



FINAL INDEPENDENT PROJECT EVALUATION:

Supporting the establishment of evidence-based drug dependence treatment and rehabilitation system for the Palestine National Rehabilitation Centre (PSEY13) *January 2019*

Countries: State of Palestine
Duration: January 2014-February 2019
UNODC Budget: US\$ 622,913
Donors: Korea International Cooperation Agency (KOICA)
Implementing agencies: UNODC
Evaluator: Dr Marie Claire Van Hout
FULL REPORT:
http://www.unodc.org/unodc/en/evaluation/reports_year_2019.html

BACKGROUND AND CONTEXT

The State of Palestine (see map ¹) consists of the non-contiguous West Bank including East Jerusalem and the Gaza Strip. Its unique socio-political and economic context with dense population has created conditions facilitating illicit and prescription

drug abuse. Since 2005, the UNODC Programme Office in the State of Palestine (POPSE) has provided technical support in developing a response to the problem of drug dependence and HIV. Since 2014, under the KOICA fund, POPSE supported the Palestinian Ministry of Health (MoH) by implementing project PSEY13; “Supporting the establishment-based drug dependence treatment and rehabilitation system for the Palestine National Rehabilitation Centre (PNRC)”. Oversight was provided by UNODC Regional Office for Middle East and North Africa (ROMENA), and the Prevention, Treatment and Rehabilitation Section, Division for Operations, UNODC Headquarters (HQ).

The main **objective** of PSEY13 was to support development of a comprehensive system of evidence based harm reduction and drug dependence treatment carefully established and integrated into the health system in Palestine, with strengthened institutional and human capacity at the PNRC. The project will come to an end in February 2019.

METHODOLOGY

The evaluation covered the timeframe of January 2014 to September 2018 (end of evaluation mission), focussing on Jerusalem, Ramallah and Bethlehem. The evaluation used a participatory, age, gender sensitive, gender inclusive mixed method approach, comprising a desk review, interviews (13 males; 8 females), focus groups (3 males; 6 females) and site observation at the PNRC during the mission in September 2018. The **purpose** of the evaluation was to derive recommendations for organizational learning and decision-making related to potential future projects.

MAIN FINDINGS

PSEY13 was **relevant** providing a **strong starting point** for the Palestinian government to respond to rising drug use and related risk behaviours by virtue of setting up the first drug treatment and rehabilitation centre of its kind (the **PNRC** (see photo ²) that is science, gender and human rights-based and fully integrated into the



Palestinian health system. PSEY13 was however less relevant to and inclusive of civil society.

The **design** of PSEY13 only achieved the **minimum technical specifications, foundation training and standards for operationalisation** of the PNRC, requiring more development. It did not fully consult with or involve the PNRC staff, experienced general practitioners, NGOs or Middle Eastern clinicians in the design of the facility, support, training and mentoring of PNRC staff, or in the setting up of community referral and rehabilitation (“after care”).

1. Map of the State of Palestine (source: UN Geospatial information website: <http://www.un.org/Depts/Cartographic/english/htmain.html>)
2. The Palestinian National Rehabilitation Centre (source: personal mobile phone of the evaluator)

PSEY13 was operated by a **small efficient team** of three staff at POPSE with a **strong governance structure** and support from ROMENA and HQ.

PSEY13 utilized its resources **efficiently** to some extent to achieve its objectives and outputs, despite a change in designated location of the PNRC (originally planned for Ramallah) to Bethlehem resulting in delays in sign off from the MoH, construction and staff recruitment, and scheduling of staff professional training activities.

The PNRC became operational in January 2019, whereby impact of PSEY13 as regards drug treatment demand, staff capacity building and associated health, social and crime related outcomes, could not be assessed within the time frame of the evaluation. Threats to **sustainability** relate to the requirement for continued governmental funding to support the PNRC operation (i.e. medicines procurement, staffing, training and maintenance costs) and scale up via decentralisation and community aftercare.

POPSE **partnerships** in Palestine were efficient, effective and integral to implementation of PSEY13. There was strong multi-disciplinary commitment and collaboration of relevant key stakeholders. Collaborations with WHO, UNDP, UNICEF, UN Women, and UNRWA, as well as very relevant NGOs (i.e. Caritas, Al Maqdese and Al Sadiq al Tayyeb) were however less developed.

Human rights, gender mainstreaming and 'leaving no one behind' were only to some extent considered in the design and implementation of PSEY13 activities.

RECOMMENDATIONS

- **Improve the design, technical specifications, standards and clinical systems of future similar projects**, including a follow up community aftercare project, by consulting with and involving Middle Eastern clinical experts, PNRC staff, experienced general practitioners, and NGOs.
- **Improve the design and clinical and cultural applicability of professional training** in future projects by ensuring specific training to each clinical discipline, including Middle Eastern gender, ethical and human rights considerations, and provided by Middle Eastern clinical and NGO experts.
- **Ensure that future similar projects have sufficient financial resources to support sustainable operations**, via 12-month work planning and ring-fenced resources for maintenance, patient demand and staff training and support.
- **Engage with all relevant stakeholders** (country partners, Ministerial, health professionals and NGOs) and further develop existing collaborations with WHO, UNDP, UNICEF, UN Women, and UNRWA in future similar projects.

- **Ensure human rights are considered** and respected in the provision of voluntary drug treatment access and provision in future similar projects.
- **Recognise and respond to identified key vulnerable populations** particularly women, patients with comorbidities, and youth in future similar projects.
- **Ensure sufficient project staffing capacity** to support all aspects of pre-assessment, design, planning and implementation of future similar projects.

LESSONS LEARNED AND GOOD PRACTICE

Risks were identified prior to implementation (i.e. vulnerability to political instability, risk to staff security, poor infrastructure, delays in recruitment of suitable staff, dependence of OST provision and equipment procurement). **Mitigation** measures centred on strong cooperation with the national authorities and identification of alternative solutions for staff training outside Palestine; close monitoring of circumstances in the field; ensuring that the Palestinian National Authority (PNA) was fully involved in the implementation of the programme; local procurement and working closely with relevant authorities to ensure timely customs clearance of equipment and medicines.

PSEY13 was effective in navigating and overcoming challenges, contributing to **lessons learnt for future projects** (i.e. overcoming community resistance in location of the PNRC by moving to Bethlehem, difficulties in recruiting competent clinical staff and requirement for supportive buy in from health care providers by working closely with the PNA).

Lessons learnt centred on the importance of fully involving all stakeholders, government partners, NGOs, experienced general practitioners, PNRC staff, Middle Eastern clinicians, donors and international organisations through project inception, design and implementation.

Best Practices centre on defining **facility technical specifications, standards, mission statement, risk assessments, systems and SOPs** for start-up of the PNRC, applicable to other and future drug treatment facility projects in the region.

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