#

# Participant Workbook

Addressing the specific needs of women who inject drugs

# Acronyms

AIDS Acquired Immune Deficiency Syndrome

ART Antiretroviral Treatment

BBVs Blood Borne Viruses

DAAs Direct Acting Agents (HCV treatment)

EHRN Eurasian Harm Reduction Network

GBV Gender Based Violence

HBV Hepatitis B Virus

HCV Hepatitis C Virus

HIV Human Immunodeficiency Virus

HTC HIV Testing and Counselling

IEC Information, Education and Communication

INPUD International Network of People Who Use Drugs

INWUD International Network of Women Who Use Drugs

MCH Maternal and Child Health

M&E Monitoring and Evaluation

NSP Needle and Syringe Program

OST Opioid Substitution Therapy

PEP Post-exposure prophylaxis

PITC Provider-initiated HIV testing and counselling

PLHA People Living With HIV/AIDS

PMTCT Prevention of Mother to Child Transmission

PWID People Who Inject Drugs

SRH Sexual and Reproductive Health

STI Sexually Transmitted Infection

TB Tuberculosis

UNODC United Nations Office of Drug Control

UNAIDS Joint United Nations Programme on HIV/AIDS

WHRIN Women’s Harm Reduction International

WID Women Who Inject Drugs

WHO World Health Organization

## Workshop Schedule

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| --- | --- | --- |
| **Day 1** |  |  |
| **Time** | **Timing** | **Session** |
| *9:00 – 9:40* | *40 mins* | *Introduction and pre-assessment* |
| *9:40 – 10:40* | *60 mins*  | *Module 1 – Harm Reduction*  |
| *10:40 -11:00* | *20 mins* | *Break* |
| *11:00 – 12:00* | *60 mins* | *Module 1 - Harm reduction (cont’d)* |
| *12:00 – 13:00* | *60 mins* | *Lunch* |
| *13:00 – 14:00* | *60 mins* | *Module 2 – Focusing on women as a critical priority* |
| *14:00 – 15:00* | *60 mins* | *Module 3 – Key implementation considerations* |
| *15:00 – 15:20* | *20 mins* | *Break* |
| *15:20 - 16:40* | *80 mins* | *Module 3 - Key implementation considerations (cont’d)* |
| *16:40 – 17:00* | *20 mins* | *Wrap Up* |

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| **Day 2** |  |  |
| **Time** | **Timing** | **Session** |
| *9:00 – 9:20* | *20 mins* | *Housekeeping and Recap* |
| *9:20 – 10:40* | *90 mins* | *Module 4– Additional Services Components*  |
| *10:40– 11:00* | *20 mins* | *Break* |
| *11:00 – 12:00* | *60 mins* | *Module 5: Key elements in mobilizing WID* |
| *12:00 – 13:00* | *60 mins* | *Lunch* |
| *13:00 – 14:30* | *90mins* | *Module 6: Service Management and Capacity Building* |
| *14:30 – 14:50* | *20 mins*  | *Break* |
| *14:50 – 15:10* | *60 mins* | *Module 7: Prisons and service continuity*  |
| *15:10 – 16:40* | *90 mins* | *Module 8: Planning gender responsive services - Part 1 (SWOT Analysis)* |
| *16:40 – 17:00* | *20 mins* | *Wrap Up* |

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| **Day 3** |  |  |
| **Time** | **Timing** | **Session** |
| *9:00 – 9:20* | *20 mins* | *Housekeeping and Recap* |
| *9:20 – 10:00* | *40 mins* | *Mod Planning gender responsive services – Part 2* |
| *10:00 – 10:20* | *20 mins* |  *Break* |
| *10:20 – 11:50* | *90 mins* | *Planning gender responsive services (cont’d)* |
| *11:50 – 12:30* | *40 mins* | *Post assessment, Evaluation and Wrap Up* |

This workbook is designed to accompany the workshop for service providers on gender-responsive HIV services for women who inject drugs. The modules and your facilitator will guide you through the workbook. There are note spaces for you to record relevant information, exercise note spaces, hyperlinked references, planning sheets and case studies (which you are strongly encouraged to read).

# Introduction

**Slide*: ‘*The Rules’**

# Module 1 – Harm reduction

***Slide 1:* WID services are strongest when they:**

**Slide 2: Core principles**

**Slide 3: The WHO/UNODC/UNAIDS Comprehensive Package for HIV and injecting drug use**

This ‘comprehensive package” is from the 2012 edition of the WHO, UNODC, UNAIDS *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*. For the purposes of this workshop, harm reduction is defined by these interventions however also adapts further features from the subsequent WHO. *Consolidated Guidelines on HIV prevention, Diagnosis, Treatment and Care for Key Populations* 2014, to also highlight the importance of sexual and reproductive health, psychosocial services and overdose prevention and management.

**Slide 4: Needle and syringe programmes (NSPs)**

**Slide 5: Opioid substitution therapy (OST)**

**Slide 6: Improving OST access for WID**

**Slide 7:** **HIV testing and counselling**

**Slide 8: Antiretroviral therapy (ART) - including treatment literacy**

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| **ACTIVITY: “Which consideration for which service?’** *Draw a line between each of the nine interventions elements so they match with the right service.* |
| Needle and syringe programmes  |  | Enrolment benefits WID by reducing their risks of fatal overdose, being arrested, and being abused and subjected to other forms of violence. |
| Opioid substitution therapy (OST) and evidence-based drug treatment |  | Harm reduction programmes should make female condoms easily accessible to clients, promote their use, and distribute both male and female condoms (plus lubricants). |
| HIV testing and counselling  |  | Information on safer injecting that is modified for WID who rely on partners or friends to inject them |
| Antiretroviral therapy, including treatment literacy |  | Women should use two forms of contraception during treatment and for six months after completion of treatment to avoid pregnancy because of the risk of birth defects |
| Prevention and treatment of sexually transmitted infections |  | Creation and maintenance of active referral pathways between TB treatment services and services for WID that include integrated screening and testing programmes |
| Condom programmes for people who inject drugs and their sexual partners |  | Can be provided through a range of service models, such as outreach to suitable locations, and peer delivery to women’s homes where appropriate;  |
| Targeted information, education and communication for PWID and sexual partners  |  | All WID—and their sexual partners—greatly benefit from consistent access to acceptable, effective and high-quality STI services. |
| Prevention, vaccination, diagnosis and treatment for viral hepatitis |  | Counselling on gender-based violence (GBV) is recommended as part of post-test counselling. |
| Prevention, diagnosis and treatment of tuberculosis |  | Directly provide, or organise the provision of, antiretroviral drugs for pregnant and nursing WID living with HIV. |

**Slide 9: PMTCT**

**Slide 10: Prevention and treatment of sexually transmitted infections (STIs)**

**Slide 11: Condom programmes**

**Slide 12:** **Targeted information, education and communication (IEC)**

**Slide 13:** **Prevention, vaccination, diagnosis and treatment for viral hepatitis**

**Slide 14:** **Prevention, diagnosis and treatment of tuberculosis (TB)**

**Slide 15: Opioid overdose prevention and community management**

# Module 2 - Why focusing on Women is a critical priority for service providers

**Slide 2. ACTIVITY. A day in the life**

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**Slide 3: WHRIN info graphic**

**Slide 4: Crucial to focus on WID**

**Criminalisation of drug use in pregnancy.**

*The WHO clearly states: “the imprisonment of pregnant women and women with young children should be reduced to a minimum and only considered when all other alternatives are found to be unavailable or are unsuitable”.*

**Slide 5: Table**

# Module 3: Key implementation considerations for services responding to the needs of women who inject drugs

**Slide 1: Module 3: Key implementation considerations for services responding to the needs of women who inject drugs**

**Slide 2: Module overview**

**Slide 3: Service delivery and integration**

**Slide 4: Location and service hours**

**Slide 5: Outreach. Addressing stigma.**

**Activity: Case study 1: Peer-driven intervention reaching women who use drugs in Ukraine**

*In order to reach women who use drugs, the International HIV/AIDS Alliance in Ukraine introduced peer-driven intervention (PDI) in 2007. After piloting and evaluation, PDI was scaled up and by 2013 more than 6,000 PWID were reached, 30% of whom were women.*

*To start the Alliance’s PDI for women, a small number of peer volunteers were recruited through male partners or friends of women who use drugs and given comprehensive information about HIV, safer injecting and sexual practices, hepatitis, and other harm reduction education priorities. Each recruit received three coupons with contact information of the organisation; an offer of a fee for participating in the intervention; and commodities such as sterile syringes and needles, condoms (both male and female), information materials and HIV/STI testing. Volunteers then educated their peers and recruited them to participate in the programme by giving them coupons to be redeemed at the organisation.*

*For some women this was their first acquaintance with harm reduction services. The 'bridge' was friendly and non-judgmental peers who provided a relevant and trusted introduction to harm reduction services. The success of the project suggests that PDI can be a powerful intervention that boosts engagement with women who use drugs as community champions, improves knowledge, and increases access to HIV prevention commodities and services.*

**Activity**:

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**Slide 6: Advocacy**

# **Case study 2:** Advocacy. Stop Violence Against Women who Use Drugs in Tanzania and Zanzibar

The Tanzania Network of Women who use drugs (TaNWUD), Tanzania Network of People who use drugs (TaNPUD) and Zanzibar Network of Women who use drugs (ZaNWUD) joined hands with support from INPUD/INWUD to raise a voice for women who use drugs during the 16 Days of Action for the Elimination of Violence Against Women.

The women’s advocacy team organised orange theme colour T shirts and banners reading “women who use drugs matter”, developed a consensus statement about violence against women who use drugs in both countries, and read out the statement at the large gatherings (the statement was also sent to relevant government and non-government stakeholders).



The peer led team used other days to visit maskani (places where people who use drugs gather), cleaning up rubbish (as these places are sometimes depressingly filled with rubbish), providing a meal and talking about the need for wider community support to eliminate stigma and aggression against women who use drugs.



In Zanzibar, the advocacy team worked with members to stage a public march through the central town area. The Minister of the Interior read out the statement prior the event. All events were covered by media and were aired the following week on a local news and in newspapers.

Extracts from the statement from TaNPUD women’s advocacy team for the international day for the elimination of violence against women and girls:

*‘’Women are beaten, raped, locked up and subject to abusive language. We believe however that the majority of people in the community are not aware of these abuses and would of course not approve of such violations and so we want to raise awareness of the suffering inflicted and ask their help to stop these violent acts against women… Mothers who use drugs and their children do not deserve to be punished with separation but in some cases they may need support for a time, in order to keep their families together, safe and functional.*

*It is also critical that the available police desks dedicated supporting women who have experienced rape or other violence, become more sensitive to the situation of women who use drugs and thus more friendly and accessible to them by ensuring the desk is staffed by women with training to ensure non-judgmental and ‘safe’ reporting for all women including those who use drugs.*

*…to meet SDG targets for gender equality and ambitions for eliminating violence against women, government and non-government services concerned with gender equality and empowerment of women cannot leave behind the most stigmatized women who are subject to the most violence.*

*Women who use drugs have the right to live free of violence, rape and exclusion. They are our mothers, sisters and daughters and, like all other women, have the right to live their lives without fear of violence.’’*

**Slide 7: Data**

**Slide 8: Participatory involvement**

*Module 4: Additional services to initiate or strengthen components for women who inject* *drugs.*

**Slide 2: Overarching issues**

**Slide 3: Examples of additional services**

**Case Study 3:** *Women for Women initiative: Gender-tailored HIV interventions for highly vulnerable women and girls in 6 cities of Ukraine (Jan 2012-Nov 2013) – UNODC.*

W4W initiative was developed to mainstream gender sensitive approach in HIV prevention, care and support services, especially HIV among women who inject drugs and ex prisoners in 6 cities in Ukraine. In partnership with social municipal services, the model adopted is based on a sustainable empowerment and women’s friendly approach. Six NGO service providers were awarded grants to develop gender responsive harm reduction and social services including: NSP, OST, HTC, ART, socio-psychological support, legal support, child care, reproductive health services, Mother’s schools, violence prevention, shelter, capacity building on self-esteem, job placement. Linkages have been established with local clinics and social services. Over the project period, there were 2036 women (vs. 1500 planned) received services through W4W initiative. End of November 2013, the project, initially piloted with the support of UNODC, has been handed over to the municipal services.

**Slide 4: Sexual and reproductive health, including STI services, PMTCT and cervical cancer screening**

**Slide 5: Prenatal and postnatal care services**

**Slide 6: Activity. Prenatal and postnatal care referral network**

**Slide 7: Breastfeeding, drugs and HIV**

**Slide 8: Gender-based violence and related services**

**Case Study 4:** *EHRN’s Women Against Violence campaign.*

The Eurasian Harm Reduction Network, in partnership with women who inject drugs and harm reduction organizations from Central and Eastern Europe and Central Asia, launched a campaign to reduce or eliminate police violence against women who use drugs (WUD).

The objective of the first year was to raise awareness of law enforcement on police violence against WUD by mobilizing and building their women’s capacity to document and communicate police violence.

Key initial activities included:

* Developing community based online instruments to document and report about cases of police violence
* Capacity building for WUD to communicate about police violence
* Using UN human rights instruments to advocate against police violence toward WUD
* Organizing roundtables and meetings with stakeholders, media and decision-makers to present data collection and mapping results
* Outputs in later stages of the campaign included:
* Developing national and local strategies and action plans to respond to police violence against WUD
* Establishing dialogue between WUD, decision makers and other stakeholders

For further examples of best practice in negotiating policy and practice improvements, see the EHRN resource; [Law Enforcement and Women who use Drugs, 2015.](http://www.harm-reduction.org/sites/default/files/pdf/policy_brief.pdf#http://www.harm-reduction.org/sites/default/files/pdf/policy_brief.pdf)

**Slide 9: Services tailored for WID who are engaged in sex work**

**Slide 10: Parenting supports and childcare**

**Slide 11: Couples counselling and legal aid**

**Slide 12: Providing psychosocial and ancillary services and commodities, and income generation**

**Case study 5:** *Providing psychosocial and ancillary services in Tanzania*

In 2010, when Médecins du Monde opened the first drop-in centre for people who use drugs in Tanzania, most of the attendees were male drug users. Recognising that WID have different needs than men, staff members subsequently identified additional interventions to enhance access to harm reduction for women.

A weekly ‘women’s only’ evening was initiated to enable WID to access services in a women-focused environment. Services include gender-based violence support and information, screening and care for STIs, and sexual health care by a gynaecologist. The drop-in centre offers a dedicated women's room and bathroom and toys for children. Various commodities are provided in addition to sterile injecting equipment and condoms. Women can participate in peer education activity, a step that helped initiate and implement a women's outreach service.

The `women's night’ is well attended with increasing uptake of harm reduction and other services such as HIV testing, sexual and reproductive health, and referral to PMTCT. WID use the women’s spaces to share ideas concerning drug use, health, pregnancy, childcare, gender issues and family issues. For some, the service has been an entry point to become peer educators. Women report that ancillary services (e.g., showers, nutritional support and washing) are critical and improve access to health services and NSPs. Members of a self-support group are engaged in income-generating activities.

The benefits of a gender-sensitive service model relevant to WUD have attracted the attention of the Ministry of Health and Social Welfare, which has expressed interest in using this model when implementing other harm reduction programmes in Tanzania.

*Module 5: Key elements in mobilizing women who inject drugs.*

**Slide 1: Key elements in mobilizing WID**

**Slide 2: Developing and strengthening WID collectives**

(See also [Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs: Practical Guidance for Collaborative Interventions (the "IDUIT")](http://www.unodc.org/documents/hiv-aids/publications/Implementing_Comprehensive_HIV_and_HCV_Programmes_with_People_Who_Inject_Drugs_PRACTICAL_GUIDANCE_FOR_COLLABORATIVE_INTERVENTIONS.pdf): sections on supporting networks and setting up drop in centres.)

**Slide 3: Assist the collective with:**

**Slide 4: Gender specific education and outreach**

The International Network of Women Who Use Drugs (INWUD) represents the interests of WID in the International Network of People Who Use Drugs (INPUD). INWUD actively seeks to give greater voice to issues affecting women who use drugs, including by helping to channel the views and experiences of women who use drugs into advocacy efforts. The Women’s Harm Reduction International Network (WHRIN) is a global platform that seeks to reduce harms for women who use drugs and to develop an enabling environment for the implementation and expansion of harm reduction resources for women.

Women who use drugs who are interested to join INWUD can do so by completing the membership application at: <http://www.inpud.net/en/get-involved>

Harm reduction workers, women who use drugs, and others who are interested in advancing access to services for women who use drugs can apply for membership by contacting the moderator: Sue Purchase <sue.purchase@gmail.com>

**Case study 6:** *COUNTERfit Women’s Harm Reduction Program*

The women’s harm reduction program at COUNTERfit, Toronto Canada is peer led and staffed. All programs start with research (surveys, interviews, community planning), and conversations with community members to identify what women needed and wanted. On an on-going basis, suggestions are sought from the community to make changes and whenever possible, they are made immediately. Programs are regularly evaluated by participants. Elements of the women’s program include: a drop-in centre offering injecting equipment and other basic commodities such as toothpaste and tampons/pads; a range of peer-designed women-specific IEC (including on, for example, sex worker safety tips); referrals to a range of health and social services; a weekly women’s morning (with peer and staff support, case workers, nurse-if-needed etc.); and  a grief and loss action project for women who are suffering through child custody issues. Based on feedback, a new version of the grief and loss group will adopt a drop-in model to make it more accessible.

**Case study 7:** *Reaching out to WID through the Harm Reduction Community Container project in Mauritius*

Collectif Urgence Toxida (CUT) is a non-governmental harm reduction organisation in Mauritius. Services provided by the organization include an NSP, basic health care (wound dressing, HIV testing, etc.), and referral to various health and social services. In 2013, CUT provided services to some 1,600 people who use drugs.

CUT developed and launched a community project titled ‘Harm Reduction Community Container’ in an effort to identify and support members of hard-to-reach populations including WID and young injectors. The project offers basic health care within the community in a refurbished cargo-type container. In addition, mobile teams walk throughout the community to meet vulnerable PWID, many of whom are reluctant to visit the stationary site. Services offered by these mobile teams include counselling on HIV, viral hepatitis, and safe injecting practices as well as provision of sterile injecting supplies and condoms to PWID and their partners. About 60% of mobile team workers are women, including some women with a history of drug use.



In 2013, women accounted for 42% of the 1600 clients reached by CUT, as opposed to 11 % accessing NSP sites across the country

# Module 6: Service management and organizational capacity-building

### Slide 1: Service management and organizational capacity-building

**Slide 2: Responding to gender inequalities**

**Slide 3: Staffing issues**

**Slide 4: Staff training and competency**

**Slide 5: Staff development, mentoring and succession planning**

**Slide 6: Measuring gender equality within harm reduction services.**

* Are there provisions for flexible working hours for both women and men, child care provision, and policies that encourage more flexible gender roles?
* Do policies reflect gender sensitivity and equity?
* Is gender equity considered during recruitment?
* What systems are in place to increase the technical capacities of staff in gender issues, and internal capacity building to meet WID’s needs?
* Is there allocation of financial resources for WID-specific services?
* Does the organisational culture include participation and consultation with women staff and WID?
* Have women’s organisations been established or strengthened?

# Module 7: Prisons and service continuity.

**Slide 1. Module 7: Prisons and service continuity**

**Slide 2. The Bangkok Rules**

**Activity – find the rule:**

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**Slide 3. Key harm reduction services in prisons**

**Slide 4: Pre-release**

**Slide 5: Case management approach**

**Slide 6: Treatment and care continuity**

**Case study 9:** *Belarus prison referral network*

In 2017, a peer-led project, with support from ENPUD and INPUD, piloted a referral mechanism to support women who use drugs after their release from prison, with linkages to all relevant services: harm reduction programmes, rehabilitation centres, health care systems, OST-sites, other supports). To do this, firstly a working group was established uniting police officers, community experts and NGO representatives to oversee the referral mechanism. Members included the peer project coordinator, the secretary of the Belarus Global Fund Country Coordination Mechanism, The head of Minsk narcological clinic and the head of Minsk corrections department. The working group had about 7 meetings, there they have discussed the referral system and shared their concerns and suggestions.

Focus groups with women who use drugs and have been released from prisons took place in January 2017, to identify barriers in access to medical and social services for women who use drugs on release from prisons. The referral mechanism was discussed and suggestions were contributed on how to improve an access to services for women who use drugs.

In addition, a high level round table event was organised which provided valuable input for the project results; in particular, the project benefitted from to high level involvement from the Municipal Narcological Clinic, which provided the space, professional support, invitations to partners and demonstrated a strong commitment to the idea of the referral system design.

An information brochure was designed which put together all relevant information relating to the referral network, including:

* contacts of NGOs, community based organisations, officials, medical services
* description of services available from different organisations
* rights and obligations of clients

# Implementation Plan

SWOT Analysis - *Record findings from the group discussion here*

|  |  |
| --- | --- |
| Strengths | Weaknesses |
|  |  |
| Opportunities | Threats |
|  |  |

**Activity: Planning gender responsive services**

The framework of the plan should include the following:

1. Objectives
2. Activities to support each objective
3. Output indicators
4. Timeline
5. Identification of stakeholders and/or working partners for each activity
6. Resources required for implementation

**Objectives:**

*What component of gender responsive services will you implement? What will be achieved?*

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**Activities to support each objective:**

*What will you do to implement it?*

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**Output indicators:**

*How will you know if it is being achieved? What information do you need to collect?*

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**Timeline:**

*How long will it take to implement? Will it be implemented at the same time or staggered?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Identification of stakeholders** and/or working partners for each activity:

*What stakeholders or particular people will you need to implement the plan? What will they do? What will they contribute?*

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**Resources required** for implementation

*What will you need to make it happen? Do they already exist at your organisation? If not, how will you obtain them?*

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**Recommended reading:**

*A reading list for more information on different aspects of this workshop can be found in the practical guide. The guide itself, it’s companion policy brief and the IDUIT (hyperlinked below) provide, in combination, gender sensitive harm reduction service implementation guidance putting community front and centre in the response to HIV.*

* [Addressing the specific needs of women who inject drugs: Practical guide for service providers on gender-responsive HIV services](https://www.unodc.org/documents/hiv-aids/2016/Addressing_the_specific_needs_of_women_who_inject_drugs_Practical_guide_for_service_providers_on_gender-responsive_HIV_services.pdf)
* [Policy brief Women who inject drugs and HIV: Addressing specific needs](http://www.unodc.org/documents/hiv-aids/publications/WOMEN_POLICY_BRIEF2014.pdf)
* [Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs: Practical Guidance for Collaborative Interventions (the "IDUIT")](http://www.unodc.org/documents/hiv-aids/publications/Implementing_Comprehensive_HIV_and_HCV_Programmes_with_People_Who_Inject_Drugs_PRACTICAL_GUIDANCE_FOR_COLLABORATIVE_INTERVENTIONS.pdf)

# Gender Stereotype Challenge

Record all the gender stereotypes you hear during the workshops.

At the end of the workshop, hand in your responses to your List-keeper.

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