

Opioid Substitution Therapy

Feasibility Assessment Report (for all facilities)

Submitted by

State AIDS Control Society

The Feasibility Assessment report must be entered completely and contain full details and justification for opening of an OST centre and shared to NACO with a covering letter from Project Director, State AIDS Control Society

SUBMITTED TO:

PREVENTION DIVISION, NATIONAL AIDS CONTROL ORGANIZATION

SECTION 1: ASSESMENT OF THE DISTRICT AND THE FEASIBILITY OF THE OST PROPOSAL

A. PURPOSE OF THE ASSESSMENT:

- i. To determine whether the proposed facility (public health facility/TI-NGO, other) is suitable to establish an OST Centre and identify an appropriate space within the facility for setting-up the OST services.
- ii. To sensitize the facility administration (Hospital Administration/ HODs, Directors etc.) about the National AIDS Control Program (NACP) and the harm reduction interventions for people who inject drugs and inform them about the purpose and scheme for setting-up OST centers in the district.
- iii. To obtain commitment from the Administration/HODs (Medical Superintendent/CMO/Directors for supporting the new OST centre with infrastructure and staff, following NACO guidelines and protocols for OST
- iv. To identify a Nodal officer for overall management and supervision of the new OST centre and create liaison with various departments in the facility or within the district by sensitizing them about the OST program.
- v. To examine the facility location for accessibility and create liaison with community at large located near the proposed the facility by sensitizing them about the OST program
- vi. To obtain commitment from the Project Director/Program Manager at the TI-NGO for supporting the OST intervention and creating effective referral and coordination.

B. MODEL/TYPE OF OST CENTER PROPOSED TO BE SET UP:

(Indicate whichever model is being proposed)

Model/Type of Facility	Yes/No	Proposed Target for OST centre
Government OST Centre* (Full-Fledged with MO, Nurse, Counsellor, Data Manager fully supported by NACP)		
NGO OST Centre (Full Fledged with existing part time MO, Nurse, Counsellor, M & E and ORW) supported by NACP		
Satellite OST Centre (sub-centre linked to full-fledged OST centre with existing nurse for dispensation) Satellite centre may be established in PHC/CHC, Health and Wellness Centers, TI DIC (includes hub and spoke) and One Stop Centre		

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Prison OST Centre (either a satellite linked to full- fledged centre or with existing full medical team available at prison)		
Integrated or hybrid OST Centre*** (A full-fledged Integrated centre of government and NGO facilities)		

**Full-fledged OST centre denotes that the complete services of induction, maintenance is provided whereas satellite only does dispensation of medication to registered clients*

***Integrated or hybrid OST denotes a full-fledged OST center and may be set up at a public health facility and will engage an existing public health system MO supported by nurse, counsellor, data manager from the existing public health system or an additional nurse, counsellor and M /E from the linked TI-NGO to be examined on a case to case basis*

C. DETAILS OF THE DISTRICT FOR SETTING UP THE PROPOSED OST CENTER:

Name of district:				
Preliminary Information				
HIV prevalence in the district (GP, PWIDs, other HRGs)	GP- TG/H-	PWID- Migrants-	FSW- Truckers-	MSM-
Estimated PWID population (latest pMPSE) Any other estimates (specify)				
Number of known PWID Hotspots (pMPSE/TI/LWS/OSC/any other				
OST Target for the district (50 percent of estimated PWIDs in the district)				
Key Facilities available in the district				
Type of facility	Number of facilities	Coverage of PWIDs/PWUDs/Prison inmates with history of injection		
IDU TI (Excusive and Core Composite)				
OST centre				
De-addiction Center (<i>mention both govt, and private centres</i>)				
Drug Rehabilitation Centre (<i>mention both govt, and private centres</i>)				
Prisons/Jails*				
Addiction Treatment Facility/Drug				

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Treatment Centre		
One Stop Centre		
LWS		
ICTC		
ARTC		
Psychiatry OPD/Mental health Unit		
DSRC		
TB DOTS		
SSK		

SECTION 2: ASSESSMENT OF THE PROPOSED FACILITY FOR SETTING UP OST CENTRE

A. INSPECTION OF FACILITY FOR OPENING AN OST CENTRE

Brief description of the proposed location where the OST centre is to be established

TYPE OF FACILITY FOR SETTING UP NEW OST CENTRE (tick as applicable))	Name and mailing address of facility Official in charge of facility (name & designation) Department to which the OST centre will be located (where applicable)
Medical College Hospital	
District / Civil Hospital	
Sub-divisional Hospital	
Community Health Centre	
Primary Health Centre	
Health & Wellness Centre	
TI DIC	
One Stop Centre	
Other CBO/FBO facility	
Any other	

OPENING HOURS/TIMINGS OF THE FACILITY	
Number of days the facility (OPD/Clinic/DIC) etc. is open per week	
Timings for (OPD/Clinic/DIC) functioning on weekdays and (weekends if different)	
Distance from PWID congregation sites,	

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hotspots and is accessible by existing public transport for future OST clients (within 5 kms radius for example)	
Whether ICTC, DOT Centre, ARTC and TI are available or in close proximity for referrals	
INFRASTRUCTURE AVAILABLE AT THE FACILITY	
Number of rooms available for OST services at the proposed facility (Specify whether there is sufficient rooms for dispensing, counselling, medical officer and data entry, or indicate if partitions are to be created)	
Does the facility have enough private confidential space for counselling and Medical officer clinical examinations	
Does the facility have secure storage provisions for medicines and equipment? (secure steel almirah with lock and key, furniture, table and chairs, cabinets for storing physical files etc.)	
Does the facility have adequate waiting area for OST patients	
Does the facility have washroom and drinking water facility available/or within the vicinity	
Does the facility have existing computers for data management and SOCH entries	
Does the facility have adequate electricity, power back up and phone/net access?	

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HUMAN RESOURCES	
Number of staffs currently posted at the facility and their designations (<i>if proposed for giving additional charge</i>)	
CURRENT/PAST PERFORMANCE OF FACILITY (IF APPLICABLE)	
Number of PWID currently covered by the facility (*in case of TI DICs)	
Last 6 Months Appraisal Score/grade (*in case of TI DICs)	

(Pl. describe in brief the summary observations during the inspection and indicate if there is any problem/impediment for the same)

- Eg. Whether the facility has sufficient room space for daily OST dispensation with private space for counselling and medical consultations with doctor? (*number of rooms available, or proposed to be partitioned, provision for tables and chairs, storage cabinets for files*)
- Whether the safety of medications, equipment and staff can be ensured in the identified room for OST centre? (*Consider whether the facility is isolated from rest of the hospital, whether medications can be securely stored within the facility, whether there is a strong almirah with lock and key etc.*)
- Is the hospital pharmacy / central store adequate and willing for central storage of OST medicines (stock for at least 3 months)?

Brief description of the staffs for the proposed OST centre

In this table below, clearly provide information on the proposed staffs and the provision/source for each level of staffs. Kindly fill complete information if staffs are to be provided on deputation/additional charge basis from institution/facility and *if staffs are to required to be recruited and deputed through the TI-NGO then mention as to be recruited.*

Staffs proposed for the new OST centre	Name	Educational Qualifications	Mention current designation/Place of posting or to* be recruited
Nodal Officer			

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Medical Officer (MO)			
Nurse/ANM			
Counsellor			
Data Manager/ M & E			

**if to be recruited through TI NGO and posted at OST facility*

- Briefly describe the proposal for filling up staffs for the OST centre and the support received for any level of staffs from the Head Administration of the facility/institution.
- Clearly indicate if any of the Medical Officer, Nurse, Counsellor, data manager can be filled with support from the facility/institution/hospital on deputation or additional charge basis
- Clearly indicate if any HR support for additional MO, Nurse, Counsellor, has been received from institution/state government etc.

Head of the Department/ Head of Institution

Name:

Designation:

Contact Details:

Mob. No:

E-mail ID:

Any other relevant observations by the team:

RECOMMENDATION OF THE ASSESSMENT TEAM

The facility..... has been **Recommended / Not Recommended** for establishment of OST Centre in accordance with the OST Guidelines (Standard Operating Procedure and Clinical Practice Guidelines)

VISITING TEAM

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Details of the visiting team

S. No.	Name of the Visiting Officers	Designation	Signature
1	SACS Nodal Officer		
2	DISHA/DACO/CPO/SPO etc.		
3	Medical Officer (<i>Currently or previously worked in OST centre and trained in NACO OST guidelines</i>)		

Date of Visit:

ANNEXURE 1: ASSESSMENT OF PROPOSED PARENT OST CENTRE (conduct this assessment for satellite centre proposals)

Purpose of the assessment:

1. To review capacity of the proposed parent OST centre
2. To assess the logistical feasibility of opening satellite OST centre in the proposed facility
3. To determine the justification for having a satellite OST centre and the estimated number of PWIDs who may benefit from the satellite
4. To seek commitment from the Parent OST centre staffs for managing and overseeing the services at the satellite centre

Name of proposed Parent OST centre:

Name of Medical Officer:

Contact details:

Mob. No.

Email. Id

Details of the Parent OST centre staffs

(To indicate any position vacant position as defined by NACO guidelines)

Sl. No	Name	Designation	Years of Experience at OST centre
1.		Medical Officer	
2.		Nurse/ANM	
3.		Counsellor	
4.		Data Manager	
5.		Support staffs (if any)	

Capacity of the proposed Parent OST centre

Experience of OST centre in implementation (No. of Years)	
Active OST coverage (current month)	
Average daily client load	
Adherence in the month	
Timings of OST clinic	
Distance in kms from the proposed satellite OST facility	

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Equipped with computer for regular data entry and MPR & SOCH maintained	
Well maintained documentation (registers with individual client files, prescriptions, counselling and MPR in computer etc.)	

Brief description of the proposed parent OST centre and the capacity for performing as a parent centre

- How many clients are currently registered at the parent OST centre, what is the percentage of active clients, adherence and what is the daily client load at the parent OST centre?
- Has the proposed Parent OST centre filled all positions of Medical Doctor, Nurse, Counsellor and data manager?
- Is the staffs of parent OST centre (MO, Counsellor, Data Manager) committed to conduct visits to the satellite centre on a regular basis?
- How many OST clients of parent centre are expected to take services/benefit from the proposed satellite centre?

ANNEXURE II: ASSESSMENT OF LINKED PWID TI-NGO

Purpose of the assessment:

5. To gather profile of the TI NGO and to study the profile of PWIDs
6. To assess the logistical feasibility of opening OST centre in the proposed facility with linkage to the TI
7. To identify the type of services available and needed by PWID clients
8. To sensitize the TI staff and clients about the OST services being established in the district and create demand for the same and a regular referral mechanism from TI to OST

Name of the IDU TI:

Mailing Address:

Name of Project Director of the TI:

Contact Details:

Name of Project Manager of the TI:

Contact Details:

Tel. No. : Mob. No:

E-mail ID: **Details of the TI team (excluding PEs)**

(To indicate any position vacant position as defined by NACO guidelines)

Sl. No	Name	Designation	Years of Experience

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1.		Project Manager	
2.		ANM/Counsellor	
3.		ORW	
4.		ORW	
5.		ORW	
6.		M&E cum Accountant	
7.		Doctor	
8	Number of Peer Educators		

Profile of the TI NGO

Experience of NGO in TI implementation (No. of Years)	
Geographical spread of the TI (in kms.)	
Target for the PWID TI (current year)	
No. of PWIDs ever registered with the TI	
No. of PWIDs currently active with the TI	
HIV prevalence among the PWID (HSS data and ICTC positivity in last one year)	
No. of PWIDs who are PLHIV	
Types of drugs commonly used/injected (specify)	
Distance of TI DIC from the proposed OST centre	
Total no. of hotspots in the TI project area	
Distance of nearest and farthest hotspot from the proposed OST centre	
No. of hotspot within 5 kms. of the proposed OST Centre	
Total no. of clients available in these hotspots (within accessible distance to proposed OST center)	
No. of clients regularly contacted by the project in a month	

Additional Remarks on readiness of the Project Director/ Head of the implementing NGO/CBO to provide requisite support to the proposed OST facility: