

# PROGRAMME DEVELOPMENT WORKSHOP: DEVELOPING OUTREACH PROGRAMMES FOR HIV PREVENTION AMONG INJECTING DRUG USERS

## INTRODUCTION

The **Programme development workshop** is a one-day workshop designed to assist planners and local officials in planning the introduction of outreach programmes targeting IDUs. It can be used in conjunction with the **Orientation workshop**, if desired, to move immediately from deciding whether outreach is useful in a specific locality to starting the process of implementing outreach among IDUs. It can also be used together with the **Programme management workshop** (e.g. at the local district level, where the same people may have the roles of developers and managers of outreach programmes). However, this should only be done *after* there has been an assessment of the HIV/AIDS and drug use situation in the participants' localities as well as after agreement has been reached with local authorities and funders to allow an outreach programme to start and to provide it with resources. **Programme development workshop** participants need to have a clear role or intent to partake in developing outreach programmes.

Sessions in the module provide in-depth information on the types of outreach programmes that address HIV among IDUs, and the kind of information needed for planners to decide how and where an outreach programme should begin in their locality. Sessions also emphasize the need to work with other agencies in the locality both to gain support for any controversial aspects of outreach work and to provide referrals to services, which may not be available through the proposed outreach programme. This module also helps participants to plan the next steps in implementing an outreach programme among IDUs (including the planning for workshops on **Programme management** and **Field worker training**).

This chapter provides an overview of the module, together with the list of materials and preparations needed, and an outline of the sessions in the module. Please remember that all-teaching notes and slides for this module are contained in a PowerPoint file on the CD-ROM labelled **Programme development workshop** slides.

## AIM OF THE WORKSHOP

To plan the implementation of an outreach programme for HIV prevention among IDUs in a specific locality.

## ACTIVITIES

Lectures, role-playing, case study discussions, small-group work.

## MATERIALS

- ▶ Computer projector (for PowerPoint slides) or overhead projector
- ▶ Computer with PowerPoint slides or printed overhead slides
- ▶ Flip-chart paper on a stand; at least marker pens (various colours)
- ▶ Optional: Whiteboard or blackboard (plus chalk for blackboard or special whiteboard marker pens)
- ▶ Optional: case study video (from CD-ROM)
- ▶ *Handouts* (one for each participant):
  - ✓ *Case studies*
  - ✓ *Evaluation forms*
  - ✓ *Certificates*
  - ✓ WHO *Outreach training guide* (this book and CD-ROM, or at least the CD-ROM)
  - ✓ Two photographs of drug injecting pasted onto cardboard and cut into jigsaw puzzle shapes (see next section)

## BEFORE THE WORKSHOP

Arrange everything you will need for the workshop, such as venue, materials, catering (if appropriate) for the breaks. Print out **Programme development workshop** slides with **Teaching notes**, and familiarize yourself with the PowerPoint slides.

Also, insert times, venue and other relevant details in the **Programme development workshop** agenda template (on CD-ROM) and make as many copies of this as there are workshop participants; do the same with **Programme development workshop** evaluation sheets (also on CD-ROM). Choose appropriate case studies (on CD-ROM) and have these photocopied so that each participant has a copy: ensure that you choose at least one case study though you may choose to use more than one. You may also wish to use one of the videos included on the CD-ROM in the Case study session (Session B.4). If possible, also copy suitable background materials for participants' further reading after the workshop (see Additional training resources on CD-ROM). **Certificates** (on CD-ROM) should be completed, printed out, copied and signed and the names of participants filled in (ready for distribution at the end of the workshop). In some settings, it is common practice to provide participants with a copy of all overhead slides: these copies should also be made before the workshop.

You will also need two photographs of drug injecting. If possible, these should be photographs taken in the country in which the participants live. However, the photographs should not show the drug users' faces and should be used only with their permission. It is useful for you to know the "story" behind the photographs: where were they taken what the subjects were doing, etc. (If this is not possible, choose photographs from the **Photos** folder on the CD-ROM and see Notes to photographs.) Have the photographs enlarged (to A4 size if possible). Cut the photographs up in uneven shapes (like jigsaw puzzle pieces). The number of pieces (in total) should match the number of participants. These are used in an exercise in Session B.7.

Ensure that you have a clear overview of WHO Rapid Assessment and Response (RAR) tools (Session B.8). Ensure that you are familiar with the terms and techniques of RAR by at least reading the introduction and some parts of the IDU-RAR.

## WORKSHOP OUTLINE

- B.0 Introduction
- B.1 HIV epidemics and prevention among IDUs
- B.2 How to contact IDUs
- B.3 Types of outreach–Break
- B.4 Getting started: case study
- B.5 Aims and objectives
- B.6 Target groups and areas–Lunch
- B.7 Generating knowledge about hidden populations
- B.8 Collecting data and assessing needs
- B.9 Identifying and mobilizing resources–Break
- B.10 Power mapping
- B.11 Relationships with other agencies
- B.X Evaluation and close

### B.0. INTRODUCTION

**(20 MINUTES)**

**Training objective:** To provide participants with an understanding of the aim and activities of the workshop, and introduce participants to facilitators and each other.

**Learning objectives:** By the end of the session, participants should have increased knowledge about:

- ▶ the aim of the training workshop;
- ▶ the duration of the workshop, timing of breaks and main topics to be covered; and
- ▶ their fellow participants.

**Key learning points:**

- ▶ Outreach programmes need to be planned.
- ▶ This workshop should lead to draft plans for the implementation of outreach for HIV prevention among IDUs in the participants' localities.

**Techniques:** Lecture, introductions.

**Programme development workshop slides:** Slide B1

**Session approach and content:** Introduce yourself to participants. Allow participants to introduce themselves to the group, stating at least their name, their profession or job title and the name of the institution where they work (including the city or province if the workshop has a large geographical focus); read the aim of the workshop (Slide B1) and read out the outline, stating when the breaks will be.

## B.1. HIV EPIDEMICS AND PREVENTION AMONG IDUs

**(25 MINUTES)**

**Training objective:** To provide participants with core information on HIV epidemics and HIV prevention among IDUs.

**Learning objectives:** By the end of the session, participants should have increased knowledge about:

- ▶ the ways in which HIV can spread among IDUs and from IDUs to others;
- ▶ the speed at which HIV epidemics can develop among IDUs;
- ▶ the impact of IDU-related HIV epidemics on individuals, societies and economies;
- ▶ methods used to address HIV among IDUs; and
- ▶ the relationship of outreach to other effective methods.

**Key learning points:**

- ▶ HIV epidemics can spread very quickly among IDUs and then to the other groups.
- ▶ The personal, social and economic costs of HIV epidemics among IDUs can be very high.
- ▶ Public health approaches are needed to effectively address HIV among IDUs.
- ▶ Within a public health approach, several specific activities have been shown to be highly effective in preventing HIV transmission among IDUs, including outreach.
- ▶ While outreach may be limited in effectiveness on its own, it is often the first effective method to be implemented and is vital to success of HIV prevention among IDUs.

**Techniques:** Lecture, discussion.

**Programme development workshop slides:** Slides B2–B10

**Session approach and content:**<sup>1</sup> This session is a summary of the information provided in Sessions A.1 and A.3 (see the guidelines on these sessions for an overview of the main points made).

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<sup>1</sup> If the **Orientation workshop** and **Programme development workshop** are being combined, this session can be deleted and more time can be spent on planning assessments and gaining support for the proposed outreach programme. Alternatively, the combined workshops may be carried out in a single day.

If the **Programme development workshop** is being used as a separate workshop, this session should be provided in full. Often the participants in the **Orientation workshop** and **Programme development workshop** are different, and the workshops may be carried out many months apart.

## B.2. EXERCISE: HOW TO CONTACT IDUS

**(35 MINUTES)**

**Training objective:** To introduce participants to some of the obstacles to effective HIV prevention among IDUs.

**Learning objectives:** By the end of the session, participants should have increased:

- ▶ knowledge of obstacles to HIV prevention among IDUs;
- ▶ awareness of their own abilities to directly intervene in IDUs' behaviour; and
- ▶ a sense of comfort with their fellow participants.

**Key learning points:**

- ▶ Injecting drug use is hidden and marginalized: it often occurs in the same areas as other criminal activities.
- ▶ Not everyone is comfortable visiting the places where IDUs might be found and talking with IDUs.
- ▶ IDUs may not listen to advice or follow recommendations for changing their behaviour.

**Techniques:** Small-group discussion, plenary discussion.

**Programme development workshop slides:** Slide B11

**Session approach and content:**<sup>2</sup> This small-group exercise asks participants to list the various places where IDUs may be found across all the localities represented in the group. They are also asked whether they would feel comfortable going to all of these places and talking to IDUs about HIV and drug use issues. Then they are asked whether they believe IDUs would listen to messages delivered by participants.

The exercise reveals that it is difficult to reach and communicate with IDUs and research has shown that the effectiveness of this communication with IDUs depends greatly on who is trying to communicate and where the communication takes place.

## B.3. TYPES OF OUTREACH

**(30 MINUTES)**

**Training objective:** To provide participants with an overview and history of the types of outreach used with IDUs in various parts of the world.

**Learning objectives:** By the end of the session, participants should have increased knowledge about:

- ▶ the ways in which in which outreach programmes developed in various countries; and

<sup>2</sup> This is the same exercise as A.2. If the Orientation workshop and Programme development workshop modules are being run together, it can be deleted. If the Programme development workshop module is being provided separately from the Orientation workshop module, this exercise should be included.

- ▶ models of outreach work.

**Key learning points:**

- ▶ Illicit drug use is characterized as hidden and stigmatized and is often regarded as immoral.
- ▶ Drug-using behaviour is dynamic.
- ▶ There are various models of outreach work.
- ▶ Which models are used depends on the specific characteristics of the locality in which programmes are established.
- ▶ Most outreach work involves finding and contacting IDUs, as well as providing IDUs with information and education about HIV/AIDS transmission and prevention, HIV testing, HIV disease (especially for HIV-positive IDUs) and treatment, drug use and the services available to assist IDUs. Outreach is also commonly linked to (or part of) other programmes such as NSPs, substitution and other forms of drug treatment, and other health and social services.

**Techniques:** Lecture, discussion.

**Programme development workshop slides:** Slides B12–B20

**Session approach and content:** This presentation starts by examining the characteristics of illicit drug use, particularly drug injecting. Illicit drug use is hidden, stigmatized and regarded as immoral by at least some groups in most societies. Drug-using behaviour is also fluid and changes with new technologies. The impact of police and social pressures, changes in membership of drug-selling and using networks, the involvement of different ethnic groups, and changing patterns and trends in drug use based upon availability, price, drug preference and consequences of using particular drugs or drug combinations all affect drug-using behaviour.

The session then considers the history and models of outreach developed in various contexts. Outreach to drug users originated in the 1960s in the United States of America in response to epidemic levels of heroin use. By the late 1960s, outreach programmes were also operating in several western European countries, targeting drug-using youth (EMCDDA, 1999), and in Australia and New Zealand, targeting homeless people and street children, including drug users (KRC, 2002). Community-based work in Latin America has a long tradition based on experiences of popular education in Brazil in the 1960s, and social psychology in Chile or social work in Argentina in the 1970s: all of these used outreach methods to some degree. Mexico and the Caribbean have also integrated outreach into their efforts to address different social problems (Needle et al., 2002).

There are a number of community-based outreach models—with considerable overlap and some differences in the organization of outreach work and functional roles and types of outreach workers. In the **Programme development workshop slides** and **Teaching notes**, there is substantial detail about outreach to IDUs in various parts of the world. Trainers are encouraged to read these and choose excerpts that are most appropriate to the course participants' localities.

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While there are many differences between outreach programmes, most outreach work at least involves:

- ▶ finding and contacting IDUs: going into the communities where IDUs live, work and buy, sell and use drugs; and
- ▶ providing IDUs with information and education about HIV/AIDS transmission and prevention, HIV testing, HIV disease (especially for HIV-positive IDUs), drug use and the services available to assist IDUs.

Outreach is also commonly linked to (or part of) other programmes such as NSP, substitution and other forms of drug treatment, and other health and social services, often in a safe and accessible setting in the community, popularly known as “drop-in-centres” for IDUs.

### B.4. GETTING STARTED: CASE STUDY

**(30 MINUTES)**

**Training objective:** To provide participants with an understanding of how outreach for HIV prevention among IDUs has started in at least one context and to enable discussion of how outreach could be started in participants’ cities, provinces or countries.

**Learning objectives:** By the end of the session, participants should have increased:

- ▶ knowledge of specific characteristics of outreach for HIV prevention among IDUs in other localities; and
- ▶ understanding of the steps needed to start outreach work.

**Key learning points:**

- ▶ Outreach is effectively carried out in localities similar to the participants’ own.
- ▶ Key steps of outreach include:
  - ✓ deciding on aims and objectives;
  - ✓ deciding on target groups and localities;
  - ✓ defining the outreach project’s relationship with other agencies;
  - ✓ identifying and mobilizing resources;
  - ✓ collecting data, assessing needs; and
  - ✓ staffing, equipment and training.

**Techniques:** Individual reading, group watching of a video and/or guest lecture, followed by small-group discussion and plenary discussion.

**Programme development workshop slides:** Slide B21

**Session approach and content:** At this point, a guest lecture by an outreach worker can be very effective, especially if the outreach worker comes from the same country as or a similar country to the participants. The guest lecture should be short (about five minutes), just describing the lecturer’s daily work and allowing about ten minutes for questions from participants. This guest lecture can take the place of the case studies. If there is sufficient time, both case studies and guest lecture can be used to give participants a more complete picture of outreach work.

Alternatively, a video can be shown to demonstrate outreach methods. Case studies and videos are included on the CD-ROM.

After the case study or guest lecture, participants are asked the following questions:

- ▶ What are the important steps in starting outreach in the locality in the case study?
- ▶ What questions need to be answered before an outreach programme can begin?

Steps may include a variety of activities but the essential steps and questions are:

- ▶ Deciding on aims and objectives: a clear view of what the outreach project will try to do.
- ▶ Deciding on target groups and areas: with whom and where will the outreach project work?
- ▶ Beginning data collection and assessing needs: how will the programme developers calculate the number of staff they will need and decide what type of work outreach workers will do?
- ▶ Mobilizing resources: where will the project identify people to staff the project and find funds for it?
- ▶ Defining the project's relationships with other agencies: how will the outreach project work with police/public security/ interior personnel, health, education and social services, both government and nongovernment?

## B.5. AIMS AND OBJECTIVES

**(35 MINUTES)**

**Training objective:** To provide participants with the knowledge and skills for developing aims and objectives for outreach programmes.

**Learning objectives:** By the end of the session, participants should have increased:

- ▶ knowledge of suitable aims and objectives of outreach programmes;
- ▶ knowledge of the key elements of objectives; and
- ▶ skills in developing aims and objectives for outreach programmes in their localities.

**Key learning points:**

- ▶ Clear aims and objectives are helpful when starting outreach programmes.
- ▶ Objectives should be SMART: specific, measurable, achievable, relevant and time-constrained.
- ▶ Clear aims and draft objectives should be developed for outreach programmes in their locality

**Techniques:** Lecture, discussion, and small-group work.

**Programme development workshop slides:** Slides B22–B24

**Session approach and content:** Clear aims and objectives are helpful in:

- ▶ setting common grounds for managers, staff and volunteers;
- ▶ explaining the project to people outside the programme;
- ▶ devising the subsequent strategies for intervention; and
- ▶ for evaluation, if you have clear, measurable objectives, evaluation will tell you whether you achieved your objectives.

The aim of most outreach programmes for HIV prevention among IDUs is usually something like: “To prevent the spread of HIV among and from IDUs in (locality)”

Once the project’s aim has been determined, objectives can be developed. The objectives must be SMART.<sup>3</sup>

At this point, participants are split into small-groups to devise the aims and objectives of their proposed outreach programmes.

## B.6. TARGET GROUPS AND AREAS

**(35 MINUTES)**

**Training objective:** To provide participants with the knowledge and skills to decide on the target groups and areas of operation for outreach programmes.

**Learning objectives:** By the end of the session, participants should have increased:

- ▶ knowledge of possible target groups and areas of operation for outreach programmes;
- ▶ skills in defining target groups and areas of operation for outreach programmes in their locality; and
- ▶ skills in developing SMART objectives.

**Key learning points:**

- ▶ Defining target groups and areas of operation allows outreach programmes to do one job well rather than many jobs badly.
- ▶ Being very specific in defining target groups and areas enables a programme to start small, then build up to more extensive work.
- ▶ Objectives should be SMART: specific, measurable, achievable, relevant and time-constrained.

**Techniques:** Lecture, discussion, and small-group work.

**Programme development workshop slides:** Slide B25

**Session approach and content:**

Once the outreach programme’s primary aim has been determined, the work’s main target

<sup>3</sup> For further information on SMART objectives, see the Guidelines for Session A.5.

should be identified. This may be:

- ▶ a generic group, such as young people or working women;
- ▶ a specific group with particular attributes, such as IDUs, who are not in touch with established services;
- ▶ a generic area, such as all schools or youth clubs in a locality; and
- ▶ specific areas, such as a venue where drug users meet to buy, sell and consume drugs.

Another small-group exercise is used to assist participants in devising the target groups and areas for their proposed outreach programmes and to check whether the objectives are suitable to these targets.

## B.7. GENERATING KNOWLEDGE ABOUT HIDDEN POPULATIONS

**(30 MINUTES)**

**Training objective:** This exercise helps participants to refocus on the workshop topic after lunch and provides an opportunity to discuss how knowledge is generated about hidden populations such as IDUs.

**Learning objectives:** By the end of the session, participants should have increased:

- ▶ understanding of ways in which knowledge of a topic is generated; and
- ▶ skills in verifying assumptions about drug use or other topics.

**Key learning points:**

- ▶ A photograph or any other piece of “evidence” cannot tell a full story.
- ▶ Assumptions need to be verified by assembling more evidence from different sources.

**Techniques:** Group exercise (in two large groups) followed by discussion from the full group.

**Programme development workshop slides:** Slide B26

**Session approach and content:** In this exercise, participants are asked to put together two jigsaw puzzles, which result in photographs of drug injecting but which do not show the faces of the drug users. Participants are then asked:

- ▶ If this picture were taken in your city, what statements would you make about HIV and injecting drug use in your city?
- ▶ How would you check that these statements were true?

The session concentrates on pointing out the assumptions that participants make and exploring ways to verify their assumptions. These methods of verification are covered briefly in the next section.

## B.8. COLLECTING DATA AND ASSESSING NEEDS

**(45 MINUTES)**

**Training objective:** To provide participants with the knowledge and skills to be able to collect data and assess needs for outreach programmes.

**Learning objectives:** By the end of the session, participants should have increased:

- ▶ knowledge of ways of collecting data on drug use and HIV/AIDS;
- ▶ knowledge of WHO RAR methods; and
- ▶ skills in assessing needs for outreach programmes in their locality.

**Key learning points:**

- ▶ There is a wide range of sources of useful data about drug use and HIV/AIDS.
- ▶ WHO RAR methods can be used to collect and assemble these data and to design effective HIV prevention programmes among IDUs.
- ▶ Data used for programme design should be checked through triangulation.

**Techniques:** Lecture, discussion, and small-group work.

**Programme development workshop slides:** Slides B27–B29

**Session approach and content:** Before beginning an outreach programme, participants need information about injecting drug use and HIV/AIDS in their localities. This information is normally generated through an assessment.

WHO recommends the use of a recently developed set of tools called IDU-RAR: A manual for rapid assessment and response for injecting drug use.

This session provides an explanation of RAR and the principles that underlie this methodology:

- ▶ speed;
- ▶ cost-effectiveness;
- ▶ exploitation of existing data;
- ▶ use of multiple indicators and data sources;
- ▶ investigative orientation;
- ▶ induction;
- ▶ relevance to interventions and pragmatism;
- ▶ investigation of many levels of societies;
- ▶ consultation; and
- ▶ adequacy rather than scientific perfection.

While these RAR methods are recommended, other types of assessment can also be used to start an outreach programme quickly. Such an assessment must include:

- ▶ collecting and reading existing information on drugs and HIV in the locality;

- ▶ identifying key persons (drug users, professionals, police, people living in the neighbourhood, etc.) and collecting information from them; and
- ▶ going onto the street and exploring the situation of IDUs.

At this point, participants are again split into small-groups to determine what type of assessment is needed in their locality as well as how and by whom it should be carried out.

## B.9. IDENTIFYING AND MOBILIZING RESOURCES

**(60 MINUTES)**

**Training objective:** To provide participants with the knowledge and skills to be able to identify and mobilize resources for outreach programmes.

**Learning objectives:** By the end of the session, participants should have increased:

- ▶ knowledge of resources needed for outreach programmes;
- ▶ knowledge of potential ways of accessing these resources; and
- ▶ skills in accessing these resources for outreach programmes in their locality.

**Key learning points:**

- ▶ Outreach programmes require fewer resources than most other HIV prevention interventions among IDUs.
- ▶ Outreach programmes require human and financial resources.
- ▶ Outreach workers may be recruited among IDUs in the community, ex-drug users in (or graduated from) rehabilitation services, students and other groups.
- ▶ Financial resources exist in many forms and mobilizing funds for outreach programmes may not be difficult.

**Techniques:** Lecture, discussion, and small-group work.

**Programme development workshop slides:** Slides B30–B31

**Session approach and content:** Community-based outreach is well suited to resource-constrained settings since it is the least costly of the range of effective interventions for HIV prevention among IDUs. However, positive behaviour change among IDUs is more likely to occur when outreach programmes invest resources in training and developing human resources (outreach managers, outreach workers, peer educators and volunteers), and in developing and distributing educational and prevention materials. This session discusses the types of resources needed and helps participants to determine where these resources can be found in their locality.

The most important resources are:

- ▶ human: especially outreach workers and managers;
- ▶ financial: including remuneration of outreach and other programme staff, transport costs, materials (see below) and training;

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- ▶ materials:
  - ✓ outreach materials could include leaflets, booklets, condoms, bleach, containers for carrying needles and syringes, water, alcohol swabs, other useful items to IDUs and, where outreach is connected to NSP, needles and syringes;
  - ✓ outreach worker identification (caps, T-shirts, bags, badges); and
  - ✓ IEC materials.
- ▶ linkages with other services.

At this point, participants are split into the same small-groups as in the previous session to begin planning for the resources needed for the outreach programme they are designing. Then they are asked where funding could be found for outreach programmes in their localities. This is done as large-group brainstorming.

### B.10. POWER MAPPING

**(45 MINUTES)**

**Training objective:** To provide participants with the knowledge and skills to be able to identify potential allies and obstacles for outreach programmes.

**Learning objectives:** By the end of the session, participants should have increased:

- ▶ knowledge of potential allies and obstacles for outreach programmes in their locality; and
- ▶ skills in identifying potential allies and obstacles for outreach programmes in their locality.

**Key learning points:**

- ▶ Powerful individuals and institutions can be both allies and obstacles.
- ▶ Important allies and obstacles can be different from one locality to the next.

**Techniques:** Small-group work, discussion in plenary.

**Session approach and content:** In this exercise, participants work in small-groups to map the people, groups and institutions that may have an influence on both starting and maintaining an outreach programme.

### B.11. RELATIONSHIPS WITH OTHER AGENCIES

**(60 MINUTES)**

**Training objective:** To provide participants with knowledge and skills for developing relationships with other organizations.

**Learning objectives:** By the end of the session, participants should have increased:

- ▶ knowledge of ways of developing relationships with other organizations; and

- ▶ skills in identifying key organizations in their locality for developing an outreach programme.

**Key learning points:**

- ▶ A wide range of organizations can provide support and assistance for an outreach programme.
- ▶ Individuals and organizations that could be obstacles to the outreach programme may become allies (or may not interfere with the programme) if they are involved with or consulted about establishment of the programme.

**Techniques:** Lecture, discussion, and small-group work.

**Programme development workshop slides:** Slides B320–B37

**Session approach and content:** In the previous exercise participants found that there are many important groups and individuals that can assist or obstruct outreach work. This session discusses ways to seek support from potential allies. It discusses formal and informal ways to link with other agencies.

The session specifically considers the relationship between an outreach programme and the police and narcotics control department/agency. The most effective way to develop police/narcotics control liaison is to identify a senior police/narcotics control official who is (or can be persuaded to be) sympathetic to the assessment or programme and sufficiently senior to ensure that the assessment and programme can operate without interference from the police/narcotics control.

At this point the participants should be cautioned that they must be very careful in not releasing any sensitive information about the IDUs, e.g. personal identity or drug injecting or hang-out spots, drug-acquiring spots, since this is more likely to cause arrest of the IDUs or a police raid of the IDU hang-out places. In addition, this would result in distrust among the IDUs, driving them further underground and, in the end, would jeopardize the outreach programme activities among the IDUs.

Even after achieving a level of cooperation from the police/narcotics control, a mechanism is also needed to deal with problematic situations. Problematic situations while implementing outreach programmes often arise when high-level agreements about police/narcotics/health policy on such matters are not properly communicated to (or are ignored by) police/narcotics officers on the street, who then harass the assessment team or outreach workers and clients. The usual mechanism is to arrange regular meetings at both senior level, followed by local level, between police/narcotics control and health (and possibly city or ward) officials or to develop a protocol for calling meetings at short notice if problems arise.

At this point, participants are again split into the same small-groups as in the previous session and asked to consider where they will find the human resources to carry out outreach work, and to consider the attendant costs. Once the results of this exercise are added to those of previous exercises throughout the day, participants will have completed the basic steps of planning an outreach programme and, with these plans, can approach funders to seek funding for their programmes.

Participants are provided with further information on ways in which WHO and other resources can assist them in their next steps in implementing an outreach programme.

## B.X. EVALUATION AND CLOSING

**(15 MINUTES)**

**Training objective:** To provide trainers with insight into the effectiveness of their training materials and methods and to offer participants a structured way to comment on the training process.

**Techniques:** Individual completion out of evaluation forms, followed by thanks and farewells.

**Session approach and content:** Workshop evaluation sheets are distributed and completed by the participants.