managing a DIC	Not mentioned
BCC	Covered adequately
Needle Syringe exchange including demand analysis	• Not covered • Should be made a compulsory part of it
Condom distribution	• Nothing has been covered under the topic • Condom distribution session needed to be included
Abscess management and primary health care	• Not mentioned at all in the module • Module should cover a session on abscess prevention and management
Waste disposal	• Not mentioned • Session required on waste management and disposal
OST	Not mentioned
Overdose management	Not mentioned
Community mobilisation	Not included
Referrals and linkages / Networking	Not included
Advocacy	Not mentioned
Reporting	Not mentioned
Providing services to Female sex partners	-
Providing services to Female IDUs	-

D. Draft OST Training Module

- ***Overall organisation of module:***

The module is very meticulously designed to cater to the needs of the OST training for the entire staff – Government hospital staff and the TI NGO staff involved in the delivery of the OST services. The participatory approach has been adopted for the entire training programme.

The design of the module is very unique. A detailed description of each slide presented is given in a very vivid and thorough manner.

It comprehensively covers every domain of the OST issues. Several role plays have been integrated as part of the module. Inclusion of role plays in the module helps in better retention by the participants.

- ***Predominant training techniques:***

Participatory
Power point presentations
Discussions
Role plays
Demonstrations
Exposure visits

- ***Target Groups:***

Government hospital staff and NGO staff involved in delivery of OST to IDUs

- ***Any other comments***
- ***Specific comments regarding themes/areas***

Themes / areas of IDU TI functioning	Comments about adequacy and appropriateness of module to address this theme
Basic knowledge about drug addiction and IDU	Adequately covered
Basic understanding about HIV and Harm reduction	Harm reduction concept is dealt with in detail
Module does not include basics about HIV	
Outreach planning and conducting	-
Running and managing a DIC	-
BCC	-
Needle Syringe exchange including demand analysis	-
Condom distribution	-
Abscess management and primary health care	-
Waste disposal	-
OST	Extensively covered
Overdose management	Overdose related to OST – covered adequately
Community mobilisation	-
Referrals and linkages / Networking	-
Advocacy	-
Reporting	Reporting pertaining to OST records – covered competently
Providing services to Female sex partners	-
Providing services to Female IDUs	-

E. Draft Module for reaching out to partners

- ***Overall organisation of module:***

The module seems well designed, keeping in mind the issues pertaining to reaching out to the partners of the Male IDUs. All major and minor aspects on HIV, drug abuse, condom use and negotiation, gender sensitisation, reproductive health issues, living with HIV and practical issues faced while reaching out to the female partners of the drug users have been captured very proficiently in the module. A larger use of pictorial representation in the module makes it more users friendly.

- ***Predominant training techniques:***

Group Discussions
Games
Participatory exercises
Presentations
Role plays
Debate

- ***Target Groups:***

Female sex partners of the Injecting drug users

- ***Any other comments***
- ***Specific comments regarding themes/areas***

Themes/areas of IDU TI functioning	Comments about adequacy and appropriateness of module to address this theme
Basic knowledge about drug addiction and IDU	Adequately covered
Basic understanding about HIV and Harm reduction	As per the need
Outreach planning and conducting	- (Not required)
Running and managing a DIC	- (Not required)
BCC	- (Not required)
Needle Syringe exchange including demand analysis	- (Not required)
Condom distribution	Other aspects of condoms covered adequately – like condom use and negotiation
Abscess management and primary health care	- (Not required)
Waste disposal	- (Not required)
OST	**Basics covered – as per need**
Overdose management	- (Not required)
Community mobilisation	- (Not required)
Referrals and linkages / Networking	Sufficient as required
Advocacy	- (Not required)
Reporting	- (Not required)
Providing services to Female sex partners	-
Providing services to Female IDUs	-

F. Counselling in TIs (UNODC)

- ***Overall organisation of module:***

This module is designed in such a simplified manner that it can be used by the counsellors in any TI setting. This handbook acts as a ready reckoner for the IDU TI counsellor. It is an additional resource for the IDU TI counsellor to recall important issues that they have to bear in mind while carrying out specific counselling activities. Every counselling aspect has been sketched with perfection in the manual. The section on practical tips comes very handy for the users.

- ***Predominant training techniques:***
- ***Target Groups:***

IDU TI Counsellors

- ***Any other comments***

The main focus of the manual is on understanding the drugs and drug use disorders, HIV and AIDS, STIs, approaches to drug use problems, assessment and diagnosis in drug use disorders, basic issues skills and techniques in counselling.

- ***Specific comments regarding themes/areas***

Themes/areas of IDU TI functioning	Comments about adequacy and appropriateness of the module in addressing this theme
Basic knowledge about drug addiction and IDU	Adequately covered in the manual
Basic understanding about HIV and harm reduction	Comprehensively covered
Outreach planning and conducting	-
Running and managing a DIC	-
BCC	
Needle Syringe exchange including demand analysis	Counselling regarding safer injecting practices has been incorporated meticulously
Condom distribution	Counselling on condom usage has been covered adequately
Abscess management and primary health care	Issues pertaining to the prevention and treatment of Abscesses have been taken care of in the manual
Waste disposal	Not covered in the manual
OST	Counselling issues concerning OST have been dealt with in the manual
Overdose management	Issues pertaining to overdose prevention have been extensively covered in the manual – especially how to deal with the person suffering from an overdose
Community mobilisation	-
Referrals and linkages/Networking	Sufficiently covered in the manual
Advocacy	-
Reporting	-
Providing services to Female sex partners	-
Providing services to Female IDUs	-