SRH Serbia IPPF member

Standard Operating Procedure

Drop in center for human rights for vulnerable population with special focus on returnees /migrants

DROP-IN CENTRE FOR HUMAN RIGHTS

About Serbian Association doe Sexual and Reproductive Health and Rights – SRH Serbia

Since its foundation in 2002 SRH Serbia works towards achieving a discrimination free, gender equal and pro-choice environment in which young people will be able to develop, prosper and make informed decisions regarding various aspects of life, including sexual and reproductive health. It also entails raising awareness on HIV/AIDS and embracing the differences. SRH Serbia is a member of International Planned Parenthood Federation – IPPF, a global leader in providing reproductive health and rights services and existing since 1952 and operating in 172 countries worldwide.
SRH Serbia aims to improve people's quality of life by providing and campaigning for sexual and reproductive health and rights (SRHR) through advocacy and services, especially for poor and vulnerable people.

SRH Serbia, as a leading non-governmental organization (NGO) in the field of reproductive health and rights, social rights and education has, for over 14 years, initiated and lunched various long lasting programs related to the preventive, educational and social activities and access to wide spectrum of services, some of them running for 8 years now, such as Human rights based Drop in Centre (DIC) for LGBTIQ and other vulnerable population and outreach activities for young population in general, refugees, migrants, returnees and persons with disability as a vital part of reproductive rights scope and reach, Peer education in schools, Roma social and educational mediators, Roma young women, as well as numerous advocacy programs dealing with international and domestic framework while putting special attention onto networking among NGO who share the same or similar topic. Last but not least, our work extends to work with parliamentarians through forming of the All Party Parliamentary Group on Reproductive Health, Gender and HIV/aids - APPG.

Situation in Serbia regarding vulnerable population

SRH Serbia has been working to improve access to health, social and legal protection of vulnerable population through the work of Drop in centre and outreach work. In this respect, SRH Serbia works with different populations such as LGBTIQ, Roma, women, persons living with disabilities, persons living with HIV, youth, returnees, migrants / refugees.

Serbian legal norms are in line with European anti-discrimination standards when it comes to minority groups: the Law on Prohibition of Discrimination, the Law on Gender Equality, and signed international documents such as the European Convention on Human Rights, and the Resolution against discrimination and violence against LGBTI people. Currently, there are three institutions that act against various forms of discrimination (Ombudsman, Commissioner for Equality, and the Commissioner for Information of Public Importance and Personal Data Protection). A number of provisions of the Serbian Anti-discrimination Law are not in line with the acquis: exceptions granted to religious institutions are too wide, there is no mention of the obligation to provide reasonable accommodation to disabled employees, the definitions of indirect discrimination and instruction to discriminate are not in line with the acquis, and the role of NGOs and associations in judicial proceedings is not explicitly provided for. Those most exposed to discrimination are Roma, women, persons with disabilities and the LGBTIQ population. They are frequently victims of intolerance; hate speech and even physical attacks. Public officials have been reluctant to publicly condemn such incidents. Serbian authorities need to develop a proactive approach towards the better inclusion of vulnerable population and a greater understanding across society.

The Roma are one of the most vulnerable categories of population in Serbia, and their situation is extremely unfavourable because they face very difficult living conditions. The most of Roma lives in informal settlements and are exposed to high levels of discrimination in access to social protection, health care, employment and adequate housing, including basic hygiene, water and electricity. A particular problem is the issue of forced evictions and housing rights in general, and Serbia is far from meeting international standards in respect of forced evictions and resettlements.

In practice LGBTIQ persons are among the most discriminated groups in Serbian society. According to research conducted by the Commissioner for Equality from 2016, the biggest social distance Serbian citizens have towards LGBTIQ people.

At the end of 2012 was adopted an article 54a of the Criminal Code, which was introduced as a separate mandatory aggravating factor for sentencing for hate crimes based on race, religion, national or ethnic origin, gender, sexual orientation and gender identity. Until now there has not adopted a final court judgment in which the offense was qualified this aggravating circumstances. There are no official figures of the police, prosecutors or courts on hate crimes.

The European Commission's report on Serbia for 2016 emphasized that it is necessary to improve the implementation of the investigation, prosecution and punishment of criminal offenses motivated by hatred. Hate crimes against LGBTIQ people often do not report to the competent institutions, distrust of institutions, fear of coming out, or insufficient information.

Rights of trans people, including the right to revise codes of gender and access to documents and the rights of same-sex partners, or common law marriage partner of the same sex are completely legally unregulated.

Sexual orientation and gender identity are broad concepts, which create space for self identification. Research over several decades has demonstrated that sexual orientation can range along a continuum including exclusive and non-exclusive attraction to the same or the opposite sex. expression also take many forms, with some individuals identifying neither as male nor female, or as both. Whether one's sexual orientation is determined by, *inter alia*, genetic, hormonal, developmental, social, and/or cultural influences (or a combination thereof), most people experience little or no sense of choice about their sexual orientation.

HIV is one of the biggest current challenges when it comes to health status of gay people. Currently in Serbia gay young men born between 1985 and 1995 are the key population when it comes to the HIV epidemic. Institute for Public Health "Dr Milan Jovanović Batut" reported that in 2015, continued rapid growth in the number of people diagnosed over the past year there were 178 new diagnoses compared to 130 during the year 2104. The highest number of newly diagnosed cases in MSM (men who have sex with men) population - 73 percent. The national strategy for HIV / AIDS has expired, and there is not political will for creation of the new strategy.

The status of people with disabilities is regulated by numerous international documents, as well as internal regulations. The United Nations Convention on the Rights of Persons with Disabilities since 2009 an integral part of national legislation, but there is still no independent mechanism to monitor its implementation. Although the Constitution absolutely prohibits any discrimination, particularly on the grounds of disability, and despite the fact that different laws adopted by the National Assembly of the Republic of Serbia in at least one of its articles stipulates rights of persons with disabilities, in practice there are numerous difficulties.

Violence against women and girls is the most common form of violation of women's human rights in Serbia. There is no effective protection of women against domestic violence and intimate relationships.
According to the latest data, in Serbia, almost half of the victims of violent acts against life and body are youth, while 49% of rape victims are women. Serbian Government has

declared 2016 the year of the fight against gender-based violence, and thus opted for zero tolerance to domestic and partner violence.

In recent years Serbia is facing with migration crisis and large number of refugees passing through the country. In recent months Serbia is turning increasingly from the country of transit to the country of temporary destination. A large number of women and girls, youth and children are stationed in temporary centers for refugees. They are facing with cultural barriers, discrimination and poor access to health, social and legal services.

Situation in Serbia regarding returnees/migrants population

"Agreement on readmission of persons residing without authorization" was signed on the 18th of September 2007 in Brussels between Republic of Serbia and the European Union. National Assembly of Serbia ratified Agreement on the 7th of November 2007.The Readmission Agreement with the EU came into force on the 1st of January 2008. This Agreement regulated the area of return and admission of the returnees returning based on the Readmission Agreement.

Readmission (re-admission - 'readmission') is the process of return and acceptance of persons who do not fulfill or no longer fulfill the conditions for entry into the territory of another country or stay in it. Readmission procedure is carried out in the agreements on readmission between our country and other countries.

Returnee under the Readmission Agreement is the person who returns, and it was found to be a citizen of one of the Contracting Parties. It can be:

1. a person who has illegally entered the territory of the other Party or staying there illegally

2. a person who, after the expiry of the validity of the visa or residence which does not require visas illegally staying on the territory of another Party

3. a person who, after the expiry of the short-term residence permits issued by one of the Contracting Parties illegally resided in its territory

4. a person in proceedings before the competent authorities of another Party refused asylum or the proceedings on the application for asylum has been terminated and who is required to leave the territory of the other Contracting Party.

According to estimates by the Council of Europe, from the European Union will be restored between 50,000 and 100,000 people, including the largest number of Roma, mostly from Germany.

From 1996 until today, the largest number of persons was returned to Serbia from Germany, Hungary, Switzerland, Austria, Sweden, Belgium, France and Norway. Among the returnees were members of all ethnic groups, and most Roma. The Roma problem is the most serious and complex. The problems of returnees are numerous: lack of personal documentation, lack of access to health and social care, housing and the like. These problems are even more pronounced in terms of transition and economic crisis, which makes it difficult socio-economic reintegration of returnees into local communities.

Statistic from the Office for Readmission at the Airport Nikola Tesla shows that in 2016. were returned 3655 persons (of which 1299 families) of which 1653 were minors and 2002 adults. The largest number of returnees have returned from Germany (a total of 3448 persons) and 2696 of them are Roma. Only in January 2017, the Office has been recorded 219 persons of which 206 returnees from Germany and 184 of them are Roma.

A large number of returnees in the readmission process belonging to national minorities. The most of them are Roma (approximately 70% represent the Roma), Bosniak / Muslims, then Albanians Ashkalies, Gorans etc. This sheds a special light on the need to protect minority rights guaranteed by the Constitution and law, particularly in the areas of education, culture, information and official use of language.

Roma are a group at particular risk in the return process, given the fact that they belong to a marginalized and socially disadvantaged groups.

Chronic poverty, special cultural and social model, high unemployment, stereotypes and discrimination, low education levels and the alarming situation in health care are visible problems of local Roma returnees population.

The Roma minority is particularly affected by deportation from EU countries. Transition from the conditional flats or centers for the reception in unhygienic Roma settlements represent additional trauma.

The problem of personal documents is a problem that is bound to multiple generations within this population.

The low level of education hinders access to employment, and persons who have acquired education in the meantime have a problem obtaining these documents and their validation. The main problem of access to education is also a lack of knowledge or poor knowledge of Serbian language and Cyrillic script.

Many Roma see only source of income in the informal economy and therefore there is no possibility of protecting their rights relating to employment, social and health care and other rights.

Reintegration of returnees represents activities taken in order to enable returnees to access to all rights assumed by citizens of Serbia and to become a part of the society, preventing in this way secondary migration (re-departure to other countries).

Reintegration of returnees is not only a condition for further association to the European Union. This process has other long range consequences, as well:

- A number of persons living under a poverty line in Serbia becomes lower diminishing in this way a pressure on social welfare system, but on domicile population as well, as in a large number of cases returnees return to relatives and friends, who are also very often endangered socially and materially;
- Prevention of creation of closed circle of poverty, misery, unemployment, lack of education and illness which hits in particular vulnerable categories of population, such as children, single mothers and old persons;
- Prevention of secondary migration – re-departure abroad of persons not integrated into the society, which overloads the system of migration control and creates new migrants' waves;
- Prevention of the abuse of women and children – there is a rational fear of human trafficking within readmission process as well as gender based violence;

STANDARD OPERATING PROCEDURE

Preface

The protection of the rights and well being of vulnerable population is a fundamental concern for the SRH Serbia. Drop in center for human rights for vulnerable population with special focus on returnees / migrants, is one of the core strategies for promotion of human rights amongst vulnerable population. Drop in center is designated for providing health, social and legal services that includes health education, treatment referrals, free legal aid and etc. The services under the target interventions (TIs) are executed through a peer-based outreach as well as a static premise based approach, i.e., through Drop-In Centre (DIC) which in turn serves as the nodal hub for all the above activities to be executed.

To further strengthen these established mechanisms and to further expand the reach to Inadequately Served Population - ISP, SRH Serbia provides technical assistance to the HRBC. In doing so, SRH Serbia undertakes the following:

1) Conduct Operational Research

2) Develop Quality Assurance SOPs

3) Develop Capacity Building/ Training Materials

4) Train of Staff and Peer Educators/volunteers

It is in this context that a series of seven Standard Operating Procedures (SOPs) including the present one on Drop-in Centre (DIC) has been developed. This SOP also feeds into the broader goals and helps strengthen and consolidate the gains of the target interventions (Tis) towards scaling up of critical services.

The main purpose of this SOP is to help address the operational challenges of program implementation with specific reference to the functioning and day to day management of a Drop in center.

This SOP therefore, has also been developed with a vision to serve as an invaluable tool for the service providers engaged in TIs and to enable them to deliver quality services.

DROP-IN CENTRE

STANDARD OPERATING PROCEDURE

Acknowledgement

SRH Serbia, with the assistance of Gesellschaft für Internationale Zusammenarbeit, as part of the funding for the SRH Serbia's project *Scale-up for the future – Building sustainable Human Rights Based Centre for LGBT community in Southern and Eastern Serbia*, has developed this Standard Operating Procedure for the Human Rights Based Center. The project had started in April of 2014 and will end in April 1, 2015.

For the purpose of the *project Upscaling the response of local and national stakeholders for provision of social and educational services – Drop in center for Human Rights*, SRH Serbia adapted the pervious SOP with the aim to make available DIC services to different populations, including the special needs and services for returnees / migrants.

The International Planned Parenthood Federation European Network (IPPF EN) is one of six regions of IPPF. IPPF EN includes 40 Member Associations and collaborating partners in as many countries throughout Europe and Central Asia. The Region reaches from Iceland to Kyrgyzstan and from Russia to Israel, from some of the richest countries in the world to some of the poorest, from donor countries to recipient countries, from long-standing democracies to countries still struggling to find their way. SRH Serbia is an Associate Member of IPPF EN since 2010.

DROP-IN CENTRE

Abbreviations

AIDS Acquired Immunodeficiency Syndrome

ANM Auxiliary Nurse Midwife

BCC Behavior Change Communication

CEO Chief Executive Officer

DIC Drop-In Centre

DOTS Directly Observed Treatment Short-Course

HCV Hepatitis C

Virus HIV Human Immunodeficiency Virus

HRG High Risk Group

ICTC Integrated Counseling and Testing Centre

SOGI Injecting Drug User

ISP Inadequately Served Population

IEC Information Education and Communication

NACO National AIDS Control Organization

NGO Non-Governmental Organization

NSEP Needle Syringe Exchange Program

ORW Outreach Worker

OST Opioid Substitution Therapy

PM Project Manager

PE Peer Educator

PEP Post Exposure Prophylaxis

RTI Reproductive Tract Infection

SOP Standard Operating Procedure

STI Sexually Transmitted Infections

SRHR Sexual and Reproductive Health and Rights

TB Tuberculosis

TI Targeted Intervention

VCT Voluntary Counseling and Testing

STANDARD OPERATING PROCEDURE

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1. Backgrounds and Purpose

One of the important components of Drop in center is to provide prevention, education, referral, care and legal support to the beneficiaries.

Drop in center for Human Rights offers a space for vulnerable population including returnees to obtain information on exercising their human rights and have an access to medical and social protection, ask questions about their legal status and etc. Access to this information helps them make informed choices about their future. Drop in center also provide a place where returnees / migrants and their family members can receive free legal assistance.

To ensure quality services, training and resources have been provided to the Drop in center staff, including this operations manual. This manual is not just a resource for the Drop in center but is intended for use by any organization that provides services to vulnerable population.

This SOP will assist in running Drop in center for Human Rights efficiently.

The purpose of this manual is to:

- provide a clear understanding of the role and purpose of the Drop in center services;
- establish procedures for establishing and running of Drop in center;
- specify appropriate answers to questions that clients / beneficiaries frequently ask of staff at the Drop in center;
- provide tools and techniques to facilitate the work of Drop in center staff;
- act as a staff training guide

Most services at the Target intervention (TI) level are provided through two broad strategies. Majority of the services to the vulnerable population are provided through outreach strategy. The outreach strategy involves reaching out to existing as well as potential clients of the TI at places where the vulnerable population congregate. These may include places hot spots, isolated places or a public place where the population gathers.

Another strategy of providing services by the vulnerable population TI is through a Drop-

In Centre (DIC), which is a static service point. Here, a number of services over and above those provided in the outreach are given. An optimally functioning TI has a DIC, which becomes the nodal point for the vulnerable population as well as the staff of the SRH Serbia.

About the Standard Operating Procedure

2. Introduction

The DIC is a community-based facility for vulnerable population. The Drop-in center caters to individuals who have the least access to resources. The DIC is client-focused with the goal to promote human rights and raise awareness among vulnerable groups. A DIC is a doorway for vulnerable population to a welcoming and caring environment. It is a hub for all services, which can be accessed as per his or her need and convenience. The DIC must be within close proximity as daily contact with the client is critical.

The DIC is a place that addresses the social and health needs and legal rights of vulnerable population. Additionally, other activities necessary for vulnerable population are also conducted in the DIC. The DIC provides psychosocial support, a space for rest as well as access to Peer Educators (PEs) for caring through mutual sharing of experiences, etc. In select cases, where the DIC meets the criteria, the DIC can also offer VCT to its clients.

Who will the DIC Serve?

The following persons usually access a DIC and the services provided in the DIC:

- Returnees / migrants
- Roma
- LGBTIQ
- Young women and girls
- Youth in general
- People living with disabilities

- People living with HIV
- General community (who may visit the DIC to seek information)

Services include:

IEC – continued education through leaflets, pamphlets and brochures on Human rights, sexual and reproductive health and rights (SRHR), social services and education.

Sharing and caring – access to other vulnerable groups for sharing information and seeking mutual support.

Psychosocial support – access to a counselor who is available to address issues on behavioral change related to high risk behavior

Legal support – access to a counselor who is available to address legal issues and to provide free legal aid

Medical counseling – discussion, referral, advice

Condom distribution – access to free condoms.

Referrals to medical and legal institutions and institutions of social care and support

Waste disposal systems.

In select cases, DIC can offer VCT to its clients.

3. Setting-up a Drop-in Centre

DIC should be located in areas with a concentration of returnees / migrants and other vulnerable groups. DIC should be a welcoming space in an easily accessible location, preferably on a main road, with street frontage. DIC should be clean, comfortable and welcoming to all clients.

Other factors to consider when selecting a location include the proximity to other community centers or service providers and proximity to schools and universities, bus stops or transit points and markets.

A number of considerations influence setting up a DIC, such as determining the location, infrastructure, and staffing required for the DIC.

3.1 Location

Before choosing a site, it is helpful to keep three "A's" in mind. These are: Availability (of services), Accessibility (in terms of distance and timings) and Affordability (cost of travel to reach the DIC).

Vulnerable groups should be able to have easy accessibility to the referral services. About two to three such locations can be short-listed on the basis of the mapping exercise.

Following this, a suitable place should be determined looking at the budgets that are provided to determine the financial viability of hiring a place. Additionally, group discussions with vulnerable groups should be held to understand their preferences and the location most preferred by population should be chosen.

Finally, the opinion of the local community should be taken into consideration. Initially, many of the local community members residing nearby may oppose having a Drop in center in their vicinity. Appropriate sensitization programs should be conducted to take them into confidence.

Mapping of services and referrals

Extensive mapping of the intervention area must be carried out to identify the vulnerable community, gain information on the availability of services in the area for networking, collaboration and referrals to local social, legal and health care service providers, NGOs and social welfare and other local resources. The 'social mapping' exercise, which is conducted as part of outreach activity, helps in identifying the ideal location where a DIC can be set-up.

3.2 Infrastructure

DIC should have at least two rooms, so that there can be a space to receive visitors and an office for staff and for private counseling. One large room should be designated for rest and recreation as well as for group meetings, while the other smaller rooms can be used for counseling. The center should be properly ventilated, well lit and must have provision of drinking water and a clean toilet.

Counseling Room

This room would be used to conduct counseling services for the clients and their families/spouses/ sex partners. The room must have enough audio- visual privacy to

maintain confidentially.

Purpose

- To conduct general history taking and medical examinations.
- To provide referral to treatment of general medical conditions

Recreation Room

This should be the entry room with the largest space. The recreation room should be made attractive to the clients by providing recreational materials. In addition, educational materials in the form of posters should also be displayed in the room.

Apart from these rooms, space should be available for maintaining records, storage of consumables and drugs. Toilet facilities should be provided and, if possible, kitchen facilities.

Purpose

- For beneficiaries to spend time.
- For rest.
- For conducting group activities and discussions.
- For entertainment (recreational materials such as a carom board, chess, TV, movies and video games should be provided for this purpose).

Medical Room (if Drop in center has one room additional)

This room would be used to conduct medical examinations, diagnosis and referral to treatment. Adequate hygiene should be ensured in the medical room.

Purpose

- To provide one-to-one counseling to SOGI and their sex partners.
- To provide referral services.
- Notice board for display.
- Patient examination table.

- Post exposure prophylaxis (PEP) leaflets with visibly displayed instructions.
- Recreational materials as per the local need such as carom, playing cards, television, newspapers, magazines, etc.
- Stool/chair for the clients.
- Tables and chairs for the staff
- Waste disposal containers

Secure Storage Space

This is a space to store the condoms and other commodities in the centre. Utmost precaution should be taken for storing the condoms safely. The condoms should be stored in a cool and well ventilated room away from direct sunlight and be securely locked. The storage space should not be easily accessible to the clients and visitors.

3.3 Basic Equipment/Commodities

The DIC must have the following minimum basic equipment, furniture and commodities to operate an optimally functioning harm reduction service:

- Chairs/carpets for the clients.
- Condoms.
- Disposable gloves.
- Emergency lights.
- Medical equipment where applicable: stethoscope, BP apparatus (sphygmomanometer, thermometer, torch, tongue depressor, weighing scales, kidney trays, disposable gloves and masks, hydrogen peroxide solution, antiseptic solution, solvent ether spirit, povidone iodine solution, freshly prepared eusol, cheatles forceps in antiseptic solution, sterile drums with sterile gauze and bandages, sterile packets of catgut, ethylon, prolene, silk, etc., autoclaved linen, sticking plaster, 2% xylocaine without adrenaline, suture cutting scissors.

3.4 Staff Structure, Roles and Responsibilities at a DIC

Various members of staff have individual responsibilities in the functioning of the DIC.

Project Manager/DIC Host

The project manager working for the project should visit the DIC on a monthly basis to oversee its working and ensure that the center is functioning as per the mandate of the DIC. In addition, the PM can also conduct group discussions for beneficiaries in the DIC. The roles and responsibilities of the PM in DIC functioning are to:

• Supervise activities on a regular basis.

• Facilitate advocacy meetings and focus group discussions.

• Develop and monitor the weekly work plan as per the performance indicators for ORWs and counselors.

• Arrange weekly and monthly meetings to identify shortfalls and to evolve corrective measures/plans of action.

• Build capacity of staff and organization.

• Develop DIC policies and plans.

• Analyze project activities.

Counselors

The counselor should be available in the DIC every day, except at times when he/she has to visit the field for outreach related activities. It would be desirable to have a separate counselors at the DIC. If the counselor is designated as the one in-charge, he/she should also manage the DIC on a day-to-day basis.

The key roles/responsibilities of Counselor at the DIC:

- Provision of professional counseling to the beneficiaries
- Patient management, ensuring partner notification, ensuring follow-up of cases and one-to-one counseling of STI cases (if it is necessary)
- Pre and post-test counseling (which would be in addition to that provided in the ICTC).
- Coordinating creation of linkages/ networking

- Maintaining registers
- Condom promotion, demonstration and distribution
- Assisting the project coordinator in team building

Legal counselor

The roles and responsibilities of Legal counselor are to:

- Giving a accurate and timely counsel to the clients in variety of legal topics
- Draft legal papers, contracts, agreements, and other legal documents as needed
- Mapping relevant institutions and establish cooperation with legal institutions and/or organizations

Psychosocial Counselor

The roles and responsibilities of Psychosocial counselor are to:

- encourage clients to discuss emotions and experiences
- examine issues including substance abuse, aging, bullying, anger management, depression, relationships, LGBTQ issues, self-image, stress and etc.
- work with clients and their partners
- refer clients to medical institutions

Medical Counselor

A medical doctor, having a basic MBBS qualification, should be at the DIC five days every week. The doctor should provide general medical consultation and referral to the clients as well as their sex partners. The key roles/responsibilities of the Doctor at the DIC:

- Assessment for common physical and mental health problems
- Pre-diagnosis
- Maintaining registers
- Referral to medical institutions

Outreach Workers

One of the outreach workers from the pool can be stationed at the DIC on a rotational basis. A roster of ORWs can be drawn up for DIC duties. The outreach worker would assist the DIC in-charge in managing the DIC on a day-to-day basis and ensure that activities of the DIC are conducted as per plan. The ORW, if capable, can also be designated as the DIC in-charge.

The key roles/responsibilities of an ORW at the DIC:

- Making beneficiaries comfortable in the DIC.
- Ensuring beneficiaries' involvement in DIC activities.
- Maintaining rules and regulations at DIC.
- Conducting group discussions.
- Encouraging beneficiaries to visit the DIC and access services.
- Facilitating formation of committees and self-support groups in the DIC.
- Ensuring a respectable environment for vulnerable population

Peer Educators (PE)

The peer educators assist the outreach worker in managing the DIC on a day-to-day basis and ensure that activities of the DIC are conducted as per plan. One of the peer educators from the pool can be stationed at the DIC on a rotational basis.

The key roles/responsibilities of a PE at the DIC:

- Identifying and enrolling clients.
- Disseminating message and information about program services.
- Distributing IEC materials at the DIC.
- Distributing needles/syringes/condoms.
- Motivating vulnerable population to access STI treatment and adopt safer sex practices.
- Conducting group discussions with beneficiaries
- Creating support groups in the DIC.
- Ensuring that rules and regulations of the DIC are followed.
- Motivating clients to utilize referral services and other healthcare services

3.5 Basic resources and reference materials

- at least one computer for keeping client information, monitoring budgets, preparing financial and progress reports and so on;
- desks, chairs;

- stationery for general office use;
- an internet connection;
- telephones for staff;
- secure filing cabinets

The most important reference is this SOP, but staff also need to search other materials that will help Drop in to communicate better with clients.

3.6 Networking with local partners and establishment of referral services

When setting up Drop in center you will need to establish partnerships with local institutions and NGO organizations. Next, consider the organizations and people you will need to partner with to ensure the efficacy of the center's services. Arrange meetings with local groups and officials to let them know that Drop in center will be opening. Establish a referral network with other organizations that can provide specialist services, like job assistance, vocational training, health care and psychosocial treatment and educational support. Drop in center staff should map the networking of support services.

Staff Skills Needed for a Drop-In Centre

Thorough knowledge and training in harm reduction, information on drug use, safe sex.

Thorough understanding of social mapping, the capacity to conduct group discussions with High Risk Groups (HRGs) and conduct brief assessments of drug users.

Ability to provide client support and assistance where appropriate.

Ability to understand the community and community dynamics.

Ability to promote human rights and raise awareness on risky behavior within the community.

Ability to conduct health promotion activities with clients and the community.

Ability to carry out administrative tasks such as stock management, collecting data, following organizational policies and procedures.

Ability to liaise with hospitals and emergency services to deal with any untoward medical incidents.

Ability to liaise with the local police station office to create an enabling environment.

4. Programs and Services at DIC

4.1 Processes and Procedures for Service Provision

Receiving clients/beneficiaries

Receiving visitors involves greeting anyone who walks into the Drop in center, determining their needs and delivering services to fulfill those needs.

Receiving clients can include answering questions, examining documents, arranging for interviews or counseling, assisting with completing forms. Even just answering the telephone is a type of reception!

The objective for the Drop in center is to ensure that clients are provided with useful and efficient service.

When anyone contacts the DIC, they must be treated equally, regardless of appearance, gender, social status, religion, political affiliation, sexuality or any other factor. The DIC is there to support any community member who might require information about social, legal and medical services and referrals. In no way should any staff member judge anyone who is looking for information.

Remember, there are no stupid questions! People visiting the DIC will probably know a lot less about readmission and the laws than staff do. It is important to be patient and understanding, even if the question has been answered many times before.

Upon Repeat Visits

During repeat visits, the client must be made to feel that he/she is a part of the DIC. The client should be introduced to the various services offered at the DIC. Efforts must be made by the staff to ensure that the client receives the following services:

Usually, the client visits the DIC upon referral from outreach. In such cases, concerned PE or ORW must accompany the client to the DIC for the first time. In rare cases, the client may come to the DIC on his/her own without being referred from the outreach unit.

Upon arrival at the DIC, the client must meet the staff member who is the DIC in-charge. During this first interaction, efforts must be made to make the client as comfortable as possible. The client should not be overloaded with information and services in his/her first visit.

During the First Visit

Assessment and diagnosis: the doctor, nurse or counselor must record:

Basic medical history.

Information on the type of drug, mode and patterns of use.

History of exposure to other risk behaviors.

The accompanying outreach staff introduces the client to the person in-charge.

The person in-charge meets the client and provides information on the basic services available at the DIC.

The immediate service needs are identified and provided.

If commodities such as condoms are required, they should be provided to the client.

The dos and don'ts at the DIC are clearly explained to the client.

The follow-up needs are identified.

The clients are encouraged to visit the DIC regularly.

The counseling and referral services within Drop in center operate on the basis of client-led interventions. This means that anything that happens to the client or the information that the client provides is with the client's permission or request. So the most important service is to listen to the client. They are in charge. Drop in staff must provide the best support possible so that clients can achieve their goals.

Referrals to the other institutions / organizations

Referrals to other support services should be made only with the consent of the client. Be careful with confidentiality issues, especially if the client is involved with a court case or is still in a vulnerable position. Remember to ask the client if they are comfortable with you sharing information with the referral service.
Provide information and contact details to clients about organizations that could help them further.
Ask clients if they would like to contact these organizations themselves or would like a referral from Drop in center.
Make a list of referral institutions / organizations in the area that you know about and their projects or service activities. You may need to contact all these organizations and make sure it's okay if Drop in center makes referrals to them. If there is a partner organization that you can see using frequently, perhaps a memorandum of understanding (MOU) with that organization should be signed initially.

All human beings have rights. And some people also have a responsibility to protect other people's rights. As a representative of Drop in center, you are a "duty bearer". This means that you have a duty to rights holders. In this situation, the rights holders are the

potential migrants / returnees and their families. All information you give must aim to uphold the human rights of potential migrants / returnees and their families.

He/she should also glean information about the client's knowledge and attitude towards diseases like TB, STIs, HIV and AIDS, hepatitis B and C.

- Referral to HIV related services: the SOGI client should be referred to the nearest clinic for HIV testing after proper pre-test counseling. If the client is detected as HIV positive, referral to an ART center should be made.

- Referral to other services: based on the need, the client may be referred to a TB center, centers providing nutritional support, shelter home, vocational center

- Counseling: one-on-one counseling should be provided on safe sex, HIV, hepatitis B & C and prevention of other blood-borne infections.

- Group discussions: the client should be involved in group discussions where various issues pertaining to drugs, HIV, hepatitis, STIs and other related information are being discussed. The group discussion should be organized and moderated by the outreach worker or the counselor. The doctor can lead some of the topics, especially those related to co-morbid conditions such as hepatitis B & C, a HIV related issues, etc.

Follow - up services

Follow-up services can be as simple as calling a client and making sure that they are satisfied with the service they received from the Drop in center. Be aware, though, that it is okay to contact clients later on.

Keep a diary (either paper or electronic) to remind you to make phone calls to particular clients after certain periods of time (for example, one week after a referral/service, one month after referral/service, and three months after the referral/service was provided). Make the entries in the diary immediately after you refer the client or if you have concluded counseling or information communication with them (at the point when you think that this will be the last time they will visit you or you will visit them) to ensure you don't forget. Record all follow-up activities on the client card so that you keep a complete record of that client or case.

Data collection

Data collection is an important function of Drop in center. Although its primary role is to help vulnerable population including migrants/ returnees, it is also important to realize that Drop in center staff are the people with the most information about human rights issues.

Data collection and monitoring is important for:

- designing evidence-based interventions (like offering appropriate services at Drop in center)
- determining migration trends
- advocacy
- reporting to donors

Data collection is best completed by using a client card. It is always important to record the client's personal details (such as age, sex and hometown). It is important to have a clear picture of who is visiting Drop in center.

4.2 Other Operational Issues

• The standard business hours for DIC are 5 p.m to 9 p.m.

• Staff must open the center on time and be ready to provide services to clients as needed.

• An intake form should be filled-out for a client visiting the DIC, their basic information should be recorded and clients should be registered at the DIC.

• An information leaflet of activities meetings, group discussions related to harm reduction are provided to clients. A client can then avail of services available at the center.

• The client, after accessing specific services, can relax at the DIC and read a paper, book or magazine; watch TV; play games such as chess, carom, etc.; listen to music; interact with the staff or other clients; or rest in the recreation room.

• A client may participate in group discussions, training or education classes, talk to peers, and seek counseling services on personal problems and other social issues.

• A client may also access referral services through the DIC such as medical referrals, HIV testing, and ART services from other medical facilities/centers.

• The client may attend counseling, peer counseling, groups meetings and sharing of

experiences.

• Clients who are homeless or those without a permanent address may use the center as a mailing address.

• Stock checks, inventories, reports and all other DIC records should be finalized at the end of each day.

4.3 Free Legal aid services

The following basic minimum care services must be made available at DIC:

Legal counselor must provide returnees/migrants with their basic information regarding to available services such as:

- access to emergency medical aid
- address of the Center of Social Welfare
- information of the commencing the process of enrolling children in primary or secondary
- necessary information to start the procedures for obtaining personal documentation as soon as possible for achieving other rights

4.3 Medical Care and Services

The following basic minimum care services must be made available at the DIC:

Hepatitis B and C: the doctor and the counselor should be able to provide information on hepatitis B and hepatitis C, including on prevention and management related aspects. Those clients who wish to undergo testing for these conditions should be referred to the appropriate laboratory services.

4.4 Information, Education and Communication materials

In order to complement the Behavior Change Communication (BCC) efforts, adequate IEC materials should be developed and stocked in the center for distribution and display. IEC materials on HIV, drugs, injecting related behavior, condoms, STIs and other health hazards should be readily available. Most of these IEC materials are centrally developed by SRH Serbia and made available for adaptation and reprinting. The types of IEC materials and methods used in a DIC may consist of brochures, posters, flip books/ handbooks and banners.

4.5 Client's Involvement

The program management must involve the clients in planning activities of the centre. Clients should be involved in designing the program activity plan. A group discussion for this purpose can be initiated with the clients, and the clients can plan the activities. The PE and ORW play a very important role in this exercise. Clients must be made to feel more involved in the program by these activities. A group (committee) must be formed among the clients to help manage the day-to-day functioning of the DIC. Various sub-groups (sub-committees) may be formed from this group, which can take care of various activities such as ensuring the rules of the DIC are followed, cleaning of DIC, conducting various recreational activities of the DIC, etc. Additionally, teams can be formed for redressal mechanisms, violence prevention and action. These activities go a long way in ensuring that the SOGI community accepts the DIC as their own and the clients feel a sense of ownership and responsibility towards the DIC.

5. Management and Housekeeping Issues at DIC

5.1 Standards of Conduct for Staff

The code of conduct is a set of guidelines for ethical and professional conduct to be followed by the DIC staff. The code of conduct should clearly state what is expected of the staff as professional workers in the TI project. It must be strictly followed by all staff members regardless of levels of experience or job title.

Code of Conduct for DIC Staff

The code of conduct outlines expectations of behavior based on aims and objectives of the drop-in center. The code of conduct ensures that all staff respect and protect the rights of clients and maintain confidentiality at all times and under all circumstances. The staff must pledge to uphold the code of conduct to maintain the integrity of the program.

Every staff member will respect the confidential nature of his or her work.

All staff members will respect and maintain the confidentiality of clients.

No staff member will violate the legal rights of the clients or the program.

Staff members will not accept any personal gift or money for services from a client.

No staff member will sell to or purchase any item from a client.

No staff member will sell any drugs at the centers or in hot spots.

Staff members will not promote personally held views about any religion or any type of therapy.

Staff members will act as role models to clients.

Staff members must receive permission from the project manager to conduct interviews or speak to the media.

Under no circumstances will staff carry out their jobs at the office or on outreach under the influence of alcohol or illicit drugs.

Staff members must always provide an explanation to a client when they refuse a client's request.

Staff members must demonstrate respect to clients and to each other at all times.

Grounds for dismissal

Disrespecting a person's disabilities, gender, religious beliefs, interests or chosen work.

Bad-mouthing, swearing or cursing peers or staff.

Buying or selling drugs in or around the center.

5.2 Standards of Conduct for Guests

The DIC must prominently display a signage of the 'Standards of Conduct' in the center. The following are not acceptable behaviors at the center:

Displaying any rude force or weapons such as guns, knives, blades, etc.

Indulging in malicious gossip about clients.

Harassment of any type including emotional, sexual, physical, badgering, hounding, or nagging.

Stealing.

Using drugs or alcohol or being in an intoxicated or inebriated condition.

Being noisy and failing to be quiet or leave another person alone when asked to do so.

Additionally, the DIC must maintain a board highlighting important information of the

organization, also called the ‘citizen’s charter’. The main objective of such a citizen's charter is to improve the quality of services offered to clients.

Borrowing without returning, handling

Information Displayed in DIC

Brief information about the organization.

Organogram of the organization.

Information regarding staff and contacts.

Service area.

Timings/hours.

Helpline numbers.

Emergency helpline numbers.

Details of grievance redressal mechanism and how to access it.

Services provided.

Area wise hotspots and the total target for the project.

Number of clients registered.

5.3 Cleaning Rules

The DIC in-charge or designated staff is responsible for ensuring that cleaning tasks are completed at the

Cleaning at End of Day

At the end of each shift or event at the center it must be properly cleaned by a designated person.

He or she must initial and record the daily cleaning log.

Clean and mop the bathrooms.

Clean carpets, if any.

Return furniture and appliances to their original places, if moved during the day.

Organize magazines and pamphlets that are on table tops and the front desk.

Sweep and mop floor.

Take out trash and replace trash bags.

Wipe all surfaces with a wet cloth using cleaning liquid.

ALWAYS wear gloves when cleaning.

5.4 Safety Measures

The DIC must have safety measures in place to handle any eventuality. In the event of a disaster, violence, active drug use or drug sales on the premises, any member of the DIC staff may request that the centre be temporarily closed for the safety of the staff, volunteers or participants. In the event of a threat to the safety of the staff, volunteers or participants or in the case of a medical emergency, staff should call the emergency department. Any available supervisor should be contacted immediately and informed of the circumstances surrounding the closure of the center or the need to call the emergency department or ambulance. Inform the relevant authority of the incident.

a. Addressing violence at the center

Any incident of violence at the DIC must be reported to the management. There should be clear written procedures on managing violence at the center.

Staff who have a good relationship with the client concerned should try to intervene. Failing this:

• The person must be told that the police will be called.

• Those who are not involved must be moved out of the area.

• The police may be called in to help handle the situation.

• The center may be temporarily shut down in an emergency.

b. Security and avoiding thefts

The police can only come into the center if they are pursuing someone who runs in; or they see the person just before he or she entered the DIC; or if they have a warrant and

the registered client uses the center as a legal address to receive mail and correspondence. The DIC staff and volunteers must not divulge whether the client gets mail or accesses any service at the center to the police.

c. Maintain an incident log

The staff must maintain a simple logbook and record details of any incident at the DIC. The first column has the client's name and date, the second column records what the client did and lists the witnesses and the third column records and shows actions taken by the staff handling the incident.

The project manager must make sure all key staff read and initial the incident log weekly. If such a situation arises where the individual's behavior does not improve or change, the detailed records in the logs will be the evidence to act upon – to perhaps ask him or her not to visit the DIC in the future. If such individuals complain against the center for refusing him or her services, the logbook provides the details that justify this action. The incident log should be kept locked in a secure cabinet at the end of the day.

5.5 Incidental injuries

The DIC staff may sustain injuries at work.

Steps to be followed in case of injury and for PEP:

- Immediately inform the management about the injury.
- Necessary tests (HIV, Hepatitis etc.) should be done immediately.
- Drugs for PEP should be made available to any staff member or caregiver who is accidentally exposed to HIV in all facilities as early as two hours and within 24 hours of the accidental exposure but not later than 72 hours. The protocol for administration of PEP drugs is available on the Clinic for Infectious Disease website.

5.6 Local Community Engagement

The DIC staff must advocate with the authorities and other stakeholders to secure an enabling environment. These local efforts are supported by advocacy efforts at the state and national levels. The DIC staff must plan regular sensitization meetings with law enforcement agencies and local communities on drug use, harm reduction and stigma and discrimination. The process of engaging the local community is described in Annex 1.

5.7 Legal Issues and Advocacy

The SOGI community constantly faces stigma and discrimination and are often harassed

by law enforcement authorities because of past criminal behaviors and possession of injecting equipment or small quantities of drugs. Incidents involving SOGI, including community objections or concerns, law enforcement incidents, and potential legal action against programs and persons, must be reported, addressed and documented by DIC staff.

Law enforcement has a unique role to play to achieve supply reduction, demand reduction and other harm reduction approaches. The police traditionally have a fundamental role in supply reduction and in supporting demand reduction and harm reduction strategies.

The DIC staff's efforts at advocacy and securing an enabling environment at the local level are supported by advocacy efforts at the state and national levels. The DIC must conduct regular sensitization meetings with law enforcement agencies, lawyers and local communities to advocate for harm reduction and sensitize clients on human rights and drug laws.

Protocol for Staff Interacting with Law Enforcement Authorities, Pressure Groups and Community Watchdogs:

Calmly inform clients that the police/ pressure group/community watchdog is in or around the building.

Identify yourself as staff and ask if there is a problem and if you can be of assistance.

Get statements from the police, as appropriate.

Never antagonize the police.

Let the police know that the center operates as a DIC under the management of Belgrade office and with support of German government and must be respected as a facility that provides care and support and not a place to look for criminals.

Always try to record the names and phone numbers of the police officer in charge and the witnesses to the incident. First, get the staff and volunteers' details recorded and remember that other clients may not want to get involved. Remember that it is the job of the DIC staff to protect the clients' confidentiality and ensure safety.

Contact the immediate supervisor and let him/her know what has happened.

Remember to write the incident down in the incident log.

Incidents related to the DIC, community or law enforcement must be immediately reported to the project manager or management, verbally and in writing. The incident is notified as soon as possible, but no later than 24 hours from the time of the occurrence. The purpose of these reports is to ensure documentation of incidents in order to identify

and address potential problems. All subsequent actions taken by the organization to address the community or law enforcement concern must be reported to the relevant authorities.

The DIC staff has to implement strategies to prevent and address such incidents with law enforcement authorities and the local community before establishment of the program. The topics of discussion should include possible interventions and timetables for follow-up discussions and further activities. Interventions may include meetings or presentations to community boards, community groups, civic associations, and law enforcement authorities.

5.8 Tips for Improving DIC Attendance

A number of issues affect attendance at the DIC. These include staff related issues, activities conducted at the DIC, proximity of the DIC to the clients and finally, services available at the DIC.

- The staff at the DIC has to maintain a friendly relationship with clients and should never be disrespectful or judgmental.

- The DIC should be properly run with consistent opening and closing times, basic rules of conduct, follow up of rules and consistent availability of services.

- The availability of entertainment and recreational services, such as TV, movies, video games, carom, chess, musical instruments, etc., in addition to the harm reduction services, add to the attraction of the DIC.

The DIC should have provisions for tea, coffee, snacks, etc., if funds are available. Such refreshments further attract attendance at the DIC.

The availability of additional professional services such as family counseling, medical treatment and care facilities for both clients and their families improves DIC attendance.

Involving clients in day-to-day functioning of the DIC, including setting up and following the rules and regulations of the DIC, also positively impacts attendance.

Prompt redressal of grievances helps in instilling faith of the clients in the DIC.

5.9 Record Keeping and Maintenance

The records of activities and relevant data should be preserved in the record room for record keeping to be used for both internal and external monitoring and evaluation. Strict confidentiality must be maintained at all times. All DIC staff must fill reports on the officially prescribed monthly formats. The formats for record keeping are designed

according to the needs and are provided by SRH Serbia. They clearly delineate the role and responsibilities of the staff in-charge of records. The project manager should conduct periodic reviews of the records and analyze them to assist and improve the functioning of the center.

5.10 Checklist for Supervisors Supervising at a DIC

The project manager has to supervise the drop in center and see that quality services are provided by staff and appropriate systems are in place. To supervise all the activities and systems of the DIC, the project manager has to develop a checklist in the following manner:

- Cleanliness of surroundings.
- Daily and regular review of DIC registers.
- Display of IEC materials.
- Display of rules of the DIC.
- Maintenance of job responsibilities of staff.
- Outreach kit.
- Proper maintenance of stock register.
- Proper security system.
- Proper waste disposal and management systems.
- Protocol maintenance by outreach and staff.
- Regular data checking by the supervisor.
- Regular field visits.

Other officers involved in supervision of the DIC/TI project can also use this checklist

Conclusion

DICs are a safe space where vulnerable population can come together and find a 'common voice'. DICs serve to meet unmet needs, as all services that clients require cannot be provided by outreach alone. The purpose of the DIC is to provide services through user-friendly centers that are easily accessible to clients. DICs may be accessed by vulnerable groups, spouses and sex partners; family members and general community. DICs provide various products and services, including outreach, IEC dissemination, psychosocial support, ulcer and abscess management, STI referral, condom programming, referrals and recreation and rest facilities. A well functioning DIC can act as an effective center point for awareness raise, human rights promotion and HIV prevention efforts.

Annexure 1:

Process for Local Community Engagement

First step: Define/identify the problem

Project managers need to understand the nature, profile and context of the community, coupled with the local history of drug use and its responses. This will enable the program staff to decide which strategies are appropriate and determine how they should be implemented.

Understand community needs and problems:

What is the history of drug use in the community?

What are the patterns and trends of drug use?

What statistics or research are available?

What are the existing services and interventions?

What do people know about drug use?

What are community attitudes and beliefs towards drugs and their users?

How has the community changed – the people, the place?

How does the community operate to address issues of concern?

What networks operate in the community?

What groups have influence in the community?

What are the conflicting values among the community?

What are the main concerns of the various stakeholders, including injecting drug users?

Second step: Who will be involved?

Successful and sustained responses are characterized by the widest possible community involvement and good relationships between stakeholders. Who should be involved, and how they will work together, are key questions. Finding the most appropriate means of bringing people together to work on issues is a critical aspect of any response.

Fourth step: What are the options for engagement?

Depending on the aims and objectives and the stakeholders to be engaged, various options can be used. These may include:

Health education program

Group meetings with community

Advocacy with law enforcement personnel and the local business community

Involving the local community in observing important drug/HIV related days

Third step: How do we know if it is working?

Reflection on the successes and failures, the positive and negative outcomes of programs, is essential for refining and strengthening existing and planned responses. After conducting the programs, the aims and objectives should be revisited to assess if these have been met. The success in meeting the objectives should encourage the team to continue with the strategies adopted for engagement. In case, the objectives have not been met, the strategies adopted should be revisited.

Notes

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