END - TERM IMPACT ASSESSMENT

STUDY ON HARM REDUCTION TRAININGS

Project *Hifazat*, Global Fund Round 9 HIV - IDU Grant
Emmanuel Hospital Association as Principal Recipient

EHA Central Office 808/92, Deepali Building
Nehru Place, New Delhi – 110019, INDIA
www.eha-health.org

EMMANUEL HOSPITAL ASSOCIATION

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Strengthen the capacity, reach and quality of IDU harm reduction services

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Author

Dr. M. Suresh Kumar

Research team

Ms. Archana Oinam
Mr. Debashis Mukherjee
Ms. Ira Madan
Mr. Kongtea Kong
Mr. K. Shivakumar

Data Analysis

Ms. Safwa Mina

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BY PROJECT HIFAZAT

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 Programme.

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AIIMS	All India Institute of Medical Sciences
ANM	Auxiliary Nurse Midwife
ART	Anti Retroviral Therapy
BCC	Behaviour Change Communication
CBNA	Capacity Building Needs Assessment
CCI	Country Coordinating Mechanism
DIC	Drop-In Centre
DOTS	Daily Observed Treatment Strategy
EHA	Emmanuel Hospital Association
FIDU	Female Injecting Drug User
GF	Global Fund
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
Hep C	Hepatitis C
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
HRG	High Risk Group
ICTC	Integrated Counselling and Testing Centre
IDU	Injecting Drug User
IDU-TI	Injecting Drug User - Targeted Intervention
LS	Learning Site
M&E	Monitoring and Evaluation
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NACP IV	National AIDS Control Programme Phase IV
NDDTC	National Drug Dependence Treatment Centre
NDPS	Narcotic Drugs and Psychotropic Substances Act
NGO	Non- Governmental Organisation
No.	Number
NSEP	Needle Syringe Exchange Programme
NSP	Needle Syringe Programme
OI	Opportunistic Infections
ORW	Outreach worker
OST	Opioid Substitution Therapy
PE	Peer Educator
PM	Programme Manager
PMU	Project Management Unit
PPT	PowerPoint
PR	Principal Recipient
RTTC	Regional Technical Training Centre
SACS	State AIDS Control Societies
SD	Standard Deviation
STI	Sexually Transmitted Infections
STRC	State Training and Resource Centre
TB	Tuberculosis
TI	Targeted Intervention
TOT	Training of Trainers
UNODC ROSA	United Nations Office on Drugs and Crime Regional Office for South Asia

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EXECUTIVE SUMMARY

In order to sustain an effective as well as efficient harm reduction response that has been initiated and maintained through National AIDS Control Organisation (NACO), strengthening and sustaining the capacity of various categories of service providers working with the injecting drug users (IDUs) at the targeted intervention (TI) sites is critical. The objective of the end-term assessment study was to assess the levels of capacities, knowledge, attitude and practice related to harm reduction services among the doctors, nurses, programme managers, counsellors, outreach workers and peer educators subsequent to receiving harm reduction training organised under the Hifazat Project as well as to compare the findings with the mid-term assessment to understand the changes over time. To understand the impact of the training in building the capacity of harm reduction workforce, primary data was obtained from selected participants across different regions of the country and was carried out by researchers with a vast experience in the field of harm reduction. The assessment included quantitative as well as qualitative data obtained by five field investigators through interviews with IDU-TI staff working across various regions of the country. Overall, information was gathered from 145 TI staff that included 37 outreach workers, 35 peer educators, 37 Programme managers/counsellors and 36 doctors/nurses. Privacy and confidentiality was maintained during the data collection and analysis process. The mid-term assessment findings were utilised for comparison with the current findings.

Key findings

Method	Findings
Quantitative data - demographics and training received	Most (88%) have higher secondary level or more of education Duration in the job at respective IDU-TI: Mean ± SD: 35.4 ± 2.7 Majority (55%) have received a combination of harm reduction trainings Many (79%) have received the training module(s)
Quantitative data - participants' reaction to the training	Harm reduction training was rated as 'very good or excellent' by more than two-thirds of participants in the following: overall content, quality of power point slides, quality of presentation, quality of the group activities and facilitation of activities by the trainers Majority (52%) rated the quality of training manuals as 'very good or excellent'
Qualitative data - participants' reaction to the training	Qualitative interviews confirmed the positive reaction to the training as they expressed satisfaction with the content, presentation and activities at the training programme as well as the capacity of many resource persons The choice of some resource persons, their understanding related to field level activities, use of local language in the training specifically for outreach workers / peer educators and the timing of the sessions could be reconsidered in future trainings
Quantitative data - good learning as a result of harm reduction training Programme	Improved learning in knowledge/skills related to harm reduction in all participants from all the categories *Outreach workers and Peer educators*: Learning in about or more than two-thirds on: harm reduction, understanding drug use, outreach - principles and components, peer education, effective communication, safer injecting practices, safer sex practices; needle syringe programme, waste disposal; networking, referrals and motivating for referral services; and, overdose prevention and management. *Programme managers and Counsellors*: Learning happened in half or more of them in the following: harm reduction, understanding IDU community and their vulnerabilities, understanding drug use; drop–in centre and its management, referral & networking, advocacy with the community, establishing and maintaining referral networks and advocacy; understanding and educating clients on anti-retroviral therapy (ART), hepatitis C (HCV), tuberculosis (TB), opportunistic infections (OI) and other co-morbidities. opioid substitution therapy (OST), needle syringe programme (NSP), outreach and related management issues and condom programming; and, understanding the role of

	staff in TI including project managers and planning and implementing work plan. *Clinical staff*: Majority (>50%) of doctors and nurses express that they have learnt a lot in the following areas: abscess prevention and management, basics of HIV, prevention and management of HIV, prevention of sexually transmitted infections (STIs); OST; understanding and educating the client on TB, depression and drug use; and, roles and responsibilities of clinical staff in IDU-TI programmes.
Quantitative data - less learning as a result of harm reduction training programme	*Peer educators and Outreach workers*: Learning occurred in less than two-thirds on: understanding vulnerability of IDUs, women and drug use and reaching out to female sex partners, tools for effective outreach; co-morbidities such as HCV, TB, ART and motivating clients for ART, OST, and abscess prevention and management; STI and HIV - the inter-linkages and implications, NACP and TI for IDUs, facilitating community mobilisation; advocacy with law enforcement, advocacy for referral, and advocacy with wider community. *Programme managers and Counsellors*: Less learning (<50%) is observed in: female sex partners of IDUs and female injecting drug users; resource mapping and referral, community mobilisation, advocacy to facilitate referral, developing advocacy strategies, monitoring and evaluation of referral & networking, community mobilisation & advocacy and legal aspects; waste disposal, and clinical issues such as abscess, STI, overdose, detoxification related to drug use; documentation and reporting monitoring and evaluation, strategic planning, human resource management, procurement and financial management. *Doctors & Nurses*: The learning is less (<50%) in the following areas: basics of drugs, understanding drug related harms and injecting drug use and harm reduction and understanding its principles; assessment and diagnosis, counselling for safer injecting practices; STI basics, management of STIs; overdose prevention and management, detoxification; overview of comorbidity, understanding comorbidities/mental health; comorbid conditions among IDUs - hepatitis and tuberculosis, hepatitis C & B; alcohol use disorder, opioid withdrawals, benzodiazepine use disorder; common physical symptoms, anaemia and nutrition; assessment of mental health, signs and symptoms of psychiatric disorders, mental health and illness, anxiety disorder and drug use, other psychiatric disorders and drug use; and networking and referral services, and advocacy; NACP and IDU-TIs.
Quantitative and qualitative data - change in job performance due to harm reduction training	Almost all (99%) of the participants opine that they are able to apply what they learnt from the harm reduction training in their job environment. More than two-thirds of all respondents evaluate themselves as 'very good to excellent' in level of knowledge/skills related to the job after the harm reduction training programme. The training programme is very effective in providing with new knowledge or skills. (64%), updating the knowledge/skills (63%) and strategic approach to address work related issues (60%). Almost all (99%) of all respondents agree that their quality of work has improved after the training programme. Qualitative data identifies changes that have positively influenced regular work of TI staff with IDUs. These include: effective communication with the HRGs, outreach planning, overdose prevention, better documentation and advocacy with various stakeholders. Many opine that information on female IDUs needs to be expanded and explained more as well as information on sexual partners of IDUs. Other suggestions made were to provide details related to hepatitis C, conduct training more often, conduct training in various languages appropriate to the present audience, compile training into a manual for personal use, etc.
Quantitative and qualitative data - impact due to harm	*Peer educators and Outreach workers*: Among most, positive impact was observable in: reach out to the IDUs better, deliver harm reduction messages to the IDUs better, and improve the quality of services to the IDUs better.

reduction training	Positive impact was seen among more than three-fourths of them in the following: reach out to the sexual partners of the IDUs better, deliver harm reduction messages to the sexual partners of IDUs better and improve the quality of services to the sexual partners of IDUs better. *Programme managers and Counsellors*: Positive impact on most of the programme managers and counsellors in the following activities related to IDUs: to counsel IDUs better; to organise harm reduction messages to the IDUs better; to manage the IDUs better; to improve the quality of services to the IDUs better, to mobilize the community of IDUs better; to advocate for better referral linkages for IDUs; and to advocate with the general community to work IDUs better Positive impact on more than seventy percent of programme managers/counsellors in the following activities related to the sexual partners of IDUs: to counsel the sexual partners of the IDUs better; to organise harm reduction messages to the sexual partners of the IDUs better, to manage the sexual partners of the IDUs better; and, to improve the quality of services to the sexual partners of the IDUs better. *Clinical staff*: Positive impact on most of the doctors and nurses to assess the clinical issues related to the IDUs better; to deliver the clinical services related to the IDUs better; to manage mental health of the IDUs better; to manage co-morbidities of the IDUs better; to manage alcohol and other drug use disorder of the IDUs better and, to improve the quality of services to the IDUs better. Positive impact among more than two-thirds of doctors/nurses in the following activities related to the sexual partners of IDUs: to assess the clinical issues related to the sexual partners of the IDUs better; to deliver the clinical services related to the sexual partners of the IDUs better; helped to manage mental health of the sexual partners of the IDUs better; to manage co-morbidities of the sexual partners of the IDUs better; and, to improve the quality of services to the sexual partners of the IDUs better.
Comparison of end-term assessment findings with mid-term assessment findings: learning due to training	More outreach workers and peer educators from end-term assessment compared with mid-term assessment reported improved learning about women and drug use; female sex partners and reaching out to them; key activities such as safer injecting practices; co-morbidities - hepatitis and TB; OST; and, overdose prevention and management; and, advocacy with wider community. Programme managers and counsellors admitted to increased learning in the area of female sex partners and female injecting drug users; understanding and educating clients on ART and other comorbidities such as hepatitis C, TB. Doctors and nurses learnt more during end-term compared with mid-term about drug detoxification; OST; basics of HIV; prevention and management of HIV; and, advocacy. overview of comorbidity; mental health and illness such as assessment of mental illness, signs and symptoms of mental illness, depression and drug use, anxiety disorder and drug use, other psychiatric disorders and drug use, benzodiazepine use disorder; and anaemia, nutrition.
Comparison of end-term assessment findings with mid-term assessment findings: change in job performance	At end-term all participants applied learning from the harm reduction training in their job environment. There was statistically significant improvement at end-term evaluation in the following categories: confidence in solving problems and making decisions; management of priorities; overall effectiveness; utility in the work environment: conducive work environment to apply skills/knowledge; updating or refining the knowledge or skills; and, strategic approaches to address issues in work place.
Comparison of end-term assessment findings with mid-term assessment findings: impact due to learning	Subsequent to the harm reduction training, at end term assessment positive impact was observed among outreach workers and peer educators in the following areas: helped to reach out to the sexual partners of the IDUs better; helped to deliver harm reduction messages to the sexual partners of IDUs better; and, helped to improve quality of services to the sexual partners of the IDUs better. The responses of programme managers/counsellors and medical officers/nurses related to the impact of harm reduction training both at mid-term and end-term assessments are comparable.

Recommendations:

1. Harm reduction training initiated and maintained for the past few years by the Project Hifazat should be continued by the IDU-TI programme in order to sustain the harm reduction activities among people who inject drugs and their sexual partners.
2. The Project has developed excellent training modules and training calendars. In addition, a group of experts have been identified as trainers in harm reduction. These resources should be effectively utilised to continue the harm reduction training in future.
3. It is necessary to identify certain nodal facilities that can serve as Harm Reduction Training Centres for organising and delivering the harm reduction training for various categories of service providers across different regions of the country.
4. e- training could be the way forward and it will be the most efficient method to reach out to many small and large organisations working with harm reduction across the country.

1. BACKGROUND

THE GLOBAL FUND to Fight AIDS, Tuberculosis and Malaria (GFATM), country owned, performance based funding has provided the Round 9 India HIV grant through the Emmanuel Hospital Association (EHA), the Principal Recipient (PR) for the Project Hifazat to strengthen the capacity, reach and quality of Harm Reduction services for Injecting Drug Users (IDUs) through involved institutions and individuals for and on behalf of the Country Coordinating Mechanism (CCM) and the National AIDS Control Organization (NACO) of the Ministry of Health & Family Welfare.

Capacity building is a critical component to ensure that comprehensive HIV prevention and treatment interventions for IDUs are developed and implemented across the country. Building, strengthening and sustaining the capacity of people at different levels is essential to develop an effective, efficient and sustainable response. A key component of the capacity building is identifying the capacity building needs through a structured mechanism and addressing the training needs for a range of service providers engaged in harm reduction activities targeting the IDUs. The capacity of the following service providers working in the targeted intervention (TI) sites for IDUs and their sexual partners across the country needs to be enhanced:

1. Medical officers and nurses in charge of the TIs and OST clinics
2. TI Programme managers and counsellors
3. Outreach workers and peer educators at the TIs

The training of the above service providers have been guided through the training manuals developed by UNODC ROSA under this grant. The training modules developed by UNODC ROSA under this project have been used in the harm reduction training. Four of the training modules addressed the needs of the TI personnel: peer educators; outreach workers; programme managers; counsellors; and the clinical staff including the medical officers and nurses. In addition, two thematic modules on comorbidity and advocacy, community mobilisation, referral and networking for IDU Interventions were developed. The modules were used by trainers for training the staff of IDU TI and they are designed to enhance knowledge, skills and attitudes of the trainees.

An end-term assessment was planned to assess the change, if any in the existing levels of capacities, knowledge, attitude and practice related to harm reduction services among the various categories of service providers.

2. OBJECTIVE

The objective of the end-term assessment study was:

a) To assess the levels of capacities, knowledge, attitude and practice related to harm reduction services among the doctors, nurses, programme managers, counsellors, outreach workers and peer educators subsequent to receiving harm reduction training organised under the Hifazat Project.

b) To compare the findings of midterm assessment with end-term assessment to understand the impact of the harm reduction training organised under the Hifazat Project.

3. METHOD

Study method
Information was obtained through structured interviews from Programme managers, counsellors, medical officers, nurses, outreach workers and peer educators working across TIs in different regions of the country.

Data collection
The questionnaires for structured interviews with different categories of service providers was designed and developed by the Principal Consultant in consultation with the PMU (the questionnaires are included in Appendix). The questionnaires contained different sections that elicited information on defined characteristics. The sections are:

Section A: Socio-demographic information
Section B: Details related to harm reduction training
Section C: Participants' reaction to the harm reduction training Programme
Section D: Participants' learning as a result of receiving the harm reduction training Programme
Section E: Participants' change in performance on their job due to harm reduction training
Section F: Participants' impression about the impact on IDUs & their sexual partners due to the training received

The questionnaires were field tested before the commencement of the actual data collection during the midterm assessment. The same questionnaires were used in the current end term assessment. A team of field investigators were selected and recruited to collect the data at the selected TI sites from different regions of the country. The Investigators and the respective States from which they collected the data are as follows:

Archana Oinam	(Manipur, Nagaland, Assam, Meghalaya)
Debashis Mukherjee	(Chhattisgarh, Madhya Pradesh, Odisha and West Bengal)
Ira Madan	(Delhi, Punjab and Uttar Pradesh)
Kongtea Kong	(Mizoram)
K. Shivakumar	(Kerala, Andhra Pradesh, Maharashtra)

These investigators were provided training on data collection by the Principal Consultant through Skype before the beginning of data collection.

Sampling

The sample for the study was recruited purposively from TI sites that have undergone harm reduction training organised by Project Hifazat. The proposed and actual sampling obtained is as follows:

Table 1: Proposed Sampling Plan

IDI Plan (Qualitative)	Data collection proposed – Region wise						
	Northeast Manipur Nagaland Assam Meghalaya Mizoram	**North** Delhi Punjab UP	**Central** Chhattisgarh Madhya Pradesh	**East** Odisha West Bengal	**South** Kerala AP	**West** Maharashtra	**Overall**
Programme manager/Counsellor	16	7	4	4	3	2	**36**
Medical officer/Nurse	16	7	4	4	3	2	**36**
Outreach worker / Peer Educator	32	14	8	8	6	4	**72**
Total IDIs	**64**	**28**	**16**	**16**	**12**	**8**	**144**

Table 2: Actual Sampling

IDI Plan (Qualitative)	Data collected – Region wise						
	Northeast Manipur Nagaland Assam Meghalaya Mizoram	**North** Delhi Punjab UP	**Central** Chhattisgarh Madhya Pradesh	**East** Odisha West Bengal	**South** Kerala AP	**West** Maharashtra	**Overall**
Programme manager/Counsellor	16	7	5	4	3	2	**37**
Medical officer/Nurse	16	7	4	4	3	2	**36**
Outreach worker / Peer Educator	32	14	8	8	6	4	**72**
Total IDIs	**64**	**28**	**17**	**16**	**12**	**8**	**145**

Table 3: Regional wise data collected
Northeast India

State	Outreach workers/peer educators	Programme managers/Counsellors	Doctors/Nurses	Total sample
Assam	2	1	1	4
Manipur	10	5	5	20
Meghalaya	2	1	1	4
Mizoram	4	4	8	16
Nagaland	10	5	5	20

East India

State	Outreach workers/peer educators	Programme managers/Counsellors	Doctors/Nurses	Total sample
Odisha	4	2	2	8
West Bengal	4	2	2	8

Central India

State	Outreach workers/peer educators	Programme managers/Counsellors	Doctors/Nurses	Total sample
Chhattisgarh	4	2	2	8
Madhya Pradesh	4	3	2	9

North India

State	Outreach workers/peer educators	Programme managers/Counsellors	Doctors/Nurses	Total sample
Delhi	8	4	5	17
Punjab	2	1	2	5
Uttar Pradesh	4	2		6

South India

State	Outreach workers/peer educators	Programme managers/Counsellors	Doctors/Nurses	Total sample
Andhra Pradesh	2	1	1	4
Kerala	4	2	2	8

West India

State	Outreach workers/peer educators	Programme managers/Counsellors	Doctors/Nurses	Total sample
Maharashtra	4	2	2	8

Analysis

The quantitative variables from the questionnaires were entered into excel sheets and then analysed using EPI Info and SPSS version 16. The qualitative variables were content analysed and emerging themes were identified.

Ethical Issues

- Privacy and confidentiality was maintained during the data collection and analysis process.
- None of the subjects interviewed were given any incentive.
- Participation in the study was purely voluntary in nature. Informed consent was obtained from all the participating subjects.
- Decision of a subject to participate or decline, had no bearing on services being provided in any manner.
- None of the intellectual property norms and laws was violated in developing the data collection tools.

4. FINDINGS

4.1. ASSESSMENT FINDINGS

4.1.1. Demographic characteristics

Table 4: Demographic characteristics of all respondents and by category of employment at the targeted intervention

Demographic characteristics	Total Sample N = 145		Programme Managers & Counsellors N = 37		Medical Officers & Nurses N = 36		Outreach Workers & Peer educators N = 72	
	Number	% or Mean ± SD	Number	% or Mean ± SD	Number	% or Mean ± SD	Number	% or Mean ± SD
Age (in years)	-	37.1 ± 9.9	-	36.5 ± 8.4	-	39 ± 1.4		36.4 ± 8.2
Gender								
Males	95	65.5%	21	56.8%	12	33.3%	62	86.1%
Females	50	34.5%	16	43.2%	24	66.7%	10	13.9%
Education								
Elementary	1	0.7%					1	1.4%
Middle	17	11.7%			1	2.8%	16	22.2%
Higher Sec	37	25.5%			14	38.9%	23	31.9%
Undergraduate	51	35.2%	13	35.1%	12	33.3%	26	36.1%
Postgraduate	39	26.9%	24	64.9%	9	25%	6	8.3%
Employment			PM: 28	75.7%	MO: 11	30.6%	OW: 37	51.4%
			Coun:12	24.3%	Nurse:25	69.4%	PE: 35	48.6%
Duration in job (in months)	-	35.4 ± 2.7	-	38 ± 3.4	-	34.8 ± 2.1	-	34.4 ± 2.7

The mean age of all respondents (N = 145) to the midterm assessment is 37.1 ± 9.9; the mean age of the programme manages/counsellors (N = 37) is 36.5 ± 8.4; the medical officers/nurses (N = 36) is 39 ± 1.4; and the outreach workers/peer educators is 36.4 ± 8.2. The proportion of females in the total sample is 35%; among the programme manages/counsellors, medical officers/nurses and outreach workers/peer educators the proportion of women is 43%, 67% and 14% respectively. Among the outreach workers/peer educators, 44% had collegiate level education. All categories of persons interviewed for this assessment have worked for sufficient duration in their jobs with an average of about 34-38 months.

Table 5: Comparison of Outreach workers and Peer educators for demographics

Demographic characteristics	Outreach Workers N = 37		Peer educators N = 35		P Value
	Number	% or Mean ± SD	Number	% or Mean ± SD	
Age (in years)	-	35.4 ± 8.5	-	37.5 ± 7.9	NS
Gender					
Males	27	73%	35	100%	0.001***
Females	10	27%	0	0%	
Education					
Elementary	-	-	1	2.9%	0.000***
Middle	3	8.1%	13	37.1%	
Higher Sec	8	21.6%	15	42.9%	
Undergraduate	20	54.1%	6	17.1%	
Postgraduate	6	16.2%	-	-	
Duration in job (in months)	-	40.2 ± 30.9	-	28.2 ± 19.8	0.054 NS

***** Statistically Significant**

Comparison of outreach workers (N =37) and peer educators (N =35) show that there is no statistically significant difference between them in age and duration in job. The gender distribution is dissimilar in both groups as more than a fourth of the outreach workers are females (P = 0.001). In educational status, 40% of peer educators have middle or elementary levels of education compared with 8% among outreach workers and this difference is statistically significant (P = 0.000).

4.1.2. Details related to harm reduction training

Table 6: Details related to harm reduction training of all respondents and by category of employment at the targeted intervention

Details related to harm reduction training	Total Sample N = 145		Programme Managers & Counsellors N = 37		Medical Officers & Nurses N = 36		Outreach Workers & Peer educators N = 72	
	Number	%	Number	%	Number	%	Number	%
Type of HR training received								
Induction	46	31.7%	13	35.1%	11	30.6%	22	0.6%
Refresher	10	6.9%	1	2.7%	1	2.8%	8	1.1.1%
OST	9	6.2%	5	13.5%	3	8.3%	1	1.4%
Combination	80	55.2%	18	48.7%	21	58.3%	41	66.9%
Training module provided								
Yes	115	79.3%	32	86.5%	33	91.7%	50	69.4%
No	30	20.7%	5	13.5%	3	8.3%	22	30.6%

Majority of the respondents (55%) have received combination of trainings. In the categories of programme managers/counsellors, medical officers/nurses and outreach workers/peer educators the proportion of those who received combination training is 49%, 58% and 67% respectively. Most of the participants (79%) have been provided with the training module and the proportion is 92% among doctors/nurses, 87% among programme managers/counsellors and 69% among outreach workers/peer educators.

Table 7: Comparison of Outreach workers and Peer educators for details related to harm reduction training

Details related to harm reduction training	Outreach workers N = 37		Peer educators N = 35	
	Number	%	Number	%
Type of HR training received				
Induction	7	18.9%	15	42.9%
Refresher	7	18.9%	1	2.9%
OST	1	2.7%	-	-
Combination	22	59.5%	19	54.2%
Training module provided				
Yes	31	83.8%	19	54.3%
No	6	16.2%	16	45.7%

Comparison of outreach workers and peer educators reveal that more than a half of both groups have received the combination trainings. Whereas 84% of outreach workers have been provided with the training module, 54% of peer educators have received the training module.

4.1.3. Participants reaction to harm reduction training programme

Table 8: Participants' reaction to harm reduction training of all respondents and by category of employment at the targeted intervention

Participants' reaction to harm reduction training	Total Sample N = 145		Programme Managers & Counsellors N = 37		Medical Officers & Nurses N = 36		Outreach Workers & Peer educators N = 72	
	Number	%	Number	%	Number	%	Number	%
Overall content								
Very good-Excellent	108	74.5%	29	78.4%	23	63.9%	56	77.8%
Good	34	23.4%	6	16.2%	12	33.3%	16	22.2%
Fair-Poor	3	2.1%	2	5.4%	1	2.8%		
Quality of PPTs								
Very good-Excellent	95	65.5%	24	64.9%	21	58.3%	50	69.4%
Good	47	32.4%	12	32.4%	15	41.7%	20	27.8%
Fair-Poor	2	1.4%	1	2.7			1	1.4%
Quality of presentation								
Very good-Excellent	97	66.9%	27	73%	20	55%	50	69.4%
Good	40	27.6%	7	18.9%	14	38.9%	30	44.1%
Fair-Poor	8	5.5%	3	8.1%	2	5.6%	2	3%
Quality of group activity								
Very good-Excellent	98	67.6%	22	59.5%	22	61.1%	54	75%
Good	37	25.5%	13	35.1%	12	33.3%	12	16.7%
Fair-Poor	9	6.2%	2	5.4%	2	5.6%	5	6.9%

Facilitation of activities								
Very good-Excellent	97	66.9%	23	62.2%	19	52.8%	55	76.4%
Good	42	29%	11	29.7%	16	44.4%	15	20.8%
Fair-Poor	5	3.5%	3	8.1%	1	2.8%	1	1.4%
Effective presentation								
Case studies	5	3.4	3	8.1%	1	2.8%	1	1.4%
Role play	20	13.8%	7	18.9%	6	16.7%	7	9.7%
Lecture	20	13.8%	3	8.1%	3	8.3%	14	19.4%
Group Activity	25	17.2%	5	13.5%	8	22.2%	12	16.7%
Combination	44	30.4%	12	32.4%	11	30.6%	21	29.2%
Quality of training manuals								
Very good-Excellent	75	51.8%	19	54.3%	22	61.1%	34	47.2%
Good	44	30.3%	15	40.5%	11	30.6%	18	25%
Fair-Poor	7	4.8%	1	2.7%	3	8.3%	3	4.2%

In the total sample as well as among the various categories by employment, majority (>50%) of the participants' reaction to the overall content, quality of power point slides, quality of presentation, quality of the group activities and facilitation of activities by the trainers is rated as very good or excellent. The proportion of persons rating the quality of the training modules as very good or excellent among various categories is as follows: all respondents (52%); programme manages/counsellors (54%); medical officers/nurses (61%); and outreach workers/peer educators (47%).

Table 9: Participants' reaction to harm reduction training of outreach workers and peer educators

Participants' reaction to harm reduction training	Outreach workers N = 37		Peer educators N = 35	
	Number	%	Number	%
Overall content				
Very good-Excellent	31	83.7%	25	71.4%
Good	6	16.2%	10	28.6%
Quality of PPTs				
Very good-Excellent	29	78.3%	21	61.8%
Good	8	21.6%	12	35.3%
Fair-Poor			1	2.9%
Quality of presentation*				
Very good-Excellent	31	83.7%	19	54.3%
Good	4	10.8%	15	42.9%
Fair-Poor	2	5.4%	1	2.9%
Quality of group activity				
Very good-Excellent	31	83.7%	23	67.6%
Good	3	8.1%	9	26.5%
Fair-Poor	3	8.1%	2	5.9%
Facilitation of activities				
Very good-Excellent	31	83.7%	24	70.6%
Good	5	13.5%	10	29.4%
Fair-Poor	1	2.7%		
Effective presentation				
Case Studies	0	0%	1	3.8%
Role play	4	13.8%	3	11.5%
Lecture	5	17.2%	9	34.6%
Group Activity	9	31%	3	11.5%
Combination	11	37.9%	10	38.4%

Quality of training manuals				
Very good-Excellent	27	77.1%	7	35%
Good	7	20%	11	55%
Fair-Poor	1	2.9%	2	10%

***Statistically significant; P=0.02**

Comparison of outreach workers and peer educators do not show statistically significant difference between the participants' reaction to the harm reduction training process and the quality of the training module except in quality of presentation in which more outreach workers than peer educators have considered the quality of the presentation to be very good to excellent (84% vs 54%; P = 0.02).

4.1.3.1. Qualitative data related to participants' reaction to the harm reduction training

All participants have given significantly varying yet useful feedback. Many participants were satisfied with the training and express their reaction towards harm reduction training as useful either as new material or as a refresher. In-depth interviews related to participants' reaction to the harm reduction training reveal that many participants were satisfied with the content, presentation and activities at the training programme as well as the capacity of resource persons.

"The HR Training was completely beneficial to me. It was very informative and simple to understand and many times the training was amusing and joyful with laughs in the training hall. I learnt many things that I did not know before at all, at I have now ideas new ideas in caring for my peers and at the same time protecting myself. At the first instinct I was very excited and was eagerly waiting for the training day."

-Peer educator, Aizawl, Mizoram

"The training explained the various steps of harm reduction very systematically - I have learnt this very well and use this with my peers."

– Peer Educator, Siliguri, West Bengal

"I have gained lots of new information, which have given me confidence of working. Interaction with other trainees is also very useful. Got a platform for discussing my own problems faced at field".

– Peer Educator, Guwahati, Assam

"The training taught me the role of the PE –how to talk to the HRGs in the field and motivate them for services."

– Peer Educator, Bhubaneswar, Odisha

“The whole staff taught us very well, and again and again they kept saying that if we don’t understand something, then we should ask once, twice or tens times, they will not mind, they will explain to us again. In every way they supported us.”

– Peer Educator, Uttar Pradesh

“Really liked it, there are some thing that I didn’t know about the field and all, we used to do our work, but what all tasks we need to do, what all tasks need to be done when we go to the field, all these things we got from the training only. I can tell you in detail also, how we work in the field and what the work is in the DIC also, sending them to the DIC also. I can tell you this in details if you want to know. All this I got from the training only.”

– Peer Educator, Delhi

“They treated us with respect- that helped us learn.”

– Peer Educator, Siliguri & Darjeeling, West Bengal

“The time management was very good.”

- Peer educator, Chhattisgarh

“My knowledge level is increased on OST, NSEP, Condom distribution, Advocacy, Networking and Abscess management. Apart from this, I received in-depth information about OST enrolling.

– Outreach worker, Calicut, Kerala

“It was a good training, the trainers helped to learn. The videos and power point presentations were very useful. It would have been more useful if the discussions- especially on technical issues would have been done in Hindi”.

– Programme manager, Bhopal, MP

“Training helps in refreshing up. Stress, burnout and monotonous in the day-to-day job sometimes lead to neglecting the ethics and principles of harm reduction. Training help in refreshing the knowledge and concept“.

– Programme manager, Guwahati, Assam

“Through this training I have learnt to identify the risks faced by IDUs and how to reduce them... how to motivate IDUs to reduce their own harms. After the training I find it easier to motivate clients to seek services. The training was good and the resource persons were very helpful and supportive this helped me learn a lot- safe injecting practices, OST, motivation, referral linkages were some important things I learnt”.

– Counsellor, Bhopal, MP

“The training was very useful, the participation was also very good, there was group work. Though the training had happened a little late, as most of the participants who were there from the TIs -have been working for a long time as a project manager in the TIs. Some concepts were cleared and understood better.”

– Programme manager, Punjab

“Gained more information on harm reduction Programme. I feel more confident towards the work.”

– Programme manager, Mumbai, Maharashtra

“Knowledge gained regarding OST, how to roll out etc. I was very new at that time. After attending the training then only, I came to know understand things better.”

– Programme manager, Dimapur, Nagaland

“The training provided evidence based approaches to the provision of services to IDUs because the success of any strategy to reduce the harms associated with drug use such as HIV/AIDS depends on how they are implemented at the grass root level which in turn requires significant training and capacity building of service providers and Programme implementers who implement the strategies.”

– Programme manager, Aizawl, Mizoram

“The Harm Reduction Training was indeed a very educative and informative Programme to me. Arrangements were done well and the topics were explained well and in-depth. Apart from the session itself it was good to meet other staff from other DICs and sharing experiences was very helpful. I gained a lot from the Programme.”

-Nurse, Aizawl, Mizoram

“It was a good training and I learnt a lot. I learnt in details about HIV, STIs, Hepatitis- C, Needle syringe Programme, condom promotion and OST. I learnt about the importance of OST in reducing HIV. I also learnt about mental health illnesses among IDUs, abscess, management, waste disposal. Everything that I learnt has helped me to provide services to the community.”

– Medical Officer/Nurse, Bhopal, MP

“It was very good. I learnt a lot.”

– Medical Officer, Imphal, Manipur

“Facilitators were good at their subject, explained concepts with ease, clarified without any hesitation.”

– Medical Officer, Hyderabad, Telangana

“Learned few important things; Counseling IDUs, Managing HRGs, Harm reduction and Abscess management.”

– Nurse, Calicut, Kerala

‘The training was good but during the lectures or ppt presentation few topics were not expressed in detailed manner in other words there were not much focus given on these topics-especially those related to management. Rest was good –the training was quite effective’.

– Programme Manager, Bhopal, MP

‘We expect to learn a lot from a training -but this training could not provide anything useful. The trainers did not have any control over the training. ‘The resource persons were very weak – one of the participants had to take up the session on Hepatitis-C’.

-Programme Manager, Bhubaneswar, Odisha

‘Five days was short for covering all the topics- some topics needed more explanations- with little time some trainers had to rush some sessions. It would be useful to conduct trainings locally –at least for the peer educators- it would reduce a lot of management issues and cost.’

– Programme Manager, Bhopal, MP

‘There was some language problem. Most of the Resource persons spoke in Manipuri.’

-Medical Officer, Churachandpur, Manipur

‘The discussions were in English which was difficult for me to understand. The materials provided were in English too- it was difficult for me to read. The training was too heavy at times with little –light sessions or entertainment’.

-Nurse, Chhattisgarh

‘There were various levels of participants with nurses and doctors and doctors with varying levels of educational background- this affected the group activities. ‘There were variations among the resource persons too- some were very capable others were not so good’.

– Medical Officer, West Bengal

‘The doctors and nurses should be trained separately’.

–Nurse, Bhubaneswar, Odisha

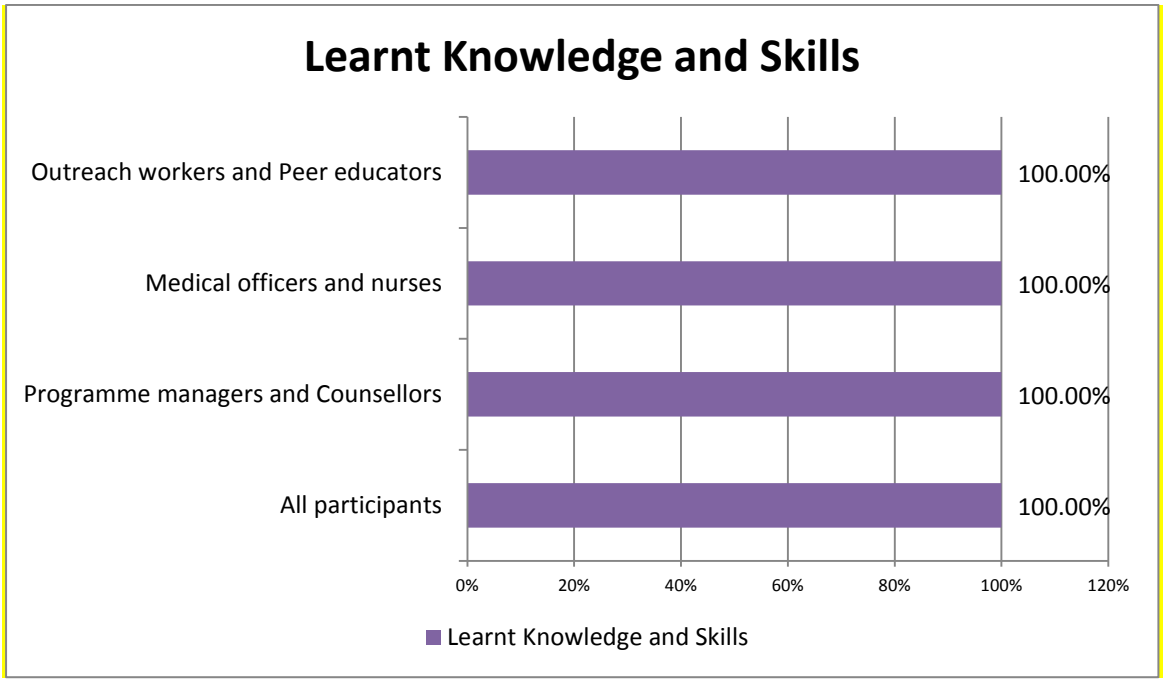
‘The training was good but the hotel management was not so good and the food was very oily. The sitting arrangements should be better. The trainees who came from outside were not so good. During training –everybody should have a chance to talk. Training materials should be detailed.’

– Outreach worker, Bhopal, MP

4.1.4. Learning as a result of harm reduction training programme

4.1.4.1. All participants

Figure 1: Participants learning as a result of the training programme



There is significant learning subsequent to the harm reduction training Programme. All participants from the three categories of service providers express that they have learnt knowledge and skills during the harm reduction programme.

4.1.4.2. Outreach Workers and Peer Educators

Table 10: Learning related to drug use and harm reduction concept

Learnt a lot related to drug use/harm reduction	N = 72	%
Understanding drug use	47	65.3%
Woman and drug use	36	50%
Female sex partners and reaching out to them	29	40.3%
Harm reduction	53	73.6%
Understanding IDU community and their vulnerabilities	42	58.3%

Amongst the outreach workers and peer educators, significant proportion have learnt a lot in the training in the area of harm reduction (74%) and understanding drug use (65%). The learning in understanding IDU community and their vulnerabilities is 58% whereas in women and drug use and reaching out to female sex partners the proportion is 50% and 40% respectively.

Table 11: Learning related to peer education and outreach

Learnt a lot related to peer education and outreach	N = 72	%
Peer education	47	65.3%
Outreach - Principles and Components	46	63.9%
Planning and Conducting Outreach	40	55.6%
Effective Communication	50	69.4%
Tools for Effective Outreach	44	61.1%

Nearly two thirds or above of outreach workers/peer educators opine that they learnt a lot in outreach and peer education as reflected in the sessions on tools for effective outreach (61%), outreach - principles and components (64%), peer education (65%) and effective communication (69%).

Table 12: Learning related to key activities targeting IDUs

Learnt a lot related to key activities	N = 72	%
Needle syringe programme	50	77.8%
Waste disposal	48	66.7%
Safer injecting practices	63	87.5%
Abscess prevention and management	45	62.5%
Overdose prevention and management	53	73.6%
Safer sex practices	48	66.7%
Opioid substitution therapy	41	56.9%
ART and motivating for service	38	52.8%
Co-morbidities (Hepatitis C, TB etc.,)	34	47.2%

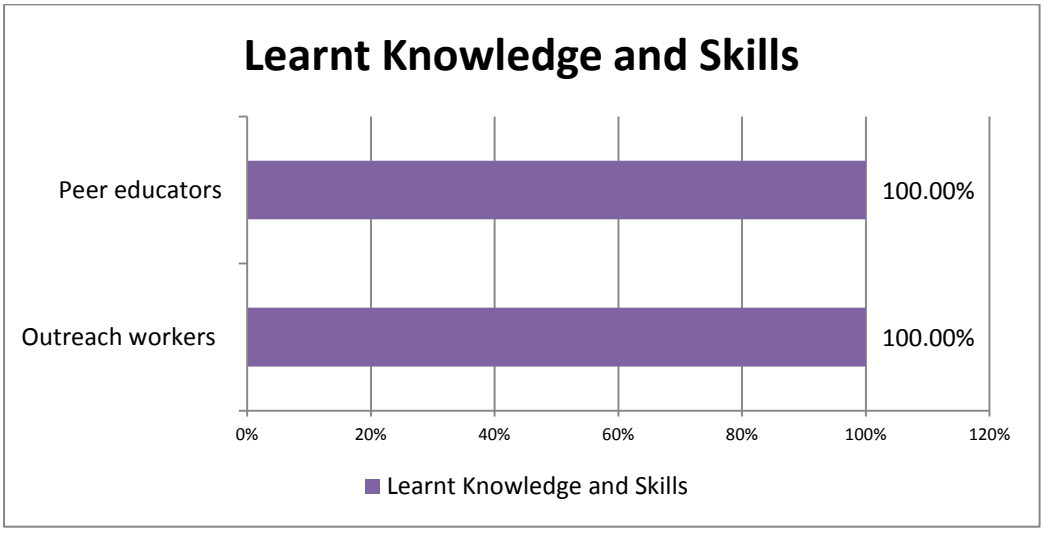
The outreach workers and peer educators have learnt a lot (more than two-thirds) in the following areas: safer sex practices (67%), waste disposal (67%), overdose prevention and management (74%), needle syringe programme (78%) and safer injecting practices (88%). The learning is relatively less in the following areas: co-morbidities such as HCV, TB (47%), ART and motivating clients for ART (53%), OST (57%) and abscess prevention and management (63%).

Table 13: Learning related to programme and advocacy

Learnt a lot related to Programme	N = 72	%
NACP and Targeted Interventions for IDUs	40	55.6%
Drug Use, STI and HIV - The Inter-linkages and Implications	44	61.1%
Networking, Referrals and Motivating for Referral Services	46	63.9%
Facilitating Community Mobilisation	36	50%
Advocacy with law enforcement	36	50%
Advocacy for referral	32	44.4%
Advocacy with wider community	33	45.8%

The learning related to networking, referrals and motivating for referral services is 64% whereas in other programmatic aspects the proportion of respondents stating that they learnt a lot during harm reduction training is: drug use, STI and HIV - the inter-linkages and implications (61%), NACP and TI for IDUs (57%), facilitating community mobilisation (50%). The learning related to advocacy and related issues are: advocacy with law enforcement (50%), advocacy for referral (44%), and advocacy with wider community (46%).

Figure 2: Participants learning as a result of the training programme for peer educators and outreach workers



All outreach workers and peer educators have learnt a lot of knowledge and skills during the harm reduction Programme.

Table 14: Comparison of outreach workers and peer educators for learning related to drug use and harm reduction concept

Learnt a lot related to drug use/harm reduction	Outreach workers N = 37	Peer educators N = 35
Understanding drug use	25 (67.6%)	22 (62.9%)
Woman and drug use	22 (61.1%)	14 (40%)
Female sex partners and reaching out to them*	21 (58.3%)	8 (22.9%)
Harm reduction*	32 (86.5%)	21 (60%)
Understanding IDU community and their vulnerabilities	24 (64.9%)	18 (51.4%)

* Statistically significant

Comparison of outreach workers and peer educators reveals that the learning pattern in the harm reduction training programme does not differ in understanding drug use, understanding IDU community and their vulnerabilities. In the area of harm reduction, the outreach workers have learnt more than the peer educators and the difference is statistically significant (87% vs 60%; P = 0.03). In both groups, the learning is relatively less in the areas of women and drug use and female sex partners and reaching out to them and additionally the peer educators have learnt less about reaching out female sex partners of the IDUs in comparison with the learning by outreach workers and this difference is statistically significant (23% vs 58%; P =0.005).

Table 15: Comparison of outreach workers and peer educators for learning related to peer education and outreach

Learnt a lot related to peer education and outreach	Outreach workers N = 37	Peer educators N = 35
Peer education	23 (62.2%)	24 (68.6%)
Outreach - Principles and Components	28 (75.7%)	18 (51.4%)
Planning and Conducting Outreach	25 (67.6%)	15 (42.9%)
Effective Communication	26 (72.2%)	24 (68.6%)
Tools for Effective Outreach	27 (73%)	17 (48.6%)

The learning of the two groups is similar and there is no statistically significant difference in the distribution of learning in various issues related to peer education and outreach among these two groups of outreach workers and peer educators.

Table 16: Comparison of outreach workers and peer educators for learning related to key activities targeting IDUs

Learnt a lot related to key activities	Outreach workers N = 37	Peer educators N = 35
Needle syringe Programme	28 (75.7%)	28 (80%)
Waste disposal	24 (64.9%)	24 (68.6%)
Safer injecting practices	30(81.1%)	33 (94.3%)
Abscess prevention and management	22 (59.5%)	23 (65.7%)
Overdose prevention and management	27 (73%)	26 (74.3%)
Safer sex practices	22 (59.5%)	26 (74.3%)
Opioid substitution therapy	24 (64.9%)	17 (48.6%)
ART and motivating for service	23 (62.2%)	15 (44.1%)
Co-morbidities (Hepatitis C, TB etc.,)	17 (47.2%)	17 (48.6%)

The learning related to various key activities targeting the IDUs is comparable in these two groups and there is no statistically significant difference in all activities.

Table 17: Comparison of outreach workers and peer educators for learning related to programme and advocacy

Learnt a lot related to Programme	Outreach workers N = 37	Peer educators N = 35
NACP and Targeted Interventions for IDUs	25 (67.6%)	15 (44.1%)
Drug Use, STI and HIV - The Inter-linkages and Implications	24 (64.9%)	20 (57.1%)
Networking, Referrals and Motivating for Referral Services	26 (72.2%)	20 (57.1%)
Facilitating Community Mobilisation*	25 (67.6%)	11 (31.4%)
Advocacy with law enforcement	21 (58.3%)	15 (45.5%)
Advocacy for referral*	22(61.1%)	10 (29.4%)
Advocacy with wider community	20 (55.6%)	13 (39.4%)

* Statistically significant

The comparison of the outreach workers and peer educators for programmatic aspects reveal that that they are comparable except in the area of facilitating community mobilisation and advocacy for referral. Just more than two thirds(68%) of the outreach workers have learnt a lot about community mobilisation, whereas less than a third (31%) of the peer educators have learnt a lot and this difference is statistically significant (P = 0.004). In advocacy for referral, the 61% of outreach workers and 29% of peer educators have learnt a lot and this difference is statistically significant (P = 0.01).

4.1.4.2.1. Qualitative data related to learning of the outreach workers and peer educators

The outreach workers indicate the following as the most important things learnt from the training: 1) OST; 2) overdose prevention and management; 3) comorbidity including hepatitis and psychiatric disorders; 4) tools for effective outreach; and, 5) need to involve family and sexual partners and teaching about HIV prevention. The peer educators mention the following as the most important things learnt from the harm reduction training Programme: 1) referral services for IDUs; 2); NSP and waste disposal; 3) OST; 4); safer injecting practices and, 5) safer sexual practices.

The outreach workers indicate the following as the most important strengths of the training workshop: 1) focus on OST; 2) emphasis on overdose prevention and management; 3) training module and participatory methods; 4) knowledge related to all aspects of harm reduction; and, 5) need to involve family and sexual partners and teaching about HIV prevention. The peer educators mention the following as the most important strengths of the training workshop: 1) sharing of experiences with others; 2) focus on harm reduction; 3) methodology of training that included group work apart from lectures; 4) updating the knowledge related to day to day activities; and, 5) effective resource persons.

Many aspects related to harm reduction are learnt during the harm reduction training Programme.

“After the workshop, I have increased referrals of the IDUs, particularly overdose management.”

- Outreach worker, Hyderabad, Telangana

“I learnt the importance of referrals of IDUs to Government services.”

- Outreach worker, Calicut, Kerala

“I learnt to communicate with drug users better and able to motivate them now. Also, I got role clarity. Got more knowledge on abscess management and OST. Also, I am able to maintain my own recovery.”

- Outreach worker, Mumbai, Maharashtra

“I must say I am very happy to be part of the Harm Reduction Training, I learnt so many things which I did not know before and some which I had taken for granted. Subjects like OST and Safer Injecting sites were definitely very very informative and it has increased my knowledge abundantly.”

- Outreach worker, Aizawl, Mizoram

“I have learnt how to work systematically towards achieving the objectives of the TI and NACP”.

- Outreach worker, Siliguri, West Bengal

“Learnt about the importance of involving the spouses of IDUs in HIV prevention services.”

- Outreach worker, Shillong, Meghalaya

“Learnt about hepatitis C and TB.”

- Outreach worker, Dimapur, Nagaland

“I learnt to motivate the IDUs for HIV testing and OST.”

- Peer educator, Mumbai, Maharashtra

As a result of my Harm Reduction Training, I have learnt to stay clean from drugs. I am still on OST and I have learnt a lot more about Harm Reduction. I have also developed skills to effectively communicate with clients.

- Peer educator, Aizawl, Mizoram

“After the training, I feel I am more fit to deal with issues in my work and my clients will benefit from what I have learned.”

- Peer educator, Aizawl, Mizoram

“I have learned this, if someone does drugs using needles, and he wants to stay with his family, mix with his family, then he should go to the OST centre, start his medicine, and take it regularly.”

- Peer educator, Delhi

“I also learnt about waste disposal- why it is important to wear gloves when picking up needle- syringes”.

- Peer educator, Bhubaneswar, Odisha

“I learnt a lot about OST- it is a drug we use- but the doctor gives it as medicine and how it helps reduce risks”.

- Peer educator, Chhattisgarh

4.1.4.3. Programme Managers and Counsellors

Table 18: Learning related to understanding drug use and harm reduction concept

Learnt a lot related to drug use/harm reduction	N	%
Understanding drug use	21	56.8%
Understanding IDU community and their vulnerabilities	22	59.5%
Harm reduction	22	59.5%
Female sex partners of IDUs and Female injecting drug users	14	37.8%

Among the programme managers/counsellors, majority have learnt a lot in harm reduction (60%), understanding IDU community and their vulnerabilities (60%) and understanding drug use (57%). The learning is less in the area of female sex partners of IDUs and female injecting drug users (39%).

Table 19: Learning related to DIC and Advocacy

Learnt a lot related to DIC and advocacy	N	%
Drop–in Centre and its Management	21	56.8%
Referral & Networking	21	56.8%
Community Mobilisation	17	45.9%
Legal aspects Related to Drugs and Drug Use	15	40.5%
Advocacy	19	51.4%
Resource Mapping for Referral	17	45.9%
Establishing and maintaining referral networks	19	51.4%
Facilitating Community Mobilisation	12	32.4%
Developing Advocacy Strategies	16	43.2%
Advocacy to Facilitate Referral	17	45.9%
Advocacy with Community	20	54.1%
Monitoring and evaluation of Referral & Networking, Community Mobilisation & Advocacy	16	43.2%

More than a half of the programme managers and counsellors opine that they have learnt a lot in the following areas: drop–in centre and its management (57%), referral &networking (57%), advocacy with the community (54%), establishing and maintaining referral networks (51%), and advocacy (51%). A third or more have learnt a lot in these areas: resource mapping and referral (46%), community mobilisation (46%), advocacy to facilitate referral (46%), developing advocacy strategies (43%), monitoring and evaluation of referral & networking, community mobilisation &advocacy (43%) and legal aspects related to drug use (41%). The learning is less in the area of facilitating community mobilisation (32%)

Table 20: Learning related to key activities for IDUs

Learnt a lot related to key activities	N	%
Outreach and related management issues	19	51.4%
Needle Syringe Programme	19	51.4%
Waste disposal	18	48.6%
Condom Programming	19	51.4%
Clinical issues: abscess, STI, overdose and detoxification	17	45.9%
Understanding and Educating Clients on ART, Hepatitis C, TB, OI and Other Co-Morbidities	23	62.2%
Opioid Substitution Therapy (OST)	23	62.2%

The learning by half or more of the programme managers and counsellors occurred in the following aspects: understanding and educating clients on ART, hepatitis C, TB, OI and other co-morbidities (62%). opioid substitution therapy (62%), needle syringe programme (51%), outreach and related management issues (51%) and condom programming (51%). The learning in other areas are: waste disposal (49%), and clinical issues such as abscess, STI, overdose, detoxification (46%).

Table 21: Learning related to programme management

Learnt a lot related to Programme	N	%
Understanding the role of staff in TI including project managers	24	64%
Planning and Implementing Work Plan	20	54.1%
Monitoring and Evaluation	16	43.2%
Strategic Planning	15	40.5%
Documentation and Reporting	18	48.6%
Procurement	14	37.8%
Human Resource Management	14	37.8%
Financial Management	11	29.7%

Among the programme managers/counsellors, in the following areas more than a half opine that they have learnt a lot during the harm reduction programme: understanding the role of staff in TI including project managers (64%) and planning and implementing work plan (54%).Learning in the other areas were: documentation and reporting (49%), monitoring and evaluation (43%), strategic planning (41%) human resource management (38%), procurement (38%) and financial management (30%).

4.1.4.3.1. Qualitative data related to the learning of programme managers and counsellors

The programme managers/counsellors identified the following as the important lessons learnt by them: 1) OST; 2) harm reduction strategy; 3) advocacy; 4) management issues such as human resource and finance; and, 5) co-morbidity.

The programme managers/counsellors identified the following as the strengths of the workshop:1) participatory methods; 2) effective resource persons; 3) good combination of lectures with group work; 4) sharing with other participants; and, 5) field visits.

The programme managers and counsellors have learnt a number of issues that are relevant for programme management subsequent to the harm reduction training Programme.

“Nowadays able to motivate the project staff to improve their job performance in all aspects.”

- Programme manager, Mumbai, Maharashtra

“Learned maintaining the relationship with service providers. Also conducting effective advocacy programme with Police personnel and local leaders.”

- Programme manager, Mumbai, Maharashtra

“I learnt better about documentation.”

- Programme manager, Calicut, Kerala

“Advocacy was done previously as a need based but after attending the training, planning of advocacy is done from the beginning.”

- Programme manager, Guwahati, Assam

“Other than the topics, the trainers responded to some queries, which were not covered in the agenda. This was a good learning.”

- Programme manager, Shillong, Meghalaya

“Learnt how to manage the staff and how to keep the records and document.”

- Programme manager, Dimapur, Nagaland

“The concept of harm reduction becomes very clear to me after attending the training.”

- Programme manager, Imphal, Manipur

“The training was useful to us trainees in many ways as it covers a broad spectrum of content ranging from the theoretical understanding of the basics of drugs and drugs related harms, to a comprehensive exposure to the system of outreach for IDUs as is envisaged and being implemented. The trainings covers an exhaustive set of topics including both information based and skills based learning, touching subjects such as NSEP, OST, Abscess management, OD management, BCC advocacy, networking and also providing participants the opportunity to try hands on at solving community level problems. It also provides insights on the dynamics of the project manager and other staff relations’ in the context of IDU project.”

- Programme manager, Aizawl, Mizoram

“I have learnt more on the importance of harm reduction and apart from high risk groups the general population is at risk if harm reduction is not properly utilized.”

- Programme manager, Aizawl, Mizoram

“I got knowledge on drugs, in detail, so earlier it was more like an overview in my head, but there they told us in detail about the drugs. I have been in this job as a PM for the past five years and I didn’t know this is such detail, like what drugs has what effects. All the concepts that got cleared over there, those that are important for implementation at the TI”.

- Programme manager, Punjab

“I liked most that was taught to us in the group activity - that was a better way to learn. Taking feedback, going into the background of the client - how we take case history, so to go further from case history, how to get that information, that they taught us in a better manner.”

- Counsellor, Delhi

“It helped me increase my knowledge on advocacy at various levels.”

“The introduction of the issues related to FIDUs was very important.”

= Programme manager, Bhubaneswar. Odisha

“I learnt about the technical issues of OST and the various reporting and documentation systems to be used at the TI.”

- Programme manager, Bhubaneswar. Odisha

“I learnt about the need for treatment of TB, especially for those infected with HIV.I also learnt about risks of Hepatitis C and how to reduce it.”

- Counsellor, Bhopal, Madhya Pradesh

“I have learnt how to counsel clients- especially HIV positive and motivate them to take ART.”

- Counsellor, Chhattisgarh

4.1.4.4. Medical Officers and Nurses

Table 22: Learning related to drug use and harm reduction principles

Learnt a lot related to drug use/harm reduction	N	%
Basics of Drugs	16	44.4%
Understanding Drug Related Harms and Injecting Drug Use	17	47.2%
Harm Reduction – Understanding the Principles	17	47.2%

Among the doctors and nurses, 48% have learnt a lot about understanding drug related harms and injecting drug use and harm reduction and understanding its principles. The learning on basics of drugs occurred among 44% of medical officers and nurses.

Table 23: Learning related to clinical issues of IDUs

Learnt a lot related to clinical issues of IDUs	N	%
Assessment and Diagnosis	17	47.2%
Counselling for Safer Injecting Practices	17	47.2%
Drug Treatment: Detoxification	15	41.7%
Drug Treatment: Opioid Substitution Therapy	21	58.3%
Sexually Transmitted Infections: Basics	15	41.7%
Prevention of Sexually Transmitted Infections	20	55.6%
Management of Sexually Transmitted Infections	17	47.2%
Basics of HIV	22	61.1%
Prevention and Management of HIV: The Role of Doctors and Nurses	22	61.1%
Abscess Prevention and Management	22	61.1%
Overdose Prevention and Management	17	47.2%
Co-morbid Conditions among IDUs – Hepatitis & Tuberculosis	13	36.1%
Understanding Co-morbidities/Mental Health	11	30.6%
Networking and Referral Services	12	33.3%
Advocacy	9	25%

Majority of doctors and nurses express that they have learnt a lot in the following areas: abscess prevention and management (61%), prevention and management of HIV (61%), basics of HIV (61%), OST (58%) and prevention of STIs (56%). and STI basics (66%). A half or less of the doctors/nurses have learnt a lot in the areas of role of assessment and diagnosis (47%), counselling for safer injecting practices (47%), management of STIs (47%), overdose prevention and management (47%), detoxification (42%), STI basics (42%), comorbid conditions among IDUs - hepatitis and tuberculosis (36%), networking and referral services (33%), understanding comorbidities/mental health (31%) and advocacy (25%).

Table 24: Learning related to comorbid illnesses

Learnt a lot related to comorbid illnesses	N	%
Co-morbidities among IDUs (Overview)	14	38.9%
Mental Health and Mental Illness (Psychiatric Disorder)	13	36.1%
Mental Illnesses (Psychiatric Disorders) – Clinical Assessment	14	38.9%
Mental Illnesses (Psychiatric Disorders) – Signs and Symptoms	13	36.1%
Depression and Drug use	18	50%
Anxiety Disorder and Drug use	14	38%
Psychotic disorders and Drug use	10	27.8%
Personality Disorder and Drug use	10	27.8%
Other Psychiatric Disorders and Drug use	13	36.1%
Infective Hepatitis: Hepatitis C & B	11	30.6%
Understanding and Educating the Client on TB	19	52.8%
Other Physical Conditions (Anaemia and Nutrition)	14	38.9%
Other Common Physical Symptoms (Constipation, Pain and Poor Oral Health)	16	44.4%
Alcohol Use Disorder	17	47.2%
Benzodiazepine Use Disorder	12	33.3%
Opioid Withdrawals	17	47.2%
Networking Referral and Linkages	11	30.6%

More than a half of doctors and nurses opine that they have learnt a lot in the following areas: Understanding and educating the client on TB (53%) and depression and drug use (50%). More than a third of the doctors and nurses have learnt in the following areas: alcohol use disorder (47%), opioid withdrawals (47%), common physical symptoms (44%), anaemia and nutrition (39%), overview of comorbidity (39%), assessment of mental health (39%), anxiety disorder and drug use (38%), signs and symptoms of psychiatric disorders (36%), mental health and illness (36%), other psychiatric disorders and drug use (36%) and benzodiazepine use disorder (33%). In the areas of networking referral and linkages (31%) and hepatitis C & B (31%) less than a third of the respondents have learnt a lot.

Table 25: Learning related to IDU Programme

Learnt a lot related to Programme	N	%
National AIDS Control Programme	13	36.1%
Targeted Intervention for Injecting Drug Users	15	41.7%
Roles and Responsibilities of Doctors and Nurses in IDU TI Programme	27	75%

The doctors/nurses have learnt a lot in the session roles and responsibilities of doctors and nurses in IDU TI programme (75%) whereas the learning is relatively less in the following areas: NACP (36%) and TI for IDUs (42%),

4.1.4.4.1. Qualitative data related to learning by medical officers and nurses

The medical officers/nurses identified the following as the important lessons learnt by them: 1) OST; 2) comorbidity; 3) drug use disorder treatment; 4) abscess management; and, 5) STI management. The medical officers/nurses identified the following as the strengths of the workshop:1) training methods; 2) proficient resource persons; 3) use of language that is understandable to all during the training; 4); training material; and, 5) interactive sessions.

In-depth interviews with the clinical staff show that they have learnt several aspects related to the clinical services for IDUs.

“I feel more confident in handling overdose and abscess cases”

- Nurse, Shillong, Meghalaya

“This is my first training and learnt a lot about harm reduction strategy.”

- Nurse, Calicut, Kerala

“I am able to better identify problems and issues related to clinical services for our IDU clients through better skills. Understanding my work environment with my duties and my limitations. I have also managed to build a lighter and welcome environment in the clinic. The information on harm reducing among IDU sexual partners and treatment has greatly motivated me and I feel much more well prepared to take up new issues.”

- Nurse, Aizawl, Mizoram

“I think due to the Harm Reduction Training I have better communication skills especially when dealing with clients that are shy and don’t talk much. I have developed better skills which is helpful while writing reports and filling forms.”

- Nurse, Aizawl, Mizoram

“Because of the Harm Reduction Training I have gained new knowledge on many topics especially issues regarding overdose; I have a clearer view of the IDU community too.”

- Nurse, Aizawl, Mizoram

“I learn about stigma and discrimination and also about the management of psychological impact.”

- Medical Officer, Guwahati, Assam

“Learnt about overdose management and abscess management.”

- Nurse, Shillong, Meghalaya

“I learnt a lot about OST”.

- Medical Officer, Imphal, Manipur

“I leant about STI management too.”

- Nurse, Dimapur, Nagaland

“And management, after doing the nursing course we didn’t know the difference between abscess and wound. A few things like this have been cleared. And I didn’t know about management of STI, those things I have learned there.”

- Nurse, Delhi

“I learnt about drugs. Those teachers and those lecturers should be there, whenever we go again for this training, because they have got a lot of knowledge, we learnt lot from them.”

- Medical Officer, Punjab

“I have gained knowledge and skill to assess psychiatric illnesses.”

- Medical Officer, Kolkata, West Bengal

“Before the training I had many misgivings about OST- during the training I learnt that they were mostly myths and misconceptions- I could get my understandings clarified.”

- Nurse, Chhattisgarh

“The training opened up a totally new field for me- these people are usually hidden and do not want their social identity to be disclosed- if we treat them we reduce the burden on the society.”

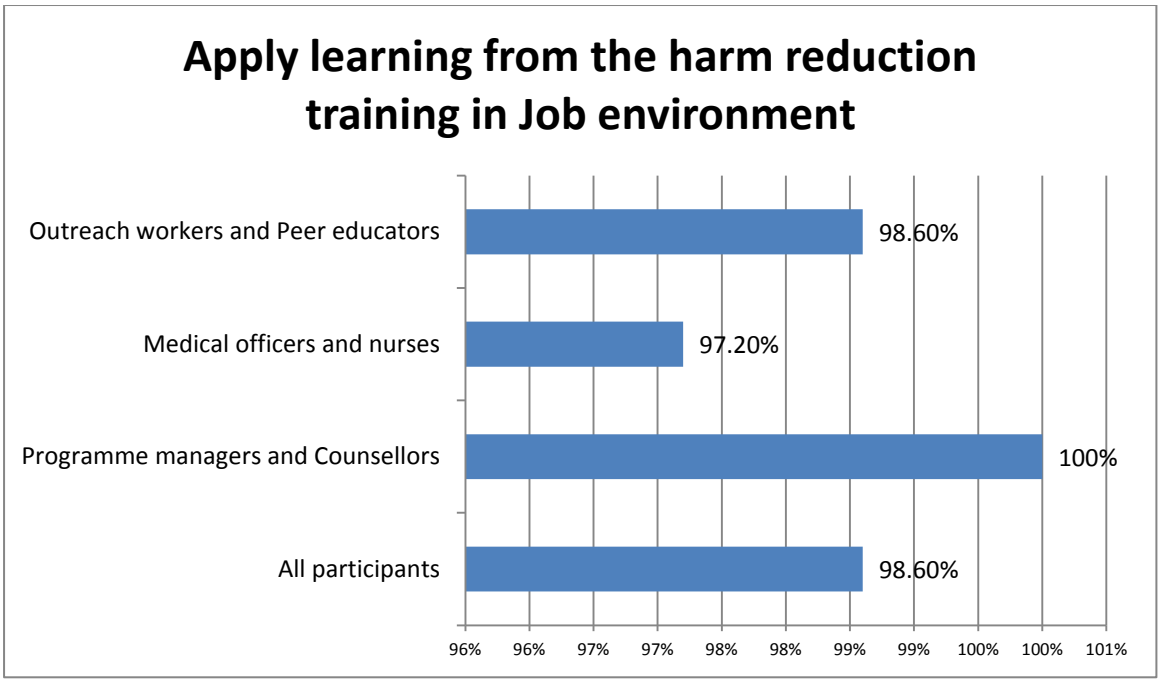
- Nurse, Bhopal, Madhya Pradesh

“The comorbidities about drug use was not highlighted well, otherwise the training was very good“.

- Medical Officer, Delhi

4.1.5. Change in job performance due to harm reduction training

Figure 3: Change in job performance as a result of the training programme



Ninety-nine percent of the participants to the end-term assessment opine that they are able to apply what they learnt from the harm reduction training in their job environment. Among the categories of programme managers/counsellors, doctors/nurses and outreach workers/peer educators, the proportion who have applied learning from the harm reduction training are 100%, 97% and 99% respectively.

Table 26: Evaluation after the harm reduction training of all respondents and by category of employment at the targeted intervention

Evaluation after the training Programme: Very Good - Outstanding	Total Sample N = 145		Programme Managers & Counsellors N = 37		Medical Officers & Nurses N = 36		Outreach Workers & Peer educators N = 72	
	Number	%	Number	%	Number	%	Number	%
Level of knowledge/skills related to the job	106	73.1%	25	67.5%	21	58.3%	60	83.4%
Confidence in solving problems and making decisions	112	77.2%	28	75.7%	25	69.4%	59	82%
Management of priorities	100	69%	25	67.5%	21	58.3%	54	75%
Overall effectiveness in your division	103	71%	24	64.9%	24	66.7%	55	76.4%
Utility in the work environment	114	78.6%	28	75.7%	24	66.7%	62	86.1%
Conducive work environment to apply skills/knowledge	101	69.6%	25	67.5%	20	55.5%	56	77.8%

The proportion of participants evaluating themselves as very good to excellent in the following areas are: level of knowledge/skills related to job (73%), confidence in solving problems and making decisions (77%); management of priorities (69%); overall effectiveness in their division (71%). Based on its utility in the work environment, the training programme is rated as very good to excellent by 79% of the participants. More than two-thirds (70%) of the respondents opine that their work environment is conducive to apply the skills/knowledge learnt during the training Programme. Among the various categories of service providers, majority (≥50%) have evaluated as 'very good to excellent' for questions on confidence in solving problems and making decisions, overall effectiveness in your division, utility in the work environment, conducive work environment to apply learnt skills/knowledge and management of priorities.

Table 27: Rating of effectiveness after the harm reduction training of all respondents and by category of employment at the targeted intervention

Rating effectiveness after the training Programme: Highly Effective	Total Sample N = 145		Programme Managers & Counsellors N = 37		Medical Officers & Nurses N = 36		Outreach Workers & Peer educators N = 72	
	Number	%	Number	%	Number	%	Number	%
New knowledge or skills	93	64.1%	21	56.8%	18	50%	54	75%
Updating or refining the knowledge or skills	92	63.4%	19	51.4%	19	52.8%	54	75%
Strategic approaches to address issues in work place	87	60%	22	59.5%	17	47.2%	48	66.7%

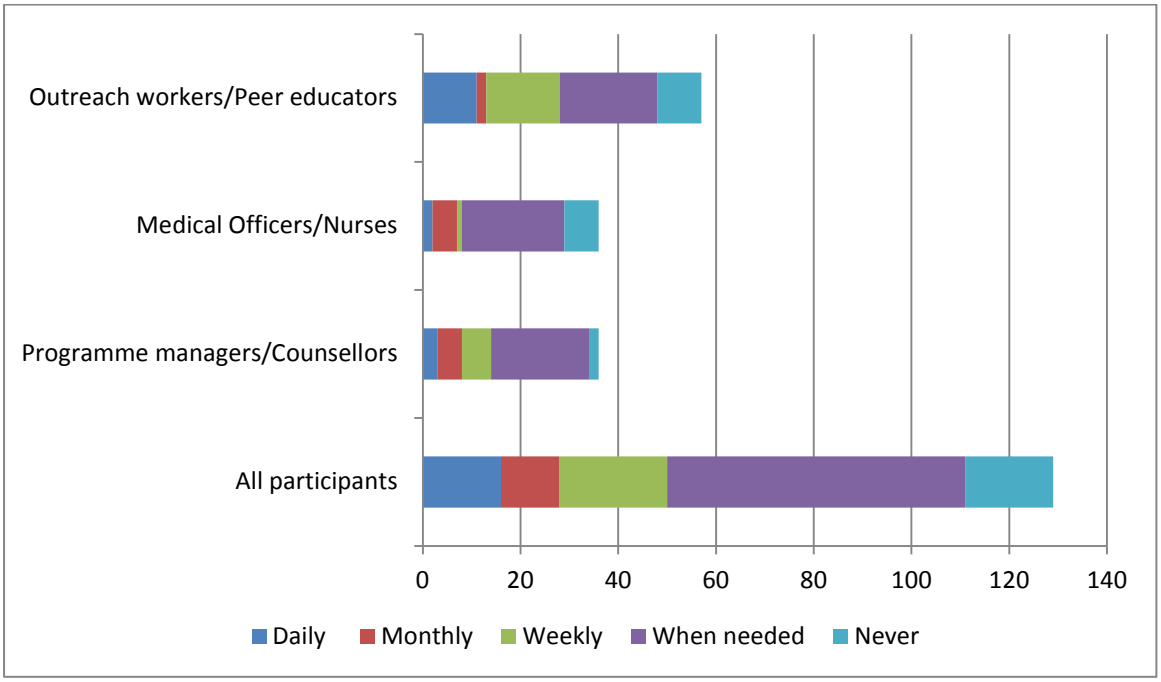
Sixty-four percent of respondents, 57% of programme managers/counsellors, half (50%) of medical officers/nurses and three-fourths (75%) of outreach workers/peer educators rate the training programme as very effective in providing with new knowledge or skills. The effectiveness of the training programme in updating or refining the knowledge or skills is rated as very effective by 63% of all participants; 51% of programme managers/counsellors; 52% of doctors/nurses; and 75% of outreach workers/peer educators. The training is very effective in providing with strategic approaches to address issues faced in work place in 60% of all respondents, 60% of programme managers/counsellors, 47% of medical officers/nurses and 67% of outreach workers/peer educators.

Table 28: Agreement on statements after the training programme of all respondents and by category of employment at the targeted intervention

Agreement of statements: Agree	Total Sample N = 145		Programme Managers & Counsellors N = 37		Medical Officers & Nurses N = 36		Outreach Workers & Peer educators N = 72	
	Number	%	Number	%	Number	%	Number	%
The quality of the work I do has improved	143	98.6%	36	97.3%	36	100%	71	98.6%
I make fewer mistakes at work	129	89%	35	94.6%	27	75%	67	93.1%
My self-confidence has increased	142	97.9%	36	97.3%	36	100%	70	97.2%
My motivation for working has improved	142	97.9%	36	97.3%	36	100%	70	97.2%
My workmates can learn from me	141	97.2%	36	97.3%	35	97.2%	70	97.2%

Almost all (99%) of all respondents, 97% of programme managers/counsellors, all (100%) of medical officers/nurses and 99% of outreach workers/peer educators agree that their quality of work has improved after the training programme. The statement “I make fewer mistakes at work” following the training is agreed by 89% of all participants, 95% of programme managers/counsellors, 75% of medical officers/nurses and 93% of outreach workers/peer educators. Following harm reduction training, self-confidence increased among 98% of all participants, 97% of programme managers/counsellors, all (100%) of medical officers/nurses and 97% of outreach workers/peer educators. Most (98%) of all respondents, 97% of programme managers/counsellors, all (100%) of medical officers/nurses and 97% of outreach workers/peer educators agree that their motivation for working has improved after participation at the training programme. The statement “My workmates can learn from me” subsequent to the training programme is agreed by 97% of all participants, programme managers/counsellors, medical officers/nurses and outreach workers/peer educators.

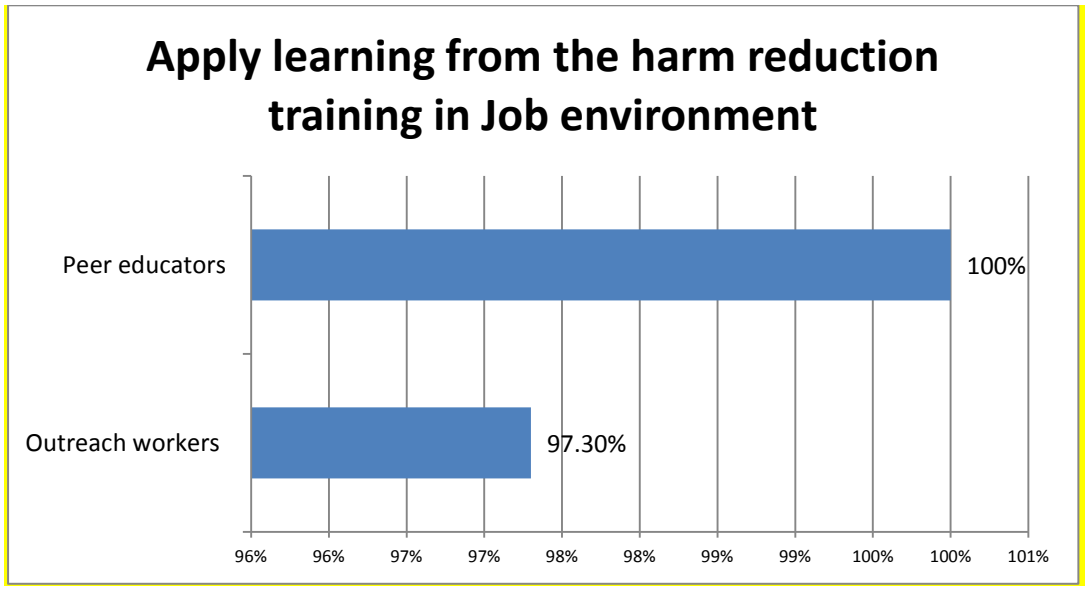
Figure 4: Frequency of use of training materials: all participants



Forty-two percent of all participants (N = 61), 54% of programme managers/counsellors (N = 20), 58% of doctors/nurses (N = 21) and 28% of outreach workers/peer educators (N = 20) use the training module only when needed.

Outreach workers and Peer educators

Figure 5: Change in job performance as a result of the training programme for peer educators and outreach workers



Comparison of outreach workers and peer educators indicate that 100% peer educators and 97% of outreach workers apply the learning from the training programme in their job environment.

Table 29: Evaluation after the harm reduction training of outreach workers and peer educators

Evaluation after the training Programme: Very Good - Outstanding	Outreach workers N = 37		Peer educators N = 35	
	Number	%	Number	%
Level of knowledge/skills related to the job	33	81%	27	77.1%
Confidence in solving problems and making decisions	30	66.7%	24	68.6%
Management of priorities	30	81%	25	71.4%
Overall effectiveness in your division	37	100%	35	100%
Utility in the work environment*	35	94.6%	27	77.2%
Conducive work environment to apply skills/knowledge*	33	89.1%	23	65.7%

* Statistically significant.

The outreach workers and peer educators evaluating as very good or excellent the knowledge/skills related to job, confidence in solving problems and making decisions, management of priorities and overall effectiveness in the division subsequent to the harm reduction training are comparable and there is no statistically significant difference. Seventy-seven percent of peer educators based on its utility in the work environment rate the training Programme as very good or excellent compared with 95% of outreach workers and this difference is statistically significant (P = 0.04). Similarly, 66% of the peer educator indicated the environment is conducive to work after the harm reduction training compared with 89% of the outreach workers and this difference is statistically significant (P = 0.03)

Table 30: Rating of effectiveness after the harm reduction training of outreach workers and peer educators

Rating effectiveness after the training programme: Very Effective	Outreach workers N = 37		Peer educators N = 35	
	Number	%	Number	%
New knowledge or skills	37	100%	35	100%
Updating or refining the knowledge or skills	37	100%	35	100%
Strategic approaches to address issues in work place	36	97.3%	34	97.1%

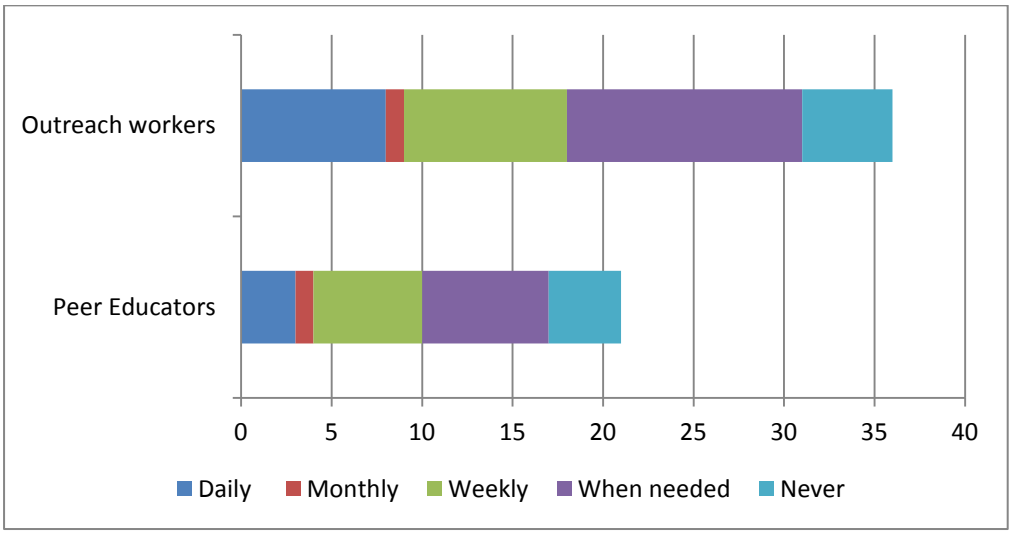
Both the groups rate the training programme as very effective in providing new knowledge or skills, updating or refining the knowledge or skills and strategic approaches to address issues in work place in a similar way.

Table 31: Agreement on statements after the training programme of outreach workers and peer educators

Agreement of statements: Agree	Outreach workers N = 37		Peer educators N = 35	
	Number	%	Number	%
The quality of the work I do has improved	37	100%	34	97.1%
I make fewer mistakes at work	34	91.9%	337	94.3%
My self-confidence has increased	35	94.6%	35	100%
My motivation for working has improved	35	94.6%	35	100%
My workmates can learn from me	35	94.6%	35	100%

In both groups comparable improvement in quality of work has been observed. There is comparable agreement by both groups for the following statements: ‘the quality of the work I do has improved’; ‘I make fewer mistakes at work’; ‘My self-confidence has increased’; ‘My motivation for working has improved’; and, ‘My workmates can learn from me’.

Figure 6: Frequency of use of training materials: peer educators and outreach workers



Thirty-five percent of the outreach workers and one fifth (20%) of the peer educators use the training module only when required.

4.1.5.1. Qualitative data related to change in job performance due to harm reduction training

Usefulness of training materials

Many participants believe that the training materials are very useful as reference guides which they utilise whenever needed. The three groups answered that the main purpose of the training material was for personal use such as refreshing their memory or filling in the blanks when needed, and for professional use to train staff.

"I use the reading materials for revision for self and other staff. And for clarifying few points which were not clear or forgotten."

- Programme Manager, Bhopal, Madhya Pradesh

"I am a trainer in harm reduction training and I use the training materials for the training of staff."

- Programme Manager, Hyderabad, Telangana

"The training materials were mostly useful in giving counselling to clients and mostly when we have outreach it is very useful. It acts as a guide and the information it contains always refreshes me."

- Nurse, Aizawl, Mizoram

"I used the training materials to monitor myself and to refresh myself once in a while to check if I am heading in the right direction. It is useful for one to one interaction and group meetings, As I am a peer Educator most of my time is spent in field work and the materials have helped me very much in outreach activities."

- Peer educator, Aizawl, Mizoram

Usefulness of training in day to day activities

Respondents find the training to be useful to improve their day to day work with the injecting drug users.

"I learnt about the proper process to be followed for waste disposal and its documentation- and can now manage it better. I have realised why it is important to go and liaise with the proper authorities for effective referral and networking"

- Programme manager, Bhubaneswar, Odisha

"I come in touch with many medical interns and young MSW students. The knowledge I gained from the training helps me a lot in these interactions."

- Medical officer, Guwahati, Assam

"Counselling, handling overdose cases and in giving correct education and information to clients."

-Nurse, Imphal, Manipur

"I have become more prepared in dealing with our clients, I have more information and I have better understanding of client behaviour which helps me in the clinic and other activities."

- Nurse, Aizawl, Mizoram

"I get many clients with abscess problems. I can handle abscess cases after learning the process from the training. After the training I am also able to handle overdose cases."

- Nurse, Shillong, Meghalaya

"There was a quarrel between two IDUs, and someone called up the Police and constables came down and arrested two IDUs. I came to know after sometime about this incident through one of the PEs. Then I and PM went to Police station and brought those two IDUs out. This happened just because of the advocacy programme conducted with Police personnel."

- Outreach worker, Hyderabad, Telangana

"I have been able to clearly understand harm reduction and its difference with abstinence. Now I can follow the steps for harm reduction better. It has helped me change my attitude".

- Outreach worker, West Bengal

"Police persons are referring IDUs to OISCA project nowadays. This happens, just because of the effective police advocacy programme conducted by project staffs with police personnel. Also able to identify abscess cases very easily and refer/accompany the IDUs to Govt. Hospital for further treatment".

- Outreach worker, Calicut, Kerala

"Training has help me in changing many of the lives of IDUs. Many of them have been referred to OST. I have succeeded in making many of my clients become free of drug use

with the help of their family members. There are people who treat and respect me like a God."

- Outreach worker, Guwahati, Assam

"I learnt about OST at the training and joined the Programme as soon as it was launched here. I also learnt how to talk to HRGs and when not to - I used the technique in the field- it helped me communicate and explain things better to them".

- Peer educator, Chhattisgarh

"I am insisting on users returning the syringes before getting the new ones from me. I am also explaining to them about safe injecting and ways of reducing risks for disease."

- Peer educator, Uttar Pradesh

"Training has really help me in trying to mobilize the spouses and also in giving awareness regarding Hep C among the users. Training has also helped me in motivating the new peer educators. Motivating the peer is also a big challenge. The drop out of peers is very frequent and it really affects the work."

- Peer Educator, Shillong, Meghalaya

Post training improvements

"My advocacy skills, planning of advocacy have improved."

- Programme manager, Imphal, Manipur

"I would like to say, as compared to before I am able to do my counselling in a better manner."

- Counsellor, Delhi

"Training opened my eyes on how to deal with drug users."

- Medical officer, Guwahati, Assam

"Personally I did not like people who use drugs – after the training that feeling of mine has changed."

- Medical officer, West Bengal

"I couldn't handle overdose cases initially. After attending the training I got the confidence and I use to call up Dr. G….. whenever in doubt. Immediately he used to guide me and that has helped me a lot. Now I do it alone. Even I keep Naloxone at home. My clients and the peer educator will call me up whenever there is an OD case after office hour and during holidays. During the holi festival this time, I managed 2 overdose cases."

- Medical Officer, Imphal, Manipur

“One registered client had an overdose nearer to DIC. I gave him first aid and referred him to Govt. Hospital. I’ve learned this at training Programme and that helped me.”

- Nurse, Mumbai, Maharashtra

“After the training I have developed confidence in myself, the materials provided have made work easier in many ways, all things have given me much motivation to give better effort in my job.”

- Outreach worker, Aizawl, Imphal

“My networking skills with the police have also improved. I am able to establish good relationship with them.”

- Outreach worker, Shillong, Meghalaya

“My understanding of the importance of involving sexual partners and other harm reduction practices is better than before and as a result I am able to give effective services.”

- Outreach worker, Dimapur, Nagaland

“I have started insisting on return of syringes and the return rate has increased – this is due to the emphasis on return of syringes at the training.”

- Peer educator, Hyderabad, Telangana

“There are improvements in job; counselling aspects, motivating IDUs for OST and more referrals to ICTC centre for HIV testing.”

- Peer educator, Mumbai, Maharashtra

“The HR Training has greatly improved my verbal communication skills weather it is with clients or other officials.”

- Peer educator, Aizawl, Imphal

Additional sessions that would be helpful in the training programme

Many participants offer useful suggestions that are beneficial to the TI staff in future training programmes. A lot of the participants mentioned that information on female IDUs needs to be expanded and explained more as well as information on sexual partners of IDUs. Other suggestions made were to provide details related to hepatitis C, conduct training more often, conduct training in various languages appropriate to the present audience, compile training into a manual for personal use, etc.

“The training manuals need to be updated- NACO has changed their documentation systems- they need to be included”.

- Programme Manager, Madhya Pradesh

“More information and more time for the session on OST”

- Programme Manager, Calicut, Kerala

“It would be useful to add a session on how to liaise with the government centres -like SACS etc. The government counterparts should also be trained on how to work with the NGOs. “Elaborate the sections on female IDUs and female sex partners”.

- Programme Manager, Madhya Pradesh

“Data entry, data collection and reporting. More inputs should have been given on sexual partners of IDUs.”

- Programme manager, Shillong, Meghalaya

“Yes, if a topic on legal aspect was included it would have been very useful. Sometimes we deal in clients who have problems with the law and it would help if we had more knowledge in respect to legal issues.”

- Programme manager, Aizawl, Mizoram

“It would have most welcome if a subject on addiction is included, it would make me understand better about their behaviour.”

- Programme manager, Aizawl, Mizoram

“Documentation and financial management needs to be detailed.”

- Programme manager, Punjab

“Sessions on needle syringe Programme, OST and demand analysis in the PM module need to be expanded and the sessions on documentation need to be updated according to the newer guidelines of NACP –IV and CMIS”.

-Programme Manager, West Bengal

“It would help to include: Detailed session on female sex partners- how to work with them. More details on management and documentation related sessions”.

-Programme Manager, Madhya Pradesh

“Training for Nurses should be organized very often. We didn’t learn all these in our syllabus. The trainings are very important for making us learn.”

- Nurse, Churachandpur, Manipur

“Some chapters or sessions on counselling could have helped and practical sessions on abscess management would have been useful”.

-ANM, Chhattisgarh

“Some parts of OST was not in detail. I wanted to know in detail like how long the client will face the side effect of buprenorphine. Some day to day practical problems faced in the centre were not covered.”

- Nurse, Shillong, Meghalaya

“It would have been good to add more details about female IDUs”

- Outreach Worker, Madhya Pradesh

"More discussion on Hepatitis C would have been good" - Outreach worker, Guwahati, Assam

"It would have been useful to add a session on helping them (HRGs) to stop drug use and keep stopped- when they are not using". - Peer educator, West Bengal

4.1.6. Impact due to harm reduction training

4.1.6.1. Outreach workers and peer educators

Table 32: Impact on IDUs and their sexual partners due to training received by outreach workers and peer educators

Positive impact on IDUs and their sexual partners	N = 72	%
Helped to reach out to the IDUs better	70	97.2%
Helped to reach out to the sexual partners of the IDUs better	56	77.8%
Helped to deliver harm reduction messages to the IDUs better	70	97.2%
Helped to deliver harm reduction messages to the sexual partners of IDUs better	55	76.4%
Helped to improve the quality of services to the IDUs better	69	95.8%
Helped to improve the quality of services to the sexual partners of IDUs better	56	77.8%

The training programme has a positive impact on the outreach workers and peer educators in the following activities related to IDUs: to reach out to the IDUs better (97%); to deliver harm reduction messages to the IDUs better (97%); and to improve the quality of services to the IDUs better (96%). On the other hand, the positive impact in the activities related to the sexual partners of IDUs are: to reach out to the sexual partners of the IDUs better (78%); to deliver harm reduction messages to the sexual partners of IDUs better (76%); and to improve the quality of services to the sexual partners of IDUs better (78%).

Table 33: Impact on IDUs and their sexual partners due to training received by category of outreach worker and peer educator

Positive impact on IDUs and their sexual partners	Outreach workers N = 37	Peer educators N = 35
Helped to reach out to the IDUs better	35 (94.6%)	35 (100%)
Helped to reach out to the sexual partners of the IDUs better	29 (78.4%)	27 (77.1%)
Helped to deliver harm reduction messages to the IDUs better	35 (94.6%)	35 (100%)
Helped to deliver harm reduction messages to the sexual partners of IDUs better	28 (75.7%)	27 (77.1%)
Helped to improve the quality of services to the IDUs better	35 (94.6%)	34 (97.1%)
Helped to improve the quality of services to the sexual partners of IDUs better	28 (75.7%)	28 (80%)

The impact of the harm reduction training Programme on the services related to IDUs and their sexual partners are almost similar in the groups of outreach workers and peer educators.

4.1.6.1.1. Qualitative data related to impact due to harm reduction training among outreach workers and peer educators

The harm reduction training has a positive impact on delivering HIV prevention services for injecting drug users.

“Sharing among the users has decreased. Because of the awareness created by the service providers, people think twice even before sharing with their best friend. People turn out for HIV testing, wants to know more about Hep C.”

- Outreach worker, Shillong, Meghalaya

“The impact is more referrals made to ICTC centre for HIV testing. Abscess rate has come down.”

- Outreach worker, Hyderabad, Telangana

“Nowadays we couldn’t see much overdose among IDUs. Most of the IDUs are aware of overdose.”

- Outreach worker, Mumbai, Maharashtra

“More IDUs are referred to OST centre and more referrals made for HIV testing at ICTC centres.”

- Outreach worker, Calicut, Kerala

“I try to help the IDUs to join OST- if they do not agree I provide them with risk reduction education, needle syringes & condoms for safer practice. Link HRGs to ICTC, ART as needed.”

- Outreach worker, Chhattisgarh

“I help them reduce sharing by providing needles and syringes- stop using drugs by providing OST and other services to reduce their harms.”

- Outreach worker, Siliguri, West Bengal

“Our reports have stated higher number of IDUs’ partners referral to ICTC/GMC for test and check-up, and we have taken more initiatives and we put it as a priority. There should be separate reporting formats and it will definitely see how much impact the training has. I also feel due to our communication skills and better knowledge partners of IDUs have felt easier to attend clinic and counselling. Condom usage has also risen amongst clients.”

- Outreach worker, Aizawl, Mizoram

“The impact on the sexual partners of IDUs has been good, they use condoms during sex… they don’t have sex with out condoms.”

- Outreach worker, Delhi

“We provide information on condom use and safer sex practice and also how to use condoms through demo. We also educate family members on the importance of OST and how it and reduce the chances of HIV”.

- Outreach worker, Bhubaneswar, Odisha

“Uptake of services among the IDUs has increased.”

- Peer educator, Dimapur, Nagaland

“We are giving knowledge about all services to clients - OST, de-addiction centres, ICTC centres, ART, CD4 etc.,”

- Peer educator, Punjab

“After getting the training and understanding the concept of harm reduction, we are able to provide good services. If we are not in the field, IDUs come to our DIC for new syringes. I practice safer practice. This has a positive impact among my peers. New addicts learn from old addicts. If we teach 3 people on safer practice, it will turn into 9 in a month.”

- Peer educator, Guwahati, Assam

“If both the husband and wife are using then it is very easy for us to intervene and provide services. But for other sexual partners who don’t use drugs, we are not able to provide services directly.”

- Peer educator, Guwahati, Assam

“Many drug users have enrolled to OST and is a big gain.”

- Peer educator, Mumbai, Maharashtra

“Some of the sexual partners also come forward for health treatment and for OST information.”

- Peer educator, Imphal, Manipur

“The training has helped me improve my (skills of) ‘talking’ to the family members and help them understand the issues and the need for using condoms.”

- Peer educator, Bhopal, Madhya Pradesh

“Even though the contact with sexual partners is less when we meet we talk about condoms.”

- Peer educator, Uttar Pradesh

“Nowadays there is adequate supply of condoms to the sexual partners of IDUs. They are aware of STI – Syphilis and importance of condom use. Also they are going for HIV tests and Syphilis screening nowadays.”

- Peer educator, Calicut, Kerala

"For the sexual partners of IDUs it is still very challenging to work in this area, many partners of IDUs are still very tough to approach and they will not accept services.For instance I have newly identified two pairs of IDUs and their partners - the IDUs themselves have no objection in coming to the DIC but their partners have somehow not accepted this and there are some problems between them. The partners feel that they will be labelled as IDUs and be known if they drop-in at our DIC."

- Peer educator, Aizawl, Mizoram

4.1.6.2. Programme managers and Counsellors

Table 34: Impact on IDUs and their sexual partners due to training received by programme managers and counsellors

Positive impact on IDUs and their sexual partners	N = 37	%
Helped to counsel IDUs better	34	91.9%
Helped to counsel the sexual partners of the IDUs better	28	75.7%
Helped to organise harm reduction messages to the IDUs better	36	97.3%
Helped to organise harm reduction messages to the sexual partners of the IDUs better	28	75.7%
Helped to manage the IDUs better	36	97.3%
Helped to manage the sexual partners of the IDUs better	28	75.7%
Harm reduction training helped to improve the quality of services to the IDUs better	36	97.3%
Harm reduction training helped to improve the quality of services to the sexual partners of the IDUs better	27	73%
Harm reduction training helped to mobilize the community of IDUs better	31	83.8%
Harm reduction training helped to advocate for better referral linkages for IDUs	32	86.5%
Harm reduction training helped to advocate with the general community to work IDUs better	34	91.9%

The training programme has a positive impact on the programme managers and counsellors in the following activities related to IDUs: to counsel IDUs better (92%); to organise harm reduction messages to the IDUs better (97%); to manage the IDUs better (97%); to improve the quality of services to the IDUs better (97%); to mobilize the community of IDUs better (84%); to advocate for better referral linkages for IDUs (87%); and to advocate with the general community to work IDUs better (92%). The harm reduction training has a positive impact in the following activities related to the sexual partners of IDUs: to counsel the sexual partners of the IDUs better (76%); to organise harm reduction messages to the sexual partners of the IDUs better (76%); to manage the sexual partners of the IDUs better (76%); and, to improve the quality of services to the sexual partners of the IDUs better (73%).

4.1.6.2.1. Qualitative data related impact due to harm reduction training among programme managers and counsellors

The HIV prevention and counselling services for IDUs has improved post- training according to the in-depth interviews with counsellors and programme managers of TIs. The services for sexual partners is limited in view of the fact such services are non-existent in most places.

“Needles and Syringes are being distributed to reduce sharing; condoms for safer sex and education - all to reduce HIV. We are also conducting advocacy with the wider community. STI screening has increased -this will also reduce HIV.”

- Programme Manager, Bhopal, Madhya Pradesh

“Nowadays due to adequate supply of needles and syringes, the abscess rate has come down, injecting practices has come down and more awareness related to hepatitis C.”

- Programme Manager, Mumbai, Maharashtra

“After the training I have initiated sputum collection at the DIC, linking up with the DOT centre. After this actual screening has gone up. Earlier we used to refer but the client never use to go to the DOT centre. Here we collect and give the sputum to the DOT centre and also collects the report. Then we inform the client about the result.”

- Programme Manager, Shillong, Meghalaya

”We are able to do better than before. Because earlier if someone turned HIV positive, then if we couldn’t find him, we would think we will look at it eventually, but now we get after him, that we need to first link him at all cost with services such as ART.”

- Counsellor, Uttar Pradesh

“Hard to describe impacts but the HR Training was useful as it has developed and broadened the perspective on the role of TI staff working in the field of IDUs, which have greatly increased the knowledge and skills needed to perform better in our work, Trained staff are always much more efficient than untrained therefore in the future there will be more impacts in terms of HIV prevention and treatment.”

- Programme Manager, Aizawl, Mizoram

“Referral services increased and the HIV testing of the client also increased. ART referral also increased.”

- Programme Manager, Imphal, Manipur

“126 Regular sexual partners (RSP) identified, 45 RSP have been tested for HIV. None of them reported HIV positive. Condom use rate has increased and RSPs coming to the project clinic to see Doctor. Last month 15 RSP underwent Syphilis screening. None of them reported positive.”

- Programme Manager, Hyderabad, Telangana

“Sexual partner of IDUs are aware of STI and using condoms regularly nowadays.”

- Programme Manager, Calicut, Kerala

“There is no specific way to approach the sexual partners of IDUs since they belong in different groups, some IDU, some non-injecting drug user while others are not from the drug using community. While some are open to counselling and other services many are still hard to approach.”

- Programme Manager, Aizawl, Mizoram

“Earlier they didn’t know about condoms, they didn’t pay attention to condoms and all, now when they come, they take condoms from here.”

- Counsellor, Delhi

“We have had cases where the spouses come and enquire for OST services.”

- Programme Manager, Imphal, Manipur

“We have a female ORW and try to reach out to female partners through her and provide condoms to them.”

- Programme Manager, Chhattisgarh

“We don’t come in touch with many of sexual partners of IDUs. To mobilize, counsel and to outreach the sexual partners is a big challenge.

- Programme Manager, Shillong, Meghalaya

“This training doesn’t have any impact for the sexual partners.”

- Programme Manager, Dimapur, Nagaland

“On the sexual partners of IDUs there has been no impact.”

-Counsellor, Delhi

“We are trying to improve but have not achieved much inroads among the female sex partners.”

- Programme Manager, Bhubaneswar, Odisha

4.1.6.3. Medical officers and Nurses

Table 35: Impact on IDUs and their sexual partners due to training received by doctors and nurses

Positive impact on IDUs and their sexual partners	N - 36	%
Harm reduction training helped to assess the clinical issues related to the IDUs better	35	97.2%
Harm reduction training helped to assess the clinical issues related to the sexual partners of the IDUs better	30	83.3%
Harm reduction training helped to deliver the clinical services related to the IDUs better	34	94.4%
Harm reduction training helped to deliver the clinical services related to the sexual partners of the IDUs better	29	80.6%
Harm reduction training helped to manage mental health of the IDUs better	32	88.9%
Harm reduction training helped to manage mental health of the sexual partners of the IDUs better	25	69.4%
Harm reduction training helped to manage co-morbidities of the IDUs better	33	91.7%
Harm reduction training helped to manage co-morbidities of the sexual partners of the IDUs better	25	69.4%
Harm reduction training helped to manage alcohol and other drug use disorder of the IDUs better	31	86.1%
Harm reduction training helped to improve the quality of services to the IDUs better	35	97.2%
Harm reduction training helped to improve the quality of services to the sexual partners of the IDUs better	29	80.6%

The harm reduction training programme has a positive impact on the doctors and nurses in the following activities related to IDUs: to assess the clinical issues related to the IDUs better (97%); to deliver the clinical services related to the IDUs better (94%); to manage mental health of the IDUs better (89%); to manage co-morbidities of the IDUs better (92%); to manage alcohol and other drug use disorder of the IDUs better (86%); and, to improve the quality of services to the IDUs better (97%). The harm reduction training has a positive impact in the following activities related to the sexual partners of IDUs: to assess the clinical issues related to the sexual partners of the IDUs better (83%); to deliver the clinical services related to the sexual partners of the IDUs better (81%); helped to manage mental health of the sexual partners of the IDUs better (69%); to manage co-morbidities of the sexual partners of the IDUs better (69%); and, to improve the quality of services to the sexual partners of the IDUs better (81%).

4.1.6.3.1. Qualitative data related impact due to harm reduction training among medical officers and nurses

Subsequent to the training there is a positive impact on the clinical services for injecting drug users as evidenced by the in-depth interviews with the clinical staff. On the other hand, the clinical services for the spouses and sexual partners of IDUs need to be strengthened significantly.

“After attending the training I now understand the mental problems. I talk to the clients and I can see that they feel relieved. They open up more and this helps in addressing their other health problems.”

- Medical officer, Shillong, Meghalaya

“So now when there is a little abscess also, if they feel that its gone over, they come running, earlier they never used to come, they would come only with huge abscesses.”

- Nurse, Punjab

“Benefits of OST and other harm reduction services are being discussed with the IDU clients. In this way many clients are motivated for OST and many are referred for OST.”

- Nurse, Churachandpur, Manipur

“The male clients are being told to bring their spouses but many of the spouses don’t turn up. For those who turn up, services are available but its very few in number.”

- Nurse, Churachandpur, Manipur

“IDUs with a lot of abscess have no choice but to receive service from us but now other IDUs with minor abscess have also started attending dressings which shows that they are aware on health and hygiene. Clinic services along with counselling and group sessions have now become alive and discussions seem to easily blend in with the Programme which is very helpful for us as well as our clients. I also feel that referral is also done easier than before.”

- Nurse, Aizawl, Mizoram

“HIV+ clients have also taken better initiative in ARV adherence and check-ups.”

- Nurse, Aizawl, Mizoram

“Injecting practices and sharing of NS has come down among IDUs.”

- Nurse, Mumbai, Maharashtra

“Now we can ensure regular check-up for STIs and provide better services for abscess management. Our referral for TB and mental health has increased.”

- Nurse, Bhopal, Madhya Pradesh

“We have taken more initiative in motivating IDU sexual partners to avail services and have also taught IDUs themselves of the importance.”

- Nurse, Aizawl, Mizoram

“Many sexual partners of IDUs have learnt to overcome their fear in attending clinic and many have availed condoms, those who have permanent partners are easier to reach out but there are many IDUs who keep switching partners and therefore outreach seems to be difficult sometimes.”

- Nurse, Aizawl, Mizoram

“We help the family members to secure free travel passes so that they can avail the services like ICTC. Now we can talk about things and issues beyond HIV- things that affect their everyday life’. We educate them on the importance of RMC, partner notification etc.”

- Nurse, Chhattisgarh

“The training only dealt with theory but no practical examples (cases) so it did not help much in my clinical practice. I already had the knowledge on most of the things.”

- Medical Officer, Bhubaneswar, Odisha

“We do not have much interaction with the wives.”

- Nurse, Kolkata, West Bengal

4.2. Comparison of Mid-term assessment and End-term assessment findings

4.2.1. Learning related to harm reduction among various categories of service providers

4.2.1.1. Outreach workers and Peer educators

Table 36: Comparison of demographic characteristics of outreach workers and peer educators during mid-term and end-term assessment

Demographic characteristics	Midterm evaluation N = 68		End term evaluation N = 72	
	Number	% or Mean ± SD	Number	% or Mean ± SD
Age		34.4 ± 7.5		36.4 ± 8.2
Sex				
Males	61	89.7%	62	86.1%
Females	7	10.3%	10	13.9%
Level of education				
Literate	67	98.5%	72	100%
Employment status				
ORW	36	52.9%	37	51.4%
PE	32	47.1%	35	48.6%
Duration in job		32.5 ± 22.6		34.4 ± 26.6

The outreach workers/peer educators who participated in the mid-term and end-term assessment are comparable for the following demographic characteristics: age, gender distribution, level of education, employment status and duration in job.

Table 37: Comparison of reaction to the harm reduction training programme among outreach workers and peer educators during mid-term and end-term assessment

Participants' reaction to harm reduction training	Midterm evaluation N = 68		End term evaluation N = 72	
	Number	%	Number	%
Overall content				
Very good-Excellent	48	70.6%	56	77.8%
Good	19	27.9%	16	22.2%
Fair-Poor	1	1.5%		

Quality of PPTs				
Very good-Excellent	39	57.4%	50	69.4%
Good	25	36.8%	20	27.8%
Fair-Poor	4	5.9%	1	1.4%
Quality of presentation				
Very good-Excellent	36	52.9%	50	69.4%
Good	30	44.1%	30	44.1%
Fair-Poor	2	3%	2	3%
Quality of group activity				
Very good-Excellent	47	69.1%	54	75%
Good	19	27.9%	12	16.7%
Fair-Poor	2	2.9%	5	6.9%
Facilitation of activities				
Very good-Excellent	41	60.3%	55	76.4%
Good	24	35.3%	15	20.8%
Fair-Poor	2	2.9%	1	1.4%
Effective presentation				
Case studies	6	8%	1	1.4%
Role play	6	8%	7	9.7%
Lecture	11	16.2%	14	19.4%
Group Activity	45	66.2%	12	16.7%
Combination			21	29.2%
Quality of training manuals				
Very good-Excellent	32	47.1%	34	47.2%
Good	29	42.6%	18	25%
Fair-Poor	7	10.3%	3	4.2%

Subsequent to the harm reduction training, compared with mid-term assessment, proportion of outreach workers/peer educators from end-term assessment reporting as very good to excellent has increased in the following aspects related to harm reduction: overall content (71% vs 78%); quality of PPTs (57% vs 69%); quality of presentation (53% vs 69%); quality of group activity (69% vs 75%); and, facilitation of activities (60%vs 76%).

Table 38: Comparison of learning related to drug use and harm reduction concept among outreach workers and peer educators during mid-term and end-term assessment

Learning related to drug use and harm reduction concept	Midterm evaluation N = 68		End term evaluation N = 72	
	Number	%	Number	%
Understanding drug use	44	64.7%	47	65.3%
Woman and drug use	29	42.6%	36	50%
Female sex partners and reaching out to them	24	35.3%	29	40.3%
Harm reduction	52	76.5%	53	73.6%
Understanding IDU community and their vulnerabilities	47	69.1%	42	58.3%

In learning related to drug use and harm reduction, more respondents from end-term assessment compared with mid-term assessment reported improved learning about women and drug use (43%vs50%) and female sex partners and reaching out to them (35% vs 40%).

Table 39: Comparison of Learning related to peer education and outreach among outreach workers and peer educators during mid-term and end-term assessment

Learning related to peer education and outreach	Midterm evaluation N = 68		End term evaluation N = 72	
	Number	%	Number	%
Peer education	44	64.7%	47	65.3%
Outreach - Principles and Components	47	69.1%	46	63.9%
Planning and Conducting Outreach	49	72.1%	40	55.6%
Effective Communication	46	67.6%	50	69.4%
Tools for Effective Outreach	44	64.7%	44	61.1%

Learning on various aspects related to peer education and outreach are comparable between the participants from mid-term and end-term assessments. Only in planning and conducting outreach, less proportion of respondents from end-term learnt compared with mid-term assessment participants (72% vs 56%).

Table 40: Comparison of learning related to key activities targeting IDUs among outreach workers and peer educators during mid-term and end-term assessment

Learning related to key activities targeting IDUs	Midterm evaluation N = 68		End term evaluation N = 72	
	Number	%	Number	%
Needle syringe Programme	57	83.8%	50	77.8%
Waste disposal	50	73.5%	48	66.7%
Safer injecting practices	55	80.9%	63	87.5%
Abscess prevention and management	47	69.1%	45	62.5%
Overdose prevention and management	49	72.1%	53	73.6%
Safer sex practices	50	73.5%	48	66.7%
Opioid substitution therapy	37	54.4%	41	56.9%
ART and motivating for service	36	52.9%	38	52.8%
Co-morbidities (Hepatitis C, TB etc.,)	22	32.4%	34	47.2%

Compared with mid-term assessment more respondents from end-term assessment opined they learnt about key activities such as safer injecting practices (81% vs 88%); co-morbidities - hepatitis and TB (32% vs 47%); OST (54% vs 57%); and, overdose prevention and management (72% vs 74%).

Table 41: Comparison of Learning related to programme and advocacy among outreach workers and peer educators during mid-term and end-term assessment

Learning related to Programme and advocacy	Midterm evaluation N = 68		End term evaluation N = 72	
	Number	%	Number	%
NACP and Targeted Interventions for IDUs	43 (63.2%)	43 (63.2%)	40	55.6%
Drug Use, STI and HIV - The Inter-linkages and implications	40 (58.8%)	40 (58.8%)	44	61.1%
Networking, Referrals and Motivating for Referral Services	45	66.2%	46	63.9%

Facilitating Community Mobilisation	39	57.4%	36	50%
Advocacy with law enforcement	34	50%	36	50%
Advocacy for referral	31	45.6%	32	44.4%
Advocacy with wider community	27	39.7%	33	45.8%

Both during mid-term and end-term assessments, >50% of the outreach workers and peer educators learnt in aspects related to programme. In issues related to advocacy, more respondents from end-term assessment reported learning about advocacy with wider community compared with mid-term assessment (40% vs 46%).

4.2.1.2. Programme Managers and Counsellors

Table 42: Comparison of demographic characteristics of programme managers and counsellors during mid-term and end-term assessment

Demographic characteristics	**Midterm evaluation N = 35**		**End term evaluation N = 37**	
	Number	**% or Mean ± SD**	**Number**	**% or Mean ± SD**
Age		37.4 ± 9.2		36.5 ± 8.4
Sex				
Males	23	65.7%	21	56.8%
Females	12	34.3%	16	43.2%
Level of education				
College level education	34	97.1%	37	100%
Employment status				
PM	27	77.1%	28	75.7%
Counsellor	8	22.9%	9	24.3%
Duration in job	35	33.4 ± 21.2	37	38 ± 33.8

The programme managers/counsellors who participated in the mid-term and end-term assessment are comparable for the following demographic characteristics: age, gender distribution, level of education, employment status and duration in job.

Table 43: Comparison of learning related to understanding drug use and harm reduction concept among programme managers and counsellors during mid-term and end-term assessment

Learnt a lot related to drug use/harm reduction	Midterm evaluation N = 35		End term evaluation N = 37	
	Number	%	Number	%
Understanding drug use	23	65.7%	21	56.8%
Understanding IDU community and their vulnerabilities	25	71.4%	22	59.5%
Harm reduction	28	80%	22	59.5%
Female sex partners of IDUs and Female injecting drug users	11	31.4%	14	37.8%

Compared with mid-term assessment, whereas less proportion of programme managers/counsellors reported learning a lot about understanding drug use, IDU community and their vulnerabilities and harm reduction, in the area of female sex partners and female injecting drug users more proportion admitted to increased learning (31% vs 38%).

Table 44: Comparison of learning related to DIC and advocacy among programme managers and counsellors during mid-term and end-term assessment

Learnt a lot related to DIC and advocacy	Midterm evaluation N = 35		End term evaluation N = 37	
	Number	%	Number	%
Drop–in Centre and its Management	27	77.1%	21	56.8%
Referral & Networking	27	77.1%	21	56.8%
Community Mobilisation	18	51.4%	17	45.9%
Legal aspects Related to Drugs and Drug Use	14	40%	15	40.5%
Advocacy	18	51.4%	19	51.4%
Resource Mapping for Referral	21	60%	17	45.9%
Establishing and maintaining referral networks	21	60%	19	51.4%
Facilitating Community	15	42.9%	12	32.4%

Mobilisation				
Developing Advocacy Strategies	15	42.9%	16	43.2%
Advocacy to Facilitate Referral	16	45.7%	17	45.9%
Advocacy with Community	20	57.1%	20	54.1%
M&E, Referral & Networking, Community Mobilisation & Advocacy	21	60%	16	43.2%

Learning related to drop-in-centre and advocacy strategies are comparable with no statistically significant difference between the responses of participants from mid-term and end-term.

Table 45: Comparison of learning related to key activities for IDUs among programme managers and counsellors during mid-term and end-term assessment

Learnt a lot related to key activities	**Midterm evaluation N = 35**		**End term evaluation N = 37**	
	Number	**%**	**Number**	**%**
Outreach and related management issues	22	62.9%	19	51.4%
Needle Syringe Programme	26	74.3%	19	51.4%
Waste disposal	23	65.7%	18	48.6%
Condom Programming	23	65.7%	19	51.4%
Clinical issues: abscess, STI, overdose and detoxification	22	62.9%	17	45.9%
Understanding and Educating Clients on ART, Hepatitis C, TB, OI and Other Co-Morbidities	16	45.7%	23	62.2%
Opioid Substitution Therapy	22	62.9%	23	62.2%

Compared with mid-term assessment, whereas less proportion of programme managers/counsellors reported learning a lot about outreach management, NSP, waste disposal, condom programming, clinical issues such as abscess, STI management, in the area of understanding and educating clients on ART and other comorbidities such as hepatitis C, TB more proportion reported improved learning (31% vs 38%).

Table 46: Comparison of learning related to programme management among programme managers and counsellors during mid-term and end-term assessment

Learnt a lot related to programme	Midterm evaluation N = 35		End term evaluation N = 37	
	Number	%	Number	%
Understanding the role of staff in TI including project managers	29	82.9%	24	64%
Planning and Implementing Work Plan	25	71.4%	20	54.1%
Monitoring and Evaluation	19	54.3%	16	43.2%
Strategic Planning	14	40%	15	40.5%
Documentation and Reporting	21	60%	18	48.6%
Procurement	15	42.9%	14	37.8%
Human Resource Management	18	51.4%	14	37.8%
Financial Management	14	40%	11	29.7%

In all aspects related to programme management except strategic planning less proportion of programme managers / counsellors from end-term assessment admitted to less learning compared with mid-term assessment.

4.2.1.3. Medical Officers and Nurses

Table 47: Comparison of demographic characteristics of medical officers and nurses during mid-term and end-term assessment

Demographic characteristics	Midterm evaluation N = 32		End term evaluation N = 36	
	Number	% or Mean ± SD	Number	% or Mean ± SD
Age		37.1 ± 14.1		34.8±20.6
Sex				
Males	11	34.4%	12	33.3%
Females	21	65.6%	24	66.7%
Level of education				
College level education	17	54.8%	21	58.3%
Employment status				
Medical Officer	10	26.7%	11	30.6%
Nurse	22	73.3%	25	69.4%
Duration in job		39.3 ± 27.4		39 ± 13.8

The medical officers/nurses who participated in the mid-term and end-term assessment are comparable for the following demographic characteristics: age, gender distribution, level of education, employment status and duration in job.

Table 48: Comparison of learning related to drug use and harm reduction principles among medical officers and nurses during mid-term and end-term assessment

Learnt a lot related to drug use/harm reduction	Midterm evaluation N = 32		End term evaluation N = 36	
	Number	%	Number	%
Basics of Drugs	14	43.8%	16	44.4%
Understanding Drug Related Harms and Injecting Drug Use	17	53.1%	17	47.2%
Harm Reduction - Understanding the Principles	15	46.9%	17	47.2%

The learning related to drug use and harm reduction is comparable for medical officers/nurses recruited from mid-term and end-term assessment.

Table 49: Comparison of learning related to clinical issues of IDUs among medical officers and nurses during mid-term and end-term assessment

Learnt a lot related to clinical issues of IDUs	Midterm evaluation N = 32		End term evaluation N = 36	
	Number	%	Number	%
Assessment and Diagnosis	22	68.8%	17	47.2%
Counselling for Safer Injecting Practices	16	50%	17	47.2%
Drug Treatment: Detoxification	12	37.5%	15	41.7%
Drug Treatment: Opioid Substitution Therapy	14	43.8%	21	58.3%
Sexually Transmitted Infections: Basics	21	65.6%	15	41.7%
Prevention of Sexually Transmitted Infections	20	62.5%	20	55.6%
Management of Sexually Transmitted Infections	18	56.3%	17	47.2%
Basics of HIV	18	56.3%	22	61.1%
Prevention and Management of HIV: The Role of Doctors and Nurses	19	59.4%	22	61.1%
Abscess Prevention and Management	23	71.9%	22	61.1%
Overdose Prevention and Management	18	56.3%	17	47.2%
Networking and Referral Services	15	46.9%	12	33.3%
Advocacy	5	15.6%	9	25%

In the following important clinical issues, more proportion of end-term assessment medical officers/nurses learnt in comparison with respondents from mid-term assessment: drug detoxification (38% vs 42%); OST (44% vs 58%); basics of HIV (56% vs 61%); prevention and management of HIV (59% vs 61%); and, advocacy (16% vs 25%). In several areas less proportion of end-term participants learnt compared with mid-term respondents: assessment and diagnosis; counselling for safer practices; STIs; prevention of STIs; management of STIs; abscess management; overdose prevention and management; and, networking and referral.

Table 50: Comparison of learning related to comorbid illnesses among medical officers and nurses during mid-term and end-term assessment

Learnt a lot related to comorbid illnesses	Midterm evaluation N = 32		End term evaluation N = 36	
	Number	%	Number	%
Co-morbidities among IDUs (Overview)	10	31.3%	14	38.9%
Mental Health and Mental Illness (Psychiatric Disorder)	8	25%	13	36.1%
Mental Illnesses (Psychiatric Disorders) – Clinical Assessment	10	31.3%	14	38.9%
Mental Illnesses (Psychiatric Disorders) – Signs and Symptoms	9	28.1%	13	36.1%
Depression and Drug use	11	34.4%	18	50%
Anxiety Disorder and Drug use	7	21.9%	14	38%
Psychotic disorders and Drug use	9	28.1%	10	27.8%
Personality Disorder and Drug use	11	34.4%	10	27.8%
Other Psychiatric Disorders and Drug use	7	21.9%	13	36.1%
Infective Hepatitis: Hepatitis C & B	13	40.6%	11	30.6%
Understanding and Educating the Client on TB	17	53.1%	19	52.8%
Other Physical Conditions (Anaemia and Nutrition)	9	28.1%	14	38.9%
Other Common Physical Symptoms (Constipation, Pain and Poor Oral Health)	11	34.4%	16	44.4%
Alcohol Use Disorder	17	53.1%	17	47.2%
Benzodiazepine Use Disorder	8	25%	12	33.3%
Opioid Withdrawals	19	59.4%	17	47.2%

In aspects related to mental health more proportion of doctors/nurses recruited at end-term assessment in comparison with mid-term, learnt on the following: overview of comorbidity (31% vs 39%); mental health and illness (25% vs 36%); assessment of mental illness (31% vs 39%); signs and symptoms of mental illness (28% vs 36%); depression and drug use (34% vs 50%); anxiety disorder and drug use (22% vs 38%); and other psychiatric disorders and drug use (22% vs 36%). Whereas more proportion of doctors/nurses from end-term learnt on anaemia and nutrition (28% vs 40%) and other physical conditions such as constipation (34% vs 44%), less proportion of end-term respondents learnt about hepatitis C and TB (41% vs 31%). In the issue of drug use disorder, more proportion of participants from end-term assessment learnt on benzodiazepine use disorder (25% vs 33%) whereas less proportion learnt on alcohol use disorder (53% vs 47%) and opioid withdrawals (59% vs 47%).

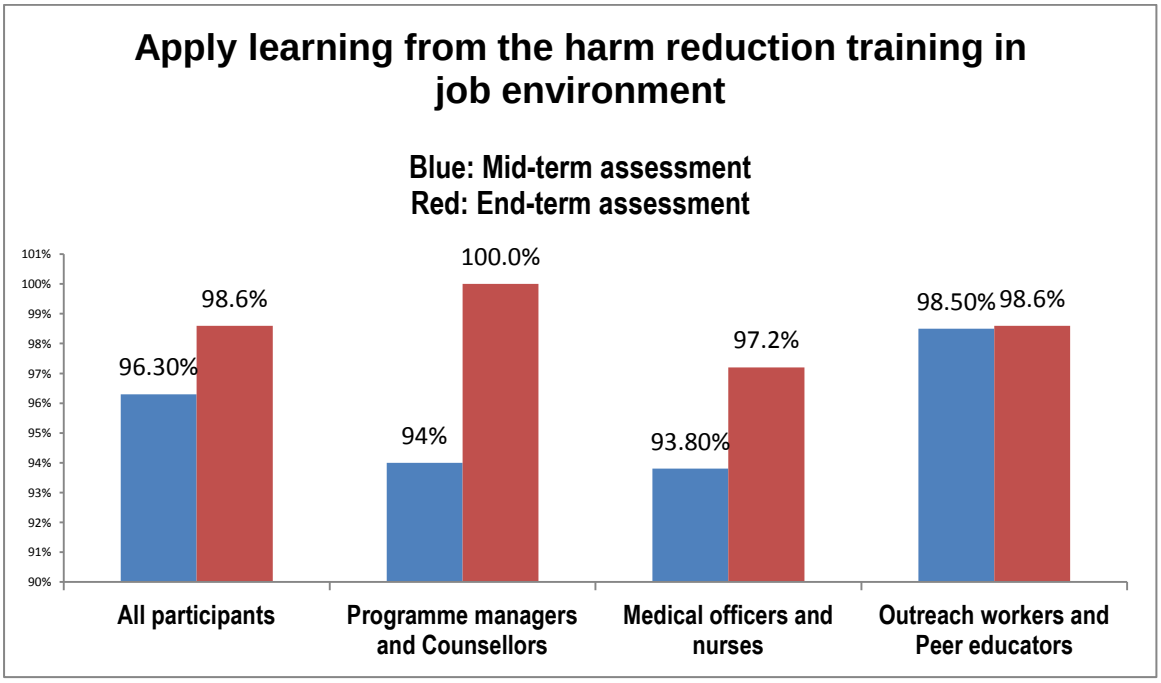
Table 51: Comparison of learning related to IDU programme among medical officers and nurses during mid-term and end-term assessment

Learnt a lot related to Programme	Midterm evaluation N = 32		End term evaluation N = 36	
	Number	%	Number	%
National AIDS Control Programme	16	50%	13	36.1%
Targeted Intervention for Injecting Drug Users	14	43.8%	15	41.7%
Roles and responsibilities of Doctors and Nurses in IDU TI programme	25	78.1%	27	75%

The medical officers/nurses who participated in the mid-term and end-term assessment are comparable for learning related to TI for IDUs and roles and responsibilities of them in IDU-TI programme whereas in the learning related to NACP, less proportion from the end-term assessment reported learning compared with mid-term respondents (50% vs 36%).

4.2.2. Change in job performance due to harm reduction training

Figure 7: Change in job performance as a result of the training programme: comparison of mid-term and end-term assessment



Compared with mid-term assessment, at end-term all participants (96% vs 99%), programme managers/counsellors (94% vs 100%) and medical officers/nurses (94% vs 97%) applied learning from the harm reduction training in their job environment.

Table 52: Evaluation after the harm reduction training of all respondents and by category of employment at the targeted intervention - Total Sample

Evaluation after the training programme: Very Good - Outstanding	Mid-term evaluation Total Sample N = 135		End-term evaluation Total Sample N = 145		P value
	Number	%	Number	%	
Level of knowledge/skills related to the job	88	65.2%	106	73.1%	NS
Confidence in solving problems and making decisions	89	65.9%	112	77.2%	P = 0.035
Management of priorities	77	57%	100	69%	P = 0.038
Overall effectiveness in your division	84	62.2%	103	71%	P = 0.011

Utility in the work environment	87	64.4%	114	78.6%	P = 0.008
Conducive work environment to apply skills/knowledge	76	56.3%	101	69.6%	P = 0.020

Comparison of responses from mid-term and end-term assessments reveal that there was statistically significant improvement at end-term evaluation in the following categories: confidence in solving problems and making decisions (66% vs 77%; P=0.03); management of priorities (57% vs 69%; P=0.04); overall effectiveness (62% vs 71%; P=0.01); utility in the work environment (64% vs 79%; P=0.008): and conducive work environment to apply skills/knowledge (56% vs 70%; P=0.02).

Table 53: Evaluation after the harm reduction training of all respondents and by category of employment at the targeted intervention - All Categories

Evaluation after the training programme	**Mid-term evaluation PM & Coun N = 35**	**End-term evaluation PM & Coun N = 37**	**Mid-term evaluation MO & Nurses N = 32**	**End-term evaluation MO & Nurses N = 36**	**Mid-term evaluation ORW & PE N = 68**	**End-term evaluation ORW & PE N = 72**
	%	**%**	**%**	**%**	**%**	**%**
Level of knowledge/skills related to the job	71.4%	67.5% NS	43.8%	58.3% NS	72.1%	83.4% P = 0.025
Confidence in solving problems and making decisions	65.7%	75.7% NS	56.3%	69.4% NS	70.6%	82% P = 0.011
Management of priorities	68.6%	67.5% NS	50%	58.3% NS	54.4%	75% P = 0.02
Overall effectiveness in your division	71.4%	64.9% NS	53.1%	66.7% NS	61.8%	76.4% NS
Utility in the work environment	65.7%	75.7% P = 0.014	62.5%	66.7% NS	64.7%	86.1% P = 0.016

Comparison of responses from mid-term and end-term assessments reveal that among programme managers/counsellors there was statistically significant improvement at end-term evaluation in utility in the work environment (66% vs 76%; P = 0.01). No statistically significant difference was observed among the responses of doctors/nurses at mid-term and end-term assessments. Statistically significant improvement at end-term evaluation among outreach workers/peer educators in comparison with mid-term assessment was noticed in the following: level of knowledge/skills related to the job (72% vs 84%; P = 0.02); confidence in solving problems and making decisions (71% vs 82%; P = 0.01); management of priorities (54% vs 75%; P = 0.02); and, utility in the work environment (65% vs 86%; P = 0.02);

Table 54: Rating of effectiveness after the harm reduction training of all respondents and by category of employment at the targeted intervention -Total Sample

Rating effectiveness after the training programme: Very Effective	**Mid-term evaluation Total Sample N = 135**		**End-term evaluation Total Sample N = 145**		**P Value**
	Number	**%**	**Number**	**%**	
New knowledge or skills	73	54.1%	93	64.1%	NS
Updating or refining the knowledge or skills	67	49.6%	92	63.4%	P = 0.02
Strategic approaches to address issues in work place	60	44.4%	87	60%	P = 0.009

Comparison of responses from mid-term and end-term assessments reveals that there was statistically significant improvement at end-term evaluation in the following categories: updating or refining the knowledge or skills (50% vs 63%; P=0.02); and, strategic approaches to address issues in work place (44% vs 60%; P=0.009).

Table 55: Rating of effectiveness after the harm reduction training of all respondents and by category of employment at the targeted intervention - All categories

Rating effectiveness after the training programme: Very Effective	Mid-term evaluation PM & Coun N = 35	End-term evaluation PM & Coun N = 37	Mid-term evaluation MO & Nurses N = 32	End-term evaluation MO & Nurses N = 36	Mid-term evaluation ORW & PE N = 68	End-term evaluation ORW & PE N = 72
	%	%	%	%	%	%
New knowledge or skills	62.9%	56.8% NS	43.8%	50% NS	54.4%	75% P = 0.01
Updating or refining the knowledge / skills	57.1%	51.4% NS	37.5%	52.8% NS	51.5%	75% P = 0.003
Strategic approaches to address issues in work place	42.9%	59.5% NS	31.3%	47.2% NS	51.5%	66.7% NS

Whereas the rating of effectiveness of harm reduction training was comparable at mid-term and end-term assessments for programme managers/counsellors and doctors/nurses, among outreach workers/peer educators the harm reduction training was considered as very effective in imparting new knowledge or skills (54% vs 75%; P=0.01) and in updating or refining the knowledge or skills (52% vs 75%; P=0.003).

Table 56: Agreement on statements after the training programme of all respondents and by category of employment at the targeted intervention - Total Sample

Agreement of statements: Agree	Mid-term evaluation Total Sample N = 135		End-term evaluation Total Sample N = 145		P Value
	Number	%		Number	
The quality of the work I do has improved	128	94.8%	143	98.6%	NS
I make fewer mistakes at work	114	84.4%	129	89%	NS
My self-confidence has increased	130	96.3%	142	97.9%	NS
My motivation for working has improved	129	95.6%	142	97.9%	NS
My workmates can learn from me	126	93.3%	141	97.2%	NS

Following the harm reduction training, both mid-term and end-term assessment respondents agree comparably on the following areas: improvement in quality of work; making few mistakes at work; increased confidence at work; motivation for work; and workmates learning from the trained person.

Table 57: Agreement on statements after the training programme of all respondents and by category of employment at the targeted intervention- All Categories

Agreement of statements: Agree	Mid-term evaluation PM & Coun N = 35	End-term evaluation PM & Coun N = 37	Mid-term evaluation MO & Nurses N = 32	End-term evaluation MO & Nurses N = 36	Mid-term evaluation ORW & PE N = 68	End-term evaluation ORW & PE N = 72
	%	%	%	%	%	%
The quality of the work I do has improved	94.3%	97.3% NS	93.8%	100% NS	95.6%	98.6% NS
I make fewer mistakes at work	85.7%	94.6% NS	78.1%	75% NS	86.8%	93.1% NS
My self-confidence has increased	97.1%	97.3% NS	96.9%	100% NS	95.6%	97.2% NS
My motivation for working has improved	100%	97.3% NS	90.6%	100% NS	95.6%	97.2% NS
My workmates can learn from me	100%	97.3% NS	90.6%	97.2%	91.2%	97.2% NS

Subsequent to the harm reduction training, Programme managers/counsellors, doctors/nurses and outreach workers/peer educators recruited at mid-term and end-term assessments agree comparably on the following areas: improvement in quality of work; making few mistakes at work; increased confidence at work; motivation for work; and workmates learning from the trained person.

4.2.3. Impact due to harm reduction training

4.2.3.1. Outreach workers and peer educators

Table 58: Impact on IDUs and their sexual partners due to training received by outreach workers and peer educators

Positive impact on IDUs and their sexual partners	Mid-term evaluation ORW & PE N = 68		End-term evaluation ORW & PE N = 72		P Value
Helped to reach out to the IDUs better	67	98.5%	70	97.2%	NS
Helped to reach out to the sexual partners of the IDUs better	38	55.9%	56	77.8%	P = 0.006
Helped to deliver harm reduction messages to the IDUs better	67	98.5%	70	97.2%	NS
Helped to deliver harm reduction messages to the sexual partners of IDUs better	39	57.4%	55	76.4%	P = 0.016
Helped to improve the quality of services to the IDUs better	66	97.1%	69	95.8%	NS
Helped to improve the quality of services to the sexual partners of IDUs better	38	55.9%	56	77.8%	P = 0.006

The outreach workers/peer educators at end-term assessment in comparison with mid-term assessment report statistically significant positive impact due to the harm reduction training on the following areas: helped to reach out to the sexual partners of the IDUs better (56% vs 78%; P=0.006); helped to deliver harm reduction messages to the sexual partners of IDUs better (57% vs 76%; P=0.02); and, helped to improve the quality of services to the sexual partners of IDUs better (56% vs 78%; P=0.006).

Table 59: Impact on IDUs and their sexual partners due to training received by category of outreach worker and peer educator

Positive impact on IDUs and their sexual partners	Mid-term evaluation ORW N = 36	End-term evaluation ORW N = 37	Mid-term evaluation PE N = 32	End-term evaluation PE N = 35
Helped to reach out to the IDUs better	36 (100%)	35 (94.6%) NS	31 (96.9%)	35 (100%) NS
Helped to reach out to the sexual partners of the IDUs better	22 (61.1%)	29 (78.4%) NS	15 (50%)	27 (77.1%) P = 0.01
Helped to deliver harm reduction messages to the IDUs better	36 (100%)	35 (94.6%) NS	31 (96.9%)	35 (100%) NS
Helped to deliver harm reduction messages to the sexual partners of IDUs better	22 (61.1%)	28 (75.7%) NS	17 (53.1%)	27 (77.1%) P = 0.038
Helped to improve the quality of services to the IDUs better	35 (97.2%)	35 (94.6%) NS	31 (96.9%)	34 (97.1%) NS
Helped to improve the quality of services to the sexual partners of IDUs better	21 (58.3%)	28 (75.7%) NS	17 (53.1%)	28 (80%) P = 0.019

Whereas the impact of harm reduction training was comparable for outreach workers at mid-term and end-term, among peer educators statistically significant positive impact was noticed in the following aspects: helped to reach out to the sexual partners of the IDUs better (50% vs 77%; P=0.01); helped to deliver harm reduction messages to the sexual partners of IDUs better (53% vs 77%; P=0.04); and, helped to improve the quality of services to the sexual partners of IDUs better (53% vs 80%; P=0.02).

4.2.3.2. Programme managers and Counsellors

Table 60: Impact on IDUs and their sexual partners due to training received by Programme mangers and counsellors

Positive impact on IDUs and their sexual partners	Mid-term evaluation PM &Coun N = 35		End-term evaluation PM &Coun N = 37		P Value
Helped to counsel IDUs better	33	94.3%	34	91.9%	NS
Helped to counsel the sexual partners of the IDUs better	23	65.7%	28	75.7%	NS
Helped to organise harm reduction messages to the IDUs better	34	97.1%	36	97.3%	NS
Helped to organise harm reduction messages to the sexual partners of the IDUs better	23	65.7%	28	75.7%	NS
Helped to manage the IDUs better	32	91.4%	36	97.3%	NS
Helped to manage the sexual partners of the IDUs better	21	60%	28	75.7%	NS
Harm reduction training helped to improve the quality of services to the IDUs better	33	94.3%	36	97.3%	NS
Harm reduction training helped to improve the quality of services to the sexual partners of the IDUs better	20	57.1%	27	73%	NS
Harm reduction training helped to mobilize the community of IDUs better	32	91.4%	31	83.8%	NS
Harm reduction training helped to advocate for better referral linkages for IDUs	32	91.4%	32	86.5%	NS
Harm reduction training helped to advocate with the general community to work with IDUs better	30	85.7%	34	91.9%	NS

The responses of programme managers/counsellors related to the impact of harm reduction training both at mid-term and end-term assessments are comparable.

4.2.3.3. Medical officers and Nurses

Table 61: Impact on IDUs and their sexual partners due to training received by doctors and nurses

Positive impact on IDUs and their sexual partners	Mid-term evaluation MO & Nurses N = 32		End-term evaluation MO & Nurses N = 36		P Value
Harm reduction training helped to assess the clinical issues related to the IDUs better	32	100%	35	97.2%	NS
Harm reduction training helped to assess the clinical issues related to the sexual partners of the IDUs better	22	68.8%	30	83.3%	NS
Harm reduction training helped to deliver the clinical services related to the IDUs better	32	100%	34	94.4%	NS
Harm reduction training helped to deliver the clinical services related to the sexual partners of the IDUs better	20	62.5%	29	80.6%	NS
Harm reduction training helped to manage mental health of the IDUs better	27	84.4%	32	88.9%	NS
Harm reduction training helped to manage mental health of the sexual partners of the IDUs better	17	53.1%	25	69.4%	NS
Harm reduction training helped to manage co-morbidities of the IDUs better	31	96.9%	33	91.7%	NS
Harm reduction training helped to manage co-morbidities of the sexual partners of the IDUs better	19	59.4%	25	69.4%	NS
Harm reduction training helped to manage alcohol and other drug use disorder of the IDUs better	23	71.9%	31	86.1%	NS
Harm reduction training helped to improve the quality of services to the IDUs better	31	96.9%	35	97.2%	NS
Harm reduction training helped to improve the quality of services to the sexual partners of the IDUs better	19	59.4%	29	80.6%	NS

The responses of medical officers/nurses related to the impact of harm reduction training both at mid-term and end-term assessments are comparable.

5. DISCUSSION

The prime objective of the end-term assessment was to evaluate the levels of capacities, knowledge, attitude and practice related to harm reduction services among various service providers working in the IDU-TIs subsequent to the harm reduction training programme(s) under the Project Hifazat. The main component of the assessment was quantitative as well as qualitative information obtained by five field investigators with rich experience of having worked with the drug using populations through structured interviews with IDU-TI staff working across different regions of the country. The mid-term assessment findings were used to compare for change in the levels of capacity following the training.

Overall, 145 respondents from the categories of services providers such as programme managers/counsellors, medical officers/nurses and outreach workers/peer educators participated in the end-term assessment conducted in the last quarter of the year 2015. Most (88%) participants of the end-term assessment have higher secondary level or more of education and hence they could articulate their viewpoints well. The mean duration in the job at respective IDU-TI was 35 months and hence they could easily comment on the impact of the harm training on their job performance. Additionally, 55% have received a combination of trainings and 79% have received the training module(s) enabling the respondents to provide insights about the training content, methods and utility.

Overall, the respondents' reaction to the harm reduction programme is positive as two-thirds or more of them of them have evaluated the content, quality of the power point slides, quality of presentation, group activity and facilitation of activities as excellent or very good. Additionally, more than a half of participants have also assessed the quality of the training materials to be excellent or very good. Although the qualitative interviews confirmed the positive reaction to the training, additionally it helps to understand the issues to be considered in future training sessions. Notably, the choice of the resource persons' understanding related to field level activities, use of Hindi or local language in the training specifically for peer educators and the timing of the sessions as well as the duration of the total training should be reconsidered in future trainings.

There is significant learning subsequent to the harm reduction training programme. All participants from the three categories of service providers express that they have learnt knowledge and skills during the harm reduction programme. Among outreach workers and peer educators, learning occurred in about two-thirds or more in the following: harm reduction, understanding drug use, outreach - principles and components, peer education, effective communication, safer injecting practices, safer sex practices; needle syringe programme, waste disposal; networking, referrals and motivating for referral services; and, overdose prevention and management. The learning is less than two-thirds in the following areas: understanding vulnerability of IDUs, women and drug use and reaching out to female sex partners, tools for effective outreach; co-morbidities such as HCV, TB, ART and motivating clients for ART, OST and abscess prevention and management; STI and HIV - the inter-linkages and implications, NACP and TI for IDUs, facilitating community mobilisation; advocacy with law enforcement, advocacy for referral, and advocacy with wider community The learning by half or more of the programme managers and counsellors occurred in the following aspects: harm reduction, understanding IDU community and their vulnerabilities, understanding drug use; drop–in centre and its management, referral & networking, advocacy with the community, establishing and maintaining referral networks, and advocacy; : understanding and educating clients on ART, Hepatitis C, TB, OI and other co-morbidities. OST, NSP, outreach and related management issues and condom programming; and, understanding the role of staff in TI including project managers and planning and implementing work plan. The learning is among less than a half of programme managers/counsellors in the following areas: female sex partners of IDUs and female injecting drug users; resource mapping and referral, community mobilisation, advocacy to

facilitate referral, developing advocacy strategies, monitoring and evaluation of referral & networking, community mobilisation & advocacy and legal aspects; waste disposal, and clinical issues such as abscess, STI, overdose, detoxification related to drug use; documentation and reporting monitoring and evaluation, strategic planning, human resource management, procurement and financial management. Majority (>50%) of doctors and nurses express that they have learnt a lot in the following areas: abscess prevention and management, basics of HIV, prevention and management of HIV, prevention of sexually transmitted infections (STIs); OST; understanding and educating the client on TB, depression and drug use; and, roles and responsibilities of clinical staff in IDU-TI programmes. The learning is less (<50%) in the following areas: basics of drugs, understanding drug related harms and injecting drug use and harm reduction and understanding its principles; assessment and diagnosis, counselling for safer injecting practices; STI basics, management of STIs; overdose prevention and management, detoxification; overview of comorbidity, understanding comorbidities/mental health; comorbid conditions among IDUs - hepatitis and tuberculosis, hepatitis C & B; alcohol use disorder, opioid withdrawals, benzodiazepine use disorder; common physical symptoms, anaemia and nutrition; assessment of mental health, signs and symptoms of psychiatric disorders, mental health and illness, anxiety disorder and drug use, other psychiatric disorders and drug use; and networking and referral services, and advocacy; NACP and IDU-TIs.

Ninety-nine percent of the participants to the end-term assessment opine that they are able to apply what they learnt from the harm reduction training in their job environment. More than two-thirds of participants in the end-term assessment have evaluated the application of what they have learnt in their job as very good to excellent in the following: confidence in solving problems and making decisions, management of priorities, overall effectiveness in their division and favourable environment to work. More than a half of the respondents rate the training programme as 'highly effective' in providing new knowledge and/or skills, updating or refining the knowledge or skills and learning strategic approaches to address issues in work place. Almost all of the participants agree that the quality of work has improved after the training programme. Many opine that the training materials are resourceful and the main purpose of the training material was for personal use such as refreshing their memory or filling in the blanks when needed, and for professional use to train staff. In general, they use it whenever required; in the role of the trainers, they utilise the modules to impart knowledge/skills to their peers. The respondents find the training to be beneficial to improve their day to day work with the injecting drug users and significant post-training improvements have occurred. There are certain thematic areas in which noticeable changes have occurred that have positively influenced their regular work with IDUs. These include: effective communication with the HRGs, outreach planning, overdose prevention, better documentation and advocacy with various stakeholders. A lot of the participants mentioned that information on female IDUs needs to be expanded and explained more as well as information on sexual partners of IDUs. Other suggestions made were to provide details related to hepatitis C, conduct training more often, conduct training in various languages appropriate to the present audience, compile training into a manual for personal use, etc.

The training programme has a positive impact on the outreach workers and peer educators in delivering HIV prevention services for IDUs. Subsequent to harm reduction training, the impact is observable among most of the outreach workers and peer educators in the following areas: reach out to the IDUs better, deliver harm reduction messages to the IDUs better, and improve the quality of services to the IDUs better. Positive impact was seen among more than three-fourths of them in the following: reach out to the sexual partners of the IDUs better, deliver harm reduction messages to the sexual partners of IDUs better and improve the quality of services to the sexual partners of IDUs better. The training programme has a positive impact on most of the programme managers and counsellors in the following activities related to IDUs: to counsel IDUs better; to organise harm reduction messages to the IDUs better; to manage the IDUs better; to improve the quality of services to the IDUs

better, to mobilize the community of IDUs better; to advocate for better referral linkages for IDUs; and to advocate with the general community to work IDUs better. The harm reduction training has a positive impact on more than seventy percent of programme managers/counsellors in the following activities related to the sexual partners of IDUs: to counsel the sexual partners of the IDUs better; to organise harm reduction messages to the sexual partners of the IDUs better, to manage the sexual partners of the IDUs better; and, to improve the quality of services to the sexual partners of the IDUs better. The harm reduction training programme has a positive impact on most of the doctors and nurses to assess the clinical issues related to the IDUs better; to deliver the clinical services related to the IDUs better; to manage mental health of the IDUs better; to manage co-morbidities of the IDUs better; to manage alcohol and other drug use disorder of the IDUs better and, to improve the quality of services to the IDUs better. The harm reduction training has a positive impact among more than two-thirds of doctors/nurses in the following activities related to the sexual partners of IDUs: to assess the clinical issues related to the sexual partners of the IDUs better; to deliver the clinical services related to the sexual partners of the IDUs better; helped to manage mental health of the sexual partners of the IDUs better; to manage co-morbidities of the sexual partners of the IDUs better; and, to improve the quality of services to the sexual partners of the IDUs better.

Comparison of end-term assessment findings with mid-term assessment findings:
Learning due to harm reduction training among various service providers -
Outreach workers and Peer educators: Subsequent to the harm reduction training, compared with mid-term assessment, proportion of outreach workers / peer educators from end-term assessment reporting as very good to excellent has increased in the following aspects related to harm reduction: overall content; quality of PPTs; quality of presentation; quality of group activity and, facilitation of activities. In learning related to drug use and harm reduction, more respondents from end-term assessment compared with mid-term assessment reported improved learning about women and drug use and female sex partners and reaching out to them. Learning on various aspects related to peer education and outreach are comparable between the participants from mid-term and end-term assessments. More respondents from end-term assessment opined they learnt about key activities such as safer injecting practices; co-morbidities - hepatitis and TB; OST; and, overdose prevention and management. In issues related to advocacy, more respondents from end-term assessment reported learning about advocacy with wider community compared with mid-term assessment.

Programme managers and Counsellors: More proportion of respondents from end-term assessment admitted to increased learning in the area of female sex partners and female injecting drug users. In the area of understanding and educating clients on ART and other comorbidities such as hepatitis C, TB more proportion reported improved learning.

Medical officers and Nurses: In the following important clinical issues, more proportion of end-term assessment medical officers/nurses learnt in comparison with respondents from mid-term assessment: drug detoxification; OST; basics of HIV; prevention and management of HIV; and, advocacy. In aspects related to mental health more proportion of doctors/nurses recruited at end-term assessment in comparison with mid-term, learnt on the following: overview of comorbidity; mental health and illness; assessment of mental illness; signs and symptoms of mental illness; depression and drug use; anxiety disorder and drug use; other psychiatric disorders and drug use; benzodiazepine use disorder; and anaemia, nutrition.

Change in job performance due to harm reduction training -
At end-term all participants applied learning from the harm reduction training in their job environment. there was statistically significant improvement at end-term evaluation in the following categories: confidence in solving problems and making decisions; management of priorities; overall effectiveness; utility in the work environment: and conducive work

environment to apply skills/knowledge. There was statistically significant improvement at end-term evaluation in the following categories: updating or refining the knowledge or skills; and, strategic approaches to address issues in work place.

Impact due to harm reduction training -
The outreach workers/peer educators at end-term assessment in comparison with mid-term assessment report statistically significant positive impact due to the harm reduction training on the following areas: helped to reach out to the sexual partners of the IDUs better; helped to deliver harm reduction messages to the sexual partners of IDUs better; and, helped to improve the quality of services to the sexual partners of IDUs better. Statistically significant positive impact among peer educators was noticed in the following aspects: helped to reach out to the sexual partners of the IDUs better; helped to deliver harm reduction messages to the sexual partners of IDUs better; and, helped to improve the quality of services to the sexual partners of IDUs better. The responses of programme managers/counsellors and medical officers/nurses related to the impact of harm reduction training both at mid-term and end-term assessments are comparable.

6. CONCLUSION AND RECOMMENDATIONS

Harm Reduction refers to policies, programs and practices that aim to reduce the negative health, social and economic consequences that may ensue from the use of legal and illegal psychoactive drugs, without necessarily reducing drug use (International Harm Reduction Association). The significant aspect of harm reduction is that it is based on the principles of public health and human rights; therefore, it benefits substance users, their families and the larger community in which they are living. Harm reduction is the policy on which the IDU programme has been designed and implemented effectively in India. In order to sustain this most evidence based strategy, training and capacity building of the service providers is absolutely critical. The harm reduction training organised and delivered under the Hifazat Project has been evaluated and found to be useful in improving the service providers' learning related to harm reduction as well as in their ability to apply what has been learnt in field practice. The training has helped in promoting the health of the drug users as many service providers have enhanced learning in key harm reduction activities. The harm reduction training has a positive impact on the frontline workers in their outreach to sexual partners of the people who inject drugs as well as the delivery of harm reduction messages to them and improved quality of services. Additionally, the training has assisted in learning related to programmatic aspects. Capacity building needs to be ongoing and booster trainings for those who have been trained is beneficial. Given that a proportion of service providers will leave jobs and new persons will be recruited periodically, training for them is essential.

Recommendations

1. Harm reduction training initiated and maintained for the past few years by the Project Hifazat should be continued by the IDU-TI programme in order to sustain the harm reduction activities among people who inject drugs and their sexual partners.
2. The Project has developed excellent training modules and training calendars. In addition, a group of experts have been identified as trainers in harm reduction. These resources should be effectively utilised to continue the harm reduction training in future.
3. It is necessary to identify certain nodal facilities that can serve as Harm Reduction Training Centres for organising and delivering the harm reduction training for various categories of service providers across different regions of the country.
4. e- training could be the way forward and it will be the most efficient method to reach out to many small and large organisations working with harm reduction across the country.

7. REFERENCES

Department of AIDS Control (DAC). National AIDS Control Programme Phase IV (2012-2017): Strategy Document. Ministry of Health & Family Welfare, Government of India, 2014. http://www.naco.gov.in/upload/NACP%20-%20IV/NACP-IV%20Strategy%20Document%20.pdf

International Harm Reduction Association. Position Statement. www.ihra.net/what-is-harm-reduction

8. ANNEXURE

8.1. Questionnaire for Peer Educators / Outreach Workers who have received training under Global Fund Round 9 HIV-IDU GRANT through Project HIFAZAT

ID number of participants

State _____ ☐ **TI Site**_____ ☐

Category: **1. Peer educators/outreach workers**

2. Project managers/counsellors ☐

3. Medical officers/Nurses

☐☐☐☐

Participant ID

ID No

Five digits: First two digits: State (1 to XX); Third and Fourth digit: (Serial number of respondents 01 to maximum of 99 in each of the States)

Name of Interviewer: _____

Result of interview (Please tick ✓ in the blank table)

Completed	Partially completed	Incomplete

Name of entering data: _____

Date: _____/_____/_____

Screening

Have you attended the harm reduction training through the Hifazat Project? (Please draw a cycle "○" on the right answer)

Y/N

If no, thank the respondent and terminate the interview

If yes, proceed with the consent and interview

Instructions

- Introduce yourself to the respondent
- Clearly describe the purpose of the interview
- Assure confidentiality
- Ask for consent

Thank you for taking the time to speak with me today.

My name is _____ and I am working as a researcher in this project “Mid-term Assessment Study on harm reduction trainings, conducted by the sub-recipients under Global Fund Round 9 HIV - IDU Grant, Hifazat Project”.

Through this project, we hope to assess the impact of the harm reduction trainings conducted by the Hifazat Project. We are interviewing people who have received the harm reduction training(s) through the Hifazat project and will record the responses. This will help us to assess the impact of the harm reduction trainings provided.

We are not taking any names or addresses and I assure you that all of your responses will remain confidential. We will not look at individual answers but will analyze the data from various people across different targeted intervention sites in India as a group. You have the right to withhold any information that you do not want to divulge. In addition, you have the right to refuse participation at any stage of this interview.

If you agree to be interviewed, we would sincerely appreciate your cooperation. Thank you for giving us your time.

CONSENT FORM: Questionnaire Administration

Lead Investigator:

Dr. M. Suresh Kumar MD DPM MPH +919840031559

Research team:

Archana Oinam (Manipur, Nagaland, Assam, Meghalaya)

Debashis Mukherjee (Chhattisgarh, Madhya Pradesh, West Bengal and Odisha)

Ira Madan (Delhi, Punjab and UP)

Kongtea Kong (Mizoram)

Shivakumar. K (Kerala, AP, Maharashtra)

Researchers' statement

We are asking you to be in a research assessment study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the study, what we would ask you to do, the possible risks and benefits, and anything else about the study that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not.

PURPOSE OF THE STUDY

The purpose of this study is to conduct a midterm impact assessment study to assess the change, if any in the existing levels of capacities, knowledge, attitude and practice related to harm reduction services among the various categories of service providers.

BENEFITS OF THE STUDY

There are no direct benefits to you for providing this information. However, your opinions and information will help inform Global Fund Round 9 HIV/IDU Grant Project HIFAZAT in addressing unmet needs for capacity building among harm reduction service providers.

STUDY PROCEDURES

If you agree to be in this study you will be invited to participate in an interview where you will be required to answer a questionnaire. These questions will be asked by a trained interviewer. An interview may take about 45-60 minutes. Your name will not be mentioned in any of our records or documents. You do not have to answer any question you do not want to.

RISKS, STRESS, OR DISCOMFORT

There are no physical risks to participating in this study. We will make every effort to keep your identity confidential.

ALTERNATIVES TO TAKING PART IN THIS STUDY

You do not have to be in this study if you do not want to. Your decision not to participate will not have any negative influence on you in anyway.

OTHER INFORMATION

All of the information you provide will be confidential. Only the researchers will see your answers and your responses will be kept confidential. We will keep the filled questionnaires in locked cabinets with no identifiers for 5 years, and there will be no way to link it back to you. You may refuse to participate or may withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

Printed name of study staff obtaining consentSignature Date

Participant's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, I can ask one of the researchers listed above.

Printed name of Participant Designation Signature of Participant Date

Section A. SOCIO-DEMOGRAPHIC INFORMATION

A1. How old are you (age in years)	**Enter actual age**	☐☐
A2. Sex 1 Male 2 Female		☐
A3. Level of education 1 Elementary 2 Middle school 3 Higher Secondary school 4 College education –under graduation 5 College education –post graduation		☐
A4. Employment status 1 Outreach worker 2 Peer worker		☐
A5. Duration in job How long you are in this current job? (actual duration in months)		☐☐☐

Section B. DETAILS RELATED TO HARM REDUCTION TRAINING

B1. Training site (Enter site name) _____
B 2. Harm reduction training received 1 Induction training 2 Refresher training 3 Opioid substitution training 4 Combination, Specify combination ☐☐☐
B 3. Training modules provided (directly or through UNODC ROSA website) for the harm reduction training 1 Provided 2 Not provided ☐
B 4. Harm reduction training module used 1STAYING SAFE: A Manual to train Peer Educators in IDU Interventions 2 STAYING SAFE: A Manual to train Outreach Workers in IDU Interventions 3 STAYING SAFE: A Manual to Train Staff in IDU Interventions on Advocacy, Community Mobilization and Referral Networking 4 Combination, Specify combination ☐☐☐

Section C. PARTICIPANTS' REACTION TO THE HARM REDUCTION TRAINING PROGRAMME

C 1. Please rate the quality of Overall Content of the Harm Reduction Training Programme 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐
C 2. Please rate the quality of PowerPoint Slides used in the Harm Reduction Training Programme 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐
C 3. Please rate the quality of Presentation of Material by Trainers at the Harm Reduction Training Programme 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐
C 4. Please rate the quality of Group activities done at the Harm Reduction Training Programme 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐

C 5. Please rate the Facilitation of Activities by Trainers at the Harm Reduction Training Programme

1 Excellent

2 Very Good

3 Good ☐

4 Fair

5 Poor

C 6. What presentation styles were the most effective for you? (For example, case studies, role play, lecture and group activity?)

1 Case studies

2 Role Play

3 Lecture

4 Group activity ☐☐☐☐

5 Combination

C 7. Please rate the quality of the training manuals (modules) used for Harm Reduction Training Programme

1 Excellent

2 Very Good

3 Good ☐

4 Fair

5 Poor

C 8. Could you please describe your reactions to the harm reduction training Programme received by you?

Section D. PARTICIPANTS' LEARNING AS A RESULT OF RECEIVING THE HARM REDUCTION TRAINING PROGRAMME

D 1. Have you been able to learn knowledge and skills during the harm reduction training Programme?

1 Yes

2 No

3 Can't say / Don't know

D 2. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 3. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Woman and drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 4. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Harm reduction

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 5. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Peer education

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 6. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Outreach - Principles and Components

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 7. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Planning and Conducting Outreach

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 8. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Effective Communication

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 9. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Needle Syringe Programme

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 10. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Waste disposal

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 11. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Safer injecting practices

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 12. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Abscess prevention and management

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 13. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Overdose prevention and management

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 14. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Safer sex practices

1 A lot of knowledge or skills

2 Some knowledge or skills ☐

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 15. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Opioid substitution therapy

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 16. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

ART and motivating for service

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 17. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Co-morbidities (Hepatitis C, TB etc.,)

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 18. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

NACP and Targeted Interventions for IDUs

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 18. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

NACP and Targeted Interventions for IDUs

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 19. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding IDU community and their vulnerabilities

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 20. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Female sex partners and reaching out to them

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 21. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Drug Use, STI and HIV - The Inter-linkages and Implications

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 22. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Tools for Effective Outreach

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 23. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Networking, Referrals and Motivating for Referral Services

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 24. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Facilitating Community Mobilisation

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 25. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Advocacy with law enforcement

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 26. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Advocacy for referral

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 27. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Advocacy with wider community

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 28. What are the *three most important things* you learned as a result of the harm reduction training Programme?

A.

B.

C.

D 29. What are the *three greatest strengths* of this harm reduction training?

A.

B.

C.

D 30. Would you like to say anything else about how what you learned as a result of the harm reduction training?

Section E.PARTICIPANTS' CHANGE IN PERFORMANCE ON THEIR JOB DUE TO HARM REDUCTION TRAINING

E 1. Have you been able to apply anything you learnt from the harm reduction training in your Job environment?

1 Yes

2 No

3 Can't say / Don't know

E2. Evaluating yourself after the harm reduction training Programme:

Level of knowledge/skills related to the job

1 Outstanding

2 Very Good

3 Good

4 Fair5 Poor

E3. Evaluating yourself after the harm reduction training Programme:

Confidence in solving problems and making decisions

1 Outstanding

2 Very Good

3 Good

4 Fair

5 Poor

E4. Evaluating yourself after the harm reduction training Programme:

Management of priorities

1 Outstanding

2 Very Good

3 Good

4 Fair

5 Poor

E5. Evaluating yourself after the harm reduction training Programme:

Overall effectiveness in your division

1 Outstanding

2 Very Good

3 Good

4 Fair

5 Poor

E6. How would you rate the effectiveness of the training or course in providing you with new knowledge or skills?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective

4 Highly ineffective

5 Don't know

E7. How would you rate the effectiveness of the training or course in updating or refining the knowledge or skills that you already had?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective

4 Highly ineffective

5 Don't know

E8. How would you rate the effectiveness of the training or course in providing you with strategic approaches to address issues that you faced in work place?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective

4 Highly ineffective

5 Don't know

E9. How is the training Programme rated by you now, based on its utility in the work environment?

1 Outstanding

2 Very Good

3 Good 4 Fair ☐ 5 Poor
E10. How conducive is the work environment to apply knowledge & skills learnt by you in the course? 1 Outstanding 2 Very Good 3 Good 4 Fair ☐ 5 Poor
E11. After attending the training course: ***The quality of the work I do has improved*** 1 Agree 2 Disagree3 Don't know ☐
E12. After attending the training course: ***I make fewer mistakes at work*** 1 Agree 2 Disagree ☐ 3 Don't know
E13. After attending the training course: ***My self-confidence has increased*** 1 Agree 2 Disagree ☐ 3 Don't know
E14. After attending the training course: ***My motivation for working has improved*** 1 Agree 2 Disagree ☐ 3 Don't know

E15. After attending the training course:

My workmates can learn from me

1 Agree

2 Disagree ☐

3 Don't know

E16. How often do you make use of the training material?

1 Daily

2 Monthly

3 Weekly ☐

4 Only when needed

5 Never

E 17. Please describe briefly for what purposes you make use of the training materials and why?

E 18. Do you feel that if any other topic/subject, if included in the Programme would have helped you in your work environment? If yes what kind of topic/subject?
E 19. Please mention specific instances if any, in day to day work experience where the training has helped you.
E 20. Please mention any other post training improvements related to job performance.

Section F.PARTICIPANTS' IMPRESSION ABOUT THE IMPACT ON THE INJECTING DRUG USERS AND THEIR SEXUAL PARTNERS DUE TO THE TRAINING RECEIVED

F 1. Do you think that the harm reduction training helped you to reach out to the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know
F2. Do you think that the harm reduction training helped you to reach out to the sexual partners of the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know
F3. Do you think that the harm reduction training helped you to deliver harm reduction messages tothe IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know
F4. Do you think that the harm reduction training helped you to deliver harm reduction messages to the sexual partners of the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know
F5. Do you think that the harm reduction training helped you to improve the quality of services tothe IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know
F6. Do you think that the harm reduction training helped you to improve the quality of services to the sexual partners of the IDUs better? 1 Yes

2 No ☐

3 Can’t say / Don’t know

F 7. Please describe how the harm reduction training has impacted on the HIV prevention and treatment services for the IDUs?

F 8. Please describe how the harm reduction training has impacted on the HIV prevention and treatment services for the sexual partners of the IDUs?

F 9. Any other comments / observations you want to provide related to the impact of harm reduction training on the services for the IDUs and their sexual partners?

Thank you!

8.2. Questionnaire for Project Managers / Counsellors who have received training under Global Fund Round 9 HIV-IDU GRANT through Project HIFAZAT

ID number of participants

State _____ ☐ **TI Site**_____ ☐

Category: **1. Peer educators/outreach workers**

2. Project managers/counsellors ☐

3. Medical officers/Nurses

☐☐☐☐☐

Participant ID

ID No

Five digits: First two digits: State (1 to XX); Third digit: Category Number; Fourth and Fifth digits: (Serial number of respondents 01 to maximum of 99 in each of the States)

Name of Interviewer: _____

Result of interview (Please tick ✓ in the blank table)

Completed	Partially completed	Incomplete

Name of person entering data:

_____

Date: _____/_____/_____

Screening

Have you attended the harm reduction training through the Hifazat Project? (Please draw a cycle "○" on the right answer)

Y/N

If no, thank the respondent and terminate the interview

If yes, proceed with the consent and interview

Instructions

- Introduce yourself to the respondent
- Clearly describe the purpose of the interview
- Assure confidentiality
- Ask for consent

Thank you for taking the time to speak with me today.

My name is _____ and I am working as a researcher in this project “Mid-term Assessment Study on harm reduction trainings, conducted by the sub-recipients under Global Fund Round 9 HIV - IDU Grant, Hifazat Project”.

Through this project, we hope to assess the impact of the harm reduction trainings conducted by the Hifazat Project. We are interviewing people who have received the harm reduction training(s) through the Hifazat project and will record the responses. This will help us to assess the impact of the harm reduction trainings provided.

We are not taking any names or addresses and I assure you that all of your responses will remain confidential. We will not look at individual answers but will analyze the data from various people across different targeted intervention sites in India as a group. You have the right to withhold any information that you do not want to divulge. In addition, you have the right to refuse participation at any stage of this interview.

If you agree to be interviewed, we would sincerely appreciate your cooperation. Thank you for giving us your time.

CONSENT FORM: Questionnaire Administration

Lead Investigator:

Dr. M. Suresh Kumar MD DPM MPH +919840031559

Research team:

Archana Oinam (Manipur, Nagaland, Assam, Meghalaya)

Debashis Mukherjee (Chhattisgarh, Madhya Pradesh, West Bengal and Odisha)

Ira Madan (Delhi, Punjab and UP)

Kongtea Kong (Mizoram)

Shivakumar. K (Kerala, AP, Maharashtra)

Researchers' statement

We are asking you to be in a research assessment study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the study, what we would ask you to do, the possible risks and benefits, and anything else about the study that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not.

PURPOSE OF THE STUDY

The purpose of this study is to conduct a midterm impact assessment study to assess the change, if any in the existing levels of capacities, knowledge, attitude and practice related to harm reduction services among the various categories of service providers.

BENEFITS OF THE STUDY

There are no direct benefits to you for providing this information. However, your opinions and information will help inform Global Fund Round 9 HIV/IDU Grant Project HIFAZAT in addressing unmet needs for capacity building among harm reduction service providers.

STUDY PROCEDURES

If you agree to be in this study you will be invited to participate in an interview where you will be required to answer a questionnaire. These questions will be asked by a trained interviewer. An interview may take about 45-60 minutes. Your name will not be mentioned in any of our records or documents. You do not have to answer any question you do not want to.

RISKS, STRESS, OR DISCOMFORT

There are no physical risks to participating in this study. We will make every effort to keep your identity confidential.

ALTERNATIVES TO TAKING PART IN THIS STUDY

You do not have to be in this study if you do not want to. Your decision not to participate will not have any negative influence on you in anyway.

OTHER INFORMATION

All of the information you provide will be confidential. Only the researchers will see your answers and your responses will be kept confidential. We will keep the filled questionnaires in locked cabinets with no identifiers for 5 years, and there will be no way to link it back to you.You may refuse to participate or may withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

Printed name of study staff obtaining consentSignature Date

Participant's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, I can ask one of the researchers listed above.

Printed name of Participant Designation Signature of Participant Date

Section A. SOCIO-DEMOGRAPHIC INFORMATION

A1. How old are you (age in years)	**Enter actual age**	☐☐
A2. Sex 1 Male 2 Female		☐
A3. Level of education 1 Elementary 2 Middle school 3 Higher Secondary school 4 College education –under graduation 5 College education –post graduation		☐
A4. Employment status 1 Project Manager 2 Counsellor		☐
A5. Duration in job How long you are in this current job? (actual duration in months)		☐☐☐

Section B. DETAILS RELATED TO HARM REDUCTION TRAINING

B1. Training site (Enter site name) _____
B 2. Harm reduction training received 1 Induction training 2 Refresher training 3 Opioid substitution training 4 Combination, Specify combination ☐☐☐
B 3. Training modules provided (directly or through UNODC ROSA website) for the harm reduction training 1 Provided 2 Not provided ☐
B 4. Harm reduction training module used 1STAYING SAFE: A Manual to train Project managers in IDU Interventions 2STAYING SAFE: A Manual to Train Staff in IDU Interventions on Advocacy, Community Mobilization and Referral Networking 3Combination, Specify combination ☐☐

Section C. PARTICIPANTS' REACTION TO THE HARM REDUCTION TRAINING PROGRAMME

C 1. Please rate the quality of Overall Content of the Harm Reduction Training Programme

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

☐

C 2. Please rate the quality of PowerPoint Slides used in the Harm Reduction Training Programme

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

☐

C 3. Please rate the quality of Presentation of Material by Trainers at the Harm Reduction Training Programme

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

☐

C 4. Please rate the quality of Group activities done at the Harm Reduction Training Programme

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

☐

C 5. Please rate the Facilitation of Activities by Trainers at the Harm Reduction Training Programme

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

☐

C 6. What presentation styles were the most effective for you? (For example, case studies, role play, lecture and group activity?)

1 Case studies

2 Role Play

3 Lecture

4 Group activity

5 Combination

☐☐☐☐

C 7. Please rate the quality of the training manuals (modules) used for Harm Reduction Training Programme

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

☐

C 8. Could you please describe your reactions to the harm reduction training Programme received by you?

Section D. PARTICIPANTS' LEARNING AS A RESULT OF RECEIVING THE HARM REDUCTION TRAINING PROGRAMME

D 1. Have you been able to learn knowledge and skills during the harm reduction training Programme?

1 Yes

2 No ☐

3 Can't say / Don't know

D 2. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 3. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding IDU community and their vulnerabilities

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 4. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding the role of staff in TI including project managers

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 5. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Harm reduction

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 6. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Outreach and related management issues

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 7. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Needle Syringe Programme

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 8. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Waste disposal

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 9. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Condom Programmeming

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 10. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Female sex partners of IDUs and Female injecting drug users

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 11. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Drop–in Centre and its Management

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 12. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Referral & Networking

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 13. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Community Mobilisation

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 14. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Legal aspects Related to Drugs and Drug Use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills ☐

4 Decline in knowledge or skills

5 Not applicable

D 15. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Advocacy

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 16. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Clinical issues: abscess, STI, overdose and detoxification

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 17. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding and Educating Clients on ART, Hepatitis C, TB, OI and Other Co-Morbidities

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 18. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Planning and Implementing Work Plan

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 19. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Monitoring and Evaluation

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 20. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Strategic Planning

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 21. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Opioid Substitution Therapy (OST)

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 22. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Documentation and Reporting

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 23. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Procurement

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 24. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Human Resource Management

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 25. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Financial Management

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 26. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Resource Mapping for Referral

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 27. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Establishing and maintaining referral networks

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 28. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Facilitating Community Mobilisation

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 29. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Developing Advocacy Strategies

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 30. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Advocacy to Facilitate Referral

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 31. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Advocacy with Community

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 32. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Monitoring and evaluation of Referral & Networking, Community Mobilisation & Advocacy

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 33. What are the *three most important things* you learned as a result of the harm reduction training Programme?

A.

B.

C.

D 34. What are the *three greatest strengths* of this harm reduction training?

A.

B.

C.

D 35. Would you like to say anything else about how what you learned as a result of the harm reduction training?

Section E.PARTICIPANTS' CHANGE IN PERFORMANCE ON THEIR JOB DUE TO HARM REDUCTION TRAINING

E 1. Have you been able to apply anything you learnt from the harm reduction training in your Job environment?

1 Yes

2 No ☐

3 Can't say / Don't know

E2. Evaluating yourself after the harm reduction training Programme:

Level of knowledge/skills related to the job

1 Outstanding 2 Very Good 3 Good 4 Fair5 Poor ☐
E3. Evaluating yourself after the harm reduction training Programme: ***Confidence in solving problems and making decisions*** 1 Outstanding 2 Very Good 3 Good 4 Fair ☐ 5 Poor
E4. Evaluating yourself after the harm reduction training Programme: ***Management of priorities*** 1 Outstanding 2 Very Good 3 Good4 Fair ☐ 5 Poor
E5. Evaluating yourself after the harm reduction training Programme: ***Overall effectiveness in your division*** 1 Outstanding 2 Very Good 3 Good 4 Fair ☐ 5 Poor
E6. How would you rate the effectiveness of the training or course in providing you with new knowledge or skills? 1 Highly effective 2 Somewhat effective 3 Somewhat ineffective

4 Highly ineffective 5 Don't know ☐
E7. How would you rate the effectiveness of the training or course in updating or refining the knowledge or skills that you already had? 1 Highly effective 2 Somewhat effective 3 Somewhat ineffective 4 Highly ineffective ☐ 5 Don't know
E8. How would you rate the effectiveness of the training or course in providing you with strategic approaches to address issues that you faced in work place? 1 Highly effective 2 Somewhat effective 3 Somewhat ineffective ☐ 4 Highly ineffective 5 Don't know
E9. How is the training Programme rated by you now, based on its utility in the work environment? 1 Outstanding 2 Very Good 3 Good 4 Fair ☐ 5 Poor
E10. How conducive is the work environment to apply knowledge & skills learnt by you in the course? 1 Outstanding 2 Very Good 3 Good 4 Fair ☐ 5 Poor

E11. After attending the training course:

The quality of the work I do has improved

1 Agree

2 Disagree ☐

3 Don't know

E12. After attending the training course:

I make fewer mistakes at work

1 Agree

2 Disagree ☐

3 Don't know

E13. After attending the training course:

My self-confidence has increased

1 Agree

2 Disagree ☐

3 Don't know

E14. After attending the training course:

My motivation for working has improved

1 Agree

2 Disagree ☐

3 Don't know

E15. After attending the training course:

My workmates can learn from me

1 Agree

2 Disagree ☐

3 Don't know

E16. How often do you make use of the training material?

1 Daily

2 Monthly

3 Weekly ☐

4 Only when needed

5 Never

E 17. Please describe briefly for what purposes you make use of the training materials and why?

E 18. Do you feel that if any other topic/subject, if included in the Programme would have helped you in your work environment? If yes what kind of topic/subject?

E 19. Please mention specific instances if any, in day to day work experience where the training has helped you.
E 20. Please mention any other post training improvements related to job performance.

Section F.PARTICIPANTS' IMPRESSION ABOUT THE IMPACT ON THE INJECTING DRUG USERS AND THEIR SEXUAL PARTNERS DUE TO THE TRAINING RECEIVED

F 1. Do you think that the harm reduction training helped you to counsel the IDUs better? 1 Yes 2 No 3 Can't say / Don't know ☐ 4 Not applicable
F2. Do you think that the harm reduction training helped you to counsel the sexual partners of the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable
F3. Do you think that the harm reduction training helped you to organise harm reduction services tothe IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable
F4. Do you think that the harm reduction training helped you to organise harm reduction services to the sexual partners of the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable
F5. Do you think that the harm reduction training helped you to manage harm reduction services to the IDUs better? 1 Yes 2 No ☐

3 Can’t say / Don’t know 4 Not applicable
F6. Do you think that the harm reduction training helped you to manage harm reduction services to the sexual partners of the IDUs better? 1 Yes 2 No ☐ 3 Can’t say / Don’t know 4 Not applicable
F7. Do you think that the harm reduction training helped you to improve the quality of services tothe IDUs better? 1 Yes 2 No ☐ 3 Can’t say / Don’t know
F8. Do you think that the harm reduction training helped you to improve the quality of services to the sexual partners of the IDUs better? 1 Yes 2 No ☐ 3 Can’t say / Don’t know
F 9. Do you think that the harm reduction training helped you to mobilize the community of IDUs better? 1 Yes 2 No ☐ 3 Can’t say / Don’t know 4 Not applicable
F 10. Do you think that the harm reduction training helped you to advocate for referral linkages for IDUs better? 1 Yes 2 No ☐ 3 Can’t say / Don’t know 4 Not applicable

F 11. Do you think that the harm reduction training helped you to advocate with the general community to work with IDUs better?

1 Yes

2 No ☐

3 Can't say / Don't know

4 Not applicable

F 12. Please describe how the harm reduction training has impacted on the HIV prevention and treatment services for the IDUs?

F 13. Please describe how the harm reduction training has impacted on the HIV prevention and treatment services for the sexual partners of the IDUs?

F 14. Any other comments / observations you want to provide related to the impact of harm reduction training on the services for the IDUs and their sexual partners?

Thank you!

8.3. Questionnaire for Medical Officers / Nurses who have received training under Global Fund Round 9 HIV-IDU GRANT through Project HIFAZAT

ID number of participants

State _____ ☐ **TI Site**_____ ☐

Category: **1. Peer educators/outreach workers**

2. Project managers/counsellors ☐

3. Medical officers/Nurses

☐☐☐☐☐

Participant ID

ID No

Five digits: First two digits: State (1 to XX); Third digit: Category Number; Fourth and Fifth digits: (Serial number of respondents 01 to maximum of 99 in each of the States)

Name of Interviewer: _____

Result of interview (Please tick ✓ in the blank table)

Completed	Partially completed	Incomplete

Name of person entering data:

_____

Date: _____/_____/_____

Screening

Have you attended the harm reduction training through the Hifazat Project? (Please draw a cycle "○" on the right answer)

Y/N

If no, thank the respondent and terminate the interview

If yes, proceed with the consent and interview

Instructions

- Introduce yourself to the respondent
- Clearly describe the purpose of the interview
- Assure confidentiality
- Ask for consent

Thank you for taking the time to speak with me today.

My name is _____ and I am working as a researcher in this project “Mid-term Assessment Study on harm reduction trainings, conducted by the sub-recipients under Global Fund Round 9 HIV - IDU Grant, Hifazat Project”.

Through this project, we hope to assess the impact of the harm reduction trainings conducted by the Hifazat Project. We are interviewing people who have received the harm reduction training(s) through the Hifazat project and will record the responses. This will help us to assess the impact of the harm reduction trainings provided.

We are not taking any names or addresses and I assure you that all of your responses will remain confidential. We will not look at individual answers but will analyze the data from various people across different targeted intervention sites in India as a group. You have the right to withhold any information that you do not want to divulge. In addition, you have the right to refuse participation at any stage of this interview.

If you agree to be interviewed, we would sincerely appreciate your cooperation. Thank you for giving us your time.

CONSENT FORM: Questionnaire Administration

Lead Investigator:

Dr. M. Suresh Kumar MD DPM MPH +919840031559

Research team:

Archana Oinam (Manipur, Nagaland, Assam, Meghalaya)

Debashis Mukherjee (Chhattisgarh, Madhya Pradesh, West Bengal and Odisha)

Ira Madan (Delhi, Punjab and UP)

Kongtea Kong (Mizoram)

Shivakumar. K (Kerala, AP, Maharashtra)

Researchers' statement

We are asking you to be in a research assessment study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the study, what we would ask you to do, the possible risks and benefits, and anything else about the study that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not.

PURPOSE OF THE STUDY

The purpose of this study is to conduct a midterm impact assessment study to assess the change, if any in the existing levels of capacities, knowledge, attitude and practice related to harm reduction services among the various categories of service providers.

BENEFITS OF THE STUDY

There are no direct benefits to you for providing this information. However, your opinions and information will help inform Global Fund Round 9 HIV/IDU Grant Project HIFAZAT in addressing unmet needs for capacity building among harm reduction service providers.

STUDY PROCEDURES

If you agree to be in this study you will be invited to participate in an interview where you will be required to answer a questionnaire. These questions will be asked by a trained interviewer. An interview may take about 45-60 minutes. Your name will not be mentioned in any of our records or documents. You do not have to answer any question you do not want to.

RISKS, STRESS, OR DISCOMFORT

There are no physical risks to participating in this study. We will make every effort to keep your identity confidential.

ALTERNATIVES TO TAKING PART IN THIS STUDY

You do not have to be in this study if you do not want to. Your decision not to participate will not have any negative influence on you in anyway.

OTHER INFORMATION

All of the information you provide will be confidential. Only the researchers will see your answers and your responses will be kept confidential. We will keep the filled questionnaires in locked cabinets with no identifiers for 5 years, and there will be no way to link it back to you. You may refuse to participate or may withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

Printed name of study staff obtaining consentSignature Date

Participant's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, I can ask one of the researchers listed above.

Printed name of Participant Designation Signature of Participant Date

Section A. SOCIO-DEMOGRAPHIC INFORMATION

A1. How old are you (age in years)	**Enter actual age**	☐☐
A2. Sex 1 Male 2 Female		☐
A3. Level of education 1 Elementary 2 Middle school 3 Higher Secondary school 4 College education –under graduation 5 College education –post graduation		☐
A4. Employment status 1 Medical Officer 2 Nurse		☐
A5. Duration in job How long you are in this current job? (actual duration in months)		☐☐☐

Section B. DETAILS RELATED TO HARM REDUCTION TRAINING

B1. Training site (Enter site name) _____
B 2. Harm reduction training received 1 Induction training 2 Refresher training 3 Opioid substitution training 4 Combination, Specify combination ☐☐☐
B 3. Training modules provided (directly or through UNODC ROSA website) for the harm reduction training 1 Provided 2 Not provided ☐
B 4. Harm reduction training module used 1STAYING SAFE: A Manual to Train Clinical Staff in IDU Interventions 2STAYING SAFE: A Manual to Train Clinical Staff on Co-morbidities Associated with Injecting Drug Use 3Combination, Specify combination ☐☐

Section C. PARTICIPANTS' REACTION TO THE HARM REDUCTION TRAINING PROGRAMME

C 1. Please rate the quality of Overall Content of the Harm Reduction Training Programme 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐
C 2. Please rate the quality of PowerPoint Slides used in the Harm Reduction Training Programme 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐
C 3. Please rate the quality of Presentation of Material by Trainers at the Harm Reduction Training Programme 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐
C 4. Please rate the quality of Group activities done at the Harm Reduction Training Programme 1 Excellent 2 Very Good ☐ 3 Good 4 Fair 5 Poo

C 5. Please rate the Facilitation of Activities by Trainers at the Harm Reduction Training Programme

1 Excellent

2 Very Good

3 Good ☐

4 Fair

5 Poor

C 6. What presentation styles were the most effective for you? (For example, case studies, role play, lecture and group activity?)

1 Case studies

2 Role Play

3 Lecture

4 Group activity ☐☐☐☐

5 Combination

C 7. Please rate the quality of the training manuals (modules) used for Harm Reduction Training Programme

1 Excellent

2 Very Good

3 Good ☐

4 Fair

5 Poor

C 8. Could you please describe your reactions to the harm reduction training Programme received by you?

Section D. PARTICIPANTS' LEARNING AS A RESULT OF RECEIVING THE HARM REDUCTION TRAINING PROGRAMME

D 1. Have you been able to learn knowledge and skills during the harm reduction training Programme?

1 Yes

2 No

3 Can't say / Don't know

D 2. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Basics of Drugs

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 3. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding Drug Related Harms and Injecting Drug Use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 4. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Harm Reduction – Understanding the Principles

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 5. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

National AIDS Control Programme

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 6. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Targeted Intervention for Injecting Drug Users

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 7. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Roles and Responsibilities of Doctors and Nurses in IDU TI Programmes

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 8. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Assessment and Diagnosis

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 9. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Counselling for Safer Injecting Practices

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 10. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Drug Treatment: Detoxification

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 11. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Drug Treatment: Opioid Substitution Therapy

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 12. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Sexually Transmitted Infections: Basics

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 13. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Prevention of Sexually Transmitted Infections

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 14. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Management of Sexually Transmitted Infections

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills ☐

4 Decline in knowledge or skills

5 Not applicable

D 15. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Basics of HIV

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 16. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Prevention and Management of HIV: The Role of Doctors and Nurses

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 17. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Abscess Prevention and Management

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 18. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Overdose Prevention and Management

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 19. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Co-morbid Conditions among IDUs – Hepatitis & Tuberculosis

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 20. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding Co-morbidities/Mental Health

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 21. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Networking and Referral Services

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 22. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Advocacy

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 23. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Co-morbidities among IDUs (Overview)

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 24. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Mental Health and Mental Illness (Psychiatric Disorder)

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 25. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Mental Illnesses (Psychiatric Disorders) – Clinical Assessment

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 26. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Mental Illnesses (Psychiatric Disorders) – Signs and Symptoms

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 27. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Depression and Drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 28. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Anxiety Disorder and Drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 29. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Psychotic disorders and Drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 30. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Personality Disorder and Drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 31. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Other Psychiatric Disorders and Drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 32. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Infective Hepatitis: Hepatitis C & B

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 33. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding and Educating the Client on TB

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 34. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Other Physical Conditions (Anaemia and Nutrition)

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 35. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Other Common Physical Symptoms (Constipation, Pain and Poor Oral Health)

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 36. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Alcohol Use Disorder

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 37. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Benzodiazepine Use Disorder

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills ☐

4 Decline in knowledge or skills

5 Not applicable

D 38. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Opioid Withdrawals

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 39. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Networking Referral and Linkages

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 40. What are the *three most important things* you learned as a result of the harm reduction training Programme?

A.

B.

C.

D 41. What are the *three greatest strengths* of this harm reduction training?

A.

B.

C.

D 42. Would you like to say anything else about how what you learned as a result of the harm reduction training?

Section E.PARTICIPANTS' CHANGE IN PERFORMANCE ON THEIR JOB DUE TO HARM REDUCTION TRAINING

E 1. Have you been able to apply anything you learnt from the harm reduction training in your Job environment?

1 Yes

2 No ☐

3 Can't say / Don't know

E2. Evaluating yourself after the harm reduction training Programme:

Level of knowledge/skills related to the job

1 Outstanding

2 Very Good

3 Good

4 Fair ☐

5 Poor

E3. Evaluating yourself after the harm reduction training Programme:

Confidence in solving problems and making decisions

1 Outstanding

2 Very Good

3 Good

4 Fair ☐

5 Poor

E4. Evaluating yourself after the harm reduction training Programme:

Management of priorities

1 Outstanding

2 Very Good

3 Good

4 Fair ☐

5 Poor

E5. Evaluating yourself after the harm reduction training Programme:

Overall effectiveness in your division

1 Outstanding

2 Very Good

3 Good

4 Fair ☐

5 Poor

E6. How would you rate the effectiveness of the training or course in providing you with new knowledge or skills?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective

4 Highly ineffective ☐

5 Don't know

E7. How would you rate the effectiveness of the training or course in updating or refining the knowledge or skills that you already had?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective

4 Highly ineffective ☐

5 Don't know

E8. How would you rate the effectiveness of the training or course in providing you with strategic approaches to address issues that you faced in work place?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective

4 Highly ineffective ☐

5 Don't know

E9. How is the training Programme rated by you now, based on its utility in the work environment?

1 Outstanding

2 Very Good

3 Good

4 Fair ☐

5 Poor

E10. How conducive is the work environment to apply knowledge & skills learnt by you in the course?

1 Outstanding

2 Very Good

3 Good

4 Fair ☐

5 Poor

E11. After attending the training course:

The quality of the work I do has improved

1 Agree

2 Disagree ☐

3 Don't know

E12. After attending the training course:

I make fewer mistakes at work

1 Agree

2 Disagree ☐

3 Don't know

E13. After attending the training course:

My self-confidence has increased

1 Agree

2 Disagree ☐

3 Don't know

E14. After attending the training course:

My motivation for working has improved

1 Agree

2 Disagree ☐

3 Don't know

E15. After attending the training course:

My workmates can learn from me

1 Agree

2 Disagree ☐

3 Don't know

E16. How often do you make use of the training material?

1 Daily

2 Monthly

3 Weekly ☐

4 Only when needed

5 Never

E 17. Please describe briefly for what purposes you make use of the training materials and why?

E 18. Do you feel that if any other topic/subject, if included in the Programme would have helped you in your work environment? If yes what kind of topic/subject?
E 19. Please mention specific instances if any, in day to day work experience where the training has helped you.
E 20. Please mention any other post training improvements related to job performance.

Section F.PARTICIPANTS' IMPRESSION ABOUT THE IMPACT ON THE INJECTING DRUG USERS AND THEIR SEXUAL PARTNERS AT LARGE DUE TO THE TRAINING RECEIVED

F 1. Do you think that the harm reduction training helped you to assess the clinical issues related to the IDUs better?

1 Yes

2 No

3 Can't say / Don't know ☐

4 Not applicable

F2. Do you think that the harm reduction training helped you to assess the clinical issues related to the sexual partners of the IDUs better?

1 Yes

2 No ☐

3 Can't say / Don't know

4 Not applicable

F3. Do you think that the harm reduction training helped you to deliver the clinical services related to the IDUs better?

1 Yes

2 No ☐

3 Can't say / Don't know

4 Not applicable

F4. Do you think that the harm reduction training helped you to deliver the clinical services related to the sexual partners of the IDUs better?

1 Yes

2 No ☐

3 Can't say / Don't know

4 Not applicable

F 5. Do you think that the harm reduction training helped you to manage mental health of the IDUs better?

1 Yes

2 No ☐ 3 Can't say / Don't know 4 Not applicable
F 6. Do you think that the harm reduction training helped you to manage mental health of the sexual partners of the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable
F 7. Do you think that the harm reduction training helped you to manage co-morbidities of the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable
F 8. Do you think that the harm reduction training helped you to manage co-morbidities of the sexual partners of the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable
F 9. Do you think that the harm reduction training helped you to manage alcohol and other drug use disorder of the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable
F10. Do you think that the harm reduction training helped you to improve the quality of services tothe IDUs better? 1 Yes

2 No ☐

3 Can’t say / Don’t know

F11. Do you think that the harm reduction training helped you to improve the quality of services to the sexual partners of the IDUs better?

1 Yes

2 No ☐

3 Can’t say / Don’t know

F 12. Please describe how the harm reduction training has impacted on the clinical services for the IDUs?

F 13. Please describe how the harm reduction training has impacted on the clinical services for the sexual partners of the IDUs?

F 14. Any other comments / observations you want to provide related to the impact of harm reduction training on the clinical services for the IDUs and their sexual partners?

Thank you!