A Guide Book

Reducing the risk of HIV among drug users A Peer led Intervention Project

by

Society for Promotion of Youth & Masses (SPYM)

Supported By
PMO, Department for International Development (DFID)

In partnership with
UNODC, FINGODAP and RRTCs

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Contents

Foreword

Over the past two decades, NGOs have assumed a broader and increasingly important role in the process of development. NGOs have expanded significantly in number, size and degree of influence and their scope of work has widened to the extent that NGO involvement and concerns address nearly every human need and endeavour. NGOs are in closer touch with people at the grass-roots level. Such experience can make a valuable contribution in complementing the work of governments and other agencies. Often, NGOs are more innovative, experimental and flexible in tackling issues, including more sensitive issues such as Drug Abuse as well as HIV/AIDS.

The spread of HIV/AIDS epidemic is undermining human capacity and is weakening the potential for sustained economic growth and poverty reduction. In the severely affected nations, the disease is reversing the gains of economic development and shortening life expectancy. In order to mitigate the effects of HIV/AIDS Civil Society Organisations (CSOs) have a major role to play for dealing with its impacts on the individuals, families and society at large.

In the last one and half decades, HIV/AIDS has emerged as one of the most serious public health problems in India. It along with TB and Malaria is the cause for the maximum morbidity and mortality among Indians today. The lack of availability of treatment and care options for people living with HIV/AIDS (PLWAs) along with wide spread stigma and discrimination prevalent in institutional and community settings make it difficult to address this issue. In addition, misconceptions due to the lack of knowledge regarding the disease are still prevalent in the society. Drug using population including Injecting Drug Users (IDUs) and their sexual partners being the vulnerable population for HIV/AIDS are in need of urgent attention and care therefore, through the DFID supported PLI project **Society for Promotion of Youth and Masses (SPYM) is aiming to improve quality coverage of substance using populations to prevent the spread of HIV/AIDS in partnership with UNODC, FINGODAP and seven RRTCs.**

SPYM has been privileged to work with **DFID** since 1994 for its first nation wide intervention in India through **Healthy Highway project** for slowing down the spread of STIs/HIV among the long distance inter city truck drivers. **Dr Rajesh Kumar, Executive Director of SPYM** has been actively involved as one of the key person in the process of designing the Healthy Highway project supported by DFID. The PLI project is second project of SPYM, supported by DFID, in which **300 Drug De-addiction cum Rehabilitation Centres (DDRCs)/CBOs** across the country are involved actively in the process of implementation for reducing the risk of HIV among drug users. Through the PLI project, the **overall purpose** is to improve both quality and coverage of Drug Demand Reduction services in the country in order to

a) Raise awareness of the adverse consequences of drug use including HIV/AIDS and
b) Reduce the practices of risky behaviour among drug using populations to break the chain of HIV transmission

Thus at the end of the project, there will be:

- 300 NGOs capacitated to adopt peer led interventions for prevention of HIV among substance users
- 600 recovering users trained and supported as peer out reach workers
- Through 300 NGOs (i.e. 600 POWs), x 50 Peer Volunteers / per site, the intervention will reach out to 15,000 substance users to reduce risk behaviors and improve access to services.
- These 15,000 Peer Volunteers would further reach out to about four drug using peers, extending the impact to 60,000 substance users.
- Findings of the KABP study will improve knowledge base and help mainstream HIV concerns in drug demand reduction programmes

This intervention is to reach out to out-of-treatment drug users, bring them closer to services and empower them to function as agents of change among their peers and partners. The cost-effectiveness of this intervention will contribute to its **sustainability.**

SPYM realised through its program experiences that while the problems being faced by the drug dependents related to HIV/AIDS are serious in nature their solutions pose a major challenge for the NGOs to create an enabling environment in order to facilitate them to participate actively in the activities being run for them. Drug dependents are poorly informed about their own high risk behaviour and physical well being, whatever knowledge they have moreover, is incomplete and confusing. SPYM in partnership with FINGODAP is geared up to address the issues and concerns of drug using population by generating awareness and involving actively recovering drug users as peer educators as well as community at large through the PLI project in prioritising, planning, implementing variety of need based services for drug abuse and HIV/AIDS prevention.

We would like to express our appreciation to **seven RRTCs** for their active involvement and support in the implementation of the project in order to strengthen the countrywide Peer Led Intervention program. We take this opportunity to appreciate the commitment and sincere efforts of the **300 partner NGOs countrywide** and all those who have provided their valuable contributions to facilitate quality service delivery to implement the PLI project.

Dr. Zeenat N.
Chairperson
SPYM

About the guide book

This guidebook will facilitate the implementing NGOs/ individuals on 'how to' implement this nation wide project intervention. This needs to be seen as a 'working document', which may be modified on the basis of experience gained from the field.

Benefits of PLI guidebook:

1. The expectations of stakeholders will be clearly understood by implementing NGOs. They can thus, review their services and make appropriate changes in their programme to ensure effective service delivery.
2. The document will ensure that everyone works in a focused manner as a member of the team rather then an individual.
3. The document lays down formats for reporting, monitoring and evaluation etc. This will help in learning lessons from this intervention.

This resource document has been developed on the basis of project requirement and it provides the information about the operational action plan of the PLI project and will serve as a reference material for potential application and expansion.

Acknowledgement

SPYM **acknowledges** gratefully the valuable contribution of the following:

s

Department for International Development (DFID),
UK for their support to Peer Led Intervention project

Dr. Jayanta Kumar, Galaxy Club, Regional Resource & Training Centre (NE-1)
for developing the background paper of the PLI document

&

Representatives of seven RRTCs who participated in the PLI project TOT workshop and
Dr. Atul Ambekar, AIIMS for their significant input in this document

List of Regional Resource and Training Centres

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   E-mail: rrtccalsam@vsnl.net

2. **Galaxy Club**
   RRTC NE-1
   Singjamei Mathak Chongtham Leikai,
   Imphal West District, P.O.-Imphal,
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   E-mail: jayanta_dr@yahoo.com

3. **Kripa Foundation**
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   Below Catholic Publications Centre,
   'D' Block, Kohima - 797 001
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4. **Mizoram Social Defense & Rehabilitation Board**
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Introduction of the PLI Project:

Reducing the risk of HIV among drug users: A Peer led Intervention Project

This project is being launched in partnership with **UNODC, FINGODAP, RRTCs and countrywide 300 NGOs/CBOs** who are receiving grant from **Ministry of Social Justice and Empowerment (MSJE), Govt. of India,** for Drug Treatment and Rehabilitation centres. The project will focus on "Reducing the risk of HIV among drug users through Peer Led Intervention.

Peer-Led Intervention:

- **"Peer" means a person similar to others in rank, social standing etc. Thus for a drug user, another recovering drug user will be his or her "peer."**

By Peer-Led, we mean people of the same group (recovering drug users, for our purpose) initiating as role models for behaviour change for those groups who have similar interests. Though we understand that we need to help all drug users to stop taking drugs altogether, this intervention is based on an approach that even while a person finds it difficult to stop taking drugs altogether, he/she can be helped by various methods to reduce the risk of HIV/AIDS.

This project will recruit and train 600 hundred recovering drug users as peer educators (PEs). The PEs will recruit current and recovering drug users as peer volunteers and provide them with HIV risk reduction education through BCC. These volunteers will be expected to reach out to more drug users thus multiplying the effect of the intervention. Additionally, other activities will also be carried out to facilitate smooth implementation of the intervention. For the assessment of the impact of the intervention, a KABP study will be conducted, with test-retest design.

Importance and need of the project:

Action Priorities: Issues to consider

- The gap between problem/needs and current responses to them
- Changes that are needed in service provision (availability, accessibility, quality)
- Changes that are needed in drug users knowledge, attitude, behaviours and practices
- Strategies prioritised in terms of potential for impact, feasibility and sustainability
- Strategies that will strengthen the existing facilities/services within communities for drug users and their families
- Strategies that are needed in order to meet drug users immediate needs

- Roles and responsibilities of NGOs in implementing strategies for change

Drug users and HIV/AIDS:

Generally drug users do not come forward readily to seek help due to various situations therefore, it becomes important to reach out to provide services to them. Some characteristics of the target population are as follows:

- Hidden and hard to reach
- Very often stigmatised and discriminated
- Poor family support
- Have own sub-culture
- Lack of awareness about the existing health care facilities
- Lack of willingness to seek treatment/rehabilitation
- Lack of financial support to access the facilities etc.

Vulnerability for HIV/AIDS:

Anyone who has unprotected sex, whether they use drugs or not, is at risk of getting HIV. In this sense, people who use drugs face the same sex-related risks of HIV/AIDS as people who do not, or who have never, used drugs. However, people who use drugs may be at higher risk of HIV infection. This is because:

- Many forms of drug use are known to remove inhibitions, especially inhibitions about sex. This can mean that when people are taking drugs they may be less likely to use condoms (or to use condoms properly) during sex. Although there is still a lack of research evidence to support this belief, the link is widely believed to be true.

- Public perception of drug users - especially injecting drug users - and the criminalisation of their activities, means that they often face high levels of stigma and discrimination, which may lead to increased vulnerability to HIV. Many drug users, and especially injecting drug users, also live in poverty (due to ignorance, illiteracy, lack of family support etc.) have poor access to health and welfare services and suffer ill-health and poor nutrition.

  All of these factors are known to increase vulnerability to HIV/AIDs. Certain drugs are known to damage the immune system, making users of various drugs potentially more susceptible to HIV infection if exposed.

- Drug use and sex work are sometimes linked. People may sell sex in order to earn enough money to pay for their drug use. Some sex workers use drugs "occupationally", to make their work less traumatic. "Pimps" sometimes provide sex workers with drugs in order to entice them into, or to keep them in, sex work. Drugs and sex may be sold from the same locations.

- Drug injectors who share contaminated drug injection equipment (needle, syringe,

cooker, cotton, water glass) are at high risk of getting HIV/AIDS, as well as other blood born diseases. This is because blood -to-blood contact is the most efficient means of transmitting HIV from one person to another.

Many other factors may affect the level of vulnerability of different kinds of drug users to HIV/AIDS.

In such a situation, the PLI approach offers some distinct advantages:

- Helps to provide a more accurate picture of drug use in the community
- Ex-drug users know the issues about drugs "from the inside" and are in the better position to identify real needs and possible solutions.
- Involving them provides access to other drug users and can motivate them to begin to change their behaviour, and thus help such people to reduce the harm of their own drug use through building their self-confidence, self-respect and exposing them to health - education and harm reduction messages.
- Involvement encourages their "ownership" of the project and potential response to the project activities among the network of drug users.
- Fast to multiply, thus more beneficiaries could be reached out with relatively less resources. Hence cost effective.
- Easily acceptable to the target group since their "Peers" are giving them the messages.
- Peers are in a better position to monitor the situation and trends.
- This approach increases the feasibility and sustainability of the project

Thus in this approach, the PE/service providers should reach out to clients in their different hangout areas such as shooting place, Peddling zone, Joints, Drinking places etc. Similarly, other service providers in the community (the secondary stakeholders) should also be involved to develop a good network, which will further strengthen the process of referral system. In this manner, the concept of the programme becomes a community based approach rather than an institutionalised one.

Important guiding principles, which need to be followed:

1. At no stage, there should be discrimination on the basis of gender, cast, class, religion, social status, actual or perceived HIV status etc.
2. The intervention is inclusive in its scope; if there is an opportunity to do something 'more' than suggested in this document, the opportunity should be explored and discussed with the concerned.
3. At any stage if clients want to undergo treatment for drug abuse and want to drop out from this intervention, he/she should be provided all the help.
4. Client confidentiality and choice has to be always respected and preserved.

NGOs responsibilities for the implementation of Peer Led Intervention Project:

J. Project Support Person (PSP)
K. Recruitment of two Peer Educators per site/ per NGO
L. Formation of Support Forum of Concerned Citizens (SFCC)
M. Situation Assessment
N. Facilitating Group sessions (by Peer Educators/ Volunteers)
O. Networking and Referral
P. Reprinting of IEC material
Q. Formation of self-help groups

A. Project Support Person (A staff to be contributed by the partner NGOs)

- shall be the liaison between the Project and the Chief functionary of the NGO.
- should be conversant with the objectives and methodology of the PLI Project.
- is the team leader and should be responsible for the over all coordination/ management.
- will prepare the monthly/ yearly action plan in consultation with the peer educators/ other staff and submit it to the Chief Functionary.
- will submit the physical and financial performance report to the respective Chief Functionary of the NGO.
- will monitor the attendance of the peer educators and will check their performance diaries.
- will conduct staff meetings, planning and review meetings weekly/monthly/ quarterly.
- will help in conducting external and internal monitoring and evaluation from time to time.
- will moderate Focus group discussions and Annual Review meetings to incorporate the findings of such discussions in the overall implementation of the work plan.
- Will perform other job as assigned by organisation from time to time
- will maintain the financial accounts/prepare and submit the financial reports in consultation with the accountant of the NGO.

NGOs will provide the necessary space and furniture for managing the project. This could be attached to the DDRC, CC or NGOs where the peers are attached.

Documents to be maintained: MOU, Sanction order, Stock register, Ledger book, Cashbook, Vouchers, Petty cash book, Staff attendance and acquaintance register. This should not be

mixed with any other project account i.e. **maintain a separate account for the PLI project.**

B. Two Peer Educators per site/ per NGO

Proper recruitment of the PEs is very vital for effective implementation of this project. As far as possible PEs should be recruited from the same area, as they will become local resources for the future sustainability of the project.

Recruitment eligibility and selection criteria for PEs:

- Literate,
- Ex drug user with 1-2 years of sobriety,
- willing to work for reducing the risk of HIV among drug using population as well as is possessing qualities like empathy, communication skills.
- willing to get trained for the PLI project activities
- Agrees to refrain from using, buying, or selling drugs
- ready to work for the prevention of harmful drug use and relapse prevention

Note: *Any change in the staff shall be informed to RRTC within 15 days of fresh recruitment. It is important to follow the guidelines recommended by DFID/SPYM from time to time.*

Few tips for a PE:

- *Be careful since drug scene can be extremely violent.*
- *Be clear about your job responsibilities.*
- *Be alert and avoid getting into the space if there is commotion happening.*
- *Be careful about social prohibitory norms and environment.*

QUALITIES OF A PEER EDUCATOR

- knowledge of the subject
- Dress acceptable to the client
- Speaking the clients' language
- Understanding their problem
- Setting realistic goal
- Flexible approach
- Confronting positively
- Able to manage burn out
- Maintain confidentiality

Principle of Peer education

To promote safer practices among the peers is to help him/herself practice safer behaviour as a role model

The job responsibility of the Peer Educator:

The PE will:

- reach out to the current drug users; establish rapport and provide information to reduce their risk behaviour practices.
- maintain a diary to record all the daily activities.
- conduct one Group session in a month.
- network with other service providers like VCTC, CCC, DDRC, Hospital, DOTS, SHG etc and maintain a list of such resources.
- educate the peers on HIV/AIDS, STIs, Safer practices etc
- demonstrate and educate the peers about the various risk-reduction skills such as the negotiation skills for condom use, proper method of condom use, safer injecting practices etc.
- to collect information for the development of appropriate interventions to reduce vulnerability to HIV and other health consequences among drug users through baseline assessment
- encourage the peers and/or their sexual partners to come forward for HIV testing, STD treatment, Detoxification, Home-based care, Rehabilitation, etc. and refer them to such service centres

Documents to be maintained: Activities Field diary and other documents as per job description.

Important note for the Partner NGOs:

Since PEs are essentially recovering drug users, who will be contacting current drug users, the risk of relapse should always be borne in mind. The Project Support Person needs to keep a careful and friendly watch over PEs and should provide all possible help at the first suspicion of relapse.

Participation in the capacity building training courses by RRTCs:

Project Support Person and Peer Educators of NGOs would be trained by RRTCs to be able to:

- Provide information on transmission and prevention of HIV and STIs
- Provide information on prevention of drug abuse and relapse prevention
- Provide understanding of health advocacy at the personal level as role models as well as at the community level as effective peer/public health advocates

- Provide effective tools and practical approaches to disseminate harm reduction and health promotion messages and methods related to drug use and HIV/AIDS

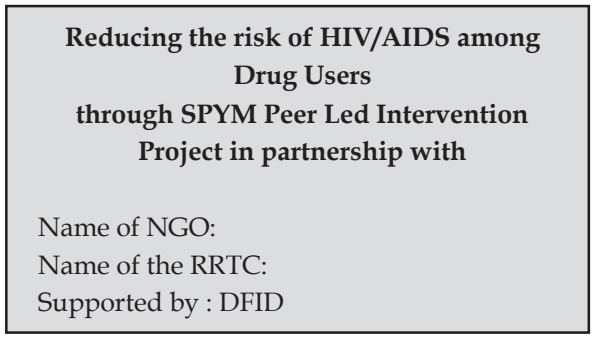

Fig 1: A sample of the signboard

Signboard:

A signboard is to be displayed (as shown in fig.1) in front of every DDRC/CC/NGO mentioning the name of the project partners, the name of the NGO, RRTC and that the DFID sponsors it. The size of the signboard should be at least of 4ft x 3 ft.

C. SUPPORT FORUM OF CONCERNED CITIZENS (SFCC) :

SFCC is a group of people who will be invited to come together, usually from different organisations and sectors such as local social, religious, politically concerned citizens / leaders, teachers, doctors, police, youth leaders, and those affected/afflicted by drug abuse and HIV/AIDS to provide necessary suggestions and support to the project. It needs to meet once in every 4 months during the project period. Good attendance minimum 7 - 10 members needs to be ensured. This forum will be kept informed about the project activities. Involving concerned citizens in the process is a good way to get their support in order to create enabling environment to address the issues and concerns of drug using population and their families.

Documents: A register showing the minutes of the meeting, resolution, and photograph.

D. SITUATION ASSESSMENT:

Situation Assessment will be conducted by PSP/PE/PV to determine the pre-intervention levels of risk behaviour practices among the drug users. A comparison of the situation before and after the project activities facilitates to understand the effect of the intervention. Situation assessment is an integral part of the programme in order to collect the information about the problems and harms related to drug use and to know the impact and relevance of the current responses through project activities and suggested action priorities.

The situation assessment involves:

- **Mapping of the project site**
- **One to one interactions with the clients (first contact)**
- Mapping of the project site

Every partner organisation must be well conversed with the **project site** i.e. the area where the PLI programme is to be implemented. A **mapping** of the site should be done at the beginning of the project.

Mapping will include:

- Boundaries of the project area.
- Key places for drug use i.e. area where there is availability of various drugs or high concentration of the drug users.
- Location of existing service facilities and resources available in the community i.e. NGO, hospital, PHC, VCTC, CCC etc.
- Other stakeholders like club, religious institute, school, police station etc.

This map should be displayed (As shown in the figure 2) in the NGO office/DDRC/CC where the PEs are attached.

- **One to one interactions with the clients (first contact)**

What is one to one interaction/client contact?

- It is the interaction between the staff (Project Support Person or PE/PV) and the individual client.
- It generally takes 30-90 minutes of interaction (depending on the situation), which will be followed by repetitive contacts for reinforcing the messages delivered.
- It could be anywhere: at a *pan dukan,* near the riverside, shooting galleries, intervention site etc.
- Each peer educator will contact at least 48 clients, thus 2 PEs will reach out to 96 clients by August, 2006 and the process of follow up of clients will continue during the project period.
- Out of 96 clients, minimum 50 Peer Volunteers will be identified to reach out further to the drug using population.

After contacting the clients, their present problems, behaviour practices etc. will be noted on the reporting format as given in **Annexure3 & 3 a.** One file will be opened for each client to record the first hand information.

Additionally, a brief interview, the Knowledge, Attitude, Behaviour and Practice (KABP) Assessment will also be conducted of those who are identified as PVs. The same assessment will be carried out at the end of the intervention. Comparison of the first (baseline) KABP assessment with that of re-assessment done at the project end will indicate the impact of the project intervention.

TIPS FOR SUCCESSFUL INTERACTION:

- Build up a trust with the client.
- Communicate effectively.
- Set realistic goals together.
- Build on the strength of the clients.
- Assess their behaviour pattern and facilitate for safer change of behaviour practices
- Be flexible to evaluate and accordingly keep changing the strategy.

The advantages of one to one interaction are:

- Helps in establishing rapport with clients
- Assessing knowledge level, felt needs and the problems.
- Facilitates collection of the information related to the availability of various harmful drugs in use as well as hidden/ hard to reach drug users hang out areas.
- Provides a room for better options through negotiation and motivation
- Opportunity to extend help from other sources by providing referral to other services.

Documents to be maintained:

- Register showing the demographic profile of the clients enrolled/given services as per the **Annexure 1.**
- Individual files along with reporting format to document behaviour practices of each client as per the **Annexure 2 & 2 a**
- The KABP interview form as per the **Annexure 9**

The total number of 96 (48x2)clients will be contacted by each NGO till August and follow up will be done at the rate of at least 5 clients per month per peer educator. Motivated clients will be identified as peer volunteers and will be assigned to organize/conduct group sessions with their respective peers.

E. FACILITATING GROUP SESSIONs (BY PSP/PE/PV)

Group session:

This is an activity among a targeted group of 5-7 people, who are being educated by the PEs/ PVs upon the issues and concerns of drugs, HIV/AIDS and STIs.

SOME TIPS

Group size: 5-7 members
Duration: as per the requirement
Nature of group: Avoid mixed groups (such as IDUs and non-IDUs).
Number: one session per month for each PE/ PV
Venue: a community setup within the project intervention site.

Objectives

- To disseminate knowledge/skill for prevention of HIV/AIDS
- To encourage principle of peer education in order to minimize problems and harms related to drugs

Topics to be included in such sessions are:

- Basic facts on the harms of various drugs in use, HIV/AIDS and STIs.
- Various available services including referrals.
- Safer practices with demonstration wherever applicable
- Skills for safe sexual behaviour practices
- Negotiation skills for condom use
- Correct and consistent use of condom
- Changes that are needed in drug user's knowledge, attitude and behaviours etc.

Some important points:

- This session is to be conducted at different places where the clients feel convenient to gather around especially their hangout areas/intervention sites.
- One needs to keep in mind that such sessions are best conducted after the clients have finished their drug intake or during their slack (not busy) time of the day. However, if the clients are deeply intoxicated, these sessions should be avoided.
- These sessions should be conducted at different places so that the clients are enrolled from different areas of the project site.

Advantages are:

- It will offer an opportunity to share the experiences of the group among others so that they may learn from each other.
- It is easy to organize since it is a small group.
- Can be done with little resources/money etc.
- Active participation by all members.
- Effectiveness of the programme can be immediately known.

HANDY HINTS

-Start with what the participants know
-Put lectures to the minimum
-Encourage healthy debates
-Initiate demonstrations
-Use languages that the clients understand
-Use terms acceptable to the clients
-in the process of group session identify Peer volunteers to organize future group sessions

At the end they should be able to say "Yes, we have a problem we have to solve...and we can solve it"

Documents to be maintained:
To be recorded in the format as per the Annexure 3

F. NETWORKING AND REFERRAL

Networking:

Networking is making and maintaining the contacts to build a relationship with various stakeholders related to our services.

Referral:

Referral is facilitating/introducing a client to the other need based service facility.

Need of networking & referral:

Need is to network and refer clients to other service centres because any single organisation may not be in a position to address all the needs of the clients. The following facilities could be utilised by referring the clients:

- Drug De-addiction centres
- Voluntary Counselling and Testing Centres.
- Other NGOs working in the area.
- Community Care Centres
- Government PHC/PHSC/Hospitals.
- Private Doctors/nurses
- DOTS Centre
- STD/STI Clinic
- Self Help groups operating in the area.
- Organisations involved in vocational training
- Organisations involved in assistance for skill development etc.

HANDY HINTS

- Identify common objectives
- Do not go beyond the objective
- Offer your facilities to others also
- Understand others' problems also
- Keep in contact
- Attend others programmes
- Invite others to your programmes
- Learn to say "Thank you"
- Find reasons to appreciate others
- Appreciate efforts not only results

Networking/referral is a process not an event

Documents to be maintained:

- Referral cards as per the **Annexure 4**
- A Networking registrar where the name/address/phone no/contact person/services available at the local clubs/religious institutions/NGOs/ PHC/ CCC/VCTC etc is maintained as per the **Annexure 5.**

Each PE should be able to refer about 3 clients per month and get the referral card signed by the networking partners wherever possible.

G. DEVELOPING OF IEC MATERIAL

Information Education and Communication (IEC) comprises of approaches and activities to generate awareness to promote appropriate behavioural change through different channels of media.

What should be considered in developing the messages through IEC material:

- **Cultural acceptability:** Whether the audience has a strict cultural barrier in discussing about sex, drug abuse, HIV/AIDS/STIs etc..
- **Literacy level:** What terminology can be included in which language and up to what detail.
- **Gender sensitivity:** Whether the issue is addressed only for a particular group of gender.

DIFFERENT CHANNELS OF IEC

- Posters/Hangings
- Leaflet/Booklets
- Hoardings
- Photographs
- Cards/Questionnaires
- Folk play
- Audio-visual
- Workshops/seminars
- Drama/film shows etc.

What should be avoided?

- **Fear raising message:** Fear campaign against the issue may make the general population irrationally concerned.
- **Denial message:** Denial of existing problem may further harm the concerned and can delay the necessary steps to be taken to address the problem.
- **Blaming message:** General population may become indifferent/hostile to the target group and that may lead to inappropriate actions by the policy makers.
- **Moralistic message:** Target group may turn away if they do not receive the information they need.
- The materials will be printed in English or local language.
- The materials should be field tested with the stakeholders before printing.
- Printed materials need to be displayed in the project office/site/DDRC etc.

IEC materials need to contain:

1. Latest information of STIs/ HIV/AIDS.
2. BCC skills to develop safe behaviour practices
3. Services available in the project site etc.

It will be distributed during group sessions, community events, community meetings, trainings, one to one interactions, special events like World AIDS Day, International Day

against Drug abuse and Illicit Trafficking etc. It could be in small folders/leaflets with pictures for distribution. The IEC material produced need to be cost effective and relevant to the issues and concerns of the target population. The same need to be updated from time to time.

Documents to be maintained:

Stock register showing the present stock and the daily/weekly distribution as per the **Annexure 6.**

H. FORMATION OF SELF-HELP GROUPS

Self Help Group (SHG):

Self-help or mutual support by a group of people who come together is a process wherein people who share common experiences, situations or problems can offer each other a unique perspective that is not available from those who have not shared these experiences.

Objectives:

1. To share their various health, social and economic problems
2. To find possible solutions for their problems
3. To discuss about their experiences, issues and concerns including stigma and discrimination
4. To facilitate the learning process to develop personal capacities to address the same

I. Formation of SHG:

Each peer educator will facilitate to form at least one SHG. Thereafter the group itself will be encouraged to take over, with minimum assistance provided by the peer educator.

Group Size : Each group will have about 10 to 15 members.

Composition: The groups should be as homogenous as possible; avoid mixing users of different drug types.

Number of meetings need to be at least once in a month, however the group itself may decide about the frequency.

Documents to be maintained: Minute book of the meetings

Monitoring and Evaluation (M & E):

What dose M & E do?

- **Monitoring - explains Concurrent Process - 'Is it happening?'**
- **Evaluation - Post facto process - 'How effective was the program?'**
- **Tool for understanding situations & effectivenes: aids decision making**

This includes:

C. Focus Group Discussion

D. Review Workshop

A. FOCUS GROUP DISCUSSION:

FGD is a flexible and open-ended technique of gathering information from a specified pre-determined group of people.

Objectives

- To monitor the progress of the project intervention in the community.
- To monitor the possible impact of the intervention on the high risk situations related to drugs/HIV in the community
- To identify problems to generate new ideas and strategies for future action.

Some tips

Group size: 6-9 members
Duration: as per the requirement
Number: twice in six months
Nature of group: Could be small or mixed group.
Venue: It should be done in a community setup within the intervention site if possible.

Who will do it?

- Project Support Person of the NGOs.

Who will be the participants?

- Clients of the Project, other service providers (referral network members), members of the SFCC etc.

How will you facilitate a FGD?

1. Focus on the issue only
2. Communicate boundaries
3. Anticipate situation
4. Anticipate difference
5. Avoid giving opinion
6. Avoid correcting a statement
7. Interrupt only when necessary
8. Help participants if needed
9. Use appropriate questions

Types of question to be used :

use open-ended questions # Avoid asking "why" # Use simple questions

Difference between FGD and Group Session

Focus Group Discussion	Group Session
1. Organisation's need	1. Client's need
2. Facilitator cannot give opinion	2. Facilitator can give opinion
3. One-way system	3. Two-way system
4. Limited and selected participants	4. Participants can vary
5. Not necessary to come to consensus	5. Usually comes to consensus
6. Area of interaction very limited	6. Area of interaction broad
7. Comes out with certain recommendation	7. Gives only information

When to do: Twice during the project period (in 6th month and in 12th month) one for primary stakeholder and one for secondary stakeholder.

Documents: Attendance, recommendations, and photographs if possible.

B. REVIEW WORKSHOP

Objective:
To assess the performance of the project

Who will do it?

- Project Support Person of the NGOs.

SOME TIPS

Group size: 20 -25 in number at one time.
Duration: 4-6 hours or as per the requirement
Number: Once in thirteenth month of the project period.
Nature of group: All the stake holders.
Venue: It should be done in a community setup within the intervention site if possible.

Who are the participants?

All the key stakeholders who have provided their support, cooperation, contribution during the implementation of the project period. They should meet once before the ending of the project period (13th month of the project) and the attendance of the members should not be less then 12 members.

Documents: A register showing the minutes of the meeting, attendance, resolution, recommendations and photographs.

PLI Project: documentation of implementation process

WORK PLAN OF THE PROJECT PERIOD
(To be displayed in the Project Office)

Activities	Takes place in the month....													
	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Recruitment of staffs, Guide Book, TOT, Training of Peer Educators, Developing reporting formats/documents etc														
Support Forum of Concerned Citizens (SFCC)														
Situation assessment														
Client enrolment and contact														
Follow -up														
Group session														
Formation of Self Help Group														
Networking & Referral														
Developing IEC														
Developing Resource directory														
Monitoring & Evaluation (FGD)														
Review Meeting														
Reporting														

RECORDS TO BE MAINTAINED

By RRTCs:

1. MOU between RRTCs and NGOs
2. Details of NGOs, Project Support Person and Peer Educators
3. Accounts
4. Monthly and quarterly report
5. Monitoring visit report

By NGO:

1. Map of project area (Refer to Fig. 2)
2. Signboard of the implementing project (Refer to Fig. 1)
3. Client enrollment register (Refer to Annexure-1)
4. Clients individual file (Refer to Annexure-2)
5. Client follow-up format (Refer to Annexure-2a)
6. Group Discussion format (Refer to Annexure-3)
7. Referral card (Refer to Annexure-4)
8. Resource networking register (Refer to Annexure-5)
9. IEC distribution register (Refer to Annexure-6)
10. Focus Group Discussion Report (Refer to Annexure -7)
11. Register for attendance of members and minutes of the meetings
12. Documents related to financial affairs
13. Peer Educator's Contract (Refer to Annexure- 8)
14. Baseline Assessment Questionnaire (Refer to Annexure - 9)

By Peer Educator:

15. Field diary of Peer Educators (Refer to peer educator)

MONTHLY WORK PLAN FOR THE NGOs

Work plan for the month of .....

ACTIVITIES	TARGET WEEK-WISE				TARGET (Total)	ACHIEVED (Total)
	FIRST	SECOND	THIRD	FOURTH		
Situation assessment *(for the first 2 months)*						
Reproducing reporting formats. *(1st month)*						
Inductive Training of Peer Educators.						
Meeting of Support Forum of Concerned Citizens (SFCC)						
New Clients contacted						
PVs identified and trained						
Follow -up (Old clients)						
Follow -up (Old PVs)						
Group sessions						
Number of Condom Demonstration						
No. of clients referred						
Self Help Group formation						
Distributing IEC						
Resource directory to be developed *(for the first 2 months)*						
Monitoring & Evaluation: FGD to be conducted (on the 6th and 12th month of the project period)						
Review Meeting to be conducted (on the 13th month of the project period)						
Report to be submitted						

Annexure 1.

Client Enrolment / Service delivery Register.(confidential)

Sl.	Client code	Name & Address (also add where the client is usually found)	Date of enrolment	Age/Sex	Marital Status	Education	Occupation	Types of drug abused (currently)	Whether current IDU	Types of risk behaviour involved	Any other information
1											

Annexure 2.
Client contact format.

Organization's name: Name of peer educator:	
CLIENT IDENTIFICATION DATA	
Client code:.....Date.....Time:..... Marital status..... Contact no. ..... Venue:.....	
Knowledge and attitude	
Whether showing interest in interaction	Yes / No
Whether could be trained as a PV	Yes / No
Has heard of HIV / AIDS?	Yes / No
Has heard of this PLI?	Yes / No
Behavioural pattern of the client	
List Drugs abused by the client currently (past month):	
Details of the contact	
Services given/Needs identified/Discussion held/Future planning:	
Remarks:	

Annexure 2a.
Client follow-up format

Name of the organization: Name of peer educator:	
Knowledge and attitude	
Whether continuing interest in further interaction	Yes / No
Whether interacting with his peers	Yes / No
Whether taking part in group discussions?	Yes / No
Behavioural practices of the client	
List Drugs abused by the client currently (past month):	
Details of the contact	
Services given/Needs identified/Discussion held/Future planning of action:	
Remarks:	

Annexure 3
Group Session Format.

Name of the organization: Facilitated By :..... Date:.....Time:.....Venue:.....
Participants' analysis
Total no. of participants: Age range..... Range of educational status.....
Programme procedures:
Initial analysis (knowledge/attitude):
Topics discussed / demonstrations held:
Suggestions / future plans for this group:

Annexure 4.
Client Referral Cards.

Client Referral Cards.

Name of the organization : Sponsored by:
DFID/SPYM/RRTC

Client Name:..... Date:.....Age.....Sex.....

Referred to:
Name of the
Institution/Individual:.....

Address: .....

Type of service required: .....

Referred by: .....

(Signature with official seal of the referred place.)
Note: A similar copy is to be submitted to the networked service centre/provider.

Annexure 5.
Networking register.

Sl.	Date	Name, Address and contact no. of the organizations / Institutions/ Individuals	Available services (including timings, charges if any)	Contact person with designation and contact details

Annexure-6
I.E.C. distribution registers.

Name of the IEC .....

Date of distribution	Place of distribution	to whom	Received/ Opening balance	Distributed No.	Balance

Annexure 7
Focus Group Discussion Format.

Organization's name: Date:.....Time:.....Venue:.....
Participants' analysis
Total no. of participants: Attach names / designations and other particulars of the participants as annexure
Programme procedures:
Initial analysis (knowledge/attitude about the progress of the PLI):
Findings / recommendations for the future:

Annexure - 8

Letter Head of NGO

CONTRACT

MEMORANDUM OF CONTRACT made on .....(date) between the .....(Name of NGO) and .....(Name of Peer Educator) residing at .....
.....

Duration of agreement:
The duration of contract will be from .....to .....(Period)

Consideration:
The PE will be paid honorarium of Rs. 2000/- per month as per the norms of the project.

The Peer Educator will

- reach out to the current drug users; establish rapport and provide information to reduce their risk behaviour practices.
- maintain a diary to record all the daily activities.
- conduct one Group session in a month.
- network with other service providers like VCTC, CCC, DDRC, Hospital, DOTS, SHG etc and maintain a list of such resources.
- educate the peers on HIV/AIDS, STIs, Safer practices etc
- demonstrate and educate the peers about the various risk-reduction skills such as the negotiation skills for condom use, proper method of condom use, safer injecting practices etc.
- to collect information for the development of appropriate interventions to reduce vulnerability to HIV and other health consequences among drug users through baseline assessment
- encourage the peers and/or their sexual partners to come forward for HIV testing, STD treatment, Detoxification, Home-based care, Rehabilitation, etc. and refer them to such service centres

If any party is not comfortable with the partnership then the contract can be terminated with prior intimation to the parties involved.

Signature of the Peer Educator

Signature of the representative of the organisation

Reporting formats:

RRTC's
Monthly Reporting format for PLI

Name of RRTC : ..... Month .....

Total no. of PLI sites under this RRTC	
No. of PLI sites from whom timely report was received THIS MONTH	
No. of PLI sites with whom interaction was held for monitoring / providing feedback, etc. *THIS MONTH*	
Total new clients + PVs contacted THIS MONTH	
Total new clients + PVs contacted TILL DATE	
Total clients receiving BCC services THIS MONTH	
Total clients receiving BCC services TILL DATE	
Total clients receiving referral services THIS MONTH	
Total clients receiving referral services TILL DATE	

Submitted by :

Signature with seal of the RRTC:

Note: RRTC should submit the report to the SPYM by the 2nd day of every month

RRTC's
Monthly Reporting format for PLI

Name of RRTC : ..... Month .....

Sl. No	Activity	Male		Female		Monthly Total	Cumul-ative
A. Outreach		PE	PV	PE	PV		
1	No of contacts						
	IDU						
	DU						
	Alcoholics						
2	No of PV enrolled						
B. BCC		PE	PV	PE	PV		
3	No of Follow ups						
4	Group Discussion						
	No of Participants:						
	Target population:						
	Topic discussed:						
		PE	PV	PE	PV		
5	Condom Demonstrations						
6	Condoms distributed						
7	Safer injecting practices						
8	SHGs formed						
C. Referrals & Networking							
		PE	PV	PE	PV		
	VCTC						
	PPTCT						
	Community Care Centre						
	DDRC						
	STD Clinic						
	Abscess dressing						
	DOTs						
	Hospital / PHC						
	SHG						
	Others						
	Total						
D. IEC	IEC Distributed by NGO						
E. Resource Directory	**Developing Resource Directory** (attach details)						
NB: Add narrative report separately							

Submitted by :

Signature with seal of the RRTC:

Note: RRTC should submit the report to the SPYM by the 2nd day of every month

RRTC Reporting Format *(for the first three months)*	
Name of the RRTC & Address : Name of the Project Coordinator with details :	
Reporting Period :	Month : .....
Name of Project Support Person :	(Attached as annexure)
Name of Peer Educators :	(Attached as annexure)
Induction Training of PE:	Yes / No
Sign Board with Name of the Project, Funder's Name (As per guideline):	Yes / No
Area demarcation of Project Site:	Defined, Drawn and Displayed in the RRTC office.
Resource and vulnerability Mapping	Complete/ Incomplete
SFCC Formed :	Yes/no
List of SFCC members	Enclosed as annexure
Referral and Network Directory Prepared / Updated (collected from partner NGOs)	Yes/ No. If not, give reason
No of Project sites Situational Assessment :	
No of NGOs Developing / reproducing IEC	

Submitted by :

Signature with seal of the RRTC:

Note: RRTC should submit the report to the SPYM by the 2nd day of every month

NGO Monitoring Format		
Name of the Organisation & Address : Person contacted with details: Monitoring visit made by:..... On date:.....		
Sign Board	Yes / No	
Map of the Project area	Yes/ No	
Registers/Files :	Maintained	Updated
Client enrolment register	Yes / No	Yes / No
Individual files of the clients including KABP data sheets	Yes / No	Yes / No
Resource directory / Networking directory maintained	Yes / No	Yes / No
PE Field Diary maintained	Yes / No	Yes / No
Group discussion file	Yes / No	Yes / No
Referral cards file	Yes / No	Yes / No
IEC distribution register	Yes/No	Yes/No
Referral register	Yes/No	Yes/No
Cash book	Yes/No	Yes/No
Bank book	Yes/No	Yes/No
Ledger	Yes/No	Yes/No
Vouchers with supporting documents	Yes / No	Yes / No
Statement of expenditure (SOE)	Yes / No	Yes / No
Reproduction of Reporting formats	Yes / No	
Developing / reproduction of IEC	Yes / No	

MONITORING VISIT FORM
DFID/ SPYM

Mr / Ms .....Designation.....

of the DFID/ SPYM visited our Project Site at .....

.....on.....to review the implementation of Guidelines for

PLI and other activities in the Project.

Signature of the Chief Functionary/ Project Support Person of the NGO	Name and Address of the Organisation
Name.....	.....
Designation..... (With Seal)	.....

Signature of the visiting person:

Name.....

Designation.....
(With Seal)

NGO's

Monthly Reporting format for Peer Led Intervention (PLI)

Page - 1

Name of NGO : ..... Month .....

Name of Site.....

	Activity	MALE	FEMALE	TOTAL
A. Outreach:				
	No of new contacts			
	IDU			
	Alcoholics			
	other drug users			
	No of PV enrolled			
	Total new clients + PVs contacted till date			
B. BCC:				
	No. of Follow ups			
	No. of Group Discussions held			
	Total no. of Participants in group discussions:			
	List the Topic discussed in group discussions this month:			
	No. of Condom Demonstrations held:			
	No. of Condoms distributed			
	No. of Safer injecting practice sessions held:			
	No. of SHGs formed			
	No. of clients now members of SHGs			
	Total clients receiving BCC services till date			
C. Referrals : No. of clients referred to:				
	VCTC			
	PPTCT			
	Community Care Centre			
	DDRC			
	STD Clinic			
	DIC/TI for abscess dressing			
	DOTs			
	Hospital / PHC			
	Vocational training / assistance			
	Others (Specify) _____			
	Total clients receiving referral services till date			
E. IEC				
	IEC materials Distributed			
F. Resource Directory				
	Resource Directory developed *(attach details)*			

Note: Add narrative report separately

Submitted by :

Signature with seal of the Project support NGO:

Note: NGO should submit the report to the RRTC by 29th of every month

Page - 2

NGO Reporting Format *(for the first three months)*	
Name of the Organisation & Address : Contact person with details:	
Reporting Period :	Month : Feb/March/April
Name of Peer Educators :	1) 2)
Name of Project Support Person :	1)
Induction Training of PE:	Yes / No
Sign Board with Name of the Project, Funder's Name (As per guideline):	Yes / No
Geographical Area demarcation of Project Site:	Defined, Drawn and Displayed in the project site.
Resource and vulnerability Mapping	Yes/no If yes, Complete/ Incomplete

SFCC Formed :	Yes/no	
List of SFCC members	Enclosed as annexure	
SFCC meeting report	Enclosed as annexure	
Referral and Network Directory	Yes/ No. If not, give reason	If yes, it is Updated/not
Situational Assessment (Baseline KABP data collection) done :	Yes/no	If yes, no. of PVs for whom the data is available.....
Reproduction of Reporting formats	Yes/no	
Developing / reproduction of IEC	Yes/no	
Field testing / feedback on IEC material obtained	Yes/no	

Submitted by :

Signature with seal of the NGO :

Note: NGO should submit the report to the RRTC by 29th of every month

MONITORING VISIT FORM
RRTC...

Mr / Ms .....Designation.....

Of the Regional Resource & Training Centre (RRTC .....) visited our Project Site

at .....on.....to review the implementation of

Guidelines for PLI and other activities in the Project.

Signature of the Chief Functionary/
Project Support Person of the NGO

Name and Address of
the Organisation

Name.....

.....

Designation.....
(With Seal)

.....

Signature of the visiting person:

Name.....

Designation.....
(With Seal)

Peer Educator's
Monthly Reporting format for Peer Led Intervention

Name of PE : ..... Month .....Name of NGO.....

Name of Site.....Training (Name of the training) attended? Yes / No

	Activity	MALE	FEMALE	TOTAL
A. Outreach:				
	No of new contacts			
	IDU			
	Alcoholics			
	other drug users			
	No of PV enrolled			
B. BCC:				
	No. of Follow ups			
	No. of Group Discussions held			
	Total no. of Participants in group discussions:			
	List the Topic discussed in group discussions this month:			
	No. of Condom Demonstrations held:			
	No. of Condoms distributed			
	No. of Safer injecting practice sessions held:			
	No. of SHGs formed			
	No. of clients now members of SHGs			
C. Referrals : No. of clients referred to:				
	VCTC			
	PPTCT			
	Community Care Centre			
	DDRC			
	STD Clinic			
	DIC/TI for abscess dressing			
	DOTs			
	Hospital / PHC			
	Vocational training / assistance			
	Others (Specify) _____			
D. IEC				
	IEC materials Distributed			

PE's Signature:

Note: PE should submit the report to the PSP as per the requirement

Annexure - 9

Baseline assessment (KABP) SPYM/DFID PLI Project

Place of interview .....

Date of interview .....

Interviewed by .....

A. Demography

1. Age (in years)	_____years
2. Sex	0=Male / 1=Female
3. Marital status	Unmarried Married Separated
4. Occupation	Unemployed Employed: (Please specify)
5. Education	Illiterate Just literate Primary (up to 5 years formal education) High school (up to 10 years formal education) Higher secondary (up to 12 years formal education) Graduate & above (up to 13 years formal education) Not Known
6. Income per month	
7. Residence	Urban Rural

B. Drug History

Drug	*Past History*		*Average daily dose*	*Age at first use*
1. Alcohol	0=Yes	1=No		
2. Heroin	0=Yes	1=No		
3. Opium	0=Yes	1=No		
4. Other opiates(specify)	0=Yes	1=No		
5. Cannabis	0=Yes	1=No		
6. Others (specify)	0=Yes	1=No		
7. Combination (specify)	0=Yes	1=No		

C. Drug injecting and associated behaviour (Skip this column for non IDU)

1. Have you ever injected drugs?	0= Yes | 1= No | 9 = no response
2. Age when you first injected?	_____years
3. Frequency - how often do you inject in a day?	No Response
4. Have you EVER shared any injecting equipment while injecting drugs	0=Yes | 1=No | 9=No response
5. Did you share any injecting equipment the LAST TIME you injected drugs?	0=Yes | 1=No | 9=No response
6. Which part of the body did you inject 7. What drug do you inject	.....
8. Cleaning -The last time you injected with others, did you clean the needle/syringe before using?	0=Yes | 1=No | 9=No response

9. How did you clean?	1. Bleach 2. Plain water 3. Hot water 4. Urine 5. Other (specify)_____ 6. Not applicable
10. Did you share cooker, cotton, ampoules, water for cleaning or any other injecting paraphernalia during last injecting episode?	0=Yes | 1=No | 9=No response

D. Sexual practice and associated behaviour

1. Have you ever had sex? *(If 'No' skip this column)* 2. How many different sexual partners you have had sex within the past 6 months?	0=Yes | 1=No | 9=No response .....
3. Do you use condom while having sex with other partners other than your spouse? If yes....	1=Always | 2=Occasionally | 3=Never
4. Have you ever had anal sex?	0=Yes | 1=No | 9=No response
5. If "Yes", was it with a male or a female partner?	Male | Female
6. Did you consume drug (including alcohol) just before having sex.	

	1= Always	2=Occasio-nally	3= Never
Spouse			
Sex worker			
Others			

7. Do you use condoms while intoxicated with the substance?	0=Yes | 1=No | 9=No response
8. If yes, correctly and consistently	0=Yes | 1=No | 9=No response
9. Is it difficult to use condom after drug use?	0=Yes | 1=No | 9=No response

E. STD History

1. Do you have/had discharge with foul smell from genital organ?	0=Yes | 1=No | 9=No response
2. Do you have/had an ulcer on/ around your genital organ?	0=Yes | 1=No | 9=No response
3. Do you have/had pain/burning sensation during urination?	0=Yes | 1=No | 9=No response
4. Did you seek any treatment for any of the above symptoms?	1= Yes | 2= No | 3= Not Applicable
5. If "yes", where did you receive treatment?	1. Self medication 2. From an allopathic doctor 3. From a homeopathic doctor 4. From a traditional healer 5. Took medicines as advised by friends 6. Others (please describe)

F. HIV / AIDS awareness/attitude

1 Have you ever heard of HIV/AIDS?	0=Yes | 1=No |
2. Can HIV be transmitted by contaminated syringes/needles sharing?	0=Yes | 1=No | Don't Know
3. Can HIV be transmitted by blood transfusion from an infected person?	0=Yes | 1=No | Don't Know
4. Can a HIV positive pregnant mother transmit HIV to her unborn child?	0=Yes | 1=No | Don't Know
5. Can HIV be transmitted through breast-feeding?	0=Yes | 1=No | Don't Know
6. Can you recognize whether your partner is HIV positive or not, just by looking at him / her	0=Yes | 1=No | Don't Know
7. Can people protect themselves from HIV to some extent by having one uninfected faithful sex partner?	0=Yes | 1=No | Don't Know

8. Can people protect themselves from HIV to some extent by using a condom correctly and every time they have sex?	0=Yes | 1=No | Don't Know
9. Will you shake hands with an HIV positive person?	0=Yes | 1=No | Don't Know
10. Will you share a meal with an HIV positive person?	0=Yes | 1=No | Don't Know
11. Would you like to be tested?	0=Yes | 1=No | Don't Know
12. Would you like to share results of your HIV test with your partner / Spouse?	0=Yes | 1=No | Don't Know

Note:
Please Tick (v) the right answer

Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
CBO	Community Based Organisation
CC	Counselling Centre
CCC	Community Care Centre
CSO	Civil Society Organisation
DDRC	Drug De-addiction cum Rehabilitation Centre
DFID	Department for International Development
DU	Drug User
FGD	Focus Group Discussion
FINGODAP	Federation of Indian NGOs for Drug Abuse Prevention
HIV	Human Immuno Deficiency Virus
IDU	Injecting Drug User
IEC	Information Education & Communication
KABP	Knowledge Attitude Behaviour Practice
MOU	Memorandum of Understanding
MSJE	Ministry of Social Justice and Empowerment
NGO	Non Government Organisation
PE	Peer Educator
PHC	Primary Health Centre
PHSC	Primary Health Sub Centre
PLI	Peer Led Intervention
PMO	Programme Management Organisation
PV	Peer Volunteer
RRTC	Regional Resource and Training Centre
SFCC	Support Forum of Concerned Citizens
SHG	Self Help Group
SOE	Statement of Expenditure
SPYM	Society for Promotion of Youth & Masses
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UNODC	United Nations Office on Drugs and Crime
VCTC	Voluntary Counselling and Testing Centre