

Title: HIV Programming with Injecting Drug Users

June 23, 2010

5 key words: HIV, injecting drug users, survey

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HIV Programming with Injecting Drug Users

Report on a survey of USAID Missions

June 23, 2010

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Acronym List

ARV	Antiretroviral
ATS	Amphetamine type substances
IDU	Intravenous drug user
IEC	Information, education, and communications
NGO	Nongovernmental organization
NSP	Needle and syringe programming
OST	Opiate substitution treatment
PMTCT	Prevention of mother-to-child transmission
RDMA	Regional Development Mission Asia
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization

Executive summary

1. Interest in IDU programming was reported in ten USAID Missions.
2. Five Missions indicate a high level of current activity or interest in expanding IDU programming: Russia, Nepal, Kenya, Cambodia and the Regional Development Mission, Bangkok.
3. The current IDU programming focus includes the following interventions:
 - Primary prevention of drug-related HIV and hepatitis infection
 - Sexual and reproductive health for drug users and partners
 - Increased HIV testing and counseling for IDUs
 - Outreach to people affected, and meeting needs of individuals
 - Care and support for IDU and others directly affected
 - Collaborations and linkages
 - Improving hostile social environments.
4. Priority program interventions that could be expanded include:
 - Primary prevention of drug-related HIV and hepatitis infection
 - Sexual and reproductive health for drug users and partners
 - Increased HIV testing and counseling for IDU
 - Increased ARV treatment and HIV management
 - Increased TB testing and treatment for IDU
 - Outreach to people affected, and meeting needs of individuals
 - Care and support for IDU and others directly affected
 - Children of drug using parents, and young people vulnerable to drug use and HIV
 - Women affected by drug use and HIV
 - Collaborations and linkages
 - Improving hostile social environments.
5. The range of current programs and priority expansion areas is wide and reflects interventions with a good evidence base - with two notable exceptions. There was a low level of support for/interest in needle and syringe programming (NSP) and opiate substitution treatment (OST), two interventions with a very strong evidence base and that have been proven to be highly effective at preventing HIV transmission among people who inject.
6. Capacity needs for increased HIV programming targeting IDU are wide-ranging and substantial. Targets for capacity building efforts include governments, law enforcement and other public sector agencies, indigenous civil society organizations and the private sector.

1. Background: HIV and injecting drug use

Injecting drug use is one of the major drivers of the global HIV epidemic. In many parts of Asia and Eastern Europe, the sharing of injecting equipment by injecting drug users is a leading cause of HIV transmission.¹

Shared injecting equipment also fuels the spread of hepatitis C, and many people who inject drugs are particularly vulnerable to tuberculosis.

Approximately 10% of all HIV infections occur through sharing injecting equipment.² Injecting is the main mode of HIV transmission in Asia, Eastern Europe and Central Asia, and the Middle East and North Africa. It is a factor in regional transmission trends in Latin America and Sub-Saharan Africa.³

The Reference Group to the UN on HIV and injecting drug use estimates that 15.9 million people inject drugs.⁴ A much larger number of people use illegal drugs (approximately 200 million people⁵) but the figure of 15.9 million is the most important one for HIV prevention in that it represents the number of people who *inject* drugs.

In 1992, injecting drug use was reported in 80 countries. In 1995, 121 countries reported injecting drug use. And by 2008, the number of countries reporting drug use had risen to 158.⁶

The Reference Group to the UN on HIV and injecting drug use estimates that three million people who inject drugs might be HIV positive worldwide.⁷ Many of them do not know their HIV status. In many countries, including China, India, Kenya, Myanmar, Nepal, Thailand and Vietnam, the prevalence of HIV among people who inject is 50% or higher.⁸ In many cities the numbers of people who shared injecting equipment at last injection is high, for example 58% in Delhi, India, 55% in Dhaka, Bangladesh, and 32% in Yangon, Myanmar.⁹

HIV epidemics among injecting drug users (IDUs) manifest themselves very differently from epidemics in which sexual transmission is the main risk factor. Sexually transmitted HIV may remain virtually invisible for several years until the burden of disease slowly increases. By contrast, sharing of injecting equipment is a much more rapid 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 within a short period. Infection levels

¹ UNAIDS (2008) *2008 Report on the global AIDS epidemic*

(http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp)

² Aceijas C et al (2004) "Global overview of injecting drug use and HIV infection among injecting drug users." *AIDS* 18: 2295-2303 (<http://www.ihra.net/>)

³ UNAIDS (2008)

⁴ Mathers B et al (2008) "Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review." *The Lancet* Volume 372, copies of PDF available at www.idurefgroup.com

⁵ United Nations Office on Drugs and Crime (2007) *2007 World Drug Report*. Vienna. (http://www.unodc.org/pdf/research/wdr07/WDR_2007.pdf)

⁶ International Harm Reduction Association (2008) *Global state of harm reduction 2008* (<http://www.ihra.net/GlobalState2008>)

⁷ Mathers et al (2008)

⁸ International Harm Reduction Association (2008)

⁹ WHO SEARO (2009) *Update on HIV epidemics among people who inject drugs and national responses in South East Asia Region*

among IDUs may rise from zero to 50–60% within 1–2 years, as demonstrated in cities as different as St Petersburg (Russian Federation), Imphal (Manipur, India) or Ruili (Yunnan Province, China).¹⁰

Access to services for people who inject drugs is very poor. In 2003 UNAIDS estimated only 5% coverage of basic HIV treatment, care and prevention services for people who use drugs. Ban Ki-moon, the UN Secretary-General, reported in 2007 that 92% of people who use drugs have no access to basic HIV services.¹¹ A systematic review of coverage published this year once again described coverage of HIV prevention and treatment services for injecting drug users as 'low'.¹² The treatment and care needs of people who are opiate dependent, who are HIV positive, hepatitis C positive and vulnerable to TB are complex. Many of these people are also highly marginalized, stigmatized, and vulnerable to a range of human rights violations. A significant proportion will be incarcerated, or have previously been incarcerated because of the illegal nature of drug use in most countries.

The World Health Organization (WHO) estimates that in many parts of South and South East Asia, less than 5% of people who need opiate substitution treatment had access to it (3.5% in India, 1.5% in Indonesia, 0.7% in Nepal).¹³

All of these factors – large and increasing numbers of people injecting, high rates of HIV amongst people who inject, high rates of sharing of injecting equipment, poor coverage of services, including HIV prevention services, high rates of marginalization and incarceration – create the conditions for rapid HIV spread and for reduced quality of life for drug users living with HIV.

2. Survey of USAID Missions

In 2009 USAID commissioned a survey of its Missions to investigate *current* USAID Mission HIV programming that focuses on HIV and drug use, along with USAID Mission *interest* in HIV programming to address HIV and drug use.

The purpose of the survey is to assist USAID in determining the level of interest in providing technical assistance and support for policy and programming efforts to address HIV in the context of drug use across its global programs.

3. Survey method and responses

Two methods of data collection were used in this survey. Firstly, the on-line survey tool, Survey Monkey, was used to capture a set of basic and then more detailed data. Secondly, a follow up in-depth interview was conducted with two respondents. Copies of both the survey instruments and the in-depth questionnaire are provided in Annex 1, 2 and 3. Detailed results of the in-depth questionnaire are provided in Annex 4.

¹⁰ WHO, UNODC, UNAIDS (2004) *Advocacy guide: HIV/AIDS prevention among injecting drug users*. WHO Geneva

¹¹ Declaration of Commitment on HIV/AIDS, Focus on progress over the past 12 months, United Nations, 20 March 2007

¹² Mathers, B et al (2010) "HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage." *The Lancet*, Mar 1 2010

¹³ WHO SEARO (2009)

The survey was distributed by USAID centrally to 80 potential respondents. Twenty-one (21) Missions responded to the survey, a response rate of approximately 25%. Of these, 10 provided in-depth data about IDU programming, and/or IDU programming intentions.

Responses were not received from key countries such as Indonesia, Ukraine, Vietnam, Bangladesh, Pakistan and Central Asian countries.

4. Results: short questionnaire

Of the 21 Missions who replied to the survey, 10 Missions indicated current IDU programming activity, or IDU programming interest/intention.

The following USAID missions reported **current IDU programming activity**, either significant or relatively small:

- Russia
- Nepal
- Kenya
- Tanzania
- Cambodia
- Dominican Republic
- Mexico
- India
- Ghana
- Regional Development Mission, Bangkok

The Missions in these countries are the focus of this report.

Respondents from the following missions reported either **significant IDU programming activity** or a **high level of interest** in expanding IDU programming:

- Russia
- Nepal
- Kenya
- Cambodia
- Regional Development Mission Asia (RDMA), Bangkok

The specific focus of this activity and interest is set out in section 5.

Respondents from the following Missions reported either **modest activity** in a small number of programme areas, or **an interest** in considering IDU programming activity:

- Dominican Republic
- Mexico
- India
- Ghana
- Tanzania

5. Results: in-depth questionnaire

5.1 From the in-depth questionnaire, the **current programming activity** most commonly reported is:

Primary prevention of drug-related HIV and hepatitis infection, specifically:

- Behavior change communication
- Education for families and communities directly affected by HIV and drug use
- Drug prevention education for non-users

Sexual and reproductive health for drug users and partners, specifically:

- HIV sexual transmission: prevention education, safer sex skills building, and condom availability
- Prevention, diagnosis and treatment of curable STIs

Increased HIV testing and counseling for IDU

- Community based VCT programs

Outreach to people affected, and meeting needs of individuals

- Community outreach to IDU
- IEC
- Counseling for psycho-social support, adherence support, drugs counseling
- Peer education
- Peer support groups

Care and support for IDU and others directly affected

- Clinical services: basic care, counseling and support
- Home based care and support for IDU living with HIV
- Family support for people directly affected by drug use and HIV

Collaborations and linkages

- Information exchange and priority setting
- Stakeholder input and program advisory
- Inter-agency collaboration
- Referrals and case management

Improving hostile social environments

- Education and training for outreach workers
- Community and family education to reduce stigma

5.2 The programming activities that are a **priority for expansion** are:

Primary prevention of drug-related HIV and hepatitis infection

- Behavior change communication
- Education for families and communities directly affected by HIV and drug use

Sexual and reproductive health for drug users and partners

- HIV sexual transmission: prevention education, safer sex skills building, condom availability
- Prevention, diagnosis and treatment of STIs
- SRH services for women who use drugs or partners of drug users (PMTCT, family planning, general sexual health)

Increased HIV testing and counseling for IDU

- Community based VCT programs
- VCT at drug treatment programs
- VCT at STI clinics

Increased ARV treatment and HIV management

- ARV counseling for drug users
- ARV support groups for drug users

Increased TB testing and treatment for IDU

- TB testing
- TB treatment
- TB education and sensitization for key providers

Outreach to people affected, and meeting needs of individuals

- Community outreach to IDU
- IEC
- Counseling for psycho-social support, adherence support, drugs counseling
- Peer education
- Peer support group

Care and support for IDU and others directly affected

- Clinical services: basic care, counseling and support
- Home based care and support for IDU living with HIV
- Family support for people directly affected by drug use and HIV
- Education for partners, family members and highly-affected communities

Children of drug using parents, and young people vulnerable to drug use and HIV

- Outreach to street children
- Education and recreational programs for highly vulnerable children

Women affected by drug use and HIV

- Outreach, safe spaces, services and referrals for women IDU
- Outreach, safe spaces, services and referrals for women partners, wives and widows

Collaborations and linkages

- Information exchange and priority setting
- Stakeholder input and program advisory
- Inter-agency collaboration
- Referrals and case management

Improving hostile social environments

- Basic education and sensitization for key service providers and decision makers
- Education and training for outreach workers
- Community and family education to reduce stigma

6. Results: follow up interviews

6.1 Cambodia

- Amphetamine use. The respondent reported high levels of use of amphetamine type substances (ATS) in Cambodia, as distinct from opiate use. This changes the service delivery landscape as the needs of amphetamine users are slightly different from opiate users. The respondent reported that rates of injecting are lower than amongst opiate users, and mainstream approaches to drug treatment are generally based on opiate dependency, not amphetamine dependency. Therefore the drug treatment options for ATS users less clear.
- Drug treatment for opiate users, in particular methadone, is stalled. The respondent reported some commitment from government, but little action.
- IDU programming is a priority for other donors in Cambodia. Given the relatively low levels of injecting drug use in Cambodia (as distinct from Vietnam, for example) a focus on other key populations such as sex workers, their clients and MSM is the focus for USAID Mission activity. An ongoing interest in the IDU population, should the dynamics of HIV or HIV funding change in Cambodia, was indicated.

..given the other needs of some other populations that are a priority for HIV here, we'd be concerned about investing large resources in service delivery for IDUs given that there are so many other players in that area..

- Civil society capacity is high, however government capacity and support for HIV work with IDUs is low.

The government's interest is little to none because you see all of their funding is coming from the outside. There is little incentive to fund things directly.

- Law enforcement is a problem. The law enforcement/supply reduction approach is not necessarily working well with a demand or harm reduction approach. The respondent reported a need for financial or other incentives to bring the law enforcement sector more in line with health programs.

6.2 RDMA

- The RDMA Mission supports IDU work in China – psycho-social support, income generation, detox programming and drop in centers in high prevalence hotspots. The respondent also reported IDU-sensitive (but not specific) continuum of care programming.
- IDU is not a focus of Mission supported work in Burma; however there is an interest in this for the future.
- Capacity gaps exist in Burma. They were identified as a big priority. In China, the respondent noted some capacity, particularly in the area of methadone programming, but that there was a lack of understanding of how to address psycho-social support needs. Across the region as a whole, the respondent reported huge capacity gaps for IDU programming. This is a priority problem in China, Burma and Thailand. Also IDU programming for women is a capacity gap.
- The main stakeholders requiring increased capacity were identified as: decision makers/authorities; service providers in public sector; indigenous NGOs (*'very much key'*) and private sector (*'good potential for this'*).
- Policy is a key issue, for example criminalization and compulsory drug treatment camps. Efforts are very much abstinence driven, as distinct from harm reduction.
- The quality of detox services is poor, and methadone services have variable levels of quality. Drug treatment programming is not meeting international standards.
- There is a need for community involvement and peer led activities, *'Governments don't work well with these folks.'*
- Levels of coordination and collaboration are low. The respondent noted that Global Fund Round 8 funding will have an impact on this.

7. Discussion

7.1 Range of programming. The range of HIV programming reported is wide and deep, reflecting both the wide range of needs that injecting drug users report, along with the wide range of interventions available to programmers in terms of crafting an effective response. There is a substantial focus both on HIV treatment and care for people who use drugs and their families, along with HIV prevention. There appears to be a range of stakeholders engaged in the provision of services and programs, including clinical service providers and community based programs.

Improving access to health services such as TB services, ARV programs, SRH services and HIV testing services is a strong focus. Along with more community-based programs such as outreach programming, peer support and peer education, behavior change programming and home based care.

Drug treatment is cited as problematic by the interview respondents, both access to it, its delivery, the need for supportive or complimentary programs such and education and treatment adherence support for clients of drug treatment programs and their families. Given the high demand for drug treatment generally, and low coverage of programs, along with the often polarized debate about methodologies (abstinence based drug treatment vs. drug substitution) leadership and guidance in this area could be useful. Drug substitution treatment is a highly effective intervention in terms of both HIV prevention and improving the health of HIV positive people who use drugs.¹⁴

There is an absence of interest in Needle and Syringe Programs (NSP), both in terms of current activity or programming intention. For many other governments, NSP is the highest priority intervention for injecting drug users in relation to HIV given its effectiveness in preventing HIV transmission among injecting drug users.¹⁵

7.2 Policy environment. The two in-depth interview respondents reported significant policy problems in terms of providing or expanding services to people who use drugs. Compulsory drug treatment centers were cited as a particular problem.

7.3 Capacity needs. Capacity needs are reported by the two respondents who were followed up for telephone interviews. Capacity needs are implied in the other responses. From the follow up interviews, capacity needs were reported in terms of the following sectors: governments, law enforcement and other public sector agencies, indigenous civil society organizations and the private sector.

The programmatic focus for capacity development is wide, reflecting the range of programming that is possible or desirable with injecting drug users, in relation to HIV. For program expansion, identifying a programmatic focus that would be applicable across a range of countries/regions would help to narrow down and focus capacity building efforts. It is difficult to identify a priority from the long list of priority interest areas.

8. Discussion

8.1 USAID Mission activity and intention are following need. IDU programming activity, or programming intention, was reported in countries where injecting drug use is a driver of HIV infection. The following countries are important in terms of HIV and drug use – Russia, Nepal, Kenya, Cambodia, China, Burma and Thailand – and the USAID Missions in these

¹⁴ WHO (2006) Effectiveness of drug dependence treatment in preventing HIV among injecting drug users http://www.who.int/hiv/pub/idu/drugdependence_final.pdf

¹⁵ WHO (2005) Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users http://www.who.int/hiv/pub/prev_care/effectivenesssterileneedle.pdf

countries report activity or a high level of interest in IDU programming. This demonstrates HIV programming efforts that are responsive to the dynamics of different epidemics.

Injecting is a significant driver of HIV infection in India, Tanzania and Mexicoⁱ. Further investigation, beyond the scope of this survey, is required to understand the reasons for the low activity/interest in IDU programming in these countries.

For a full picture of the range of interest and activity in terms of IDU programming from USAID Missions, responses from prominent countries such as Indonesia, Vietnam, Ukraine, Bangladesh, Pakistan and Central Asian countries would be required.

8.2 Range of programming. A good range of HIV and harm reduction programming is reported by USAID Missions. Notable exceptions though are needle and syringe programs (NSP) and opiate substitution treatment (OST) – two interventions that have been proven to be highly effective at preventing HIV transmission among people who injectⁱⁱ. Some Missions support NSP and OST, although this could be expanded to become priority work in order to achieve greater HIV prevention impact.

9. Recommendations

9.1 Investigate current IDU programmatic activity and/or intention in the following Missions: Indonesia, Vietnam, Ukraine, Bangladesh, Pakistan and Central Asian countries.

9.2 Investigate the reasons for low level of interest in IDU programming in the following Missions: India, Tanzania and Mexico.

9.3 Investigate capacity needs in more depth. These will vary considerably from Mission to Mission, depending on the amount of existing capacity, and on the particular programming focus in each country.

9.4 Investigate policy environments in more depth. Building government support for HIV prevention, treatment and care is important. The illegal nature of drug use can create a policy environment in which drug control measures dominate the government response to drug use. Finding policy space for HIV prevention, treatment and care programs for people who use drugs will be important to ensure scale up of services.

9.5 Define programmatic priorities for HIV programming with injecting drug users that reflect the evidence base and that advance USAID's particular experiences of working across sectors such as government, civil society, and private sector. In particular, provide leadership and definition of a range of key interventions such as OST and NSP, on interventions to improve access to ARV/TB/SRH and HIV testing services, along with definition of priority interventions for work at a community level, such as outreach programming, peer support and peer education (including peer education/peer support for HIV prevention, OST, positive prevention, ARV treatment), behavior change programming and home based care.

9.6 Develop good practice case studies of USAID-led IDU programming that reflect and advance these priorities.

The following respondents indicated that they would like to receive a copy of the report:

- Nepal
- Namibia
- Kenya
- Tanzania
- Cambodia
- El Salvador
- Dominican Republic
- Mexico
- India
- Ghana
- Guatemala
- Regional Development Mission, Bangkok

ⁱ International Harm Reduction Association, 'Global State of Harm Reduction' <http://www.ihra.net/GlobalOverview>

ⁱⁱ WHO (2005) Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users http://www.who.int/hiv/pub/prev_care/effectivenesssterileneedle.pdf; WHO (2006) Effectiveness of drug dependence treatment in preventing HIV among injecting drug users http://www.who.int/hiv/pub/idu/drugdependence_final.pdf

ANNEXES

Survey for USG Missions: Part 1 - Overview

Introduction

CARE AND SUPPORT FOR INJECTION DRUG USERS AND OTHER DIRECTLY AFFECTED BY HIV AND DRUG USE: A SURVEY FOR UNITED STATES GOVERNMENT (USG) MISSIONS

November 2009

Purpose:

The purpose of this survey is to assess the current scope and nature of the PEPFAR-supported activities for injection drug users (IDU) and others directly affected by HIV and drug use, as well as mission interest in future programs. The questions are related to: -

- The presence or absence of USG activities at the current time
- Level of mission's interest to expand their program in future.

For those with current IDU programs, or an interest/need in developing these, part 2 includes additional questions to elicit your mission's specific activities and priorities.

Please complete the questionnaire by Tuesday, 15 December 2009. In addition to this first line survey, we would like to gather follow-up information from respondents in missions with existing IDU-related programs and those expressing interest/need in future programming. To do this, you can either proceed to a final questionnaire (online or in word format) or we can arrange a follow-up telephone interview to ask about the following issues:

- Description of the types of existing programs and providers
- Perception of gaps in types of capacity
- Role and interest of host governments and other large donors
- The level of the mission's needs for TA, and the best ways to deliver assistance

The deadline for the follow-up questionnaire and telephone interviews is Friday, 15 January 2010. Thank you in advance for your cooperation.

Survey for USG Missions: Part 1 - Overview

Identification

Please provide us with the following:

1. Name and Title

2. USG Mission

3. Email address

4. Would you like to receive a copy of the report?

Yes

No

Survey for USG Missions: Part 1 - Overview

Overview

Below are four categories of possible intervention areas found among local projects in different country settings, and examples are provided for each.

For each of these categories, please indicate whether USG activities currently include such activity areas. As well, please indicate the likelihood of mission interest/need for expanding activities in these areas.

NB: Survey Monkey numbering continues from previous page, question 4

5. Health services for people directly affected by drug use and HIV

This could include such intervention areas as:

- primary prevention of drug-related HIV and hepatitis infection
- sexual and reproductive health for IDU and partners
- drug treatment, including detoxification, drug rehabilitation and medically assisted treatment
- HIV testing and counseling for IDU
- ARV treatment and HIV management
- services for hepatitis A, B and/or C
- TB testing and treatment for IDU
- Basic health services for IDU, such as general health checks, abscess management, overdose management

Is this currently an
area of USG mission
activity

Is this a priority for
expanding USG
mission activities in
future?

Answer:

Survey for USG Missions: Part 1 - Overview

6. Care and support

This could include:

- Outreach
- basic care, counseling and support
- home-based care and support services for IDU living with HIV
- family support for people directly affected by drug use and HIV
- education for partners, family members and highly-affected communities
- livelihoods and income generation for IDU (including IDU living with HIV)

Is this currently an area of USG mission activity

Is this a priority for expanding USG mission activities in future?

Answer:

7. Meeting needs of specific populations

This could include services for:

- Children of drug using parents
- young people vulnerable to drug use and HIV, such as street children
- women IDU
- women partners, wives and widows, and men who inject
- people in prisons or detention centers

Is this currently an area of USG mission activity

Is this a priority for expanding USG mission activities in future?

Answer:

Survey for USG Missions: Part 1 - Overview

8. Improving the enabling environment for IDU interventions

This could include:

- Stakeholder collaborations and linkages (including USG and host country government, inter-agency and/or inter-sectoral),
- advocacy to increase awareness and acceptability of services, to address stigma and discrimination and/or to remove policy, structural or legal barriers to service accessibility,
- improving hostile social environments (e.g. safe spaces for drug users, education for service providers and decision makers, outreach workers training, community education to reduce stigma and discrimination), and
- community mobilization and greater involvement of drug users (e.g. consultation and participating in ongoing program advisory, CBOs of former and current users, and skills in representation and leadership).

Is this currently an area of USG mission activity

Is this a priority for expanding USG mission activities in future?

Answer:

If you indicated that there are no current activities or future interest, we would like to thank you for your time.

Otherwise, we would like you to proceed to some more detailed questions in the area of your mission's current activity or possible future interest. You will be able to skip questions that are not relevant.

Survey for USG Missions: Part 2 - Further Details in Areas of

Introduction

From here, we repeat the questions from part one of the survey, but this time considering a range of key interventions within the same four categories

Survey for USG Missions: Part 2 - Further Details in Areas of

Identification

Please provide us with the following

1. Name and Title

2. USG Mission

3. Email address

Survey for USG Missions: Part 2 - Further Details in Areas of

Category 1: Health Services

NB. Survey Monkey numbering continues from question 3 on previous page

4. Primary prevention of drug-related HIV and hepatitis infection

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
4.1 Needle and syringe programs	<input type="text" value="6"/>	<input type="text" value="6"/>
4.2 Behavior change communications (BCC) and/or peer education for current users regarding HIV prevention, reducing drug-related harm, and options for ending drug use	<input type="text" value="6"/>	<input type="text" value="6"/>
4.3 Education for families and communities directly affected by HIV and drug use	<input type="text" value="6"/>	<input type="text" value="6"/>
4.4 Drug prevention education for non-users (at-risk groups, youth, general population, etc.)	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above	<input type="text" value="5"/> <input type="text" value="6"/>	

5. Sexual and reproductive health for drug users and partners

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
5.1 HIV sexual transmission: prevention education, safer sex skills building, and condom availability	<input type="text" value="6"/>	<input type="text" value="6"/>
5.2 Prevention, diagnosis and treatment of curable STIs	<input type="text" value="6"/>	<input type="text" value="6"/>
5.3 SRH services for women who use drugs or partners of drug users (PMTCT, family planning, general sexual health)	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above	<input type="text" value="5"/> <input type="text" value="6"/>	

Survey for USG Missions: Part 2 - Further Details in Areas of

6. Drug treatment – principal interventions

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
6.1 Drug substitution: medication assisted treatment for heroin use	<input type="text" value="6"/>	<input type="text" value="6"/>
6.2 Abstinence-based treatment: drug use rehabilitation ("rehab")	<input type="text" value="6"/>	<input type="text" value="6"/>
6.3 Abstinence-based treatment: detoxification ("detox")	<input type="text" value="6"/>	<input type="text" value="6"/>
6.4 Long-term abstinence-based treatment, support and relapse prevention (e.g. mutual support and self-help groups, such as Narcotics Anonymous)	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above		
<input type="text"/>		<input type="text" value="5"/> <input type="text" value="6"/>

7. Drug treatment – other specific interventions

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
7.1 Adherence support for medically assisted treatment	<input type="text" value="6"/>	<input type="text" value="6"/>
7.2 Specialty targeted treatment: family drug treatment, adolescent, women center, MSM programs	<input type="text" value="6"/>	<input type="text" value="6"/>
7.3 Treatment for alcohol and other drugs (e.g. methamphetamine)	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above		
<input type="text"/>		<input type="text" value="5"/> <input type="text" value="6"/>

8. Increased HIV testing and counseling for IDU

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
8.1 Community-based VCT programs	<input type="text" value="6"/>	<input type="text" value="6"/>
8.2 VCT in IDU safe zones or drop-in centers	<input type="text" value="6"/>	<input type="text" value="6"/>
8.3 VCT at needle exchange programs	<input type="text" value="6"/>	<input type="text" value="6"/>
8.4 VCT at drug treatment programs	<input type="text" value="6"/>	<input type="text" value="6"/>
8.5 VCT at STI clinics	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above		
<input type="text"/>		<input type="text" value="5"/> <input type="text" value="6"/>

Survey for USG Missions: Part 2 - Further Details in Areas of

9. Increased ARV treatment and HIV management (including OI treatment) for IDU

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
9.1 Focused sensitization and education for ART and related providers, to improve treatment access for current and former drug users living with HIV	<input type="text" value="6"/>	<input type="text" value="6"/>
9.2 Outreach workers trained on ARV treatment	<input type="text" value="6"/>	<input type="text" value="6"/>
9.3 Education and support for drug users: ARV access criteria, CD4 count, stable life style, community support, active drug use	<input type="text" value="6"/>	<input type="text" value="6"/>
9.4 ARV counseling for drug users	<input type="text" value="6"/>	<input type="text" value="6"/>
9.5 ARV support groups for drug users	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above		
<input type="text"/>		<input type="text" value="5"/> <input type="text" value="6"/>

10. Services for hepatitis A and B

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
10.1 Screening for high risk activity for hepatitis A, B infection	<input type="text" value="6"/>	<input type="text" value="6"/>
10.2 Test for hepatitis A, B	<input type="text" value="6"/>	<input type="text" value="6"/>
10.3 Prevention education	<input type="text" value="6"/>	<input type="text" value="6"/>
10.4 Vaccination	<input type="text" value="6"/>	<input type="text" value="6"/>
10.5 Diagnosis and medical management without treatment	<input type="text" value="6"/>	<input type="text" value="6"/>
10.6 Hepatitis A, B treatment	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above		
<input type="text"/>		<input type="text" value="5"/> <input type="text" value="6"/>

Survey for USG Missions: Part 2 - Further Details in Areas of

11. Services for Hepatitis C

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
11.1 Screening for high risk activity for hepatitis C infection	<input type="text" value="6"/>	<input type="text" value="6"/>
11.2 Test for hepatitis C	<input type="text" value="6"/>	<input type="text" value="6"/>
11.3 Prevention education	<input type="text" value="6"/>	<input type="text" value="6"/>
11.4 Diagnosis and medical management without treatment	<input type="text" value="6"/>	<input type="text" value="6"/>
11.5 Hepatitis C treatment	<input type="text" value="6"/>	<input type="text" value="6"/>

Other: Feel free to add any intervention areas not included above

12. Increased TB testing and treatment for IDU

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
12.1 Test for TB	<input type="text" value="6"/>	<input type="text" value="6"/>
12.2 TB treatment	<input type="text" value="6"/>	<input type="text" value="6"/>
12.3 Education and sensitization for key providers	<input type="text" value="6"/>	<input type="text" value="6"/>

Other: Feel free to add any intervention areas not included above

13. Basic health services for IDU (integration into currently-available services, and/or development of community-based projects)

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
13.1 General health checks and advice	<input type="text" value="6"/>	<input type="text" value="6"/>
13.2 Abscess management	<input type="text" value="6"/>	<input type="text" value="6"/>
13.3 Overdose management	<input type="text" value="6"/>	<input type="text" value="6"/>

Other: Feel free to add any intervention areas not included above

Survey for USG Missions: Part 2 - Further Details in Areas of

Category 2: Care and Support

14. Outreach to more people affected, and meeting immediate needs of individuals

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
14.1 Community outreach to IDU and others directly affected for increasing uptake of services	<input type="text" value="6"/>	<input type="text" value="6"/>
14.2 IEC and BCC on relevant issues	<input type="text" value="6"/>	<input type="text" value="6"/>
14.3 Counseling for psychosocial support, adherence support, drugs counseling	<input type="text" value="6"/>	<input type="text" value="6"/>
14.4 Peer education	<input type="text" value="6"/>	<input type="text" value="6"/>
14.5 Peer support groups	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above		
<input type="text"/>		<input type="text" value="5"/> <input type="text" value="6"/>

15. Care and support for IDU and others directly affected

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
15.1 Clinic- or center-based care services: basic care, counseling and support	<input type="text" value="6"/>	<input type="text" value="6"/>
15.2 Home-based care and support services for IDU living with HIV	<input type="text" value="6"/>	<input type="text" value="6"/>
15.3 Family support for people directly affected by drug use and HIV	<input type="text" value="6"/>	<input type="text" value="6"/>
15.4 Education for partners, family members and highly-affected communities	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above		
<input type="text"/>		<input type="text" value="5"/> <input type="text" value="6"/>

Survey for USG Missions: Part 2 - Further Details in Areas of

16. Economic security

Is this currently an area of USG mission activity

Is this a priority for expanding USG mission activities in future?

16.1 Livelihoods and income generation for IDU (including IDU living with HIV)

Other: Feel free to add any intervention areas not included above

Survey for USG Missions: Part 2 - Further Details in Areas of

Category 3: Meeting Needs of Specific Populations

17. Children of drug using parents, and young people vulnerable to drug use and HIV

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
17.1 Provision of child-friendly support services within drop-in centers for drug users	<input type="text" value="6"/>	<input type="text" value="6"/>
17.2 Outreach to street children	<input type="text" value="6"/>	<input type="text" value="6"/>
17.3 Education and recreational programs for highly vulnerable children	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above		
<input type="text"/>		<input type="text" value="5"/> <input type="text" value="6"/>

18. Women affected by drug use and HIV

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
18.1 Outreach , safe spaces, services and referrals for women IDU	<input type="text" value="6"/>	<input type="text" value="6"/>
18.2 Outreach, safe spaces, services and referrals for women partners, wives and widows	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above		
<input type="text"/>		<input type="text" value="5"/> <input type="text" value="6"/>

19. Services for people in prison or detention centers

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
19.1 Education for detainees on HIV and drug use, including peer education	<input type="text" value="6"/>	<input type="text" value="6"/>
19.2 Improving health service delivery for prisoners	<input type="text" value="6"/>	<input type="text" value="6"/>
19.3 Substitution therapy in detention	<input type="text" value="6"/>	<input type="text" value="6"/>
19.4 VCT in detention	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above		
<input type="text"/>		<input type="text" value="5"/> <input type="text" value="6"/>

Survey for USG Missions: Part 2 - Further Details in Areas of

Category 4: Improving the Environments

20. Collaborations and Linkages

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
20.1 Discussions, information exchange and priority setting on issues related to injection drug use: USG and host country government, inter-agency and/or inter-sectoral	<input type="text" value="6"/>	<input type="text" value="6"/>
20.2 Solicitation of stakeholder inputs and program advisory	<input type="text" value="6"/>	<input type="text" value="6"/>
20.3 Inter-agency collaborations on project	<input type="text" value="6"/>	<input type="text" value="6"/>
20.4 Referrals and case management	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above	<input type="text" value="5"/> <input type="text" value="6"/>	

21. Advocacy

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
21.1 Advocacy to increase awareness and acceptability of services for drug users at community, local and national levels	<input type="text" value="6"/>	<input type="text" value="6"/>
21.2 Structural interventions to address stigma and discrimination towards drug users, and to increase access to services for people who use drugs by removing policy, structural or legal barriers	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above	<input type="text" value="5"/> <input type="text" value="6"/>	

Survey for USG Missions: Part 2 - Further Details in Areas of

22. Improving hostile social environments

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
22.1 Safe zones for drug users (secure from police harassment or societal stigma)	<input type="text" value="6"/>	<input type="text" value="6"/>
22.2 Basic education and sensitization for key service providers and decision makers	<input type="text" value="6"/>	<input type="text" value="6"/>
22.3 Education and training for outreach workers	<input type="text" value="6"/>	<input type="text" value="6"/>
22.4 Community and family education to reduce stigma and discrimination	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above		
<input type="text"/>		<input type="text" value="5"/>
<input type="text"/>		<input type="text" value="6"/>

23. Community mobilization and greater involvement of drug users

	Is this currently an area of USG mission activity	Is this a priority for expanding USG mission activities in future?
23.1 People directly affected by HIV and drug use involved through consultation and participating in ongoing program advisory	<input type="text" value="6"/>	<input type="text" value="6"/>
23.2 Drug user organizations: increasing self-help groups (CBOs), support to advocacy organizations (NGOs)	<input type="text" value="6"/>	<input type="text" value="6"/>
23.3 Skills building in representation and leadership	<input type="text" value="6"/>	<input type="text" value="6"/>
Other: Feel free to add any intervention areas not included above		
<input type="text"/>		<input type="text" value="5"/>
<input type="text"/>		<input type="text" value="6"/>

Survey for USG Missions: Part 2 - Further Details in Areas of

Conclusion

24. Comments

Please feel free to make any specific comments regarding the four categories of questions and your answers.

Follow up Interviews

We would like to gather follow-up information from respondents in missions with existing IDU-related programs and those expressing interest in future expansion. To do this, you can either proceed to a final questionnaire (online or in word format) or we can arrange a follow-up telephone interview. The deadline for the follow-up questionnaire and telephone interviews is Friday, 15 January 2010.

If you choose to have a telephone interview, please fill in your contact details below: -

25. Name

26. Organisation

27. Telephone number (including area code)

28. Preferred interview time

Survey for USG Missions: Part 3 - Follow Up

Introduction

To be conducted with missions identified as priority based on rates of injection drug use. Others expressing an interest in expanding programs in this area may also be included.

- The following questions to be made available in advance (for making notes, or simply to fill in and send back)

- For telephone interviews: interviewer to document answers over the phone, and information to be sent to respondent for quick check

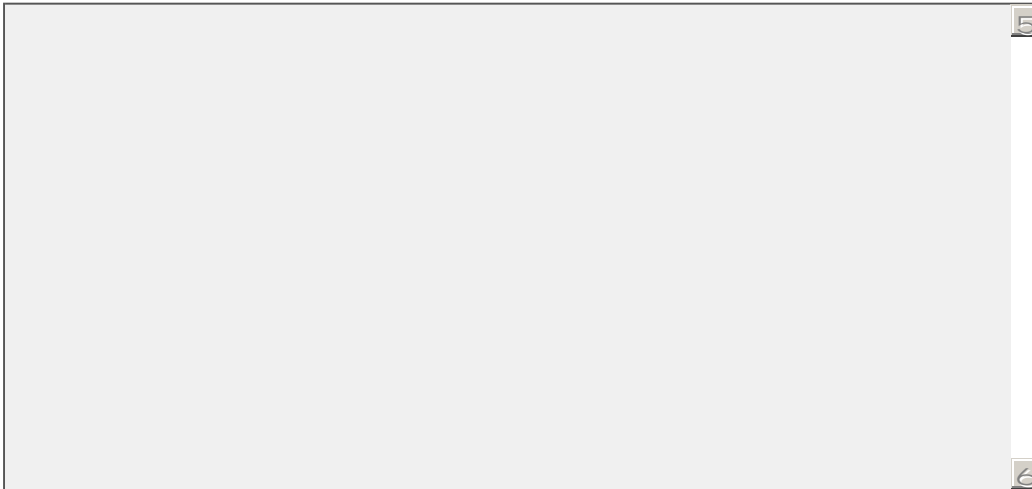
Survey for USG Missions: Part 3 - Follow Up

Part 3 Questions

1. Please provide an overall description of the types of current programs, providers (government, NGO, private) and specific services for IDU. This should include programs targeting IDU in general, and any that specifically addressing needs of IDU living with HIV, and other people directly affected by HIV and drug use, such as partners and family members.

For each program please detail:

- type
- main providers (names) and type (govt, NGO, private)
- specific services offered



Survey for USG Missions: Part 3 - Follow Up

Part 3 Questions

Questions 2-9

What is your perception of the gaps in capacity and their relative priority?

2. Program design, including overall approach and frameworks (e.g. minimum package of services), and design of specific interventions or services

- a. There is adequate capacity in this country (or region)
- b. A gap in capacity, but not a priority
- c. A gap in capacity and it is a priority

3. Reaching relevant target group(s) – IDU, IDU living with HIV, women IDU, family members directly affected by HIV and drug use, street children, and children of drug users

- a. There is adequate capacity in this country (or region)
- b. A gap in capacity, but not a priority
- c. A gap in capacity and it is a priority

4. Program implementation

- a. There is adequate capacity in this country (or region)
- b. A gap in capacity, but not a priority
- c. A gap in capacity and it is a priority

5. Understanding and improving quality and effectiveness of priority activities

- a. There is adequate capacity in this country (or region)
- b. A gap in capacity, but not a priority
- c. A gap in capacity and it is a priority

6. Institutional and political buy-in and leadership

- a. There is adequate capacity in this country (or region)
- b. A gap in capacity, but not a priority
- c. A gap in capacity and it is a priority

Survey for USG Missions: Part 3 - Follow Up

7. Collaboration among organizations that provide similar services

- a. There is adequate capacity in this country (or region)
- b. A gap in capacity, but not a priority
- c. A gap in capacity and it is a priority

8. Organizational capacities, such as people management, financial management, monitoring and reporting

- a. There is adequate capacity in this country (or region)
- b. A gap in capacity, but not a priority
- c. A gap in capacity and it is a priority

9. If you answered c) to any of the previous questions on capacity, who would be the main stakeholders requiring increased capacity?

- a. Decision makers / authorities
- b. Service providers in public sector agencies
- c. Indigenous NGOs
- d. Private sector
- e. International agencies in this country (or region)

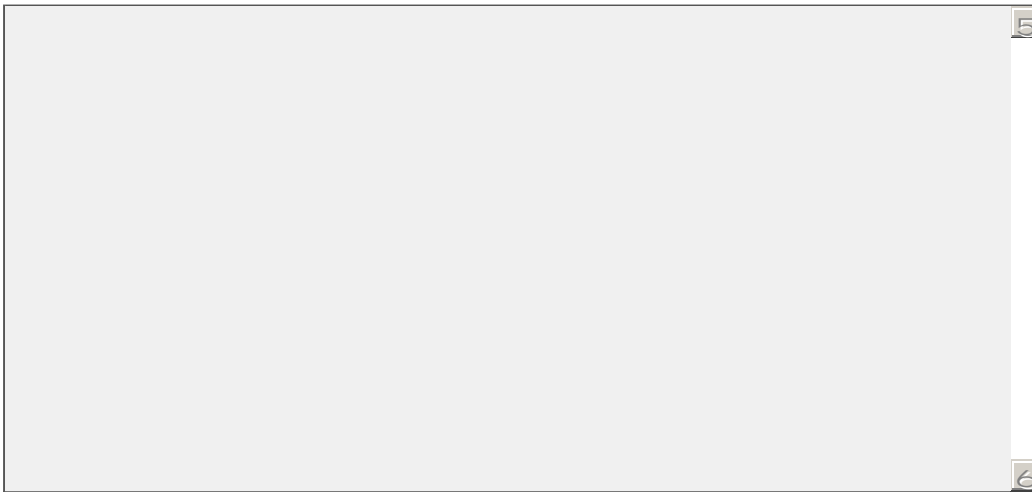
Survey for USG Missions: Part 3 - Follow Up

Part 3 Questions

10. Please describe the role and interest of host governments and other large donors in developing and funding programs for IDU and people directly affected by HIV and drug use.

For each program please detail:

- name of stakeholder – host government, other large donors
- summary of role in developing and funding IDU-related programs
- likely interest in expanding or further developing programs



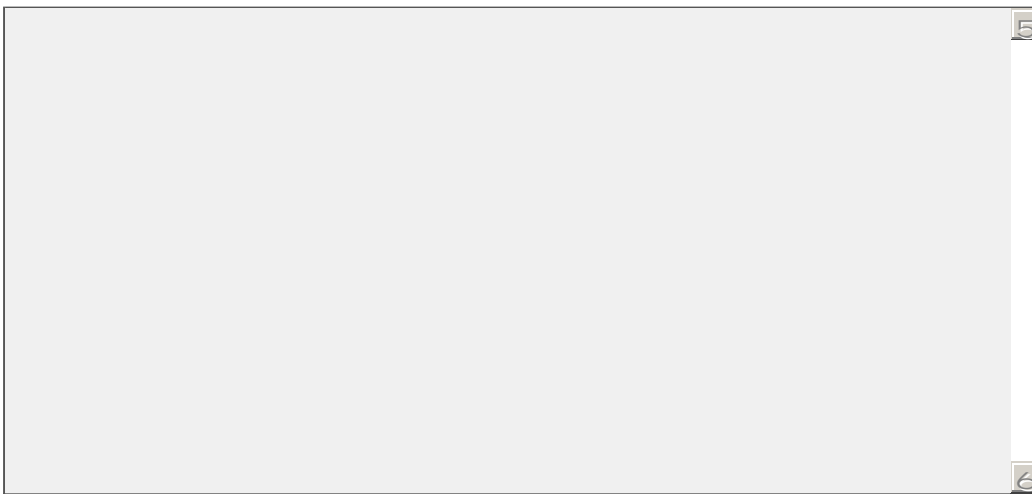
Survey for USG Missions: Part 3 - Follow Up

Part 3 Questions

11. Please describe the level of the mission's needs for TA, and the best ways to deliver that assistance (i.e. regional workshop, country level TA for planning, for stakeholder training, manuals/materials, etc)

Please detail:

- high priority needs for TA
- medium priority needs for TA
- preferred delivery and TA outputs



Survey for USG Missions: Part 3 - Follow Up

Respondents Information

12. Name and title

13. USG mission

14. Email address

Annex 4

Results: in-depth questionnaire

Primary prevention of drug-related HIV and hepatitis infection					
Is this currently an area of USG mission activity?					
Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
4.1 Needle and syringe programs	0	0	0	7	7
4.2 Behavior change communications (BCC) and/or peer education	3	3	0	2	8
4.3 Education for families and communities directly affected by HIV and drug use	2	4	0	2	8
4.4 Drug prevention education for non-users	1	3	2	2	8

Is this a priority for expanding USG mission activities in future?				
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
4.1 Needle and syringe programs	0	4	2	6
4.2 Behavior change communications (BCC) and/or peer education	2	4	0	6
4.3 Education for families and communities directly affected by HIV and drug use	1	5	1	7
4.4 Drug prevention education for non-users	0	6	1	7

Question 5

Sexual and reproductive health for drug users and partners					
Is this currently an area of USG mission activity?					
Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
5.1 HIV sexual transmission: prevention education, safer sex skills building, and condom availability	3	4	0	1	8
5.2 Prevention, diagnosis and	1	5	0	2	8

treatment of curable STIs					
5.3 SRH services for women who use drugs or partners of drug users (PMTCT, family planning, general sexual health)	1	3	0	3	7

Is this a priority for expanding USG mission activities in future?				
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
5.1 HIV sexual transmission: prevention education, safer sex skills building, and condom availability	2	4	1	7
5.2 Prevention, diagnosis and treatment of curable STIs	1	5	1	7
5.3 SRH services for women who use drugs or partners of drug users (PMTCT, family planning, general sexual health)	2	3	1	6

Question 6

Drug treatment – principal interventions					
Is this currently an area of USG mission activity?					
Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
6.1 Drug substitution: medication assisted treatment for heroin use	1	0	1	6	8
6.2 Abstinence-based treatment: drug use rehabilitation (“rehab”)	2	1	0	5	8
6.3 Abstinence-based treatment: detoxification (“detox”)	1	0	0	7	8
6.4 Long-term abstinence-based treatment, support and relapse prevention	1	2	1	4	8

Is this a priority for expanding USG mission activities in future?				
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
6.1 Drug substitution: medication assisted treatment for heroin use	1	3	3	7
6.2 Abstinence-based	1	2	3	6

treatment: drug use rehabilitation (“rehab”)				
6.3 Abstinence-based treatment: detoxification (“detox”)	0	3	3	6
6.4 Long-term abstinence-based treatment, support and relapse prevention	2	2	1	5

Question 7

Drug treatment – other specific interventions					
Is this currently an area of USG mission activity?					
Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
7.1 Adherence support for medically assisted treatment	1	0	0	6	7
7.2 Specialty targeted treatment: family drug treatment, adolescent, women center, MSM programs	0	2	0	6	8
7.3 Treatment for alcohol and other drugs (e.g. methamphetamine)	0	0	0	8	8

Is this a priority for expanding USG mission activities in future?				
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
7.1 Adherence support for medically assisted treatment	1	2	2	5
7.2 Specialty targeted treatment: family drug treatment, adolescent, women center, MSM programs	2	2	2	6
7.3 Treatment for alcohol and other drugs (e.g. methamphetamine)	1	2	3	6

Question 8

Increased HIV testing and counseling for IDU					
Is this currently an area of USG mission activity?					
Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
8.1 Community-based VCT programs	1	4	0	2	7

8.2 VCT in IDU safe zones or drop-in centers	2	1	1	4	8
8.3 VCT at needle exchange programs	0	0	1	7	8
8.4 VCT at drug treatment programs	2	0	1	5	8
8.5 VCT at STI clinics	3	2	0	3	8

Is this a priority for expanding USG mission activities in future?				
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
8.1 Community-based VCT programs	2	3	2	7
8.2 VCT in IDU safe zones or drop-in centers	1	2	2	5
8.3 VCT at needle exchange programs	0	3	2	5
8.4 VCT at drug treatment programs	1	4	1	6
8.5 VCT at STI clinics	4	2	1	7

Question 9

Increased ARV treatment and HIV management (including OI treatment) for IDU					
Is this currently an area of USG mission activity?					
Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
9.1 Focused sensitization and education for ART and related providers	1	1	1	5	8
9.2 Outreach workers trained on ARV treatment	2	1	1	4	8
9.3 Education and support for drug users	3	0	1	4	8
9.4 ARV counseling for drug users	3	0	0	5	8
9.5 ARV support groups for drug users	1	1	1	5	8

Is this a priority for expanding USG mission activities in future?				
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
9.1 Focused sensitization and education for ART and related providers	1	3	2	6
9.2 Outreach workers trained on ARV treatment	1	3	2	6
9.3 Education and support for	1	3	2	6

drug users				
9.4 ARV counseling for drug users	1	4	2	7
9.5 ARV support groups for drug users	1	4	2	7

Question 10

Services for hepatitis A and B					
Is this currently an area of USG mission activity?					
Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
10.1 Screening for high risk activity for hepatitis A, B infection	1	1	0	5	7
10.2 Test for hepatitis A, B	1	1	0	5	7
10.3 Prevention education	2	1	0	4	7
10.4 Vaccination	0	0	0	6	6
10.5 Diagnosis and medical management without treatment	1	0	0	6	7
10.6 Hepatitis A, B treatment	0	0	1	6	7

Is this a priority for expanding USG mission activities in future?				
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
10.1 Screening for high risk activity for hepatitis A, B infection	0	3	2	5
10.2 Test for hepatitis A, B	0	3	2	5
10.3 Prevention education	1	2	2	5
10.4 Vaccination	1	2	2	5
10.5 Diagnosis and medical management without treatment	0	0	4	4
10.6 Hepatitis A, B treatment	0	3	2	5

Question 11

Services for Hepatitis C					
Is this currently an area of USG mission activity?					
Answer Options	Yes, a significant activity	Yes, a modest or relatively	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count

small activity					
11.1 Screening for high risk activity for hepatitis C infection	1	0	1	5	7
11.2 Test for hepatitis C	1	0	1	5	7
11.3 Prevention education	2	0	1	4	7
11.4 Diagnosis and medical management without treatment	1	0	0	6	7
11.5 Hepatitis C treatment	0	0	0	7	7

Is this a priority for expanding USG mission activities in future?				
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
11.1 Screening for high risk activity for hepatitis C infection	0	3	2	5
11.2 Test for hepatitis C	0	3	2	5
11.3 Prevention education	1	2	2	5
11.4 Diagnosis and medical management without treatment	0	2	3	5
11.5 Hepatitis C treatment	0	3	2	5

Question 12

Increased TB testing and treatment for IDU					
Is this currently an area of USG mission activity?					
Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
12.1 Test for TB	1	1	3	3	8
12.2 TB treatment	1	1	2	4	8
12.3 Education and sensitization for key providers	1	1	2	4	8

Is this a priority for expanding USG mission activities in future?				
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
12.1 Test for TB	0	5	2	7
12.2 TB treatment	0	5	2	7
12.3 Education and sensitization for key providers	0	5	2	7

Question 13

Basic health services for IDU (integration into currently-available services, and/or development of community-based projects)

Is this currently an area of USG mission activity?

Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
13.1 General health checks and advice	0	2	2	4	8
13.2 Abscess management	0	1	1	6	8
13.3 Overdose management	0	0	1	7	8

Is this a priority for expanding USG mission activities in future?

Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
13.1 General health checks and advice	0	4	2	6
13.2 Abscess management	1	2	3	6
13.3 Overdose management	0	2	3	5

Question 14

Outreach to more people affected, and meeting immediate needs of individuals

Is this currently an area of USG mission activity?

Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
14.1 Community outreach to IDU and others directly affected for increasing uptake of services	2	3	0	3	8
14.2 IEC and BCC on relevant issues	2	4	0	2	8
14.3 Counseling for psychosocial support, adherence support, drugs counseling	2	4	0	2	8
14.4 Peer education	2	4	0	2	8
14.5 Peer support groups	2	4	0	2	8

Is this a priority for expanding USG mission activities in future?				
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
14.1 Community outreach to IDU and others directly affected for increasing uptake of services	1	4	1	6
14.2 IEC and BCC on relevant issues	1	5	1	7
14.3 Counseling for psychosocial support, adherence support, drugs counseling	1	5	1	7
14.4 Peer education	1	4	1	6
14.5 Peer support groups	1	4	1	6

Question 15

Care and support for IDU and others directly affected					
Is this currently an area of USG mission activity?					
Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
15.1 Clinic- or center-based care services: basic care, counseling and support	2	3	0	3	8
15.2 Home-based care and support services for IDU living with HIV	2	4	0	2	8
15.3 Family support for people directly affected by drug use and HIV	2	3	0	3	8
15.4 Education for partners, family members and highly-affected communities	1	3	0	3	7

Is this a priority for expanding USG mission activities in future?				
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
15.1 Clinic- or center-based care services: basic care, counseling and support	2	3	1	6
15.2 Home-based care and support services for IDU living with HIV	3	2	1	6
15.3 Family support for people directly affected by drug use and HIV	1	4	1	6
15.4 Education for partners, family members and highly-	1	5	1	7

affected communities

Question 16

Economic security

Is this currently an area of USG mission activity?

Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
16.1 Livelihoods and income generation for IDU (including IDU living with HIV)	1	1	0	6	8

Is this a priority for expanding USG mission activities in future?

Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
16.1 Livelihoods and income generation for IDU (including IDU living with HIV)	1	2	3	6

Question 17

Children of drug using parents, and young people vulnerable to drug use and HIV

Is this currently an area of USG mission activity?

Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
17.1 Provision of child-friendly support services within drop-in centers for drug users	0	2	1	5	8
17.2 Outreach to street children	1	4	0	3	8
17.3 Education and recreational programs for highly vulnerable children	0	2	0	6	8

Is this a priority for expanding USG mission activities in future?

Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
17.1 Provision of child-friendly support services within drop-in centers for drug users	0	4	2	6

17.2 Outreach to street children	0	6	1	7
17.3 Education and recreational programs for highly vulnerable children	0	6	1	7

Question 18

Women affected by drug use and HIV

Is this currently an area of USG mission activity?

Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
18.1 Outreach , safe spaces, services and referrals for women IDU	1	1	1	5	8
18.2 Outreach, safe spaces, services and referrals for women partners, wives and widows	0	2	1	5	8

Is this a priority for expanding USG mission activities in future?

Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
18.1 Outreach , safe spaces, services and referrals for women IDU	1	4	1	6
18.2 Outreach, safe spaces, services and referrals for women partners, wives and widows	1	4	1	6

Question 19

Services for people in prison or detention centers

Is this currently an area of USG mission activity?

Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
19.1 Education for detainees on HIV and drug use, including peer education	1	2	0	5	8
19.2 Improving health service	0	1	1	6	8

delivery for prisoners					
19.3 Substitution therapy in detention	0	0	0	8	8
19.4 VCT in detention	0	3	0	5	8

Is this a priority for expanding USG mission activities in future?					
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count	
19.1 Education for detainees on HIV and drug use, including peer education	0	3	3	6	
19.2 Improving health service delivery for prisoners	0	2	4	6	
19.3 Substitution therapy in detention	0	2	4	6	
19.4 VCT in detention	0	3	3	6	

Question 20

Collaborations and Linkages					
Is this currently an area of USG mission activity?					
Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
20.1 Discussions, information exchange and priority setting on issues related to injection drug use	3	2	0	3	8
20.2 Solicitation of stakeholder inputs and program advisory	3	2	0	1	6
20.3 Inter-agency collaborations on project	3	2	0	3	8
20.4 Referrals and case management	2	3	0	2	7

Is this a priority for expanding USG mission activities in future?				
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
20.1 Discussions, information exchange and priority setting on issues related to injection drug use	2	4	1	7
20.2 Solicitation of stakeholder inputs and program advisory	2	2	1	5
20.3 Inter-agency	2	4	1	7

collaborations on project				
20.4 Referrals and case management	3	2	0	5

Question 21

Advocacy					
Is this currently an area of USG mission activity?					
Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
21.1 Advocacy to increase awareness and acceptability of services for drug users at community, local and national levels	1	3	0	4	8
21.2 Structural interventions to address stigma and discrimination towards drug users	1	2	0	5	8

Is this a priority for expanding USG mission activities in future?				
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
21.1 Advocacy to increase awareness and acceptability of services for drug users at community, local and national levels	1	3	2	6
21.2 Structural interventions to address stigma and discrimination towards drug users	2	1	3	6

Question 22

Improving hostile social environments					
Is this currently an area of USG mission activity?					
Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
22.1 Safe zones for drug users (secure from	0	2	0	6	8

police harassment or societal stigma)						
22.2 Basic education and sensitization for key service providers and decision makers	2	2	0	4	8	
22.3 Education and training for outreach workers	2	2	1	3	8	
22.4 Community and family education to reduce stigma and discrimination	1	4	1	2	8	

Is this a priority for expanding USG mission activities in future?					
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count	
22.1 Safe zones for drug users (secure from police harassment or societal stigma)	0	2	4	6	
22.2 Basic education and sensitization for key service providers and decision makers	1	4	2	7	
22.3 Education and training for outreach workers	2	3	1	6	
22.4 Community and family education to reduce stigma and discrimination	2	3	2	7	

Question 23

Community mobilization and greater involvement of drug users					
Is this currently an area of USG mission activity?					
Answer Options	Yes, a significant activity	Yes, a modest or relatively small activity	Yes, an activity in development/early stages	No, it is not a USG activity	Response Count
23.1 People directly affected by HIV and drug use involved through consultation and participating in ongoing program advisory	2	1	0	4	7
23.2 Drug user organizations: increasing self-help groups	1	1	0	4	6

(CBOs), support to advocacy organizations (NGOs)					
23.3 Skills building in representation and leadership	1	0	0	5	6

Is this a priority for expanding USG mission activities in future?				
Answer Options	Yes, high level of interest in expanding this	The mission would like to consider it	No, this is not a priority	Response Count
23.1 People directly affected by HIV and drug use involved through consultation and participating in ongoing program advisory	1	3	2	6
23.2 Drug user organizations: increasing self-help groups (CBOs), support to advocacy organizations (NGOs)	1	1	3	5
23.3 Skills building in representation and leadership	1	2	2	5