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United Nations Office on Drugs and Crime



مستاد مبارزه با مواد مخدر

# Iranian Harm Reduction NGOs Country Meeting

- Report -

**30-31 May 2010  
Gorgan,  
Golestan Province**

UNODC Country Office I.R of Iran

## **Background and Organisation**

Enabling NGOs to become more efficient is considered high priority for drug demand reduction/HIV control programmes. Training and empowering of NGOs active in Drug Demand Reduction has been contemplated under the project IRN/I57- Advocacy and Regional Cooperation in Drug Demand Reduction". UNODC had conducted series of workshops in 2007 followed by forums in 2009 to give prominence to the importance of networking and empowerment of NGOs.

In this context and as a follow up to previous activities, the Iranian Drug Control Headquarters (DCHQ) and UNODC Iran supported the conduction of a meeting organized by the Mehr Afarinan Javan Institute. Participants were representatives from 60 NGOs' running drop-in centres and the authorities from related governmental organisations. The activity aimed at the following:

- More interaction among active NGOs in harm reduction;
- Provision of opportunities for future collaboration amongst NGOs working on HIV control as related to drug use;
- Identification of mechanisms for qualitative and quantitative advancement of harm reduction programme;
- Exchange of experiences of NGOs active in harm reduction;
- Empowerment of NGOs in improving their harm reduction programmes;
- Exploration of the cooperation between GOs and NGOs towards enhanced implementation of harm reduction programmes.

The meeting commenced with an opening ceremony and continued by presentations of facilitators on "Provision of Services", "Management of Drop-in-Centres" and "Sustainability of NGOs and DICs" in the two day meeting. The said subjects were complemented by working groups discussing relevant issues.

### **Opening Ceremony: Welcoming and Introduction**

In addition to the participants of the meeting, invitees to the opening ceremony included officials from relevant drug and HIV control organisations. The meeting was opened by Mr. Norouzi, *Deputy Secretary of the Golestan Province Drug Control Council* of who welcomed all the participants taking part in the meeting. He highlighted that the Islamic Republic of Iran has made progress by sharing the experience and new methods in drug control in the society.

Mr. Hosseini, *Managing Director of Mehr Afarinan Javan Institute*, explained the background and organization issues of the meeting, the agenda and the current situation of drug related social harms in Golestan province briefly. He thanked Drug Control Council of Golestan, Drug Control Headquarters and other related organisations for co-organising this important meeting. He also expressed his special thanks to the United Nations Office on Drugs and Crime for the support given on the organization of the meeting.

Dr. Sefatian, *Director General of Treatment and Social Support Department, DCHQ*, reiterated on the significance of organising such meetings and elaborated the general policies of drug control including the need for drug treatment and harm reduction services, preventing of more harmful drug use practices.

Dr. Sefatian emphasized the need of improving services and explicated the objectives of the national harm reduction programme as increasing accessibility, training, range of services provided, involvement of nongovernmental organizations, evidence-based practices and establishment of information and data collection systems.

Beside harm reduction programme strengths like high number of centres, experienced service providers, existing guidelines and acceptable retention in programmes he also mentioned the weaknesses in the areas of monitoring and evaluation, deviation of course, insufficient coverage of IDUs vs. non injecting drug users, receipt of cash payment from drug users for their MMT , insufficient budget of the programme, inconsistency in observing protocols and guidelines and irregularities in collection of information and data.

Dr. Sefatian discussed main challenges of the national harm reduction programme along the following outlines;

- The procedures related to conducting of tenders by local authorities
- The payment and financial allocation of determined budget of centres
- The amount of the allocated budget
- The Supervision modality and procures for the governmental side
- Quality of service provision in Drop-in centres

He reiterated that improvement of the quality of services is of utmost importance and increasing the technical know-how of the service providers in the centres is the key to this issue. Emphasizing the already made progress on quantitative expansion of programmes across the country, he highlighted the need for addressing the pertinent issue of increasing quality of services. He also indicated existing problems Drop-in Centres are facing due to different interpretations of regulations at provincial levels by the Medical Universities and the Welfare Organization. This presentation was significantly based on findings of assessment missions of his respective department to many provinces in the country in the past year.

Dr. Fatollahi, *Director General of non-governmental organisations, DCHQ*, emphasized on self-sustainability, networking and activating of NGOs and controlling drugs use by promoting the culture among general public and eliminating the misconceptions which encourage the drug use. He added that the cooperation among NGOs plays an important role in better and more effective function and results. He reiterated that insurance and allocation of enough budgets for treatment centres is a priority in DCHQ.

As the next speaker, Dr. Saberi Zafarghandi, *Director General of Psychosocial Health and Addiction Department, Ministry of Health, Treatment and Medical Education*, expounded the findings of Ministry of Health, Treatment and Medical Education on drug use treatment and harm reduction, methadone maintenance treatment, number of outreach teams, DICs and referrals. Moreover, distribution of condoms, needle and syringe programme and individual and group counselling were mentioned as services provided by DICs. He mentioned that the effective coverage of target group is one of the main challenges of ministry of Health in harm reduction.

Dr. Aghtar, *Director General of Prevention and Addiction Affairs, State Welfare Organisation*, presented the statistics on the harm reduction services provided by the Addiction Affairs Department of Welfare Organisation during the last 5 years. He explained that 4 condom and syringe dispensing machines are working in high risk areas of Tehran. 6 dispensing machines are kept in stores since State Welfare Organisation faced some difficulties.

The word was handed over to Dr. Mostashari, *Drug Demand Reduction Expert, and UNODC-Iran* who welcomed all participants to the meeting and thanked the organising organisation due to important role of DICs in harm reduction. She pointed out that Islamic Republic of Iran has leading capacities in harm reduction in the region. She mentioned that empowering of NGOs can enhance the quality of services and the coverage of target groups. For a better and more effective performance and results, NGOs have to exchange their information and experiences and participate in technical trainings. Dr. Mostashari continued that the draft of a comprehensive package for HIV control has been presented in CND by WHO, UNODC, UNAIDS. This package lays emphasis on the need for comprehensive programmes. The package accentuates need for inclusion of nine important components in the context of HIV control programmes as related to drug use and prisons. Because of limited resources, it is often not possible to implement all parts in all centres. Nonetheless it is pertinent that referral systems are established to ensure proper service provision in the context of the overall programme. Some parts of the package like opioid substitution therapy in the form of methadone maintenance treatment -the most effective practice for prevention HIV among Injecting Drug Users- are already provided in many Drop-in Centres. Other services like counselling and testing are only offered in limited number of centres. It is important to advance programmes in a way that enables HIV control taking place most effectively. She expressed the hope that the present gathering will help advancing quality of services.

## **Presentations**

### **I. Harm Reduction Services in Drop-in-Centres**

*Dr. Gelareh Mostashari, Drug Demand Reduction Expert, United Nations Office on Drugs and Crime in Islamic Republic of Iran*

A comprehensive service package consists:

1. Needle and Syringe Programmes, including outreach teams (NSP)
2. Information dissemination, education and communication (IEC) for drug users and their sexual partners
3. Condom use and safe sex promotion for drug users and their sexual partners
4. Opioid Substitution Treatment (OST) especially Methadone Maintenance Treatment (MMT)
5. HIV Voluntary counselling and testing (C&T) for drug users and their sexual partners
6. Antiretroviral therapy (ART)
7. Prevention and treatment of sexually transmitted infections (STIs) for drug users and their sexual partners
8. Prevention and treatment of and vaccination of viral hepatitis
9. Diagnosis and treatment of tuberculosis (TB)

Presenting this comprehensive package is not possible in all centres; however paying attention to provision of these services must be a priority.

### **II. Management of Harm Reduction Programmes**

*Dr. Mohammad Sadegh Shirazi, Managing Director, Aien-e- Mehr DIC*

Management in harm reduction programmes indicates running the organisation/centre based on decision making and achieving the optimal results by concentrating on targeted activities.

Principles of managing the harm reduction programmes:

- Need assessment, planning and target setting ( based on the needs of target groups and resources)
- Provision of resources
- Organising
- Leading
- Monitoring and Evaluation
- Advocacy

Required resources:

- Human Resources
- Financial Resources
- Physical Resources
- Information Resources

## Working Groups

The participants were divided into four groups to discuss the presented subjects.

<b>Harm Reduction Services in Drop-in-Centre</b>	
<p>A. <i>Minimum services required in DICs</i>                      B. <i>Maximum services required in DICs</i>                      C. <i>Recommendations for an optimal referral system</i></p>	<b>Groups 1 &amp; 2:</b>
<b>Management of Harm Reduction</b>	
<p><i>Provision of human resources (data collection and filling the related forms)</i></p>	<b>Group 3:</b>
<p><b>Group 4:</b>  <i>Provision of financial resources and intervention of treatment programmes</i></p>	

### Group 1:

A. Minimum services required in DICs:

- Outreach
- Needle and Syringe Programme (NSP)
- Condom distribution
- Information dissemination and training programmes (IEC)
- Trainings on safe sex
- One meal per day

B. Maximum services required in DICs:

- *Prevention of sexual transmitted infections (STIs)*
- *Voluntary Counselling and Testing (VCT)*
- *Methadone Maintenance Treatment (MMT)*
- *Screening Hepatitis B and C*
- *Hepatitis vaccination for the drug users' families*

- *Examination of client for tuberculosis*

C. Recommendations for an optimal referral system:

- *Referral of physical and mental diseases*
- *Referral for retroviral treatment*
- *Information dissemination and training*
- *Coordination with governmental organisations*
- *Coordination with non-governmental organisations*
- *Referral to triangular clinics*
- *Referral to other supportive organisations (State Welfare Organisation...)*

**Group 2:**

A. Minimum services required in DICs: (*scoring based on the importance from 5 to 1*)

- *Counselling (4)*
- *Outreach (4)*
- *Needle and Syringe Programme (5)*
- *Testing / referral for behavioural disorders (triangular clinics) (2)*
- *Information dissemination and training programmes through mass medias (3)*
- *Prevention programmes on Hepatitis (1)*
- *Distribution of condoms (5)*
- *Methadone Maintenance Treatment (5)*
- *Safe injection (distribution of necessary materials, alcoholic pad) (5)*
- *Bathing (5)*
- *A hot meal per day (5)*
- *Voluntary Counselling and Testing (4)*
- *Peer educators (4)*
- *Referral to health and treatment centres (2)*

B. Maximum services required in DICs:

- *Workshops on vocational trainings*
- *Life skill trainings*
- *Provision of retroviral medicines*
- *Provision of insurance services*
- *Financial support*
- *Families' interventions*
- *Treatment programmes for drug users' families*
- *Information dissemination and awareness raising to prevent overdose*
- *Provision of shelter*

C. Recommendations for an optimal referral system:

- *Referrals to State welfare organisation, Imam Khomeini Relief Committee, health and treatment centres, psychiatrists and psychologists and camps*
- *Legal obligations on referral organisations to provide services to clients*
- *Establishment of data bank on existing centres and resources*
- *Public relations*

- *Registering and recording system for data and statistics*
- *Combining the harm reduction programmes in prevention, treatment and care to change the views and eliminate the stigma and discrimination against drug users*

### **Group 3:**

Provision of human resources (data collection and filling the related forms):

Current Situation:

- *Unclear official procedures (income)*
- *Dual policies (Medical University, Welfare organisation, etc.)*
- *Absence of regular supervision of management ( on outreach team)*
- *Educational requirements for personnel*
- *Lack of enough human resource*
- *Repeated replacement of personnel*
- *Lack of experienced staff and specialists*
- *A few passive human resources*
- *Lack of motivation*
- *Personnel's misconception to the drug users*
- *Being under pressure by inspector's of State Welfare Organisation*

Challenges:

- *Insufficient budget*
- *Irrelevant expenses*
- *Non-execution of policies and protocols*
- *Duality on financial policies and objectives in medical universities and State Welfare Organisation*
- *Lack of job security*
- *The allocated budget is not received in time*
- *No attention to the expertise and experiences in selection of personnel*
- *No support from related organisations*
- *Holding training workshops is missing*

Recommendations:

- *Loans for acquisition of premises for Drop-in Centres*
- *More supervision on expenses*
- *Increasing the allocated budget*
- *Provision of recourses through other organisations (NGOs)*
- *Utilizing the experiences of the staff in field for preparation of protocols*
- *Holding training workshops*
- *Contract the NGO which provide the high quality services to clients*
- *Regular payments*
- *Better relation between NGOs and GOs*
- *Revising the protocols and principles*
- *Unification of policies*

Current situation:

- *No unified form*

- *Unreasonable deadlines for submitting the statistics*
- *No action will be taken on the submitted statistics, it is just formality*
- *Incorrect statistics*
- *Weakness in researches*
- *Difficulties in collecting statistics and information of the referrals*

Challenges:

- *Different interpretations on statistical forms*
- *Attention to the quantity of statistics*
- *Political aspects of statistics in Iran*

Recommendations:

- *Clear and Unified forms and instructions*
- *Collecting the data and statistics regularly*
- *Mechanizing (soft ware) the data collection; establishing online data collection system*
- *Utilizing the statistics to improve the programmes*

#### **Group 4:**

Provision of financial resources and intervention of treatment programmes

Provision of financial resources:

- *Ministry of Health , Treatment and Medical Education*
- *State Welfare Organisation*

Current Situation:

- *Expenses are directly deducted (tax, insurance, etc.)*
- *Guarantee cheque*
- *Unclear situation*
- *Irregular payments*
- *Too much expenses to start running the centres*
- *No conformity of financial resources with the existing situation*
- *Lack of suitable criteria for payments*

Challenges:

- *Intervention of GOs in having the contracts of NGOs*
- *No appropriate time frame for payments*
- *Repetition of bids*
- *Employer does not commit to pay the allocated budget*

Recommendations:

- *Job security*
- *Financial transparency*
- *Unified policies*
- *Fund raising from another sources*
- *Training workshops on financial management*



Intervention of treatment programmes:

Current situation:

- *Provision of all services in centres*
- *Provision of less services than expected in some centres*
- *Interference in programmes (MMT)*

Challenges:

- *Low quality of services*
- *Over looking some services*
- *Inappropriate treatment for target group*
- *Discrimination*
- *No possibility to give harm reduction services to all target groups*
- *Weakness in training of personnel*
- *Outdated services and programmes*
- *Managing director's limitations in decision making*
- *Difficulty in gaining necessary permits for MMT programmes*
- *Being limited to MMT programmes and leaving out other services*
- *Lack acquaintance of governmental experts*
- *High pressures from other resources*

Recommendations:

- *Increasing job security*
- *No discrimination among NGOs*
- *Enhancing the capacity of NGOs in providing services*
- *Holding training workshops for NGO staff*
- *Trainings for governmental experts*
- *Updating the services and programmes*
- *Separating the MMT part from other services in centres*
- *Facilitating to acquire MMT permits*
- *Managing the programmes with existing situation*

## **Presentation**

### **Organisational Sustainability**

*Dr. Pedram Mousavi, Managing Director of Kiana Development Institute*

4 principles for organisational sustainability:

- Strategic pattern
- Management of the organisation
- Resources
- Communication and accountability

The fourth principle, Communication and accountability:

- Mechanism for accountability

- Written policies to enhance communication with people, key beneficiaries and media quantitatively and qualitatively
- Executive cooperation of other organisations in projects
- Attempt in implementation and keep promises
- Union of DICs and other networks as systematized interaction among NGOs
- Annual auditing by auditors

## Working Groups

<b>Organisational Sustainability</b>	
<b>Groups 1 , 2, 3 &amp; 4:</b>	
A. <i>Does Union help to the sustainability of DICs? If yes, why?</i>	
B. <i>Necessary Steps for establishing Union of DICs</i>	
C. <i>Challenges and Recommendations</i>	

### Group 1:

A. Does Union help to the sustainability of DICs? If yes, why?

- *Yes*
- *Leading the DIC to an efficient system*
- *Technical training and information dissemination*
- *Advocacy*
- *Facilitation of relations*
- *Sharing experiences*
- *Recognising the problems*
- *Identification of strategies*
- *Solving the problems and challenges*

B. Necessary Steps for establishing Union of DICs

- *Identification of volunteers (DICs)*
- *Invitation of other NGOs*
- *Necessary arrangements and coordination for establishing the association*
- *Identification of members*
- *Identification of objectives and compiling the Constitution*
- *Selection and identification of executive chart*
- *Advocacy and resources*

### Challenges:

- *Government concerns on the function of union*
- *Political doubts*
- *Internal bands*
- *Establishment of association*

### Recommendations:

- *Voluntary group to solve the problems in establishing the association*
- *Advocacy*

- Transparency and holding meeting with authorities from related organisation
- Eliminating the political doubts

### **Group 2:**

A. Does Union help to the sustainability of DICs? If yes, why?

- *Yes*
- *Exchanging the experiences*
- *Facilitation in information dissemination*
- *Eliminating the disagreements among NGOs and related organisations*
- *Establishing a good competition to improve the quality and quantity of services*
- *Defending the rights of union members*
- *Increasing the know how in relevant fields*
- *Unification of statistical forms*
- *Identification of pre requisite for basic and preliminary trainings*
- *Investigating the problems of DIC and trying to solve them*

B. Necessary Steps for establishing Union of DICs(scoring based on the importance from 6 to 1)

- *Selecting the representatives of the provinces for board of director (4)*
- *Compiling the draft of Constitutions by board of director (2)*
- *Inviting the NGOs and DICs(3)*
- *Information dissemination (3)*
- *Identification of national council (5)*
- *Selecting the main members of union (6)*
- *Identification of an interim board of directors (1)*

### **Challenges:**

- *Possibility of government disagreement*
- *No defines regulations or programmes*
- *Disagreement among members*

### **Group 3:**

A. Does Union help to the sustainability of DICs? If yes, why?

- *No, because DICs has not been organised*
- *No, because DICs are not independent*
- *Yes, Union makes them more organised*
- *Yes, It unites the DICs*
- *Yes, It would be a successful pattern in activities for DICs*
- *Yes, it facilitate the problem solving*
- *Yes, it motivates DICs*

B. Necessary Steps for establishing Union of DICs

- *Preliminary meeting with NGOs*
- *Establishing board of director*
- *Constitutions*

- *Inviting NGOs*
- *Board of director election*
- *Gaining necessary permits and registering the union*

**Challenges:**

- *Disagreement and no cooperation among NGOs*
- *Disagreement of other organisations with establishing the union*
- *Financial support of the network*
- *Influence of government's policies*
- *Politicizing the network*

**Recommendations:**

- *Voluntary system and transparency*
- *Utilizing virtual methods for holding board of director meeting regularly, region by region*
- *Advocacy (Other organisation)*
- *Convincing the supervisor organisation*
- *Paying the membership fee*
- *Committed to Constitutions*

**Group 4:**

A. Does Union help to the sustainability of DICs? If yes, why?

- *Yes, if it is useful and it does not make any harmful competitions*
- *It is necessary to start improving the sustainability of DICs*
- *It helps the capacity building for NGOs, DICs*
- *In general, It will cause positive results*

B. Necessary Steps for establishing Union of DICs

- *Group of volunteers*
- *Constitutions*
- *Identification of active NGOs in harm reduction*
- *Information dissemination (non-governmental and governmental)*
- *Data Collection*
- *Board of directors*

**Challenges:**

- *Financial Resources*
- *Distance*
- *Weakness in interaction*
- *NGOs and GOs do not accept the union*
- *No job security*
- *Lack of experience*
- *Discrimination*
- *Inflexibility of the union*

**Recommendations:**

- *Advocacy*

- *Communication via telephone, internet, etc.*
- *Preparation of reports regularly*
- *Transparency and defined principles*
- *Information dissemination*
- *Trainings*

Tables below summarize the feedback of DIC staff for improvement of quality of work together with the way forward.

## Service Provision in Drop-in Centres

Minimum Services	Desirable Services	Referrals obstacles/problems	Suggested Referral System/Services
<ul style="list-style-type: none"> <li>• Outreach</li> <li>• Needle and Syringe Programme (NSP)</li> <li>• Condom distribution</li> <li>• Information dissemination and training programmes (IEC)</li> <li>• Trainings on safe sex</li> <li>• One meal per day</li> <li>• Methadone Maintenance Treatment</li> <li>• Education on safe injection, provision of alcohol pads, wound management</li> <li>• Bathing facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention of sexual transmitted infections (STIs)</li> <li>• Voluntary Counselling and Testing (VCT)</li> <li>• Methadone Maintenance Treatment (MMT)</li> <li>• Screening Hepatitis B and C</li> <li>• Hepatitis vaccination for the drug users' &amp; their families</li> <li>• Screening for tuberculosis</li> <li>• Vocational training</li> <li>• Life skills training</li> <li>• Antiretroviral treatment</li> <li>• Insuring clients</li> <li>• Financial and psychosocial support</li> <li>• Interventions for families</li> <li>• Overdose prevention and related education programmes</li> <li>• Provision of shelter facilities</li> </ul>	<ul style="list-style-type: none"> <li>• IDUs often do not present to the referral institution</li> <li>• IDUs are not well received and services are withheld in target referral organizations</li> <li>• Long waiting times for required services</li> <li>• Insufficient coordination with triangular clinics</li> <li>• Lacking of establishment of trust between service providers is referral organizations with IDUs</li> </ul>	<ul style="list-style-type: none"> <li>• Physical and mental disease services</li> <li>• antiretroviral treatment</li> <li>• Drug treatment services especially residential camps</li> <li>• Triangular clinic</li> <li>• Other social supportive organisations (State Welfare Organisation, Imam Khomeini Relief Committee...)</li> <li>• Legal assistance services</li> <li>• Establishment of Rosters of Referral Institutions</li> <li>• Establishment of an ongoing coordination mechanism with usual referral services</li> <li>• Coordination with governmental organisations</li> <li>• Coordination with non-governmental organisations</li> <li>• Cooperation/interaction with relevant institutions for reducing stigma and discrimination against drug users and PLWHA</li> </ul>

## Human Resource Management in Drop-in Centres

Current Situation	Challenges	Suggested Solutions
<ul style="list-style-type: none"> <li>• Unclear administrative procedures</li> <li>• Different governmental requirements (MoH vs. SWO)</li> <li>• Insurance</li> <li>• Poor supervision and guidance to outreach teams</li> <li>• High turn-over of DIC staff</li> <li>• Insufficient training of DIC staff</li> <li>• Insufficient staff /client numbers ratio</li> <li>• Lack of experienced staff in DICs</li> <li>• DICs' staff passive and not proactive enough</li> <li>• Lack of staff motivation</li> <li>• Staff misconceptions and negative attitudes towards drug users</li> <li>• Preferential treatment of certain DICs over others by governmental entities</li> <li>• High load of work and various regulations/supervisions over staff of DICs</li> </ul>	<ul style="list-style-type: none"> <li>• No providence and proper planning for the future</li> <li>• Rental premises</li> <li>• Protests and non acceptance of the neighbourhood</li> <li>• Budget deficit; endorsed allocation incongruent with real costs and does not calculate the inflation</li> <li>• Inefficient expenditures</li> <li>• Insufficient observation of guidelines/protocols</li> <li>• Different financial regulations/procedures/goal settings of MoH vs. SWO</li> <li>• Job insecurity in DICs</li> <li>• Delays in budget allocations coming from governmental entities</li> <li>• Insufficient attention to experience of staff and mere reliance on formal education licences in protocols</li> <li>• Insufficient support from supervisory bodies</li> <li>• Insufficient internal training in DICs</li> </ul>	<ul style="list-style-type: none"> <li>• Closer financial supervision/ and auditing</li> <li>• Increase in allocation of budget for DICs</li> <li>• Consistent advocacy with the community and the neighbourhood</li> <li>• Utilizing practical experience of staff in the field in development of guidelines/protocols</li> <li>• Improvement of encounter modality of local authorities</li> <li>• Increasing training provision</li> <li>• Contracting of NGOs based on their work and achievements and merit rather than relations</li> <li>• Training of local authorities on relevant technical issues towards proper supervision</li> <li>• Improving administrative procedures towards timely allocation</li> <li>• Improving coordination mechanisms between supervisory governmental organizations and NGOs</li> <li>• Increasing lengths of contracts contingent on favourable service provision</li> <li>• Valuing practical experience and familiarity of NGOs over formal education backgrounds</li> <li>• Revising protocols and guidelines according to needs and reality in the field</li> <li>• Development of unified protocols and policies of both the MoH and the SWO</li> <li>• More proactive involvement of NGOs</li> </ul>

### Data collection in Drop-in Centres

Current Situation	Challenges	Suggested Solutions
<ul style="list-style-type: none"> <li>• Different forms of the MoH and SWO</li> <li>• Unreasonable deadlines for submitting collected information</li> <li>• Collected data are not further analysed/utilized</li> <li>• Inaccurate statistics</li> <li>• Weakness in research</li> <li>• Difficulties in collecting data by clients referring to DICs</li> </ul>	<ul style="list-style-type: none"> <li>• Data collecting forms are not clear, means and methods of data collection not communicated properly</li> <li>• DIC staff left on their own interpretation of required information</li> <li>• Uncritical favouring of higher figures (disregarding accuracy and/or quality) by governmental entities</li> <li>• Political aspects of statistics in Iran</li> </ul>	<ul style="list-style-type: none"> <li>• Development of clear and uniformed forms and instructions</li> <li>• Regular periodical collection of data and statistics</li> <li>• Computerizing data collection; establishment of on-line data collection systems</li> <li>• Accurate and timely analysis of data</li> <li>• Utilizing of collected data as basis for programming</li> <li>• Sharing results of data collection with NGOs as feedback and to encourage further and better data collection</li> </ul>

### Interference of Services

Current Situation	Challenges	Suggested Solutions
<ul style="list-style-type: none"> <li>• Some centres provide a wide range of services and some only limited services</li> <li>• MMT services interfere in many centres with proper service provision</li> </ul>	<ul style="list-style-type: none"> <li>• Some services hinder proper harm reduction service provision</li> <li>• Limited resources for service provision to the entire target population</li> <li>• Underrepresentation of those most in need among the clients receiving services</li> <li>• Preferential treatment of some DICs and discrimination between DICs by authorities</li> <li>• Programmes and services not updated</li> <li>• Insufficient coordination with the Police</li> <li>• Problems on obtaining MMT provision licences</li> <li>• Omitting of other programmes other than MMT in some centres</li> </ul>	<ul style="list-style-type: none"> <li>• Emphasis on the need for provision of a range of services</li> <li>• Increasing capacity of DICs</li> <li>• Avoiding discrimination of centres ; preferential encountering only on basis of merits and implementation</li> <li>• Training of local supervisory bodies</li> <li>• Training of DIC staff</li> <li>• Temporal and local segregation of MMT services form other DIC services</li> <li>• Regular updating of services</li> <li>• More security to DICs</li> <li>• Tailoring management to existing resources</li> </ul>



## Financial Resource Management in Drop-in Centres

Current Situation	Challenges	Suggested solutions
<ul style="list-style-type: none"> <li>• The main source of financial resources is the DCHQ allocation of budget takes place through the MoH and SWO</li> <li>• The endorsed budget does not take in consideration direct deductions of governmental entities, before allocation to NGOs like tax and insurance</li> <li>• NGOs need to lay a guarantee cheque in order to receive the allocated budget</li> <li>• The timing for receiving the allocations is different every year and does not allow for proper planning and implementation</li> <li>• The costs for establishing a centre are very high</li> <li>• Endorsed budget is disproportionate to factual costs and expenditures</li> </ul>	<ul style="list-style-type: none"> <li>• Direct involvement of local governmental employees in awarding contracts</li> <li>• Improper instalments of payments</li> <li>• Conduction of tenders every year irrespective of quality of service provision resulting in inconsistency and negatively affecting level of quality service provision</li> <li>• Reductions in factually received budget from governmental entities against approved budget specified in the contract towards the end of the fiscal year</li> </ul>	<ul style="list-style-type: none"> <li>• Establishing working security: “How much, When, Where, How long?”</li> <li>• Financial transparency</li> <li>• Unified policy making of the MoH and the SWO</li> <li>• Fundraising with additional sources</li> <li>• Training on financial management</li> <li>• Higher funding is needed to improve service provision</li> </ul>

### Systematized Interaction of Drop-in Centres Active in Harm Reduction

Union of DICs serves their sustainability, because	Steps towards union	Challenges	Recommendations
<ul style="list-style-type: none"> <li>• DICs become efficient /serves capacity building</li> <li>• Supports advocacy from DICs</li> <li>• Improves relations</li> <li>• Sharing/exchanging experiences and information among DICs</li> <li>• Recognising problems</li> <li>• Identification of strategies</li> <li>• Solving the problems and challenges</li> <li>• Helps disagreements among NGOs and related organisations settle</li> <li>• Establishes productive competition</li> <li>• Protects union members</li> <li>• Increases the know how in relevant fields</li> <li>• Identification of pre requisite for basic and preliminary trainings</li> <li>• Helps problem Identification DIC and solving them</li> <li>• Union makes DICs more organised</li> <li>• It unites the DICs</li> <li>• It would be a successful pattern in activities for DICs</li> <li>• It motivates DICs</li> <li>• It helps the capacity building for NGOs, DICs</li> </ul>	<ol style="list-style-type: none"> <li>1. Identification of volunteer (DICs) to start action</li> <li>2. Identification of active DICs in harm reduction</li> <li>3. Invitation of identified DICs</li> <li>4. Preliminary meeting to consult on needs and outlines of the constitution</li> <li>5. Necessary arrangements and coordination for the establishing the association</li> <li>6. Identification of an interim board of directors</li> <li>7. Identification of objectives and compiling the Constitution</li> <li>8. Endorsement of the union constitution</li> <li>9. Obtaining relevant permissions form governmental authorities</li> <li>10. Information dissemination</li> <li>11. Inviting the NGOs and DICs</li> <li>12. Electing the board of directors</li> <li>13. Official Registration</li> <li>14. Advocacy and resources</li> <li>15. Collection of information and assessments of needs</li> <li>16. Planning for future activities</li> <li>17. Proceeding with activities</li> </ol>	<ul style="list-style-type: none"> <li>• Government concerns on the function of union</li> <li>• Political doubts</li> <li>• Internal bands</li> <li>• Possibility of government disagreement</li> <li>• No defined regulations/models existing already</li> <li>• Disagreement among DICs</li> <li>• Financial resources to support of the network</li> <li>• Influence of government's policies</li> <li>• Politicizing of the network</li> <li>• Problems of Distance: DICs scattered all over the country</li> <li>• Weakness in interaction</li> <li>• Sustainability of the union may be difficult</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary group has to motivate towards solving the problems in establishing the association</li> <li>• Advocacy with authorities</li> <li>• Transparency and keeping authorities updated on developments at various steps</li> <li>• Eliminating the political doubts</li> <li>• Voluntary system and transparency</li> <li>• Utilizing audio-visual/IC modern technology for communication among DICs</li> <li>• Covering expenses and ensuring suitability through collection of membership fee</li> <li>• Committed to Constitutions</li> <li>• Regular reporting to members and authorities</li> <li>• Transparency and defined principles</li> </ul>

## **Closing ceremony**

Dr. Mostashari reviewed the two days workshop proceeding and findings beginning from the opening ceremony and summarized the feedback from the DICs. She thanked all contributing institutions, especially the Mehr Afarinan Javan Golestan, the Golestan Drug Control Council especially Mr. Talebi the Respective Drug Control Expert and also especially Mr. Norouzi the Deputy Secretary to the Golestan Province Drug Council, the Iranian Drug Control Headquarters, the facilitators and also the participants for their very productive inputs.

Mr. Norouzi the Deputy Secretary of the Golestan Drug Control Council had a cold and therefore asked Mr. Talebi the Respective Drug Control Expert of the Goelstan Drug council to address the final words and close the workshop on behalf of the provincial drug council.

Mr. Talebi, expressed his gratitude on that this meeting could be convened following intensive preparations. He asked the participants to be lenient on any shortcomings regarding organization and hospitality they may have faced. He thanked the Mehr Afrainan NGO, the participants, UNODC, the respective facilitators for their contributions and the Drug Control Headquarters for their extensive support making this important and useful gathering materialize.

**Agenda**  
**National Meeting on Harm Reduction**  
 Gorgan, Golestan Province – 30 to 31 May 2010

**Day 1 : Sunday, 30 May 2010**

Time	Agenda Item	Facilitator
08:00 - 08:30	Registration	
08:30-08:40	Reiteration of Holy Quran and National Emblem	
08:40 – 11:00	Welcoming and Introduction	Mr. Norouzi, Deputy to the head of Drug Control Coordination Council of Golestan province  Mr. Hosseini, Managing Director, Mehr Afarinan Javan  Dr. Sefatian, Director General, Treatment and Social Support Dept. DCHQ  Dr. Fatollahi, Director General, NGO Affairs Dept. DCHQ  Dr. Saberi Zafarghandi, Director General, Psychosocial Health and Addiction, Department, Ministry of Health, Treatment and Medical Education  Dr. Aghtar, Director General, Prevention and addiction Affairs, State Welfare Organisation
11:00 – 11:30	Break	
11:30-12:00	Welcoming and Introduction	Dr. Mostashari, Drug Demand Reduction Expert, UNODC-IRAN
12:00 -14:00	Lunch	
14:00 - 14:20	Introduction on Service provision	Dr. Mostashari, Drug Demand Reduction Expert, UNODC-IRAN
14:20 -14:40	Management of DICs	Dr. Shirazi, Managing Director of Aiene Mehr NGO
14:40 – 15:30	Working Group on Service provision and management of DICs	
15:30 -16:00	Break	
16:00 – 16:45	Presentation of working groups	

**Day 2: Monday, 31 May 2010**

08:30 – 08:45	Sustainability of NGOs and DICs	Dr. Mousavi, Managing Director, Kiana Development Institute
08:45 -09:45	Working Groups	

	on Sustainability of NGOs and DICs	
09:45-10:15	Break	
10:15 – 11:30	Presentation of working groups	
11:30 -12:15	Closing	