



# ONLINE ASSESSMENT TOOL

## NAVIGATING SUPPORT A CHECKLIST FOR COMMUNITY SERVICES SUPPORTING MIGRANTS WHO USE DRUGS

**MAINline**

**PositiveVoice**  
people+HIV



**Fixpunkt**



**ISGlobal** Barcelona  
Institute for  
Global Health



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## Design

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## Introduction

The number of migrants in Europe has been growing in the last decades including both into the European Union (EU) and between European Union Member States. In 2021, 61.2 million migrants were reported to be living in the EU, with 23.7 million (5.3%) being non-EU citizens, and 37.5 million (8.4%) were born outside of the EU (European Commission, 2021). Certain migrants experience increased vulnerability to adverse health outcomes, due to the impact of social determinants of health such as poverty, inadequate housing, limited education, and discrimination.

Despite the right to the highest attainable level of health, in reality, numerous individuals are deprived of essential healthcare services solely due to their lack of a documented migration status in the country of residence (PICUM, 2023; Winters et al., 2018).

While documented migrants should have the same access to health care and social services as native citizens, access to these services may still be impeded by other barriers, such as personal, financial, legal (e.g., the need for insurance), cultural and practical (e.g., language, requiring a home address, transportation,...) barriers (Graetz et al., 2017; Lemmens et al., 2017).

The availability and accessibility of drug dependency services for migrants in the EU is limited. Substance dependency treatment is not explicitly mentioned in EU regulations and it is often not prioritized in delivering healthcare to MWUD. Legal access to substance dependency services for undocumented MWUD is dependent on individual countries and whether they consider substance dependency as an essential health need (Lemmens et al., 2017).

For documented migrants, access to drug dependency services may be limited due to a multitude of personal, financial, social, legal, geographical or practical barriers (De Cock et al, 2022; Lemmens et al., 2017).

Key barriers include poor knowledge about treatment services (De Cock, 2022) language barriers (De Cock, 2022; van der Gouwe et al. 2022) and a lack of social protection (e.g., health insurance and other social security benefits) (De Cock, 2022; Deimel, 2013) In addition, fear of experiencing stigma and discrimination (Lindert et al., 2021), including deportation (Deimel, 2013), and previous negative experiences with drug dependency services in the country of origin (Kuhn et al., 2018) prevent migrants from accessing these services once in the EU.



## Purpose of the tool

This tool covers a broad range of considerations to inform the design, implementation, and evaluation of care services for migrants who use drugs in Europe.

The objective of this adaptable tool is to assess the effectiveness, accessibility, and responsiveness of care services for this community. It is also intended to identify gaps and ultimately contribute to the development of local-specific action plans to enhance and strengthen these services. While this tool focuses on community-based and community-led [health] care and support, it can be adapted to cover other sectors.

By design, it aims to provide a guide for assessing the effectiveness, accessibility, and responsiveness of care services that can be adapted as needed to local contexts based on a series of key areas and characteristics. Users of the tool are encouraged to review the questions and the scope of the assessment and modify it according to the specific needs and priorities of their communities. Additionally, they are encouraged to triangulate the Assessment Tool with relevant existing documentation and best practices relevant to migrant health and substance use services.

## Principles

### **Address structural determinants:**

To overcome inequalities in access to care and support, services need to respond to the socioeconomic conditions and interrelationships that shape the determinants of health and well-being of migrants who use drugs. This includes actions to reduce poverty, implementation of gender transformative programmes,

### **Focus on human rights:**

Community-based/led services should actively contribute to upholding the social and health rights of migrants who use drugs and their right to resources and meaningful participation. This involves reforming criminalizing and stigmatizing policies and implementing policies, programmes and care practices that foster equity and social justice for all individuals.

### **Reduce Stigma & Discrimination:**

Combating stigma and discrimination associated with substance use, migration and other. This involves promoting understanding, empathy and acceptance, while actively challenging stereotypes and discriminatory attitudes.

### **Integrated & Person-centred approaches:**

Integrated care is person-centred care that is coordinated and shared across professional and organizational settings and tailored to the user's needs, values and preferences. Effective services for migrants who use drugs should emphasize personhood, equity and customized outcomes by centring personal narratives, establishing partnerships and creating care plans.

**Harm Reduction:**

Harm Reduction refers to policies, programmes and practices that aim to minimize the negative health, social and legal impacts associated with drug use. Deeply rooted in social justice and equity principles, Harm Reduction equips people who use drugs with the resources needed to safeguard their well-being and uphold their rights.

**Promote a coordinated response**

While integrating care for populations promises better outcomes for people requiring multiple care services, or from multiple providers, integrating efforts still pose challenges. Integration challenges professional boundaries, current healthcare protocols, delivery and practice. Also, requires rethinking the roles and responsibilities of professionals, who are increasingly expected to work in intersectoral teams, and engage communities and informal caregivers as active participants and partners.

**Meaningful involvement of people with lived & and living experience**

Involvement of people with a lived/living experience of migration and/or drug use in the design, delivery and evaluation of services is necessary to ensure that services are responsive to the needs, preferences and strengths and to support community empowerment and self-determination.

**Foster community participation**

Place-based approaches to care are collaborative processes where a diverse range of stakeholders engage to address experiences within a geographical space, community, neighbourhood region or eco-system

## Background

**Who developed this tool?**

This Assessment Tool has been developed as part of SEMID-EU, a project funded by the European Commission. The project aims to address knowledge and practice gaps regarding drug use among migrant populations in Europe. By gaining a better understanding of the needs of migrants who use drugs in Europe, it aims to contribute to improving policies and responses targeting their communities and increasing their access to high-quality healthcare, drug treatment, harm reduction and (re)integration services.

The Assessment Tool summarises the evidence on drug demand harm reduction services that SEMID-EU has produced. This includes a landscape analysis and review of relevant existing literature on migrants who use drugs in the EU; a three-stage Delphi study involving a panel of 57 experts on migration and/or drug use; community-based participatory research conducted by trained peer researchers in Amsterdam, Athens, Berlin and Paris, focusing on the needs and living/lived experiences of migrants who use drugs.

**Who can use this tool?**

The Assessment Tool is particularly relevant to policy-makers, programme managers, service providers, health and social care service users, donors and other related health and social agencies, institutions and organizations.

**How is this tool structured?**

The Assessment Tool synthesizes and brings together the results of SEMID-EU research activities and several related tools, frameworks, and good practice models developed and tested by a range of organizations in Europe.

The Tool has been structured into six sections following the WHO Health Systems Framework: service delivery, health workforce, health information systems, medical products and technologies, finance, and leadership and governance. It aligns broadly with the principles of the European Framework for Action on Integrated Health Service Delivery and incorporates best practices and recommendations from international sources, such as EU Council Conclusions on Minimum Quality Standards and the Generic Guide for Sexual & Reproductive Health and HIV Linkages by the UNFPA, WHO, UNAIDS and GNP+.

**How should this tool be used?**

This tool can be used as a “stand-alone” activity or can be integrated into a larger review of local responses that provide care and support to migrants and/or people who use drugs. It focuses on questions which can be answered in individual interviews or focus groups of various service providers and service users. These approaches can be supplemented with a range of other methodologies, including observation of services, monitoring and data collection or “mystery client” surveys.

The questions provide a guide to assess key areas in the design, implementation and evaluation of community-based/led services but are not meant to be exhaustive. Users of the Assessment Tool are encouraged to adapt the questions to appropriately suit their needs and local contexts.

**Who should participate in group discussions or be interviewed?**

Examples of designated interviews/group discussion participants may include, among others, policy decision-makers and programme planners, civil society and community leaders, donors and development partners, service providers, service users, as well as researchers and academics.



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# 1. Service provision

**How does your organization guarantee that migrants who use drugs can access a wide array of high-quality person-centred care and support?**

## Suggested methodology

First, conduct a desk review and make detailed notes on relevant questions using information available in reports and other documentation. This review will serve as background material for the final report and will help in adapting the checklist to suit your needs and local context effectively. Additionally, consider conducting interviews with a few key informants to gain further insights.

Following the desk review and key informant interviews, organize an in-depth group discussion with key stakeholders to collaboratively develop consensus responses to the questions and identify key actions necessary to improve the care and support that migrants who use drugs receive. This discussion will facilitate a comprehensive understanding of the challenges and opportunities in providing services to this population and foster collective ownership of the proposed solutions.

## 1.a. Continuum of services

Item #	Question	Response/comments
<b>A.1.</b>	What mechanisms are in place to ensure shared decision-making processes in the development and implementation of individualised care plans? [Read all options. Tick all as appropriate]	<ol style="list-style-type: none"> <li>1. Obtain informed consent &amp; address confidentiality during intake &amp; counselling sessions.</li> <li>2. Identify individual understandings of health, needs, values, preferences and strengths.</li> <li>3. Identify concerns in different areas of life (family, emotional, physical, spiritual, literacy, language needs,...)</li> <li>4. 4. Support goal setting and facilitate choice on preferred support services and resources.</li> <li>5. 5. Support choice on staff [e.g. gender, sexuality, cultural background,...] Health assessment, if possible mental health</li> <li>6. Opportunity to verify and rectify the information they provide.</li> <li>7. Other(s), please, specify</li> </ol>
<b>A.2.a.</b>	Which of the following harm reduction services are integrated in your programme? [Read all options. Tick all as appropriate]	<ol style="list-style-type: none"> <li>1. Personal care &amp; basic needs [e.g. food, shower, clothing,...]</li> <li>2. Drugs &amp; safer drug use education</li> <li>3. Opioid overdose prevention and management</li> <li>4. Naloxone training &amp; distribution</li> <li>5. Needle &amp; Syringe Programme</li> <li>6. Safer drug user materials [e.g. safer smoking kits, ...]</li> <li>7. Opioid Agonist Therapy &amp; other drug dependence treatment</li> <li>8. Drug checking, fentanyl strips</li> <li>9. Case management</li> <li>10. HIV, VH &amp; STIs testing &amp; counselling</li> <li>11. HIV, VH &amp; STIs prevention [e.g. safer sex materials, PrEP, PEP,...]</li> <li>12. HIV, VH &amp; STIs treatment &amp; care</li> <li>13. Drug responses in prison</li> <li>14. DCRs</li> <li>15. Alcohol Management Programmes</li> <li>16. Other(s), please specify</li> </ol>



<b>A.2.b</b>	Which of the following sexual health & reproductive services are integrated in your programme? [Read all options. Tick all as appropriate]	<ol style="list-style-type: none"> <li>1. Medical examination</li> <li>2. Sexual health counselling &amp; support</li> <li>3. Family planning counselling &amp; methods [e.g. contraception materials, safer abortion &amp; emergency contraception, pregnancy tests,...]</li> <li>4. Maternal &amp; child care services [e.g. midwife counselling &amp; care</li> <li>5. Organization of mother's support groups &amp; information</li> <li>6. Other(s), please specify</li> </ol>
<b>A.2.c</b>	Which of the following broader social & health services are offered in your programme? [Read all options. Tick all as appropriate]	<ol style="list-style-type: none"> <li>1. Community health care education &amp; promotion</li> <li>2. Primary health care</li> <li>3. Specialist health care</li> <li>4. Mental Health care [e.g. psychotherapy, brief interventions, group counselling,...]</li> <li>5. Peer health navigators</li> <li>6. Pharmacy &amp; medical products</li> <li>7. Gender-based violence care &amp; support</li> <li>8. Other(s), please specify</li> </ol>
<b>A.2.d</b>	Which of the following accommodation & housing services are integrated in your programme? [Read all options. Tick all as appropriate]	<ol style="list-style-type: none"> <li>1. Emergency accommodation [e.g. night shelter,...]</li> <li>2. Homelessness accommodation [e.g. homeless hostel, temporary accommodation,...]</li> <li>3. Women's shelter accommodation</li> <li>4. Accommodation for migrants [e.g. reception centres, migrant workers accommodations,..]</li> <li>5. Long-term assisted housing [e.g. residential care, ...]</li> <li>6. Long term protected housing</li> <li>7. Social accommodation [e.g. friends,..]</li> <li>8. Temporary / non-conventional [e.g. mobile homes, temporary structures,...]</li> <li>9. Permanent accommodation [e.g.housing first,..]</li> <li>10. Other(s), please, specify</li> </ol>
<b>A.2.f</b>	Which of the following family & social integration services are integrated in your service? [Read all options. Tick all as appropriate]	<ol style="list-style-type: none"> <li>1. Counselling services for families and close network [e.g. substance use, migration,...]</li> <li>2. Community workshops or events</li> <li>3. Community volunteer programmes</li> <li>4. Language exchange programmes</li> <li>5. Mentoship or buddies programmes</li> <li>6. Community resource centres</li> <li>7. Online social networking platforms</li> <li>8. Advocacy [e.g. antistigma campaigns,...]</li> <li>9. Other(s), please, indicate.</li> </ol>
<b>A.2.g</b>	Which of the following economic empowerment & resource access services are integrated in your programme? [Read all options. Tick all as appropriate]	<ol style="list-style-type: none"> <li>1. Financial assistance programmes [e.g. social security schemes,</li> <li>2. Assessment of competence</li> <li>3. Systematic job seeking support</li> <li>4. Workshops &amp; continuous education</li> <li>5. Employment training placements</li> <li>6. Close in-labour follow-up / support</li> <li>7. Technical support to employers</li> <li>8. Other(s), please, indicate</li> </ol>

<p><b>A.2.h</b></p>	<p>Which of the following legal support services are integrated in your programme?</p>	<ol style="list-style-type: none"> <li>1. Legal or administrative education &amp; advice [e.g. main laws &amp; penalties related to drug use or migration, rights to care &amp; support,...]</li> <li>2. Legal advocacy [e.g. support publications &amp; materials, strategic use of media, collect evidence of rights violations, class action lawsuits, legal aid reform,...]</li> <li>3. Assistance obtaining or regaining documentation [e.g. identity documents,</li> <li>4. Administrative complains [e.g. law enforcement abuses, discrimination cases, removal from registries,...]</li> <li>5. Litigation – service users [e.g. administrative support, representation in court,...]</li> <li>6. Legal support to our organization [e.g. representing social workers harassed by law enforcement, assisting with employment contracts,....]</li> <li>7. Technical support &amp; capacity building of court practitioners, legislators or law enforcement agents</li> <li>8. Other(s), please specify</li> </ol>
<p><b>A.3.</b></p>	<p>How does your organization provide the services you offer? [Apply to each service you have identified]</p>	<ol style="list-style-type: none"> <li>1.a. Located within the same facility &amp; provided by our organization.</li> <li>1.b. Located within our facility &amp; provided by a different organization.</li> <li>1.c. Referred to a different facility &amp; provided by our organization</li> <li>1.c. Referred to a different facility &amp; different organization</li> <li>1.d. Other(s), please, specify</li> </ol> <p>2. Is the services offered on the same day?</p>
<p><b>A.4.a</b></p>	<p>In this facility, is there any follow-up to see whether clients act on referrals? How is it carried out?</p>	
<p><b>A.4.b</b></p>	<p>(If no) Why not?</p>	<ol style="list-style-type: none"> <li>1. Lack of capacity</li> <li>2. It is not necessary</li> <li>3. Service users act on referrals</li> <li>4. I don't know</li> <li>5. Other(s), please, specify</li> </ol>





## 1.b. Equity in service delivery

Item #	Question	Response/comments
<b>B.1.a</b>	<p>What are the main physical barriers that migrants who use drugs face to access your services?</p> <p>Possible prompts: location of the service facilities, limited hours of service, lack or ramp or elevators, lack of sufficient space for the activities and the number of service users,...</p>	
<b>B.1.b</b>	<p>What are the main financial barriers that migrants who use drugs face to access your services?</p> <p>Possible prompts: [some] services require out-of-pocket payment or co-payment, lack of insurance coverage, hidden costs (e.g.transportation),...</p>	
<b>B.1.c</b>	<p>What are the main financial barriers that migrants who use drugs face to access your services?</p> <p>Possible prompts: complex registration procedures, lack of clear guidance on required documentation, compulsory formal identification to access service,...</p>	
<b>B.1.d</b>	<p>What are the main information barriers that migrants who use drugs face to access your services?</p> <p>Possible prompts: lack of clear and culturally sensitive information about services and how to access them, information provided in a language not understood, services not advertised through the right channel,...</p>	
<b>B.1.e</b>	<p>What are the main safety barriers that migrants who use drugs face to access your services?</p> <p>Possible prompts: fear of stigma and discrimination, concerns about confidentiality and privacy, lack of trust in service provider,.</p>	
<b>B.1.f</b>	<p>What strategies or actions will your organization implement to address the various barriers identified?</p>	
	<p>What strategies do you implement to establish contact with individuals or communities that currently do not provide services to but you wish to? [Read all options. Tick all as appropriate]</p>	<ol style="list-style-type: none"> <li>1. Outreach team &amp; and activities</li> <li>2. Targeted communication &amp; dissemination activities</li> <li>3. Referral by law enforcement</li> <li>4. Referral other services</li> <li>5. Other(s), please specify</li> </ol>

<p><b>B.2</b></p>	<p>How does the organization ensure the safety and well-being of service users and staff members? [Read all options. Tick all as appropriate]</p>	<ol style="list-style-type: none"> <li>1. Definition and establishment of a minimum set of health and safety requirements</li> <li>2. Implementation of protocols for emergencies, accidents..</li> <li>3. Implementation of protocols to users rights</li> <li>4. Organizational Code of Ethics</li> <li>5. Aggression and discrimination reporting system</li> <li>6. Consent-based cooperation [e.g. consult with individuals before seeking law enforcement assistance or protection on their behalf]</li> <li>7. Other(s) please indicate ___</li> </ol>
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## 2. Health workforce

**How does your organization ensure that your workforce is adequately skilled, empowered and supported to deliver effective care services to migrants who use drugs?**

### Suggested methodology

First, conduct a desk review and make detailed notes on relevant questions using information available in reports and other documentation. This review will serve as background material for the final report and will help in adapting the checklist to suit your needs and local context effectively. Additionally, consider conducting interviews with a few key informants to gain further insights.

Following the desk review and key informant interviews, organize an in-depth group discussion with key stakeholders to collaboratively develop consensus responses to the questions and identify key actions necessary to improve the care and support that migrants who use drugs receive. This discussion will facilitate a comprehensive understanding of the challenges and opportunities in providing services to this population and foster collective ownership of the proposed solutions.

### 2.a. Staffing

Item #	Question	Response/comments
<b>2.A.1</b>	Does your organization have a specified list of competencies required for a successful implementation?	
<b>2.A.2</b>	Which of the following essential competencies are required from your organization's staff? [Read all options. Tick all as appropriate]	<ol style="list-style-type: none"> <li>1. Theoretical and practical knowledge of drugs &amp; drug use</li> <li>2. Knowledge of harm reduction principles, strategies &amp; practices</li> <li>3. Overdose prevention and response, including administration of naloxone</li> <li>4. Ability to communicate effectively with individuals from diverse backgrounds</li> <li>5. Skills in building rapport and trust with clients</li> <li>6. Other(s), please specify</li> </ol>
<b>2.A.3</b>	Which of the following specific competencies are required from your organization's staff? [Read all options. Tick all as appropriate]	<ol style="list-style-type: none"> <li>1. Knowledge of aims, goals &amp; objectives of the programme</li> <li>2. Knowledge of the project plan, content, theoretical model,...</li> <li>3. Knowledge of key stakeholders, local resources and services available to support migrants who use drugs</li> <li>4. Knowledge of the target populations (e.g. perceptions &amp; experiences of drug use, gender issues, )</li> <li>5. Understanding of legal and ethical considerations about confidentiality and consent</li> <li>6. Other(s), please specify</li> </ol>

<p><b>2.A.3</b></p>	<p>Which of the following general competencies are required from your organization's staff? [Read all options. Tick all as appropriate]</p>	<ol style="list-style-type: none"> <li>1. 1. Organizational and time management skills for administrative task and care provision</li> <li>2. 2. Person-centred service provision and care</li> <li>3. 3. Ability to work collaboratively within and outside the organization</li> <li>4. 4. Ability to cope with stress and vicarious trauma associated with working in a challenging and emotionally demanding environment.</li> <li>5. 5. Other(s), please specify</li> </ol>
<p><b>A.3</b></p>	<p>Which of the following meta-competences are required from your organization's staff? [Read all options. Tick all as appropriate]</p>	<ol style="list-style-type: none"> <li>1. Cultural sensitivity, self-awareness and reflexivity in understanding personal biases and values</li> <li>2. Advocacy skills to promote the rights and need of migrants who use drugs</li> <li>3. Gender-transformative approaches</li> <li>4. Trauma-informed care</li> <li>5. Other(s), please specify</li> </ol>
<p><b>A.4</b></p>	<p>Does your organization require that before implementation staff member has already acquired all competencies?</p>	
	<p>Does your current amount of staff &amp; distribution of professional backgrounds ensure an adequate availability, access and quality of your services?</p>	
	<p>If not, what are the current main challenges?</p>	<ol style="list-style-type: none"> <li>1. Shortage staff time</li> <li>2. Shortage staff training</li> <li>3. Inappropriate/Insufficient staff supervision</li> <li>4. Low staff motivation</li> <li>5. Other(s), please indicate</li> </ol>



## 2.b. Capacity development

Item #	Question	Response/comments
<b>B.1</b>	How frequently do you conduct a skill level and training needs analysis with those staff members in direct contact with the service users?	
<b>B.2</b>	What are some of the highest-priority training needs? Possible prompts: live-saving skills, STI ..., gender-based violence counselling & services, ...	
<b>B.3</b>	Training & capacity building activities	<ol style="list-style-type: none"> <li>1. Pre-service training</li> <li>2. Programme &amp; service delivery level</li> <li>3. Administrative level</li> <li>4. Other(s), please indicate</li> </ol>
<b>B.4</b>	Training & capacity building activities	<ol style="list-style-type: none"> <li>1. Appropriate for staff</li> <li>2. Participatory methods</li> <li>3. Qualified Trainers</li> <li>4. People with lived/ing experience</li> <li>5. Clear goals</li> <li>6. Training materials &amp; curricula revised &amp; updated regularly</li> <li>7. Integrate human rights principles and values <sup>1</sup></li> <li>8. training outcomes are measured</li> </ol>

<sup>1</sup> Avoidance stigma & discrimination, gender sensitivity, attitudes towards key populations, confidentiality, reproductive rights & choices...



## 2.c. Human Resources

Item #	Question	Response/comments
<b>C.1</b>	In relation to staff, what are the biggest challenges? Possible prompts: staff retention, recruitment, task shifting, workload & burnout, quality,	
<b>C.2</b>	What strategies & activities do you count to create a supportive environment for your staff?	Self-care & motivational strategies Emotional & professional support External supervision Mentoring Other (specify):
<b>C.3</b>	What strategies & activities do you count to create a supportive environment for your staff with living experience of drug use or migration?	Organizational code of conduct, articulating principles and values of peer work Peer risk assessment Peer mentorship Sensitization training for staff without living experience of drug use Support for the management of chronic health conditions Counselling for relapse or change in pattern of consumption Counselling for burnout, triggers and other harmful circumstances Other(s), please indicate:



### 3. Medical products & technologies

**How does your organization support equitable access to medical products and technologies, based on the best standard of care locally available?**

#### Suggested methodology

First, conduct a desk review (refer to Appendix X) and make detailed notes on relevant questions using information available in reports and other documentation. This review will serve as background material for the final report and will help in adapting the checklist to suit your needs and local context effectively. Additionally, consider conducting interviews with a few key informants to gain further insights.

Following the desk review and key informant interviews, organize an in-depth group discussion with key stakeholders to collaboratively develop consensus responses to the questions and identify key actions necessary to improve the care and support that migrants who use drugs receive. This discussion will facilitate a comprehensive understanding of the challenges and opportunities in providing services to this population and foster collective ownership of the proposed solutions.

Item #	Question	Response/comments
<b>A.1</b>	How does your organization assess the availability and accessibility of essential medical products and technologies required for harm reduction services? Possible prompts: how does it take into account factors such as affordability, quality and regulatory approval?	
<b>A.2</b>	What strategies or activities are in place to ensure the safe and appropriate use of medical products and technologies in your programme? Possible prompts: quality protocols, use procedures, staff training,...	
<b>A.3</b>	Has your organization implemented strategies to facilitate equal access to medical products and technologies, particularly among migrants who use drugs? Possible prompts: collaboration with other stakeholders, the establishment of common pools of resources, and cultural and linguistic support to navigate the healthcare system or access medical products,...	
<b>A.4</b>	How does your organization collaborate with manufacturers, suppliers, and regulatory authorities to address structural barriers to access and ensure a reliable supply chain?	

<b>A.5</b>	How does your organization participate in advocacy for policy changes and resource allocation to support the procurement, distribution, and utilization of essential medical products and harm reduction materials?	
<b>A.6</b>	What strategies are implemented to integrate digital health technologies and solutions into your program?	



## 4. Information systems

**How does your organization generate evidence and enhance the accessibility of data to support the implementation of effective policies, services and practices that advance the well-being and human rights of migrants who use drugs?**

### Suggested methodology

First, conduct a desk review (refer to Appendix X) and make detailed notes on relevant questions using information available in reports and other documentation. This review will serve as background material for the final report and will help in adapting the checklist to suit your needs and local context effectively. Additionally, consider conducting interviews with a few key informants to gain further insights.

Following the desk review and key informant interviews, organize an in-depth group discussion with key stakeholders to collaboratively develop consensus responses to the questions and identify key actions necessary to improve the care and support that migrants who use drugs receive. This discussion will facilitate a comprehensive understanding of the challenges and opportunities in providing services to this population and foster collective ownership of the proposed solutions.

### 4.a. Programme needs assessment

Item #	Question	Response/comments
<b>A.1</b>	What methods, tools and instruments does your Needs Assessment employ to accurately capture the diverse inequities within your local community, along with the systemic factors influencing them?	
<b>A.2</b>	To what extent do your Needs Assessments identify and integrate the individual, cultural or social care practices, strengths, skills and other protective factors of the local migrant and drug-user communities?	
<b>A.4</b>	Are there any specific indicators or data points missing in your local information systems that are essential for understanding the needs of migrant communities regarding drug use?	
<b>A.4</b>	How does your organization collaborate with other local stakeholders to gather insights and data on the needs of migrant populations?	

	<p>What is the level of community engagement at each stage of the Needs Assessment process? Possible prompts: consultation, involvement, collaboration, shared leadership,...</p>	
<b>A.5</b>	<p>How frequently do you implement a Needs Assessments? How do they inform the development, adaptation, or enhancement of services to better meet the needs of migrant and drug user communities?</p>	

## 4.b. Monitoring & Evaluation

Item #	Question	Response/comments
<b>B.1</b>	<p>What stakeholders are involved in the design and implementation of your monitoring and evaluation framework? Possible prompts: human rights experts, people with lived/ing experience, social inequity experts,...</p>	
<b>B.2</b>	<p>What type of evaluations does your programme employ to assess its activities and services? [Read all options. Tick all as appropriate]</p>	<ol style="list-style-type: none"> <li>1. Process evaluation</li> <li>2. Outcome evaluation</li> <li>3. Economic evaluation (cost-effectiveness &amp; cost-benefit analysis)</li> <li>4. Appropriateness Evaluation</li> <li>5. Impact evaluation</li> <li>6. Other(s), please specify:</li> </ol>
<b>B.4</b>	<p>In your monitoring &amp; evaluation frameworks, do you incorporate indicators from any of the following categories? [If yes, please indicate what are the key indicators]</p>	<ol style="list-style-type: none"> <li>1. Structural indicators [international/local/national health &amp; rights-related strategies, goals and targets]</li> <li>2. Indicators on cross-cutting human rights [human rights, discrimination, participation, equity, violence, stigma,...]</li> <li>3. Accessibility indicators (as against mere "availability")</li> <li>4. Integration / cooperation with other services &amp; continuity of care</li> <li>5. Organizational cultural competence</li> <li>6. Context specific indicators</li> <li>7. Community engagement</li> </ol>
<b>B.4</b>	<p>Do the indicators in your monitoring and evaluation framework disaggregate data on key populations? Possible prompts: migration type, legal status, sex work, gender &amp; sexuality, criminalization status,...</p>	

<p><b>B.5</b></p>	<p>How are data collected, analysed, and reported within your monitoring and evaluation framework. What framework are in place to ensure its quality? Possible prompts: integration of qualitative and quantitative methods,,...</p>	
<p><b>B.6</b></p>	<p>What are the main barriers for monitoring &amp; data collection? Possible prompts: confidentiality... lack of resource limitations, technical expertise, limited key informants, barriers to accessing existing data,..</p>	

**4.c. Ethical considerations**

Item #	Question	Response/comments
<p><b>C.1</b></p>	<p>What measures are in place to protect the privacy and confidentiality of data collected within the health information system, particularly concerning migrant populations and sensitive health information? Possible prompts: protection against unauthorized use, anonymized data, electronic data collection,...</p>	
<p><b>C.2</b></p>	<p>How does the project promote transparency and accountability in the use of monitoring and evaluation data, particularly regarding decision-making processes and resource allocation?</p>	
<p><b>C.3</b></p>	<p>What measures are taken to ensure that monitoring and evaluation activities do not inadvertently contribute to stigmatization or discrimination against migrant populations?</p>	
<p><b>C.4</b></p>	<p>How do you identify and address potential power imbalances and vulnerabilities that may affect the voluntary participation of migrant communities in monitoring and evaluation activities?</p>	

## 4.d. Dissemination & communication

Item #	Question	Response/comments
<b>C.1</b>	What mechanisms are in place to promote data sharing and collaboration among different stakeholders within your local information systems?	
<b>C.2</b>	What type of dissemination or communication strategies and activities does your organization implement to reach out to and engage with migrant and drug-using communities? Possible prompts: culturally sensitive communication. Materials, accessible and understandable language,...	
<b>C.3</b>	Are there mechanisms for ongoing engagement with migrant and drug-user communities to co-develop communication messages and strategies?	
<b>C.4</b>	Are there partnerships with local media outlets to amplify the reach of dissemination efforts and raise public awareness about drug use issues among migrant populations?	
<b>C.5</b>	How does the project measure the reach and impact of dissemination efforts in terms of increasing awareness, knowledge, and understanding of drug use issues among migrant populations?	
<b>C.6</b>	How is the data generated by your project utilized to support evidence-informed decision-making in policy or service design processes?	
<b>C.7</b>	How does the organization engage with donors and funders to communicate the value and impact of its programs and activities, and to cultivate ongoing support and investment?	

## 5. Leadership & governance

**How does your organization ensure that its leadership and governance structures and appropriately guided, with active involvement from the community, and its services align with international standards regarding human rights and equity?**

### Suggested methodology

First, conduct a desk review (refer to Appendix X) and make detailed notes on relevant questions using information available in reports and other documentation. This review will serve as background material for the final report and will help in adapting the checklist to suit your needs and local context effectively. Additionally, consider conducting interviews with a few key informants to gain further insights.

Following the desk review and key informant interviews, organize an in-depth group discussion with key stakeholders to collaboratively develop consensus responses to the questions and identify key actions necessary to improve the care and support that migrants who use drugs receive. This discussion will facilitate a comprehensive understanding of the challenges and opportunities in providing services to this population and foster collective ownership of the proposed solutions.

### 5.a. Planning, management & administration

Item #	Question	Response/comments
<b>A.1</b>	How do your organization's values, long-term vision and strategic plan demonstrate a clear commitment to upholding human rights and promoting equity? Possible prompts: references to international standards,...	
<b>A.2</b>	How does your organization's programme and activities development identify and incorporate up-to-date evidence from key stakeholders, including community members, from different backgrounds and sectors?	
<b>A.3</b>	How clearly are the following components articulated in your program and activity plans? In a scale from 1 to 5 (5 completely clear, 1 not clear at all)	<ol style="list-style-type: none"> <li>1. Aims</li> <li>2. Goals</li> <li>3. Objectives</li> <li>4. Methods</li> <li>5. Activities</li> <li>6. Resources</li> <li>7. Required Staff Competencies</li> </ol>
<b>A.4</b>	What mechanisms does your organization use to regularly review and update its strategic plan and programmes to adapt to changing circumstances and emerging needs?	



<b>A.5</b>	What strategies does your organization employ to address any barriers or challenges encountered during the planning and implementation of its strategic initiatives?	
<b>A.6</b>	What measures does your organization have in place to ensure equity, accountability and transparency in its planning, management and decision making processes?	
<b>A.7</b>	How does your organization promote collaboration and coordination among staff members to achieve its strategic goals?	
<b>A.8</b>	What mechanisms does your organization have in place to ensure that its planning and management practices adhere to ethical principles and uphold the rights and dignity of service users and staff members alike?	

## 5.b. Legal environment & partnerships

Item #	Question	Response/comments
<b>B.1</b>	From your local context, identify the main key legal frameworks, strategies or action plans that contribute to a supportive environment towards migrants who use drugs	<ol style="list-style-type: none"> <li>1. Drug policy [e.g. harm reduction is established as priority, decriminalization of drug use,...]</li> <li>2. Equality, anti-discrimination, anti-stigma laws and actions.</li> <li>3. Social welfare and employment legislation</li> <li>4. Universal health coverage</li> <li>5. Legal protection against violence</li> <li>6. Human rights legislations</li> <li>7. Others, please, specify.</li> </ol>
	What key legal frameworks, strategies or action plans are still required to contribute to a supportive local environment?	
<b>B.2</b>	How does your organization contribute to integrating or sustaining harm reduction as an essential component of comprehensive health and social policies?	

<p><b>B.3</b></p>	<p>What are the biggest challenges to facilitating continuous, coordinated, comprehensive implementation of care legislation and services?</p>	<ol style="list-style-type: none"> <li>1. Lack of shared commitment</li> <li>2. Lack of shared leadership</li> <li>3. Lacked of shared accountability</li> <li>4. Lack of technical capacity &amp; knowledge</li> <li>5. Lack of resources</li> <li>6. Lack of efficient decision-making systems &amp; processes</li> <li>7. Other(s), please specify</li> </ol>
<p><b>B.4</b></p>	<p>What type of stakeholder cooperation strategies has your organization established to foster long-term, strategic partnerships to systemic change and community resilience?</p>	<ol style="list-style-type: none"> <li>1. Clinical coordination</li> <li>2. Professional coordination</li> <li>3. Organizational coordination</li> <li>4. system coordination</li> <li>5. Other(s) please specify</li> </ol>
<p><b>B.5</b></p>	<p>To what degree local and national cooperation partnership involve community-led and community-representative organizations of migrants or people who use drugs meaningful?</p>	<ol style="list-style-type: none"> <li>1. Passive participation</li> <li>2. Ad-hoc participative information-sharing</li> <li>3. Participation by consultation</li> <li>4. Participation for material development</li> <li>5. Functional participation</li> <li>6. Interactive participation</li> <li>7. Self-mobilisation</li> </ol>



## 6. Finances

**How does your organization provide for cost-effective, equitable and financially sustainable services tailored to the needs of migrants who use drugs?**

### Suggested methodology

First, conduct a desk review (refer to Appendix X) and make detailed notes on relevant questions using information available in reports and other documentation. This review will serve as background material for the final report and will help in adapting the checklist to suit your needs and local context effectively. Additionally, consider conducting interviews with a few key informants to gain further insights.

Following the desk review and key informant interviews, organize an in-depth group discussion with key stakeholders to collaboratively develop consensus responses to the questions and identify key actions necessary to improve the care and support that migrants who use drugs receive. This discussion will facilitate a comprehensive understanding of the challenges and opportunities in providing services to this population and foster collective ownership of the proposed solutions.

Item #	Question	Response/comments
<b>A.1</b>	What are the main sources of funding for the programmes and activities implemented at your organization? [Read all options. Tick all as appropriate]	<ol style="list-style-type: none"> <li>1. Governmental</li> <li>2. Donors</li> <li>3. Private Sector</li> <li>4. Communities</li> <li>5. Faith-based organizations</li> <li>6. Individual contributions</li> <li>7. Other(s), please, specify</li> </ol>
<b>A.2</b>	How does your organization secure funding to support its programs and activities? What strategies are employed to diversify funding sources?	
<b>A.3</b>	How does the organization engage with the local community to identify funding opportunities and resources that are rooted in community needs and priorities?	
<b>A.4</b>	What mechanisms are in place to ensure financial transparency and accountability in the management of funds, including budgeting, expenditure tracking, and reporting?	
<b>A.5</b>	How does your organization ensure that decision-making processes related to funding allocation and resource management are inclusive and participatory, with meaningful representation from diverse community voices?	

<b>A.6</b>	How does the organization plan for and manage financial risks, such as fluctuations in funding levels, changes in donor priorities, or economic uncertainties?	
<b>A.7.a</b>	<p>Has your organization experienced barriers or limitations in implementing its programmes due to donor restrictions?</p> <p>Possible prompts: state-imposed restrictions for civil society organizations, donor restrictions on geographic locations, restrictions on the type of advocacy activities,...</p>	
<b>A.7.b</b>	If so, what strategies did your organization implement to address or overcome such barriers or limitations?	
<b>A.8</b>	<p>What mechanisms are in place to empower and support community members in fundraising efforts or to create sustainable revenue streams and income-generating opportunities? [Read all options. Tick all as appropriate]</p>	<p>8. Crowdfunding campaigns</p> <p>9. Community events,</p> <p>10. Support the development of social enterprises (e.g. services provision, production of products or goods,...)</p> <p>11. Grants or micro-financing schemes</p> <p>12. Provision of training and employment opportunities.</p> <p>13. Others, please, specify</p>



## Annex action planning

This Action Planning Grid is a valuable tool for capturing key actions to improve the care and support provided to migrants who use drugs. Building upon the evidence generated through the desk review, interviews and group discussion, key stakeholders are encouraged to collectively establish a set of specific common goal(s) and key activities, with clear identification of responsible stakeholders, projected timeliness, required resources and desired outcomes. The Action Planning Grid serves as a structured framework for planning and tracking progress throughout the implementation processes.

### Main goals(s):

Key action	Who?	When?	Resources	Challenges	Outcome
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

