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Ministry of Health & Family Welfare, Government of India
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NEEDLE SYRINGE EXCHANGE PROGRAM FOR INJECTING DRUG USERS



STANDARD OPERATING PROCEDURE

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

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Standard Operating Procedure Needle Syringe Exchange Program For Injecting Drug Users

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

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Preface

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

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

- 1) Conduct Operational Research
- 2) Develop Quality Assurance SOPs
- 3) Develop Capacity Building/ Training Materials
- 4) Training of Master Trainers

It is in this context that a series of seven Standard Operating Procedures (SOPs) including the present one on Needle Syringe Exchange Program (NSEP) has been developed. This SOP also feeds into the broader NACP goals and helps strengthen and consolidate the gains of the TIs towards scaling up of critical services.

This SOP on NSEP is the first in a series of seven SOPs developed. The main purpose of this SOP is to help address the operational challenges of program implementation with specific reference to setting-up of NSEP, implementation issues, as well as monitoring and evaluation of the same.

This SOP therefore, has also been developed with a vision to serve as an invaluable tool for the service providers engaged in IDU TIs in India and to enable them to deliver quality services. Contributions from the Technical Working Group of Project Hifazat which included representatives from NACO, Project Management Unit (PMU) of Project HIFAZAT, SHARAN, Indian Harm Reduction Network and Emmanuel Hospital Association was critical towards articulating and consolidating inputs that went into finalizing this SOP.



Acknowledgement

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

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

We would like to acknowledge the invaluable feedback and support received from various stakeholders including NACO, Project Management Unit (PMU) of Project HIFAZAT, Emmanuel Hospital Association (the principal recipient of the grant 'Global Fund to Fight AIDS, Tuberculosis and Malaria-India HIV-IDU Grant No. IDA-910-G21-H'), SHARAN, Indian Harm Reduction Network and individual experts who have contributed significantly in the development of this document.

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

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome	M&E	Monitoring and Evaluation
ANM	Auxilliary Nurse Midwife	MSM	Men having Sex with Men
ART	Anti-Retroviral Therapy	NACO	National AIDS Control Organisation
BCC	Behaviour Change Communication	NACP	National AIDS Control Program
CMIS	Computerised Management Information System	NGO	Non-Governmental Organisation
CNA	Community Needs Assessment	NSEP	Needle Syringe Exchange Program
DIC	Drop-In Centre	OI	Opportunistic Infections
DOTS	Directly Observed Treatment Short-Course	ORW	Outreach Worker
FSW	Female Sex Worker	OST	Opioid Substitution Therapy
HBV	Hepatitis B Virus	PE	Peer Educator
HCV	Hepatitis C Virus	PEP	Post Exposure Prophylaxis
HIV	Human Immunodeficiency Virus	PLHA	People Living with HIV and AIDS
HRB	High Risk Behaviour	SACS	State AIDS Control Society
HRG	High Risk Group	SOP	Standard Operation Procedure
ICTC	Integrated Counselling and Testing Centre	STI	Sexually Transmitted Infections
IDUs	Injecting Drug Users	TB	Tuberculosis
IEC	Information, Education and Communication	TI	Targeted Intervention
		VCT	Voluntary Counselling and Testing

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1. Background and Purpose

Prevention of new HIV infections in High Risk Groups (HRGs) and in the general population is a major thrust in the National AIDS Control Program (NACP) III. The most effective means of reducing HIV spread is through the implementation of Targeted Interventions (TIs) amongst persons most vulnerable to HIV and AIDS, such as Female Sex Workers (FSWs), Men who have Sex with Men (MSM), Injecting Drug Users (IDUs), truck drivers, and migrants. National AIDS Control Organization (NACO) places high priority on full coverage of High Risk Groups by TI projects.

Under NACP III, the TI approach encourages peer-led interventions by community based organizations

or NGOs. All TIs are designed to work towards empowering the communities by following a rights-based approach that recognizes the fundamental right of every individual to information and services that seek to reduce his/her vulnerability to HIV and AIDS and provide the necessary treatment, care and support. The prevention strategies are thus linked to care and treatment, and seek to empower the community against stigma and discrimination.

In order to reduce vulnerability to HIV infection, under NACP III services are provided to IDUs either directly through TIs or indirectly through referral.

Quick Glance: Drug Use and HIV in India

India has a long history of traditional drug use, with opium and cannabis being the most popular traditional drugs available. Injecting drug use (IDU) was a rare phenomenon in the Indian sub-continent till the 1980s.

The mid 1980s witnessed an epidemic of heroin injecting in the Northeastern states of Manipur, Mizoram and Nagaland, and in the metropolitan cities of India. By the 1990s, pharmaceutical injecting was evidenced, which has now spread to many cities and towns across India.

According to the National AIDS Control Organization, there are approximately 96,463 to 189,729 male Injecting Drug Users (IDUs) and 10,055 to 33,392 female IDUs in India. Injecting drug use is one of the important driving factors in the spread of the HIV epidemic in India.

As per the estimates, about one in every ten injecting drug users in India is HIV positive. Among IDUs, HIV prevalence of ≥ 5 per cent has been observed in 10 states and 23 districts in India. New pockets of IDU are being identified in different parts of the country that require cognizance and action.

Direct Services through Targeted Interventions

- Needle Syringe Exchange Programs (NSEPs)
- Oral Substitution Therapy (OST)
- Diagnosis and treatment of Sexually Transmitted Infections (STI)
- Primary health care services

Services through Referral and Linkages

- Voluntary counselling and testing for HIV
- Provision of ART to HIV positive IDUs
- Detoxification and rehabilitation services
- Diagnosis and treatment of tuberculosis
- Referral to specialised medical/surgical services

Needle Syringe Exchange Program primarily involves providing new needles/syringes to IDUs and collecting old, used needles/syringes. Other clean injecting equipment and condoms are also provided along with information on safer injecting and safer sex practices. Thus, NSEP is implemented primarily to help reduce the transmission of HIV

and other blood-borne viruses among injecting drug users and consequently, from IDUs to their sex partners. However, the benefits of NSEP go beyond this primary objective – NSEP also helps in bringing the IDUs closer to other services offered by TIs and increases the uptake of other services among IDUs accessing NSEP.

Purpose of Standard Operating Procedure

The purpose of this standard operating procedure is to provide a set of standardized guidelines to harm reduction service providers on implementing a high quality needle and syringe exchange program in order to achieve the aims and objectives of NSEP. The SOP will function as a guide for the staff at an IDU-TI to help deliver NSEP services and minimize the transmission of HIV among injecting drug users as well as their sex partners. It will also provide support in designing and planning of NSEP interventions in the community as well as in the day-to-day operations of NSEP services.

2. Aims and Objectives of NSEP

The evidence collected worldwide on HIV harm reduction outreach with needle and syringe exchange shows the following:

- Most injecting drug users are not in treatment.
- Reaching injecting drug users is crucial to reducing injection related and sexual risks for them, their partners, their families and their communities.
- Harm reduction outreach with needle and syringe exchange attracts injecting drug users to risk reduction, increases referral to treatment, and results in less HIV transmission.
- Needle and syringe exchange programs significantly decrease the number of discarded syringes in a community.
- Needle and syringe exchange programs have never been shown to increase drug use or cause other harm.

NSEP aims to minimize the transmission of blood-borne viruses such as HIV, hepatitis B and hepatitis C among injecting drug users and their sex partners and ensure that every act of injecting is carried out by a safe needle/syringe, i.e. every injection is a safe injection.

The World Health Organization (WHO) defines “a safe injection” as one that does not harm the recipient, does not expose the provider to any avoidable risk, and does not result in any waste material that is dangerous to the community. Thus, NSEP aims to reduce the levels of harm arising

from drug use to the person using drugs, their sex partners and to the general community where the person using drugs resides.

Objectives of NSEP

- To reduce the practice of sharing of needles and syringes by IDUs, thereby:
 - Reducing the needle/syringe related risk behaviour of IDUs which has potential for transmission of HIV and other blood-borne infections.
 - Increasing the number of safer injection episodes.
- To ensure the availability and distribution of other injecting equipment such as alcohol swabs, distilled water, etc.
- To ensure retrieval of used equipment and increase the return rate of used injecting equipment:
 - To promote and ensure safe disposal of used needles and syringes.
 - To reduce randomly discarded needles and syringes in the communities which the program serves.
- To promote safer sex practices and increase the use of condoms by IDUs.
- To increase awareness about drug use, referrals and access to drug treatment and primary health care services.
- To increase knowledge of IDUs and their sex partners about the risks of HIV infection.

Key Principles of a Successful NSEP

- ① The needle and syringe exchange program should always be user friendly and sensitive to the culture and customs of the community.
- ① The delivery of services should be through respectful, non-judgemental, non-condemning and non-confrontational methods with emphasis on personal responsibility in harm reduction.
- ① The NSEP should always promote the principles of harm reduction and HIV prevention, which are constructive and targeted to the needs and interests of the client.
- ① The NSEP should work with community groups to increase their knowledge of IDUs and help them to better understand issues of drug users, thereby promoting their acceptance in the community.

3. What is Needed to Start a NSEP?

Several things, such as infrastructure, staff, supplies, etc., need to be in place to begin implementation of NSEP. An intensive assessment of the local area and context is necessary in order to understand the needs and requirements of the community and plan services accordingly.

3.1 Models of Service Delivery

Needle Syringe Exchange Program can be implemented through different models of service delivery. Three significant models are discussed below. Usually, an ideal NSEP is a combination of two or more models.

a. Fixed site

This refers to the provision of NSEP services from a stand-alone premises. The premises for such services should ideally be located in areas where the client does not feel threatened by the surroundings. These may include, for e.g., busy roads, market places, etc. The premises for NSEP delivery should be easily accessible to the clients, and should be

close to services required by clients. These may include hospital services, other health care services and other community services, such as those offering food, clothing, shelter, etc. Staff is designated for the distribution of needles and syringes and to maintain records. While distributing needles, the used needles should be collected and carefully stored in a puncture proof disposable bin. These used needles/syringes should then be destroyed through an approved medical waste management system.

b. Outreach

The Outreach Workers (ORWs) and Peers Educators (PEs) can also distribute needles and syringes through key outreach points. While distributing needles and syringes, it is recommended to give only the required number of needles and syringes for a day. In case of a holiday or strike, adequate stock should be provided for a maximum of two days. At the same time, this norm should not, in any way, restrict the access of IDUs when they actually require the needles and syringes.

Quick Glance: Models of Service Delivery

- **Fixed-site model**
 - Drop-in centre of the TI project.
 - Through use of automatic dispensing machines: machines similar to condom vending machines can be used to dispense needles and syringes.
- **Outreach model**
 - Through outreach using a team of outreach workers and peers.
 - Mobile unit model: through use of vehicles, e.g. mobile vans used to distribute needles and syringes and other outreach services.
- **Satellite distribution model**
 - Through health care centres or other referral agencies.
 - Through other sites such as pharmacies, local shops, etc.

C. Satellite/Secondary Distribution Centres

A needle and syringes exchange program must also have satellite or secondary outlets for distribution and collection of needles. The NSEP satellite or secondary centres can be set-up in places such as private clinics or nursing homes in the neighbourhood of IDUs after providing them with proper orientation and training on NSEP. Needles and syringes must be regularly stocked in these centres and be closely monitored.

Additionally, the NSEP can introduce a further level of frontline workers in rural or isolated areas where injecting drug users are scattered and frequent contact from outreach workers is not practical. These workers can be volunteers, former drug users, owners of restaurants, wine shops, pharmacies or *panwallahs* from the locality who act as secondary distributors. The secondary distribution sites should stock enough needles, syringes, and condoms to meet the needs of the injecting drug users. The secondary distributors should be trained on the basics of harm reduction, drug use, HIV and other blood-borne diseases.

Secondary sites typically have a limited capacity to deliver services apart from providing injecting equipment and disposal facilities. The outreach worker visits these centres and delivers packed needles and syringes at these centres on a regular basis according to the demand and need. They should also maintain logbooks to record the number of needles delivered, needles distributed and needles and syringes returned. The used needles should be collected in puncture proof boxes and the ORW transports filled boxes to the DIC.

3.2 Staffing a Needle Syringe Exchange Program

NSEP requires all the staff in an IDU TI to function in coordination with each other. The roles and responsibilities of the staff should be clearly defined for NSEP. The backbone of the NSEP is the team of outreach workers and peer educators working in the IDU TI. The NSEP staff providing outreach services should be issued identification cards. Staff must always carry their identification cards when conducting outreach. The recommended roles and responsibilities of the staff in a NSEP are as follows:

Quick Glance: Staff Core Knowledge and Skills

- NSEP staff should have core knowledge and skills on:
 - Principles and practices of harm reduction
 - Providing injecting equipment as well as safer injecting and safer sex practices to people who use drugs
 - Managing safe collection and disposal of used needles and syringes
 - Motivation and negotiation skills
- Further, staff should have the capacity to:
 - Provide counselling support, assistance and referrals when required
 - Conduct health education programs in the community
 - Carry out reporting, basic documentation of activities, simple administrative tasks, etc.

Project Manager (PM)

The Project Manager's key responsibilities should be to:

- Supervise NSEP outreach staff.
- Build staff's capacity and skill on NSEP.
- Develop work plans on NSEP along with outreach workers and peer educators.
- Organise and conduct weekly and monthly meetings to identify short falls and to evolve corrective measures and further plans of action.
- Liaise with other agencies, local NGOs, CBOs and other groups in the community.
- Monitor the NSEP on a regular basis.

Auxiliary Nurse Midwife (ANM)/Counsellor

The ANM/counsellor's key responsibilities should be to:

- Conduct field visits on days when not needed in the DIC and obtain community's feedback on NSEP
- Facilitate building of linkages with health care agencies and providers.
- Provide referral for ICTC and STI during field visits to NSEP clients.
- Assist the project manager in monitoring the weekly work plan of ORWs
- Facilitate advocacy meetings, focus group discussion and awareness campaigns to ensure that NSEP is acceptable to the general community and other stakeholders in the area of operation.
- Maintain records and other documents relevant to NSEP.

Outreach Workers

ORWs should ideally be from the drug using community e.g. an ex-drug user and/or someone undergoing OST, be a local resident, know the local language, have basic literacy and possess a cultural and social understanding of the project area and context. In addition, an ORW needs to have certain attributes to be successful in his/her work. These include:

- A non-judgmental approach.
- Strong communication, organizational and record keeping skills.
- The ability to network.
- Strong commitment to working with the IDU community.
- Respect for IDUs and their partners.
- A view of him/herself as an advocate for those at risk.
- A flexible approach to various lifestyles of IDUs.

The ORW's key responsibilities should be to:

- Map sites with PEs for planning NSEP and regularly updating information.
- Regularly visit the target areas and ensure regular distribution of needles and syringes to IDU clients.
- Maintain adequate supply of needles and syringes, and other commodities.
- Manage PEs and provide back-up support to PEs, in case a particular PE is not able to cover a particular area.
- Conduct one-to-one as well as one-to-group sessions with clients.

- Motivate IDUs to access drop-in centre facilities.
- Accompany and motivate clients for uptake of testing at ICTC and other referral services.
- Maintain records as required by the project.
- Prepare weekly reports and participate in staff meetings.

Peer Educators

A PE may be a current or ex-drug user who exhibits the desire to work for the benefit of his peers. As a local resident of the project area with good understanding of the drug use context of the area, a PE should have the goodwill of his peers.

The PE's key responsibilities should be to:

- Build a rapport with clients and maintain contact in a planned manner.
- Share information within and between networks.
- Facilitate linkages between fellow peers and project staff and other services providers.
- Teach peers to practice safe injection and negotiate safer sex.
- Distribute needles, syringes and free condoms in accordance with demand.
- Assist in referrals to ICTC, DOTS and allied health care services.
- Disseminate messages and information about program services.
- Distribute IEC materials.

3.3 Materials Distributed at Needle and Syringe Exchange Program

At a bare minimum, the NSEP should be able to provide the following items to its clients:

- Needles: 24", 26" gauge
- Syringes: 1ml, 2ml, 5ml, and 10ml

Ideally, a large range of needle and syringe sizes and gauges must be available to accommodate most injecting requirements. However, to prioritize and ease procurement of the right kind of needles and syringes as well as to minimize wastage, NSEP staff should collect information on the injecting practices prevalent in the area of operation. The risk vulnerability assessment discussed in later segments as well as findings from the Community Needs Assessment (CNA) conducted during the inception stage of the project will help in understanding the preference of needles and syringes by the IDUs in the area. The preference may not be uniform from one region to another.

For example, in many parts of the North Eastern (NE) region of India, IDUs who inject heroin (No.4) prefer 1 ml 'insulin' syringes, while in other parts of the country, where a cocktail of pharmaceutical drugs is injected, the preference is for 5 ml syringes. Additionally, the preference may also change from time to time depending on the practices currently followed by IDUs, e.g., when the availability of heroin is decreased in the NE states of India, IDUs switch to injecting dextropropoxyphene ('Spasmaproxyvon') capsules, during which they prefer 2 ml or 5 ml syringes.

Materials distributed under NSEP

1. Needles: 24", 26" gauge
2. Syringes: 1 ml, 2 ml, 5 ml, and 10 ml
3. Alcohol/spirit swabs, (at least two swabs with each needle and syringe to clean the site before injecting) and bandages, etc. to manage abscesses
4. Distilled water
5. Filter, cooker, tourniquet – where budget permits
6. Condoms
7. Water-based lubricant sachets, if required
8. Need based IEC materials

3.4 Planning NSEP

The IDU TI staff must conduct outreach planning exercises for effective planning before initiating a needle syringe distribution and exchange program in the project area. The outreach planning exercise is to help the staff in planning for adequate distribution of needles and syringes. The following tools should be used to ensure systematic collection of information for planning:

- **Social mapping:** gives a geographical overview of the major landmarks of the project area, available health services and hotspots in the project area.
- **Hotspot analysis:** gives the details of each hotspot in terms of the number of IDUs, their injecting profile and timings at which the IDUs visit the hotspots.
- **Contact mapping:** gives an idea of how much access and contact with IDUs the outreach staff, in particular the PEs, have in each hotspot.

The details of how to conduct outreach planning are provided in the SOP on outreach. However, with regard to NSEP, the exercise would help in answering the following questions:

- How many hotspots are there in the target area?
- What is the approximate number of IDUs in each of these hotspots?
- What is the frequency and volume of injecting episodes in each of these hotspots in a given day?
- What is the best way of contacting IDUs: when can they be contacted, where can they best be contacted, which staff is best placed to cover a given hotspot, etc.?

This mapping would help in determining how many needles and syringes are required on a given day, who will visit a given hotspot, and how many needles

and syringes are to be provided to a given PE and ORW if they visit a given hotspot. Thus, many of the questions with regard to initiating NSEP can be answered through a well-conducted outreach planning exercise.

Calculating the syringe demand – an example

An IDU TI working in a city 'X' has to initiate NSEP in its target areas. Through the outreach planning, about four hotspots were identified in the area of operation of the TI. It was also seen that hotspot 'A' has 20 IDUs. Of these, 10 IDUs inject thrice a day, five IDUs inject twice a day and remaining five inject once a day. All of these IDUs use a 5 ml syringe to inject a cocktail of buprenorphine and diazepam.

On the basis of the above information, the number of syringes required for the hotspot 'A' would be:

Syringe demand for hotspot A: $(10 \times 3) + (5 \times 2) + (5 \times 1) = 45$ syringes of 5 ml size

3.5 Setting-up Contact Points for NSEP

The organization must come up with the NSEP sites taking into consideration the local situation. In the current scheme, NSEP is most commonly delivered through outreach and through drop-in centres.

Outreach work with needle and syringe exchange should be initiated at identified and easily accessible sites. The sites should be the outreach contact points such as drug users' hang out places, shooting galleries and tea shops. These outreach contact points for NSEP services must be selected with the active input from the IDU community. The outreach contact points will be flexible depending on the willingness of IDU clients to participate. This flexibility in setting-up outreach contact points and times is essential to reach-out to and earn the support of the injecting drug user community.

4. Implementation of NSEP

4.1 Assessment of Eligibility for Enrolment into NSEP

Any person receiving needle syringe exchange services must be formally enrolled in the NSEP to ensure that adequate, appropriate and coordinated services are provided and that appropriate documentation is maintained.

Initial Eligibility Assessment: this is to be done at the first contact of a potential client by the ORW or PE. The only eligibility for entry into NSEP is that the client should be an injecting drug user. The client may be a daily injector or a non-daily injector. Needle syringe exchange services should be provided to both these categories of clients. The following relevant questions may be posed to the client in a non-threatening manner to determine whether the client is an IDU:

1. What drugs do you use (heroin, Spasmoproxyvon, any other pharmaceutical drugs, etc.)?
2. How do you use the drug, i.e. do you use it orally, inhale it, or inject the drug (IV, skin pop, intramuscular)?
3. If you are injecting, how long have you been injecting drugs?

The brief assessment mentioned above should not take more than three to five minutes and should also help in befriending the client in the field. If the client is already an acquaintance, friend or peer of the PE/ORW, this assessment for determining eligibility is not required.

If the client is found eligible for participation in the syringe exchange, the staff or volunteer performing the assessment will:

1. Inform the client that he or she meets the eligibility criteria for the needle syringe exchange.

2. Emphasize the importance of utilizing sterile injection equipment.
3. Emphasize the importance of returning needles and syringes used by the client.
4. Inform clients of other services available from the project.
5. Ensure that in the event that a staff person is unable to make a referral, the client is asked to return when an authorized staff member is available to make the referral.

Risk Vulnerability Assessment: NSEP staff needs to carry out a detailed assessment at a later stage, when the client has enough trust and confidence in the project and project staff. This 'risk-vulnerability assessment' provides an estimate of the injecting frequency, choice of needles and syringes, types of drug use as well as their vulnerabilities in terms of sharing and reuse. NSEP risk screening should include assessment of:

1. Type of substances, drugs used.
2. Description of injection practices, e.g. route of administration, sharing practices, other high risk behaviours.
3. Number of years of injecting.
4. Frequency of injection.
5. Other appropriate information needed to determine eligibility.

This risk assessment should be conducted periodically and should be repeated every three months. As the bond between the clients and the staff grows stronger, further details of the clients may be obtained.

Detailed Assessment

1. Drug treatment history, previous treatment, if any, treatment referrals and preferences
2. Housing status
3. Nutritional status (availability of regular source of meals, has meals at special programs, no regular meals)
4. Support systems (family structure and composition, active connections to family and friends, emergency contact person and level of support)
5. Means of financial support
6. Education status

NSEP staff may need more than one assessment session as they may need to gain the client's trust prior to disclosure of personal information. Needles and syringes may be furnished at the first encounter, even if additional sessions are needed to complete the assessment.

4.2 Issuing Identification Cards to NSEP Clients

Once a client has been found to be eligible for NSEP, a "NSEP- ID" identification card bearing an anonymous unique identifier number ("ID code") will be issued to the client. The ID card is then presented to the client prior to the first exchange encounter. In the event that a client should refuse an identification card, the staff member or volunteer must clearly inform the client of the legal importance of carrying a card and the implications of not carrying a card. Emphasis will be on explaining how important it is to be able to verify that they are a client in an authorized needle and syringe exchange program when carrying new or used syringes and carrying syringes with drug residue. The client's refusal of an identification card must be documented and the identification card retained on file at the DIC. Twice a year all clients' ID

cards must be physically checked. This will serve as a continuing quality assurance.

4.3 Hours of Operation

The hours of operation should be determined in accordance with the injecting practices and availability of clients. The outreach staff may need to start the needle/syringe distribution early in the morning, when most IDUs take their first shot of the day. NSEP services at the DIC may operate for a fixed time every day, i.e. between 9 a.m. – 5 p.m., but the outreach services need to be more flexible in the provision of NSEP services.

4.4 Procedures for Day-to-Day Functioning of NSEP

Outreach Based Services

On a day-to-day basis, the service delivery of NSEP for outreach begins with the outreach team (ORWs and PEs) going to the field early in the morning to provide services to IDUs who would be visiting the hotspots to procure their fix. This may not be the case in every hotspot and also in places where

there are no hotspots. For example, IDUs may not visit a hotspot to inject drugs, but may inject at their homes. In such cases, the outreach strategy should be accordingly modified.

The outreach staff should have an outreach bag to carry materials to be distributed during outreach. The outreach bag should be a thick puncture proof bag to carry all the materials in the field.

may use their discretion and supply more equipment if requested by the client.

Sometimes, clients sell the needles/syringes distributed to them by the TI. To dissuade the client from selling such supplies in the open market, the TI project should have special markers on the wrapper of the needles and syringes provided to the client (e.g., bold writings on the syringe wrapper, making a 'nick' on the wrapper, etc.).

Materials to be Carried by Outreach Staff in the Field

1. New needles and syringes of sizes preferred by clients in the area. The quantity will be based on the micro plan estimates described earlier.
2. Abscess prevention materials such as spirit and alcohol swabs.
3. Dressing materials for abscess, ulcer and wound management.
4. Condom packets.
5. Thick rubber gloves for picking up the needles or syringes lying on the ground.
6. Long forceps or tongs for picking up the needles or syringes lying on the ground.
7. Thick colour coded plastic bag for carrying used syringes.
8. Puncture proof box for carrying used needles and syringes.
9. IEC materials on HIV prevention and safe injections.
10. Referral forms in triplicate for clients.
11. ORW and PE record keeping diaries and formats.

Usually, the NSEP staff should distribute needles and syringes as per the client's requirement. If the client, for example, is injecting twice a day, he/she should be provided with two needles and syringes.

Sometimes, it may be required that the client is given more than a day's supply of needles and syringes. This is usually at places where the contact with the client is less frequent, such as places which have hilly terrains, where law and order is an issue, or if the client is moving out for some days. A supply for seven days can usually be provided. However, staff

Additionally, the client should be encouraged to return the used needles and syringes. However, it should not be mandatory for the client to return his/her used needles/syringes to obtain a new needle/syringe.

Along with providing needles and syringes, the staff should befriend and educate the client on other harm reduction messages, including safe injecting, safe sex and the need for availing referral services. Other materials such as abscess prevention materials,

condoms, etc. are also provided in this contact. Finally, the transaction is noted down by the staff in the field diary.

It is not necessary for the peer educator, especially, to visit the DIC on a daily basis. The outreach worker acts as a liaison between the PE and the DIC. He/she should ensure that – enough commodities are available with the PE, PE visits the hotspots and conducts NSEP daily, and finally ensure that the transaction made by the PE is entered in the appropriate records. The outreach worker should also ensure that all the hotspots are covered between the team of PEs and himself/herself.

DIC Based Activities

Immediately after opening, the DIC staff should ensure that a staff member is stationed to provide needles and syringes in the DIC along with provisions for storing the used needles and syringes and recording the transaction. Additionally, basic education on harm reduction and provision of other commodities such as abscess prevention materials and condoms should be conducted. Finally, disinfection of the collected needles and syringes should be carried out periodically.

4.5 Sharps and Waste Management

The proper management of sharps is extremely important to prevent accidental needle stick injuries and to avoid the risk of transmission of HIV and other blood-borne viruses. The retrieval and disposal of used needles are essential components of a NSEP project. The project should have built-in strategies and mechanisms to increase return rates of used sharps. Collecting as many used needles and syringes as possible is important, as this will ensure that the circulation of the used needles and syringes for injecting is minimized. Research has shown that

60-70% return rate is indicative of good functioning of a NSEP. The collection of used needles/syringes also ensures that the non-using community members, especially children, do not get accidentally pricked with the used needles/syringes.

Collection and Disposal of Sharps/ Wastes

1. How do you collect used needles and syringes?

Collection of used needles and syringes should be done in puncture proof or safety boxes. The used needles and syringes can be collected directly from the IDU client participating in the NSEP or can be collected from the sites where IDUs dispose-off the used needles and syringes. Details on how to collect and dispose waste used needles and syringes can be found in the operational guideline on disposal of used needles/syringes in the context of IDU TI developed by NACO (Guidelines on Safe Disposal of Used Needles Syringes in Context of Targeted Intervention for Injecting Drug Users, NACO 2009).

2. What is a puncture proof box/ safety box?

A puncture proof box is a box wherein the needle deposited in the box is not able to pierce through the box. Used needles and syringes are deposited in this box after they are collected from the client and from the field.

3. How should a local puncture proof and safety box be prepared?

Get a tin or a thick plastic box with a small opening at top and a lid for closure of the box. Such a box is easily available from the local shops. The size of the box should be decided by two factors: volume of the

returned needles and syringes and the size of the bag carried by outreach workers and peer educators. A rough guideline is as follows: 25- 30 needles in a 300 ml bottle; 35-40 needles in a 500 ml bottle; 75-80 needles in a 1 litre bottle. Mark such boxes with a biohazard sign to denote that they carry infectious materials. The biohazard sign or alternatively the word 'Biohazard' can be written prominently on the box. A line should be drawn on the box to mark $\frac{3}{4}$ of the volume. Needles and syringes should be filled only till this line.

4. What are the various materials required for proper disposal of sharp wastes?

The following materials should be available at the TI centres to ensure that disposal of sharp wastes is proper:

- a. Puncture proof boxes – serially numbered, marked with biohazard symbol.
- b. Thick colour coded plastic bags – marked with biohazard symbol.
- c. Thick rubber gloves.
- d. Tongs and large forceps.
- e. Plastic bin with sieve.
- f. Plastic bin without sieve.
- g. Disinfectant solution – sodium hypochlorite, bleach.
- h. Large plastic bins (translucent in white or blue colour).
- i. Hub cutter for mutilating disinfected syringes, if syringes are disposed-of by burial on-site.
- j. Needle destroyer – manually operated or electrical.

5. What are the common 'Dos and Don'ts' to be followed for collection of used needles and syringes?

Dos

- Pick up the needles and syringes by the syringe end not the needle end.
- Deposit ONLY the needles in to the box through the opening in the lid.
- Collect separated syringes in the big thick plastic bags.
- Always separate a bunch of needles and syringes lying on the ground with a stick.
- Use a long handled tong or forceps to pick up the needles and syringes from the ground.

Don'ts

- Never attempt to recap the used needles and syringes.
- Never attempt to cut or bend the needles before inserting into the box with bare hands.
- Avoid transferring sharps from one container to another by hand.
- Never fill the puncture proof box beyond three-quarters of its capacity.

6. What is the process for disinfecting used needles and syringes?

- Empty the contents of the puncture proof boxes into a large bin through a sieve.
- Immerse this bin into a larger plastic bin (without sieve) which has 1% sodium hypochlorite as disinfectant solution.
- Keep the contents immersed in the solution for a period of 30 minutes.

- Store the disinfected needles and syringes in a translucent white or blue coloured bin till final disposal from the DIC.

7. How should needles and syringes finally be disposed-off?

- Link up with waste management agencies (common bio-waste treatment facility) wherever available.
- In case a waste management agency is not available, link with the government medical college or large hospital with a proper waste disposal system in the nearest city or town. Arrange for transport of the disinfected sharp wastes to the hospital disposal system.
- When the above two linkages are not possible or available, local mechanisms may be adopted for disposal of needles and syringes:
 - a. **For needles:** construction of sharp pits, for disposal of the disinfected needles, or encapsulation.
 - b. **For syringes:** shredding or mutilation and burial on site.

4.6 Procedures for Maintaining Occupational Health and Safety

Universal Precautions

Universal precautions are a set of precautions designed to prevent transmission of HIV, Hepatitis B Virus (HBV), and other blood-borne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other blood-borne pathogens.

Universal precautions should be followed regardless of the patient's infection status, as there is a potential for infectivity of any participant's blood. Appropriate universal barrier protection (for e.g., gloves) to prevent skin and membrane contamination with blood or bodily fluids should be routinely used.

Universal Precautions

- Always wear disposable gloves.
- Wash contaminated hands and other body parts/area of skin with soap and water, and dry the area.
- Disinfect contaminated surface with a solution of one part bleach to ten parts water, or you can use a hospital-strength disinfectant. Allow the area to remain wet for at least three minutes, before drying. Consult the container label for differences in recommendations due to product strength.
- Use disposable cleaning materials if possible, such as paper towels instead of cloth.
- Dispose-of cleansing materials and gloves in a sealed plastic bag and wash hands with soap and running water.

Wear gloves when

- Touching blood and body fluids, including cleaning of the centre and picking up trash.
- Touching mucous membranes and non-intact skin.
- Handling items contaminated with blood or body fluids, including discarded syringes and any other used paraphernalia and gauze or bandages. (All cuts, abrasions, ulcers etc. should be covered with a bandage.)

Wash hands or other surfaces thoroughly and immediately when they may be contaminated with blood or body fluids. Take extraordinary care to avoid accidental injuries caused by needles and when disposing of needles. Clean all surfaces exposed to blood and body fluids with a detergent solution followed by decontamination with an appropriate germicide.

Needle Stick Injury

There is a chance of being infected with HIV if one is accidentally pricked with a used needle. The risk of hepatitis and tetanus infection is far greater if the needle was contaminated with either of these pathogens. All staff regularly working around syringes should be encouraged to get vaccinated for hepatitis B and tetanus. If a staff member is accidentally stuck with a used needle, the procedures outlined below should be followed to reduce the risk of exposure and the risk of contracting blood-borne infections:

- Keep the needle that stuck you in a sharp container so that it is possible to examine it later.
- Clean the spot where the needle stick has occurred.
- Wash the wound with soap and water immediately.
- Encourage the wound to bleed by forcefully squeezing the puncture site. This will help keep any pathogens from entering your body.
- Clean the area again with soap and water.
- Apply an antiseptic and a band-aid, if necessary.
- Contact the supervisor immediately after basic injury care.

- The supervisor will evaluate the extent of the injury and advise the exposed individual regarding further medical care.
- Persons seeking follow-up medical care for a needle stick injury should be referred to a hospital.
- The person should be taken immediately to the hospital emergency room for testing and Post Exposure Prophylaxis (PEP).
- If the source of the needle is not known, the nature of exposure should be carefully evaluated through baseline HIV, HBV, HCV testing.
- Counselling should be provided and treatment options explained in detail.

Steps for Evaluating Risk

- Determine risk associated with exposure by type of fluid and type of exposure.
- Evaluate exposure source:
 - Assess the risk of infection using available information. If the owner of the syringe is known, you may want to ask the person when they were last tested for HIV and HCV and what the results were.
 - Assess the risk of exposure to HBV, HCV and HIV if the status is unknown.
- Evaluate the exposed person.
- Assess the immune status for HBV infection (by history of hepatitis B vaccination and vaccine response).
- If risk of infection transmission is present, medical staff will advise employee of PEP protocols for HBV, HCV and HIV. Tetanus prophylaxis may also be recommended.
- PEP should begin at the earliest after an exposure to needle stick injury.

Client Education on Needle Stick Injuries

The Needle Syringe Exchange Program staff and volunteers should carefully instruct the clients

enrolled in NSEP on safe handling and exchange of used injection equipment.

Instructions to the Client on Needle Stick Injuries

- ⦿ Clients should never allow another person to handle used injection equipment.
- ⦿ Clients must exercise caution when capping or covering used syringes.
- ⦿ If clients do not return syringes, they should be asked to recap syringes with cotton pellets, gum, cigarette filters, etc. and place them in a puncture resistant plastic container to reduce needle stick injury.
- ⦿ If the syringe is broken off, the plunger should be removed and the needle should be put in the barrel of the syringe and the plunger should be replaced.
- ⦿ Encourage clients to bundle syringes in groups of 5-10.

Handling Used Injection Equipment: Recommendations for NSEP Clients

- ⦿ As far as possible, dispose of used injection equipment immediately.
- ⦿ Never recap a needle.
- ⦿ When exchanging needles for other people, ask them to deposit it in a sharps container first.
- ⦿ Do not bend or break a needle.

Handling Sharps: Recommendations for NSEP Workers

- ⦿ When exchanging needles for other people, ask them to deposit the needles in a sharps container first.
- ⦿ Be aware that clients exchanging needles may be carrying needles on their person (e.g., in pockets or sleeves) or loose in non-secure containers such as plastic or paper bags.
- ⦿ Do not touch returned needles.

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Handling Sharps: Recommendations for NSEP Workers

- ⦿ Clients must dispose of their own needles.
- ⦿ If an estimate of the number of needles returned is required, do not manually count the needles/syringes. An approximate estimate can be arrived at by visual examination and/or by asking clients how many needles they are returning.

Collecting Used Injection Equipment Discarded in the Community

- ⦿ Wear puncture proof gloves.
- ⦿ Carry a sharps container for immediate disposal.
- ⦿ Always use tongs/forceps to pick up the discarded syringes.

5. Management Issues In NSEP

5.1 Procurement and Management of Stocks and Supplies

a. Stocks and Supplies

The successful operation of a NSEP depends on the management of stocks and supplies, ordering and procurement, ensuring steady and regular supply of all equipment including needles, syringes and other stocks. The manager and staff should receive training and guidance on where to order, how to order and procure materials and how to maintain records of the same. Regular stocktaking is very important so that the manager knows at any given point how much stock is in store and when fresh supplies need to be ordered. A stock inventory system should be put in place.

At all times it is important to have more than enough stock to cope with delays caused by ordering or other problems. Some organizations have a policy of always having three months' supply of all essential items in stock. The NGO must designate one primary person and one alternate person to be responsible for ordering and reporting on the utilization of supplies. Contact information of the designated staff should be sent to the State AIDS Control Society (SACS) and the suppliers. Only these designated persons are authorized to sign supply order forms and have access to locked storage facilities.

1. Upon receipt of harm reduction supplies ordered from a contracted agency, the NSEP staff must compare the shipping statement against supplies that were actually delivered. NSEP staff should not sign for said supplies if there is a difference. Discrepancies must be reported immediately to the supplier.
2. The supplies must be stored in a locked, secured space. Authorized individuals should be the only ones who have access to supplies which are stored in secured areas.
3. The agencies must maintain written records of names and addresses of persons possessing keys to storage spaces. Keys to storage facilities must be returned to the program immediately upon termination of employment or when authorization for possession of keys is withdrawn.
4. The NSEP staff must maintain an inventory of all new, sterile syringes that are at the agency, whether in storage or removed for NSEP operations. Inventories must record the date and number of syringes that are received from the supplier, the amount taken from storage and the number of syringes returned to storage at the end of NSEP daily operations. The inventory sheets must maintain tallies of all needles and syringes in storage and used each day for NSEP transactions.
5. It must be ensured that someone other than NSEP staff takes a physical count of all needles and syringes in storage at least on a quarterly or half-yearly basis. The number of needles and syringes found during the physical count should match the number listed in NSEP inventories. Any discrepancies, if found, should immediately be reported to the organization. The staff should investigate and work to identify the cause of the discrepancy. Any losses or theft should be investigated and, if appropriate, reported to law enforcement.

b. Theft of Supplies

All NSEP staff and volunteers are required to immediately report any incident of theft of needles and syringes. Immediately upon discovery of a theft of supplies, the DIC staff, or volunteer who discovered the theft must inform the project manager and complete an incident report detailing the circumstances of the discovery of the theft. The complete incident report should be provided to the project director as soon as possible.

5.2 Establishing and Managing Referral Systems

The project manager and the members of the NSEP project staff should develop referral linkage agreements with healthcare services providers, welfare and supportive services providers and substance use treatment programs in the project areas so that NSEP clients can receive the required services easily. The authorized needle and syringe exchange programs must maintain regular referral

relationships with all other service providers, including, but not limited to: ICTC, HIV care services, hepatitis B, hepatitis C and general primary healthcare facilities, family planning, prenatal and obstetrical care, substance use treatment and related medical services, tuberculosis screening and treatment, STI screening and treatment, case management and support services for HIV infected people and mental health services. The project must secure written agreements with the relevant service providers to accept referrals. Referrals given to needle syringe exchange participants must be recorded, including date of referrals and type of service to which referrals are made. The project should engage in tracking of referrals of clients by encouraging the clients and participants of the NSEP project to self-report outcomes of those referrals. Referral data must be entered into the mandated data collection formats. Whenever possible, the NSEP outreach staff should follow up on referrals made and document the outcomes of such referrals.

Key Activities to Establish Referral Mechanism for NSEP Programs

Mapping

① Identifying services for linkages

Based on the needs identified as part of the community needs assessment, prioritize those needs which are essential for the IDUs, but are not supported within the TI program. These would be, for e.g., STI treatment, ICTC, support for livelihood options, treatment of Hepatitis B and C, care and support services for PLHIV, etc.

② Identifying providers for linkages

Key service providers in the locality should be identified for various services that require to be linked up. Possible list could be made during the service mapping itself and later can be shortlisted for particular priority needs that emerge.

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Key Activities to Establish Referral Mechanism for NSEP Programs

● Establishing linkages

Once the priority needs and the appropriate providers are identified, the TI team will systematically link up with various service providers. A briefing note, providing a background to the project, key objectives of the project and expected outcomes maybe shared with the service providers.

● Referral mechanisms and options

A referral slip will be provided to the client who visits the service provider. The service provider could keep one part of the referral slip at the site for future reference and follow-up by the TI team. Additionally, the TI team should ensure that the IDU clients follow-up with the service provider as may be required. At the end of the month, the TI team should analyze the number of referrals made to the particular service provider.

● Regular follow up with service providers

Once the referral system is established, it is important to regularly follow up and maintain good rapport. The service provider will require support and skill to deal with the client population. Opportunity should be given for exposure and training to the service provider as an incentive to the service they are extending. Regular stakeholder meetings will also facilitate interest and continued support.

5.3 Soliciting Support of the Community

Making a strong connection in communities served is a major activity prior to and during harm reduction outreach efforts. The NSEP team must make every attempt to incorporate feedback from communities served into their programs. This would be accomplished by seeking-out and meeting-with people using drugs, injecting drugs, other community members and religious organizations such as existing churches, Buddhist monasteries, temples and other community organizations.

5.4 Legal issues in NSEP

As per the existing laws related to Narcotic Drugs and Psychotropic Substances in India (NDPS Act), use of drugs is illegal. NSEP as a method to prevent HIV among IDUs is endorsed in the National AIDS Prevention and Control Policy formulated by the Government of India in 2002.

However, it is observed that TI service providers are often harassed by the police and imprisoned when they distribute needles and syringes in the field.

To avoid such situations, the senior staff of the TI, led by the project manager, should strongly advocate

with the law enforcement authorities at the local level. The local police stations, station house officers, and constables should be sensitized on the issue of drug use and HIV, harm reduction principles and policies related to distribution of needles/syringes for HIV prevention. The TI staff should also obtain a letter of support from senior police officers after due sensitisation. This letter should be distributed to the outreach staff involved in NSEP. Finally, a letter from the respective SACS should also be obtained and prominently displayed in the DIC.

Any incidents involving NSEP, including community objections or concerns, law enforcement incidents, and potential legal action against programs, must be reported, addressed and documented.

Procedures

NSEP staff must adhere to the following process when addressing or reporting community or law enforcement concerns.

Reporting, addressing, and documenting community or law enforcement concerns:

1. Incidents related to the NSEP, community or law enforcement must be immediately reported to the project director or management, verbally and in writing.

The incident must be notified as soon as possible, but no later than 24 hours from the time of the occurrence using the written Incident Report Forms provided. The purpose of these reports is to ensure documentation of incidents in order to identify and address potential problems.

2. All subsequent action taken by the project to address the community or law enforcement concern must be reported to the relevant authorities.
3. NSEP staff has to implement strategies to address the aforementioned incidents and address these incidents with law enforcement authorities and local community before establishment of the program. Discussions will include possible interventions, NSEP and/or responsibilities for these interventions and timetables for follow-up discussions and further activities. Interventions may include meetings or presentations to community boards, community groups, civic associations, business organizations and law enforcement authorities.

6. Monitoring And Evaluation

6.1 Monitoring NSEP

Monitoring of a Needle Syringe Exchange Program is important to ensure that the project aims and objectives are being met. Monitoring also provides relevant information that can assist the project in better and more effective delivery of services. Monitoring should be conducted routinely by the TI staff.

Outreach-based Monitoring

On a day-to-day basis, the ORWs should monitor the work of the PEs, and take stock of the NSEP activities. This includes visiting the hotspots and interacting with the clients to enquire whether they are receiving services, maintaining records on a regular basis, preparing updates on a weekly basis to look for deficiency in services, and finally reviewing the work with the project manager and counsellor.

Monitoring by Senior TI Staff

The project manager and counsellor should also monitor NSEP activities on a regular basis. Three types of monitoring tools should be employed:

1. **Weekly review:** on a weekly basis, the project manager should conduct meetings with the outreach staff. In this meeting, the progress of the activities conducted in the preceding week should be monitored. This involves reviewing in terms of which team has been weak, which hotspots have not been adequately covered, etc. thus giving ideas for the next week's work. A workplan for the next week should be prepared during the weekly review.
2. **Record based monitoring:** the project manager should analyze the records on a monthly basis to review the coverage of hotspots, number of IDUs reached regularly, number of needles and syringes distributed and the return rates of the needles and syringes.
3. **Field based monitoring:** the project manager should regularly visit the hotspots independently and randomly. During the field visits, he/she should interact with clients, observe the work of the outreach staff, and also interact with other community members. The observations in the field visits should then be tallied with the records entered by the outreach worker. This will help the project manager in getting a realistic picture of the nature of the services being offered by his team.

Finally, annual evaluation of the NSEP can be conducted. Evaluation helps to ensure that the program objectives are being met and provides information for further expansion of programs and for policy development. A range of qualitative and quantitative evaluation techniques can be used, like client satisfaction surveys, specific operational research projects, etc.

6.2 MIS Tools

The MIS tools provide both quantitative and qualitative information which is precise, user friendly and timely. Given the importance of information gathering and analysis in determining the effectiveness of TIs,

there is a need for a Computerised Management Information System (CMIS) capable of generating information which can be made available to decision makers at the push of a button.

The CMIS records both the process and the outcome indicators of the TI and thus is divided into the following sections:

1. Behaviour Change
 - Outreach activities
 - Events
 - Group education sessions
 - Counselling
2. STI management
3. NSEP
4. Opioid substitution therapy
5. Condom promotion
6. Enabling environment
 - Advocacy
 - Mainstreaming
7. Referral and actual access of services by those referred
8. Organizational capacity
 - Governance
 - Structures and systems
 - Accountability
 - Capacity of the service providers

6.3 Record Keeping

Proper record keeping is essential for program evaluation and monitoring. The program may use detailed CMIS input formats provided by NACO, including monitoring and evaluation tools. These

formats will delineate the roles of the staff-in-charge of records. The project manager should conduct periodic reviews of the records and analyze them to improve the functioning of the NSEP. The records should be kept in a locked cabinet in the record room for internal or external monitoring and evaluation. Confidentiality should be maintained at all times.

A NSEP centre has to maintain and keep the following:

- Field diary
- Needle syringe distribution register
- Needle syringe return register
- Needle syringe stock register
- Incident register
- Needle stick injury register
- Records of the safety boxes; numbering of the boxes, recording the boxes received
- Condom distribution register

Conclusion

Needle syringe exchange program forms the backbone of an IDU TI project. It is most easily associated with harm reduction strategies for injecting drug users, and has been shown to be effective in preventing HIV as well as other blood-borne viruses. NSEP provides an entry point for the service providers and health care workers to access the IDUs and enables provision of other services for the IDUs. The controversy surrounding NSEP is unfounded, as research has clearly shown that NSEP does not lead to an increase in injecting drug use in the area of implementation, rather NSEP leads to an increased uptake of other drug treatment services among drug users.

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Notes

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