



Self-Assessment Checklist: Harm Reduction

INTRODUCTION

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, informed by evidence, that 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 good practices that NGOs can work towards over time.

SELF-ASSESSMENT

This self-assessment checklist will help your NGO measure how your programmes measure up to the Code's good practice principles.

It will help you to identify areas in your organisation and programmes that are already at a 'good practice' level, as well as areas that need to be developed and strengthened to meet the Code's global standards.

Please be honest in completing this checklist! It is expected that your scoring will vary between modules, depending on your area of expertise.

We challenge you to use this tool to identify areas that your organisation needs to improve upon and then develop a brief Action Plan that highlights HOW you will make improvements in this area over the next year.

An Action Plan template is provided at the end of the checklist, which identifies Key Questions that can help you get started in improving your programmes. Resources on harm reduction are available on the Code website (www.hivcode.org), as well as examples of good practice projects, news, reports and topics of current discussion.

After completing the Action Plan, please submit it to the Code Secretariat by email (info@hivcode.org) or in hard copy. We will then credit you as an 'Implementing NGO' and full signatory of the Code. After the period of one year, we will ask you to measure your progress against your Action Plan

HARM REDUCTION¹

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

¹ This module was developed by Eurasian Harm Reduction Network - www.harm-reduction.org

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.²

There is overwhelming evidence that HIV epidemics among IDUs can be prevented, stabilised and even reversed using a comprehensive package of HIV prevention and care activities provided in the context of respecting human rights. This package consists of the full range of drug treatment options including substitution treatment, harm reduction measures, voluntary HIV counselling and testing, prevention of sexual transmission of HIV, access to primary health care and access to antiretroviral therapy³.

The NGO Code of Good Practice provides one principle on harm reduction specifically –

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

There are, however, additional principles outlined in the Code that are equally relevant to guiding NGOs working in the field of harm reduction, including:

- **We advocate for the meaningful involvement of PLHIV and affected communities in all aspects of the HIV response.**
- **We protect and promote human rights in our work.**
- **We provide and/or advocate for comprehensive HIV prevention programmes to meet the variety of needs of individuals and communities**
- **Our HIV prevention programmes enable individuals to develop the skills to protect themselves and/or others from HIV infection**
- **Our HIV prevention programmes ensure that individuals have access to information about the use of commodities to prevent HIV infection.**

SELF-ASSESSMENT INSTRUCTIONS

The following self-assessment checklist will help you assess the degree to which you are successfully providing harm reduction activities through your organisation. The questions are designed to be thinking points/guidelines to highlight HIV issues that need to be addressed in by NGOs working in this field, and can help introduce more in-depth discussion on areas that need to be strengthened at your organisation.

This self-assessment was predominantly prepared for 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 the people who use drugs, or 'service users', with another vulnerable population.

The checklist is divided into five sections:

1. General - Organisational
2. Management
3. Harm reduction principles
4. Harm reduction components and services
5. Advocacy

The questionnaire uses the following scoring framework:

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

Don't forget to develop an Action Plan that highlights HOW you will make improvements in this area over the next year and submit it to the Code Secretariat at info@hivcode.org.

² Advocacy guide: HIV/AIDS prevention among injecting users: workshop manual / World Health Organization, UNAIDS (2004)

³ 'Spreading the Light of Science: Guidelines on harm reduction related to injecting drug use,' International Federation of the Red Cross and Red Crescent Societies (2003)

CHECKLIST

A) General – Organisational:

Effective and sustainable harm reduction requires certain organisational practice, for example including the harm reduction in the organisation's mission, legal documents and organisational principles. This section will help you to determine whether you have effectively mainstreamed harm reduction principles into your organisation/programme/project.

General issues	Y	I	N	N/R
1. Is harm reduction included in the mission statement and/or statutory documents of your organisation?				
2. Is harm reduction included in your organisational principles?				
3. Does your NGO have a written organisational plan that describes the harm reduction priorities of your organisation, when and how you will achieve them?				
4. Was the organisational/strategic plan developed in partnership with the service users?				
5. Have you based your programmes on the findings of a situational assessment?				
6. Has all staff members been trained on:				
• Harm reduction?				
• Drug use?				
• Human rights?				
• HIV?				
7. Does your organisation employ drug users?				
8. Is your organisation a member of a harm reduction network?				
<u>Action needed to support Section A:</u>				

B) Human Resources Management:

Burn-out prevention	Y	I	N	N/R
1. Does your organisation have a clear organisational structure with clear roles and responsibilities for all staff, volunteers and Board members?				
2. Does your organisation have written working regulations?				
3. Is supervision mandatory and provided to your staff on regular basis?				
4. Does your organisation provide supervision on demand to your workers?				
5. Does your organisation have an established system of regular staff meetings?				
6. Do you have a system of control of staff hours:				
• that they are not less than specified number of hours				
• that they are not more than specified number of hours				
• that workers keep their vacation time				

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

Outreach workers and peer educators	Y	I	N	N/R
7. Do you have outreach workers and peer educators in your organisation?				

8. Do you have rules and guidelines for outreach and peers?				
9. Do you train you outreach workers and peers on:				
• HIV risks, transmission, adherence, treatment?				
• Human rights principles, hierarchy, components?				
• Vein problems, overdose? First aid?				
• Hepatitis risks, transmission, adherence, treatment?				
• Tuberculosis risks, transmission, adherence, treatment?				
• Communication skills, motivational interview?				
10. Do you have system for burn-out prevention among outreach and peer workers?				
<u>Action needed to support Section B:</u>				

C) Harm Reduction Principles:

Harm reduction is partly defined by a range of principles in which policies and programmes are grounded (Hunt, 2003). This section will help you to understand if your organisation has sufficient understanding of the principles and if your programmes reflect the principles. It also helps you in understanding of the level of involvement of people who use drugs and assess whether your project is meaningful for people living with HIV.

	Y	I	N	N/R
1. Do you consider the reduction of drug-related harms a more feasible option than efforts to eliminate drug use entirely?				
2. Do you support those who seek to moderate or reduce their drug use?				
3. Do you have written set of service regulations and rules for people who use drugs?				
4. Do people have access to your services if they are under the influence of drugs?				
5. Do people have access to your services if they are without valid health insurance?				
6. Do people access to your services without identity documents?				
7. Can the service's users keep their anonymity (confidently)?				
8. Do people below 18 years of age have access to your services?				
9. Do you allow homeless people to use your services?				
10. Do you consult the working hours and place of your service with the people who use drugs?				
11. Can people who use drugs use your service without fulfilling certain conditions?				
1.2 Does your organisation involve people who use drugs in decision-making role?				
13. Do you have written policy on ensuring the involvement of the people who use drugs/live with HIV/sex workers into your organisation as staff members?				
<u>Action needed to support Section D:</u>				

D) Services/interventions and components:

The below are some examples of harm reduction interventions and specific components which might ensure that benefits are accessible to or derived by people who use drugs. Please assess only those that are relevant, given your organisation's/program/project core work.

	Y	I	N	N/R
1. Does your organisation provide to drug users (DU):				
• needle and syringe exchange?				
• outreach and peer services?				
• substitution treatment programme?				
• overdose prevention programme? nalaxone programme?				
• tests for HIV, HBV, HCV?				
• tests for checking quality of drugs?				
• safer injecting training to people who use drugs?				
• safer injecting room?				
• harm reduction services in other settings (club scenes, prisons)?				
• legal help in cases of human rights violation or discrimination of people who use drugs?				
• information on human rights violations and causes of discrimination against people who use drugs?				
• basic medical care?				
• information on HIV prevention, treatment and life with HIV?				
• information on hepatitis prevention, treatment and life with hepatitis?				
• information on management of chaotic drug use?				
• information on sexual and reproductive rights and health?				
• vaccination against hepatitis A and B?				
• referrals to other services?				
2. Do you understand that women, men and transgender need different types of services?				
3. Does your organisation develop gender aspects in harm reduction program?				
4. Do you sufficiently reach out to:				
• women who use drugs?				
• young people who use drugs?				
• meta/amphetamine users?				
• people who use drugs from different minority and subculture populations?				
• foreign people who use drugs? migrants?				

Referral system	Y	I	N	N/R
5. Is the staff of your organisation aware of most NGOs working with vulnerable populations in your city/locality?				
6. Does your organisation participate at meetings with other organisations that deal with vulnerable populations in your city/locality?				
7. Are the contacts in your organisation's referral system periodically updated?				
8. Is information available (location and working hours) to refer clients to:				
• access to HAART?				
• access to medical help every time they need?				
• drug treatment clinics in your city/locality?				
• shelters for people who use drugs?				
• names of social workers at other services?				
• substitution treatment program at your city/locality?				
• services where people who use drugs can undergo testing for HIV, hepatitis B, hepatitis C?				

• IDU, PLHIV self support groups?				
• HIV clinics?				
• child care centres that are available for parents using drugs?				
• resocialization/rehabilitation programs for people who use drugs?				
• the system of public transport?				
9. Do you know if there are IDU-friendly doctors at:				
• HIV clinic				
• Drug treatment clinic				
• Hepatitis clinic				
• Detox				
10. In case of human rights violations/discrimination, do you have referral system in place to an advocate or legal service?				

Service quality and service users' needs	Y	I	N	N/R
11. Do you ask service users to evaluate your services at least once a year?				
12. Are the results of evaluation incorporated into the services and shared with service users?				
13. Do you involve service users in the development and design process of new services/literature?				
14. Do you host focus groups with service users to understand their needs?				
15. Do you know what type of drugs and how your service users use?				
16. For people who do not use your services, do you know which drugs and how they use? Do you know why they do not use your service?				
17. Do you know what equipment people who use drugs use/prefer?				
18. Do you know about the development and factory production of different equipment (e.g. cookers), based in scientific research?				
19. Do you monitor changes of drug scene to prevent overdose, social and health problems?				
20. Do you update the training/information (incl. printed materials) for staff, service users about HIV, drug use, hepatitis based on the latest scientific findings?				
21. Do you work with other vulnerable populations (for example, sex workers, PLHIV and youth)? Do you make difference depending on this target groups?				
22. Do staff and service users understand the relationship between gender and HIV and drug use?				
23. Does your organisation carry out Quality Reviews?				
24. Does your organisation have a structured Quality Assurance Program?				
Action needed to support Section D:				

E) Advocacy

Advocacy is a method and a process of influencing decision-makers and public perceptions about an issue of concern, and mobilising community action to achieve social change, including legislative and policy reform, to address the concern⁴. 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 HIV⁵.

	Y	I	N	N/R
1. Is your organisation a part of a local network of service providers?				
2. Does your organisation carry out any advocacy activities?				
3. Are advocacy activities included in your organisational/ strategic plan?				
4. Do all advocacy activities involve members of target groups – people who use drugs, youth, SW? PLHIV? Do you provide community consultation?				
5. Does your programme/organisation participate in national and local AIDS, harm reduction, human rights forums/committees?				
6. Have you built partnerships with governments, donors, the public sector and the full range of NGOs to coordinate responses?				
7. Does your organisation work to reduce barriers on access to health and social care for people who use drugs?				
8. Does your organisation write and disseminate annual reports on your activity progress among NGOs and other stakeholders?				
9. Does your organisation represent harm reduction at:				
• district level?				
• city level?				
• regional level?				
• country level?				
• international level?				
10. Do you respond to stigma and discrimination experienced by target groups?				
11. Do you advocate for review and reform of laws and policy to ensure that:				
o substitution treatment programmes are available for people who use drugs, mainly to pregnant women and PLHIV?				
o syringe and needle exchange are available?				
o harm reduction services are developed and scaled-up?				
o universal access to ARVT for people who use drugs?				
o members of vulnerable populations are involved in communities/groups which make decisions on social and health policies?				
o non-discrimination of vulnerable populations?				
o services for people who use drugs are low-threshold?				
o appropriate budgeting for the services for vulnerable populations, namely people who use drugs, sex workers, people living with HIV, prisoners in different ministries (e.g. Agriculture, Education, etc)				
12. Do you monitor and evaluate your advocacy efforts?				
Action needed to support Section E:				

⁴ Code of Good Practice, pg. 50

⁵ Advocacy guide: HIV/AIDS prevention among injecting users: workshop manual / World Health Organization, UNAIDS, ISBN 92 4 159182 X, 2004



ACTION PLAN

Please email the completed Action Plan to info@hivcode.org.

Name of Organisation: _____

Contact Person: _____

Email Address: _____

1. Key Questions

The ten Key Questions below address baseline issues that need to be considered first in harm reduction. If you answer 'no' to any of these questions, this would be a good starting point for improving your programmes!

Key Questions

1. Is harm reduction included in your organisation's mission statement, statutory documents and organisational plan?
2. Do all staff members consider the reduction of drug-related harms more feasible option than efforts to eliminate drug use entirely?
3. Does your organisation meaningfully involve people who use drugs, sex workers and people who live with HIV in the development and implementation of programmes and services, to ensure that their needs are effectively considered within the context of your core business?
4. Do you ensure the involvement of people who use drugs as experts, decision makers, workers and volunteers in your organisation?
5. Do the aims/activities/services of your organisation/programme/projects reflect the harm reduction principles?
6. Is your organisation/programme/project a low-threshold drug users-friendly place?
7. Do you work with/for people who use drugs as a meaningful target group?
8. Do you regularly monitor changes in the drug scene?
9. Do you adapt all services in your organisation to the needs of people who use drugs?
10. Do you understand the causes and mechanisms of vulnerability and the ways of addressing it?

2. Strengths

In completing the Self-Assessment, we have identified the following strengths in our programmes:

Strength	Description (as needed)

3. Areas of Improvement

We have also identified some areas that need to be strengthened. We have prioritised what needs to be done first and have created an action plan for the next year.

Area of improvement	Action Plan

Signed: _____

Date: _____