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ACRONYMS - CAMBODIA

AIDS	Acquired Immunodeficiency Syndrome
ARHP	Asia Regional HIV Project
ASEAN	Association of Southeast Asian Nations
ATS	Amphetamine Type Substance
BSS	Behavioural Surveillance Survey
DHAC	Drug and HIV/AIDS Committee
DHATWG	Drug-related HIV/AIDS Technical Working Group
DHAWG	Drug-related HIV/AIDS Working Group
DU	Drug User(s)
FHI	Family Health International
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HAARP	HIV/AIDS Asia Regional Program
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
HSS	HIV Sentinel Surveillance
IDU	Injecting Drug User(s)
IEC	Information, Education, Communication
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
KHANA	Khmer HIV / AIDS NGO Alliance
M&E	Monitoring and Evaluation
MoCR	Ministry of Cults and Religions
MoH	Ministry of Health
MoND	Ministry of National Defence
MoU	Memorandum of Understanding
NAA	National AIDS Authority
NACD	National Authority for Combating Drugs – Ministry of Interior
NCHADS	Center for HIV / AIDS / Dermatology / STIs
NGO	Non-Governmental Organization
NPMH	National Programme for Mental Health
NSP	Needle and Syringe Programs
PAF	Programme Acceleration Fund
SIDA	Swedish International Development Cooperation Agency
STI	Sexually Transmitted Infection
TOR	Terms of Reference
ToT	Training of Trainers

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UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNODC	United Nations Office for Drugs and Crime
USAID	United States Agency for International Development
WHO	World Health Organization

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1. National Program Support

	Ministry / Agency Responsible	Systems / Frameworks In Place (List Relevant Items)	
		Existing	Gaps
Political Commitment	NAA & NACD Drug-related HIV/AIDS Technical Working Group (DHATWG) Government officials	<ul style="list-style-type: none"> • Memorandum of Understanding (MoU) was signed by the NACD and NAA in January 2004 to closely collaborate in reducing drug-related HIV/AIDS in Cambodia. • Draft Operational Framework under development between NACD and NCHADS; expected to be signed by end of 1st Quarter 2007. • Draft Operational Framework under development between NCHADS and the National Programme for Mental Health (NPMH) for DU/IDU pre- and post-HIV test counselling; expected to be signed by end of 1st Quarter 2007. • Drug-related HIV/AIDS Technical Working Group (DHATWG) was established in May 2004 as an output of the NAA-NACD MoU of January 2004 and comprises a range of Governmental, Non-Governmental, UN organizations, and private sector as well as bi-lateral and multi-lateral donors with a mandate, or active interest, in addressing drug-related HIV & AIDS issues in Cambodia. The DHATWG is co-chaired by the NACD Secretariat and the NAA. Meetings are held, on average, every quarter and can be called to discuss specific issues, such as GFATM Round 6. The DHATWG is supported by a DHA Secretariat located within the NACD Secretariat with two staff, one from the NACD and one from the NAA. Infrastructure, training and ongoing technical support for the DHA Secretariat is provided by WHO through a UNAIDS PAF. • Public statements issued in support of harm reduction approaches (includes statements from the Prime Minister, June 2003 and May 2005 in particular). 	<ul style="list-style-type: none"> • Operational Framework required for health service developments at DU/IDU detention centres between (1) NCHADS and Commissariat-General of the National Police, Ministry of Interior; (2) NCHADS and the Military Police of the Ministry of National Defence (MoND); and, (3) NCHADS and the Ministry of Social Affairs. All likely to occur before mid-2007. • Funding to the NACD Secretariat increased from approximately US\$ 250K p.a. • Ministry of Health needs to develop a holistic strategy for drug dependency detoxification, treatment, rehabilitation and reintegration, in collaboration with the Ministry of Social Affairs • The DHA Working Group (DHAWG), comprised of senior Government Ministers, exists on paper but has never met thus far; a TOR for DHAWG exists. • No funding is currently available from either the NACD Secretariat or the NAA to support the operations of the DHA Secretariat. The capacity of the DHA Secretariat staff is weak, but improving.

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			<ul style="list-style-type: none"> • The NACD Secretariat is legally mandated to 'manage and coordinate drug control activities in Cambodia' but has continually sought to implement activities that could be considered the mandate of, for example, the Ministry of Health; much of this relates to the pursuit of donor funding rather than as part of the drug control master plan and strategic management of the drug control sector by the NACD Secretariat. A substantial increase in funding to the NACD Secretariat may help to focus staff on the core NACD Secretariat mandate and, subsequently, on staff capacity building to address their core mandate in partnership with other Ministries, especially health, social affairs, education and the military and civilian police. • Limited active follow-up by Government ministries or the NACD Secretariat, to implement the stated approaches of the Prime Minister.
Donor Commitment	NCHADS, NAA and NGOs	<p>US\$ 0 allocated out of total committed funding for 2006 of US\$ 42.2 million for HIV programs (i.e. no funds allocated yet by NCHADS, and NAA).⁴</p> <p>Specific IDU funding is approximately: USAID, (excl NSP): US\$ 70,000 p.a. through KHANA to Korsang; UNAIDS PAF through WHO, (including NSP), to Korsang = \$ 60,000 Jul 06 – Jun 07. Mith Samlanh/Friends International funding for IDU work not known</p>	
Costed National Strategy	NCHADS, NAA, NACD	<p>National Strategic Plan fully costed Drug Control National Plan fully costed</p>	The NACD drug control plan does not include costing for opiate substitution. ⁶
Legal Environment		<ul style="list-style-type: none"> • Law on the Control of Drugs (adopted 9 Dec 1996; amended by Royal Code No. NS/RKM/0505/014, 9 May 2005) • Law on the Prevention and Control of HIV/AIDS endorses the principles of HR in the case of drug use and sexual behaviour (Nat. Strategic Plan)⁴ 	<ul style="list-style-type: none"> • Legislative environment needs to be revised to clarify legal status of harm reduction initiatives, particularly NSP. • No specific reference to the issues raised by drug use.

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<p>Policy Environment</p>	<p>NCHADS and NAA NACD NCHADS Government</p>	<ul style="list-style-type: none"> • Party to the 1961, 1971, and 1988 UN conventions • The National Strategic Plan for a Comprehensive and Multi-sectoral Response to HIV/AIDS 2006-2010 adopts harm reduction as a guiding principle. Lists major activities for the prevention of HIV in substance users. These include awareness raising, treatment and rehabilitation, outreach and peer education, risk reduction and primary prevention of drug use. Includes specific targets for IEC outreach to IDU. • The 5-Year National Plan on Drug Control 2005-2010 includes as one of its 5 strategies the “reduction of risks caused by drug abuse (comprehensive approach to HIV/AIDS)” • Strategic Plan for HIV/AIDS and STI Prevention and Care 2004-07 • IDU are part of the developing policy and National Strategic Plan for achieving Universal Access. • An operational framework, including policy, is being developed by NCHADS with the technical assistance of WHO for DU/IDU detention centres nationwide; to be operationalised through UNAIDS PAF through WHO from start of 2007. 	<ul style="list-style-type: none"> • Drug use remains outside of any specific department’s remit in the Ministry of Health. • No specific budgeting by NCHADS for IDU interventions in 2007 but plans for inclusion for 2008 are underway. • Tensions exist between MoH and Ministry of Social Affairs about roles and responsibilities vis-à-vis drug dependency treatment and rehabilitation. • No targets are included in the Drug Control Master Plan.
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M & E Systems/ Research Capacity	NACD / UNODC	<ul style="list-style-type: none"> • Mid-term evaluation of National Plan on Drug Control due mid-2007 • The 5-Year National Plan on Drug Control 2005-2010 includes regular M&E of drug abuse prevention and education activities (Strategy 2.4.2d, p20). • National HIV/AIDS M&E systems have been established • National Indicator – “50% of IDU report using a sterile needle and syringe at last injection by 2010” included as part of NSP M&E Framework • AusAID funded Illicit Drugs Initiative Research Project • WHO is executing a UNAIDS PAF to help MoH and NACD undertake a baseline IDU quantitative survey in Phnom Penh and HIV prevalence through NGO partners, with results by March 2007. This survey will be used by NCHADS to integrate DU/IDU into HSS and BSS in the future, perhaps as early as 2008.⁶ 	<ul style="list-style-type: none"> • The National HIV/AIDS M&E systems are not yet functional for DU/IDU.
Surveillance Systems	NACD	<ul style="list-style-type: none"> • Provincial data collection in 11 provinces – supported by UNODC • Seizures data collected by municipal law enforcement agencies • Ad-hoc IDU survey in Phnom Penh to take place by NCHADS and NACD, through NGO partners, 1st quarter 2007, includes HIV prevalence amongst IDU; to be used as Government-recognized baseline. • Several qualitative rapid assessments conducted by local NGOs around Cambodia through KHANA support using USAID funding; results developed early 2006 but not yet published. • WHO support through a UNAIDS PAF to integrate NCHADS HIV data with those of NGOs and provincial AIDS offices into NACD data collection network nationwide; due to completion by mid-2007. • NGO data collected by Korsang & Mith Samlanh systematically. 	<ul style="list-style-type: none"> • Prevalence data in IDU groups unknown. • Systematic collection of qualitative and quantitative data required. • Quality of data is suspect. • Screening, counselling, treatment and care data do not disaggregate for IDU.

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Multi-sectoral Involvement	<p>NAA and NCHADS</p> <p>Drug and HIV/AIDS Committee (DHAC)</p> <p>National Programme for Mental Health (NPMH) (MOH)</p>	<ul style="list-style-type: none"> • The National Strategic Plan for a Comprehensive and Multi-sectoral Response to HIV/AIDS 2006-2010 • Initiatives receive endorsement by the DHATWG prior to submission by the co-chairs (NACD/NAA) to the DHAC. Comprises senior officials from key Government Ministries and Agencies, such as the NACD, NAA, Health, Social Affairs, Education, Justice and Interior. The DHAC has the legal authority to approve activities to counter drug-related HIV/AIDS in Cambodia. • Cambodia National Program for Mental Health further developed with support from IOM until end of May 2007; thereafter, no funding available; WHO needs assessment to be undertaken mid-Dec 2006. 	<ul style="list-style-type: none"> • No operational framework for cooperation between sectors for drug related HIV/AIDS – under development in 4th quarter 2006 through technical assistance of WHO through UNAIDS PAF funding. • No specific training or service delivery related to drug use or HIV transmission risk awareness. • National Programme for Mental Health does not currently include programmes run by three NGOs, which constitute the majority of mental health service delivery and capacity building in the country. • NPMH has no policy guidance and no national strategic plan formally adopted; these are to be addressed with technical assistance from WHO from late 2006 onwards; lacks operational funding from Government and donors past May 2007; very limited human resource capacity; poor senior management of the NPMH.
Law enforcement involvement	<p>National Police of the Ministry of Interior</p> <p>Military Police of the Royal Cambodian Armed Forces (RCAF)</p>	<p>Engaged in data collection</p> <p>2 DU/IDU detention centres known to be run by military police in Battambang town and Sisophon town based on user-fees. Civilian police and military police work with one NGO in Bavel District of Battambang province in support of a large DU/IDU detention centre. Civilian police run one detention centre in Siem Reap town and another is almost operational in Kampong Cham town.</p> <p>WHO advocacy continues with the anti-drug police department of the National Police (civilian), including capacity building.</p>	<ul style="list-style-type: none"> • Community-level law enforcement cooperate well with Korsang NSP outreach teams in Phnom Penh; problematic relationship between law enforcement and Mith Samlanh in Phnom Penh. • Nationally, the police have limited (or no) understanding of harm reduction and little has been done to address this.

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Involvement of IDUs in Response	NAA	<p>No direct mechanism for IDU based organizations' involvement in planning, but Korsang, one of the 2 NSPs in Phnom Penh, indirectly provides inputs in planning. WHO will hold a community consultation in Phnom Penh in mid-Feb (tbc) 2007 for regional DU/IDU group representatives to begin developing linkages and networking.⁶</p>	<ul style="list-style-type: none"> • Officially, IDU organizations can attend the periodic Drug-related HIV/AIDS Technical Working Group (DHATWG) meetings co-chaired by NACD and NAA, but in reality they do not have access.⁶
Capacity building	NACD	<ul style="list-style-type: none"> • Strengthening of the secretariat in partnership with UNODC • KHANA has signed a MoU with the NACD Secretariat for the use of USAID funds to further develop the NACD Secretariat capacity. FHI have similar plans. WHO is supporting capacity building of the DHA Secretariat within the NACD Secretariat. 	<ul style="list-style-type: none"> • Capacity building for IDU outreach, including NSP, as well as DU/IDU treatment and rehabilitation within the Ministry of Health (especially NCHADS, NPMH, NAA), Ministry of Social Affairs (especially Youth rehabilitation) need to be addressed. • NGO capacity building is also urgently needed for the expansion of IDU coverage. • M&E capacity building is required. • Capacity building in psycho-social interventions for dependent ATS users, especially crystal methamphetamine, is a critical need. • Capacity building of the health service is required. • Mental health service provision needs to be scaled-up but there are only 26 qualified psychiatrists in the country.⁶

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2. Barriers to Scale Up

Key Area	Barriers to Scale Up	Key Actors / Facilitators	Plans to Address Barriers
1. Political commitment	1.1 NACD lacks direct budget allocation	Ministry of Economy and Finance	<ul style="list-style-type: none"> The Ministry of Interior now provides a budget allocation to the NACD Secretariat each year, currently in the region of US\$ 250,000, paid in quarterly instalments; this, however, only covers basic office costs. Further advocacy with the Government will need to be made; no clear plan exists as to which agency will do this, although a new UNODC one-year capacity building project (Project J11) may include this as part of its implementation, set to commence in the first half of 2007.
	1.2 Advocacy is needed for MoH and Ministry of Social Affairs to take up the burden of service delivery for DU/IDU. ⁶		
	1.3 Limited effective linkages across Government sectors	NACD, NAA, NCHADS	The DHATWG is the designated and officially recognized forum for developing a strategic approach from which specific linkages will be developed across Government sectors. Plan to develop operational framework between NCHADS (MoH) and the NACD Secretariat, due by the end of the 1 st Quarter of 2007 through technical assistance from WHO.
2. Community commitment	2.1 No coordinating mechanism for NGO sector (largely due to competition between NGOs) ⁶	Substance Abuse Working Group chaired/run by Mith Samlanh meets periodically comprising a limited number of NGOs that are cooperating with Friends International in Cambodia.	<ul style="list-style-type: none"> In 2006-2007, the NACD will start to regulate and monitor all HR, drug treatment and rehabilitation services in Cambodia (with assistance of WHO). The DHATWG has the objective of developing and guiding a national programme response and, consequently, could act as a coordinating mechanism for the NGO sector in addition to coordination between the NGO sector and others, especially Government MEDICAM, a coordinating agency for NGOs working in the health sector, could develop a sub-committee for specific DU/IDU health coordination between NGOs; this potential approach has not, however, been developed beyond an initial concept by WHO.

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	<p>2.2 Support by Religious institutions Lack of funding and limited human resource capacity at the NACD Secretariat and the MoCR to undertake follow-up training and M&E activities.</p>	<p>NACD in collaboration with the Ministry of Cults and Religions (MoCR) Buddhist pagoda-based drug awareness and ATS rehabilitation 'sanctuary';</p>	<p>Study tour by Buddhist monks to Thailand supported by UNODC and KHANA and basic drug and HIV awareness ToT to ~60 Buddhist monks in several provinces.</p>
	<p>2.3 Drug-Free Villages 2.4 Lack of M&E capacity and reporting by the local NGO and lack of funding and human resources to expand best practices to additional sites. 2.5 Highly committed local NGOs involved in broader community development activities.</p>	<p>PKKO (local NGO) operational in ~40 villages in Kandal Province, Cambodia.</p>	<p>Some support from the International Order of Good Templars (IOGT), Sweden.</p>
3. Legislative /policy	<p>3.1 NSP Policy and Guidelines 3.2 Legislative environment with regards to NSPs does not offer protection to staff at the NSP or ensure access by drug users to NSPs is maintained</p>	<p>NACD</p>	<ul style="list-style-type: none"> • Police-specific policies and guidelines regarding NSP recommended to NACD are under development by NACD and MoH with technical assistance from WHO. Implementation will take place in the first half of 2007 and will be ongoing. • Plans for advocacy workshops: WHO is arranging a study tour for senior law enforcement, and others, to Iran for the first-half of 2007.⁶ • Draft NSP policy and guidelines developed by NACD with technical assistance from WHO; currently under review; implementation to begin Jan 1, 2007.
	<p>3.3 Drug treatment and rehabilitation policy 3.4 Roles and responsibilities need to be defined between the MoH and Ministry of Social Affairs and the NACD Secretariat.</p>	<p>NACD</p>	<ul style="list-style-type: none"> • Draft is under development; completion expected by mid-2007 through technical assistance to NACD, MoH and Ministry of Social Affairs by WHO and UNODC (Treatment capacity building project H83).

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	<p>3.5 Opiate Substitution Therapy policy and guidelines 3.6 Lack of funding to implement a pilot methadone maintenance therapy programme</p>	<p>NACD</p>	<ul style="list-style-type: none"> • Draft is under development; completion expected by mid-2007 through technical assistance to NACD and MoH by WHO; legislative amendments are being considered also. • NACD Secretary-General has verbally agreed in principle to a single pilot project in Phnom Penh beginning in 2007 following awareness/advocacy activities with MoH and law enforcement by WHO. • Possible access to AusAID HAARP funding by late 2007 or 2008, or GFATM Round 7.
	<p>3.7 Universal Access to HIV prevention, care and treatment</p>	<p>NCHADS (MoH) Policy already exists; specific targets now under review; completion expected by end of 1st Quarter of 2007.</p>	<ul style="list-style-type: none"> • Strategic plan for the implementation of policy regarding DU/IDU not yet begun, other than pilot for three DU/IDU detention centres through a UNAIDS PAF executed by WHO; specific funding not yet identified by NCHADS or partners
<p>4. Comprehensive Services</p>	<p>4.1 No national policy or guidelines for counselling, treatment and rehabilitation for drug use</p>	<p>NACD</p>	<ul style="list-style-type: none"> • Draft is under development; completion expected by mid-2007 through technical assistance to NACD, MoH and Ministry of Social Affairs by WHO and UNODC (Treatment capacity building project H83). See 3.2, above. • The Guidelines and Policies for the Operation of Needle Syringe Programs in Cambodia developed with the cooperation of NACD, NAA, MoH, WHO, and the UNAIDS Secretariat need to be reviewed by NACD, NAA and the MoH and existing NSP implementing agencies. Please see above for more accurate summary of NSP status. • Roles and responsibilities need to be defined between the MoH and Ministry of Social Affairs and the NACD Secretariat.
	<p>4.2 No outreach or drop-in services provided by Government agencies</p>	<p>NCHADS, NACD Government acceptance that NGOs can play this role; this is reflected in the drug control master plan, 2005-2010.</p>	<p>By inclusion in GFATM Round 6, the NACD/Government formally approved the expansion of NSPs. NACD recently signed a MoU with KHANA which could also facilitate the expansion of NSPs. Plans are also being developed by WHO to advocate for the MoH - NCHADS - to take the lead role with regard to NSP and have NACD as oversight management for NSP. This is still under discussion with NACD and NCHADS.⁶</p>

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	4.3 No comprehensive referral system in place	Draft has been developed by NACD with technical assistance from WHO. It is likely that NCHADS will take over this role in 2007.	An initial plan is under development. ⁶
	4.4 Lack of technical expertise in areas of drug use counselling and treatment		UNODC Project H83 has started implementation in the last quarter of 2006 to raise capacity in this sector; US\$ 1.1 Million over 3.5 years through NGOs and Government; does not include closed settings.
5. Resources	5.1 Capacity at NACD to manage data input from NSPs, to use data meaningfully, to store and compile data and to disseminate this information to all relevant stakeholders	NACD	<ul style="list-style-type: none"> • UNODC regional project RAS/F97 in collaboration with a WHO executed UNAIDS PAF from Dec 2006 to mid-2007 will help NACD and NCHADS to strengthen health sector DU/IDU reporting. Capacity building for data analysis and reporting to be given to NACD by these two initiatives up to mid-2007. • A separate WHO executed UNAIDS PAF will support NCHADS and NACD to develop appropriate health data from DU/IDU detention centres in three sites by mid-to-late 2007.
6. Affected community involvement	6.1 The scale of dissemination of information on basic facts about drug use and vulnerability and prevention needs to be rapidly expanded. ⁶ No comprehensive inclusion of DU/IDU in the medical training curriculum.	NACD, NCHADS, National Program for Mental Health	<p>Materials have been developed by</p> <p>(1) KHANA and NACD</p> <p>(2) UNODC with NACD</p> <p>More is being developed by WHO/NACD/MoH:</p> <p>Portfolio of guides to understanding the drugs used in Cambodia (ATS, heroin, inhalants and solvents, ketamine, cannabis, licit drugs) is being written with technical assistance from WHO; variations to be designed for each drug targeting (1) health and social sector workers (Government & NGO); (2) parents and teachers; and (3) law enforcement personnel.</p> <p>Dissemination of ATS guide to commence 1st quarter of 2007 to be completed by end of March 2007.</p> <p>Funding provided to WHO by the British Embassy, Cambodia.</p> <p>Future issues of the 'Health Messenger' periodical sent to all Government health workers in Cambodia will include articles on basic info regarding DU/IDU developed by NACD and MoH with technical assistance from WHO.</p>

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7. Commodities	7.1 Methadone / Buprenorphine As noted above, no funding currently allocated for a pilot MMT site in Phnom Penh.	NACD, MoH	<ul style="list-style-type: none"> • Registration of methadone and buprenorphine underway by MoH through technical assistance from WHO through a UNAIDS PAF; completion expected by Sep 2007. • Procurement, safe storage and distribution policy and guidelines under development with technical assistance from WHO through a UNAIDS PAF; completion expected by Sep 2007.
8. Scaling-up plans	8.1 NACD staff capacity limited (limited finances of NACD results in limited number of staff willing to remain with the agency)	NACD	Support underway (WHO, UNODC, KHANA) or in planning stage (FHI).
	8.2 Planning hampered by lack of information on service provision and usage 8.3 Lack of operational agreements and implementation between NACD and key line ministries and NGOs	NACD	<ul style="list-style-type: none"> • Draft Guidelines and Policies for the Operation of NSPs in Cambodia provide instructions to NSPs to report quarterly to NACD on indicators which will be used to monitor and evaluate the services. • NCHADS (MoH)-NACD operational framework under development; KHANA-NACD framework already signed.
9. Capacity Building	9.1 Harm reduction training packages not available	NACD, NCHADS	Building on UNODC initiation of harm reduction basic training in early 2005, WHO will continue, through a UNAIDS PAF, to develop this capacity throughout 2007.

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3. Program Implementation

Estimated IDU Population: 3,000-10,000⁸

Service Coverage:

	Available Data							NSP coverage
	Provincial Coverage (% or Avg)	NGOs (Number)	Govt. Health Services (Number)	# Clients Accessing Services	Needle / Syringe Distribution (Number)	# Condoms Distributed	# of IEC Materials Distributed	
Outreach	PP, BTB, BTM, SRP, SHV, KAN, KRT, KGSp 8/24 (33%)	12	3	~ 300 IDU	2 NGOs (Phnom Penh only)			
Drop-in Centres	17/24 (70%)	37	8					
VCT	0	2	0	~100	-	-	-	-
Linkage to HIV Care and Support	0	2	0	50+	-	-	-	-
ARV	0	0	0	0	0	0	0	-
Primary Health Care	PP, BTB, BTM, SRP, SHV, KAN, KRT, KGSp 8/24 (33%)	12	3	~300 IDU	-	-	-	-
Needle and Syringe Programs	1 of 24 (4%)	2 (Phnom Penh)	0	~150 ⁷				
Substitution Programs	0	0	0	0	0	0	0	0
Linkage to	1 province (of	2	0		-	-	-	-

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Rehabilitation and Detoxification	24) (4%)	Mith Samlanh “Green House” detoxification program; Korsang, limited scale						
Peer education programmes	1 province (of 24) (4%)	2 (Phnom Penh)	0					
Targeted IEC	1 province (of 24) (4%)	2 (Phnom Penh)	0					
Plans for Scale Up	Physical infrastructure for drug use counselling, treatment and rehabilitation centres to be established in all 24 provinces – clinical and other service training required	KHANA, Friends Intl. and FHI to provide technical assistance to partner NGOs	NCHADS plans to develop VCT and ART access to DU & IDU at 6 detention centres nationwide within next 12-24 months.	No estimate currently available.	No estimated currently available.	No estimated currently available.	No estimate currently available.	

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Services in Closed Settings:

Estimated Prisoner Population: 8,160 mid-2005 (International Centre for Prison studies⁵)

Estimated % of Drug Offenders: Unknown

Service	# of Clients Accessing Services
Voluntary Counselling and Testing	Officially, referral available at 6 prisons that have MoH-recognised health posts.
Needle and Syringe Programs	0
Peer Education Programs	Some very basic HIV prevention programmes in a limited number of prisons.
Substitution Maintenance	0
Post-release Follow-up	0
Primary Health Care	Available at 6 prisons that have MoH-recognised health posts.
Condoms	None
Total	

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Workforce**

Estimated Required Workforce: **NA**

	Available Data						Standardised Training Programs in Place	Capacity Assessment (low/medium/high)
	Provincial Coverage (% or Avg)	NGOs (Staff No's)	Govt. Health Services (Staff No's)	Total	Current Workforce compared to Required Workforce (%)	% of Peers in Workforce		
Service Providers	Very limited; less than 5%	Approx. 100 nationwide	0	100	Max of 5%, probably less.	25% of the 100 (guess)	No	Low
Plans for Scale Up	None	Approx 2,000+ (guess)	None		Max of 5%, probably less.	50-75% (guess)	No	Low

4. Gap Analysis

1. Adequate legislation that affords protection of IDU rights and recognizes drug use as a health issue.
2. Adequate funding to support capacity building to national coordination and local implementation agencies.
3. Technical training programs to support expanded MoH and community based access to drug user services.

5. Recommendations

1. Continued advocacy and dialogue to elicit support for amendment to prevailing legislation and policies.
2. NACD to assume key role in coordinating donor inputs to national program development (HAARP, SIDA etc).

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6. References

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