Project *Hifazat*, Global Fund Round 9 HIV - IDU Grant

Project *Hifazat*

Final Report

Emmanuel Hospital Association

Project Hifazat

Final report on activities & achievements

Implemented by - Emmanuel Hospital Association

Supported by - The Global Fund to Fight AIDS, Tuberculosis and Malaria
Round-9 India HIV-IDU Grant No. IDA-910-G21-H

Acknowledgement

Emmanuel Hospital Association (EHA) has carried the GFATM Round-9 India HIV-IDU grant as the Principal Recipient since October 2010. Untiring and sincere efforts by various partners helped make this a successful project. First and foremost we wish to place on record our sincere gratitude to the National AIDS Control Organization (NACO) for always providing prompt and unwavering support to EHA and the Project Management Unit of this Grant.

For providing encouragement, support and valuable guidance during the duration of the grant we are indebted to Dr. Neeraj Dhingra, DDG (TI Division) and his entire team.

We take this opportunity to thank all State AIDS Control Societies (SACSs) for extending their cooperation, support and guidance that enabled all Sub Recipient Organizations to implement the program as per existing guidelines.

The major portion of the credit for successful conduct of this pan-India training effort must accrue to our Sub Recipient organizations across the country. Without their involvement and efforts it would not have been possible to train various cadres of staff at Targeted Intervention (TI) and Opioid Substitution Therapy (OST) sites and so many Master Trainers for all cadres. We express our sincere gratitude to each one of them.

We also wish thank all other partners like UNODC, AIIMS, NIMHANS, Sharan and IHRN for their valuable support to the program.

We thank Dr. M. Suresh Kumar for undertaking the mid and end term evaluation of the 'Impact of Training' and providing us with excellent documented reports. We thank Mr. Debashis Mukherjee for his assistance in preparation of this final report.

This project would not have been possible without the grant from The Global Fund. We thank the I-CCM for selecting EHA as a Principal Recipient and providing encouragement and feedback enabling the project to continue without interruptions for 5½ years.

Last but not the least, EHA extends sincere thanks to the Project Management Unit (PMU) and its Sub Recipient teams for untiringly carrying out the assigned workplan activities, ceaselessly striving to achieve the targets of the performance framework and complementing the National efforts.

Dr Joshua Sunil Gokavi
Executive Director
Emmanuel Hospital Association

Preface

It is acknowledged that there is significant route of HIV transmission among the Injecting Drug User in India. It is estimated that there are approximately 2,00,000 Injecting Drug Users in the country (*NACO 2010*). As per the NACO 2010-11 Sentinel Surveillance there was 7.14% HIV prevalence among IDUs. While recent reports show a decline in the HIV epidemic amongst IDUs in the northeast region, there is an increasing trend in other parts of India.

At the time of submission of the proposal, according to the National AIDS Control Organization expert group on size estimation, there were approximately 96,463 to 189,729 male Injecting Drug Users (IDUs) and 10,055 to 33,392 female IDUs in India; north-east India alone accounted for 55,000 IDUs. Among IDUs, HIV prevalence of ≥5 percent had been observed in 10 states and 23 districts in India; ≥15 percent HIV prevalence among IDUs was observed in 7 districts. New pockets of IDU were being identified in different parts of the country.

Since, National AIDS Control Program stood committed to Millennium Development Goal (MDG) of reversing the spread of HIV/AIDS by 2015, it was necessary to implement large scale HIV prevention programs targeting IDUs and their sexual partners with evidence based interventions. HIV/AIDS prevention and care programs for IDUs typically included a wide variety of measures and a comprehensive approach.

Project *Hifazat with Emmanuel Hospital Association as Principal Recipient* was designed to address the gaps in existing institutional and individual capacities in Harm Reduction services for IDUs across the country. This Project was a part of the GFATM Round - 9 India HIV IDU grant, the purpose of which was to build key institutions, capacities and sectoral responses that accelerate and complement NACP implementation for increased access to prevention and care services for priority/high risk populations.

Project *Hifazat* worked closely with National AIDS Control organization (NACO), various Sub Recipient organizations that ranged from National and Regional level Govt. Medical colleges of repute, State level training institutes, and district level NGOs across states. It had also associated with certain other National and international organizations such as UNODC, AIIMS etc. The sub recipients of the Grant included 8 Regional Technical Training Centres (RTTC), 9 State Training and resource centres (STRC) and 17 NGO TIs as Learning sites.

As part of the capacity building effort, the project has developed number of cadre based Training modules, SOPs, research studies, and IEC materials for the use of service providers working in the field of IDUs and harm reduction.

This is a humble effort to present the activities undertaken from October 2010-March 2016 in brief. We do hope that whatever little effort made by the Project *Hifazat* will continue and this report will be an instrument in further discussions towards improving the health and wellbeing of the IDU community as a whole.

Dr PK John
Project Director
Project Hifazat

Abbreviations

AIDS-Acquired Immuno Deficiency Syndrome

AIIMS-All India Institute of Medical Sciences

ANC-Ante Natal Clinic

ANM- Auxiliary Nurse Midwife

ART- Anti-Retroviral Therapy

BMGF- Bill and Melinda Gates Foundation

CBNA- Capacity Building Needs Assessment

CCM-Country Coordination Mechanism

DAPCU-District AIDS Prevention and Control Unit

DQA- Data Quality Analysis

EHA- Emmanuel Hospital Association

EOI- Expression of Interest

FIDU- Female Injecting Drug Users

FSP- Female Sex Partners

GF- Global Fund

GFATM- Global Fund to Fight AIDS Tuberculosis Malaria

GOI- Government of India

HIV-Human Immuno Deficiency Virus

IDU-Injecting Drug User

IEC- Information, Education and Communication

IHRN-Indian Harm Reduction Network

INP+- Indian network for people living with HIV/AIDS

LFA-Local Fund Agent

LS- Learning Sites

M&E- Monitoring & Evaluation

MCH-Maternal & Child Health

MDG- Millennium Development Goal

MoSJE- Ministry of Social Justice and Empowerment

NACO-National AIDS Control Organisation

NACP- National AIDS Control Programme

NDDTC-National Drug Dependence Treatment Centre

NERO- North East Regional Office

NSP-Needle Syringe Programme

OI- Opportunistic infection

ORW- Outreach Workers

OSDV- On-Site Data Verification

OST- Opioid Substitution Therapy

PAB- Project Advisory Body

PE- Peer Educator

PM- Project Manager

PMU- Project Management Unit

PR- Principal Recipient

RTTC- Regional Technical Training Centre

SACS- State AIDS Control Society

SDA- Service Delivery Areas

SOP- Standard Operating Procedure

SR- Sub Recipient

STI -Sexually Transmitted Infections

STRC-State Training Resource Centre

TB- Tuberculosis

TI- Targeted Intervention

TOT- Training of Trainers

TRC-Technical Review Committee

TRP- Technical Review Panel

TSU- Technical Support Unit

TWG- Technical Working Group

UNODC- United Nations Office on Drugs & Crime

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1 Background

India Coordination Committee for the Global Fund to Fight AIDS Tuberculosis Malaria (GFATM) at their 28th meeting (18th February 2008) decided that the Ministry of Health and Family Welfare, Government of India (GOI) would submit a country proposal for Round-8. The sub-committees on the various focused thematic areas were asked to develop and share their recommendations for the proposal.

The sub- committee on HIV/AIDS in consultation with the National AIDS Control Organisation (NACO) identified the following thematic focus areas for the Round-8 HIV/AIDS:

- Support to males who have sex with males for prevention of HIV transmission
- Prevention of Injecting Drug Use (IDU) and harm reduction among Injecting Drug Users (IDU) and migrant workers
- Strengthening health systems in Northern States to improve MCH and STI/HIV services

1. After a series of regional consultations around the country, mainly aimed at greater participation by the civil society- a call for proposal was announced. Among the concept notes received under the sub-category Prevention of Injecting Drug Use and harm reduction among IDU -those submitted by the Ministry of Social Justice and Empowerment (MoSJE), GOI (with several NGOs and UNODC) and Emmanuel Hospital Association (EHA), in association with several NGOs and a national network for people living with HIV/AIDS (INP+) were found to have the potential to build the proposal component. The technical review committee recommended a merger of the two main concept notes submitted by the EHA and MoSJE and the inclusion as (SSR's) of possible partners whose concept notes were found of acceptable quality.

In 2008, India Country Coordination Mechanism (CCM) submitted a HIV proposal to Global Fund to Fight AIDS Tuberculosis Malaria. The proposal was based on concept notes received under the sub-category Prevention of Injecting Drug Use (IDU) and harm reduction among Injecting Drug users (IDU)- primarily those submitted by the Ministry of Social Justice and Empowerment (MoSJE) (with several NGOs and UNODC) and Emmanuel Hospital Association (EHA, in association with several NGOs and INP+).

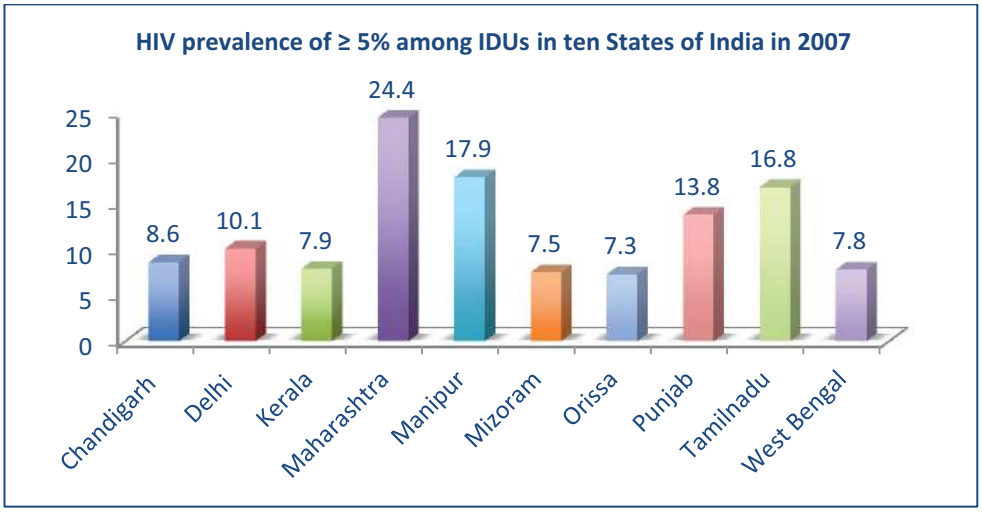
Based on the Technical Review Committee comments and CCM's in principle approval the MSJE initially took the lead on the IDU proposal component, but during the proposal preparation process there were concerns on the MoSJE's capacity to be Principal Recipient (PR). Hence, on the IDU component there was a change proposed as the MoSJE preferred to stay out of this Round. The Indian Harm Reduction Network (IHRN) took the lead and proposed that their partner the Emmanuel Hospital Association (EHA) be the PR. The CCM agreed with the proposed recommendations and changes and endorsed EHA as the PR for the IDU proposal.

However, the Round 8 HIV proposal of India CCM submitted in 2008, was rated Category 3 – i.e. "eligible for resubmission, following major revision". In 2009 India CCM re-submitted the proposal for consideration in Round 9 after comprehensively addressing the weaknesses identified by Technical Review Panel (TRP) and taking the opportunity to improve the proposal even further.

Since the Round 9 India proposal for HIV to the Global Fund was a re-submission of the Round 8 India Country proposal, EHA continued to remain the PR for the IDU proposal. EHA lead the processes and worked along with the proposal writing teams on addressing the TRC comments.

1.1 The existing situation and problem analysis

At the time of submission of the proposal, according to the National AIDS Control Organization expert group on size estimation, there were approximately 96,463 to 189,729 male Injecting Drug Users (IDUs) and 10,055 to 33,392 female IDUs in India; north-east India alone accounted for 55, 000 IDUs.[1] Among IDUs, HIV prevalence of ≥5 % had been observed in 10 states and 23 districts in India; ≥15 % HIV prevalence among IDUs was observed in 7 districts. New pockets of IDU were being identified in different parts of the country, which require cognizance and action[2].



Source: HIV Sentinel Surveillance and Technical report 2007

Sexual transmission of HIV from IDUs to their regular sexual partners was established in India. In a study conducted in Chennai, though it was found that sixteen percent of the regular sex partners of HIV positive IDUs were also HIV positive, more than half of the regular sex partners did not perceive that they had any chance of being infected with HIV. Thus, the need for immediate launching of intervention among the regular sexual partners was a priority.[3] Further, in states like Manipur with high concentration of IDUs, there was >3 percent HIV prevalence among ANC clinic attendees in three of the districts. In the four North Eastern States of Manipur, Nagaland, Mizoram and Meghalaya, injecting drug use among women was reported to be on the increase. Significant proportions of the female IDUs in India were reported to be mobile and lacked financial and family support. There was also an interface between female drug use and sex work in several settings.

Since, India through its National AIDS Control Program stood committed to Millennium Development Goal (MDG) of reversing the spread of HIV/ AIDS by 2015, it was necessary to implement large scale HIV prevention programme targeting IDUs and their sexual partners with evidence based interventions such as Needle Syringe Programme (NSP) and Opioid Substitution Therapy (OST). HIV/ AIDS prevention and care programmes for IDUs typically included a wide variety of measures and a comprehensive approach has the following components:

[1] *"Strategy and Implementation Plan, NACP III", NACO, p 14*

[2] *Atul Ambekar and B M Tripathi, 'Size estimation of Injecting Drug Use in Punjab and Haryana", UNAIDS, Intensifying HIV prevention. Source: UNAIDS Policy Position Paper on Prevention, Page 35, 2005*

[3] *Panda S, Kumar MS, Lokabiraman L et al. HIV risk factors in IDUs and evidence for onward transmission of the infection to their sexual partners in Chennai, India. J Acquir Immune Defic Syndr 2005; 39:9–15.*

1. Needle Syringe Programme
2. Opioid Substitution Therapy
3. Voluntary Counselling and Testing
4. Anti-Retroviral Therapy (ART)
5. Sexually Transmitted Infections (STI) prevention
6. Condom programming for IDUs and partners
7. Targeted Information, Education and Communication (IEC) for IDUs and their sexual partners
8. Hepatitis diagnosis, treatment (Hepatitis A, B and C) and vaccination (Hepatitis A and B)
9. TB prevention, diagnosis and treatment.

In addition to the above, other services that proved to be critical for IDUs included:

a. Prevention of transition to injecting drug use
b. Primary health care for IDUs
c. Advocacy with the law enforcement
d. Social support and income generating activities for IDUs.

At the time of submission of the proposal, many of these services were unavailable for IDUs in the community settings. It was important to ensure that these comprehensive services were available, quality assured, accessible and affordable to majority of IDUs. Adequate coverage with comprehensive interventions required adequate resources and all efforts needed to be taken to achieve large-scale coverage to contain the HIV epidemic amongst the IDUs and their sexual partners. It was evident that there was an urgent need to bring comprehensive interventions to scale.

According to the national HIV programme, in 2008, 219 NGOs were implementing the harm reduction programme in the country. By 2012, it was expected that National AIDS Control Organization would set up an additional 81 interventions. National AIDS Control Programme plannned to reach 80 percent of all IDUs with harm reduction services by 2012. As part of harm reduction intervention, the National Programme had targets of providing Opioid Substitution Therapy (OST) to 40,000 IDUs, of which only 6,000 had been reached (64 sites) till then.

In the past couple of years the IDU programme had been scaling up rapidly and while scaling up, several problems have been encountered by National AIDS Control Organization and its partners:

a. There are not many NGOs who had experience of working with Injecting Drug Users (IDUs) in contrast, there are many NGOs experienced in implementing development projects. As IDU implementation required different set of skills and knowledge, building the skills and knowledge of these NGOs was a huge challenge to the National AIDS Control Programme who were committed to deliver quality services.

b. Where NGOs have been recruited, in many cases, their capacities are limited and the quality of interventions had been less than satisfactory. An accreditation process undertaken by National AIDS Control Organization to assess the quality of Opioid Substitution Therapy centres has found that even after allowing for a low cut-off, only 28 of the 64 current Opioid Substitution Therapy sites met the minimum required standards (44 percent). Part of the problem was lack of capacitated human resources. With no central agency or training programme for the harm reduction, quality of capacities had been varied and outputs were not satisfactory. Although some materials had been developed, much was required to be done before a full scale rolling out of capacity building programmes addressing all the needs of staff of the harm reduction programmes, particularly Opioid Substitution Therapy sites.

c. Capacity building needs of harm reduction sites were complex. There are at least three cadres of staff requiring capacity building –

   i. Medical and clinical for Doctors and Nurses,
   ii. High quality outreach skills for Peer Educators and Outreach Workers and
   iii. Programme Management for the other NGO staff (e.g. Programme Managers, Counsellors).

   It was not possible to build all these three different kinds of skills from any one training institution. The first required certified and Government affiliated medical institutions to deliver training, part of which needed to be on-the-job. The second required largely on-the-job training, but in the field of a Harm Reduction intervention (on-site). The third required a formal training institution, which was well versed with Programme Management training. National AIDS Control Organization had set up 20 State Training Resource Centres (STRCs) to provide formal training on programme management. These centres were to be used to impart training on Programme Management. In 2008, capacity building for the IDU interventions does not have systematic linkages to any of these providers, who had been mandated and provided resources.

d. Quality assurance mechanisms for harm reduction programme were not fully in place. National AIDS Control Organisation had developed and implemented Standard Operating Procedures (SOP) for providing Opioid Substitution Therapy. Similar SOPs needed to be developed for a comprehensive harm reduction programme and the implementers trained on it. This would then need to be followed up with supportive supervision. The lack of a system for quality assurance, compounded with less than optimum capacity was major hindrances in reaching needed quality.

e. The capacity of the supportive and supervisory structures were weak. The Technical Support Units (TSUs) were mandated to support and supervise all Targeted Interventions, including IDUs. They worked closely with the State AIDS Control Societies in performing their functions. The capacities within Technical Support Units and State AIDS Control Societies on IDU interventions were very limited. Hence their capacity to support and supervise was severely affected and was unable to add value to the interventions or take appropriate corrective actions.

In addition to the above the IDU interventions had further gaps, which could be improved. These gaps were flowing out of new knowledge about the programmes on the ground:

1. The report of the Commission on AIDS in Asia (published in 2008) recommended that reaching out to female partners of most at risk populations could have a significant impact on reversing or halting the epidemic as these interventions were low cost high impact. Till then, in India there has been inadequate focus on the needs of Female injecting drug users (FIDU) and partners of male injecting drug users. Most of the IDU interventions found reaching male IDUs easier.
2. A study commissioned by United Nations Office on Drug And Crime (UNODC) in India, “The Substance, Women and High Risk Assessment” (SWAHA), found women highly vulnerable to HIV infection as sexual partners of injecting drug users (IDUs).
3. The harm reduction interventions in the country at that point of time, were reaching out to the adult male injecting drug users. Though the financial guidelines for targeted interventions for IDUs had a provision of funding one female outreach worker to reach out to partners of approximately 500 IDUs, this had not translated into a reality at the

implementation level due to gap in understanding on strategies to reach out and the nature of the services package required. Experience in the country had shown that adequate number of women outreach staff and gender sensitive service delivery packages (for example drop-in-centres specifically for the female Injecting drug users) were effective strategies to provide services.

4. Injecting Drug Users were often unemployed and faced severe discrimination. Without a meaningful livelihood, chances of relapse into Injecting Drug use were high. The existing harm reduction services did not include reintegration – a combination of livelihood and social services, which would provide a safety net and supportive action. In countries like Pakistan, such programmes had been successful to the extent that the relapse rates were lowered. A few Harm Reduction Programmes in India have a component of reintegration. The need to experiment, learn and incorporate lessons within the national programme were found to be important.

1.2 Intervention design

Based on the above situation analysis the following intervention was proposed with the objective - Strengthen the capacity, reach and quality of IDU Harm reduction services

In order to achieve it the following Service Delivery Areas (SDA) were identified:

1. Strengthening of civil society and institutional capacity building
2. Quality Assurance Systems for Harm reduction
3. Reintegration after care Services

Strengthening of civil society and institutional capacity building

Two ways in which the capacities were proposed to be built:

a. Build capacity building systems which would comprehensively address capacity requirements
b. Set up Good Practice centres, which show-case comprehensive harm reduction activities and provide supportive supervision

a. Capacity Building systems: capacity building systems would be built to address three major audiences –

1. Medical staff,
2. Peer educators and
3. Other NGO staff (programme).

Each of these types of staff would be addressed through specialised organisations, which would be mandated and resourced to build capacities.

a. Regional Technical Training Centres: These were planned to be five regional Medical College / Institutes of repute, who would be the apex institutions for building capacity of the medical staff – doctors and nurses working in Harm reduction programmes. These five centres (North, South, East, West and North East of India) would be in the Public Sector and selected by National AIDS Control Organisation and the Ministry of Health and the concerned institutes, based on clearly developed criteria.

b. Good Practice Centres: would be set up within harm reduction field programmes of demonstrative merit. The Project would identify 13 such interventions across India, which met the minimum Accreditation norms of National Programme and at least three experiences of interventions.

c. Indian Harm Reduction Network (IHRN): The Indian Harm Reduction Network established in 2007 is a network of approximately 40 NGOs who had been engaged in delivery of harm reduction programme in the country for the past one decade. Many of the NGO partner in this network were implementing Interventions for IDUs as part of the National AIDS Control Programme. The technical partner, SHARAN, would, for the first phase of the project focus on strengthening IHRN through establishing its secretariat and training of key staff. During this period regional networks would also be established and strengthened. Through a process of handholding SHARAN would build up the network to a level where, Indian Harm Reduction Network, through its members can take up the Peer Education training of all Harm reduction interventions. It was expected that sufficient capacity of Indian Harm Reduction Network would be built by end of year 2 to directly implement training of peer educators at Good Practice Centres through its network members. These trainings would focus on effective outreach.

d. State Training Resource Centres (STRCs): State Training Resource Centres were mandated to build capacities of all levels NGO programme staff on National AIDS Control Programme III implementation. STRC as part of NACO strategy was set-up in July-September 2008 to develop a sustainable system for the capacity building of NACO funded projects. State Training Resource Centres lacked human resources for building capacities on Harm reduction issues. The Indian Harm Reduction Network would place one resource person within State Training Resource Centres to address this existing gap.

Quality Assurance Systems for Harm reduction

Quality assurance was found to be critical for Harm Reduction Programmes and would be operationalized by the Good practice centres. To facilitate quality, following activities were envisaged:

a. Standard Operating Protocols: The Project would support National AIDS Control Organisation in developing and implementing a series of Standard Operating Protocols for Harm reduction sites – dealing with both clinical and non-clinical activities. These Protocols would become the basis for the quality assurance and would be in line with international and national Good practices.
b. Supportive Supervision: Each of the 13 Good Practice Centres would be mandated to supervise and support about 20-30 harm reduction sites (old and new). Supportive supervision would include clinic visits, observation, checking on adherence to protocols and minimum standards, record keeping, etc and support through providing on the spot suggestions, training and mentoring. The supervision visits would be varying depending on the support needs.

c. The National Programme has a key Supportive Supervision structure - Technical Support Units in each of the states. Although it was the mandate of the Technical Support Unit to provide supportive supervision to harm reduction centres, knowledge and skills required for this being highly specialised (for example medical and psycho-social components) it was suggested that the Good Practice centres would supplement for Supportive Supervision. Key Officers in Technical Support Units will be trained on quality assurance. Quality Control Protocols and guidelines for field visit would be shared and be used by both the Good Practice centres and the Technical Support Unit. The visits to the harm reduction centres were proposed to be carried out jointly with the Technical Support Unit.

d. Diagnostic Studies: Every year, a sample of sites would be selected for an independent diagnostic study on the implementation of the quality protocol in the harm reduction

sites. This study would focus on performance and implementation of quality process indicators and would also collect information on client satisfaction. The findings were planned to feed into support plan of the State AIDS Control Society/ District AIDS Prevention and Control Unit (DAPCU) and Technical Support Units. The findings would also feed into the training of the NGOs. This process was envisaged to facilitate evidence based support for strengthening quality process.

Reintegration & after care services

Injecting drug users often suffer loss of education and employment and displacement within the societal structures, leading to loss of means of livelihood and acceptance in his/her own community. Studies correlated lack of livelihood, high level of societal stigma and peer group still be engaged in drug use with high rates of relapse. Thus investment made through Opioid Substitution Therapy programme to prevent the spread of HIV among the IDUs would prove ineffective. Therefore the need for reintegration package for stabilized injecting drug users was very critical. The social reintegration process aimed at 'facilitating readiness' of the Injecting Drug User (IDU) to get reintegrated into the socio-cultural environment that he/she lived in. This would require a two pronged approach:

- Counselling and readying the person for integration
- Actively scouting and connecting the ex-user to livelihood opportunities.

In each harm reduction site, skills would be built up with the counsellor and the programme manager to identify those ready and requiring re-integration services, then offering them counselling to identify possible livelihood options. The Project would develop a package of possible re-integration options that existed with the various ministries and government agencies. The Good Practice centre would offer similar services and also provide handholding service in all harm reduction sites. In addition, it would carry out Impact Assessment study of the reintegration services.

1.3 The IDU HIV component at a glance:

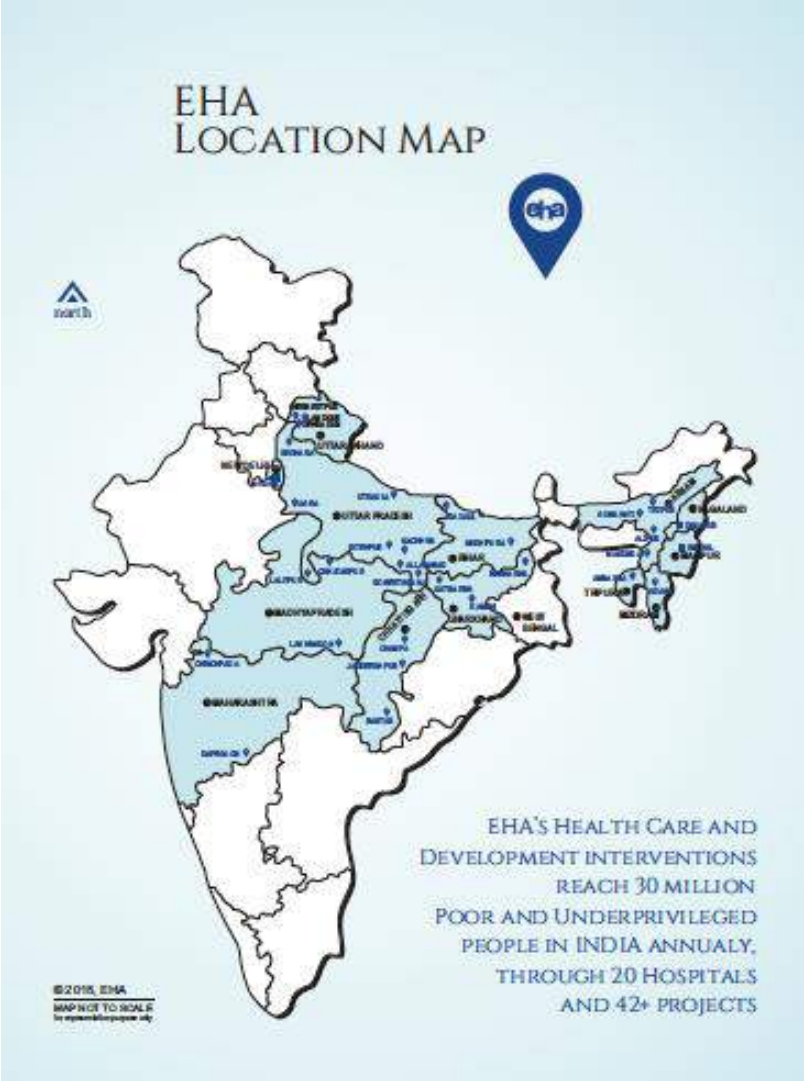
India's Round 9 HIV proposal - Framework & Summary (IDU proposal)	
Principal Recipient	Emmanuel Hospital Association (Civil Society)
Goal	Halt and reverse the epidemic in India over the next 5 years by integrating programmes for prevention, care, support and treatment (National AIDS Control Programme - Phase III)
Purpose	To build key institutions, capacities and sectorial responses that accelerate and complement NACP III implementation for increased access to Prevention & Care Services for priority populations
Objectives	Strengthen the capacity, reach and quality of IDU Harm reduction services
Service Delivery Areas	• Strengthening of civil society and institutional capacity building • Quality assurance systems for harm Reduction • Reintegration Services and after care services for IDUs
Target groups and targets	Injecting Drug Users (IDUs) & their sexual partners • Capacity building systems set up – ○ 5 Regional Technical Training Centres, ○ 13 Good Practise Centres ○ 20 State Training Resource Centres strengthened • Capacities of 14,820 staff built, • 50 % of Female IDUs reached (in GPC) • 10,000 IDUs accessing re-integration services
Key Result Areas and outcomes	• Best practices and minimum standards for harm reduction interventions established, • Enhanced capacity of institutions involved in harm reduction, • Increased reach and coverage of IDUs (including Female IDUs),
Guiding principles	a. Complement and supplement the National HIV Programme b. Meaningful involvement and ownership of programme planning and implementation by target populations c. Gender, social inclusion, human rights and equity issues factored into the programme

2 Emmanuel Hospital Association – the Principal Recipient

The Emmanuel Hospitals Association (EHA) founded in 1970 as an indigenous Christian health and development agency- is a fellowship of institutions and individuals that exists to transform communities through caring, with primary focus on the poor and marginalized. Its primary focus is the poor, largely in rural areas. With a catchment population of nearly seven million, EHA treats more than 500,000 patients each year in some of India's most needy areas.

2.1 Organizational Profile

EHA is a large, non-profit provider of health care in India, having a network of 20 hospitals and 42 projects spread across 12 states of India. EHA's comprehensive health services integrate essential clinical services with primary health care and community-level engagement to address the health priorities of the poor and marginalized people, and to facilitate the development of healthy communities. EHA serves the communities in rural and semi-urban areas of Jharkhand, Bihar, Chhattisgarh, Madhya Pradesh, Uttar Pradesh, Uttarakhand, Delhi, Maharashtra, Manipur, Mizoram, Nagaland and Assam.



EHA has a 46 year history of holistic work with a primary focus on care for the poor. EHA serves through health, development, HIV/AIDS and Disaster relief & rehabilitation programs, investing in the health and well being of the poor.

EHA works in partnership with the communities, governments, community-based organizations and NGOs, at district, state, and national levels, to deliver the services effectively and efficiently. EHA is registered under the Societies Registration Act 1860 and also under the Government of India Foreign Contribution (Regulation Act).

2.2 Aims

EHA is committed to the transformation of communities with programmes that invest in the health and wellbeing of everyone, irrespective of caste, creed or race. It aims to focus on the development and empowerment of women and health and nurture of children especially under-fives.

In the 1990s, EHA had sharpened its vision for growth by replication of innovative programmes in areas such as HIV/AIDS, slum renewal, community dentistry, reproductive and child health and functional literacy. The underlying aim is that these programmes should be sustainable and build capacity in the local communities to bring about an on-going change in the quality of life with decreasing dependence on outside resources. In order to achieve these aims EHA works in partnership with the government, voluntary agencies and other organisations, both nationally and internationally. Underlying causes of poor health are addressed through literacy, socio-economic programmes and income generation activities.

Vision, Mission & Core values of EHA

VISION

Fellowship for transformation through caring.

MISSION

EHA is a fellowship of Christian institutions and individuals that exists to transform communities through caring, with primary emphasis on the poor and the marginalized.

We care through

- **Provision of appropriate health care.**
- **Empowering communities through health and development programs.**
- **Spiritual ministries.**
- **Leadership development.**

We serve people and communities regardless of race, caste, creed or religion with a geographical focus of North, North-East and Central India.

We do this in the name and spirit of Jesus Christ so as to manifest Him through word and deed.

our CORE VALUES

- **We strive to be transformed people and fellowships.**
- **Our model is servant leadership.**
  We value teamwork.
- **We exist for others, especially the poor and marginalized.**
- **We strive for the highest possible quality in all our services.**

(EHA – Annual Report 2014-15)

2.3 Objectives & Activities

EHA's combination of essential clinical services and primary health care and development tackles the health needs in poverty stricken rural areas. In order to provide long-term solutions to existing problems, it also attempts to tackle the underlying causes that will result in elimination rather than alleviation of poverty and poor health.

The poorest of the poor rarely access health care facilities even at a charitable hospital - therefore EHA is committed to promotive and preventive health programmes. A core activity is training local village women in areas from basic health and hygiene to antenatal care of pregnant women, which together can transform a whole community. Added to this are non-medical interventions in health. Wherever literacy programmes are in place one of the first effects is a fall in the infant mortality rate. Teaching and training in income generation skills and co-operative banking schemes allows villagers to resolve problems in their own way, giving them hope for the future. The long-term result is a community with increased capacity to deal with the challenges it faces and able to enjoy sustainability in their own development.

2.4 EHA & Health

EHA's Health Care and Development interventions reached 30 million poor and underprivileged people in India, through 20 hospitals and 30 community health projects in 14 states. EHA has worked with government programmes like TB/ART and National Rural Health Mission as well as in Disaster Management making it a recognized and important medical response agency in India. EHA also has several partnerships with community health programmes and organizations. EHA has a training wing which mainly trains medical staff including doctors and nurses across the states. The research wing is fairly active and has carried out studies particularly in the field of bio-ethics and models of harm reduction.

2.5 EHA & HIV

In terms of HIV, the focus of EHA over the past 2 decades has been both on prevention and care with major thrust being around injecting drug use (IDU) intervention. With funding from Bill and Melinda Gates Foundation (BMGF) during 2004 -2014, EHA reached out to 15-20,000 IDUs and another 50,000 IDUs through TI support to NERO (Targeted Intervention support to NACO North East Regional Office).

Shalom Delhi, Shalom Mizoram and Kanti Care Centre (KCC) Dapegaon (in Ausa Taluka of Latur district, Maharashtra) are examples of EHA's efforts to meet local needs with the intention of reaching out to care for the most marginalized. The whole work in Shalom Delhi evolved from and around EHA's vision of providing compassionate care for people infected with and affected by with HIV/AIDS. EHA's networking with major hospitals and ART Centres resulted in PLHA referred to Shalom Centre for counselling, OP Care, short stay IP care, home care and follow up visits, etc. Psychosocial support to the families, adolescent program, skills training, advocacy with churches and mobilizing of volunteers to care for PLHA or other HRG such as transgenders were taken up subsequently. KCC's work has always been a ministry of love in action to the poor villagers with HIV/AIDS in one of the districts with high prevalence of HIV (0.5%).

2.6 EHA & fund management

Prior to GFATM round 9 grant EHA managed funds worth ten million dollars annually from major donors like Tear fund UK, TEAR Australia and Tear Netherlands; Edinburgh Medical Mission Society International, Mennonite central committee (MCC), and Sugandh Indian Mission (SIM) Aid, Department For International Development (DFID); Bill & Melinda Gates Foundation (BMGF), Medical Team International USA; Christian Aid; TB Alert UK; De Verre Naasten, Care International, National AIDS Control Organisation, UNAIDS, UNICEF ,WHO, South Asian development bank.

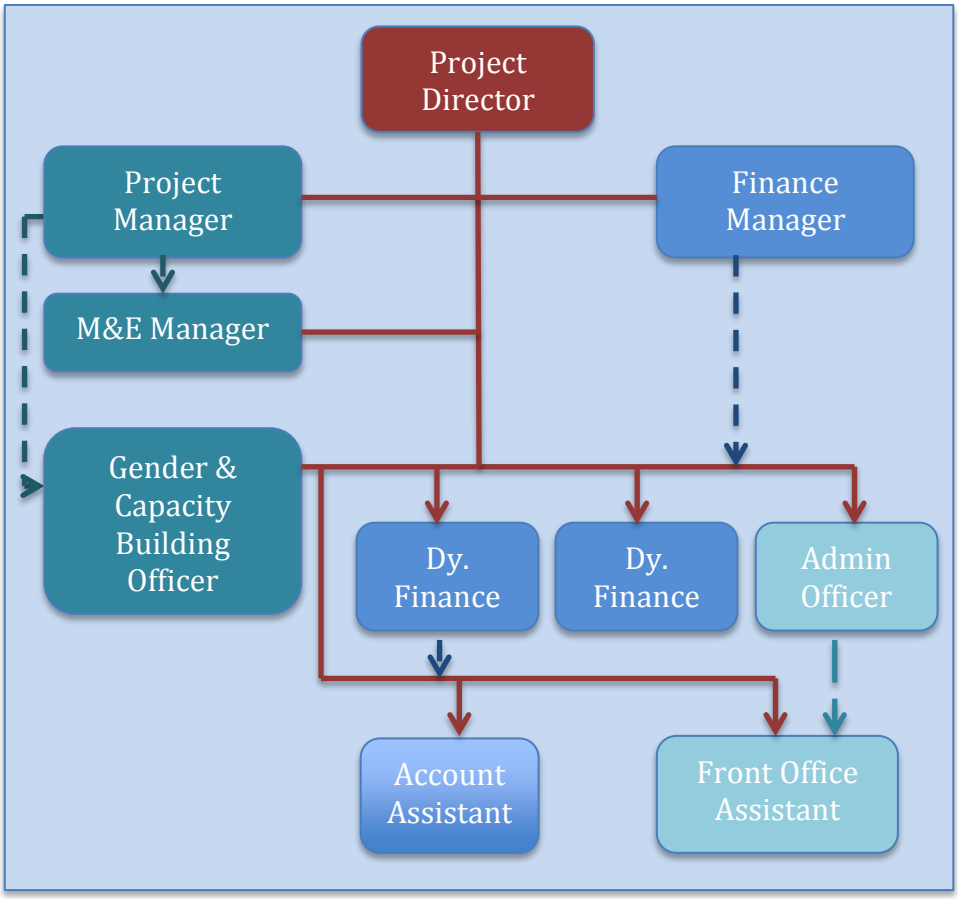
3 Grant roll out and management mechanisms

Global fund approved of the Round 9 India proposal and the grant was rolled-out on 01-Oct - 2010. As suggested in the proposal a project management unit was established and the members recruited.

3.1 Management arrangements and roles

EHA, being a civil society partner working on IDU related issues for several years, with previous experience of grant management, was best placed to implement this sub-component as a PR. However, given that EHA had not dealt with Global fund grants as built into the proposal a Project Management Unit (PMU) was be contracted to assist EHA in implementation.

The hierarchical structure of PMU



Project Management Unit (PMU) under the leadership of Project Director was placed in Central Office of EHA right at the inception in 2010. The PMU was responsible for day to day grant management and reporting to the PR, CCM, LFA and GF. It conducted assessments prior to contracting new sub recipients (SRs), carry out quarterly M&E visits to all SRs and arrange for quarterly external audits of the PMU and all SRs. The PMU was also responsible for capacity building of staff of the sub recipient sites, Project Advisory Body meetings, learning & sharing workshops. PMU also conducted certain activities such as Training of Trainers (TOT), which could not conducted by the SRs.

3.2 Sub Recipients for the grant

EHA as the PR also had a number of Sub Recipients (SR) who worked together implementing various components of the intervention. Two of them were built into the proposal as technical partners and their roles were designated as below:

- **SHARAN/IHRN:** SHARAN was responsible for building the capacity of Indian Harm reduction network (IHRN) in the first 2 years and then subsequently IHRN continued as the SR in Phase 2. They were responsible for capacity building of the regional harm reduction networks, developing and supporting training materials, SOPs, conducting diagnostic studies etc.

- **United Nations Office on Drug And Crime (UNODC): UNODC** was responsible for conducting Diagnostic Studies, Operation Researches, developing Quality assurance SOPs and Capacity Building materials and Training of Master Trainers (TOT).

In addition there were three different types of institutions working as SRs. They were mainly responsible for building capacity of the various levels of cadres working with the IDU TIs.

- **Regional Technical Training Centres (RTTCs)**: A total of 8 RTTCs were established through this project. These RTTCs were established at the Psychiatry departments of Govt. Medical Colleges (Annexure-I). For the purpose of executing the proposed project activities four positions – one RTTC coordinator, one Research Officer, one training coordinator and one accountant were funded through the Grant. These RTTCs undertook harm reduction training for the doctors and nurses working in IDU TIs as well as training in Opioid Substitution Therapy (OST) for the OST centre staff. They also conducted research studies and supportive supervision for OST centres.

- **State Training Resource Centres (STRCs):** These centres built capacities of all levels of NGO programme staff under the NACP III implementation. Nine STRCs were chosen as SRs under this grant to impart training for the Program Managers, Counsellors and Outreach workers working in the IDU TIs. (Annexure-I). Two staff- one training officer and accountant were supported by the Grant to carry out the project activities. The training officer, who was also trained as master trainer in harm reduction supported other existing STRCs in harm reduction trainings as and when required.

- **Learning Site (LS):** The term Good Practice Centres proposed earlier was replaced with Learning Sites. 17 Learning sites are established in selected NGOs implementing targeted intervention for IDUs (TIs) under the National AIDS Control Program. (Annexure-I).

  The harm reduction training to Peer Educators & Outreach Workers were provided through the trained master trainers. For the purpose of executing the proposed project activities and to strengthen components of capacity building, documentation and supportive supervision, three positions - one LS Coordinator, one Training Coordinator and an Accountant were provided to each LS under this project. These LSs also conducted training for the Project Managers and Counsellors when the STRCs were not in place.

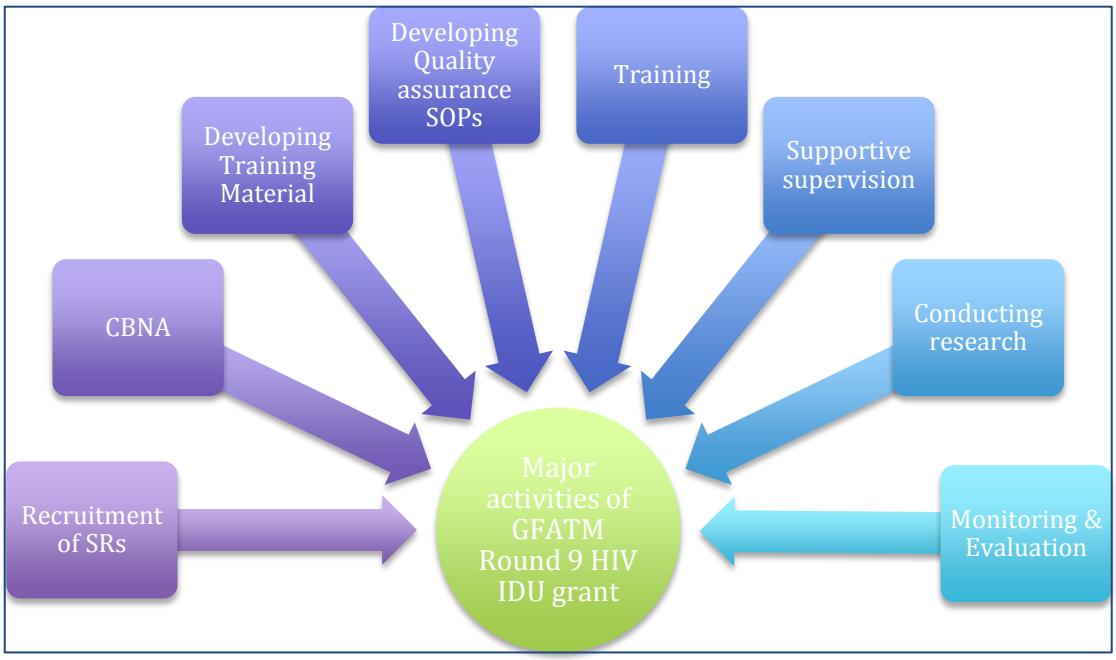
3.3 Agency-wise detailed role is given below in the role matrix:

Agency	Role	Role Description
Project Advisory Body (PAB)	Advisory	-Review the project once in a quarter and provide advisory inputs to strengthen the quality of delivery of the project. -Close review and addressing coordination issues between National AIDS Control Organization and Good practice centre on training
National AIDS Control Organization (NACO)	Programme Partnership	- Project advisory role - Contracting, financial and monitoring of Targeted Interventions' in Harm Reduction - Setting up Systems of accreditation, procurement and quality control - Financial support for the trainees who attend the Programme envisaged in this Project (budget for training already provided under National AIDS Control Programme) - Building Opioid Substitution Therapy sites and the Targeted Interventions sites as per schedule
Emmanuel Hospital Association	Principal Recipient	-Overall responsibility for the project -Financial Management - Setting up of the Project Management Unit (PMU) -Reporting to Global Fund and ICCM -Setting up Project Management Unit (PMU) -Setting up the Project Advisory Body
Project Management Unit (PMU)	Supportive Supervision	- Performance Management of the deliverables under this Project -Technical and managerial support to the entire programme -Fund disbursement to Sub recipients -Monitoring and Evaluation -Reporting to PR -Management of Capacity Building System
SHARAN	Technical partner	-Support and strengthen Learning sites -Support and strengthen Indian Harm Reduction Network -Supportive supervision
United Nations Office on Drug And Crime (UNODC)	Technical Partner	-Diagnostic Studies -Operation Research -Quality assurance SOPs and trainings -Capacity Building material development - Training of Master Trainers - Other Technical support
Regional Technical Training Centres (RTTC)	Capacity building, research & supportive supervisions	-Conduct trainings for doctors and nurses working in the IDU TIs -Conduct trainings for the OST staff -Diagnostic Studies
State Training Resource Centres (STRC)	Capacity building & supportive supervisions	-Conduct trainings for the project managers, counsellors & Outreach Workers working in the IDU Tis
Learning Sites (LS)	Capacity building & supportive supervisions	-Conduct trainings for the Peer Educators working in the IDU TIs - Conduct trainings for the outreach workers when STRCs were not functional -Strengthen documentation and supportive supervision

4 Activities & Achievements

As a PR, the PMU under EHA led the activities of the grant, aptly supported by the technical partners and subsequently by the SRs.

Activities of the project at a glance



4.1 Contracting of the Technical partners

Upon engagement, PMU completed the formalities of contracting the technical partners- Sharan & UNODC. Between submission of the proposal and its approval, situations in terms of the National Programme and number of IDU TIs and their requirements had changed to a certain extent especially in terms of the number of people requiring training. Thus the activities, budget etc. required revisiting and renegotiation with the grant management team of GFATM. Upon completion PMU contracted SHARAN & UNODC as the first two SRs in 2011.

4.2 Database development

In the meantime PMU engaged consultants to develop an IT based data management system. This was going to be the backbone of reporting for the SRs and activities conducted by them. The database management system would also provide updates on the number of people trained- cadre wise.

4.3 Selection & recruitment of the SRs

Bringing the partners on board at the earliest was the key to keeping in line with the targets. The process of selection and recruitment was a transparent one following pre-set criteria and involving NACO and the respective State AIDS Control Societies in the finalisation process.

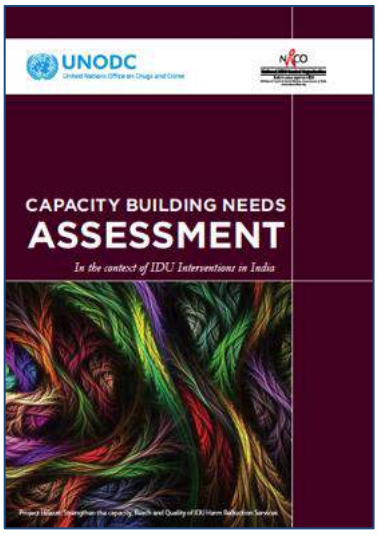
The selection of the RTTCs was easy as there were only a handful of institutions meeting the criteria at a given site. The National Drug Treatment Centre, AIIMS played a key facilitator's role in bringing the others on board. Though initially it was planned to have only five RTTCs, responding to the growing demand for training of the doctors and nurses, particularly for OST, three more were inducted. This helped reduce the pressure on the initial five and also facilitated larger coverage and easier accessibility for capacity building and supportive supervision.

STRCs were institutions created by NACO for the purpose of capacity building so their recruitment followed the NACO list as and when they were involved with the National HIV Programme. During the project nine of them were contracted as SRs and were on board till their contracts with NACO ended in 2013. The learning sites conducted their share of remaining trainings in 2014-15.

The LS, initially envisaged as good practice demonstration sites in the proposal were converted to learning sites during project and were mandated with the responsibility of training the peer educators and providing supportive supervisions to operational IDU TIs. These were selected through an Expression of Interest (EOI) from states and districts, which were chosen by the Project Advisory Body (PAB) based on the need of existing or emerging IDU issues. Three of the chosen 17 LS were closed down during the tenure of the project and were replaced with three new ones keeping the total tally same all through.

4.4 Capacity Building Needs Assessment

GFATM Round 9 HIV IDU component was essentially a capacity building project- so it was necessary that a capacity building needs assessment was conducted at the very beginning to strategically respond to the evidenced needs.



The study aimed at understanding the capacity building gaps and needs of the service providers at various levels (implementers, monitors and managers) working with NACO IDU TI programme. CBNA report assessed the profile and the capacity needs of IDU TI staff, State Training Resource Centres (STRCs) and Technical Support Units (TSU), as well as the opinion of various officers on capacity building.

Additionally, the CBNA exercise reviewed the existing training materials and mechanisms for capacity building.

The CBNA made the following observations and recommendations:

- Training materials
  - The need for additional resource materials and audio-visual materials were expressed by some IDU-TIs.

- STRCs opined that there are certain themes in which adequate training materials targeting IDU-TIs were unavailable and they included Opioid Substitution Therapy (OST), overdose management, community mobilisation, female IDUs/ female partners of male IDUs.

- Training for IDU TIs
  - It is critical to train all IDU-TI staff to effectively implement and provide optimal harm reduction services for IDUs and their sex partners.
  - A third of (33%) doctors, more than a fourth (27%) of the counsellors, a fifth of the nurses (20%), 18% of the outreach workers and 10% of the program managers have not attended any training at all.
  - SACS officials believed that the training of peer educators was a challenge as it is difficult to bring and retain them in the training sites.
  - The TSUs observed that the training for the IDU TIs didn't focus on IDU related concerns and instead was generalised.
  - TSUs also opined that the IDU TI service providers were unable to translate the learning from the training programme to field practice.
  - Lack of timely training was a major concern for IDU TIs.
  - Some IDU TIs also expressed concern about the resource persons, particularly about their communication style and language.

- Identified gaps in the capacity of IDU TIs
  - SACS officials in various states identified the gaps in the capacity of the IDU TIs; the key areas of concern were medical issues such as overdose management and issues related to female drug users and female partners of male IDUs.
  - The areas identified by TSUs as gaps in the IDU training were: outreach planning, needle syringe exchange programme (NSEP), waste disposal management, advocacy & networking, documentation & reporting.
  - The areas identified by the IDU TI staff as gaps in harm reduction training included OST, overdose management, providing services to female IDUs and female sex partners of male IDUs.

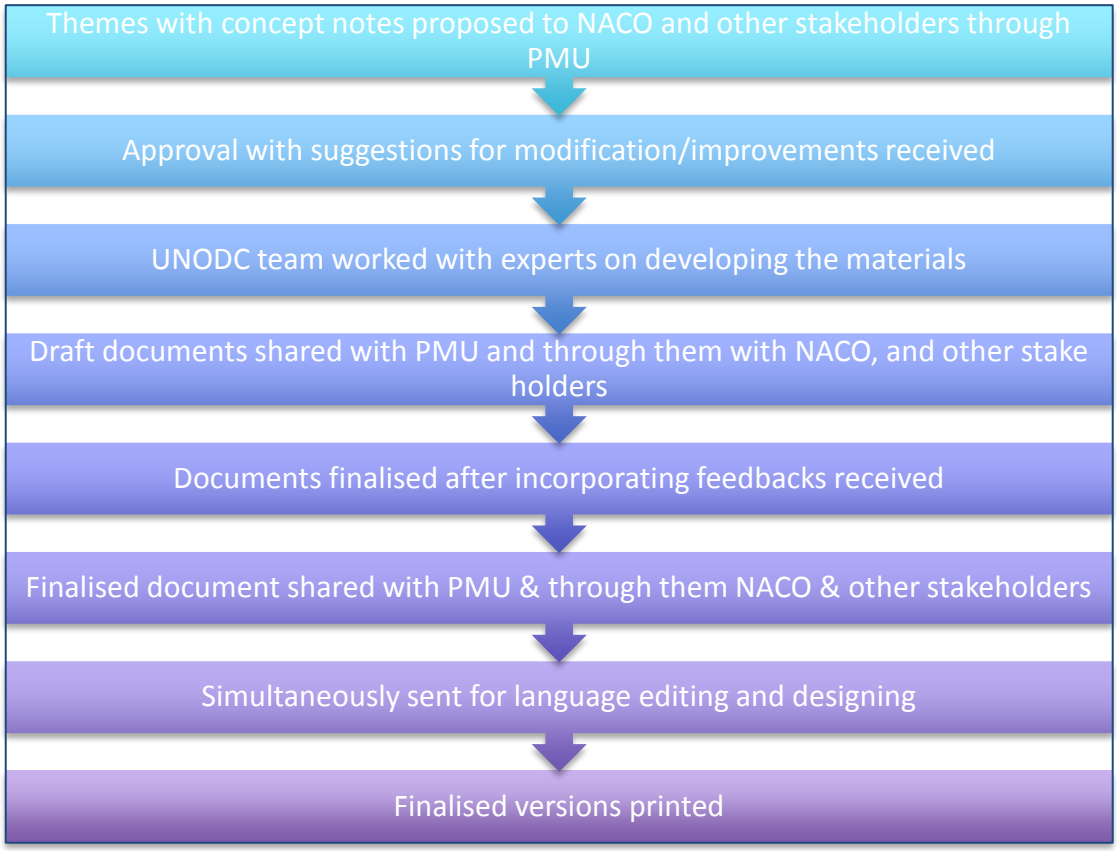
The findings from the study would later serve as proxy indicators for measuring capacity of the various levels of staff at the IDU TIs and provide the baseline for the mid term and end term assessment.

4.5 Development of Training materials

As identified by the CBNA lack of training materials appropriate for various levels of IDU TI staff was a major barrier to capacity building of the IDU TI staff.

UNODC as a technical partner took lead in developing the training manuals. The themes were in keeping with needs expressed in the CBNA and duly approved by NACO. A Technical Working Group (TWG) for the project, which included representatives from NACO, PMU, SHARAN, Indian Harm Reduction Network, UNODC and EHA, was created. The objective was to provide technical inputs in selection, prioritisation and reviewing of the themes and materials developed through the project.

The process involved – right from selection of theme to finalisation was an arduous one and involved NACO at every step.



The training manuals were of two types:

1. Personnel oriented
2. Thematic

The personnel oriented training manuals were aimed at the various levels of staff working in the IDU TIs and the manuals developed were:

1. A Manual to train Peer Educators in IDU Interventions
2. A Manual to train Outreach Workers in IDU Interventions
3. A Manual to train Project Managers in IDU Interventions
4. A Manual to train Clinical Staff in IDU Interventions

They were aimed at providing the designated staff with an understanding of knowledge and skills that were more pertinent to their roles and responsibilities.

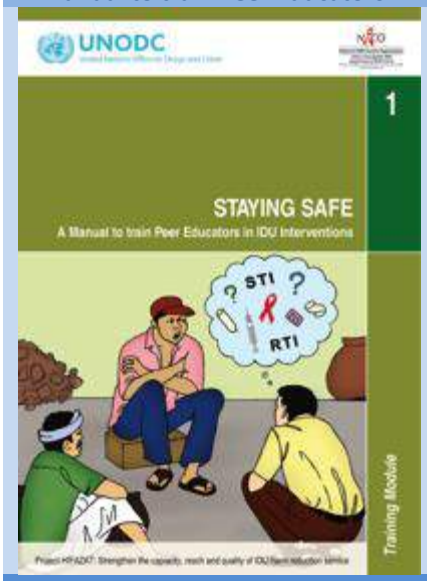
The Thematic training manuals were aimed at training particular types of cadres for specialized training on prioritized themes:

5. A Manual to train Clinical Staff on Co-morbidities in IDU Interventions
6. A Manual to train on Advocacy, Community Mobilisation, Referral and Networking for IDU Interventions (primarily for Project Managers and Counsellors)

One more manual was developed in 2010 by UNODC for NACO to train the counsellors. This was developed with support from Project Saksham (GFATM round 7) under Tata Institute of Social Sciences (TISS) as the PR. This manual was used to train the counsellors under Project Hifazat.

Brief glimpse of the training manuals developed through project Hifazat:

A Manual to train Peer Educators in IDU Interventions



Methodology

Activity oriented methodologies

- Films to explain concepts/ roles & responsibilities
- Textual materials replaced with easily comprehensible visuals
- Use of Situation/Sketch/Film Discussion Cards that:
  - Facilitate discussion, group activities
  - Allow low or neo-literate audiences to relate and participate
  - Enhance recall on core messages contained therein
- Additional handbooks that serve as communication aid for use during interaction with the community.
- Key Harm reduction messages built into games to help enliven training session by introducing element of lightness and fun with high recall value

Developed by: The Communication Hub

Contents at a glance

Basic knowledge & understanding on:

- IDUs,
- NACP
- TI
- Drug Basics
- Drugs & HIV
- FIDUs & FSPs
- ART,
- Hepatitis C, TB,
- OI
- Other Co-Morbidities

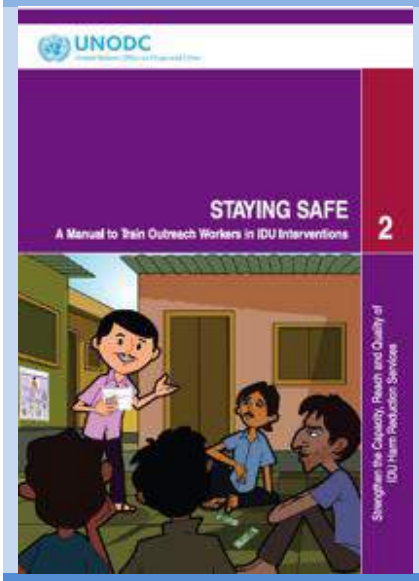
Harm Reduction related knowledge & skills-based on roles:

- Concept & strategies
- NSEP including Waste disposal
- OST
- Safer Injecting
- Safer Sex
- Abscess
- Overdose Management

Skill building:

- Communication
- Outreach
- Advocacy
- Networking, Referrals
- Drop-In-Centres
- Reporting

A Manual to train Outreach Workers in IDU Interventions



Methodology

- Activity oriented methodologies
- Films to explain concepts/ roles & responsibilities
- Emphasis on case study based hands on learning
- Simple textual materials combined with easily comprehensible visuals
- Use of Situation/Sketch/Film Discussion Cards
- Additional handbooks that serve as communication aid for use during interaction with the community.
- Key Harm reduction messages built into games

Developed by: The Communication Hub

Contents at a glance

Basic knowledge & understanding on:

- IDUs,
- NACP
- TI
- Drug Basics
- Drugs & HIV
- FIDUs & FSPs
- ART,
- Hepatitis C, TB,
- OI
- Other Co-Morbidities

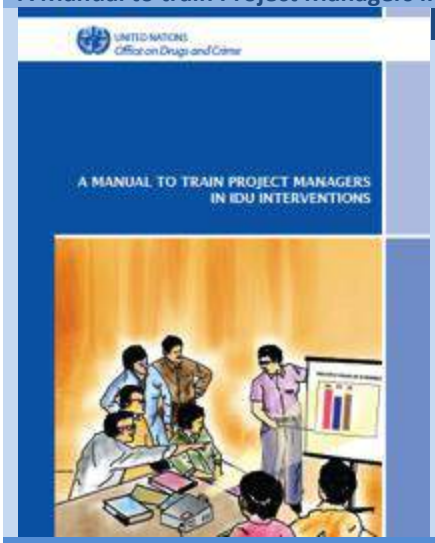
Harm Reduction: Knowledge & skills-based on roles

- Concept & strategies
- NSEP including Waste disposal
- OST
- Safer Injecting
- Safer Sex
- Abscess
- Overdose Management

Skill building:

- Communication
- Outreach
- Advocacy
- Networking, Referrals
- Drop-In-Centres
- Reporting and Monitoring

A Manual to train Project Managers in IDU Interventions



Methodology

- Activity oriented methodologies
- Stressed on learning through practice, problem solving
- Case study based problems –probable answers provided to standardise resource persons responses
- Power point presentations mostly used to sum up sessions learning

Authors: Mr. Mahesh Nathan, Ms. Kanudeep Kaur, Dr. Ravindra Rao & Mr. Debashis Mukherjee

Contents at a glance

Basic Knowledge & Understanding:

- IDUs,
- NACP
- TI
- Drug Basics
- Drugs & HIV
- FIDUs & FSPs
- ART,
- Hepatitis C, TB,
- OI
- Other Co-Morbidities
- Legal aspects

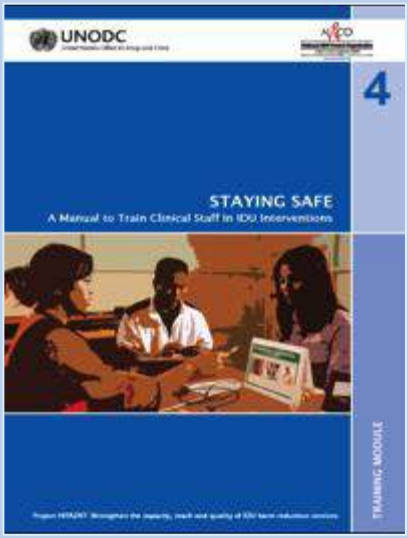
Harm Reduction:
Knowledge & management skills

- Concept & strategies
- Clinical issues (abscess; STI; overdose; detoxification)
- Management of
  - Outreach,
  - NSEP, Safe disposal -
  - DIC
- Condom programming

TI related Management Skill building:

- Community Mobilization
- Planning and implementing work plan
- Monitoring and Evaluation
- Strategic planning
- Documentation and Reporting
- Procurement and other operational Issues
- Human Resource Management
- Financial Management

A Manual to train Clinical Staff in IDU Interventions



Methodology

- Largely PPT based interspersed with group activities
- Field visit to a functional IDU TI nearby

Author: Dr. M Suresh Kumar

Contents at a glance

Basic Knowledge & Understanding:

- Drugs used by IDUs
- Drug related harms and IDU
- Principles of Harm reduction
- National AIDS Control Programme
- IDUs & Targeted Intervention
- Sexually Transmitted Infections
- Basics of HIV
- Comorbid conditions among IDUs: hepatitis and TB
- Understanding co-morbidities/mental health
- Roles and responsibilities of doctors and nurses

Harm Reduction:
Knowledge & management skills

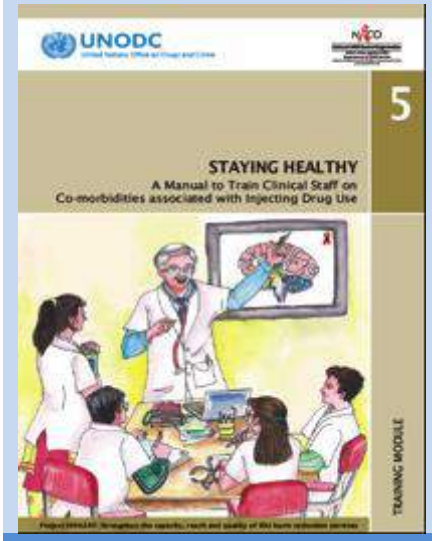
- Assessment and diagnosis
- Counselling for safe injecting
- Drug Treatment:
  - Detoxification
  - Opioid substitution therapy
- Prevention of STIs
- Abscess prevention and treatment
- Overdose prevention and management

TI treatment related skill building:

- Management of STIs
- Prevention and management of HIV
- Advocacy
- Networking and referral services

A Manual to train Clinical Staff on Co-morbidities in IDU Interventions

Methodology



- Largely PPT based interspersed with group activities
- Field visit to a functional IDU TI nearby

Author: Dr. M Suresh Kumar

Contents at a glance

Basic Knowledge & Understanding:

- Co-morbidities amongst injecting drug users
- Mental Health and Mental Illness among IDUs (Psychiatric disorders)
- Mental Illnesses (Psychiatric disorders) – Signs and symptoms
- Depression and Substance use
- Anxiety disorder and substance use
- Psychotic disorders and substance use
- Personality disorders and substance use
- Infective hepatitis: Hepatitis C & B

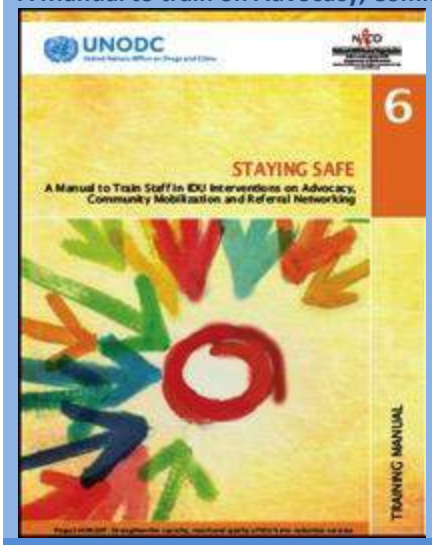
Harm Reduction: Knowledge & management skills

- Clinical Assessment of Mental Illnesses
- Educating clients on Tuberculosis & other physical conditions (Anaemia & Nutritional disorders)
- Treatment of Alcohol use & Benzodiazepine use disorder
- Management of Opioid withdrawals

TI treatment related skill building:

- Networking; Referral and linkages

A Manual to train on Advocacy, Community Mobilisation, Referral and Networking for IDU Interventions



Methodology

- Activity oriented methodologies
- Stressed on learning through practice, problem solving
- Case study based problems –probable answers provided to standardise resource persons responses
- Power point presentations mostly used to sum up sessions learning

Authors: Mr. Sasi Kumar & Mr. Umesh Sharma

Contents at a glance

Basic Knowledge & understanding:

- Referral-Principles and skills
- Basics of referral and networking
- Resource mapping for referral
- Establishing and maintaining referral networks
- Analysis of referrals
- Monitoring & evaluation of referral and networking mobilisation

Community mobilisation related principles and skills:

- Understanding IDUs and their Vulnerabilities
- Legal Issues
- Enabling Environment
- Basics of Community Mobilisation
- Facilitating community mobilisation
- M& E of Community Mobilisation

Advocacy related principles and skills:

- Understanding Advocacy
- Developing advocacy strategies
- Advocating with law enforcement agencies
- Advocacy to facilitate referral
- Advocacy with community
- Monitoring and evaluation of advocacy

4.6 Standard Operating Procedures

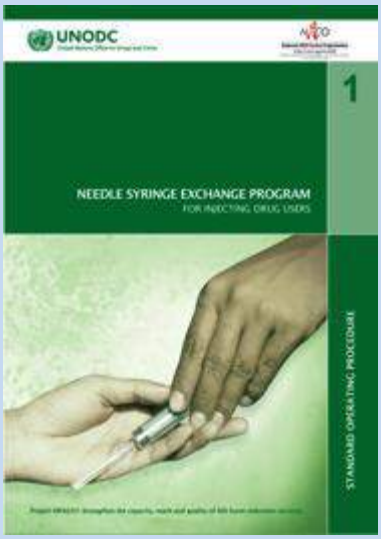
Quality assurance had been identified as an important barrier to scale up. One way of ensuring quality was to develop Standard Operating Procedures (SOP) the for various activities under the IDU TI programme. During the first phase the project developed seven SOPs to lay down the standards that would guide the basic regular services of the IDU TIs. The 'Standards' recommended were in line with existing framework, operations, budgets outlined under the National AIDS Control Programme. The SOPs were written in an easy-to-understand language comprehensible to the IDU TI staff.

The SOPs were primarily meant to be used by the Programme managers, Counsellors/ANMs, Doctors & Nurses (for medical issues) and Outreach workers (in some cases). They would also be useful to officers providing supportive supervision & capacity building- e.g the Project Officers at TSUs, STRC training officers SACS officers.

Lead by UNODC the SOPs were developed by experts from the field with hand on experience of implementation. Each of the SOPs were first developed in English and then further translated into Bengali, Hindi, Malayalam & Mizo languages.

The seven SOPs:

Needle Syringe Exchange Programme for Injecting Drug Users

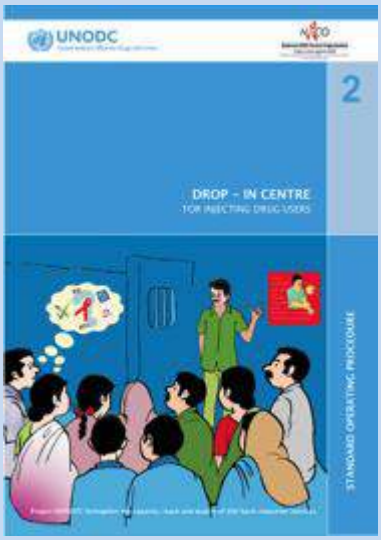


Contents:

- **What is Needed to Start a NSEP?**
  - Models of Service Delivery
  - Staffing
  - Materials Distributed at NSEP
  - Planning NSEP
  - Setting-up Contact Points for NSEP
- **Implementation of NSEP**
  - Enrolment and Eligibility Assessment
  - Issuing Identification Cards to NSEP Clients
  - Hours of Operation
  - Procedures and Guidelines for Day-to-Day Functioning of NSEP
  - Sharps and Waste Management
  - Procedures for Maintaining Occupational Health and Safety
- **Management Issues in NSEP**
  - Procurement and Management of Stocks and Supplies
  - Establishing and Managing Referral Systems
  - Soliciting Support of the Community
  - Legal Issues in NSEP
- **Monitoring and Evaluation**

Author: Dr. Chingkolal Thangsing

Drop-in Centre For Injecting Drug Users

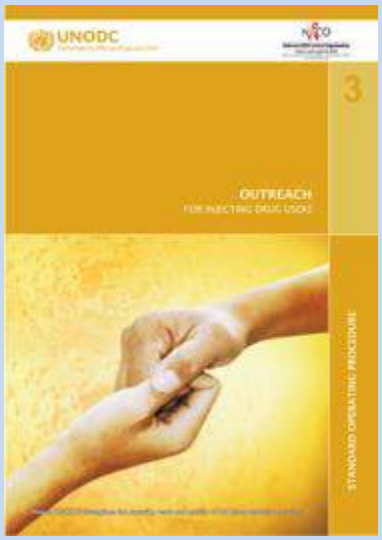


Contents

- **Setting-up a Drop-in Centre**
  - Location
  - Infrastructure
  - Basic Equipment/Commodities
  - Extra Requirement for an OST at TI DIC
  - Staff Structure, Roles and Responsibilities at a DIC
- **Programs and Services at DIC**
  - Processes and Procedures for Service Provision
  - Other Operational Issues
  - Medical Care and Services
  - Information, Education and Communication Materials
  - Clients' Involvement
- **Management and Housekeeping Issues at a DIC**
  - Standards of Conduct for Staff
  - Standards of Conduct for Guests
  - Cleaning Rules
  - Safety Measures
  - Waste Disposal
  - Post Exposure Prophylaxis
  - Local Community Engagement
  - Legal Issues and Advocacy
  - Tips to Improve Attendance
  - Record Keeping and Maintenance
  - Checklist for Supervisors

Author: Dr. Chingkolal Thangsing

Outreach For Injecting Drug Users

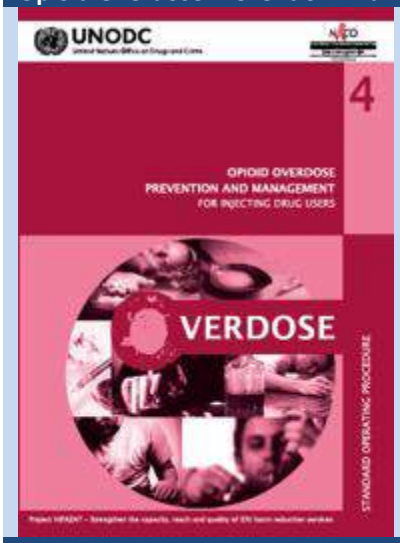


Contents:

- **Outreach – General Considerations**
  - Why is Outreach Essential?
  - Principles of Outreach
  - Services through Outreach
  - Staff for Conducting Outreach – Roles and Responsibilities
  - Steps in Outreach
- **Outreach Planning**
  - Social Mapping
  - Spot Analysis
  - Contact Mapping
  - Work Plan
- **Conducting Outreach**
  - Services Provided through Outreach
- **Documentation**
  - Individual PE Tracking
  - Other Formats - PE
  - Records/Formats for ORWs
- **Monitoring and Management Issues**

Author: Mr. Umesh Sharma

Opioid Overdose Prevention And Management For Injecting Drug Users

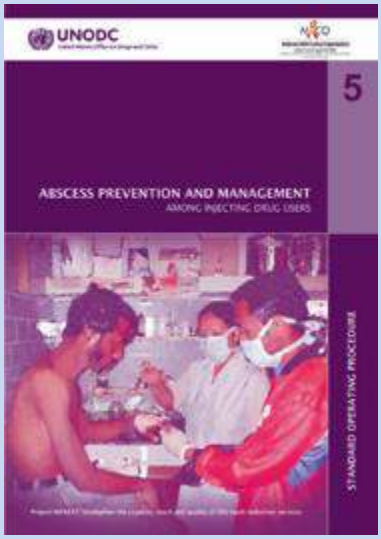


Contents:

- **Basics of Opioids**
- **What is Overdose**
  - Risks factors for Opioid Overdose
  - Signs & Symptoms of Opioid Overdose
- **Preventing Overdose**
- **Overdose Management**
- **Naloxone**
- **Recovery Counselling**
- **Operational Issues**

Authors: Dr. Ravindra Rao; Dr. Alpna Mittal

Abscess Prevention and Management Among Injecting Drug Users



Contents:

- **Abscess Basics**
  - Why do Abscesses Occur in IDUs?
  - How to Recognize an Abscess
- **Preventing Abscesses**
  - Educating Clients on the Proper and Safe Technique of Injecting
  - Educating Clients on the Difference between Vein and Artery
  - Educating Clients on Recognizing Safe and Unsafe Injecting Sites
- **Management of Abscess**
  - Management of Abscess at Every Stage
  - Incision and Drainage
  - Medication
  - Dealing with Abscess related Complications
  - Vaccination
- **Abscess Prevention and Management – Operational Issues**
  - Infrastructure
  - Equipment
  - Medicines and Consumables

Author: Sahara Centre for Residential care and Rehabilitation

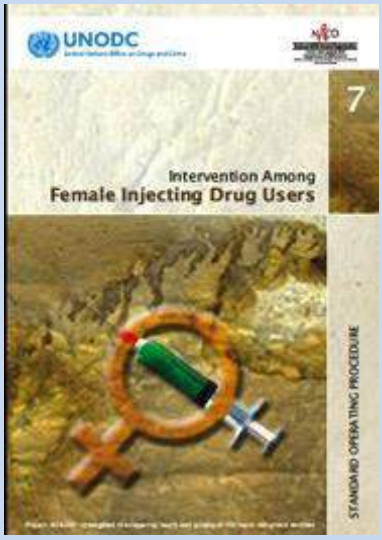
Care and Support for Co-morbid Conditions Among Injecting Drug Users

Contents:

- **Care and Support for HIV Detection and Treatment**
  - Service Point One: Targeted Intervention
  - Service Point Two: Integrated Counselling and Testing Centre
  - Service Point Three: ART Centre
- **Care and Support for Co-morbid Conditions**
  - Addressing Co-morbid Conditions Among IDUs
  - Operationalizing Referrals and Linkages
  - Supporting IDU Clients for Co-morbid Conditions

Author: Mr. Luke Samson

Intervention Among Female Injecting Drug Users



Contents:

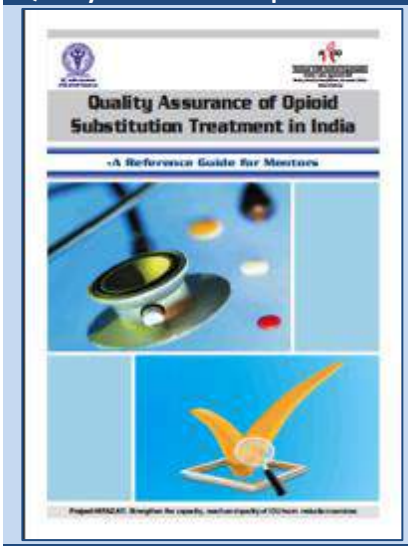
- **Female Injecting Drug Users and their vulnerabilities**
- **Community needs assessment**
- **Human resource for FIDU interventions**
- **Setting up a DIC**
- **Implementation/Operationalising basic services**
  - Outreach
  - Needle Syringe Exchange Programme
  - Drop-In Centre
  - Sexually Transmitted Infection/Reproductive and Child Health
  - Condom promotion
  - Counselling for FIDUs
- **Providing add on services for FIDUs & their children**
- **Networking for referral**
- **Advocacy for service accessibility and uptake**
- **Monitoring and Evaluation**

Author: Archana Oinam

4.7 Other Quality Assurance Protocols

In addition to the above seven SOPs developed during the first phase, two Quality Assurance Protocols (QAP) were developed during the second phase. These were mainly developed to aid in mentoring of the staff engaged in providing services to the IDUs and their supervision.

Quality Assurance of Opioid Substitution Treatment in India -A Reference Guide for Mentors

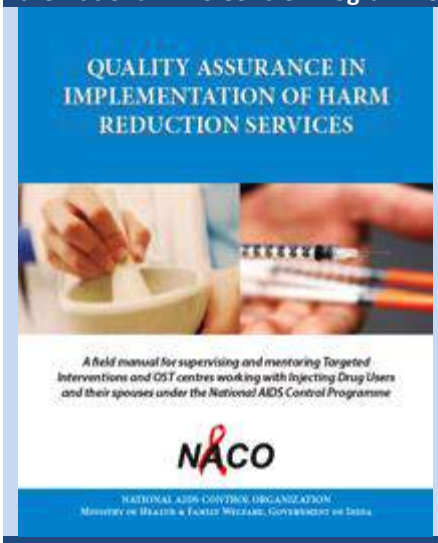


Contents:

- **Conducting a Quality Assurance Visit**
- **Preparing a Quality Assurance Visit Report**
- **Tool for OST Quality Assurance Visit**
- **OST Quality Assurance Visit Report - Proforma**

Authors: Dr. Atul Ambekar, Dr. Ravindra Rao, Dr. Alok Agrawal, Dr. Anju Dhawan & Dr. Rajat Ray

Quality assurance in implementation of harm reduction services -A field manual for supervising and mentoring Targeted Interventions and OST centres working with Injecting Drug Users and their spouses under the National AIDS Control Programme



Contents:

- **Planning quality assurance visits**
  - Periodicity of the visit
  - Planning of visit
  - Pre-visit activities
  - Process to be followed during the visit
  - How to use the checklist & prepare report
  - How to use the Grading assessment tool
- **Detailed description of the intensive visit checklist**
  - Non-Medical Services
  - Medical Services
  - OST services
- **Intensive visit checklist**

Authors: Dr. Alok Agrawal, Mr. Manish Kumar, Dr. Ravindra Rao & Dr. Atul Ambekar

While National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences, New Delhi took lead in developing the QAP on Opioid Substitution Treatment; NDDTC jointly with IHRN developed the QAP on Implementation of Harm Reduction services.

4.8 Trainings & workshops

4.8.1 Induction & refresher trainings

Once on board the key SR staff involved with the grant were provided with Induction Trainings to orient them on:

- The project- its aims and objectives
- Targeted intervention and IDU TIs
- Basics of Harm Reduction
- Components of service delivery and their roles and responsibilities
- Documentation and reporting mechanisms

The induction trainings were conducted for the staff of the newly recruited SRs. Since, various SRs came on board at different times the induction trainings had to be conducted at different times to maximise participation and resource utilisation. The induction trainings also needed to be repeated to respond to recruitment of new personnel caused by staff turnover at the SRs mainly the LS. In total, nine induction trainings were conducted and 151 people were trained during the course of the project (Annexure II).

Four refresher trainings were also provided to the on board SR personnel during the second phase of the project to acquaint the participants with the activities, roles and responsibilities and timeline for the remaining period. Sixty-nine people received refresher trainings (Annexure II).

The PR conducted both the induction and the refresher trainings.

4.8.2 Training of trainers

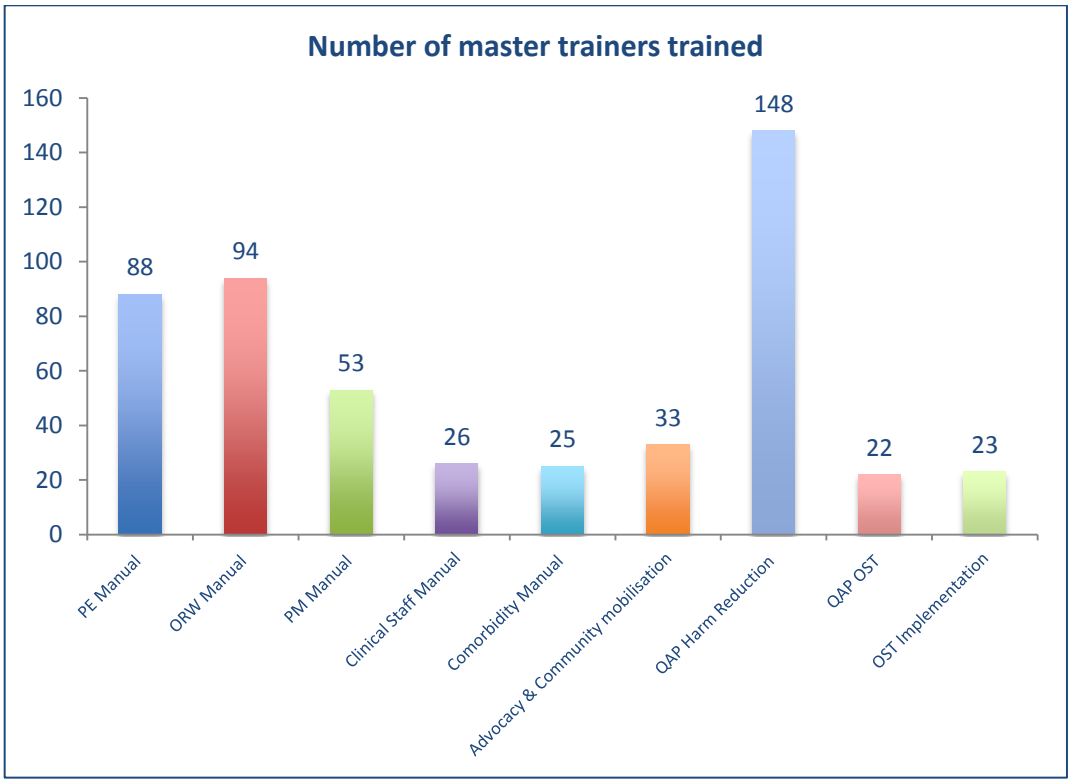
Once the training manuals were ready it was necessary to train people as master trainers so that they could provide onward trainings to people engaged in the IDU TIs. It was essential to respond to the huge capacity building need across the country. The participants for TOTs were nominated by the individual SACs and approved by NACO.

The master trainers were trained through Training of Trainers (TOT) conducted by UNODC in the first phase and then by PMU, IHRN and NDDTC in the second.

During the first phase UNODC conducted TOTs for individual cadre based manuals – two each for PE & ORW and one each for PM & Clinical staff. During this phase UNODC also trained master trainers on the thematic manuals – 'Co-morbidities in IDU Interventions' & ' Advocacy, Community Mobilisation, Referral and Networking' -through one training on each. Later during the second phase PMU conducted one more set of TOTs on the PE, ORW & the PM manuals.

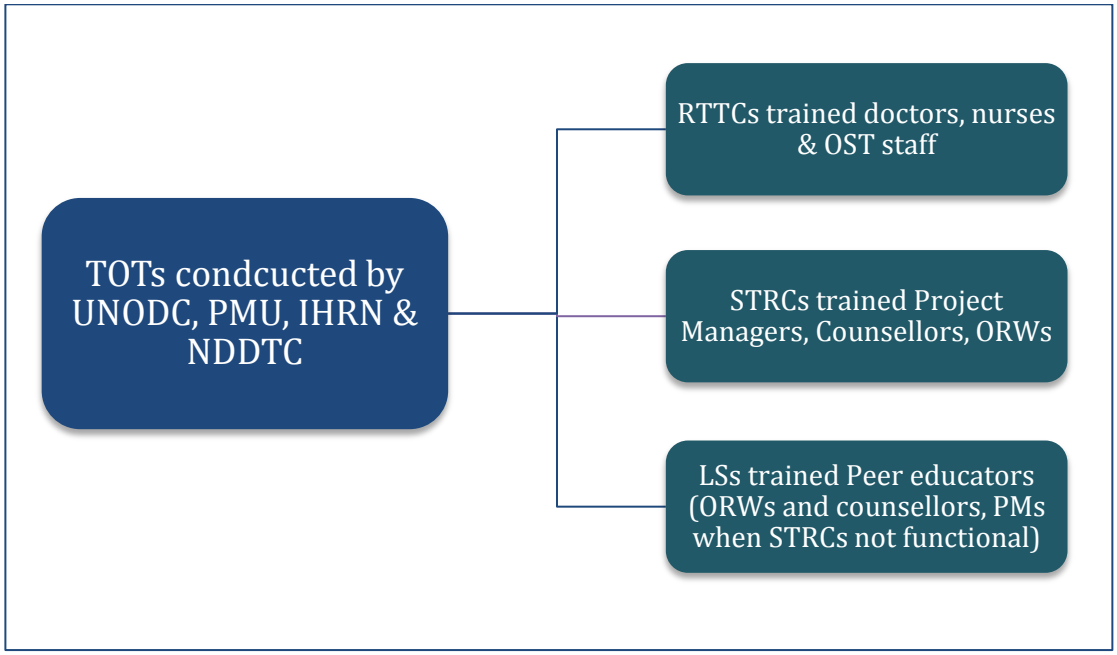
NDDTC conducted two TOTs - one on 'Quality Assurance of Opioid Substitution Treatment in India' and the other on A manual on 'Implementing Opioid Substitution Therapy' using the manual developed by NACO earlier. IHRN conducted five TOTs on 'Quality Assurance In Implementation of Harm Reduction Services' also in the second phase of the project.

Details of the TOTs conducted are provided in annexure III.



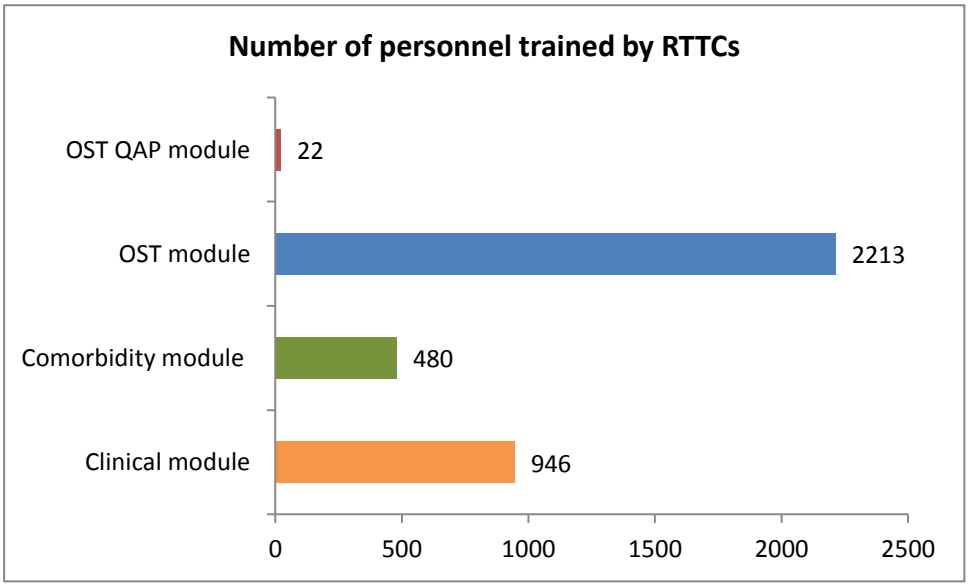
Once TOTs were done the RTTCs, STRCs & the LS took up the training at the IDU TI levels.

Workflow of trainings



4.8.3 Trainings by SRs

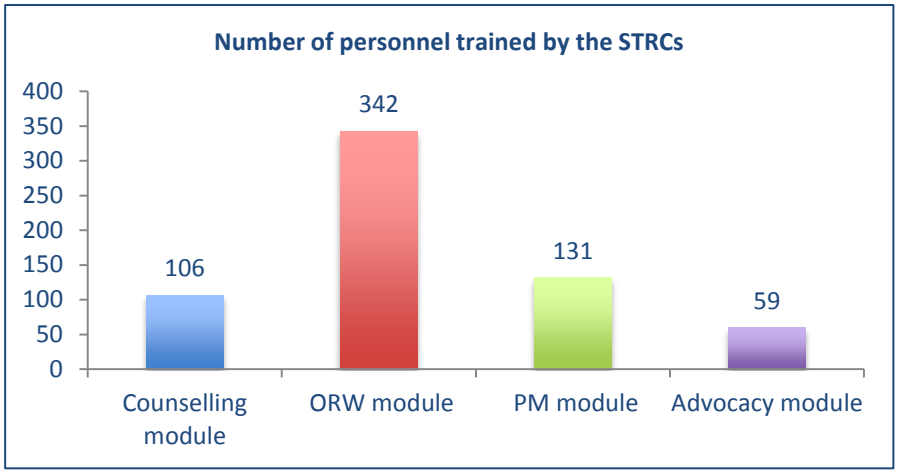
4.8.3.1 Trainings conducted by RTTCs



The RTTCs were responsible for training of the clinical staff working in the IDU TIs and those from the OST centres. In total, 51 trainings were conducted on the module 'Clinical Staff in IDU Interventions' training 946 doctors and nurses. Twenty-five more trainings were conducted to on 'Co-morbidities in IDU Interventions' and 480 doctors and nurses were trained on it. The RTTCs led by NDDTC conducted 70 trainings using the OST module and trained 2170 people. In addition, 22 participants from the SACS & TSUs were trained on the OST QAP module. Detailed list is provided in annexure III.

4.8.3.2 Trainings conducted by STRCs

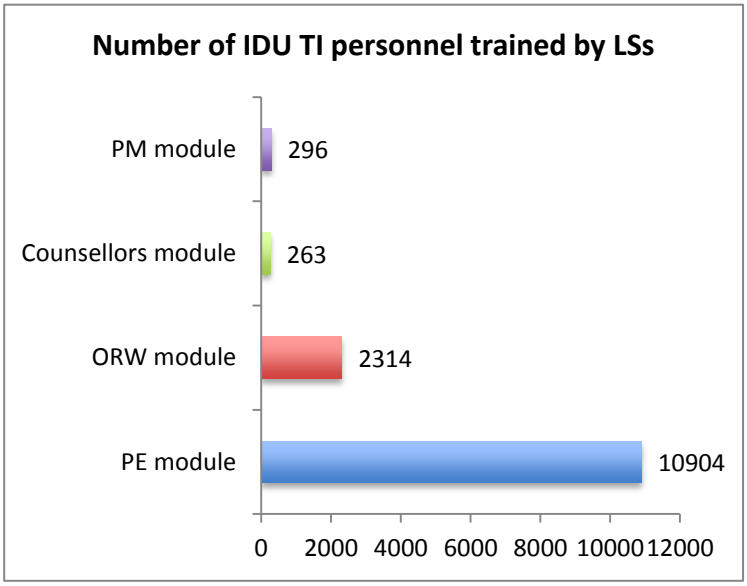
STRCs were responsible for training of the PMs, Counsellors & ORWs. The eight STRCs together conducted eight trainings on the 'Counsellors' module and trained 106 counsellors. They also conducted eight more trainings using the 'PM' module and trained 131 PMs.



Nineteen trainings were conducted on the ORW module building capacity of 342 ORWs and three more on the 'Advocacy' module with 59 participants that included PMs, Counsellors & ORWs. Details are provided in annexure III.

4.8.3.3 Trainings conducted by LS

Essentially responsible for capacity building of the PEs the LS also took up the responsibility of training the counsellors, PMs, ORWs when the STRCs were not functioning. Together the LS trained 10904 PEs through 485 trainings organised for them and 2314 ORWs by conducting 118 trainings on the ORW module. In addition the LS conducted 13 trainings for the counsellors, which was attended by 263 and 15 trainings for the PM to train 296 participants. Details of trainings conducted by LS is provided in annexure III.



4.9 Learning Sharing workshops

PMU also conducted two Learning & Sharing workshops – one in each phase of the project. These workshops provided a platform for the various SRs to share about their activities, challenges and future plans. During these workshops components of the new training modules, SOPs developed and findings from new research undertaken through the project was also shared among the participants.

4.10 Supportive supervision

Though trainings built the capacity of the staff, it did not solve all the problems- especially those that were localized in nature. Moreover the capacity of the existing supervisory structure mainly provided through the TSUs was identified to be weak. Keeping this in view, the project had built in the provision of supportive supervision (SS). The objective of SS was to provide hands on support to staff who were trained through the project- to help them transfer the knowledge & skills acquired into practice in keeping with the needs at the implementation level.

During the first phase SS was provided by the LS. The LS staff visited the IDU TIs and provided them with hands on support. These visits were conducted jointly with the Project Officers of TSUs wherever available. In total 386 SS visits were conducted by the LS.

During the second phase, the RTTCs conducted the SS visits to OST centres. These were aimed at helping the doctors and nurses in clinical practices, dosing, dispensing & record keeping. Eighty-three SS visits were conducted during this phase.

4.11 Conducting research

In spite of IDU interventions being in place for some time scientific evidence generation was limited to HIV prevalence and behavioural studies conducted through the HIV Sentinel Surveillance. In depth studies on risks & vulnerabilities, availability & accessibility of prevention treatment & care services were limited and rarely nationally representative. The project conducted research related to IDU TI interventions to help generate evidences to inform both the policy makers and implementers on the issues, barriers and challenges affecting the programme.

In keeping with the proposal two types of research were conducted:

- Operational Research
- Diagnostic Studies

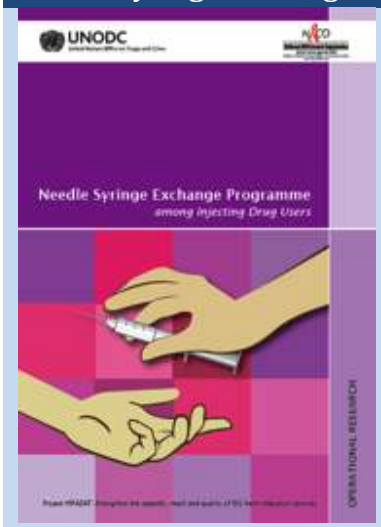
All researches were conducted with the active involvement of NACO and the respective SACs.

The findings were shared with NACO and other stakeholders through published and printed research reports and dissemination workshops.

4.11.1 Operational Research

During Phase I, UNODC took lead as the technical partner and conducted four operational researches. NDDTC, the Nodal RTTC conducted one study in the second phase. Eminent and experienced researchers from the field headed these research studies.

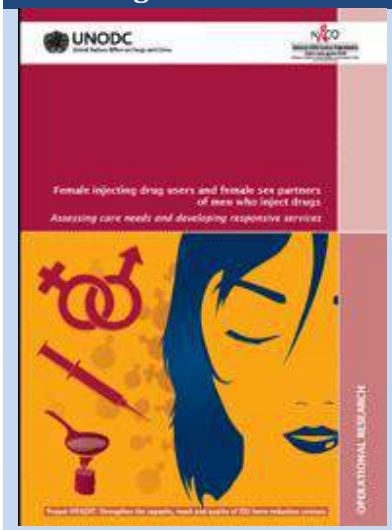
Needle Syringe Exchange Programme among Injecting Drug Users



The study analysed the acquisition of needles and syringes by IDUs in targeted interventions and assessed the situational and structural factors influencing syringe acquisition, return and safer injection. It also correlated the demand and supply and analysed for adequacy of needles and syringes being provided in an IDU TI. The study also provided recommendations to strengthen the NSEP. It has been conducted with a vision to serve as an invaluable tool to improve the needle syringe programme.

Author: Dr. M. Suresh Kumar

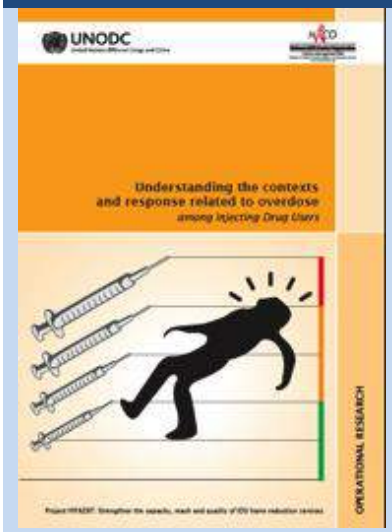
Female Injecting Drug Users and Female Sex Partners of Men who Inject Drugs Assessing Care Needs and Developing Responsive Services



The documented the HIV prevention, treatment and care service needs among the FIDUs and FSPs and reviewed the existing models of related response available in the country. The report involved reviewing of global, regional and local literature pertaining to drug use among females and analysis of data generated through key informant interviews with FSPs, FIDUs and service providers engaged in interventions among them. It also provided recommendations to strengthen the services.

Author: Dr. Pratima Murthy

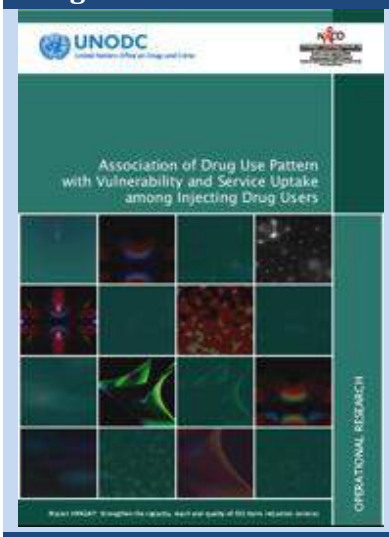
Understanding the contexts and response related to overdose among Injecting Drug Users



The study analyzed the contextual factors associated with overdose among IDUs. It also documented the existing mechanisms to respond to the overdose among IDUs. The study was conducted with to provide decision makers and programme implementers scientific information to establish the local context of the overdose problem especially amongst IDUs and help evolve strategies and introduce actions aimed at overdose prevention and management among injecting drug users in India.

Author: Dr. M. Suresh Kumar

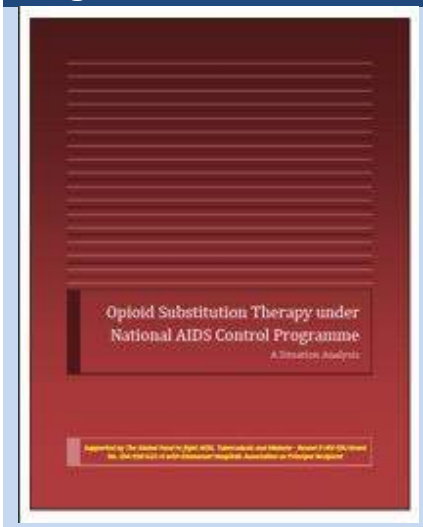
Association of Drug Use Pattern with Vulnerability and Service Uptake among Injecting Drug Users



The study documented the pattern of drug use and analyzed the factors related to daily versus infrequent injecting and compared accessibility and availability of HIV prevention services among those who injected daily and those who injected infrequently. The study also explored the issue of opioid dependence among daily versus non-daily injectors.

Author: Dr. Atul Ambekar

Association of Drug Use Pattern with Vulnerability and Service Uptake among Injecting Drug Users



The study was conducted the by Regional Technical Training Centres led by NDDTC. The study assessed the situation of OST in the country in terms of the procedures, clinical practices as well as outcome among the clients who were maintained on OST from both government and NGO setting.

Author: Dr. Ravindra Rao, Dr. Atul Ambekar & Dr. Alok Agrawal

4.11.2 Diagnostic Studies

Diagnostic studies aimed at exploring performances, issues and challenges in service provision and their availability and accessibility for the IDU population.

In total four diagnostic studies –two in each phase- were conducted under the project. While UNODC conducted diagnostic studies in the first phase IHRN took up the responsibility during the second.

Factors Influencing The Performance Of Targeted Interventions Among

The study examined the gaps in the performance of IDU TIs in terms of service provision, outreach, access to DIC services, referrals and linkages and other performance-related issues, and ascertain the reasons for the gaps in performance. This study has been conducted with a vision to serve as an invaluable tool for improving the performance of the IDU TI's in India to enable them to deliver quality services.

Author : Dr. Atul Ambekar

Barriers to and Opportunities for Uptake of HIV Testing and Antiretroviral Treatment among Injecting Drug Users (IDUs) in the Context of Targeted Interventions

The study described the individual, situational and structural factors influencing HIV diagnosis and treatment services (especially HIV testing and antiretroviral treatment) uptake by IDUs. It assessed the gaps in service access and use – by collecting information on the number/proportion of IDUs in targeted interventions who were in need of core HIV-related services, testing and antiretroviral treatment and number/proportion actually using those services. The study provided the evidential basis for policy/decision makers, donors and programme implementers to remove the barriers and consequently also improve the opportunities for uptake of HIV Testing and Antiretroviral Treatment by IDUs in India.

Author : Dr. Venkatesh Chakrapani

Diagnostic Study on "Assessment of Accessibility and Availability of HIV Prevention Care Services for IDUs"

The study reviewed comprehensive service provisions through HIV linked and other essential services to meet the healthcare needs among IDUs in five geographical regions in India. In addition, the extent and level of knowledge and understanding of comprehensive service provisions that addresses HIV, HCV, TB, and ART and its effectiveness was also explored among [injecting] drug users and measured the self-perceived model of comprehensive service-provisions among [injecting] drug users.

Authors: Mr. Luke Samson, Ms. Shalini Singh & Ms. Eudora Warjri

Understanding HIV risk behaviours among PWID to strengthen HIV risk reduction efforts of targeted HIV interventions in Delhi: A Mixed Methods Study

The study explored 'risks' associated with injecting drug use among low, medium and high prevalence injecting population to understand the knowledge, attitude and practice involved in risk reduction in their daily injecting behavior and practices. It provided recommendations to help develop evidence-based advocacy strategies/tools for the promotion of targeted harm reduction programmes for IDUs.

Authors: Mr. Siddharth Singh, Dr. Venkatesan Chakrapani , Ms. Shalini Singh & Ms. Eudora Warjri

4.12 Monitoring & Evaluation

Regular monitoring was built into the systemic processes of the project. The SRs provided monthly report of activities online; the PR compiled and submitted them to the CCM, PAB & Local Fund Agents (LFA). In addition the PMU periodically reported to the CCM, LFA and Global Fund through quarterly project updates, half-yearly project updates and disbursal request and annual enhanced financial reporting.

In keeping with the project's stringent reporting mechanism in order to manage financial issues more efficiently, EHA had introduced the following financial systems:

- Centralised accounting system through online 'Tally'
- Centralised bulk purchase
- Centralised database of activities to match with the financial statements
- Quarterly audit for every SR's account

In addition to this for accuracy of data – a data verification & monitoring was conducted every month and data triangulation was carried out by PMU staff once in every quarter.
The members of the PMU team visited the SRs regularly and conducted on site monitoring of activities, documentation and financial statements.

The grant has undergone Data Quality Analysis (DQA) through On-Site Data Verification (OSDV) exercises conducted for randomly selected SRs and their TI-sites.

PMU team members also visited venues during training programmes to ascertain the genuineness of the participants and the quality of the trainings.

PMU conducted 20 quarterly financial audits for the PMU and all SRs and followed-up on issues identified.

4.13 Impact assessment studies

Apart from the regular systemic monitoring the PR also commissioned two studies to assess the impact of the capacity building efforts among the personnel engaged in the IDU TIs. In order to ensure impartial assessment both the studies were conducted by an independent consultant- Dr. M. Suresh Kumar - an eminent expert in the field of Harm Reduction.

The Mid-term Impact Assessment Study on harm reduction trainings (2014) was conducted to measure 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.

In addition to the above, the **End-term Impact Assessment Study on harm reduction trainings by project Hifazat (2016)** also compared the findings with the mid-term assessment to understand the changes over time.

Both the studies used similar methodology and primary data was obtained from selected participants across different regions of the country. For both data collection was carried out by researchers with a vast experience in the field of harm reduction. Both included quantitative as well as qualitative data obtained by field investigators through interviews with IDU-TI staff working across various regions of the country. The mid-term assessment findings were utilised for comparison with the findings of the end term.

Key Findings of the end term assessment:

- *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'

- *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 ART, Hepatitis C, TB, OI and other co-morbidities. opioid substitution therapy, needle syringe programme, outreach and related management issues and condom programming; and, understanding the role of staff in TI including (PM) 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, prevention and management of HIV, basics of HIV, OST, prevention of STIs. and STI basics; understanding and educating the client on TB and depression and drug use; and, roles and responsibilities of clinical staff in IDU-TI programmes.

- *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.

- *Impact due to harm reduction training:*

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.
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 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.

4.14 NACO IBBS findings

Additionally, the National Integrated Biological and Behavioural Surveillance (IBBS) 2014-15[4], High Risk Groups reports that percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected is 85.5% in 2014. This shows an improvement from that of 2006, prior to the development of the proposal for this project when the rate was only 29 %. A similar improvement is noticed with the percentage of injecting drug users reporting use of a condom during the last time they had sexual intercourse with a non-regular partner, from 38% in 2006 to 77.4% (with paid sexual partner) and 55.2% with casual partners.

[4] National AIDS Control Organization (2015). National Integrated Biological and Behavioural Surveillance (IBBS), India 2014-15. New Delhi: NACO, Ministry of Health and Family Welfare, Government of India.

5 The Partners

The PR had sub recipients as partners to implement the project. The Sub Recipients (SR) were an integral part of the project, their rich contributions have helped enhance its achievement.

The SRs can be categorised into two types:

- Nominated- those who were identified at the time proposal submission
- Recruited- those who were selected through a transparent process following pre set criteria

5.1 The nominated SRs:

There were 3 nominated SRs- while, two SHARAN and UNODC, implemented assigned activities in the first phase, IHRN contributed in the second phase of the project. They were also referred to as technical partners due to the nature of their inputs to the project.

Contributions and achievements of the nominated SRs[5]:

Indian Harm Reduction Network (IHRN)
Organisational Profile
Indian Harm Reduction Network (IHRN), established in February of 2007 in New Delhi, is a network of established organizations/networks and professionals working on drug treatment, HIV prevention, treatment and care. Its mission is to secure Universal Access to health and human rights for people using drugs and those affected by drug use in India. IHRN aims to achieve this through a collective action of capacity building, networking, research and advocacy.
Activities & achievements under project Hifazat
• Conducted 12 Regional Network Meetings attended by 327 participants. The meetings were conducted at various parts of the country. • Organised National Consultation on 'HIV response to FIDUs and Sexual Partners of male IDUs'. 59 participants from NGOs & other stakeholders took part. • Developed the non-medical sections of the 'Quality Assurance In Implementation of Harm Reduction Services' manual. • Conducted 5 Regional TOT workshops on the 'Quality Assurance In Implementation Of Harm Reduction Services'. The workshops were participated by 148 officials from the TSUs & SACS. • Developed a training manual on 'Social Reintegration as a Response To Drug Use' • Developed a White paper on Harm Reduction as a Public Health approach for the General Community as an advocacy/community sensitization material for NACO • Conducted research studies on: ○ Assessment Of Accessibility and Availability of HIV Prevention & Care Services for IDUs

[5] All SRs have been listed in alphabetical order – first sorted according to their states and then by name of individual agencies

- Understanding HIV risk behaviour towards strengthening HIV risk reduction in the IDU TI setting.

National Consultation on HIV response to FIDUs and Sexual Partners of male IDUs

Sharan

Organisational Profile

SHARAN established in 1979 serves the poor in urban setting. It seeks to address the needs of the marginalized communities living in extremely poor, resource constrained settings, through need based, qualitative and sustainable programmes of treatment, referrals and after care. SHARAN is involved in the field of drug treatment & HIV/AIDS in respect to counselling, crisis care, awareness & prevention, detoxification of drug users. It is committed to be of service to urban poverty, in a Christian spirit of love and compassion.

Activities & achievements under project Hifazat

- Assisted Indian Harm Reduction Network (IHRN) to develop a strategic plan, build capacities of key office-bearers and board members and also of the national network by joining hands with four other regional networks.
- Conducted regional network meetings of IHRN
- Conducted trainings of the harm reduction centres on 'Social Reintegration as a Response To Drug Use'
- Conducted capacity building of the Board Members and key Office Bearers of IHRN

Regional meeting

United Nations Office on Drugs & Crime (UNODC)

Organisational Profile

UNODC is the lead UN agency for HIV prevention among -people who use drugs, those in prison settings, and also among victims of human trafficking. UNODC Regional Office of South Asia has significant experience of working on HIV/AIDS and providing technical guidance on Harm Reduction, including Opioid Substitution Therapy (OST). In south Asia, UNODC has piloted OST interventions in Bangladesh, India, Nepal & Maldives. The evidence from these highly successful interventions has been used by the National AIDS Control Programme for scaling up the OST services in India.

Activities & achievements under project Hifazat

- Conducted Capacity Building needs assessment
- Developed 6 Training manuals:
  - A Manual to train Peer Educators in IDU Interventions
  - A Manual to train Outreach Workers in IDU Interventions
  - A Manual to train Project Managers in IDU Interventions
  - A Manual to train Clinical Staff in IDU Interventions
  - A Manual to train Clinical Staff on Co-morbidities in IDU Interventions
  - A Manual to train on Advocacy, Community Mobilisation, Referral and Networking for IDU Interventions

- Developed 7 SOPs:
  - Needle Syringe Exchange Programme for Injecting Drug Users
  - Drop-in Centre For Injecting Drug Users
  - Outreach For Injecting Drug Users
  - Opioid Overdose Prevention And Management For Injecting Drug Users
  - Abscess Prevention and Management Among Injecting Drug Users
  - Care and Support for Co-morbid Conditions Among Injecting Drug Users
  - Intervention Among Female Injecting Drug Users

- Developed 3 films to support training and quality assurance:
  - "Just stop, Just close, Overdose!"
  - "A Day in the Drop-in Center"
  - "Sui, Syringe aur Nasha"

- Conducted 4 operational research:
  - Needle Syringe Exchange Programme among Injecting Drug Users
  - Female Injecting Drug Users and Female Sex Partners of Men who Inject Drugs
  - Assessing Care Needs and Developing Responsive Services
  - Understanding the contexts and response related to overdose among Injecting Drug Users
  - Association of Drug Use Pattern with Vulnerability and Service Uptake among Injecting Drug Users

- Conducted 2 diagnostic studies:
  - Factors Influencing The Performance Of Targeted Interventions Among
  - Barriers to and Opportunities for Uptake of HIV Testing and Antiretroviral Treatment among Injecting Drug Users (IDUs) in the Context of Targeted Interventions

- Conducted 8 Training of Trainers and trained 232 master trainers

5.2 The recruited SRs

The recruited SRs were of three types:

- Regional Technical Training Centres
- State Technical Training Centres
- Learning Sites

Geographical distribution of SRs

5.2.1 Contributions & achievements of the Regional Technical Training Centres [6]

Assam Medical College (AMC)

Organisational Profile

Assam Medical College, Dibrugarh is one of the premier and oldest medical institutes of the NE region of India. Established in 1947, in the erstwhile US Military hospital of the second world war at Borbari, Dibrugarh went through a process of up-gradation of immediately after independence and was inaugurated formally by First chief Minister of Assam, Late Lokopriya Gopinath Bordoloi. The admission of the first batch of students was completed in September 1947 with 6 seats. The Department of Psychiatry under AMC was inducted as a RTTC in the second phase.

States covered

Assam, Arunachal Pradesh & Tripura

Activities & achievements under project Hifazat

- Conducted 4 trainings on 'A Manual to train Clinical Staff in IDU Interventions'. In total 53 doctors & nurses were trained
- Conducted 3 other trainings 'A Manual to train Clinical Staff on Co-morbidities in IDU Interventions' and trained 36 participants

A training being conducted

[6] *All SRs have been listed in alphabetical order – first sorted according to their states and then by name of individual agencies*

Central Institute of Psychiatry (CIP)

Organisational Profile

Central Institute of Psychiatry, Ranchi is a premier institute for mental health in India. Since initiation in 1918 it has been a pioneer in the field of psychiatry. Special clinics run by the Institute include the Chronic schizophrenia Clinic, Skin & Sex Clinic, Neurology Clinic, Sleep Clinic, Epilepsy Clinic, Staff OPD, Headache Clinic, De-addiction Clinic, Child Guidance Clinic; Mood Clinic &Obsessive-Compulsive Disorder (OCD) Clinic. Apart from drug therapy, various psychotherapies such as behaviour therapy, group therapy and family therapy are employed routinely. The centre for Addiction Psychiatry in CIP initiated 1999 with 60 beds is a modern De-addiction Centre alcohol and other drug dependence. It is also the nodal Centre for Eastern India for managing persons suffering from alcohol and other drug dependence.

State covered

West Bengal, Jharkhand, Chhattishgarh, Odisha, Bihar MP, Sikkim

Activities & achievements under project Hifazat

- Conducted 6 induction trainings on 'A Manual to train Clinical Staff in IDU Interventions' building the capacity of 87 doctors & nurses.
- Also conducted 4 Refresher training on the same manual and trained 62 participants
- Conducted 4 more trainings 'A Manual to train Clinical Staff on Co-morbidities in IDU Interventions' and trained 66 participants
- Conducted 1 OST Induction Training attended by 28 participants
- Undertook 26 Supportive Supervision Visits

A training in the process

National Institute of Mental Health and Neuro Science (NIMHANS)

Organisational Profile

The National Institute of Mental Health and Neuro Sciences (NIMHANS) was formed in 1974, through the amalgamation of the existing Mental Hospital established by the Government of Mysore and the All India Institute of Mental Health by the Government of India. Broad-based multidisciplinary approach is the core philosophy and pattern around which NIMHANS is built. Developing the highest standards of clinical care, setting the benchmarks for the country in post-graduate training, facilitating high-quality and translatable research, and providing leadership for national policy have been the hallmarks of this distinguished Institute. NIMHANS offers the latest medical advances in an environment that promotes mental health and enhances a sense of wellness. NIMHAANS was inducted in the phase II of the project.

States covered

Kerala, Karnataka, Tamil Nadu, Andhra Pradesh & Telengana

Activities & achievements under project Hifazat

- Conducted 5 induction and 2 refresher training on OST. 185 participants attended the trainings.
- Conducted 3 other trainings 'A Manual to train Clinical Staff on Co-morbidities in IDU Interventions' and trained 58 doctors and nurses
- Conducted 1 training on 'A Manual to train Clinical Staff in IDU Interventions' and through it trained 21 doctors & nurses
- Undertook 15 supportive supervision visits

Participants and the resource persons at the first OST induction training organised in January, 2014

King Edward Memorial Hospital & Seth GS Medical College (KEM)

Organisational Profile

Founded in 1926, the Seth Gordhandas Sunderdas Medical College (GSMC) and the King Edward Memorial (KEM) Hospital are amongst the foremost teaching and medical care providing institutions in India. The department of psychiatry of the Seth GS Medical College and K.E.M. Hospital came into existence in December 1947 – just after independence. In addition to patient care, it is active in education and research for which it has received support from WHO and UNDCP. Besides, the department is also engaged in collaborative research with other universities outside India. The department has grown out of the hospital to provide medical services through community outreach programmes too.

States covered

Maharashtra, Goa, & Gujrat

Activities & achievements under project Hifazat

- Conducted 6 induction and 3 refresher trainings on 'A Manual to train Clinical Staff in IDU Interventions' and trained 77 doctors and nurses on them.
- Conducted 4 other trainings on 'A Manual to train Clinical Staff on Co-morbidities in IDU Interventions'. 63 doctors and nurses took participated in these trainings.
- Conducted 1 induction training on OST attended by 22 participants.

Training in progress

Regional Institute of Medical Sciences, (RIMS)

Organisational Profile

The Medical College was established as a joint venture of the North Eastern States. After many a change in name and ownership finally in 2007, the Institute was transferred to the Ministry of Health & Family Welfare, Government of India. It is an institution of regional importance catering to the needs of the North Eastern Region in the field of medical education by providing undergraduate and post graduate courses, bringing together in one place the educational facilities for the training of personnel in all important branches of medical specialties. RIMS is a 1074 bedded teaching hospital, equipped with modern state of the art equipments and teaching facilities having an intake capacity of 100 undergraduate,

States Covered

Manipur & Nagaland for clinical and whole of NE for OST

Activities & achievements under project Hifazat

- Conducted 6 induction and 6 refresher training on 'A Manual to train Clinical Staff in IDU Interventions' and trained 303 doctors and nurses.
- Conducted 5 trainings 'A Manual to train Clinical Staff on Co-morbidities in IDU Interventions' and trained 151 participants.
- Conducted 12 induction & 5 refresher trainings on OST attended by 615 participants.

Group work during one of the OST trainings

North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIMS),

Organisational Profile

North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences was established by the Government of India in 1987. It is the First Postgraduate Medical Institute in the North Eastern Region and the Third in the country established by Ministry of Health and Family Welfare, Government of India. Department of Community Medicine was chosen as the RTTC since September 2012.

State covered

Meghalaya, Nagaland & Mizoram

Activities & achievements under project Hifazat

- Conducted 6 induction trainings on 'A Manual to train Clinical Staff in IDU Interventions' and trained 168 doctors and nurses.
- Three refresher trainings were also conducted using the same manual and trained 46 participants.
- Six trainings were conducted on 'A Manual to train Clinical Staff on Co-morbidities in IDU Interventions' providing training to 106 participants.
- Six supportive supervision visits were conducted during the tenure

Training in progress

King George's Medical University

Organisational Profile

Department of Psychiatry, KGMU was established in 1971, is a 135-bedded psychiatric unit with highly qualified teachers/clinicians and researchers along with support staff of psychologists & various therapists. The department is one of the pioneers in post-graduate psychiatric training and boasts a separate de-addiction unit. The department has its own psychology and biochemistry laboratory. The department manages 10 DMHP centres and an OST centre. The RTTC formally became operational with the joining of its staff in April'14.

States covered

UP & Uttarakhand

Activities & achievements under project Hifazat

- Conducted 3 induction trainings on 'A Manual to train Clinical Staff in IDU Interventions' and was participated by 52 doctors and nurses.

Training in progress

National Drug De-addiction Treatment Centre, (NDDTC)/AIIMS

Organisational Profile

The Drug Dependence Treatment Centre, AIIMS was established in the year 1988 and was functional from the premises of the Deen Dayal Upadhyay Hospital, New Delhi. In 2003 it was upgraded as the National Centre (National Drug Dependence Treatment Centre) and has been fully operational from its new premises in Ghaziabad since then.

The centre has well-qualified multi-disciplinary faculty and staff (medical doctors, pre-clinical scientists, social scientists, research staff, nursing staff, laboratory personnel and administrative staff) to render various modalities of care. Clinical care is provided through Outpatient, inpatient settings and community clinics. Help is available for the treatment of various substances-related disorders i.e. Alcohol, Opioids, Cannabis, tobacco etc. NDDTC was served as a Nodal Technical Training Centre and provided capacity building and mentoring support to the other RTTCs.

State covered
J&K, Punjab, Haryana, Rajasthan, Delhi and OST training for whole of Northern region
Activities & achievements under project Hifazat

- Conducted three induction trainings on 'A Manual to train Clinical Staff in IDU Interventions', which were attended by 77 doctors and nurses.
- Conducted 31 induction & 13 refresher trainings to train 1320 staff from the OST centres.
- Conducted one training on OST QAP and trained 22 officials.
- Undertook supportive supervision visits to 17 OST centres and three RTTCs.
- Conducted an operational research on 'Status of NACO OST centres in India'
- Prepared 'Quality Assurance Manual' on OST for supervision of OST centres

Training in progress

- Supported IHRN in developing the medical sections for QAP on "Implementation of Harm Reduction Services'
- Assisted other RTTCs (RIMS & NIMHANS) in conducting OST trainings
- Trained OST experts on conducting quality assurance visits to OST
- Trained other OST experts on conducting OST trainings

5.2.2 Contributions & achievements of State Technical Training Centres [7]

Emmanuel Hospital Association, Guwahati (EHA)
Organisational Profile
Emmanuel Hospital Association (EHA) is the largest non-government provider of health care in India, having a network of 20 hospitals and 30 community-based health and development projects spread across 14 states of India. EHA has been involved in HIV/AIDS prevention and care projects, counselling, and research with many groups including IDUs, sex workers and migrants. EHA has also conducted research focusing on HIV/AIDS issues in other parts of India. EHA has been building the capacity of network partners in India through training and regular onsite technical assistance visits. Training programs in harm reduction, clinical management, nursing management, holistic care, behaviour change, home-based care, community-based care, palliative care, counselling, project planning and management, and infection control and waste management are part of EHA's project initiatives across the country.
States covered
Under this STRC, three states were initially allocated namely, Assam, Meghalaya and Tripura. However, as the project progressed, two more states were included namely, Manipur and Nagaland, while the state of Tripura was replaced by Arunachal.
Activities & achievements under project Hifazat

[7] All SRs have been listed in alphabetical order – first sorted according to their states and then by name of individual agencies

- Trainings conducted:
  - 5 trainings on the ' Manual to train Counsellors in IDU Interventions' and trained 106 counsellors working in the IDU TIs
  - 15 trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 320 ORWs
  - 3 trainings on the 'Manual to train Project Managers in IDU Interventions' and trained 66 PMs.
  - 4 trainings on the 'Manual to train on Advocacy, Community Mobilisation, Referral and Networking for IDU Interventions' & trained 76 PMs and Counsellors

Training Photo

Samarthan, Centre for Development Support

Organisational Profile

Samarthan, established in 1995 as a support organization to address the challenges of poverty and underdevelopment through strengthening the grassroots civil society working in the states of Madhya Pradesh and Chhattisgarh. Samarthan is currently linked to more than 200 NGOs and other strategic partners to demonstrate examples of participatory governance and thus amplify the voices of the poor, dalits, tribals and women in policy-making platforms. The governance interventions undertaken by Samarthan can be broadly categorized under the heads of capacity building, research advocacy, direct field action information & dissemination. Samarthan is actively engaged in national level networks and is linked to Wada Na Todo, Social Watch and VANI.

States covered

Chhattisgarh & Madhya Pradesh

Activities & achievements under project Hifazat

- Trainings conducted:
  - 1 training on the ' Manual to train Counsellors in IDU Interventions' and trained 7 counsellors working in the IDU TIs
  - 3 trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 37 ORWs
  - 1 training on the 'Manual to train Project Managers in IDU Interventions' and trained 18 PMs.
  - 1 trainings on the 'Manual to train on Advocacy, Community Mobilisation, Referral and Networking for IDU Interventions' & trained 20 PMs, Counsellors & ORWs

Group activities by participants

Delhi School of Social Work, Delhi (DSSWS)

Organisational Profile

Delhi School of Social Work Society aims at promotion of education, research, training and action in the field of social welfare and development. The society is continuing with its efforts on HIV/AIDS prevention in Azad Pur area through project "Pehchan" which is targeted intervention project under NACP-lll with partnership of Delhi State AIDS Control Society. The project is working with sex workers and also includes integrated counselling and testing centre. Society has taken up various action and research project in recent years.

States covered

Delhi, Jammu & Kashmir, Himachal Pradesh & Uttrakhand

Activities & achievements under project Hifazat

- Trainings conducted:
  - 1 training on the ' Manual to train Counsellors in IDU Interventions' and trained 10 counsellors working in the IDU TIs
  - 2 trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 13 ORWs
  - 1 training on the 'Manual to train Project Managers in IDU Interventions' and trained 9 PMs.

Group activities by participants

Centre for Operations Research and Training (CORT)

Organisational Profile

Centre for Operations Research and Training (CORT) is a multi-disciplinary social science research and training organization, specializing in population, health, gender and developmental issues. CORT aspires to contribute meaningfully in the national development and evidence based policy formulation by undertaking policy relevant research on issues that are impeding the performance of health and social sectors, and conducting training to build capacity of human resources.

States covered

Gujarat, Maharashtra & Goa

Activities & achievements under project Hifazat

- Trainings conducted:
  - 1 training on the ' Manual to train Counsellors in IDU Interventions' and trained 5 counsellors working in the IDU TIs
  - 1 trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 19 ORWs
  - 1 training on the 'Manual to train Project Managers in IDU Interventions' and trained 7 PMs.

Training in progress

Xavier Institute of Social Service, Ranchi (XISS)

Organisational Profile

Xavier Institute of Social Service (XISS) was set up in 1955 with objective to train young men and women in Personnel Management and Rural Development. In 1973 XISS was registered as a separate educational society under societies registration act. The 57 year old premier management institute also has development programs as one of its streams. XISS has experience of working in areas of health, education, livelihood, women empowerment, child protection and providing technical assistance to small NGOs who are working closely with the community. In 2010 XISS collaborated with NACO to undertake the training and capacity building program of TI NGOs and the Jharkhand and State Training and Resource Centre was set up.

States covered

Bihar & Jharkhand

Activities & achievements under project Hifazat

- Trainings conducted:
  - 1 training on the ' Manual to train Counsellors in IDU Interventions' and trained 17 counsellors working in the IDU TIs
  - 1 trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 39 ORWs
  - 1 training on the 'Manual to train Project Managers in IDU Interventions' and trained 13 PMs.

Demonstration by participants during training

Social Organization for Mental Health Action, (SOMA)

Organisational Profile

SOMA registered in 1992, initially started work in Kerala state and then spread over 15 states of India. SOMA offers management services for development sector programmes and projects. SOMA has worked with various types of organizations including Government of India, different state governments, NACO, UNDP, UNICEF, UNAIDS, DFID and other developmental agencies such as HIVOS, FHI, RCSHA, Alliance, Action Aid, PSUs in different states of India, Constella Futures Group, KHPT, Johnson & Johnson Pvt. Ltd ,CARITAS India, Apollo Tyres etc.

States covered

Kerala, Karnataka, Andhra Pradesh, Tamil Nadu and Pondicherry

Activities & achievements under project Hifazat

- Trainings conducted:
  - 1 training on the ' Manual to train Counsellors in IDU Interventions' and trained 21 counsellors working in the IDU TIs
  - 3 trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 56 ORWs
  - 1 training on the 'Manual to train Project Managers in IDU Interventions' and trained 19 PMs.
  - 1 training on the 'Manual to train on Advocacy, Community Mobilisation, Referral and Networking for IDU Interventions' & trained 16 PMs, Counsellors & ORWs

Group activity during training

Mizoram Social Defense & Rehabilitation Board, (MSD&RB)

Organisational Profile

Mizoram Social Defence & Rehabilitation board is a Statutory Board created by the Government of Mizoram in the year 1999 to counter the rising drug abuse epidemic in the state. The Board is under the direct chairmanship of the Minister of Social Welfare Department and the Secretary of the same Department acting as the Vice- Chairman with the Chief Executive Officer of MSD&RB being the Member Secretary. MSD&RB has been running the Regional Resource & Training Centre under the Ministry of Social Justice & Empowerment, GOI since 2001; STRC since 2008, Integrated Rehabilitation Centre for Addicts since 2000 & NACO funded link workers project.

States covered

Mizoram & Tripura

Activities & achievements under project Hifazat

- Trainings conducted:
  - 5 trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 95 ORWs
  - 1 training on the 'Manual to train Project Managers in IDU Interventions' and trained 34 PMs.
  - 1 training on the 'Manual to train on Advocacy, Community Mobilisation, Referral and Networking for IDU Interventions' & trained 23 PMs, Counsellors & ORWs

Dr. P K John addressing participants during one training organised by MSD&RB

Solidarity and Action Against The HIV Infection in India, (SAATHII)

Organisational Profile

Founded in 2000, SAATHII is a registered Charitable Trust with offices at SAATHII has offices in Bhubaneswar, Calcutta, Chennai, Hyderabad, Jaipur, Nagpur and U.S.A. SAATHII's mission is to strengthen the capacity of organizations working against the HIV/AIDS epidemic in India. SATHII has partnered with AIDS Control Societies in 6 states and NACO, National Rural Health Mission Manipur, WHO, UNDP, UNAIDS, USAID via APAC and FHI, DFID and other developmental partners.

States covered

Haryana & Rajasthan

Activities & achievements under project Hifazat

- Trainings conducted:
  - 1 training on the ' Manual to train Counsellors in IDU Interventions' and trained 18 counsellors working in the IDU TIs
  - 2 trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 39 ORWs
  - 1 training on the 'Manual to train Project Managers in IDU Interventions' and trained 21 PMs.

Training in progress

Child in Need Institute, (CINI)

Organisational Profile

CINI helps mothers and children in India break free from the cycle of poverty. It reaches out across all levels of Indian society by going from door to door in the villages and slums as well as talking to locally elected representatives and influencing public policy. Adopting a multi-layered, rights based approach, CINI works towards a sustainable improvement in nutrition, healthcare and education while trying to protect children whose lives are blighted by poverty. CINI has received substantial governmental support at both national and regional levels from the Government of India and state.

States covered

West Bengal, Sikkim and Odisha

Activities & achievements under project Hifazat

- Trainings conducted:
  - 2 training on the ' Manual to train Counsellors in IDU Interventions' and trained 28 counsellors working in the IDU TIs
  - 2 trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 44 ORWs
  - 1 training on the 'Manual to train Project Managers in IDU Interventions' and trained 10 PMs.

Training in progress

5.2.3 Contributions & achievements of Learning Sites[8]

Global Organization for Life Development (GOLD)

Organisational Profile

Global organization for Life Development (GOLD) established in 1998 is a not-for –profit registered society. Its head quarter is located at Guwahati. GOLD has a strong experience of running IDU TI.

States covered

Assam, Meghalaya & Arunachal Pradesh

Activities & achievements under project Hifazat

- Trainings conducted:
  - 18 induction and 9 refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 468 peers.
  - 2 induction & 2 refresher trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 114 ORWs
  - 1 induction training on the 'Manual to train Counsellors in IDU Interventions' and trained 21 counsellors working in the IDU TIs
  - 1 induction training on the 'Manual to train Project Managers in IDU Interventions' and trained 22 PMs.
- Undertaken 23 supportive supervisions to IDU Tis

Demonstration of recovery position

[8] *All SRs have been listed in alphabetical order – first sorted according to their states and then by name of individual agencies*

Narayani Seva Sansthan, (NSS), Narayani Vihar

Organisational Profile

Narayani Seva Sansthan is a Vaishali (Bihar) based non-government organization established in 2002. The organization aims at facilitating a just and egalitarian society through an integrated development approach, with special emphasis on the most underprivileged and disadvantaged sections of society. Apart from running an IDU TI & Link Worker Scheme under Bihar SACS the NGO also works on 'Promoting universal awareness on HIV/AIDS and mobilizing pregnant women for PPTCT services' project supported by UNICEF Bihar & Project AXSHYA

States covered

Bihar

Activities & achievements under project Hifazat

- Trainings conducted:
  - 8 trainings on the Manual to train Peer Educators in IDU Interventions' and trained 159 peers

Resource person in discussion with participants during training

Kalyani Social Welfare & Research Organization (KSWRO),

Organisational Profile

Kalyani Social Welfare & Research Organization (KSWRO) founded in 2003 is a non-governmental, organization of Chhattisgarh. KSWRO primarily works at the grassroots level in urban and rural areas for social, cultural and economical development of communities. The key working areas of the organization are aged/elderly, children, civic issues, drinking water, education and literacy, environment & forest, health and family welfare, HIV/AIDS, rural development and poverty alleviation, tribal affairs, vocational trainings, water resources, women's development and empowerment and youth affairs. KSWRO has been running IDU TI project at Bhilai, Chhattisgarh.

States covered

Chhattisgarh & Madhya Pradesh

Activities & achievements under project Hifazat

- Trainings conducted:
  - 19 induction and 5 refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 556 peers.
  - Nine induction trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 198 ORWs
  - 1 induction training on the 'Manual to train Counsellors in IDU Interventions' and trained 29 counsellors working in the IDU TIs
  - 1 induction training on the 'Manual to train Project Managers in IDU Interventions' and trained 19 PMs
  - 1 induction and 1 refresher trainings on OST implementation and trained 43 OST staff

Demonstration of 'safe disposal' during training

Society for Promotion of Youth & Masses, (SPYM)

Organisational Profile

SPYM is a national organization with a countrywide network working in the area of health and skill building for socio-economic development since last 30 years. SPYM's mission is to provide quality services within available resources which enable people to maximize their potential, increase their abilities, preserve and enhance human dignity/worth, prevent or reduce the need for services by empowering the community to sustain the program activities on their own for their overall long term development. Health Care for the poor & Socio – economic development, Capacity building Research & documentation, Empowerment of women and Youth, Networking & Advocacy and Micro-finance / Micro insurance for the poor are the major areas of work. Primary Beneficiaries include youth, women, disabled, homeless, female sex workers, injecting drug users, men having sex with men, migrants and truckers.

States covered

J&K, Uttarkhand, Himachal & Delhi

Activities & achievements under project Hifazat

- Trainings conducted:
  - Twenty-nine induction and 18 refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 1354 peers.
  - Five induction & four refresher trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 224 ORWs
  - 4 induction training on the 'Manual to train Counsellors in IDU Interventions' and trained 61 counsellors working in the IDU TIs
  - 4 induction training on the 'Manual to train Project Managers in IDU Interventions' and trained 100 PMs
- Undertook 54 supportive supervision visits to IDU TIs.

Group photo of participants with resource persons during one of the trainings

DON BOSCO

Organisational Profile

Don Bosco Navjeevan came into existence in the year 2001. Its sole purpose was to work for the betterment of children, adolescents and young adults who were marginalized or at risk. The focus of the Organization has been to reach out to the needy children and youth in the streets, slums and villages, improve the quality of the program and empower the staff and generally improve the quality of life of all individuals. Don Bosco Navjeevan also runs IDU TI project.

States covered

Haryana and Rajasthan

Activities & achievements under project Hifazat

- Conducted 6 trainings on the Manual to train Peer Educators in IDU Interventions' and trained 156 peers.
- Undertook 10 supportive supervision visits to IDU TIs

Safer injecting Demonstration

Centre for Social Research & Development (CSRD)

Organisational Profile

CSRD (Centre for Social Research & Development) is the first NGO in Kerala to start intervention among sex workers (1995) and has implemented TI programmes among FSWs since its introduction in the state (1997). After handing over of the sex workers project to the community, CSRD moved to implement KSAC's IDU project. CSRD has also initiated Oral Substitution Therapy (OST) with Buprenorphine in August 2007 and has received NABH's accreditation.

States covered

Karnataka & Kerala

Activities & achievements under project Hifazat

- Trainings conducted:
  - Fifteen induction and seven refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 431 peers.
  - Five induction & four refresher trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 98 ORWs
  - One training on the 'Manual to train Counsellors in IDU Interventions' and trained 10 counsellors working in the IDU TIs
  - One training on the 'Manual to train Project Managers in IDU Interventions' and trained 13 PMs
- Undertook 42 supportive supervision visits to IDU TIs

Field visit as part of the training

Mahela Chetana Manch (MCM)

Organisational Profile

Mahela Chetana Manch (MCM) was established in the year 1984 by an Retd. IAS officer. The objective of the organisation is envisions equality, equity and empowerment of women To Formulate and implement programmes and projects for welfare and development of women. To take up programmes for creating awareness among women and in society about the conditions of women and need to improve their situation. To help women take up activities for their economic independence, education, health and nutrition.

State coverage

Chhattisgarh & Madhya Pradesh

Activities & achievements under project Hifazat

- Conducted seven induction trainings on 'A Manual to train Peer Educators in IDU Interventions''. In total 107 PEs were trained.
- Conducted 11 supportive supervision visits in the field to follow up the training and provide mentoring support to the peer educators

Sankalp Rehabilitation Trust (SRT)

Organisational Profile

Sankalp Rehabilitation Trust was founded in 1995 to respond to the needs of Injecting Drug Users (IDUs) in and around Mumbai. Sankalp's vision is adhering to a progressive harm reduction strategy of outreach and education, needle and syringe exchange, drug substitution, personal and group counselling, and continuous care. Sankalp's threefold mission is to minimize the spread of blood-borne viruses including HIV / AIDS, provide medical and psychological support for IDUs, and rehabilitate and reintegrate drug users into society. Sankalp is committed to improving the lives of drug users through its progressive strategy of 'Harm Reduction' and their family.

States covered

Maharashtra, Goa & Gujarat

Activities & achievements under project Hifazat

- Trainings conducted:
  - Eighteen induction and six refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 322 peers.
  - One induction training on the 'Manual to train Outreach Workers in IDU Interventions' and trained 22 ORWs
  - 1 training on the 'Manual to train Project Managers in IDU Interventions' and trained 7 PMs

Group discussion

Evangelical Baptist Convention - Lamka Rehabilitation and Research Centre, (EBC-LRRC)

Organisational Profile

Evangelical Baptist Convention (EBC) is a church based Society, established in 1983. Lamka Rehabilitation & Research Centre (LRRC) is one of the departments under Evangelical Baptist Convention (EBC) located at Churachandpur Town, Manipur. Its mission is two fold- recovery of the whole person from drug and substance abuse and to 'To halt and reverse the spread of HIV& AIDS'.

States covered

Manipur

Activities & achievements under project Hifazat

- Trainings conducted:
  - Six induction and five refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 238 peers.
  - Three induction & two refresher trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 84 ORWs

Demonstrating overdose management during a PE training

Health For All Organization (HFAO)

Organisational Profile:

Health For All Organisation (HFAO) established in the year 1992, is a non voluntary organisation, initiated by group of young professional to work and response in social issues in the state. Since 2002, HFAO has been implementing IDU/TI through MSACS.

States covered

Manipur

Activities & achievements under project Hifazat

- Seven induction and 13 refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 427 PEs through them.
- Two induction & three refresher trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 108 ORWs under the learning site.

Training in progress

Nirvana Foundation, (NF)

Organisational Profile

Nirvana Foundation, established 1991 by likeminded people who have experienced pain in their own family through substance abuse or have faced the trauma of HIV/AIDS in their personal life and are committed and interested to work in the field of HIV/AIDS, Sexual Reproductive Health, educational program for school students/drop out students on prevention of drug abuse and HIV/AIDS within the community with special focus on the women and children. The primary objectives of the society are to bring relief and succor to the suffering of HIV positive people especially women and children and their families and to prevent the spread of the virus in the community. Nirvana runs targeted Intervention for-male & female IDUs and Link Worker Scheme.

States covered

Manipur

Activities & achievements under project Hifazat

- Trainings conducted:
  - Thirty two induction and 24 refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 1306 peers.
  - One induction & five refresher trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 138 ORWs
  - Two trainings on the 'Manual to train Counsellors in IDU Interventions' and trained 51 counsellors working in the IDU TIs
  - Two trainings on the 'Manual to train Project Managers in IDU Interventions' and trained 48 PMs
  - Three trainings using 'Manual to train Outreach Workers in IDU Interventions' and trained 74 female ORWs to reach out to spouses of male IDUs
  - Two trainings using 'Manual to train Outreach Workers in IDU Interventions' and trained 24 female PEs & seven ORWs working in FIDU TIs
- Undertook 36 supportive supervision visits

Planning Commission Govt. of India, NACO, NACO (NERO) and MACS visit at Learning Site DIC

Samaritan Society of Mizoram, (SSM)

Organisational Profile

Back in the year 1988, a group of four friends in Bungkawn, Aizawl started a philanthropic work by collecting donations from well-wishers and distributing new dresses bought with these donations to poor people during Christmas season. This philanthropic work grew in to the voluntary organization called Samaritan Society of Mizoram in 1990. SSM today runs TI among IDUs and migrants and OST for IDUs.

States covered

Mizoram

Activities & achievements under project Hifazat

- Trainings conducted:
  - Twenty-one induction and 13 refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 907 peers.
  - One induction & 6 refresher trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 194 ORWs
  - One training on the 'Manual to train Counsellors in IDU Interventions' and trained 35 counsellors working in the IDU TIs
  - One training on the 'Manual to train Project Managers in IDU Interventions' and trained 28 PMs
- Undertook 25 supportive supervision visits

Demonstration during training for counsellors

Women Anti Drug Association (WADA)

Organisational Profile

Women Anti-Drug Association, established in 1996, mainly to combat the rising misuse of drugs, which have disabled and claimed the lives of many youngsters in Mizoram. Its main objective is to help, care, and offer support to those affected/inflicted with HIV/AIDS and to prevent those who are still safe from the misuse of drugs and HIV / AIDS. In addition also work towards spreading awareness and minimizing the effect to many dreaded diseases like Hepatitis C, Tuberculosis, and HIV / AIDS etc. Presently, the Organization runs a IDU TI under MSACS and a Treatment cum Rehabilitation Centre funded by Ministry of Social Justice and Empowerment, GOI. WADA has also worked on prevention of HIV/AIDS among women and sexual partners of substance abusers under UNODC.

States covered

Mizoram

Activities & achievements under project Hifazat

- Trainings conducted:
  - Two induction and three refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 121 peers.
  - Two refresher training on the 'Manual to train Outreach Workers in IDU Interventions' and trained 40 ORWs

Group photo of resource persons and participants during refresher training for ORWs

Bethesda Youth Welfare Center, (BYWC)

Organisational Profile

Bethesda Youth Welfare Centre Dimapur, Nagaland, came into existence in 1987 with a vision of rebuilding the decadent society for a better tomorrow. BYWCs mission is to bring hope into the lives of people, afflicted and inflicted by drugs & HIV/AIDS related problems; the poor and needy through education, rehabilitation and health facilities, and promote socio-economic justice to the marginalized community and create a conduciveness in the environment for promoting holistic development.

States covered

Nagaland

Activities & achievements under project Hifazat

- Trainings conducted:
  - Thirty-five induction and 36 refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 1665 peers.
  - Three induction & 10 refresher trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 262 ORWs
- Undertook 70 supportive supervision visits

Training in Progress

Care And Support Society

Organisational Profile

Care and support Society is a non-profit Non-Govermental Organisation (NGO) established in 1995. The vision of the organisation is 'Sensible and accessible service towards a sanguine social transformation' and the objective is to 'Ensure sustainability of various programmes, effective management of resources, promote access to health services, and preserve the heritage of the land. Existing projects include- Mobile-integrated counselling & testing center (M-ICTC) under NSACS (NACO), TI projects under NSACS & PPTCT (Prevention of Parents to Child Transmission).

States covered

Nagaland

Activities & achievements under project Hifazat

- Trainings conducted:
  - Seven induction and 14 refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 454 peers.
  - One induction, three refresher & one induction cum refresher trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 95 ORWs

Training in progress

LEPRA India

Organisational Profile

LEPRA Society (India) established in 1989, is a health and development organisation with presence in Odisha, Andhra Pradesh, Telangana, Madhya Pradesh, Bihar, Sikkim, Jharkhand and Delhi states and supporting National health programmes with focus on thematic areas in of leprosy, tuberculosis, malaria, HIV and AIDS, eye care, lymphatic Filariasis and research. The mission of the organisation is restoring health, hope and dignity to people affected by leprosy and other diseases linked to poverty, discrimination & disability. The organization is also implementing two TI projects in Odisha. As an SR the society is implementing the Axshya India TB project, Vihaan project-Care & support for person living with HIV.

State covered

Orissa

Activities & achievements under project Hifazat

- Trainings conducted:
  - Two induction and two refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 96 peers.
  - Two induction & one refresher training on the 'Manual to train Outreach Workers in IDU Interventions' and trained 20 ORWs

Training in progress

Abhivyakti Foundation

Organisational Profile

Abhivyakti Foundation is a community based organization formed with the objective of promoting community development through participatory approach. Abhivyakti aims to organize dalits, women and weaker sections of society for social change through participatory approach. It is committed to educational development Poverty Elimination, Ecological Balance growth of self-reliance among people and empowerment of rural folk.

States covered

Chandigarh & Punjab

Activities & achievements under project Hifazat

- Trainings conducted:
  - Fourteen induction and eight refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 402 peers.
  - Seven induction & four refresher trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 221 ORWs

Group activity during trainings

Hopers Foundation, (HF)

Organisational Profile

A team ex-drug users, social service volunteers and community opinion leaders started Hopers Foundation with the sole aim to serve current, ex-drug users and HIV/AIDS/STI infected and people affected. More than sixty percent of the Board Members of the foundation are ex-users who are working in the field of HIV/AIDS/STI/Hepatitis prevention and care among drug users. Providing direct services, referrals to whose life has been touched by HIV/AIDS/STI/Addiction.

States covered

Andhra Pradesh, Tamil Nadu & Telengana

Activities & achievements under project Hifazat

- Trainings conducted:
  - Eight induction & nine refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 290 peers.
  - Three induction, three refresher & one induction cum refresher trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 61 ORWs
- Undertook 15 supportive supervision visits

Group activity during training

Lok Smriti Seva Sansthan (LSSS)

Organisational Profile

Lok Smriti Sewa Sansthan (LSSS) based in Allahabad, Uttar Pradesh seeks to promote socio-economic and political development and to improve the life and quality standard of those in the deprived communities (especially women, children, blinds and HIV positive). The organisation's activities are aligned with the objective of eradicating extreme poverty and hunger, promoting gender equality and empowering women, and preventing the spread of HIV/AIDS and other diseases. LSSS is a project partner UPSACS.

States covered

Uttar Pradesh

Activities & achievements under project Hifazat

- Trainings conducted:
  - Twenty-five induction & 12 refresher trainings on the Manual to train Peer Educators in IDU Interventions' and trained 943 peers.
  - Six induction, five refresher & one induction cum refresher trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 239 ORWs
  - Three training on the 'Manual to train Counsellors in IDU Interventions' and trained 56 counsellors working in the IDU TIs and I Doctor
  - Four trainings on the 'Manual to train Project Managers in IDU Interventions' and trained 59 PMs
- Undertook 41 supportive supervision visits

Hands on training on

Calcutta Samaritans (CS)

Organisational Profile

The Calcutta Samaritans for the past four decades have been addressing the needs of people, including the discriminated, the vulnerable and the marginalized. Its vision is a movement of empowered individuals and communities who in turn will hold out hope and help others. The organisation runs a drug dependence treatment programme for men women and children with support from MSJE, GOI. In partnership with WBSAP&CS, it runs OST centres for IDUs. It is also the Regional Resource Training Centre for MSJE supported drug treatment centres in Sikkim, Bihar, Jharkhand and West Bengal

States covered

Sikkim, Jharkhand and West Bengal

Activities & achievements under project Hifazat

- Trainings conducted:
  - Fourteen induction & 12 trainings on the Manual to train Peer Educators in IDU Interventions' and trained 502 peers.
  - One induction, three four refresher & one induction cum refresher trainings on the 'Manual to train Outreach Workers in IDU Interventions' and trained 91 ORWs
- Undertook 13 supportive supervision visits

Training in progress

5.3 The significant others

Apart from the SRs there were two other significant agencies that played key roles throughout the project:

- Project Advisory Body (PAB)
- National AIDS Control Organisation (NACO)

5.3.1 Project Advisory Body (PAB)

The PAB was a advisory body composed from the project partners and relevant stakeholders. PAB met regularly for 7 times during the course of the project. It reviewed the project activities regularly and provided advisory inputs to strengthen the quality of delivery of the project. It also closely reviewed and addressed coordination issues as and when required.

Members of the Project Advisory Body (PAB):

Chair: DG of NACO, or a duly authorized representative.

Member: One representative from the EHA (PR).

Member: One representative from UNODC (TP/SR).

Member: One representative from SHARAN (TP/SR).

Member: One representative from IHRN (SR).

Member: One representative from the RTTCs (SR)*.

Member: One representative from the STRCs (SR)*.

Member: One representative from the GPCs (SR)*.

Member: One representative from the Ministry of Social Justice & Empowerment/NISD.

(* SRs from these entities will participate on an annual rotational basis)

Total members (excluding invitees): Nine (9) only.

5.3.2 National AIDS Control Organisation (NACO)

NACO was the focal point for this project at the CCM. NACO support was available throughout the project, starting from selection of SRs, approval and guidance on material developments.

In spite of very busy schedules the NACO officials, especially those engaged with the IDUs from the TI division took time out to help in selection of themes for developing training manuals, SOPs and conducting research. NACO also patiently reviewed all the developed materials and research reports and provided valuable inputs for improvement.

They also provided letter of support wherever required to facilitate activities at the SACS, TI or field levels.

NACO officials took a keen interest in all the project related activities and participated in all PAB meetings, Learning Sharing Workshops, consultation meetings for preparation of phase II work plan to name a few.

All the training manual and quality assurance materials finalized received the permission to print NACO logo on the cover as a seal of approval.

6 Annexure

6.1 Annexure I

List of SRs

Nominated Technical Partners/SRs			
	State	Institute/Agency	Address
1.	Delhi	**Indian Harm Reduction Network, (IHRN)**	2nd Floor, K-36, Hauz khas Enclave, New Delhi - 110 016
2.	Delhi*	**Sharan Society for Service to Urban Poverty, (Sharan)**	K-36, 1st Floor, Hauzkhas Enclave, New Delhi - 110 016
3.	Delhi	**United Nation Office on Drugs & Crime - ROSA, (UNODC)**	Regional office for South Asia, EP-16/17 Chandragupta Marg, Chanakyapuri, New Delhi 110 021

Regional Technical Training Centres (RTTC)			
	State	Institute/Agency	Address
1.	Assam	**Assam Medical College, (AMC)**	Barbari, Dibrugarh, Assam – 786 002
2.	Jharkhand	**Central Institute of Psychiatry (CIP)**	Kanke, Ranchi - 834 006, Jharkhand
3.	Karnataka	**National Institute of Mental Health and Neuro Science (NIMHANS)**	Hosur Road, Bengaluru – 560 029
4.	Maharashtra	**King Edward Memorial Hospital & Seth GS Medical College**	Acharya Donde Marg, Parel, Mumbai - 400012
5.	Manipur	**Regional Institute of Medical Sciences, (RIMS)**	Lamphelpat, Imphal – Manipur-795004
6.	Meghalaya	**North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIMS),**	Shillong- Meghalaya- 793018
7.	Uttar Pradesh	**KING GEORGE's MEDICAL UNIVERSITY**	Lucknow - UP, 226003
8.	UP/Delhi	**National Drug De-addiction Treatment Centre, (NDDTC)/AIIMS**	New Delhi NCR, Ghaziabad, UP-201002

State Training & Resource Centre (STRC)**			
1.	Assam	**Emmanuel Hospital Association, Guwahati (EHA)**	CBCNEI Mission Compound, Panbazar, Guwahati – Assam - 781001,
2.	Chhattisgarh	**Samarthan, Centre for Development Support**	House No. 1, Tilak Nagar, Sector – 1, Avanti Nagar, Raipur – Chhattisgarh
3.	Delhi	**Delhi School of Social Work, Delhi (DSSWS)**	Department of Social Work, Delhi University, New Delhi – 110007
4.	Gujarat	**Centre for Operations Research and Training (CORT)**	402, Woodland Apartment, Vadodara – Gujarat- 390 007
5.	Jharkhand	**Xavier Institute of Social Service, (XISS)**	Post Box 7, Ranchi – 834 001
6.	Kerala	**Social Organization for Mental Health Action, (SOMA)**	26, Ambala Nagar, Kawdiar, Trivandrum Kerala – 695 003
7.	Mizoram	**Mizoram Social Defense & Rehabilitation Board, (MSD&RB)**	LaipuitlangRd, Chaltlang Aizawl, Mizoram
8.	Rajasthan/Odissa	**Solidarity and Action Against The HIV Infection in India, (SAATHII),**	HO: 78, Pushpa Nagar Main Road, Nungambakkam, Chennai 600 034
9.	West Bengal	**Child in Need Institute, (CINI), (STRC)**	Via Joka, South 24 Parganas, West Bengal-700 104

Learning Sites (LS)			
1.	Assam	**Global Organization for Life Development,(GOLD)**	Pubsarania, House number - 14, Guwahati, Assam - 781 003
2.	Bihar*	**Narayani Seva Sansthan, (NSS), Narayani Vihar**	Hajipur, Vaishali – Bihar- 844 101
3.	Chhattisgarh	**KALYANI**	Qr.-4A, St.-67, Sector-6, Bhilai Nagar, Distt-Durg, Chhattisgarh-490006
4.	Delhi	**Society for Promotion of Youth & Masses, (SPYM)**	SPYM Centre, 111/9. Opp. Sec B-4, Vasant Kunj, New Delhi – 110070
5.	Haryana*	**DON BOSCO**	Navjeevan Society, Society 24-B, Chandigarh, Haryana - 160 023
6.	Kerala	**Centre for Social Research & Development, (CSRD)**	1/1911-Konnad Bus Stop, Beach Road, West Hill Post, Calicut -5
7.	Madhya Pradesh*	**Mahila Chetna Manch,(MCM)**	Shivaji Nagar, Bhopal (MP) - 462 016
8.	Maharashtra	**Sankalp Rehabilitation Trust,(SRT)**	S. S. BMl School, Thakurdar Road, Charni Road, Mumbai -400 002
9.	Manipur	**Evangelical Baptist Convention - Lamka Rehabilitation and Research Centre, (EBC-LRRC)**	Dorcas Hall, New Lamka, Tedim Road, P.O. Box-6, Churachandpur – 795 128
10.	Manipur	**Health For All Organization (HFAO)**	Arong Khunou, P.O. Mayang Imphal, Thoubal District- Manipur-795 132
11.	Manipur	**Nirvana Foundation, (NF)**	South Babupura Imphal - 795 001
12.	Mizoram	**Samaritan Society of Mizoram, (SSM)**	A-46, Rosiama Building, Chanmari, Aizawl, Mizoram
13.	Mizoram	**Women Anti Drug Association (WADA)**	P. Lianhrima Building, Chanmari – III, Lunglei –Mizoram, 796 701
14.	Nagaland	**Bethesda Youth Welfare Center, (BYWC)**	House No. 151, Bank Colony (Walford Road), Dimapur, Nagaland - 797 112
15.	Nagaland	**CARE AND SUPPORT SOCIETY**	Sangtemla Ward, POST BOX – 65, Mokokchung –Nagaland, 798601
16.	Orissa	**LEPRA India**	Plot No: N-1/89 IRC Village, Nayapalli, Bhubaneshwar –Orissa-751015
17.	Punjab	**Abhivyakti Foundation**	Room No. 403-404, Dreamland, 1/18-B, Asaf Ali Road, Opp. Kamla Market, New Delhi - 110002
18.	Tamil Nadu	**Hopers Foundation, (HF)**	C-257, Kandasami Street, Periyar Nager, Chennai-Tamilnadu - 600 082
19.	Uttar Pradesh	**Lok Smriti Seva Sansthan (LSSS)**	661/95/53, Sarvoday Nagar, Allahapur, Allahabad- UP
20.	West Bengal	**Calcutta Samaritans, (CS)**	48, Ripon Street, Kolkata – WB- 700 016

***SRs closed down before end of Project after phase 1**

**** all STRCs closed down in Dec 2013 as their contract with NACO ended**

6.2 Annexure II

List of trainings conducted by the PR

Sl.no	Training name	Location	Training Dates	No of days	No. of participants
1	Induction training for SR staff	Delhi	08/11/10-09/11/10	2	23
2	Induction training for SR staff	Delhi	01/08/11-05/08/11	5	29
3	Induction training for SR staff	Delhi	05/09/2011-09/09/2011	5	12
4	Induction training for SR staff	Delhi	01/11/2011-05/11/2011	5	20
5	Meeting with SACS &NACO	Delhi	30-11-11	1	
6	Induction training for SR staff	Delhi	23/01/2012-24/01/2012	1	6
7	Induction training for SR staff	Delhi	23/04/12-27/04/12	5	17
8	Learning & Sharing workshop	Faridabad	24-25/05/12	2	36
9	Induction training for SR staff	Delhi	06-08/10/12	5	8
10	Orientation workshop for SRs for Phase II	Delhi	24-26/09/12	3	31
11	SACS orientation & coordination meeting	Delhi	18-19/10/12	2	55
11	Refresher training for SR staff (Accountants)	Delhi	06-08/03/13	3	24
12	Regional meeting North East & Pre PAB	Delhi	27-28/05/13	1	14
13	Refresher training for SR staff	Delhi	12-14/08/13	3	20
14	Refresher training for SR staff	Delhi	19-21/08/13	3	20
15	Induction training for SR staff	Delhi	21-23/10/13	3	25
17	Induction training for SR staff	Delhi	05-07/02/14	3	11
18	Learning & Sharing workshop & PAB	Sikkim	19-20/03/14	2	40
19	Refresher training for SR staff	Delhi	22-24/04/14	3	5
20	OST Induction training for staff	Delhi	09-13/06/14	5	22
21	Training Of Trainers (ORW)	Delhi	19-22/05-15	4	35
22	Training Of Trainers (PE)	Delhi	5-29/06/15	5	27
23	Training Of Trainers (PM)	Delhi	21-25/09/15	5	25
24	Review & closeout Meeting for SR Staff	Faridabad	18-19/11/15	2	48

6.3 Annexure III

6.3.1 Details of TOTs conducted under the project

Training module	Number of trainings conducted	Numbers trained	Conducted by
A Manual to train Peer Educators in IDU Interventions	3	88	UNODC & PMU
A Manual to train Outreach Workers in IDU Interventions	3	94	UNODC & PMU
A Manual to train Project Managers in IDU Interventions	2	53	UNODC & PMU
A Manual to train Clinical Staff in IDU Interventions	1	26	UNODC
A Manual to train Clinical Staff on Co-morbidities in IDU Interventions	1	25	UNODC
A Manual to train on Advocacy, Community Mobilisation, Referral and Networking for IDU Interventions	1	33	UNODC
A Manual on Quality Assurance In Implementation of Harm Reduction Services	5	148	IHRN & NDDTC
A manual on Quality Assurance of Opioid Substitution Treatment in India	1	22	NDDTC
A manual on Implementing Opioid Substitution Therapy (NACO)	1	23	NDDTC & PMU

6.3.2 Details of trainings conducted by RTTCs conducted under the project

	Clinical module		Comorbidity module		OST module		OST QAP module	
Name of the RTTC	No. of trainings	No. trained	No. of trainings	No. trained	No. of trainings	No. trained	No. of trainings	No. trained
Assam Medical College	4	53	3	36	0	0	0	0
Central Institute of Psychiatry	10	149	4	66	1	28	0	0
National Institute of Mental Health and Neuro Science	1	21	3	58	9	228	0	0
King Edward Memorial Hospital & Seth GS Medical College	9	77	4	63	1	22	0	0
Regional Institute of Medical Sciences	12	303	5	151	17	615	0	0
North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences	9	214	6	106	0	0	0	0
King George's Medical University	3	52	0	0	0	0	0	0
National Drug De-addiction Treatment Centre	3	77			44	1320	1	22
Total	51	946	25	480	72	2213	1	22

6.3.3 Details of trainings conducted by STRCs conducted under the project

	Counselling module		ORW module		PM module		Advocacy & Community Mobilisation module	
Agency	No. of trainings	No. trained	No. of trainings	No. trained	No. of trainings	No. trained	No. of trainings	No. trained
Samarthan, Centre for Development Support	1	7	3	37	1	18	1	20
Delhi School of Social Work, Delhi (DSSWS)	1	10	2	13	1	9	0	0
Centre for Operations Research and Training	1	5	1	19	1	7	0	0
Xavier Institute of Social Service, Ranchi (XISS)	1	17	1	39	1	13	0	0
Social Organization for Mental Health Action	1	21	3	56	1	19	1	16
Mizoram Social Defense & Rehabilitation Board	0	0	5	95	1	34	1	23
Solidarity and Action Against The HIV Infection in India	1	18	2	39	1	21	0	0
Child in Need Institute	2	28	2	44	1	10	0	0
Total	8	106	19	342	8	131	3	59

6.3.4 Details of trainings conducted by LSs conducted under the project

	PE module		ORW module		Counsellors module		PM module	
Agency	No. of trainings	No. trained	No. of trainings	No. trained	No. of trainings	No. trained	No. of trainings	No. trained
Global Organization for Life Development	27	468	4	114	1	21	1	22
Narayani Seva Sansthan	8	159						
Kalyani Social Welfare & Research Organization	24	556	9	198	1	29	1	19
Society for Promotion of Youth & Masses	43	1354	9	224	4	61	4	100
DON BOSCO	6	156	0	0	0	0	0	0
Centre for Social Research & Development	22	431	9	98	1	10	1	13
Mahela Chetana Manch	7	107	0	0	0	0	0	0
Sankalp Rehabilitation Trust	24	322	1	22	0	0	1	7
Evangelical Baptist Convention - Lamka Rehabilitation and Research Centre	11	238	5	84	0	0	0	0
Health For All Organization	20	427	5	108	0	0	0	0
Nirvana Foundation	56	1306	11	243	2	51	2	48
Samaritan Society of Mizoram	34	907	7	194	1	35	1	28
Women Anti Drug Association	5	121	2	40	0	0	0	0
Bethesda Youth Welfare Center	71	1665	13	262	0	0	0	0
Care And Support Society	21	454	5	95	0	0	0	0
LEPRA India	4	96	3	20	0	0	0	0
Abhivyakti Foundation	22	402	11	221	0	0	0	0
Hopers Foundation	17	290	7	61	0	0	0	0
Lok Smriti Seva Sansthan	37	943	12	239	3	56	4	59
Calcutta Samaritans	26	502	5	91	0	0	0	0
Total	485	10904	118	2314	13	263	15	296

6.4 Annexure- III

6.4.1 List of Master Trainers trained on 'A Manual to train Peer Educators in IDU Interventions'

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Chattisgarh	Lakhbir Singh	lakhbirsingh12779@gmail.com	7747019127	H. No. 1/22 New Krishna Nagar Near Umang Fours Supela Bhilai CG
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6.4.2 List of Master Trainers trained on 'A Manual to train Outreach Workers in IDU Interventions'

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Chattisgarh	Ashish Kumar Singh	ashish.rihandnagar@gmail.com	9179684620	Behind Tahasil office, Rajkheta Road, PO -Wadrafnagar, District – Surguja (CG)
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6.4.3 List of Master Trainers trained on 'A Manual to train Project Managers in IDU Interventions'

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	K.S.Rathore	Koshalrathore3@gmail.com	9669621714	Samarthan - Avanti vihar Raipur CG
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6.4.4 List of Master Trainers trained on 'A Manual to train Clinical Staff in IDU Interventions'

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	Dr. Sanjay Kumar	bihar@leprahealthinaction.in, rajni@leprahealthinaction.in	09334035685	(through the IDU-TI viz. Lepra Society Health in Action, District-Bhagalpur, Bihar,
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6.4.5 List of Master Trainers trained on 'A Manual to train Clinical Staff Clinical Staff on Co-morbidities in IDU Interventions'

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	Dr.Sanjay Kumar Munda		9431593648	drsanjaymunda@gmail.com
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Maharashtra	Dr.Suresh Borade		9224006670	drsureshboradepsy1@gmail.com
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6.4.6 List of Master Trainers trained on 'Advocacy, Community Mobilisation, Referral and Networking for IDU Interventions'

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6.4.7 List of Master Trainers trained on 'Opioid Substitution Therapy for IDUs'

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6.4.8 List of Master Trainers trained on 'Quality assurance manual for supervising and mentoring TIs and OST centres

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C/E	Dr. Biswadeep	Asst Prof, Dept of Psychiatry, AIIMS, Patna-Bihar		
North	Dr. Yatan Pal Singh Balhara	Asst Prof, Dept of Psychiatry, AIIMS, New Delhi		
	Dr. Bhola Sandeep	Consultant Psychiatrist Civil Hospital, Kapurthala, Punjab		
	Dr. Rana Ranbir Singh	Consultant Psychiatrist, Dist Hospital Tarn Taran		
	Dr. Rohit	Asst Prof, Dept of Psychiatry, LHMC, New Delhi		
	Dr. Prashant	S R, Dept of Psychiatry, AIIMS		
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6.5 Annexure-IV

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