



On the A-Gender

Community Monitoring Tool for
Gender-Responsive Harm Reduction
Services for Women who use Drugs

Introduction

Why is it needed?

Worldwide, women who use drugs are vastly underserved within health and social services and programmes¹. This is evidenced by the higher HIV and hepatitis C prevalence amongst women who inject drugs and driven by the ongoing criminalisation, stigma, and discrimination faced by people who use drugs, further compounded by gender inequality and gender-based discrimination². National and international research, services, guidelines, and training programmes are either gender-neutral or male-focused. As harm reduction services are primarily tailored to men, women who use drugs often find their specific needs being unacknowledged and unaddressed, leading to non gender-responsive harm reduction services. For example, harm reduction services and programmes may not guarantee women’s personal safety and confidentiality. In addition, they also may not provide or make referrals to culturally-competent sexual and reproductive health services, services for pregnant women, or childcare. Staff in these programmes may not be trained to provide adequate support for women who use drugs — including for sex workers and transwomen who use drugs — many of whom have experienced gender-based violence³.

What is its purpose?

The *On the A-Gender: Community Monitoring Tool for Gender-Responsive Harm Reduction Services for Women who use Drugs* aims to be a resource for community advocates to begin documenting, evidencing, and addressing this state of play. By doing so, community advocates can begin to identify areas and locales where gender-responsive services are severely lacking or identify services and programmes that can provide examples of good practice and be scaled up.

Designed to be primarily used by networks of people who use drugs, the tool is envisaged to be most effective when used by peer researchers who have the trust and rapport of the community. It is also suitable to be used by programme managers, staff, and other researchers. The tool acknowledges the diversity and intersectionality of women who use drugs — including sex workers, lesbian and transwomen.

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- 1 Harm Reduction International. (2018). Women and harm reduction. Retrieved from <https://www.hri.global/files/2019/03/06/women-harm-reduction-2018.pdf>
 - 2 Women and Harm Reduction International Network. (2015). *WHRIN submission to OHCHR submission to the 30th session of the Human Rights Council (Resolution A/HRC/28/L.22) in regard to the special session of the UN General Assembly on the world drug problem (UNGASS) 2016*. Retrieved from <https://whrin.site/ohchr-submission-to-the-30th-session-of-the-human-rights-council-resolution-a-hrc-28-l-22-in-regards-to-the-special-session-of-the-un-general-assembly-on-the-world-drug-problem-ungass-2016/>
 - 3 Stoicescu, C., Cluver, L., Spreckelsen, T., Casale, M., Sudewo, A., & Irwanto. (2018). Intimate Partner Violence and HIV Sexual Risk Behaviour Among Women Who Inject Drugs in Indonesia: A Respondent-Driven Sampling Study. *AIDS And Behavior*, 22(10), 3307-3323. doi: 10.1007/s10461-018-2186-2
 - 4 Transgender is used in this survey to describe persons whose gender identity (their sense of their gender) is different from the sex they were assigned at birth. It is not a diagnostic term and is not a medical or psychological condition.

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We hope this resource can be a useful and a practical first step towards developing advocacy strategies to introduce and scale up gender-responsive harm reduction services in various settings around the world. In this way, the right to health of women who use drugs can be respected and better promoted.

Examples of how the information collected from this survey can be used by community advocates to demand better and more inclusive services for women who use drugs include: -

- Bringing a report of survey results to the attention of Programme Community Committees or Advisory Boards
- Submitting the report of survey results and/or requesting a meeting with Programme Managers of local, regional or national Harm Reduction Programmes
- Liaising with the people who use drugs or key population representative on the Global Fund Country Coordinating Mechanism (CCM) to highlight gender gaps in programming
- Submitting the report of survey results and/or requesting a meeting with policymakers and other decision-makers in your locale or country
- Submitting the written report and/or requesting a meeting with donors
- Presenting the results of the survey at a national or global conference

Where does it come from?

This tool has been developed by the International Network of People who use Drugs (INPUD) and the International Network of Women who use Drugs (INWUD), in collaboration with the United Nations Office of Drugs and Crime (UNODC) HIV/AIDS Section and Koalisi Satu Hati , a community advocacy group in Indonesia. It is based on the [Policy Brief: Women who inject Drugs: Addressing Specific Needs](#) (UNODC, UNWomen, WHO, INPUD, 2014) and its companion guidelines [Addressing the specific needs of women who inject drugs: Practical guide for service providers on gender-responsive HIV services](#) (UNODC, INPUD, 2016).

Data protection and security: Great care must be taken to ensure the confidentiality and security of data during the collection, storage and use phase. Benefits of collecting the information must be weighed against the risks of data collection. Individuals must give informed consent to the collection, storage and use of their personal data. Consent forms should be separated from survey questions and kept in safe places. If collected and stored online, data must be securely backed up and password-protected, and anonymised as much as possible. If collected and stored in paper form, these must be locked away in a secure place with access restricted on a need-to-know basis. Unique identifier codes should replace personal identifying information. Training on ethics and data safety should be offered to those carrying out the research.



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Informed Consent

The purpose of this survey is to assess the current state of gender-responsive harm reduction services for people who use drugs, including their accessibility and quality.

This survey has been developed by the International Network of People who use Drugs (INPUD), the International Network of Women who use Drugs (INWUD), in collaboration with Koalisi Satu Hati. It is based on normative guidance published by the United Nations Office on Drugs and Crime (UNODC) HIV/AIDS Section.

Your participation in this survey is voluntary. If you decide to not participate in this survey or withdraw at any time, it will not pose a problem and it will not affect your access to harm reduction or drug treatment services in any way.

The survey involves answering a series of questions that will be asked by a peer interviewer. The whole survey will take approximately 35 minutes. Your responses will be confidential, and any identifying information such as your name or email address will not be shared with any authorities or the service you are evaluating.

By participating in this survey, you are providing valuable information to identify challenges in harm reduction for women who use drugs.

If you have any questions, feel free to ask at any point of the survey.

Thank you.

I hereby voluntarily agree to complete this survey to assess gender-responsive harm reduction services. I will attempt to answer each question honestly and truthfully. As proof of my assent, I am signing this informed consent.

Participant: _____
(Nickname or Unique Identifier Code)

_____ (Date) _____ (Signature)

Interviewer: _____
(Complete Name)

_____ (Date) _____ (Signature)

Please remove this page to protect sensitive information

Basic information and Demographic Data

1. What is the name of the organisation/clinic/programme being evaluated?

2. Where is the location of the organisation/clinic/programme?

3. How old are you? _____ years old

4. How long have you used drugs?

< 1 year

1-5 years

6 -10 years

10-15 years

> 15 years

5. In what ways do you use drugs? Multiple answers are fine

Inject

Smoke (pipe/straw)

Snort

Other (please state) _____

6. Are you part of a drug user organisation or network? (If yes please name)

7. Do you identify as a transgender woman⁴?

Yes

No

⁴ Transgender is used in this survey to describe persons whose gender identity (their sense of their gender) is different from the sex they were assigned at birth. It is not a diagnostic term and is not a medical or psychological condition.

Your Service Use

8. Which services do you use at the organisation/clinic/programme you are evaluating?
Please mark all that apply.

- Opioid substitution therapy (OST)
- Needle and syringe programmes (NSPs)
- HIV testing and counselling (HTC)
- Antiretroviral therapy (ART)
- Treatment of sexually transmitted infections (STI)
- Condom distribution
- Prevention, vaccination, diagnosis and treatment for viral hepatitis
- Prevention, diagnosis and treatment of tuberculosis
- Naloxone and overdose management
- Additional services offered: _____

9. When was the last time you visited the organisation/clinic/programme you are evaluating?

- This week
- Over a week ago
- Over 2 weeks ago
- Over a month ago
- Over 3 months ago
- Over a year ago

Common Barriers

10. What are the barriers for you to access harm reduction services? (multiple answers allowed)

- Lack of cost for transportation to the organisation/clinic/programme
- Concerns for your own personal safety (e.g. possibility of police arrest or violence)
- Cost of services are too expensive for you
- Service hours do not suit you
- Concerns about your information being shared with authorities or being outed as a drug user in your local community
- Limited services are available
- Bad attitude of healthcare workers (discriminating behaviour towards you)
- You are too busy with work
- No childcare is offered at the organisation/clinic/programme
- Partners or family are against you visiting the organisation/clinic/programme
- Rules and regulation of the organisation/clinic/programme are too strict
- Other: _____

Gender-sensitive Services Offered

11. Does the organisation/clinic/programme offer the following?

Access and availability	Yes	No	Don't know	If yes, does it sufficiently meet needs?
Outreach specifically for women				
Outreach specifically for transwomen				
Service is easy to access (e.g. short travel time)				
Service is discreetly located (respects confidentiality)				
Includes women-friendly hours ⁵				
Provides childcare				
Provides women-only waiting areas and/or women-only times				
Low-threshold service e.g. no appointments needed, short waiting times etc.				
Provides additional commodities, services or activities (e.g. showers, nutritional support etc.)				
Drop-in centre with women-only hours				
Runs women-only peer support groups				
Runs transwomen-only peer support groups				

Additional comments on accessibility and availability of services for women at this organisation/clinic/programme:

⁵ This means that harm reduction services are open at times that match the schedules and needs of women who are working or have childcare and/or other responsibilities. Decisions on opening hours are best made after consulting with women who use drugs.

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12. Are the following additional services integrated into the organisation/clinic/ programme, or are there effective referral or linkage processes in place?

Additional services	Integrated ⁶ into existing service	Referral process in place	Linkages ⁷ to other services	Don't know	No service in place
Couples support for harm reduction (for equal sharing of responsibility for reducing health and social harms between both partners)					
Legal advice and support					
Counselling or mental health support					
Advice and support for pregnant women (including for PMTCT)					
Sexual health services (e.g. prevention and treatment of STI's)					
Family planning (e.g. contraception)					
Gender-based violence services and programmes (specific legal support, sexual assault kits, counselling and safety strategies) ⁸					
Safe houses/shelters for women and transwomen in abusive and violent situations					
Educational/employment opportunities					
Seminars/workshops on health, gender-based violence etc.					
Drug consumption room					

Additional comments on integration of, referrals and linkages to additional services:

6 Integration in this context means that the additional service is being provided at the same physical location as the organisation/clinic/ programme being evaluated.

7 Linkages to other services means that the organisation/clinic/programme follows up on referrals to additional services in order to facilitate and support your enrolment and attendance in other services and programmes.

8 For the purposes of this document, gender-based violence refers to physical, mental, emotional and other forms of abuse and harassment directed towards women, including transwomen.

Gender-responsive Staffing

13. Do the staff at the organisation/clinic/programme meet the following:

Staffing considerations	Yes, definitely	Yes, mostly	Sometimes	No, not at all
Does it appear the staff have been trained on women's needs?				
Does it appear the staff have been trained on transwomen's needs?				
Do the staff make all women feel welcome and safe?				
Is there a good ratio of female-to-male staff?				
Can service users request to only see female staff?				
Do the staff have a non-judgmental attitude towards women who use drugs?				
Do the staff have a non-judgmental attitude towards transwomen who use drugs?				
Do women work across all levels of the service e.g. are there female doctors?				

Are there any comments you'd like to add about staff attitude and approach or anything else about staff behaviour you think could be improved?

Community Involvement

14. Does the organisation/clinic/programme you're evaluating involve the community of people who use drugs in the following ways?

Community involvement	Yes, definitely	Yes, mostly	Sometimes	No, not at all	Don't know
Women who use drugs are engaged in stages of planning, implementation, and monitoring					
Transwomen who use drugs are engaged in stages of planning, implementation and monitoring					
Women who use drugs are paid employees or employed as peer outreach workers					
Transwomen who use drugs are paid employees or employed as peer outreach workers					
Women who use drugs hold positions in the management structure					
Transwomen who use drugs hold positions in the management structure					
Policies of the organisation are relevant for staff who use drugs and protective of their safety and human rights					
Community can bring issues and solutions to the attention of the service-provider through processes and mechanisms e.g. a community committee					
Women in all their diversity are comfortable and feel welcome					

Are there any comments you'd like to add about how well the organisation/clinic/programme involve the community of people who use drugs?

You have now completed all questions. Thank you for your time and contribution to this survey which will be used to help advocate for better access and quality of harm reduction services for women in all their diversity.

Developed and written by: Judy Chang,
Hannah Shephard-Lewis and Caroline Thomas

With contributions from Louise Beale-Vincent, Ruth
Birgin, Naomi Burke-Shyne, Jude Byrne, Monica
Ciupagea, Magdalena Harris, Daria Matyushina, Svitlana
Moroz, Sam Shirley-Beavan.

With a special thanks to all the women involved in the
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Proofread by: Zana Fauzi
Designed by: Mike Stonelake

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Health and rights  for key populations



INPUD 
International Network of People who Use Drugs