



Self-Assessment Checklist: Harm Reduction

HIV epidemics among injecting drug users (IDUs) manifest themselves very differently from epidemics in which sexual transmission is the main risk factor. This is because while sexually transmitted HIV may remain virtually invisible for several years, sharing of injection equipment is a much more efficient mode of transmission, and drug-related epidemics therefore spread more rapidly. Once the virus is introduced into a community of IDUs, tens of thousands of HIV infections may occur!¹

There is a very strong evidence base demonstrating that HIV epidemics among IDUs can be prevented, stabilised and even reversed using a comprehensive package of HIV prevention and care activities provided in a way that respects human rights. This package includes:

- access to sterile injecting equipment;
- information, education and communication (IEC) programmes on HIV, drug use and other blood-borne infections for people who inject drugs;
- access to treatment for drug dependence, including substitution treatments such as methadone;
- community mobilisation and outreach to reach people who inject drugs who do not or cannot access health services;
- sexual and reproductive health services, including STI treatment and condom provision;
- access to HIV testing services;
- access to ARV therapy;
- access to hepatitis C and tuberculosis testing and treatment services, and;
- advocacy for harm reduction and access to services.

Implicit to this list is the imperative that this range of services and programmes is available to all people who inject drugs, including those who are imprisoned, who are homeless or who are migrants. This mix of services and programmes need to be made explicitly accessible to women – both women who inject and the female sexual partners of men who inject.

Implicit to this list also is the imperative to provide these services and programmes in a manner that respects the human rights of people who inject, in particular the right to health, the right to freedom from discrimination, and the right to privacy.

author

This module was developed by the Eurasian Harm Reduction Network (EHRN).

The Code identifies one key principle on harm reduction:

- We provide and/or advocate for comprehensive harm reduction programmes for people who inject drugs.

This self-assessment checklist will help you assess the degree to which your organisation is successfully implementing good practice in your work on harm reduction. The questions are designed to be thinking points or guidelines to help you identify areas that are already at a 'good practice' level, and areas that need to be developed and strengthened.

1. Advocacy guide: HIV/AIDS prevention among injecting users: workshop manual / World Health Organization, UNAIDS (2004)



Self-Assessment Checklist: Harm Reduction

Self-Assessment Instructions

This checklist should be completed by a group of three to five staff members who are involved with your organisation's harm reduction programming.

Please indicate your answer by marking the appropriate box.

- Y** Yes, we undertake this work/activity
- I** Insufficient, in preparation, or being considered
- N** No, we've not yet tackled this work/activity
- NR** Not relevant to our work

This self-assessment is primarily targeted at harm reduction organisations working with/for people who use (especially inject) drugs. While some of the questions are specific to the context of drug use, we recognise that there are harm reduction activities in other fields and therefore for most questions you can simply replace 'people who use drugs', or 'service users', with another vulnerable population.

There is no formalized scoring process for this assessment. Instead, we suggest that you look at the questions that you answered 'no' or 'insufficient' to, and then select areas that are most relevant for your organisation to improve upon in the short-term.

Action Plan

We challenge you to use this tool to identify areas that your organisation needs to strengthen in order to reach a 'good practice' level, and then develop a brief Action Plan that highlights examples of HOW you will improve your work on harm reduction over the next six months. You can use the Action Plan template provided at the end of this module or create your own.

There are seven Key Questions highlighted in the checklist in red. These questions address fundamental issues that you need to consider first when assessing your organisation's harm reduction activities. As you develop your Action Plan, keep these questions in mind and if you have answered 'no' to any of them, this would be a good starting point for improving your programmes!

How to save the Action Plan:

Complete the self-assessment module and Action Plan electronically, save the file and submit it to the Code Secretariat by email. The Secretariat will credit all NGOs that submit Action Plans as 'Implementing' NGOs and full signatories of the Code. After the period of six months, we will ask you to measure your progress against your Action Plan.

the Code

The Code of Good Practice for NGOs Responding to HIV/AIDS (the 'Code') was created by a broad consortium of NGOs to provide a shared vision of good practice to which NGOs can commit and be held accountable.

The Code outlines principles and practices that are informed by evidence and underscore successful NGO responses to HIV. It identifies a series of areas that are key to HIV programming and articulates fundamental principles that should be applied to HIV programmes in each of these areas.

These principles are aspirational, setting out examples of good practice that NGOs can work towards over time.

For more information on the Code, go to www.hivcode.org



Checklist

Please indicate your answer by marking the appropriate box.

Y Yes, we undertake this work/activity

I Insufficient, in preparation, or being considered

N No, we've not yet tackled this work/activity

NR Not relevant to our work

A

General - Organisational

In order for harm reduction work to be effective and sustainable, it must be reflected in organisational policies and practice. This involves including harm reduction in the organisation's mission, legal documents and organisational principles.

This section will help you to determine whether your organisation has effectively mainstreamed harm reduction principles into your organisation.

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	1. Is harm reduction included in the mission statement and/or statutory documents of your organisation?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	2. Is harm reduction included in your organisational principles?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	3. Does your NGO have a written organisational plan that describes the harm reduction priorities of your organisation, including when and how you will achieve them?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	4. Was your organisational strategic plan developed in partnership with service users?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	5. Are your organisation's harm reduction activities based on the findings of a situational assessment? Were the views of female drug users included?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	6. Have all staff members been trained on:
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• harm reduction?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• drug use?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• human rights?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• HIV?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• gender issues?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	7. Does your organisation employ drug users?



Checklist

Y I N NR

8. Is your organisation a member of a harm reduction network?

Y I N NR

9. Does your organisation have an effective monitoring and evaluation (M&E) system?

Y I N NR

10. Is data collected used to improve the service?

Actions needed to support Section A:

B

Human Resources Management

This section will help you assess whether your programme staff are effectively being managed and their needs are being met.

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	1. Does your organisation have a clear organisational structure with defined roles and responsibilities for all staff, volunteers and Board members?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	2. Does your organisation have written working regulations?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	3. Is supervision required and provided to staff on regular basis?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	4. Does your organisation provide supervision to workers on demand?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	5. Does your organisation have an established system of regular staff meetings?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	6. Does your organisation have a system to control staff hours in order to prevent burn-out? Do you ensure that:
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • staff aren't working more than a specified number of hours?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • workers keep their vacation time?

Outreach Workers and Peer Education

Outreach workers and peer educators are an integral part of many harm reduction services. This section is aimed to assess the outreach worker/peer educator's knowledge, as well as the conditions at your organisation to support their work.

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	7. Do outreach workers and peer educators have clearly defined roles and responsibilities?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	8. Does your organisation train outreach workers and peer educators on:
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • HIV risks, transmission, treatment and adherence?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • human rights principles?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • vein problems, overdose, First aid?



Checklist

Y I N NR

• hepatitis risks, transmission, adherence, treatment?

Y I N NR

• tuberculosis risks, transmission, adherence, treatment?

Y I N NR

• communication skills, motivational interviews?

Y I N NR

• gender issues in relation to drug use?

Y I N NR

9. Does your organisation have a system for burn-out prevention among outreach and peer workers?

Actions needed to support Section B:

C

Harm Reduction Principles

Harm reduction is partly defined by a range of principles on which policies and programmes are grounded. This section will help you understand if your organisation has sufficient understanding of the principles and if your programmes reflect them. It will also help you to understand the level of involvement of people who use drugs in your programmes and activities.

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	1. Does your organisation consider the reduction of drug-related harms a more feasible option than efforts to eliminate drug use entirely?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	2. Do staff members support those who seek to moderate or reduce their drug use?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	3. Does your organisation have a written set of service regulations and rules for people who use drugs?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	4. In order for harm reduction services to be available to all who need it, does your organisation allow access to people who:
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• are under the influence of drugs?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• without valid health insurance?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• without identity documents?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• are under the age of 18?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• are homeless?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	5. Does your organisation ensure that service users maintain their anonymity / confidentiality?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	6. Do you consult with service users about the working hours and place of your service to make sure they are appropriate?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	7. Are women made to feel welcome to access your organisation's services?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	8. Are men who have sex with men made to feel welcome to access your organisation's services?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	9. Does your organisation involve people who use drugs and their partners in decision-making processes, programme design and development, as experts and volunteers?



Checklist

Y I N NR

10. Does your organisation have a written policy on ensuring the recruitment of people who use drugs/live with HIV/sex workers/women as staff members?

Actions needed to support Section C:

D

Harm Reduction Services and Interventions

Below are some examples of harm reduction interventions and specific components that can improve the accessibility of your services to people who use them. Please answer only those that are relevant to your organisation's work.

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	1. Does your organisation provide to drug users:
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • needle and syringe exchange?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • outreach and peer education services?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • a substitution treatment programme?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • an overdose prevention programme and / or nalaxone programme?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • tests for HIV, HBV, HCV?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • tests for checking quality of drugs?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • safer injecting training to people who use drugs?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • safer injecting room?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • harm reduction services in other settings (club scenes, prisons)?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • information and legal assistance for cases of human rights violations or discrimination against people who use drugs?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • basic medical care?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • information on HIV prevention, treatment and life with HIV?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • information on hepatitis prevention, treatment and life with hepatitis?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • information on management of chaotic drug use?

Y I N NR

• information on sexual and reproductive rights and health?

Y I N NR

• information on 'positive prevention' to protect partners of HIV-positive drug users?

Y I N NR

• male and female condoms?

Y I N NR

• vaccination against hepatitis A and B?

Y I N NR

• referrals to other services?

Y I N NR

2. Does your organisation provide targeted services for women, men and transgender people?

Y I N NR

3. Do your organisation's harm reduction programmes address issues of gender?

Y I N NR

4. Does your organisation sufficiently reach out to:

• women who use drugs?

Y I N NR

• young people who use drugs?

Y I N NR

• meta/amphetamine users?

Y I N NR

• people who use drugs from different minority and sub-culture populations?

Y I N NR

• foreign people who use drugs, migrants?

Referral system

Y I N NR

5. Does your organisation partner with NGOs working with vulnerable populations in your city/locality?

Y I N NR

6. Does your organisation participate at meetings with other organisations working with vulnerable populations in your city/locality?

Y I N NR

Y I N NR

Y I N NR

Y I N NR

Y I N NR

Y I N NR

Y I N NR

Y I N NR

Y I N NR

Y I N NR

Y I N NR

Y I N NR

Y I N NR

Y I N NR

7. Does your organisation have current referral information (including location and working hours) for the following services in the client's city/ locality:

- access to antiretroviral drugs?

- access to medical assistance?

- drug treatment clinics?

- shelters for people who use drugs?

- names of social workers at other services?

- substitution treatment programme?

- services where people who use drugs can undergo testing for HIV, hepatitis B, hepatitis C?

- IDU and PLHIV peer support groups?

- HIV clinics?

- child care centres that are available for parents using drugs?

- resocialization/rehabilitation programs for people who use drugs?

- public transportation?

- legal services?

8. Does your organisation regularly update information provided in its referral system?

Y I N NR

9. Does your organisation have contact with IDU-friendly doctors at the following local services:

• HIV clinic?

Y I N NR

• drug treatment clinic?

Y I N NR

• hepatitis clinic?

Y I N NR

• detox centres?

Service quality and service users' needs

Y I N NR

10. Does your organisation ask service users (including women) to evaluate your services at least once a year?

Y I N NR

11. Are the results of the evaluation incorporated into programmes and services, and shared with service users?

Y I N NR

12. Does your organisation involve service users (including men, women and youth) in the development and design process of new services/materials?

Y I N NR

13. Does your organisation host focus group discussions with service users (including men, women and youth) to understand their needs?

Y I N NR

14. Does your organisation know what types of drugs and how service users use these drugs?

Y I N NR

15. For people who do not use your organisation's services, do you know which drugs they use, how they use them, and why they do not use your service?

Y I N NR

16. Does your organisation know what equipment people who use drugs use/prefer?

Y I N NR

17. Does your organisation monitor changes in the drug scene to prevent overdose, social and health problems?

Y I N NR

18. Does your organisation regularly update the training and information that you provide to staff and service users about HIV, drug use and hepatitis, based on the latest scientific findings?

Y I N NR

19. Does your organisation provide targeted services to vulnerable populations including sex workers, men who have sex with men, PLHIV and young people?



Checklist

Y I N NR

20. Do staff and service users understand the relationship between gender, HIV and drug use?

Y I N NR

21. Does your organisation carry out Quality Reviews?

Y I N NR

22. Does your organisation have a structured Quality Assurance Programme?

Actions needed to support Section D:

E

Advocacy

Advocacy is a method or process of influencing decision makers and public perceptions about issues of concern, and mobilising community action to achieve social change, including legislative and policy reform, to address the concerns. Advocacy aims at starting, maintaining or increasing specific activities to a scale where they will effectively prevent HIV transmission among IDUs and assist in the treatment, care and support of IDUs living with HIV!

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	1. Is your organisation part of a local network of service providers?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	2. Does your organisation carry out advocacy activities?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	3. Are advocacy activities included in your organisational strategic plan?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	4. Do all advocacy activities involve members of target groups – people who use drugs, young people, sex workers, PLHIV?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	5. Does your organisation participate in national and local HIV, harm reduction, human rights forums/committees?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	6. Have you built partnerships with governments, donors, the public sector and the full range of NGOs to coordinate responses?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	7. Does your organisation work to reduce barriers on access to health and social care for people who use drugs, including men, women and young people and members of key populations?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	8. Does your organisation write and disseminate annual reports on your work among NGOs and other stakeholders?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	9. Does your organisation represent/advocate for harm reduction at the:
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• district level?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• city level?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• regional level?

1. Advocacy guide: HIV/AIDS prevention among injecting users: workshop manual / World Health Organization, UNAIDS, ISBN 92 4 159182 X, 2004

Y I N NR

• country level?

Y I N NR

• international level?

Y I N NR

10. Do your programmes respond to stigma and discrimination experienced by target groups?

Y I N NR

11. Does your organisation advocate for the rights of pregnant female drug users to have access to non-discriminatory health services?

Y I N NR

12. Does your organisation advocate for review and reform of laws and policy to ensure:

• substitution treatment programmes are available for people who use drugs, particularly to pregnant women and PLHIV?

Y I N NR

• syringe and needle exchange are available?

Y I N NR

• harm reduction services are developed and scaled-up?

Y I N NR

• universal access to ARVs for people who use drugs?

Y I N NR

• members of vulnerable populations are involved in communities/ groups which make decisions on social and health policies?

Y I N NR

• a non-discriminatory environment for vulnerable populations?

Y I N NR

• services for people who use drugs are low-threshold?

Y I N NR

• appropriate budgeting for services for vulnerable populations, namely people who use drugs, sex workers, people living with HIV, men who have sex with men, and prisoners within various ministries (for example, Agriculture, Education, etc)?

Y I N NR

13. Do you monitor and evaluate your advocacy efforts?

Action needed to support Section E:



Action Plan: Harm Reduction

In completing this self-assessment checklist, you are likely to have identified some areas that are in need of improvement and some that are already at a 'good practice' level.

Please complete the Action Plan table on the next page and highlight examples of how you

will improve your organisation's work on Harm Reduction over the next six months, thinking first about the Key Questions below. If you answer 'no' to any of these eight questions, it would be important for you to start here in improving your work!

Key Questions

1. Is harm reduction included in the mission statement and/or statutory documents of your organisation?
2. Does your NGO have a written organisational plan that describes the harm reduction priorities of your organisation, and detail on when and how you will achieve them?
3. Are your organisation's harm reduction activities based on the findings of a situational assessment?
4. Does your organisation consider the reduction of drug-related harms a more feasible option than efforts to eliminate drug use entirely?
5. Does your organisation involve people who use drugs and their partners in decision-making processes, programme design and development, as experts and volunteers?
6. Does your organisation regularly update the training and information that you provide to staff and service users about HIV, drug use and hepatitis, based on the latest scientific findings?
7. Does your organisation provide targeted services to vulnerable populations including sex workers, men who have sex with men, PLHIV and young people?

Please remember to save your completed action plan and email it to **info@hivcode.org** or send it to **PO Box 372, 1211 Geneva 19, Switzerland.**

Name of Organisation	Contact Person	Email Address
Signed		Date



Action Plan: Harm Reduction

Expected Outcomes
(What do we want to achieve?)

Key Activities
(What do we need to do?)

Action Points
(What kind of support do we need to do it?)

Resources
(What kind of support do we need to do it?)

Timeframe
(When will we do it?)
