Assessing Capacity and Providing Technical Assistance for Harm Reduction Programs in Central and Eastern Europe and Central Asia

Prepared by AIDS Projects Management Group for the European Harm Reduction Network

May 2008

Acknowledgements

This toolkit has been adapted by AIDS Projects Management Group (APMG) for Eurasian Harm Reduction Network for use among harm reduction programs in the Central and Eastern European and Central Asia region. APMG staff and consultants who worked on the adaptation were Dave Burrows, Tim Leach, Ruth Birgin and Andrey Zheluk. The toolkit was adapted from *CBO/ FBO Capacity Analysis: A Tool for Assessing and Building Capacities for High Quality Responses to HIV/AIDS*, published by CORE Initiative in 2005 (funded by a grant from the US Agency for International Development - USAID), which in turn was based on a toolkit for non-government organisations developed by the International HIV/AIDS Alliance.

A. Introduction

Organisational and technical capacity building is a cornerstone of the work of the Eurasian Harm Reduction Network (EHRN) to help ensure that harm reduction (HR) programs have the necessary skills and strategies they need to implement effective harm activities to address the HIV prevention, treatment and care needs of injecting drug users in the Central and Eastern European and Central Asia region (EE/CA). Capacity building efforts focus on issues of organisational effectiveness such as planning and management, as well as technical health and rights issues including HIV related issues ranging from behaviour change communication, provision of injecting equipment and medications such as methadone and antiretroviral treatments, monitoring and evaluation, finance, gender issues, partnering and advocacy. This Capacity Assessment Toolkit was developed to enable HR organisations to analyze levels of capacity in these different organisational and technical areas.

What is this tool?

This tool can be used by EHRN consultants with HR organisations to identify capacity building needs, plan any technical support needed by the organisation, and potentially monitor and evaluate the impact of capacity building support.

How can this tool be used?

This tool is designed to facilitate group discussions between members of HR organisations and EHRN consultants providing capacity building support. (Alternatively, the tool may be self-administered by the implementing HR program but this document was developed specifically for use by EHRN consultants.) The profile section has questions that can be asked to establish a basic description of the organisation. There are eight further sections relating to specific areas of capacity.

In each capacity section, there are specific questions which have corresponding possible responses. Each suggested response indicates a different level of capacity that might be found in the organisation. The EHRN consultants use the suggested responses to ask the group how they would score their organisation on a scale of 1-4. By this method, participants assess their own strengths, weaknesses and capacity building needs, but also develop their understanding of how they might strengthen their capacity or improve the way they work.

How to organise a visit with a harm reduction organisation

EHRN consultants should work as a team of two people, with roles assigned from the beginning so that one person facilitates and the other documents the analysis. A meeting should be arranged with 5–10 members of the organisation that are representative of everyone involved at different levels within the organisation and have a balanced mix of gender. If possible, clients should also be involved in this meeting.

The process should take about 1½ to 2 days. Arrange a convenient time and location for the meeting. Check how far members and volunteers will have to travel to attend the meeting and if they need to be provided with compensation for this. Refreshments may also need to be provided not only during the meeting, but also to sustain people for their journey home.

Prior to the visit

Section B of this toolkit (Organisational Profile) should be sent to the organisation being assessed prior to the visit by EHRN consultants. If possible, the organisation should fill in the form and return it to EHRN at least 2 weeks prior to the visit. If this is not possible, EHRN consultants will need to complete the form with the organisation's assistance on arrival.

How to facilitate a discussion

The facilitator is central to the success of the capacity assessment visit. The facilitator holds a very powerful position in a meeting. For facilitators to impose their own views is to abuse that power. **Facilitators should only ever encourage, clarify or help expand other people's views.**

General responsibilities of the facilitator also include:

- To ensure that <u>everyone</u> (including less confident or dominant members e.g. women, young people) contributes to the discussion and to ensure that questions are not just answered by the coordinators or leaders of the organisation.
- To ensure the discussion remains focused on the questions. Don't let people get distracted by side issues or become embroiled in details or an ongoing disagreement.
- To generate discussion and interaction. Probe for further information and ask the group to respond to each other's views (use questions such as, 'what do the others feel about that?')
- To encourage critical reflection. Guard against the group tendency to provide only positive responses.
- To ensure everyone understands all language used. Some participants may not be familiar with some terms.

Starting the discussion

- Introduce yourself and ask everyone to introduce themselves and their roles. Document people's roles to ensure there is a spread of people from across the organisation.
- Explain that the main purpose of the meeting is not to find out information from them, but to enable participants to discuss and decide how to improve the way their organisation works, for their own benefit.
- Make a contract about time. Use regular breaks to ensure people stay engaged when participating in the discussion.

Conducting the analysis

The assessment is a process of starting discussions (using questions) and of keeping discussions focused by returning back to the series of questions in the tool.

- If <u>all</u> participants have a high level of literacy, it may help to provide copies of this toolkit for participants to follow during the discussion. If some participants find the written toolkit difficult, they may be disadvantaged, and oral discussion in the local community's language will work better.

- The toolkit provides questions to help describe the organisation. To save the group's time, this can be completed with the help of key members of the organisation before the group meeting – i.e., a meeting with the coordinators or leaders of the organisation can complete this section before the larger meeting(s) are held. If time is limited, consider splitting up participants into two smaller groups and discussing different sets of questions with each group.
- In each capacity section, ask the suggested open-ended questions written within the Facilitators' Guidance Section first. The group's response to these will help them to answer some of the specific questions. Next, go through the specific questions and the suggested responses to ensure that the group members understand all the terminology and the differences between each of the indicators. Then ask each of the participants to individually score each of the indicators by rating the organisation on a scale from 1 to 4.
- Use the suggested responses in an informative way. Participants may ask for explanations and even challenge the importance placed on some indicators of capacity in the toolkit. All such discussion will encourage participants to reflect critically on the way they work and what needs to change.
- One way to encourage reflection could be to ask about specific experiences when having a certain level of capacity helped the organisation, or not having a certain capacity caused a problem for the organisation. For example, for an organisation that had less understanding of national policy or links with external organisations, may not have been notified when a national call for funding proposals went out.
- For organisations with very low or very high capacity, the answers to certain questions may be obvious (e.g. if it has its own office or computer). These questions could be completed by the facilitator without asking participants, to avoid repetition or the risk of discouraging a group with low capacity. The judgement of the facilitator is important in deciding which questions to ask and how to ask them.
- At the end of each section, ask the group if the discussion has made them think of any improvements or changes that could be made to the way they work. Try to come to agreement on any potential actions or plans.
- As there is great diversity of the situations of HR programs in EE/CA, participants of some groups may find it is difficult to choose an indicator to answer a question. The facilitator should not force an answer. It is important to explore the reason why they could not choose and assess any needs the group may have. The notes from this exploring process should be placed in the blank space at the end of the section.
- It is important to keep the exercise positive so that groups do not end up focusing too much on what they cannot do or have not done. Make sure the group is encouraged to also recognise its achievements.
- Be flexible. If a group is struggling with a concept or finding it too difficult to answer a question, be prepared to move on to the next section. The point of the exercise is to encourage useful discussion within the group and to help EHRN understand the group's technical assistance needs. To achieve this, it might not be necessary to answer all questions.

How to document the discussion

Start by getting consent for documentation to take place and explaining how the information will be used and by whom. Explain that a report will be written up, and how copies can be shared with the group. Also remember to -

- Record the main points of the discussion as they are made, on a flipchart if available or otherwise in a notebook.
- Summarise key actions agreed at the end of each section.
- Ask questions to clarify when necessary.
- Try to write up notes and flipcharts into a report as soon as possible after the meeting.

B. Organisation Profile

1. Name / title of HR Organisation	**2. When was the organisation established?** **3. Who was the organisation established by?**
4. Contact details of the HR Organisation Name and contact details, including mailing address, telephone/fax numbers and email, if available Is there access to: E-mail ___ WWW ___ CD-ROM ___ Telephone ___ Postal Mail ___ What is the preferred way of receiving information?	
5. Locations where the HR Organisation works and services provided at each location Location 1 Please repeat for each location If possible, please record or estimate number of clients reached at each location in the past year, and the number of times clients were reached in that year. If further breakdowns are available (male/ female; numbers reached by each service, numbers for referrals, etc), please provide these.	Services provided: ☐ NSP ☐ Provision of education materials ☐ Provision of condoms ☐ Case management ☐ HIV treatment literacy ☐ Provision of Nalaxone ☐ Counselling for HIV tests ☐ General counselling ☐ Legal services ☐ Social services ☐ Hepatitis services ☐ Specific services for sex workers (please specify): ☐ Specific services for female IDUs (please specify): ☐ Specific services for MSM IDUs (please specify): Trainings on: ☐ Safer injecting ☐ Vein care ☐ Negotiating safer sex Referral to:

	☐ Detoxification ☐ Rehabilitation ☐ Opioid substitution treatment ☐ Counselling for HIV tests ☐ HIV tests ☐ General counselling ☐ Legal services ☐ Social services ☐ TB services ☐ Hepatitis services

6. Location of Operational Base of the HR Organisation

☐ In a building owned by a government partner
☐ In a building rented from a government partner
☐ In an private rented venue
☐ In the organisation's own property
☐ Other:

7. Key HR Organisation Characteristics

This section is designed to help identify the key characteristics of your organisation's style of operation. For each heading tick the box that most resembles your organisation's situation.

Registration

□ Our organisation is not registered
□ Our organisation is currently trying to get registered
□ Our organisation is registered as a commercial organisation
□ Our organisation is registered as a non-governmental organisation

Group Origin

□ Our organisation was established by a government agency
□ Our organisation was established by a government partner together with others (working outside government)
□ Our organisation was established by others (working outside government)

8. Overview of HR Organisation's work

Who does the HR Organisation work with (clients)? Estimate how many people it reaches with different activities.

9. Key achievements & main challenges Key highlights/successes of the HR Organisation’s work; main problems/issues it faces
10. Sources of funding Financial, material or in-kind support received from a) international sources; b) national sources; c) local sources.

11. Future plans

What are immediate needs/priorities? Do you have any plans to scale up; if so how? If you received more funding, how would you use it? How do your plans link with other larger national programs? Are objectives similar/different? What are possible funding sources for the plans?

12. Date & name of person completing profile (or assisting EHRN consultant to complete profile)

C. Governance and strategy

How do you guide your organisation and plan for the future?

Facilitators Guidance:
This session aims to help the group discuss how it guides and governs itself and how (or if) it plans for the future. The session covers whether there are agreed and written-down systems for making decisions, and how these systems of decision-making were developed. It also covers whether the organisation has a clear reason for existing and clear ideas about what it hopes to achieve (a goal), and whether it has a plan for achieving this goal.

	Question	Capacity Score			
		1	2	3	4
1. Rules and regulations	Do you have written rules and regulations which are accepted and approved by all the members of the organisation?	No rules written down	Some rules / principles are written down	Written rules exist but weren't widely approved by members of the organisation	Written rules approved by members of the organisation
2. Mission	Do you have a clear and written view about why the organisation exists and what it is trying to achieve that is understood, agreed and approved by all the members of the organisation?	No clear view	Can describe the purpose of the organisation, but it has never been agreed or written down	Purpose written down long ago, but few people were consulted in development or understand it now	Purpose was agreed by all stakeholders, and is regularly used to guide decisions about the organisation
3. Organisational Planning	Do you have a written plan that describes what your organisation's priorities are and how you will achieve them?	No plan	Thought about it, but have no written document	Have general directions, but no specific plan has been developed from this	Organisational plan developed and have clear ideas about how to implement it

Discussion notes:

Capacity building needs:

D. Leadership

Who guides and directs the group?
Facilitators Guidance: This session aims to help the organisation to assess how they guide and direct themselves. Before scoring, ask the group what they understand leadership to mean. If there is a lack of understanding over what is meant by leadership or what function leaders fill then ask the group the following questions: • What are the characteristics of a good leader? • What are the skills a leader needs? • What is the difference between a manager and a leader? Ask if the group thinks it has a leader or a coordinator? Ask the group if it has a Board (or Committee), and if so what role this board plays in leading or guiding the organisation and making decisions. Find out if there is a plan to help the organisation's leaders improve their skills.

	Question	**Capacity Score**			
		1	**2**	**3**	**4**
1. Leadership	Who are the leaders of the organisation?	All leadership is provided by a government partner	Most leadership is provided by a government partner	Most leadership is provided by staff and clients and some by a government partner	All leadership is performed by the staff and clients
2. Leadership plan	Do you have a plan for training staff and clients to be better leaders?	No leadership plan	A leadership plan is being developed	A leadership plan developed but not implemented	A leadership plan has been defined by all group members and is implemented
3. Board or Committee	Do you have an elected Board/Committee that meets and makes decisions that guide your organisation?	No committee, no meetings	Committee is established, but it never meets	Occasional meetings, but does not provide guidance or decisions for the organisation	Regular meetings (at least quarterly) with useful guidance and decisions made for the organisation

4. Decision Making	Do your organisation's leaders consult with other people when they make decisions?	All decisions are made by the leader(s) without any consultation with clients or staff	A few decisions are made after consultation with clients or staff	Most decisions are made after consultation with clients and staff	All decisions are made after consultation with clients and staff
5. Partnership	How do you define your relationship with your government partner (if you have one)?	No communication or collaboration → We communicate and collaborate			

Discussion notes:

Capacity building needs:

E. Finances

How does the organisation plan and manage its finances and budget?

Facilitators Guidance:
This session aims to help the organisation to assess its financial management skills.

	Question	Capacity Score			
		1	2	3	4
1. Finances	Is your organisation reliant on a partner for financial management?	All financial management (planning, budgeting and reporting to donors) is done by a government partner	The organisation applies for funds from the partner, but is responsible for keeping accounts of and reporting back on this expenditure	The organisation is responsible for preparing budgets, monitoring and reporting back on funds; but these functions are overseen by a government partner	The organisation is completely responsible for managing its finances
ONLY ASK THE FOLLOWING QUESTION IF THE ORGANISATION HAS SCORED 1, 2 OR 3 ON QUESTION 1.					
2. Awareness of financial position	Does your organisation have a system to make sure it understands its financial situation?	The organisation does not know the amount of funds still available from each of its donors	The organisation receives irregular feedback from the partner regarding its financial position	The partner provides written monthly reports to the organisation on its financial position	The partner meets the organisation regularly to discuss the finances openly and provides written monthly reports

3. Finances	Does your organisation keep accounts of money that can be presented on demand?	No accounts kept	Records kept of money received & spent, but difficult to know how much money is held at any one time	Accounts kept up-to-date and balances and statements are prepared at the end of the year	Balances & statements prepared quarterly. At year end, presented to external stakeholders for approval.
4. Supporting Documents	Do you maintain supporting receipts and invoices for every expenditure from each grant?	No - receipts and invoices are not kept	Receipts/ invoices are needed to justify expenses sometimes, but rarely kept on file	Receipts / invoices are needed to justify any use of grant money and these are kept on file, but rarely reviewed	All receipts / invoices and other supporting documents are filed for 3 years, and regularly reviewed by authorized person
5. Audits	Have you undergone audits of your financial accounts?	No - never	Yes, once, but not in the past 3 years	Yes, including in the past 3 years, but not every year	Yes, audit is carried out each year
6. Budgets and cash flow planning	Does your organisation prepare, monitor and review a budget?	Budgets are prepared for every proposal but not used for anything else	Budgets are prepared to decide how much to spend on all project and organisation costs to ensure there is enough money for all future plans	Budgets are presented for approval to a board or representative group of members annually	Every 6 months budgets are compared to money already spent and planned cash-flows to make sure there will be enough cash to keep the organisation running
7. Reporting Requirements	Do you provide accurate financial reports on time to donors?	No experience of having to submit donor reports	Reports are submitted, but always late and with incomplete information	Some reports get submitted on time but are often incomplete or get queried by the donor	Reports always submitted on time & always meet all donor requirements

Discussion notes:

Capacity building needs:

F. Administration and staff management

How do you organise for your work?

Facilitators Guidance:
This session aims to help the organisation to assess how it organises staff and administration functions. Make it clear you are not just talking about the number of staff or how they are hired, but also how they are trained and supported to do their work – this might be called staff development. Useful questions include:

- How are staff and volunteer development programmes created?
- Who decides what is important?
- How is this paid for?
- Who provides the training?

Ask how the performance of staff in their roles is evaluated or reviewed, and how often this happens. Make sure everyone is aware that this system might be described as 'staff appraisal'.

Ask the group what they understand as the difference between a salaried staff member and a volunteer. If needed, distinguish between "salaried" staff who receive regular payment for their work; "stipend staff" who receive only incentives or small, occasional payments; and "volunteers" who receive no payment or stipend/ incentives.

Lastly, ask the group to consider to what extent both staff and volunteers are mobilised and developed to carry out their duties, before asking them to score the indicators.

	Question	**Capacity Score**			
		1	**2**	**3**	**4**
1. Staff / Volunteer organisation	Does your organisation involve a number of salaried staff and volunteers who have different responsibilities?	Less than 5 volunteers run the entire organisation	1-5 full-time staff are paid a salary and organise all volunteers	6-20 full-time staff are paid salaries, and organise volunteers within different, fixed areas of responsibility	Over 20 full-time staff are paid salaries, and organise volunteers within different, fixed areas of responsibility
2. Drug users and ex users on staff	Does your organisation involve drug users and ex users in its work?	Yes, as unpaid volunteers only	Ex users can hold staff positions but active users can only be volunteers	Both ex and active users can hold staff positions, except for management or supervisory jobs	Ex and active users can hold staff positions, including management and supervisory jobs

3. Staff salaries and benefits	How do staff salaries and benefits compare with other agencies?	Staff receive salaries but no or few benefits provided to government staff	Staff receive lower salaries than other, similar agencies and no or few benefits provided to government staff	Staff receive similar salaries to other, similar agencies and full benefits provided to government staff	Staff receive higher salaries than other, similar agencies and full benefits provided to government staff
4. Recruitment	How are salaried staff and volunteers recruited?	Recruitment is carried out only by the government partner	Different positions are recruited in various ways: no system in place	Recruitment carried out with government partner and at least 1 representative of staff/ clients involved	There is a transparent and written system for recruitment in organisation
5. Staff management	Is your organisation reliant on a government partner for staff management?	All staff management (recruitment, selection, training etc.) is done by a government partner	The management of the organisation is responsible for some areas of staff management but not recruitment, grievance procedures or dismissal	The management of the organisation is completely responsible for all aspects of staff management (recruitment, selection, training grievance and dismissal)	The management of the organisation is responsible for day-to-day aspects of staff management with specific actions (recruitment, selection, dismissal) carried out by or with the Board
6. Roles and responsibilities	Does the organisation have a clear organisational structure with clear roles and responsibilities for all staff, volunteers and Board	There is no clear understanding of each Board or staff member or volunteer's responsibilities	Job descriptions (job responsibilities and rules) written down long ago, but few people have seen them. Nothing	Staff, Board and volunteers have job titles and have some understanding of what their role involves	All staff, Board and volunteer roles have clear job descriptions and incumbents are aware of their responsibilities

	members?		for Board members		as well as how all roles coordinate with others
7. Roles and responsibilities (cont'd)	How does your organisation develop job descriptions and specifications?	All job descriptions are developed by a government partner	A few job descriptions developed by management of the organisation, but most by a government partner	Most job descriptions are developed by the management of the organisation	The management of the organisation is completely responsible for developing job descriptions
8. Staff and volunteer development	Does your organisation have a program to build skills of staff (and volunteers)?	Few meetings. Staff/volunteers are sent for training only occasionally.	Occasional meetings to share lessons and support each other. Training is provided informally & externally.	Regular meetings (monthly), training and team-building activities to keep staff and volunteers motivated	Individual and organisational staff development plans in place, updated regularly and linked to job descriptions, budget, workplans and staff and volunteer appraisal
9. Appraisal Systems	Is there any staff & volunteer appraisal system in the organisation which ensures continuous appraisal of staff and volunteers, leading to staff development plans	No	There is a staff and volunteer appraisal system, but it is haphazardly used (appraisals delayed by 6-12 months, etc)	There is an appraisal system, but used punitively as part of grievance/ dismissal process	There is an appraisal system, and the appraisal process is transparent, based on written and agreed job descriptions, and linked to individual staff and volunteer development plans

10. Burnout and relapse prevention	How are burnout and relapse addressed?	The organisation does not have any systems or processes to deal with burnout or relapse	The organisation does have a system but it appears inadequate to deal with burnout or relapse	The organisation has the skills to deal with most tensions and challenges, but lacks a systematic approach towards burnout, relapse, team spirit and morale	The group has skills and processes to deal with tensions, challenges and obstacles (including relapse and burnout), and to support and encourage team building and morale
11. Safety issues	How is worker safety addressed?	The organisation does not have any systems or processes to deal with worker safety	The organisation does have a system but it appears inadequate to deal with TB issues, accidental exposure to HIV, etc	The organisation has the skills to deal with most safety issues, but lacks a systematic approach towards post-exposure prophylaxis	The group has skills and processes to deal with safety issues, and a program in place to identify potential safety concerns (case reporting)
Discussion notes:					

Capacity building needs:

G. Project design and management

How do you develop, manage and evaluate your projects?

Facilitators Guidance:
This session aims to help the organisation to assess how they develop, manage and evaluate their projects. Firstly ask the group to review how they design projects, implement, monitor and evaluate them. Ask them what they understand by the 'project cycle' – the way project design, implementation monitoring and evaluation all connect with each other.

Next discuss if project management is done as a group or in conjunction with external stakeholders e.g. a government partner and clients. If this is done in conjunction with other groups ask them at what points these groups input and how. Lastly ask the group to score the indicators.

	Question	**Capacity Score**			
		1	**2**	**3**	**4**
1. Activity development & planning	Does the organisation plan its activities, involving all people concerned?	Organisation mainly responds to immediate needs, with little planning	Occasional short-term planning, e.g. major events or monthly activities	All the organisation's ongoing activities are normally planned in advance with all staff and volunteers	Annual plans are developed and agreed with clients, volunteers, staff & Board
2. Project & proposal development	Are you successful in developing project proposals?	Funding has been received for one successful proposal mainly developed by an outsider	Organisation has single source of funds; provides new project proposal (developed internally) each year for ongoing funding	Funding received from at least 2 separate funding sources for proposals developed internally in the last 3 years, each with needs assessments, activity plans and budgets	Organisation meets with staff, clients and Board to determine priorities and needs for project activities, develops proposals and applies to range of sources to meet funding needs. Proposals have needs assessments, activity plans and budgets attached and more than 50% of proposals are funded.

3. Project Management	How does the organisation manage its projects?	Organisation does not hold regular reviews of project activities against project plans and budgets	Organisation reviews activities once they are completed	Activities are reviewed occasionally during implementation with a few staff	Meetings with all relevant staff held regularly to discuss progress and assess activities against plans and budgets; feedback sought regularly from Board and clients about the way activities are managed
4. Targeting	Are you reaching the people you want to reach with your programs and services?	We have generalised approach to our programs. We do our best with the resources we have.	We work with specific localities and try to reach a set number of drug users (defined in funded project proposals)	We work with specific localities and try to increase our reach and services beyond a set number of drug users (defined in funded project proposals), and discuss our services with clients	We work with government and other stakeholders to determine the estimated number of drug users in our locality, their level of need and how we (together with other organisations) can meet the HIV-related needs of ALL of the drug users in this locality
5. Monitoring & Evaluation	Does your organisation have a functioning monitoring & evaluation system?	The organisation monitors contacts, has no way of accurately stating how many clients are reached with what services, and does not do evaluation for any of its activities	Organisation mainly responds to immediate donor requests for monitoring data with little planning	Organisation has a monitoring and evaluation system, is collecting data on an ongoing basis and reporting to donors, but cannot use the data to inform management decisions	Monitoring and evaluation systems are documented and data is used to inform management decisions, and provide regular feedback to clients and other stakeholders

Discussion notes:

Capacity building needs:

H. Technical capacity

What experience does the organisation already have with harm reduction?
Facilitators Guidance: This session aims to help the organisation to assess its knowledge in HIV and AIDS and drug use issues necessary for its projects. Before scoring the questions, ask the group to discuss what kind of services the group is providing. Ask them how they access information about HIV and AIDS and drug use and updated knowledge about technical aspects of the services they provide. Secondly have a discussion about how they think HIV/AIDS affects people differently depending on their gender (being male, female or transgender). Then have a group discussion around stigma and discrimination. Ask them how they think it impacts upon target groups, upon them or upon their work. Ask how the organisation determines whether its activities address the needs of target populations. Are its needs assessments and needs assessment tools up-to-date? Do they address only HIV prevention needs? Or other needs as well such as: ARV access, hepatitis prevention, overdose, rights issues, vein care, community mobilization? Do their services address the needs of female drug users? Do they address the needs of amphetamine users? Then ask them to score the indicators.

	Question	Capacity Score			
		1	2	3	4
1. Knowledge and skills on health and rights including HIV	Does the organisation train all its staff and volunteers in health and rights including HIV?	Training on health and rights including HIV is provided to staff on or shortly after recruitment	Training on health and rights including HIV is provided to staff and volunteers on or shortly after recruitment	Specific training on health and rights including HIV is provided to staff and volunteers on recruitment and occasionally thereafter	Specific training on health and rights including HIV is provided on a regular basis; training is based on what staff and volunteers want to know more about; attendance at training is based on job descriptions and responsibilities and organisational staff development is discussed in

					each annual or semi-annual plan
1a. Knowledge and skills on HIV treatment literacy	Does the organisation train all its staff and volunteers in HIV treatment literacy?	Training on HIV treatment literacy is provided to staff on or shortly after recruitment	Training on HIV treatment literacy is provided to staff and volunteers on or shortly after recruitment	Specific training on HIV treatment literacy is provided to staff and volunteers on recruitment and occasionally thereafter	Specific training on HIV treatment literacy is provided on a regular basis; training is based on what staff and volunteers want to know more about; attendance at training is based on job descriptions and responsibilities and organisational staff development is discussed in each annual or semi-annual plan
1b. Knowledge and skills on overdose prevention	Does the organisation train all its staff and volunteers in overdose prevention?	Training on overdose prevention is provided to staff on or shortly after recruitment	Training on overdose prevention is provided to staff and volunteers on or shortly after recruitment	Specific training on overdose prevention is provided to staff and volunteers on recruitment and occasionally thereafter	Specific training on overdose prevention is provided on a regular basis; training is based on what staff and volunteers want to know more about; attendance at training is based on job descriptions and responsibilities and organisational staff development is discussed in each annual or semi-annual plan

1c. Knowledge and skills on vein care	Does the organisation train all its staff and volunteers in vein care?	Training on vein care is provided to staff on or shortly after recruitment	Training on vein care is provided to staff and volunteers on or shortly after recruitment	Specific training on vein care is provided to staff and volunteers on recruitment and occasionally thereafter	Specific training on vein care is provided on a regular basis; training is based on what staff and volunteers want to know more about; attendance at training is based on job descriptions and responsibilities and organisational staff development is discussed in each annual or semi-annual plan
1d. Knowledge and skills on community mobilisation	Does the organisation train all its staff and volunteers in community mobilisation?	Training on community mobilisation is provided to staff on or shortly after recruitment	Training on community mobilisation is provided to staff and volunteers on or shortly after recruitment	Specific training on community mobilisation is provided to staff and volunteers on recruitment and occasionally thereafter	Specific training on community mobilisation is provided on a regular basis; training is based on what staff and volunteers want to know more about; attendance at training is based on job descriptions and responsibilities and organisational staff development is discussed in each annual or semi-annual plan
6. Access to new information on health and rights including HIV	How do you encourage and enable staff, volunteers,	No system for improving knowledge on health and	Some leaflets and information is made available; occasional	Information regularly accessed through a variety of	Regular internal discussions to learn & share knowledge;

	Board members and clients to learn and develop their knowledge about health and rights including HIV?	rights including HIV	informal discussions	sources and actively distributed among all groups	information regularly accessed from a variety of sources; and access to an internet/email connection is used to constantly update knowledge
7. Finance for technical support	Do you have the financial resources to obtain effective technical support?	We do not have a technical support budget	We have a limited budget for technical support	We are able to identify and access resources and capacity	We have allocated resources and capacity
8. Planning for technical support	How do you obtain and plan for technical support?	We do not obtain technical support or do not have a plan	Obtain technical support through trainings and workshops, as opportunities arise	Obtain technical support through various methods, according to a plan	Obtain technical support that is defined in consultation with clients and provided through various methods

Discussion notes:

Capacity building needs:

I. NETWORKING AND ADVOCACY

How do you understand and initiate the function of networking?
How does your organisation work on advocacy?

Facilitators Guidance:
This session aims to help the group to assess how it forms partnerships with other groups and how it advocates for the rights of those that it works with. Open questions are needed here to check what advocacy means to the groups and members. Ask them what they understand by the word and what they think doing advocacy means for their group. Talk about how advocacy involves speaking out to try to change minds and produce change; how it tries to protect people's rights, reduce discrimination and improve the access of marginalised groups to services. Discuss different layers of advocacy aiming at target groups, local communities and decision-makers. In particular ask them what they understand by advocacy directed at decision-makers. Who do they consider to be decision-makers in their environment?

Secondly ask the same question around networking to elicit group understanding of the terminology. What does the group understand by the word 'networking'? Ask them what relationship their organisation has with other local, national and international players in HIV/AIDS and harm reduction and how do they work together to influence others?

Are they aware of opportunities to be involved in decision-making processes of larger programs like GFATM projects, Universal Access processes, other national decision-making processes? Are they involved in these processes; to what degree? Do they communicate with representatives on CCMs; on National Committees; on regional and local committees? What capacity do they have and what capacity building is necessary to help them get more involved?

Finally ask the group to score the indicators.

	Question	Capacity Score			
		1	2	3	4
1. Local networks	Are you a part of a local network of service providers? Please provide a visual map of all relevant services in your city/ local area, noting your relationship with each of these services on a scale of 0 to 3 with: 0 = No relationship 1 = Occasional referrals 2 = regular referrals, but little other communication 3 = Close relationship	We are not involved in any network	We are on a list of services in our locality but have little involvement with others in the network	We are involved in a network with other service providers and participate in decision-making	We are involved in a local network which provides easy referral from each agency to all other agencies, ongoing communication with each other and combined decision-making for the network

2. National/ international networks	Are you a part of national and/or international networks?	We are not involved in any network	We are on a mailing list of national and/or international networks, but contribute little to the network	We are involved in a national/ international network and communicate regularly with other network members	We are involved in a national/ international network with regular communication, and we participate in decision-making of the network(s)
3. Advocacy	Do you carry out any advocacy activities?	We do not carry out any advocacy activities	We do not have skills to develop advocacy activities	We have initiated small-scale advocacy activities with limited impact	We have effective strategies and mechanisms to work on advocacy. We carry out a wide range of advocacy activities with positive impacts.
4. Advocacy targeting decision makers	Do you carry out advocacy activities to influence decision makers?	Little or no targeted advocacy work done in the past.	Have only mobilised general public for support or awareness raising, but nothing targeted at key people or institutions	Have developed targeted activities towards certain groups or policies but with little impact	Have done successful advocacy, mobilising allies and using many different communication methods, with evidence that we have made an impact
5. Advocacy targeting the general population	Do you carry out advocacy activities to influence the general population to change opinions and combat stigma and discrimination?	No advocacy work targeting the general public done in the past	Involved in occasional advocacy work targeting the general public in the past	Have developed targeted activities towards general population but with little impact	Have done successful advocacy, mobilizing allies and using many different communication methods, with evidence that we have made an impact

6. Broader context and networking	Do you work in partnership to achieve common advocacy targets/issues?	Work in isolation. No knowledge of work of others.	Some knowledge of local government policies and of other local organisations who are mainly seen as 'competitors'	Understand national and local policies, strategies of other organiations working in HIV/AIDS; have contact with relevant people / organisations	Have effective advocacy and referral networks , sharing resources with local, national and international network members

Discussion notes: Capacity building needs:

J. INVOLVEMENT OF DRUG USERS and PLHA

What roles do drug users and people living with HIV and AIDS (PLHA) play in the organisation and how does the organisation communicate with drug users and PLHA in its locality?

Facilitators Guidance:
This session aims to help the organisation to assess how they involve drug users and PLHA, and how it communicates with them. Firstly ask the group to think about the make-up of the organisation. Who is a member and how do people become a member of the organisation? Are drug users and PLHA able to participate in the organisation? In what ways?

Secondly explore how the group defines and understands vulnerability within their context, to ensure a common understanding of the 'involvement of vulnerable people'. Ask what some of the challenges are in getting vulnerable populations to participate in the organisation e.g. people with HIV usually do not want it known to the public that they are positive, so will be reluctant to participate as openly HIV-positive people.

Does the organisation know of and partner with local groups of drug users, ex users and/or PLHAIs the organisation involved with treatment access advocacy? Is the group familiar with the "Nothing about us without us" declaration? Is this used/ useful in their work?

Lastly ask groups how they aim for equal gender participation within the organisation. Ensure that they understand that the question here about gender is focusing on how the organisation encourages gender equity internally **within** the organisation, as opposed to the previous gender questions which focused on how organisations integrate gender issues within their projects and activities.

Then ask the group to score the indicators.

	Question	Capacity Score			
		1	2	3	4
1. Involvement of community of drug users	How do you work with drug users?	We only involve a small group: mostly people who are employed by the organisation as volunteers	We communicate with drug users who use our services and volunteers	We make some efforts to communicate with drug users by having forums and encouraging drug users to drop in to our office	We take active steps to consult widely with drug users, including formal inclusion of drug users in monthly meetings, annual planning, monitoring and evaluation
2. Involvement of drug users in the activities, work and major decisions of the	Do drug users participate fully in the activities, work and major decisions of the	No drug users are involved, except to receive	Drug users work as volunteers but in no paid / decision-	Drug users are fully represented in decision-making and	Drug users are fully represented in decision-making roles and are on

organisation	organisation?	services	making roles	are employed as staff	the governing board / committee and employed as staff
3. Involvement of community of PLHA	How do you work with PLHA?	We only involve a small group: mostly people who are employed by the organisation as volunteers	We communicate with PLHA who use our services and volunteers	We make some efforts to communicate with PLHA by having forums and encouraging PLHA to drop in to our office	We take active steps to consult widely with PLHA, including formal inclusion of PLHA in monthly meetings, annual planning, monitoring and evaluation
4. Involvement of PLHA in the activities, work and major decisions of the organisation	Do PLHA participate fully in the activities, work and major decisions of the organisation?	No PLHA are involved, except to receive services	PLHA work as volunteers but in no paid / decision-making roles	PLHA are fully represented in decision-making and are employed as staff	PLHA are fully represented in decision-making roles and are on the governing board / committee and employed as staff
5. Gender	How does your organisation respect, encourage and promote equal participation from people of all genders?	Organisation has never actively considered this – more than 80% of clients are from one gender	While gender balance exists at some levels, over 70% of people at management and decision-making levels from one gender	No more than 70% of one gender at all levels	Organisation develops & uses gender sensitive approaches in its work and promotes equal respect and rights for male, female and transgender identities
Discussion notes:					

Capacity building needs:

K. QUALITY OF SERVICES

How does the organisation ensure the quality of its services?

Facilitators Guidance:
This session aims to help the organisation to assess how they ensure the quality of services. Firstly ask the group to think about the services provided by the organisation. Are they of high quality? Could their quality be improved? How can the organisation know if its services are meeting drug users' needs?

Next describe Quality Assurance and Quality Review.

Quality Assurance: Quality Assurance (QA) means confirming the degree of excellence of a product or service, measured against its defined purpose. This might involve a number of techniques. For developing IEC materials it would include commenting and testing among IDUs; for needle-syringe provision, it would include performance against identified standards (such as those provided in the WHO Guide to Establishing and Managing NSPs). A Quality Assurance Program is an ongoing application of QA processes to all aspects of the organisation's work top seek constant improvement in quality.

Quality Review is any specific task in QA. For example, a client feedback questionnaire, a meeting with clients to discuss changes to service rules.

Then ask the group to score the indicators.

	Question	Capacity Score			
		1	2	3	4
1. Quality Assurance Program	Does the organisation have a structured Quality Assurance Program?	Never heard of such a program	We have heard of these programs but have not considered undertaking it	We have considered a Quality Assurance Program but believe it would be too costly in time and effort	We have a fully functioning Quality Assurance Program
2. Quality Review	Does the organisation carry out Quality Reviews?	Never	Quality Reviews occur haphazardly when a staff member or organisational leader expresses concern about a specific service	Quality Reviews occur regularly but only for specific activities such as development of IEC materials	Quality Reviews occur regularly for all aspects of the organisation's services

Discussion notes:

Capacity building needs:

L. DEVELOPING THE REPORT

If possible, EHRN Consultants should begin developing the Capacity Assessment Report together with the organisation's leaders, staff and clients before leaving the organisation.

At the end of the meeting(s), go back to the objectives discussed, ask participants if they have found the process useful, and if there are any other obvious gaps in the organisation's capacity that have not been discussed so far. Discuss how the assessment will be followed up with a report and a capacity building plan. Try to come up with an action plan to summarise any actions agreed upon. Emphasise the responsibility of members themselves for any actions identified; external support should only be for technical or financial resources that cannot be found within the organisation's own resources. A table such as the one below can be used.

Suggested Table for Action Plan Development

Sections	**Need** Weakness identified	**What?** Action needed	**When?** Now / Soon / Later (*short-term, mid-term or long-term*)	**Who?** Who's responsible?	**Resources required** e.g. technical or financial
Governance and Strategy					
Leadership					
Finances					
Administration & Staff Management					
Project Design and Management					
Technical Capacity					
Networking and Advocacy					
Involvement of drug users and PLHA					

In the above table, try to reach agreement with the group on what are the most important and urgent areas of need for technical assistance. Think about how technical support can be provided. Ask the group:

- Are there publications or training resources that can be obtained for the organisation?
- Are there other organisations or people who could provide advice or share experiences with participants?
- How should the capacity assessment report be shared? For example, would it be useful to share the report with other partners of the organisation e.g. donors, support providers or community organisations facing similar challenges?

In essence, the above table and answers to the above questions should guide the Executive Summary of the Capacity Assessment Report.

Format of the report

The report should consist of:

- Cover page, providing the title: Assessment of the Capacity of (name of organisation), (city), (country); date and author(s) of the report
- Acknowledgements: This document should be acknowledged as the basis of the assessment, together with the names of any persons who wrote the report or assisted in either the assessment or the writing processes.
- Acronyms List and/or Glossary may be needed if a large number of acronyms or unusual words are contained in the report
- Executive Summary: This should contain key findings and recommendations with priorities for the importance and urgency of recommended actions
- Introduction: how the assessment came about, who carried out the assessment, what tasks were undertaken on what dates (for multi-site programs, this may need to be placed separately as an annex to the report, especially if it is more than 1 page long)
- Findings: The findings in a single-site program may only require one section. In multi-site programs, the findings may need to be grouped under sites or localities as separate sections. The findings section(s) should echo the format of this toolkit, with the scored answer to each question followed by some discussion (see example below).
- Recommendations: This section states what technical assistance should be obtained by the organisation to meet any needs discovered during the assessment. Recommendations should be as specific as possible, suggesting potential sources of information, assistance and capacity building and noting any specific issues that need to be addressed (see example below).
- Annexes: Any long information or information that may be of interest but does not fit the above headings should be placed in Annexes. These might include lists of people interviewed or sites visited, summaries of evaluation or activity reports, relevant legislation or local or national policies or strategies, etc.

Example of Findings

H3. What do staff and clients understand about the relationship between gender and HIV/AIDS and drug use?

The Organisation scored 2 on this question. In discussion, there was a strong belief that there are major HIV risks faced by women injecting drug users who are also sex workers. However, the organisation does not currently address this group because another NGO works with sex workers. Mentoring could assist the organisation to work with the sex work NGO to develop either a combined project or a collaborative process to ensure the needs of this group are met.

Example of Recommendations

1. Human resources management training was identified as a particular deficit by (organisation) staff. The central issue involved the implementation of outreach work by volunteers from trust points. Staff found it difficult to monitor whether outreach was being done in the allotted work shifts by the allotted volunteers and were unsure whether volunteers could be trusted to accurately fill in daily monitoring forms. Specific training on supervision of outreach workers is urgently needed. Additional human resources management issues to be addressed include staff selection, length of contracts for staff, optimal use of specialists, responsibilities of oblast coordinators and staff burnout.

(adapted from APMG report to UNDP: "Assessment of Phase I harm reduction projects funded by Global Fund to fight AIDS, Tuberculosis and Malaria HIV/AIDS grant in Belarus" December 2006.)

M. Guidelines on evaluating service quality

An overview of quality

Quality is defined by the US- based Institute of Medicine of National Academies as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge"*.* This definition is widely accepted as the definition of health quality in English-language scientific literature.

Service quality is the performance of contracted project tasks against detailed description of those services (standards) based on the latest international evidence. Service quality standards for each organisation provide detailed information about the expected performance of projects to clients, staff and managers.

Coverage has emerged as a key consideration for harm reduction programs globally. Coverage refers to the proportion of a population that needs an intervention which is receiving or participating in that intervention. Coverage of harm reduction services is now seen to have three aspects: reach (including regularity of reach): the number of injecting drug users reached by each service (as a proportion of the estimated number of injecting drug users in the city or province); breadth (the range of services offered to injecting drug users) and quality. The quality of activities and services being implemented is crucial to achieve high coverage. If interventions being implemented are of poor quality, the results of the activities will not be optimal even if the intervention is able to reach a high proportion of drug users.

Once data collection systems have been developed to monitor coverage targets, harm reduction projects should move towards monitoring, and improving the quality of services provided to clients.

Four Key Quality Monitoring Activities

The quality assurance processes and indicators outlined here are based on several studies and guides. The WHO *Guide to Starting and Managing Needle-Syringe Programs* recommends that quality monitoring address at least the following key issues:

- Convenience of access to injecting equipment (Monitoring Question 1)
- Friendliness of staff (Monitoring Question 2)
- Involvement of injection drug users in NSP activities (monthly IDU Advisory Group meetings)
- Response of management and staff to complaints and to changes in behaviour and the environment (Complaints procedures and weekly team meetings followed by a feedback loop, in which monitoring leads to changes which lead to further monitoring and further changes as required)
- Range of injecting equipment and services provided at the NSP (Monthly Advisory Group meetings and weekly team meetings followed by the above feedback loop)

- Referral processes used (Monitoring Question 3 and annual client satisfaction questionnaire).

Similarly the UNAIDS Best Practice Report on *High Coverage Sites: HIV Prevention Among Injecting Drug Users in Transitional and Developing Countries* found that work is needed on the development of quality indicators for HIV prevention and care services among injecting drug users. It states: "From this report and other studies, it is clear that quality of services is an important factor in achieving high coverage. From the case studies, the following areas require quality indicators:

- Convenience of access to services (Monitoring Question 1)
- Breadth of services to attract subpopulations of injecting drug users, including male and female, younger and older, users of different drugs and of a range of ethnicities) (these should be discussed regularly at team meetings and IDU advisory group meetings)
- Involvement of injecting drug users and the extent to which injecting drug users influence or implement changes to services, including measures for "friendliness" of the relationship between clients and staff (IDU advisory group meetings and Monitoring Question 2: the extent to which advisory group recommendations are carried out by the agency is a measure of IDU's influence on the agency's activities)
- Management processes which are flexible, responsive to client needs, to changes in drug use patterns, and to political environments (team meetings and feedback loops)
- Effectiveness of advocacy activities with measures for relationships between programmes and key stakeholders such as law enforcement, government at various levels and neighbours (Monitoring Question 4).

More broadly, the UNAIDS monitoring and evaluation framework for most-at-risk populations seeks to assess the quality of interventions by asking questions about their implementation. Process monitoring, evaluations, and other forms of quality assessments are typically performed at this step. While all programs, regardless of target population and type of intervention, should conduct process monitoring and evaluation, the framework suggests there are several issues to which programs targeting most-at-risk populations should pay particular attention:

- Acceptability of services – experiences of stigma and discrimination, perceptions of privacy and confidentiality, appropriateness and relevancy of interpersonal communication and printed materials, involvement in program planning and implementation, positive and negative experiences, and overall satisfaction. (IDU advisory group meetings, Monitoring Questions 2 and 3, client satisfaction questionnaire, complaints procedure)
- Access to program services – including distance to and location of project sites, opening hours, waiting times, cost, and police presence. (Monitoring Questions 1 and 4)
- Targeting of programs – whether programs are reaching particular networks of most-at-risk populations and excluding others that may be less visible or more highly affected by HIV. (team meetings and IDU advisory group meetings)

- Linkages with other services – as individual programs cannot be expected to meet all the needs of most-at-risk populations, organizations need to link effectively with others providing complementary services. This includes other prevention services as well as treatment, care, support, human rights, and life or vocational skills training. (Monitoring Question 3)

- Involvement of community stakeholders – programs targeting most-at risk populations are unlikely to be successful without the simultaneous involvement of those individuals that also influence their vulnerability to HIV. They are specific to local contexts and can include sex industry gatekeepers (e.g. 'madams,' 'pimps'), sexual partners, police and local authorities, or influential individuals. These individuals directly influence the success of interventions, and process evaluations commonly explore their attitudes towards, and interactions with, programs. (Monitoring Question 4, team meetings and IDU advisory group meetings)

In turn, these guides have drawn on research which has shown that the following are important domains of quality in services for injecting drug users. In the US, Grau et al [1] showed that ability to acquire needles and syringes as needed was a key determinant of whether injecting drug users attended NSPs. Other US studies [2] have shown that "trust" is a key determinant of whether injecting drug users initiate HIV treatment and participate in clinical trials of HIV medications: friendliness of staff is regarded as a proxy for measuring the level of trust clients have in a service.

In former Soviet Union countries, many of these issues have also been found to be particularly important. For example, the case studies in the UNAIDS High Coverage report quoted above included examples from Russian Federation (RF), Belarus and Ukraine. In Lithuania, a Best Practice study [3] found that harm reduction services which attracted drug users then maintained regular contact with clients over a long period appeared to be the most effective. It also found that stigma and discrimination were among the most important reasons for drug users not to access NSPs and to stop accessing NSPs.

In the wider context of quality measurement, many North American service providers use the SERVQUAL methodology, which originally measured 10 aspects of service quality to define the gaps between client expectations and experience. By the early 1990s, the authors had refined the model to the acronym RATER:

- Reliability: Ability to perform the promised service reliably and accurately (IDU advisory group, Monitoring Questions 1 and 3, team meetings, complaint procedure)
- Assurance: Knowledge and courtesy of staff and their ability to convey trust and confidence (Monitoring Question 2)

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[1] Grau LE, Bluthenthal RN, Marshall P, Singer M and Heimer R. 2005. Psychosocial and Behavioral Differences Among Drug Injectors who Use and do not Use Syringe Exchange Programs AIDS and Behaviour 2005 Dec 9(4):495-504

[2] Altice FL, Mostashari F, Friedland GH. Trust and the acceptance of and adherence to antiretroviral therapy. *J Acquir Immune Defic Syndr*. 2001;28:47–58; Mostashari F, Riley E, Selwyn PA, Altice FL. Acceptance and adherence with antiretroviral therapy among HIV-infected women in a correctional facility. *J Acquir Immune Defic Syndr Hum Retrovirol*. 1998;18:341–348

[3] Central and East European Harm Reduction Network 2003. *HIV/AIDS amongst injecting drug users in Lithuania: Best Practices* Vilnius

- Tangibles: Physical facilities, equipment, staff and communication materials. (IDU advisory group, team meetings)
- Empathy: Care and individualised attention (IDU advisory group, Monitoring Questions 1 and 3)
- Responsiveness: Willingness to help and provide prompt service: (IDU advisory group, Monitoring Questions 1, 2 and 3, team meetings, complaint procedure).

To ensure that an NSP (or other agency) is working effectively, ongoing monitoring is required to assess the quality of the services and products provided. Five activities are recommended to carry out this quality assurance process.

The first is a **weekly team meeting** of all staff involved in NSP service provision. This meeting should discuss both current practices of providing products and services (and referrals) and any new challenges caused by changes to drug users, drug use practices and the environment in which drug use (as well as buying and selling) occurs. Where NSP workers identify problems with services or products provided by the agency, or identify changes to injectors' behaviour or the environment which suggest the need for improved or altered services and goods, these should be noted and responded to quickly by management. After changes are made to practices, based on these observations, NSP workers should be encouraged to gauge the effectiveness of the changes and to suggest further ways to overcome ongoing or new problems. In this way, a feedback loop is formed, in which constant monitoring leads to changes which lead to further monitoring and further changes as required. The weekly team meeting is the appropriate vehicle both to note the need for changes and to assess the response of clients to changes made by the agency.

Second, an **advisory group of clients** can play a key role in quality monitoring, especially if regular meetings of injecting drug users are encouraged to provide critical appraisal of the NSP's services. When the advisory group recommends changes to practices, these should be discussed with NSP workers at the team meeting before being implemented and monitored in the above feedback loop. Matters to be regularly raised at the advisory group meetings include core elements of the agency's structure and work such as:

- Physical facilities, equipment, staff and communication materials
- Products and services provided and referred
- Problems leading to gaps in availability of specific products and services
- Knowledge and friendliness of staff.

Third, it is recommended that NSPs and each agency to which NSP clients are referred implement a clear and comprehensible **anonymous complaints procedure**, which should be advertised at each agency. Forms should be made readily available – for example, on a counter at the NSP – together with a box in which the forms can be placed anonymously. Complaints should generally be given to the NSP or agency manager and should be investigated thoroughly. If needed, the organisation's discipline policy should be invoked where an NSP staff member is shown to have acted against the rules or policies of the programme.

Fourth, agencies should ask clients the following **key questions in regular monitoring** processes:

Monitoring Question 1. Are you able to acquire the sterile injecting equipment you need when you need it:
Always? Mostly? Sometimes? Rarely?

Monitoring Question 2. Please rate NSP staff friendliness on a scale of 1 to 5, where:

1 = Very friendly: always make me feel comfortable, regularly discuss health and personal issues with me; I think of the staff as my friends

2 = Friendly: open, easy to talk to, I never have any problems discussing any issue I want to raise

3 = Okay: neither particularly friendly or unfriendly; they do their job politely but I don't feel I can ask questions or waste their time

4. Formal, not very friendly: always seem to be in a rush, not smiling, not very helpful

5 = Unfriendly: always telling me what to do, not listening to me, uninterested in my problems.

Monitoring Question 3. On the last occasion that you were referred by NSP staff for a medical or other service:

a) Did you attend the service to which you were referred? Yes/No

b) Were you satisfied with the referred service? Yes/No

Monitoring Question 4. Please rate your feeling of SAFETY when accessing new injecting equipment: in particular, this means safety from interference, harassment or violence from police and other authorities, on a scale of 1 to 4 where:

1 = Very unsafe: always or very often fearing or experiencing interference, harassment or violence
2 = Unsafe: often fearing or experiencing interference, harassment or violence
3 = Safe: but with occasional interference, harassment or violence
4 = Safe: with no interference, harassment or violence

These monitoring results should be used to determine whether the NSP is meeting the following indicators:
Indicator 1: More than 80% of clients state they can always or mostly acquire the sterile injecting equipment they need when they need it.

Indicator 2: More than 80% of clients state the staff are very friendly or friendly.
Indicator 3a: More than 80% of clients state they attended the referred service.
Indicator 3b: More than 80% of clients state they were satisfied with the referred service.
Indicator 4: More than 80% of clients state they feel safe when accessing injecting equipment.

N Guidelines for planning TA

In planning technical assistance (TA), the assessment process will already have identified whether the TA can be provided by resources/resource persons within the organisation, through publications or training resources that can be obtained for the organisation, or through other organisations or people who could provide advice or share experiences with participants. External support should only be for technical or financial resources that cannot be found within the organisation's own resources.

Planning for TA will reflect identified priorities matched against existing resources. Where resources (financial and/or technical) do not exist, a proposal will need to be developed for potential funders and TA provider/s: this can be based on findings from the capacity assessment report.

All TA planning should reflect:

- priorities
- potential to rectify the identified weakness/es
- affordability
- practical and realistic goals

Building on capacity assessment findings, planning should clearly detail the specific input required for each TA event that will potentially address the weakness/es, who will carry out the activity, time requirements for each TA event, any barriers to undertaking the TA activity, and a rough estimate of overall costs.

In all cases, whether the TA is provided by someone within or external to the organisation, the responsible person/s should ensure that the material or program content is of high quality, evidence based, and matches the need/s identified as well as the capacity of the participants (literacy and pre-existing knowledge/skill levels).

The planning process should be closely aligned to the capacity assessment report findings when selecting TA participants. Depending on the mode of TA to be used, planning should also detail TA dates and duration, suitable venue/s, equipment (including visual aids), handout materials, meals, accommodation, transport and other special needs as required (interpreters, access to medications etc). *See TA planning sheet sample below.*

Providing TA to outreach workers, peer educators and/or volunteers may need specific planning, particularly if active IDUs are participating. A first step is for outreach managers and program developers to discuss the idea of training, mentoring, study tours (or whatever TA mode is deemed appropriate and viable) with active IDUs and ex drug users. Invite or brief potential participants well in advance. The background of the TA course or program should be discussed and explained. An official letter can emphasise that active involvement will be appreciated.

Sample TA planning sheet

Not all sections will be relevant for every TA event.

TA dates:
Date of planning draft:

1. **Terms of reference and TA objectives:**

2. **Expected TA outputs:**

   Is a report due? *Yes/No*
   (if yes) **Date:**

3. **Agenda, mentoring sessions or study tour program.**

Date	*Agenda, mentoring sessions or study tour program*	*Venue*	*Time*

Other details:

TA contents: training materials, study tour objectives, or mentor program in line with capacity assessment recommendation? YES / NO

Comments:

4. Availability of trainers/facilitators/mentor

5. Availability of participants?

6. Travel –study tour check list

i. Travel arrangements confirmed? ☐

ii. Hotel accommodation confirmed? ☐

iii. Language compatibility/interpreter? ☐

Participant names	***Travel documents prepared***	***Special needs? Prepared for? Y/N Y/N***	***Contact information***

P. Guidelines for carrying out TA activities (training, mentoring, study tours)

Training:
Training methods should follow adult learning principles, and ideally be interactive and involve methods such as small group work, role plays, case studies etc. The trainer/s must have skills requisite for effective delivery of the training.

The session plan should allow for ample rest and break periods, particularly if the training runs for more than 2 hours. A training agenda should be made available to participants, and the session should begin with introductions and a brief discussion regarding course expectations, and the setting of ground rules (such as confidentiality, respect for contributions of others, no mobile phones etc). In some cases it can be useful to administer a pre-test at the beginning of a course (which can then be compared with a post-test at the conclusion of the training, for evaluation purposes).

If active IDUs are to be trained, it may be helpful to break the training course into smaller pieces and present it in 2-3 hour sessions over a larger number of days. If this is done, it is usually better to organise a training course in the afternoons, than to expect IDUs to attend morning sessions. If possible, give a small present or incentive to the participants as a token of appreciation for their presence. Consider paying people for their presence - they could have been out on the street making money, instead of attending your training course.

Mentoring is a process whereby new or relatively inexperienced participants are assigned more experienced resource people in order to receive advice and work through troubleshooting as they progress in their role. Mentoring methods can involve a variety of forms such as tutoring, observation and feedback/advice, provision of examples, discussion, internet or phone exchanges and role playing.

In planning mentoring programs it is important to refer back to identified needs to determine clear goals and session schedules. The mentor/s should have the appropriate skills, experience and knowledge to meet the identified capacity building need/s. In order to optimise any mentoring program, the mentor/participant relationship will be (or quickly become) functional and comfortable. The mentoring process will usually require a protracted period of time - at least 6 months, so mentors and participants must be prepared to follow mentoring schedules and to be accessible over an extended period of time. If the participant/s are current or ex drug user/s, it can be optimal if the mentor/s also have a drug using background.

Study tours can be an extremely effective medium for building capacity in harm reduction. However, study tours are often costly and mean that the participants are removed from their normal duties while away for study. Therefore it is important that certain criteria are met and guidelines followed. These include:

- Ensuring that the study tour program and participant selection closely matches the TA needs identified in the capacity assessment report
- Contingency arrangements in place to ensure that temporary absence of participants does not interrupt normal service operations
- Participant/s are committed to actively attending the entire study tour: this may include pre study tour preparation, and post study tour debriefing or sharing new information and skills with other members of the organisation
- Participant/study tour language compatibility (same language or with interpreters)
- Participant/s have or can obtain any requisite travel documents, and provisions can be made for ongoing access to drugs (such as HIV or drug substitution treatments) that may be required by the participant/s in order to travel.

Q. Guidelines for monitoring impact of TA activities

In order to assess whether the TA event has met the identified capacity building need/s, every TA plan should include a means of measurement as part of its follow-up actions. Impact can be assessed by evaluating the TA event itself, but in order to understand whether or not the identified weakness has been affected, other measuring tools may need to be applied. Depending on the needs identified in the capacity assessment, this measurement make take the form of a performance assessment, a staff or client survey or focus group discussion, an external evaluation or assessment, or a quantitative survey.

In all cases, TA planning should incorporate record keeping of the following:

- What the TA was designed to achieve according to capacity assessment findings (including any planned targets and indicators)
- What actually was achieved by the TA (measured against targets and indicators where possible)
- The differences between TA plans and what actually occurred
- The causes of any differences
- A list of prioritized possible solutions
- Recommendations to improve further TA inputs.

Training

Evaluation is an important part of the training process to assess participants' reaction to the training and to assess the effectiveness of the workshop or course. It is often useful to prepare a report based on the results of daily evaluation forms *(see sample form below)*. Such a report should include:

- Terms of reference (based on capacity assessment findings)
- Name of the workshop/ course, which module, where and when it was held
- Organisers and funders of the workshop/ course
- Trainers names and organizations (where applicable)
- Participants' names and some short information about them (for example, their title, workplace, locality)
- Trainers' comments on major issues that arose during the workshop/ course
- Results of workshop/ course evaluations, highlighting significant results
- Recommendations for changes to course materials, methods, participant selection etc

In some cases a pre and post test process can highlight the extent to which the training has been useful. Questions should be closely related to knowledge gaps identified through the capacity assessment process.

Where appropriate, it is important to devise a follow-up plan: every training workshop should include a plan for the way in which the training will be used; and a follow-up plan to check whether the training has led to results and to see what further training is needed.

***Mentoring*.**
The impact of mentoring can be assessed against the needs to be met (according to findings of the capacity assessment), conducting mentoring sessions, and then testing the transfer of skills after the session/s. Other variables that can be measured to help evaluate mentoring include the number of meetings between mentor/s and participant/s, availability of the mentor/s to the participant/s, number of phone calls or internet exchanges, and overall satisfaction with the program.

A mentoring evaluation sheet can include the following:

- What expectations did you have of mentoring?
- Have these expectations been met?
- Has the mentoring strengthened "identified capacity building need/s? If no, why not?
- Did the mentoring provide (sufficient) advice to participant/s?
- How much time, on average, per month have you spent with your mentor/s / participant/s? How was it spent?
- Did you feel comfortable talking to your mentor/s about concerns or problems
- Did you actively participate in activities that your mentor/s planned?
- Other Comments

Study tours
Study tour coordinators will usually prepare their own evaluation of the program and the organisation can request of copy of the evaluation report. Where the organisation has arranged the study tour, a process such as that outlined above for training evaluation can be employed.

Sample daily evaluation form

TA title.

Organisation, Venue– Date

Evaluation Forms – Daily Evaluation

Please rate on a scale of 1 - 4 how useful were the following sessions

	1= Not useful	2= Not very useful	3= Useful	4= Very useful
1.	1	2	3	4
2.	1	2	3	4
3.	1	2	3	4
4.	1	2	3	4
5.	1	2	3	4

What was one piece of knowledge, skill or experience you will take away from today and use in your work?

What is one thing you would change about today's training sessions?

Do you have any other comments?