



UNITED NATIONS
Office on Drugs and Crime

Evaluation of UNODC Small Grants Program in Lithuania

Report

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2008

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Glossary

AIDS Acquired Immunodeficiency Syndrome
ART Antiretroviral therapy
ARV Antiretroviral
DCD Drug Control Department
EU European Union
GP General practitioner
HBV Hepatitis B virus
HCV Hepatitis C virus
HIV Human immunodeficiency virus
IDU Injecting drug user
IEM Information and education materials
Lt Lithuanian Litas
M&E Monitoring and evaluation
MMT Methadone maintenance program
MOJ Ministry of Justice
MOH Ministry of Health
NGO Non-governmental organization
NSP Needle and syringe program
OD – (drug) overdose
OST Opioid substitution therapy
PLWHA People living with HIV/AIDS
RSA Rapid situation assessment
QA/QC Quality assurance/quality control
STI Sexually transmitted infection
SW Sex worker
TB Tuberculosis
UNAIDS Joint United Nations Program on HIV and AIDS
UNDP United Nations Development Program
UNODC United Nations Office on Drugs and Crime
USD United States Dollar
WHO World Health Organization

Acknowledgements

The author would like to thank staff of UNODC Project Office for the Baltic States, especially Signe Rotberga and Ruta Januleviciene for their assistance during the evaluation process. I would also like to warmly thank Rimantas Sagzdavicius from the Drug Control Department who shared valuable thoughts on development of harm reduction programs in Lithuania and inspired with his enthusiasm.

Summary and recommendations

UNODC grant program made an important contribution to developing services aimed and HIV prevention and treatment among injecting drug users in Lithuania. The main strengths of the program include that it is designed in a flexible and country-driven manner and is strongly based on close cooperation with in-country partners including main officials involved in HIV / drug related work, as well as with professional and civil society groups and organizations.

By increasing the level of previously existing interventions as well as supporting establishment of new services, the program allowed to increase coverage of HIV prevention services in the country. By supporting innovating services it also helped to advance development and best practice of Lithuanian harm reduction services. One of the important contributions of the program was significant support to community organizations and increasing the role of people affected by the problems of HIV and drugs into developing interventions on the country level.

The program is well managed and organized in a way that program grantees receive constant administrative and methodological support.

The following recommendations are based on discussions with Program officers, recipients and partners:

1) The program should continue to support projects with direct service provision, with focus on innovative projects. Innovative projects developed in other countries should be promoted and piloted in Lithuania and can include:

- Peer driven interventions to reach closed groups of drug users
- "Break the cycle" – an intervention to reach young non-injecting drug users and their networks in order to prevent initiation into injection
- pharmacy based needle/syringe provision schemes
- programs aimed at decentralization of ST services
- OD prevention by distribution of naloxone to drug users

2) Besides supporting direct services, the program should additionally focus on supporting and emphasizing structural/systemic interventions (including through grants). These interventions should especially focus on the following problems:

- Intermittent character of state funding: together with state partners explore barriers to continual funding provision and ways to overcome them
- increase advocacy activities with municipalities in order to educate important decision makers on that level on effective HIV prevention among IDUs and increase municipalities input into services support and development
- increase advocacy work with prison authorities in order to start pilot projects on substitution therapy and start discussions on introduction of needle distribution in prisons
- Support interventions aimed at improvement of working conditions of outreach workers (eg review of legislation and practices, discussions on need to include outreach workers into the state labor registry, implementation of educational courses for outreach workers)
- Support a working group to review outdated MoH guideline on harm reduction service provision

3) The program should work in cooperation with main state partners in order to develop the national and program level system of monitoring and evaluation related to HIV services for IDUs, including:

- Development and agreement on the set of basic indicators and targets
- Development and introduction of standard ways of data collection (including unified client codes, primary data collection forms, electronic client database)

4) The program should also consider issue of *quality* monitoring and management, with focus on the following issues:

- *Accessibility*: Review barriers to service utilization and low level of clients turn out. Strategize increase of the program coverage by increasing outreach work, continue work on preparation of pharmacy distribution schemes, starting and increasing secondary NS distribution and peer education volunteer networks, eliminating barriers to low service utilization such as restrictive exchange policies
- *Range of services/attractiveness for clients*: Enhance regular work on clients needs assessment and other mechanisms of clients feed-back on service quality (see below); review possibilities for increasing the range of services including more engrained case management, services (including information) for special groups such as amphetamine users and young drug users; additional fundraising in order to develop drop-in zones, laundry facilities and other social services, consider such services as provision of naloxone (to prevent lethal overdose), HCV treatment education, safe injection education and other trainings for drug users. The quality and assortment of provided prevention materials should be considered as an important issue, and additional advocacy activities are needed to review the state procurement procedures according to which the state organizations are required to purchase the products of lowest cost without proper consideration of their quality. HIV voluntary counseling and testing should be made available to clients at the requested level, and also actively promoted by the projects staff.
- *Users involvement*: The supported projects should work on developing mechanisms to ensure meaningful involvement of drug users into service design, planning, evaluation and provision. These mechanisms could vary from better involvement of drug users as service staff and volunteers, to users advisory board, regular focus groups with clients.
- *Substitution treatment*: this evaluation supports the recommendations of a previous study on the quality of ST programs in Lithuania, including: revision of treatment protocols; improved system of training and education of multidisciplinary staff; development of internal quality assurance system in treatment centres; engagement of patients in service planning; introduction of case management of patients.

5) The program should continue its work aimed at increasing capacities of Civil Society organizations and groups and their involvement into HIV service provision and advocacy work as well as decision making, including sustainable participation of CS groups in decision making mechanisms on the national and municipal levels.

6) Besides continuing the work on methodological support to recipients by providing centralized trainings which allow for networking and experience sharing between participants from various cities and countries, UNODC should develop on-site technical support to organizations-recipients, especially to NSPs. The onsite technical support scheme could utilize experience of local and international experts and focus on various aspects of projects work, according to the local needs.

7) The Program should establish regular working meetings of grantees and main partners in order to ensure more frequent opportunities for information / experience sharing and advancement of best practices as well as solving of various current issues in Program implementation

Background

The assignment was performed within the framework of the United Nations Office on Drugs and Crime (UNODC) project “HIV/AIDS prevention and care among injecting drug users and in prison settings in Lithuania, Latvia and Estonia” (XEE/J20). The main objective of the project is to establish a favourable environment in all project countries to better implement HIV/AIDS prevention and care activities among injecting drug users (IDUs) and in prison settings.

The main objectives are:

- ◇ Build national and regional consensus on effective implementation strategies to address HIV/AIDS among injecting drug users and in prisons
- ◇ Increase coverage of comprehensive HIV/AIDS prevention and care services among injecting drug users and in prison settings
- ◇ Generate and share strategic information to keep the program on track and to respond appropriately to the evolving HIV/AIDS epidemics among injecting drug users and in prison settings

In 2007, UNODC provided financial support through small grants for 13 governmental and non-governmental organizations with the aim to scale-up and improve HIV prevention and care services for IDUs and prisoners.

Evaluation purpose

The purpose of the consultancy was to evaluate UNODC grants program in Lithuania and to advise UNODC on improvement of the grants program for 2008/2009. The overall purpose is to determine whether the planned objectives have been attained and to assess extent to which the needs of the beneficiaries are being met. The evaluation also sought to draw lessons and good practices which will be used to improve project management. It is envisaged that the evaluation report would serve as a basis for planning of further UNODC financial and technical assistance for service providers in Lithuania.

Evaluation was mainly focused on the concept, design, implementation and results of the UNODC small grants scheme.

Methodology

The following methods were used for the evaluation:

- A desk review of the program documents, grant guidelines, project proposals, reports and other background documents was conducted. Additional documents outlining situation in Lithuania and relevant research and programmatic documentation was also reviewed.
- A 5 days mission to Lithuania, including:
 - Short (1-3 hours) site visits to 11 organizations (out of 17 grantees) in 7 cities (65% of the grantees)
 - interviews with grant recipients;
 - group interviews with clients of selected services;
 - field observations in selected sites;
 - interviews with main program partners.

Major findings

General information about the Program

According to the Guidelines for grant application (Annex 3), the purpose of the grant scheme is to ***promote increased access to HIV/AIDS prevention and care services for IDUs and in prison settings***. The grants support:

- Increase in availability, coverage and quality of a comprehensive package of evidence-informed HIV/AIDS prevention, treatment and care interventions for IDUs, including:
 - Needle and syringe programs;
 - Long-term pharmacotherapy of opioid dependence;
 - Voluntary HIV counseling and testing.
- Strengthening and scaling-up HIV prevention and care services in prison settings.

The small grant program started in 2007 and so far included 3 rounds of funding: October, 2007; June, 2008; October, 2008. It is envisaged that until the end of the program 1 more round will take place.

For all 3 rounds, the announcement of the grant competition was placed on UNODC web-site and circulated among specialists working in HIV/drugs field in Lithuania. No announcement in a wider mass-media was made.

The first round was announced and managed in English, but as a result, the quality of grant applications and reports was lower than expected. Therefore, it was decided that grant guidelines and application forms for the 2nd and 3^d rounds should be available in Lithuanian.

Governmental, municipal or non-governmental non-profit organizations and private primary health care centers which had agreements with the Patients Fund, and, which were able to demonstrate competency in the main program areas were eligible to apply for funding within the scheme.

The total sum available for grants comprised:

Round 1 – 740 540 Lt (277 300 USD), with maximum project funding of 60 000 Litas (22 000 USD)

Round 2 – 283 760 Lt (106 300 USD) , without set maximum limit for one project

Round 3 – 300 000 Lt (112 300 USD), without set maximum project funding.

The selection process included collection of eligible applications and review by Selection Committee which included representatives from the main program partner organizations, such as:

- Ministry of Health;
- Prison Department under the Ministry of Justice;
- Drug Control Department under the Government of Lithuania;
- Lithuanian AIDS Centre;
- Vilnius Centre for Addictive Disorders;
- UNODC Project Office for the Baltic States.

The review included projects assessment according to the selection guidelines, and rating of the projects with special priority given to innovative projects. As a result of this process 13 out of 17 applications were selected during the 1st round, and 5 out of 8 applications were selected during the 2nd

round. The 3rd round started during the evaluation time (end of October) and the deadline was set to November, 20th, 2008.

The grant program is managed by the officers of UNODC Office for the Baltic States who maintain regular working relations with all grantees. The recipients report to UNODC Office on the program achievements once in half year. The transfer of funding happens after approval of the reports, based on project performance.

The scope of supported programs include:

- Low threshold services (fixed NSPs, mobile NSPs, outreach)
- Peer education/support programs (including in prisons)
- Substitution treatment programs

The full list of supported programs is available in Annex 2.

Program relevance

Country situation

General country info

Lithuania is the EU member-country with population of about 3.4 million and has inland borders with Latvia in the North, Belarus in the West and South, and Poland and the Kaliningrad region of the Russian Federation in the South-West. The largest cities by population are: Vilnius (the capital) – 542,300; Kaunas – 378,900; Klaipeda (seaport) – 193,000; Siauliai – 133,900; Panevezys – 119,700.

HIV/IDU

Lithuania is believed to be a country less affected by the HIV epidemic than other countries in the Baltic region, and especially, neighboring Kaliningrad Oblast (Russia). Officially, the cumulative number of HIV cases registered in the country by 01.10.2008 was 1366, of them 1159 (85%) are men¹. However, it was noted that most HIV cases are diagnosed in Lithuania at an advanced stage of AIDS, which suggests that HIV prevalence in the country may be greater than officially registered². Since 1988 when the first case of HIV was registered in the country up to 1997 the main route of transmission was sexual but the situation changed in 1997 with epidemic starting to spread rapidly among IDUs. Up to date, 1012 (74%) of all cases were registered among IDUs. According to the data from the national AIDS Center the total number of people who died of AIDS up to Oct, 1 – 2008 was 178 of these 60 deaths were related to AIDS and 87 were not AIDS related. According to the National UNGASS report, coverage of ARV in 2007 was 74.8 % in all people with advanced HIV disease.

In terms of IDU prevalence, the estimates vary greatly from 3200 to 11000 IDUs. The design of the program “HIV/AIDS prevention and care among injecting drug users and in prison settings in Lithuania, Latvia and Estonia” was based on an assumption that about 11000 IDUs live in Lithuania. The country UNGASS report³ suggests that in 2006 there were 3200 IDUs in the country and this data was derived from a multi-method IDU prevalence study⁴. An earlier household survey carried out in 2005 revealed that reported lifetime drug use was prevalent at 1,1% for amphetamines and 0,3% for heroin (5) with no estimates for IDU. As of December 31, 2006, the healthcare institutions registered 5.573 individuals with dependence disorders caused by drugs and psychotropic substances of whom 92% (5123) were IDUs⁵. The UNODC/WHO report on pilot project on target setting used the figure 8000 IDUs which was guessed to be an average figure from various WHO and UNAIDS sources⁶.

Document ^a	Year for which estimate was made	Estimated number of IDUs	Source
UNODC program description	2005	11000	UNODC Project document ⁷
2007 UNGASS report	2006	3200	Multi-method IDU prevest
UNODC/WHO brief report on targets setting workgroup	2006	8000	WHO estimate based on literature search
2007 Lithuania EMCDDA report	2006	5123	Official registry
<i>Average from all sources</i>		6 831	

Table 1: Estimates of IDU prevalence in Lithuania

An average estimate derived from these 3 figures is 6831 IDUs or 0,2% of the country population.

According to the national UNGASS report, HIV prevalence in IDUs raised significantly just in one year: from the upper assessment of 4% in 2006 to 19% in 2007 with average prevalence in IDUs believed to be 9,7% (data collected from 4 low-threshold services) (3).

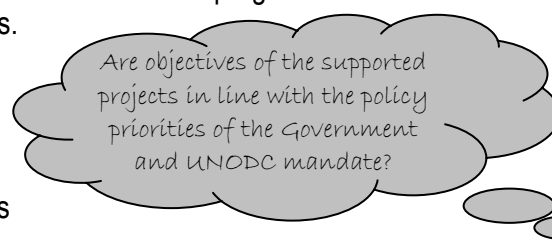
According to UNODC/WHO brief report from a workshop on target setting, based on the Lithuanian AIDS Center data, the number of people receiving ART in the country was 79, of whom 27% (n=21) were IDUs. Given that 74% of all HIV cases in the country are registered among IDUs, this may indicate to disproportionate distribution of ART with preference to non-IDU patients⁸.

National policies

Two major programs define the country's strategy in HIV prevention and harm reduction. One is the National AIDS Prevention and Control Program. The first program was accepted in 1994 and the National Program Coordination Board started to operate. In 1996 the AIDS Prevention and Control Program was included into the list of priority National health programs that was approved by the Government. This program has set the target to remain the country of a low HIV prevalence up to 2010. The National AIDS Prevention and Control Program for 2003-2008 is a component of the National Public Health Strategy, National Action Plan 2004-2008^b.

The UNGASS report states that the new program for 2009-2014 was developed in wide consultation with national specialists together with civil society organizations however, various interviewees during this evaluation visit were doubtful about this and claimed that the draft program remained largely inaccessible to the wider public and the process of consultation was not open. No latest draft was available for this study but it was believed that the new National AIDS program will not include a large component on targeted HIV prevention among IDUs.

Another Government Program aimed at tackling problems of HIV and other harmful consequences for drug users is the "National Program for Control of Drugs and Prevention of Drug Addiction 2004–2008" which was



^a Differences can be partly explained by the different groups that were measured, e.g., the state register includes all users whereas G.Hay was estimating problem users.

^b Ministry of Health.<http://www.sam.lt>.



developed in accordance with the National Strategy on Drug Addiction Prevention and Control 2004–2008. As one of the main objectives, this program states “to reduce the number of infectious diseases and deaths caused by drug addiction”. The program also outlines the state policy in the field of drug control, which includes the following: “It is sought that all drug addicts would receive necessary psychological and medical help, prevention of the spread of infectious diseases related to drug addiction is carried out, and the application of low threshold measures is developed”. Most activities targeting HIV prevention and harm reduction in IDUs are covered by this program. Currently a new program is being developed by the DCD.

Implementation of harm reduction programs is regulated by the Ministry of Health order which was ratified in 2006 and amended in spring, 2008. Substitution therapy/treatment is implemented according to Ministry of Health Substitution therapy/treatment prescription and practice in opiate abuse treatment order which was ratified in 2007.

UNODC program falls in line with the national priorities (Prevention of concentrated epidemic among IDUs and maintaining a low level of HIV prevention and EU policy on HIV prevention and harm reduction among injecting drug users).

Services for IDUs

Harm reduction is an accepted and comparatively widely spread approach throughout Lithuania. Low threshold centers which include such essential harm reduction components as needle/syringe provision operate in 8 towns: Alytus, Druskininkai, Kaunas, Klaipeda (2), Mazeikiai, Panevezys, Siauliai and Vilnius (3). Opiate substitution treatment including a decentralized scheme in Vilnius is provided in Druskininkai, Vilnius, Kaunas, Kedainiai, Klaipeda, Telsiai, and Panevezys. There are over 20 drug rehabilitation communities throughout the country (5).

While it seems that harm reduction services are sufficiently geographically spread, it is difficult to estimate the coverage of these services. While the latest country UNGASS report provides statistics of coverage of most-at-risk groups of HIV prevention programs for MSM (40.4%) and SWs (42.6%) no data for IDU coverage is provided. Similarly, the report fails to provide data on other important outcome indicators, such as “Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission”, “percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse” and “Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected”. The difficulties in estimating the programs coverage is related to the lack of agreed size of IDU population in the country as well as inconsistency in programmatic data throughout the programs (no agreed/shared national indicators and targets).

While it should be remembered that the data on achievements is not consistent and the mechanisms of data collection are not yet agreed, DCD provides the following figures^c, which reflect the main achievements of Low threshold services in the period 2004-2007.

Indicators	2004	2005	2006	2007
Contacts with clients	49 882	48 002	45 615	43 856

^c <http://www.nkd.lt/index.php?id=0-118-0> 2004 – 2007 m. Žemo slenksčio paslaugų ataskaita [[finansavimas](#)] [[lankytoju skaičius](#)] [[paslaugos](#)]

"Regular" ^d clients	3 354	2 582	3 438	3 399
Provided needles	264 741	281 069	252 840	226 674
Provided syringes	247 371	256 384	197 152	187 227
Provided condoms	16 767	25 287	13 865	22 793
Tests: HIV, HCV, TB	725	875	768	817

Table 2: DCD report on achievements of low threshold centers in Lithuania 2004-2007

This table includes data from all the low threshold services. According to this data, the estimation of coverage of IDUs in 2007 could vary depending on accepted IDU population size from 31% (IDU est =11 000) to 50% (IDU est =6831) to 106% (IDU est = 3200).

In terms of substitution treatment, this service modality was developing in the country since 1995 and includes provision of methadone, buprenorphine and buprenorphine+naloxone (of which 99% is methadone). According to the data of the State Public Health Service under the MOH, in March 2007, 402 persons were receiving it in the country (8), which suggests that ST coverage may vary from 4%(IDU=11000) to 6% (IDU=6831) to 13% (IDU=3200).

Prisons

In 2006, prevalence of psychoactive substance use among inmates in foster homes was estimated as follows: 19 percent for the subgroup aged 15 to 17 reported using at least one drug in their lifetimes, 12 percent – at least once in the last 12 months, 8 percent – in the last 30 days. (5). The country 2007 UNGASS report states that the number of drug users in penitentiaries is increasing but HIV prevention activities in penitentiaries do not include harm reduction programs (needle exchange, substitution therapy and drug treatment). The report emphasizes this being one of the main problem in realization of HIV prevention in the country. (3) Lithuania is often referred to as a European country, with a recent significant outbreak of HIV infection in prisons (in 2002, 229 cases were registered in one prison in Alytus). Still, up to date, intensive HIV prevention work in prisons is virtually absent. While a recent review (13) revealed that there are no legal barriers to implementing ST in prisons settings these programs are still not implemented, let alone syringe provision. During the interviews in this study, it was mentioned that no systematic work has been carried out with prison authorities/staff in relation to HIV prevention education or advocacy to introduce prevention programs. It was also noted by the interviewees who run educational activities in prisons, that even information about HIV in prisons is hardly available and 'inmates don't know anything about HIV'. At the same time a recent survey conducted among the inmates by prison administration in Alytus Correction House demonstrates that the majority of the inmates evaluate their knowledge about the ways of HIV/AIDS transmission and the protection measures satisfactory or good. Survey results demonstrate that inmates are familiar with the risk of HIV/AIDS using injecting drugs, 87.6% of respondents indicated that highest risk is to share the same syringe and needle. Similar answers to other questions related to HIV/AIDS prevention and transmission also show that the majority of the inmates do have knowledge. Indicating the requirements of the prevention measures 22% of the inmates would need additional information on HIV/AIDS and other infectious diseases, while rehabilitation, responsibility (self-consciousness) and needle and syringe exchange programmes were rated of the higher demand.

National monitoring and data collection

According to the 2007 National UNGASS report, Lithuania has one national Monitoring and Evaluation (M&E) action plan which was developed in 2003 and revised in 2005. Lithuania health Information centre is responsible for HIV/AIDS indicators' standardizing. A M&E Unit which manages a central national HIV/AIDS

^d There is no shared definition of the indicator 'regular' client and its meaning is defined differently by local programs

and STI database is based in the Lithuanian AIDS centre. According to the same report, the key partners / donors in 2006 aligned and harmonized their M&E requirements (including indicators) with the national M&E plan.

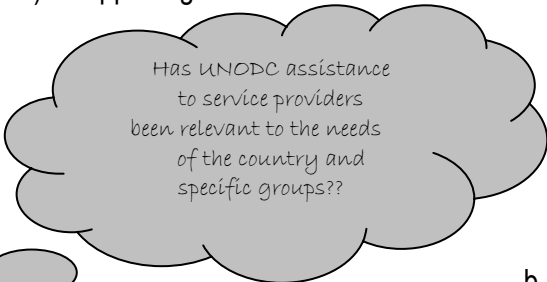
In 2006 Lithuanian AIDS centre launched UNDP project “Mid-term review of the National HIV/AIDS prevention and control program 2003-2008 and introducing CRIS nationwide” However, during the project realization it was noted that “some organizations working with high risk groups and LTC in the regions not enough computerized or not computerized at all. Therefore, it can be obstacle for CRIS program usage all over the country. Specialists working with risk groups and in the LTC, especially in the regions, showed low skills and knowledge of case management, data collection and structuring, etc. The data collection system in Lithuania is not harmonized; there is a need to improve and legally define the process of data collection in organizations working with risk groups and in the LTC”. While the problem of data collection was identified quite a while ago, by the time of visit, there was no visible progress on this matter. The service providers throughout the country are using their own indicators of performance and their own data collection systems which are often complicated, labor-costly and not reliable.

Program design

The grant program was designed in consultation with the main partners / stakeholders who comprised the Project Steering Committee. A separate Grants Committee was established for assessment of grant proposals.

Since HIV prevention activities among IDUs are funded through several national sources, the main strategies for UNODC grants were envisaged as:

- a) Filling the gaps in program funding. This included:
 - a. Gaps in funding areas. For example, neither the funding of DCD, nor the municipal funding could be used for renovating premises or purchasing of sufficient equipment. It was decided that UNODC grants will allow for such allocations.
 - b. funding from the national sources, this funding was of intermittent nature. That was related to specific of DCD funding, with applications being collected only in the end of year and contracts issued only by April of the following year. In that sense, UNODC funding was supposed to fill the pauses in the main projects funding
- b) Supporting new and innovative services. This included:
 - a. Services which were previously unavailable in a certain location. For example, a grant scheme allowed starting a ST program for a small number of clients in Telšiai and Kedainiai where it was previously unavailable.
 - b. Services that were of innovative nature, for example support to a drug users organization “Tavo Drugys” to provide peer counseling and self support groups in Vilnius and Kaunas, 3 lingual internet resource www.drugys.lt and develop printed materials for IDUs.



Has UNODC assistance to service providers been relevant to the needs of the country and specific groups??



In terms of evaluating whether UNODC grant program meets the needs of drug users, it must be noted, that there is no consistent work that is being done in Lithuania on assessing situation with drug use and needs of injecting drug users in terms of services and advocacy. Most research work which is implemented in this regards is small and rather formal client satisfaction surveys performed by different

service providers. No RSAs or qualitative in-depth studies aimed at assessing needs of drug users were identified. Within the Program, UNODC tried to fill some gaps in regards to deeper situation assessment, and performed the Rapid Situation Assessment of HIV/IDU situation in prisons settings.

Supported activities

The main objective of the Grant Program is *to promote increased access to HIV/AIDS prevention and care services for IDUs and in prison settings*. According to the World Health Organization⁹ the key components of the comprehensive package of interventions needed to address HIV among injecting drug users include measures in support of three goals: 1) providing drug users with information and the means to protect themselves and their partners and families from exposure to HIV, including targeted information and education through outreach, provision of condoms and sterile injecting equipment and access to voluntary testing and counselling, 2) facilitating entry into drug dependence treatment, in particular opioid substitution therapy for people dependent on opioids; and 3) encouraging the uptake of other medical care, including general primary care and access to HIV care and ART. In line with WHO recommendations, EU policies and National HIV priorities, the following activities were supported through the Program (a list of grants with objectives is provided in Annex 2):

Low threshold programs (NSPs)

Currently, 10 low threshold services which include provision and exchange of needles and syringes are supported through the grant program. The services available throughout all low threshold programs include:

- distribution of needles, syringes, condoms, also swabs,
- collection of dirty syringes
- referral to medical and social services
- provision of IEM (brochures etc).

Are activities appropriate for meeting the stated objectives?

Majority of services include:

- provision of or referral to HIV testing and counseling
- counseling on health issues
- provision of additional health materials (such as bandages and ointments)

Selected services also included:

- peer education and support
- outreach to drug users
- primary health services (such as wound treatment)
- case management (including assistance with restoring official documentation (passport, health insurance), assistance with employment office etc)
- HIV treatment management, including treatment education, adherence support

The work of low-threshold services is based on official guidelines issued by the Ministry of Health in 2006 and amended in spring, 2008. These guidelines is a short document (available only in Lithuanian) which outlines the main requirements to the projects.

Substitution treatment facilities

5 ST facilities are supported through the grant. All the ST programs that started through the grant scheme were programs in new location, and UNODC support helped to significantly increase geographical spread of ST services in Lithuania.

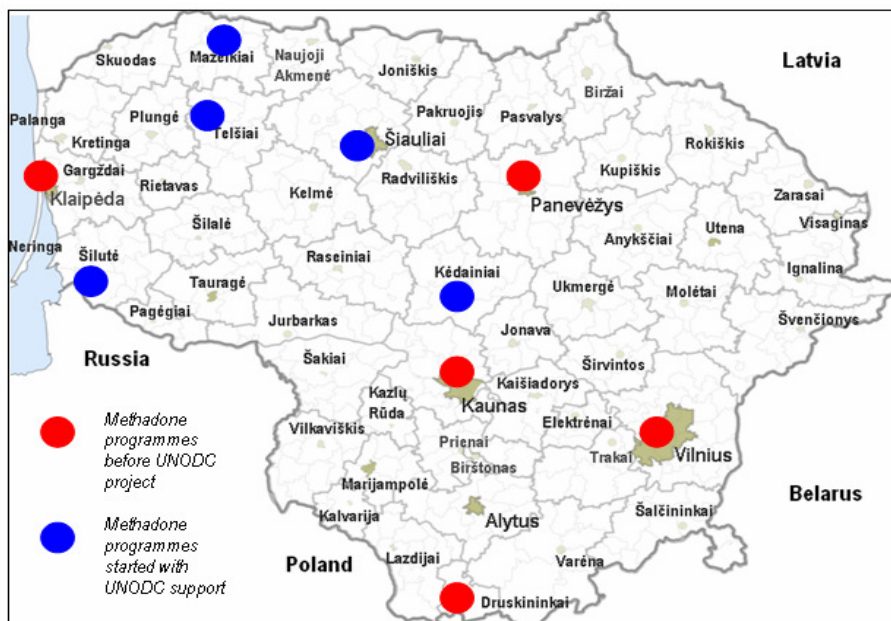


Table 3 Scaling-up pharmacological treatment of opioid dependence in Lithuania

On Table 3 we can see that significant increase in ST provision in the country. While visiting one of such newly opened program in Telsiai we had a chance to talk to the program clients and listen to the story of the program creation from their perspective. The program has actually been started by the initiative of two current clients that were going through detox and methadone maintenance in

the city of Klaipėda, situated 85 km from Telsiai. The clients were really willing to have similar services in Telsiai and discussed that with the director of JSC Samogitiant Mental Health Centre which provides treatment services for drug users. With the advice and support from the Vilnius Center for Addictive Disorders the director decided to write an application for UNODC grant and the new program was approved and started. The grant allowed renovating the Centre premises and buying additional equipment to allow the program to start: the windows were barred; a special safe required for medication storage was bought, as well as methadone dosage equipment, methadone itself and tests was purchased. The grant also allowed educating the program staff which was previously not trained in ST provision. Since some money was saved from buying medications, the center decided to buy a treadmill which is now used by clients. The program currently provides substitution treatment to 10 clients who also organized a self support group and are discussing to register an organization which would allow them to run separate activities and promote their health and social rights and interests.

While UNODC grant allowed for significant increase in geographical distribution of the ST programs in Lithuania, there are still places where, according to interviewees such programs might be very needed, for example, a city of Alytus, where a large prison is situated and many drug users stay in the city on their release from prison and the city of Visaginas in the East of the country, where problematic drug use seems to be prevalent at a high level, and where UNODC has now supported a NSP. In other places, especially large cities such as Klaipėda, Kaunas, Šiauliai and Penevezys, there is a need for restructuring of ST program with the main effort at decentralizing methadone provision from one Drug Addiction or Mental Health Clinic to a wide network of policlinics, similarly to the way the program operates in Vilnius.

Peer education/support projects

As part of larger projects or as separate projects, UNODC supported implementation of programs focused on education of IDUs in prisons by peers. These activities were developed by two community organizations providing support to IDUs or PLWHAs. The activities included developing drug users self-support groups within prisons, as well as providing prisoners with group and individual counseling on

drugs and HIV issues (NGO “Pusiaukelis” focused on drug related issues, such as drug dependency, NA etc; and NGO “Pozityvus gyvenimas” which cooperated with NGO “Pusiaukelis” developing a peer – education program for inmates in Alytus prison but with focus on HIV-related issues).

Program Effectiveness

Limitations to analysis

There are several important limitations that need to be considered in relation to measuring the program effectiveness.

- 1) *Lack of baseline data.* An important problem that was already mentioned above, is that there is no agreed estimation of IDU population which could help to measure programs coverage and tendencies in coverage and service provision over time. Similarly, no systematic research was done to estimate HIV prevalence among IDUs on the country level and in particular locations. The baseline data on service coverage was based on experts estimates and not concrete program data (due to lack of agreed service indicators). Therefore the program didn't set up any impact indicators which could help to assess the program impact on HIV epidemic and service scale up. Since no epidemiological surveillance is performed in Lithuania on a regular basis it is difficult to estimate the program impact on the HIV situation in the country as a whole and in certain locations. While it is clear that measuring an impact of a comparatively small program on the country epidemic is a methodologically problematic approach, especially on the country level, monitoring the trends of the HIV epidemic in IDU groups over time, especially HIV incidence, and especially in smaller towns which comprise majority of grant sites could help to strategically develop the program and the program follow up. There is also certain difficulties due to lack of baseline data such as IDUs needs assessment or other situation assessments prior to program design and implementation.
- 2) *Data quality.* Generally the quality of data collected by the project is not satisfactory and doesn't allow for careful analysis of the achievements neither on the recipients or the program levels. The following problems were identified during site visits and analysis of the recipients applications/reports:
 - a. There is no unified set of indicators with agreed meaning
 - b. There is no agreed program terminology (eg who can be considered programs clients, what can be considered as various services (eg consultation, information etc)
 - c. There is no unified approach to data collection, including lack of unification in
 - i. clients codes
 - ii. primary data collection forms
 - d. Very complicated and labor intensive data collection mechanisms which may contribute to additional data deviation (all primary data is included into various paper carriers such as primary forms, various journals etc).
- 3) *Attributing results.* Another difficulty, related to measuring the program success is that the majority of grants, given to recipients through the program, especially for LTCs and NSPs were provided as co-funding to other donors such as DCD and local municipalities. There was no requirement in the program reporting to split achievements (including clients, syringes distributed, counseling provided etc) between donors and all the grantees report provide these achievements in aggregate figures. While it may be not that necessary in practical terms to split achievements and funds between donors, since neither UNODC nor DCD has strict reporting on program achievements vs costs / provided budgets, it presents certain difficulties for program evaluation,


as it may be more difficult to find direct indications that in certain locations the program funding has led to increase in number of contacts and provided services.

Achievements

The fact that the program design was not based on particular quantitative targets or baseline data estimates, and didn't use agreed measurements and data collection processes makes it difficult to assess the

To what extent have the projects achieved the stated objectives?

effectiveness of the program on its main objective (*to promote increased access to HIV/AIDS prevention and care services for IDUs and in prison settings.*) in quantitative terms. To evaluate progress of the main program objective missing of the baseline data as well is a design flaw, which makes quantitative evaluation difficult. However, the grant program



provided a certain form of applications, where the main baseline data and targets on the local projects level were set. The program reports provide data on achieved results and deviations from the initial plans. Analysis of the reports and given indicators provides with conclusion that majority of the projects have reached the targets that were set in the applications. More specific data (number of clients reached within the program etc) cannot be summarized from the reports as all indicators vary. A table in Annex 4 provides the summary of the indicators that were most frequently used in projects applications/reports. However it doesn't allow for consistent analysis of the program achievements in numeric terms (see section Data quality below).

Quality of services

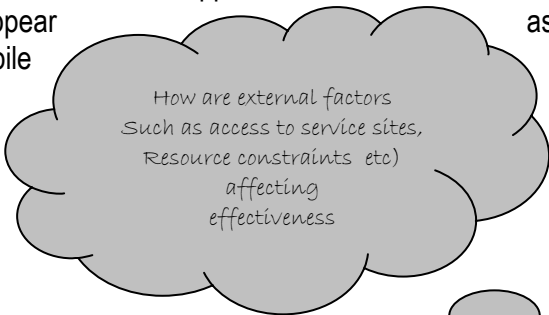
Besides quantitative indicators it is important to look at the quality of services provided under the Program and whether the Program introduced /supported mechanisms for quality monitoring and management. Quality of harm reduction programs is an important issue that greatly impacts on utilization of HIV prevention efforts. However, evaluating quality of services is even more complicated than measuring achievements in terms of numerical indicators. While quality standards and guidance were or are being introduced for other areas in the HIV field such as ART provision, opioid substitution provision, TB/HIV services and so on, it remains a difficult area for harm reduction services such as NSPs. While in recent years, there has been an increased emphasis on quality of harm reduction programs, global quality standards have not yet been developed. However, several sources such as a UNAIDS publication *High Coverage Sites: HIV Prevention among Injecting Drug Users in Transitional and Developing Countries*¹⁰, WHO/UNAIDS/UNODC *Technical guide for countries to set targets for universal access to HIV/AIDS prevention treatment and care for injecting drug users*¹¹, a recent guide co-published by WHO/UNAIDS/UNODC *Starting and Managing Needle-Syringe Programs* (9), suggest several key areas for quality management and monitoring, which include:

- Convenience of access to services
- Breadth of services to attract subpopulations of injecting drug users, including male and female, younger and older, users of different drugs and of a range of ethnicities
- Involvement of injecting drug users and the extent to which injecting drug users influence or implement changes to services, including measures for "friendliness" of the relationship between clients and staff
- Management processes which are flexible, responsive to client needs, to changes in drug use patterns, and to political environments
- Effectiveness of advocacy activities with measures for relationships between programs and key stakeholders such as law enforcement, government at various levels and neighbours

While it is difficult to assess quality of services based on short observations and interviews with a very few clients, some very general issues could be noted in relation to UNODC supported services.

Accessibility.

Most services that we visited were situated in convenient locations – in places which are, at least theoretically easy to access. These were either specialized fixed sites, medical institutions, mobile units. UNODC grants allowed many services to renovate their premises and make them more attractive and comfortable for drug users. However, none of the places that we visited were full of IDU clients, in majority, there were only few clients, and in some places no clients approached the services while we were visiting. This low number of clients seemed to appear as a common feature in the services we visited. Even a mobile unit in Klaipeda, which apparently provided services at a place where IDUs congregated (a market) attracted only a few people during about an hour of field observation. It seems vital that the projects should explore in more depth reasons for such low attendance to identify barriers to service utilization.



One of more obvious barriers to service utilization may be that NSP sites are not very wide-spread geographically which makes them accessible mostly for a limited number of drug users who live or congregate in the localities around NSPs. One way to address this situation would be to provide more NSP services through more geographically spread networks such as pharmacies. UNODC has carried out a survey among pharmacists in 3 cities aimed at identification of barriers and possibilities for piloting a pharmacy based needle provision schemes. Local projects may have better access to local pharmacies and it may be not so difficult to agree on piloting a distribution scheme (for example, when a project buys a certain number of syringes from a pharmacy(ies) and they distribute them to drug users for free, on provision of a client card/voucher from the project), so a grant to support innovative scheme of pharmacy distribution could be supported in the next round, prior to results of the official UNODC survey/consultation process.



At the same time while fixed sites did not appear as very popular, outreach activities were also greatly underdeveloped in all the services that we saw. Several service staff shared skepticism about effectiveness of outreach work and lack of appreciation of this approach. In other services (such as LTC in Druskininkai) outreach was used, but not at a very regular/scaled level. As a general pattern, outreach activities seem to be greatly underdeveloped and not appreciated as an important tool to reach out to drug users and increase program coverage and popularity.

The projects also do not use such valuable resource as volunteer networks and secondary distribution of syringes and peer education by the means of trained volunteers. None of the projects provided regular trainings for drug users aimed at educating them to provide peer counseling or secondary distribution.

One of the more obvious reasons for low attractiveness for clients is the issue that the 'low threshold' services actually appear to be quite high threshold, especially in relations to restrictive policies in syringe provision. The recent scientific data demonstrates that restrictions on provision of syringes and unnecessary demands, such as a condition that sterile syringes will only be provided to clients if they bring the dirty syringes may further fuel HIV epidemic (14). WHO recommends that syringes are provided to clients on unconditional basis or with minimum restrictions (9). The policies of organizations in Lithuania are based on the MoH order from 2006 which recommends to provide sterile syringes only

in exchange for new ones and even with that, limit the number of syringes that can be exchanged. Several service providers said that clients are not attracted to the service as they prefer not to collect, store or carry dirty syringes and therefore can not use the services. In addition to creating an additional barrier for service utilization, this MoH demand contradicts scientific evidence for effective HIV prevention and international guideline and should be reviewed.

As to other external factors, police interference is internationally considered to be an important barrier to accessing harm reduction services. Interviewees from the services did not report significant problems with police interference. At the same time, as mentioned above, awareness of police surveillance may contribute to drug users unwillingness to travel to NSPs, store or carry used or new needles etc. Also unlike in some European countries, police doesn't appear to be an active player in terms of cooperation with harm reduction services and potentially has a stronger role in HIV prevention efforts eg referring drug users to harm reduction services, providing them with information materials etc. Additional training provided by harm reduction services to police officers in their localities could help to increase this involvement.

Range of services/attractiveness for clients

One of important features of high quality NSPs is attractiveness of services for clients, which usually means that clients needs are being regularly monitored and reflected in program design. High quality services are those that are tailored to clients needs and specific demands, and that includes different groups of clients, including men and women, young and older drug users, users of different types of drugs, people with special needs (such as HIV positive clients, ethnic minorities, etc). High quality services are also those that consider a wide range of clients needs, and not only those directly to HIV prevention such as information and sterile materials. One of the strong features of LTC programs in Lithuania is that the majority of services does at least some attempts to ensure that services provide clients with social support such as help to restore documents, get medical insurance and registration with the labor market etc so are not limited only to provision of needles. At the same time, due to general lack of resources services tend to provide a standard set of services without consideration of clients special needs (eg, with only one exclusion of organization Demetra in Vilnius which provided special services for drug using female SWs no other LTCs provided special services for women). No special services / approaches are offered to users of different drugs eg amphetamine users. One program in Druskininkai identify the need to work with younger drug users, many of whom started to use drugs but did not turn to injection. However, no special programs to address younger injectors/non-injectors are yet developed in Lithuania.

UNODC grants allowed the organizations to renovate their premises to ensure their compliance with the state sanitary requirements and also make them better looking and comfortable both for program staff and clients. However, still most of the premises are very basic and allow only limited space for service provision. Apart from the Vilnius organization Demetra, none of the services provided such services as drop-in zones, laundry facilities, tea rooms etc. Even space for client consultations and training sessions is very limited.

While trying to provide case management and social support to their clients, most organizations limited their activities to basic services. Majority of services provided basic primary care, including wound treatment. Several LTCs (eg the NSP in Klaipeda) provided special counseling sessions for HIV positive clients. None of the services included such activities as provision of naloxone (to prevent lethal overdose), HCV treatment education, safe injection education and other trainings for drug users.

In relation to other aspects of program attractiveness an important feature is the quality and assortment of provided materials. As a rule, the assortment and quality of provided materials (syringes and condoms) seemed satisfactory and as reported by project managers, demanded by clients. However, an important issue raised by the head of organization Klaipėda Addiction Centre who said that governmental organizations could not provide clients with high quality syringes, which was related to imperfectness of the State procurement procedures according to which the state organizations were required to purchase the products of lowest cost without proper consideration of their quality. That's why the organization in Klaipėda had to purchase cheaper syringes which were not demanded by the clients.

One important issue that emerged during interviews was availability of HIV voluntary counseling and testing. As reported by majority of respondents, the state provides test systems for HIV testing at insufficient level and testing of IDUs is done at a low scale. Some projects have used express-tests and several projects have purchased the test-systems using UNODC grants. Implementation of HIV testing at the level that covers clients request, and moreover, active promotion of VCT is an important part of effective harm reduction activities.

Users involvement.

As stated by WHO (9), effective HRP's engage injecting drug users and other members of the community in decision-making from the earliest moment. Such participation is necessary for assessment, planning, and implementation because the advice from these groups informs key strategic decisions about site locations, types of commodities and services to be provided, and other aspects of the program. Users involvement is very much missing from Lithuanian harm reduction programs management structures. There are no mechanisms to ensure meaningful involvement of drug users into service design, planning, evaluation and provision. These mechanisms could vary from better involvement of drug users as service staff and volunteers, to users advisory board, regular focus groups with clients. At the moment the only established mechanism in some programs is a short and formal clients satisfaction surveys performed annually.

Management processes

Human resource management

There are several issues that were often mentioned by the workers of LTCs in relation to human resource management. First of all, it seems that the programs face certain difficulties in regards to paying salaries to outreach workers, especially to people without higher education. While the profession of a social worker is 'institutionalized' in the country ie is included into the labor registry with certain requirements applied to people who take position of social workers such as a certain level of education/certification, the position of an outreach worker is considered a lower level from the social worker. This means that there are less formal requirements to people taking this positions, but at the same time, the salaries are also less. Currently, DCD with partner organizations supported development of a short 1 week course for social workers in a college in Siauliai, however, this course needs to be further developed and promoted. It would also be important to develop a distance learning course on the basis of this or other school so that outreach workers from other cities could get certified.

An issue regarding institutionalizing professions such as outreach/peer consultant (as it currently done with the social workers), should be discussed between service providers and officials from the DCD and MoH. UNODC could help to accommodate this discussion.

Lithuanian law also provides a good opportunity for employing drug users as outreach workers and establish links of harm reduction services and employment offices. On June 15th, 2006 the Parliament of

the Republic of Lithuania adopted the *Law On the Support to Employment*, which established a legal basis for the employment support measures. Article 4 of this Law establishes that on the labor market among other groups persons dependent on drugs, psychotropic and other psychoactive substances are supported additionally, having accomplished programs of psychological social and/or professional rehabilitation, provided they addressed the territorial labor exchange within 6 months having commenced programs of psychological social and/or professional rehabilitation and are registered unemployed. (5)

Advocacy activities

According to WHO, effective NSPs need to use strategic advocacy to persuade politicians, police, health authorities, the media and others to create an enabling environment for their work. The policy climate around harm reduction work in Lithuania seems to be generally favorable both on national and local levels. The projects generally support good relations with local authorities including police. Many UNODC grantees receive funding and support from the local municipalities. The national Coalition of specialists working in the HIV/drug field 'I can live' provides network resource for coordination of advocacy activities on the national level. However, there is still room for strengthening the organizations advocacy activities both on national and local levels, and the following areas seem to be important:

- strengthening work on mobilization of affected communities (especially IDUs). Strengthening IDU capacities and involvement in advocacy and service provision will allow not only to improve services, but also address issues that are less visible but not less important than direct HIV service provision. One example, is the question of availability of HCV treatment for IDUs and especially HIV positive IDUs. There was no consistent information on HCV treatment availability throughout the services, some service providers even don't have understanding of various HCV diagnostics (such as genotyping, PCR etc). While more advanced community groups such as Positive Life in Vilnius were more informed on the issue and on mechanisms of getting free HCV treatment, groups of patients in Telsiai were not aware that HCV treatment could be available, even that this issue seemed very important to them
- additional advocacy efforts are needed in order to increase commitment of local authorities (municipalities) to funding and supporting harm reduction efforts, support from UNODC could help to organize Community Advisory Boards on the municipal level, or working meeting or advocacy seminars promoting harm reduction approach or other forms of advocacy activities depending on local specifics.
- more networking and advocacy on the national level for addressing crucial issues such as for example, acceptance of the new program on HIV/AIDS, the process from which the community and even expert/specialists organizations seem to be currently excluded, or development of other important national programs that tackle issues related to the health and lives of affected communities.

Quality of ST services

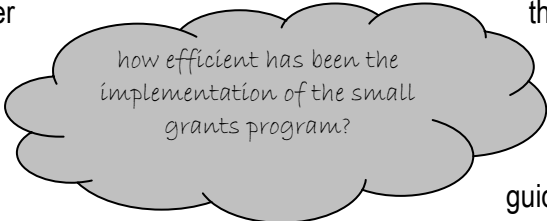
While it seems that the quality of current ST programs is not such a big issue as in other countries of the region, as a regular technical support and education is provided through the Vilnius Center for Addictive Disorders which is one of the leaders in ST development in the region of Central and Eastern Europe, some issues related to quality management of these programs still arise. An interesting example can be provided by a story that happened during implementation of another UNODC supported project which was aimed at patient education (through a publication on methadone treatment written by current and former ST users) on the issues of ST and performed by a drug users organization Tavo drugys. In providing case studies (short quotes) from MMT users, Tavo drugys came across several cases where the quality of MMT programs in various cities of Lithuania was not of desired level, for example one

patient emphasized lack of psychological and social support in the program he attended (or lack of information about availability of such counseling). This story echoes the results of the first study aimed at evaluation of quality and delivery process on ST programs in Lithuania that was carried out in 2006¹². This study included 290 patients from 12 treatment programs in Lithuania as well as 45 staff members and 12 program administrators. The results of the study revealed that that only 35% of patients disagreed with the statement that the program staff did not always understood their needs and only 41 % disagreed with the statement that a patient and program staff had different understanding about the goals of their treatment. Amazingly enough, only 48% disagreed with the statement “I did not like a single therapy session I attended”. At the same time, 56% or the programs staff agreed with the statement that “Provision of methadone is nothing else than substitution of one drug with another” and 76% of the staff believed that total abstinence from drugs (including methadone) should be the primary goal of methadone maintenance therapy. The study helped to formulate the recommendations for development of the ST services in the country which are fully supported by this evaluation:

- Revision of treatment protocols
- Improved system of training and education of multidisciplinary staff
- Development of internal quality assurance system in treatment centres
- Engagement of patients in service planning
- Introduction of case management of patients

Program efficiency and sustainability

The interviews with most grantees and partners revealed general satisfaction over UNODC grant program structure and management. The current funding scheme (half-year reporting and transfers) seems to be efficient and not overburdened bureaucratically which allows grantees to focus on serving drug users rather than spending too much time on reports and forms. At the same time, as mentioned earlier, the monitoring systems within the grant programs are not developed and at the same time there is no harmonized national M&E system which could help to guide the projects data collection, analysis and reporting.



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The interviews and observations also revealed that communication between UNODC office and grantees is regular and comprehensive. UNODC officers provide sufficient assistance to their grantees in the area of grant management and reporting focusing especially on newer organization which need significant organizational support.



The program also provides regular methodological support to grantees by providing additional trainings on professional issues and also networking between services. There were several trainings organized within the program such as training on outreach work, project design and proposal writing, program management, All the interviewees emphasized importance of these trainings as they allow to increase professional level and also communicate with colleagues from other cities and countries of the region and share experiences.

One difficulty that was mentioned by 2 interviewees is that the process of approval of informational materials with UNODC takes very long time. Some interviewees reported that they couldn't print informational booklets for almost the whole period of work within the grant. However, according to UNODC program staff that problem was mostly related to communication and also low capacity of the grantees to produce high quality informational materials and need for additional careful review by experts.

The program also maintains regular and working relations with the main partners who form the Project Steering Committee and the Grants Committee (Selection committee for the grant applications). These working relations help to coordinate common activities on the projects level and react to situation flexibly and operatively.

Cooperation with main partners such as MoH and DCD also contributes to program sustainability as the design of the program reflects the country situation and real capacities of the governmental structures. The agreement and close cooperation with the governmental structures ensures that the interventions have a potential for scaling up and replication after the program is over. Other arrangements have been made to ensure that the activities initiated within the program will be continued after it finishes, for example an agreement that methadone will be bought by insurance companies.

An effort has been made within the program to support activities that could not be supported from other funding, but that were crucial for development and integration of services into state programs (eg support to ensure good working conditions, renovation of premises, accommodation of premises to the state sanitary standards etc). Provided with this support the services will meet state standards and requirements which will ensure stable development of the services after the end of the UNODC support.

However, almost all interviewees mentioned as a main general problem that state supported programs are intermittent and unstable, and that the organizations cannot plan and develop long-term strategies of service development as they are never sure that they will get funding for the next year of work. As said by one of the interviewees “my main wish is that we had some kind of [service] continuity in Lithuania. In Lithuania everyone [service organizations] lives from project to project and cannot really make long-term plans”. UNODC Program in Lithuania could make a focus on structural interventions with the main country partners to identify strategies to avoid intermittence in funding for services and developing long term

Program strengths good practices

This section outlines the main strengths of UNODC program and provides several examples of good practices developed or strengthened under the program support.

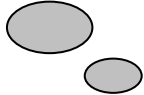
The program was focused on supporting new programs or programs in new locations which helped to increase or promote harm reduction services locally

The program supported new and innovative approaches to service provision

The program allowed to maintain service operation in the situation of financial gaps or covered needs that could not be covered through other national or local sources

By making an accent on partnership with important national players as well as providing significant input in the area of human resource development and education the program contributes to sustainability of HIV prevention interventions in Lithuania

The program played an important role in development and capacity building of civil society organizations and increased involvement of communities affected by HIV in decision making processes and services development.



Several examples of good practice provided below.

Strengthening services and advocacy activities by people living with HIV
Association of PLWHA “Pozityvus gyvenimas” (Positive life).

The organization was founded in 2003 by people living with HIV. The main goal of the organization is to decrease transmission of HIV by uniting people who live with the virus, advocating for their rights and providing mutual support in solving various problems related to health, access to services, stigma, social issues etc. The main activities of the organization are focused around work on treatment preparedness, increasing involvement of PLWHAs in HIV related activities, monitoring of HIV situation and services, public actions.

The association is registered in Vilnius, but the branches work in various regions, for example currently the organization is establishing a support group in Siauliai. The Association provides support to these branches by the means of regular electronic and telephone communications as well as visits. The main activities of the organization are run by 10 active members and a number of less regularly involved volunteers. Organizations members provide various services in their cities, for example, a person working in Klaipeda provides treatment literacy consultations, peer education for PLWHAs in all Klaipeda LTCs. At several occasions the organization provided an important resource of advocacy and PLWHAs rights protection, especially in cases when peoples rights to medical service has been violated. The organization was also included into the Coordination Committee of the National AIDS Program.

The Association maintains close working relations with a number of regional Networks, such as the Baltic Network of PLWHA ([Baltic Positive Network](#)), ECUO ([East European and Central Asian Union of PLWH organizations](#)), ITPCru ([International Treatment Preparedness Coalition, Eastern European Branch](#)). They also cooperate with other community groups in Lithuania, for example the program of peer support/education in Alytus prison supported by UNODC grant was carried out in cooperation with NGO “Pusiaukelis”. Besides creating a stable support group in Alytus prison, UNODC grant also allowed to strengthen organizations sustainability by renting an office space and supporting a web site.

Integration of harm reduction approach and rehabilitation for drug users
Charity and Support Fund “Vilties švyturys”.

The organization was founded by people affected by drug problems (ex-drug users) in 2004. The main activities of the organization are focused on maintaining a rehabilitation center for drug dependent people based on combination of Minnesota and Day-Top programs. The center is situated in Kėdainių district. The center is a member of Association of rehabilitation centers in Lithuania and maintain close relations with other similar centers.

UNODC grant allowed the organization to expand its activities beyond drug rehabilitation and start providing harm reduction services. Using the grant, they bought a minibus in order to provide harm reduction services in the main place of drug users congregation in Vilnius (near the Roma village) and in the city of Visaginas where drug use levels are very high. Just in one year they developed good relations with the drug using clients and provided them with sterile materials, consultation, referral, tea etc. Within the grant the organization also carry out activities in 3 prisons (in Alytus, Marijampole and Vilnius) including consultations on drug dependency issues and social rehabilitation. This is the first case in Lithuania, when a drug rehabilitation center started to provide harm reduction services and realized that these services can be an important link to wider drug users communities. Education of

other similar centers and promotion of harm reduction approach and services via a wider network of rehabilitation centers in Lithuania could be an important direction for future development.

Community driven services for sex working women affected by HIV and drug use
Association of HIV affected women and their close ones "Demetra".

The organization works in Vilnius focusing in the area of sex work and trafficking. While working with the group of sex workers it became clear that only a small proportion of them were not drug users and so the Association started to pay more attention to drug related problems of their clients. The organizations strategy is based on full involvement of sex workers themselves into the work on HIV prevention and all organization planning and implementation work is done with direct involvement of sex workers. A group of 7 SWs who received special education during the organizations extensive training program also works as peer educators in different groups of sex workers (including groups of drug users, SWs working on the railway station etc). They carry out outreach work, peer education and support and also participate in epidemiological and other surveys among SWs. Besides street work, the organization also has an office where services for SWs are provided including NSP, counseling, basic medical services, referral, drop-in zone, help with social problems (documents, passports etc) shower and a laundering machine. Short trainings for SWs are also provided in the organization premises. The peer volunteers of the organization take active part in various international conferences, meetings and trainings, they are also a member of TAMPEP (European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers). For 2009 the organization wants to focus on expanding its educational training activities and initiate a HIV patients school and various courses on health care for SW. Besides UNODC funding, the organization managed to attract funding and in-kind support from several sources including the AIDS Center, Vilnius municipality, MoH, Ministry of Social affairs and Labor.

Annexes

Annex 1 Grant evaluation schedule

Date	Route (km)	Arrival time	Departure time	City	Organization, Address and Contact person and number
20 th October	Vilnius – Mažeikiai (293 km)	13.00 h	15.00 h	Mažeikiai	Organization: Mažeikiai Lodging House. Address: Sodų str. 7, Mažeikiai. Contact person: Mr. Antanas Krivickas, Director. Contact number: 86 82 34 108.
	Mažeikiai – Telšiai (46,7 km)	16.00 h	17.30 h	Telšiai	Organization: JSC Samogitiant Mental Health Centre. Address: Birutės st. 10 B, Telšiai. Contact person: Ms. Stefa Naujokienė, Director. Contact number: 8 6 98 29 689.
21 st October	Telšiai – Klaipėda (85,6 km)	9.00 h	11.00 h	Klaipėda	Organization: Klaipėda Mental Health Center Address: Galinio Pylimo 3B, Klaipėda. Contact person: Mr. Aleksandras Slatvickis, Director. Contact number: 86 87 23 304.
	Klaipėda – Klaipėda (20 km)	13.00 h	15.00 h	Klaipėda	Organization: Klaipėda Addiction Centre Address: Puodžių str. 17, Klaipėda. Contact person: Ms. Snieguolė Gelžinytė, Chief manager and social worker of Anonymous Consulting Offices. Contact number: 86 82 36 117.
	Klaipėda – Kėdainiai (206 km)	17.00 h	18.30 h	Kėdainiai	Organization: Charity and Support Fund “Vilties švyturys”. Address: Ažuolų 2, Kalnaberžės village (kaimas), Kėdainių district (rajonas). Contact person: Mr. Albertas Lučunas, Director. Contact number: 86 99 24 963.
22 nd October	Vilnius – Alytus (110 km)	10.00 h	11.30 h	Druskininkai	Organization: Society helping drug users, people with AIDS and HIV positive Address: Čiurlionio str. 82, Druskininkai. Contact person: Ms. Vanda Kasperišienė, Nurse. Contact number: 86 18 01 715.
	Alytus – Druskininkai (60 km)	13.00 h	14.30 h	Alytus	Organization: “Lithuanian Red Cross Society Alytus Committee Social Diseases Anonymous Consulting Office “Pasitikėjimas”. Address: Ligoninės str. 3, Alytus. Contact person: Ms. Raimonda Cikanienė, Director. Contact number: 86 99 24 449.
23 rd October	-	09.00 h	10.30h	Vilnius	Organization: NGO “Pusiaukelis” Contact person: Mr. Andrej Ivanov, Director. Contact number: 86 71 08 422.
	-	11.00 h	12.30 h	Vilnius	Organization: Association “Tavo drugys” Contact person: Mr. Daumantas Každailis, Director. Contact number: 86 87 21 340
	-	13.00 h	16.00 h	Vilnius	Organization: Association of HIV affected women and their intimates “Demetra”. Address: Kauno str. 6 - 1, Vilnius. Contact person: Ms. Svetlana Kulšis, Director. Contact number: 86 98 38 888
24 th October	-	09.00 h	10.30h	Vilnius	Organization: NGO “Pozityvus gyvenimas” Contact person: Mr. Jurgis Andriuška, Director. Contact number: 86 00 15 950.
	-	11.00 h	13.00 h	Vilnius	Briefing on evaluation to Ms. Signe Rotberga, UNODC Regional Project Coordinator.
	-	15.00 h	17.00 h	Vilnius	Briefing on evaluation to the governmental counterparts (Drug Control Department under the Government of the Republic of Lithuania, Vilnius Center for Addictive Disorders).

Annex 2 List of grantees

	Organization	Title of project proposed	Project goal/ area of project activities	Format
1	NGO "Pozityvus gyvenimas"	"Support for People Living with HIV/AIDS Released from Imprisonment Institutions"	Improvement of quality of life of PLWH released from imprisonment, motivating them to continue treatment and to seek for social and medical help	PS /counseling prisons
2	NGO "Pusiaukelis"	"Self-help group for IDU's with high HIV infection risk and information workshops for former IDU's"	Self-help group meetings for IDUs at Vilnius Correction House No. 2 , Alytus Correctional House	PS/counseling prisons
3	Klaipeda Addiction Centre (KAC)	"Improvement of HIV/AIDS prevention in Klaipeda district among Injection Drug Users (IDU) through KAC ACO"	To slow down HIV/AIDS spreading among IDU, improving and expanding the spectrum of KAC AOC low threshold services	NSP
4	Mazeikiai lodging house	"Strengthening HIV/AIDS prevention capacities in Mazeikiai district"	To improve the access to HIV/AIDS prevention services for IDUs population in Mažeikiai district.	NSP
5	Society helping drug users, people with AIDS and HIV positive	"Assurance of HIV/AIDS preventive services for IDUs and their family members in Druskininkai"	To assure the availability of HIV/AIDS prevention services for IDUs and their family members in Druskininkai municipality.	NSP
6	Association of HIV Affected Woman and Their Intimates "DEMETRA"	"STAY HEALTHY"	Strengthening services outside traditional settings (outreach, peer education) in order to reach the hidden population of drug users, especially women, and engage them in HIV prevention and drug treatment programs, decreasing HIV infections and STI spread among sex workers and IDU	PS /counseling (SWs) NSP
7	Charity and Support Fund "Vilties svyturys"	"Strengthening of decreasing harm programs and basis of work with prisoners"	Strengthening and developing services outside the traditional settings to reach secret drug users' population and include them into HIV prevention and drug users' treatment programs	PS /counseling NSP
8	Kedainiai Primary Health Care Centre	"HIV/AIDS prevention and care among injecting drug users and in prison settings in Kedainiai region"	Improvement of HIV prevention and care among injecting drug users (IDUs) in Kedainiai district through establishment and maintaining of Methadone Maintenance Therapy (MMT) program in Kedainiai	MMT
9	Charity and Support Fund "KRIS in North-West of Lithuania"	"Social-psychological help for people coming from prisons, serving their sentence and using injecting rugs and having HIV/AIDS"	Promote rehabilitation and HIV prevention services among ex-prisoners in Siauliai district	counseling NSP
10	Klaipeda Mental Health Center	Increasing of out-reach service accessibility for IDUs	Increasing of coverage of IDUs by mobile service; establishing and improving of out-reach services for IDUs.; reaching hidden group	NSP

			of IDUs and reducing risk behavior in this target group	
11	Association TAVO DRUGYS	DRUGYS – HIV prevention among drug users	Strengthening umbrella organization of drug users TAVO DRUGYS in Vilnius and Kaunas to provide HIV prevention through self-help support groups; raise awareness of IDUs on preventing HIV transmission, inform them about available services in the community, including opioid substitution treatment.	PS/counseling
12	UAB Žemaitijos psichikos sveikatos centras	Prevention of HIV epidemics among drug users in Telsiai district	HIV Prevention among injecting drug users in Telsiai district through establishment and maintenance of the MMT program in Telsiai.	MMT
13	Lithuanian Red Cross Society Alytus Committee Social Diseases Anonymous Consulting Office "Pasitikejimas"	"Help yourself and the others"	Prevention of increase of HIV prevalence among IDUs and in society through improvement of quality and accessibility of services provided in the office "Pasitikejimas"	NSP
14	Šiauliai Mental Health Centre	"HIV/AIDS Prevention among Injecting Drug Users"	HIV/AIDS prevention among injecting drug users in Šiauliai through establishment and maintenance of the MMT program in Šiauliai	MMT
15	UAB „Mažeikių Mental Health Centre“	"HIV/AIDS Prevention and Care among Injecting Drug Users in Mažeikiai City and Region"	To halt and reverse the HIV/AIDS epidemic among IDUs, to increase HIV/AIDS prevention in Mažeikiai City and Region through establishment and maintenance of the MMT program	MMT
16	UAB „Šilutės Mental Health and Psychotherapy Centre“	"HIV/AIDS Prevention and Care among Injecting Drug Users in Šilutė Region"	HIV/AIDS Prevention and Care among injecting drug users in Šilutė Region through establishment and maintenance of the MMT program	MMT
17	Charity and Support Fund "Vilties svyturys"	"Increase accessibility to harm reduction services for the target group"	NSP in Visaginas city and in Roma Community and drug counseling in Marijampole Correction House	NSP and drug counseling in Marijampolė Correction House
18	Kaunas City Centre for Social Services	"Drugs and Psychotropic Substances Harm Reduction Programs in Kaunas City Centre for Social Services"	To reduce the risk behavior of injecting drug users in Kaunas city through provision of needle and syringe exchange programme and outreach work	NSP

Annex 3 Guidelines for the UNODC grants committee in Lithuania

I. Definitions

In these Guidelines, UNODC refers to the United Nations Office on Drugs and Crime Project Office for the Baltic States.

“Grants Committee” or “Committee” is the Committee established for evaluation of project proposals submitted for funding under the UNODC project XEEJ20 - HIV prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania.

II. Interpretation and Application

These Guidelines shall apply to grants issued by UNODC/UNDP to institutions to carry out projects related to implementation of Activity 2.2. „Provide where necessary financial support for provision of services to both governmental and non-governmental organizations“.

Grant payments shall be made in accordance with the United Nations Financial Regulations and Rules, policies, directives and procedures governing such grant payments.

III. Composition of the UNODC Grants Committee

UNODC Grants Committee shall be composed of the representatives of the following institutions:

Ministry of Health;

Prison Department under the Ministry of Justice;

Drug Control Department under the Government of Lithuania;

Lithuanian AIDS Centre;

Vilnius Centre for Addictive Disorders;

UNODC Project Office for the Baltic States.

In addition to the above, the UNODC National Project Officer will perform the functions of the secretary and take notes and write up the minutes of the Committee meetings.

IV. Quorum

A quorum is constituted by three members of the Committee.

V. Preparation of Grants Case Files for consideration by the Committee

Secretary of the Committee shall be responsible for preparing case files and distributing them to Committee members at least one week before the scheduled Grants Committee meeting.

A case file should contain all necessary documentation to enable the Committee to properly review the substantive, legal and financial aspects of the grants being proposed, and should include:

grant proposal providing a description of the activity to be financed by the grant, the objectives, output, expected accomplishments, measures of achievements as applicable;

a detailed breakdown of the total amount of the grant being requested and the source of co-funding;

information on the proposed grant recipient, including name and address of the institution and the official responsible for the grant, and full banking details for the eventual grant transfer, and

any other relevant documentation.

The Grants Committee shall review:

the relationship of the requested grant activity to the UNODC project objectives;

appropriateness/correctness of the budget/cost plan;

previous performance/experience of the proposed grant recipient, if applicable, including promptness in submitting satisfactory program and financial/audit reports;

compliance of the requested grant with priorities of the national drugs and HIV programs.

The Committee, having considered the request, shall then decide to:

recommend the approval of the grant, or

defer any decision pending receipt of additional information or clarification; or

not recommend the approval of the grant.

VI. Procedures to follow after consideration of a grant request

Once the Committee has met, the minutes of the meeting shall be prepared by the Secretary and distributed to the Committee members for verification.

Once signed and approved by the Regional Project Coordinator, the Secretary shall send copies of the minutes to the Committee members and UNDP Finance Manager.

Secretary shall inform all submitters of grant proposals of the outcome of the meeting.

If the Committee approves the grant request, UNODC/UNDP will issue a contract specifying conditions attached to the grant, including reporting requirements. Financial reports on the use of the grant must be presented in the same format and detail as the approved budget.

VII. Follow-up by responsible officer

After the transfer of funds has been effected, the National Project Officer shall ensure that the conditions applied to the grant are adhered to and that reports are submitted in time.

The National Project Officer shall maintain a case file on each grant payment which should include the proposal and agreement, history of the payments, narrative and financial reports on the use of the grant.

VIII. Revision of Guidelines

The Guidelines may be revised on the advice of responsible United Nations officials or of any of its Committee members on condition that the latter advice is in conformity with all relevant United Nations financial regulations and rules, policies, directives and procedures.

Signe Rotberga, Regional Project Coordinator
UNODC Project Office for the Baltic States

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