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MID TERM EVALUATION REPORT

Project No: TDRACI29

“Effective HIV/AIDS prevention and care among vulnerable populations in Central Asia and Azerbaijan”

Thematic area: HIV/AIDS

Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan
(Central Asia and Azerbaijan)

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LIST OF ACRONYMS

AFEW	Aids Foundation East-West
AIDS	Acquired Immunodeficiency Syndrome
Capacity	USAID Funded Central Asia HIV/AIDS Project
CARHAP	DFID Funded Central Asia HIV/AIDS Project
CCM	Country Coordination Mechanism
DCA	Drug Control Agency
GFATM	Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
MoH	Ministry of Health
MoI	Ministry of Interior
MoJ	Ministry of Justice
NAC	National HIV/AIDS Commission
NGO	Non-Governmental Organization
NPO	National Project Officer
OPEC	Organization for Petroleum Exporting Countries
OSI	Open Society Institute – Soros Foundation
OST	Opioid Substitution Therapy
ROCA	UNODC Regional Office for Central Asia
RPC	Regional Project Coordinator
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
TWG	Technical Working Group
UNAIDS	Joint United Nations Program on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

EXECUTIVE SUMMARY

Summary table of findings, supporting evidence and recommendations

Findings: identified problems /issues	Supporting evidence/examples	Recommendations
<p>1. Revision of the project, which occurred during January 2007, has not been adequately reflected in the basic project documents.</p>	<p>-The enacted revisions are seen only in the annual work-plans, in the revised log-frame and in the concept note. It was hard to validate if these changes were reflected in the legal agreement with the donor(s) or in the Letter of Agreement with project countries. -Also the terminology in the various documents (e.g. name and wording of outcomes, outputs, etc.) is not streamlined.</p>	<p>Formalize enacted changes in the project documents. Clearly reflect the purpose, objective and expected outputs and their link to outcomes in the revised project document. This will facilitate final evaluation. Besides, it is necessary to streamline the terminology throughout the revised document(s) to aid clarity, logic and coherence of the project design.</p>
<p>2. Delayed study implementation for service adequacy mapping</p>	<p>Lack of internationally available methodology for measuring adequacy of services offered to IDUs in the targeted countries and mapping them throughout the region, proved to be challenging for the team and for the HIV/AIDS technical support unit at UNODC ROCA and Vienna. The terms of reference developed for this work was revised several times and still not available in its final form.</p>	<p>Primarily focus on those activities that have been already significantly advanced and require further institutionalization. If after allocation of resources to priority areas the project will still have balance of funds and the time, this study could be considered, but: -The purpose and utility of the study has to be clearly defined and justified; -The appropriate methodology, which could be adopted to the region, has to be identified before initiating this study; -The methodology selected should allow balancing the scope and time requirement for the study implementation, with ultimate objective of delivering and using the study results before the project's end date.</p>
<p>3. Legislative review and review of professional and educational standards produced lengthy list of recommendations. Due to large number of these recommendations, as well as large number of countries involved in the project it is unrealistic to aim at institutionalizing all of them.</p>	<p>- The legislative review proposes to amend laws, state regulations and normative acts issued by ministries. - The recommendations in the area of professional and educational standards also require institutionalization through issuing government resolutions and/or ministerial decrees. - Without institutionalization of these recommendations the impact of the project on the legislative/regulatory environment will be marginal.</p>	<p>- The team should think and act strategically i.e. keeping the primary objective of the project in mind, and in close collaboration with national counterparts, identify those recommendations, which are feasible to be institutionalized before the project end date, and focus most efforts on those activities that will be necessary for this institutionalization. - UNODC ROCA may consider establishing in-house system for effective information sharing among various regional projects. - Develop simple monitoring system to monitor and inventory the results of institutionalization on a national and regional level and adequately reflect achievements in the mid-year and annual reports.</p>
<p>4. Lack of adequate communication intra-organizational within UNODC ROCA and with donor/partners</p>	<p>- Lack of process for effective information sharing between various projects implemented by UNODC ROCA - The current outputs (legislative review, professional and educational standards, etc.) have not been printed and disseminated, which makes donors/partners aware of only those outputs in which they directly cooperated/participated with the project.</p>	<p>- Advance content of mid-year and annual reports to better communicate the volume of implemented activities, achieved results and emerging challenges with other UNODC projects. - Widely disseminate project products to strengthen advocacy efforts. Converting lengthy technical reports into short and sharp policy briefs i.e. glossy 4 or 8 page communication materials could be considered. This material should help advocate the needed legislative and regulatory changes on a national as well as regional level.</p>

Findings: identified problems /issues	Supporting evidence/examples	Recommendations
<p>5. While availability of OST is making slow inroad in the region the opposition against OST is still strong and implemented pilots are under threat.</p>	<p>- Opposition exists among law-enforcement as well as among professionals and academia of the health sector. Decision makers supporting OST stand on a politically shaky ground and if resistance from various sectors (like Drug Control Agencies, law-enforcement, etc) increases, officials from health sector will most likely withdraw their support.</p>	<p>- Existing situation warrants more advocacy work with DCAs and Ministry of Interior officials. UNODC supported projects in the region have established closer professional links as well as institutional credibility with these agencies. Therefore, building synergies between UNODC's regional projects related to law-enforcement, drug control and HIV/AIDS; reinforcing UNODC's institutional position with regards to harm reduction and OST and delivering clear messages through various delivery channels to collaborating governments, could become promising strategy for the effective advocacy.</p>
<p>6. The remaining time and funds may not be sufficient to carry out the project at the scale it requires to institutionalize all recommendations emerging from legislative review and from review of professional and educational standards</p>	<p>- According to legal documents signed with donors only 12 month remain for the project to implement all activities. - The project is faced with significantly increasing costs for travel, for meetings and conferences, which makes fewer funds available for the project (in relative terms). Also out of budgeted \$US 4.0 million as of November 2008 only 3.44 was pledged by donors (14% less than estimated budget) leaving only \$US 1.36 million for the remaining period.</p>	<p>- Sufficient resources (financial, human and time) should be allocated towards the activities that have been already significantly advanced and require further institutionalization. Be strategic in selecting activities that should be supported by the project (see recommendations No 3 for more details). - If available financial resources can be balanced with the activities but time shortages will constrain the implementation, no-cost extension could be considered to allow for sufficient time needed for institutionalization of the developed recommendations.</p>

Description of the project

1. This is the regional project implemented in the countries of Central Asia and Azerbaijan with the objective of establishing favorable environment in all project countries to better implement HIV/AIDS prevention and care activities among injecting drug users in public and in prison settings. Achieving this objective should contribute to averting epidemic spread among IDUs in these countries, which yet remain the group at most risk transmitting infection through unsafe behavior practices. In order to attain this objective the project aims at achieving five outcomes:
 - **Outcome 1:** Updated legal and policy frameworks are human-rights based and provide for the universal accessibility of HIV related services thus ensuring the implementation of rapid, large-scale and comprehensive targeted interventions for IDUs in public sector and inmates in custodial settings;
 - **Outcome 2:** National quality standards for the provision of a full spectrum of the effective evidence-based HIV related interventions for IDUs and inmates in custodial settings are developed and adopted;
 - **Outcome 3:** Updated occupational standards in health care, social protection, law enforcement and penitentiary system demands enhanced professional competencies of service providers that allow for provision of comprehensive HIV related services for IDUs and inmates in custodial settings
 - **Outcome 4:** Updated curricula for undergraduate, postgraduate and continuous professional education provide for sustainable capacity building opportunities for relevant service providers in health care, social protection, law enforcement and penitentiary systems and ensure acquiring of the necessary level of professional knowledge and skills for providing the effective and comprehensive HIV-related targeted interventions for IDUs and inmates in custodial settings
 - **Outcome 5:** The lessons learned from implementation are documented and disseminated within the region and also to a wider audience outside Central Asian countries.
2. Currently the project is implemented by the UNODC Regional Office for Central Asia (ROCA) with backstopping from the HIV/AIDS Unit in Vienna. The *Regional Project Coordinator* (RPC) is based in Kazakhstan, Astana supported by the project assistant and in each project country there are *National Project Officers* (NPO) with part time support coming from project assistants. NPOs under the guidance of the RPC are responsible for managing daily activities; building partnerships with national and international partners on a country level; managing experts and facilitating the work of *Technical Working Groups* (TWG) established in each country for outputs 1, 3 and 4; contributing to the annual project planning and reporting exercises. NPOs directly report to the RPC and the latter reports to ROCA and on technical matters she receives support/advice/guidance from UNODC Vienna HIV/AIDS unit.

Major finding of the evaluation

3. The regional studies carried out by UNAIDS, World Bank, DFID, etc. prior to the development of this project underlined the importance of work among IDUs to prevent the HIV/AIDS epidemic spread as well as importance to work on drug-related laws, which criminalized possession of small amounts of illegal drugs and set the stage for both repression and corruption. Moreover, impediments to effective response to HIV/AIDS epidemic among IDUs were common to all countries and required common innovation and regional economies of scale to improve legislation, overcome professional resistance to change, enhance

intervention quality and coverage of groups at risk¹. Therefore, the regional focus on the part of UNODC was relevant. However, the original project document had targets to reach 35% of IDUs with services; develop new policies/laws/regulations and develop professional and educational standards related to HIV/AIDS and drug use for the service providers. Towards the end of 2006 the newly hired project team viewed selected targets as ambitious and not relevant with the main objective of the project. Therefore, toward the end of 2006 the RPC, in consultation with the UNODC HQ and HIV/AIDS unit, revised the planned activities, while maintaining project's overall goal and main objective. The focus of the proposed interventions shifted from the previously proposed trainings at the service delivery level towards technical assistance for a policy development and institutional capacity building within ministries, the governmental bodies and among major NGOs. Unfortunately these revisions have not been incorporated in the legal project documents therefore the team was recommended to formalize these changes by this consultant.

4. The project faced challenges in implementation. Initial approvals from collaborating governments were significantly delayed and the last approval came on May 5th 2007 from Kazakhstan. Further challenges were related to delays in hiring key project personnel – RPC and NPOs. Up until 2007 only three out of twelve national staff was hired. Lengthy UN recruitment procedures along with delayed government approvals were at fault. However, effective management on the part of the project team allowed achieving significant progress in implementation. Overall progress of the project is estimated at ≈50%, meaning that overall ≈50% of outputs have been produced as planned. Implementation has been significant in some outputs and relatively slow in others. E.g. delay in achieving output 1.1 – Develop recommendations for inclusion of concrete provisions related to universal access for IDUs in HIV prevention and other relevant national programs was beyond project's immediate control and is a result of delayed review of national HIV/AIDS programs by the Governments. Delay in achieving output 2.0 - Develop quality standards for the provision of a full spectrum of the effective evidence-based HIV related interventions for IDUs and inmates in custodial settings is due to methodological challenges. Identifying, selecting and adopting the methodology for measuring adequacy of services offered to IDUs in the targeted countries and mapping them throughout the region, proved to be challenging for the team and for the HIV/AIDS technical support unit at UNODC Vienna. In other areas project seems to be on track and most likely will be able to complete activities and achieve planned outputs before the project ends in December 2009.
5. The project team performed efficiently by making additional resources available for the project and most of budget funds were spent on the direct inputs necessary to achieve outputs rather than on management. The project produced ≈50% of outputs by spending only 52% of its approved budget (4.0 million \$US). The project team also raised significant amount of co-financing (≈ 7% of total expenditure for 2006-2008) from fourteen different partner organizations through offering space for collaborative and transparent planning and implementation.
6. The project outcomes, which relate to legislative review and review of professional and educational standards, are under way to become final. In many countries these documents still await government review and approval. As soon government's endorsement is secured, the team will focus on implementing at least part of the key recommendations reflected in these documents. It is obvious that only after institutionalization of these changes in the legal/normative documents, the legal/regulatory environment, which facilitates improved access of IDUs to services, could be created.

¹ Renton A., Gzirishvili D, Gotsadze G, Godinho J. 2006. Epidemics of HIV and sexually transmitted infections in Central Asia: Trends, drivers and priorities for control. International Journal of Drug Policy, Vol. 17 (6), pp 494-503.

7. While most legislative, professional and educational recommendations yet have to be implemented, the advocacy and technical assistance provided by the project has already rendered its initial impact: e.g. in Kazakhstan, Tajikistan, Turkmenistan the government is considering initiating OST on a pilot basis (Kazakhstan has launched two pilot sites in late 2008); Government of Azerbaijan has made a decision to expand pilots to two more sites with 200 new patients enrolled; In Uzbekistan the project facilitated introduction of ARV in the penitentiary system of Uzbekistan in 2008; in Turkmenistan, amendments enacted by the MoH moved Methadone from Schedule “A” to “B” therefore simplifying the rules governing import, distribution, prescription and delivery of this drug to beneficiaries; in Tajikistan, amendments to legislation have repealed the provision for mandatory testing on HIV for foreigners as a prerequisite for entering for the country and also, the notion of OST was introduced in the National HIV/AIDS Program for 2007-2010 and MoH and the Government is reviewing draft decree to introduce OST on a pilot basis. Advancing similar achievement and institutionalizing developed recommendations in other countries would also benefit beneficiaries eventually.

Lessons learned and best practices

8. This regional project emerged at the time when expertise related to HIV/AIDS issues was relatively new technical field and regional technical capacity was quite limited. Furthermore, this weak technical capacity was constrained by language barriers, which prevents from timely access to emerging international evidence for HIV/AIDS prevention, treatment and support among IDUs. The regional project and most importantly the process and space offered by the project helped to bring newest international evidence to professionals and policy makers alike, representing various sectors. This evidence was delivered by regional experts (available in one country but lacking in others) in a culturally acceptable form and in the language understood by all. The regional meetings also allowed learning, sharing and cross-fertilization and therefore facilitated development of critical mass of regional and national experts. Therefore, exploiting potential benefits of the regional cooperation (on expert and policy maker level jointly) and supplying new knowledge/evidence in a culturally sensitive manner, offers the modality for future project design in the similar context.
9. UNODC has institution-specific competitive advantage in engaging with law-enforcement and drug control sectors (on a technical as well as policy making level) as well as with ministries of health, education and social welfare on HIV/AIDS related issues. Using this organizational strength the regional project managed to mobilize technical experts from the “powerful” sectors along with experts from health and education and provided working space and sufficient time for multi-sector collaboration on the technical level to emerge. This process helped participants to see the same issue of drug addiction from various angles, which was most helpful in bringing closer confronting positions and find mutually acceptable solution-more beneficial to society. Therefore, using organizational strength of UNODC in advocating attitude change among “power” ministries towards IDUs may become the strategy for UNODC that could be closely considered.
10. UNODC’s project team offered open, transparent and inclusive space for all partners (national and international) during planning process as well as during annual reviews. This transparency brought several benefits: It helped government counterparts assume ownership of the process and outputs produced with the project support; it helped mobilize and coordinate the partners (national and international) interested in collaboration. According to the most interviewed during evaluation, this transparency and collaborative spirit was also instrumental in building trust in UNODC's work.
11. The value of the process seems to have been critical in producing complex outputs within a limited time as well as generating national ownership. Using technical meetings of TWGs on a

national and regional level, bringing partners from different sectors at these meetings, allowing sufficient time for partnership-collaboration to emerge, facilitating cross-fertilization, the knowledge, experience and expertise sharing in these meetings, all seems to have been critical for national and international partners.

Conclusions and recommendations

12. The overall design of the project is appropriate to the existing context in the Central Asia and Azerbaijan and, if successfully implemented, it is expected to render significant and long lasting impact by creating conducive legal and regulatory environment with helps increasing availability and access to preventive, treatment and support services for IDUs in public and prison systems. The only concern, which is raised in this review relates to service adequacy mapping study, because the study proved to be complex, it was hard to timely identify appropriate methodology and therefore it has been significantly delayed. Therefore, if the project will face funding and resource shortages this could be the task, which can be easily eliminated without significant impact on the final outcomes/impact.
13. The project implementation, after initial delays that were caused by objective reasons, has advanced well and managed to produce key outputs. The recommendations, produced by the project, are extensive and it seems unrealistic to implement all of them. Therefore, the management team has to be strategic in selecting and advocating those recommendations, which are feasible to be implemented during the coming year and which will help improve environment for the preventive, treatment and support services for IDUs to emerge and expand.
14. In light of the aforementioned, further implementation of the project may require modifications, which should include a) scaling down some activities and focusing on those that offer greater potential for increased availability of services for IDUs during the time-span left under the project and b) consideration could also be given extending project implementation beyond its current end-date December 31, 2009.
15. UNODC ROCA has to use its organizational advantage more effectively (easy access to law-enforcement, penitentiary and drug control sectors) for advocating OST treatment as a means for demand reduction for illicit drugs. Greater synergies between UNODC ROCA implemented regional projects, which interact with “power” ministries/agencies, and with the regional HIV/AIDS project is warranted that will help increase potential impact of the advocacy efforts.
16. Finally, the project needs to improve its communication strategies. It has to use various media (i.e. policy briefs, issues papers along with printed and edited project technical reports, etc) to effectively deliver messages to national and international partners in the countries, on a regional level and beyond. It is thought that this communication will also aid advocacy efforts. Intra-organizational communication efforts are as well required to improve information sharing among UNODC ROCA implemented projects.

1. INTRODUCTION

1.1 Background and Context

17. The project “Effective HIV/AIDS prevention and care among vulnerable populations in Central Asia and Azerbaijan” was developed through a consultative process with the government and UN agencies, bi- and multilateral donors and aims at contributing to prevention of generalized HIV and AIDS epidemics in the countries of Central Asia and Azerbaijan. The project was developed in response to the HIV/AIDS epidemiological situations, which emerged in the targeted countries. Compared with other regions in the world, these countries experience the fastest growing HIV/AIDS epidemic, mainly driven by injecting drug use. The number of problem drug users in the region has been increasing over the last decade. The majority (about 80 per cent) injects opiates and reveals high-risk behavior (use of contaminated injection equipment, engagement in unsafe sex, etc.). Injecting drug users accounted for 60 to 80 per cent of all registered HIV infections in the region. And prevalence of HIV among people who inject drugs ranges between 8.0 to 19.5% in the targeted countries². Furthermore, the situation in the penitentiary system is a serious concern: around 40 per cent of people living with HIV/AIDS are in prisons. Therefore, increasing preventive, curative and support interventions among IDUs in public and prison system are essential to contain the epidemic growth.
18. This region is recognized as the highly vulnerable to a crisis of HIV/AIDS emerging among IDUs over the next 20 years, driven by factors which operate above the level of the nation state and require a regional response. Because epidemic drivers act across the region, there was a need to develop a regional response with common innovation and regional economies of scale to improve legislation, overcome professional resistance to change, enhance advocacy efforts, improve quality of interventions and increase coverage of groups at risk³. Thus, UNODC's decision to embark on a regional initiative was timely responding to needs identified and document elsewhere (Godinho et al. 2004)⁴.
19. Currently the project is implemented by the UNODC Regional Office for Central Asia with backstopping from the HIV/AIDS Unit at UNODC HQ. Initially total cost of the project was estimated at 5,212,500 USD and the funds were expected from OPEC fund (2.0 million), from UNODC donors (2.0 million) and from Kazakhstan (in-kind contribution) 1.2 million \$US, mainly through financing recurrent costs of the National Research and Clinical Centre on Medical and Social Problems of Drug Abuse in Pavlodar, Kazakhstan⁵. However, Kazakhstan's contribution never materialized. The government raised concerns about its commitments reflected in the budget and refused to sign the Letter of Agreement up until commitments were completely removed. The latter brought total project budget down to \$US 4.0 million as well as significantly delayed the project start in Kazakhstan. According to the project documents the implementation was planned for four years with the starting date January 2006 and the end date December 2009. Thus, the mid-term review took place 13 month prior to project's end date;

² Mathers BM., Degenhardt L., Phillips B., Wiessing L., Hickman M., Strathdee SaA., Wodak A., Panda S., Tyndall M., Abdalla T., Mattick RP., 2008, Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. The Lancet, Published online September 24, 2008 DOI:10.1016/S0140-6736(08)61311-2.

³ Renton A., Gzirishvili D, Gotsadze G, Godinho J. 2006. Epidemics of HIV and sexually transmitted infections in Central Asia: Trends, drivers and priorities for control. International Journal of Drug Policy, Vol. 17 (6), pp 494-503.

⁴ J.Godinho, A.Renton, V.Vinogradov, T.Novotny, G.Gotsadze, MJ Rivers, M.Bravo. 2004. Reversing The Tide: Priorities for HIV/AIDS Prevention in Central Asia. The World Bank. Washington DC.

⁵ The resource centre of the region – which was also linked to GLO/H43 UNODC project on drug treatment and rehabilitation

therefore many findings and recommendations detailed in this report take the limited time remaining for implementation into account.

20. Original project design (prepared July 2005) was significantly revised towards the end of 2006, after very slow start. Therefore, mid-term review is based on evaluating the project performance, which actually lasted little over one year (\approx 18 month).
21. In the original design project aimed at addressing a) normative policy; b) programmatic aspects and c) capacity building in order to establish favorable environment in all project countries for better implementation of HIV/AIDS prevention and support activities among injecting drug users in the public and in prison setting⁶. Original project document had targets to reach 35% of IDUs with services; develop new policies/laws/regulations and develop professional and educational standards related to HIV/AIDS and drug use for the service providers. Towards the end of 2006 the **selected targets were viewed ambitious and not relevant with the main objective of the project by the newly hired project implementation team (i.e. the Regional Project Coordinator and National Project Officers⁷) because of several reasons:**
 - a. The lack of adequate legal and regulatory environment, significantly prevented penetration and service provision to IDUs (in public and prison system) and made these targets ambitious.
 - b. There are between 182,500 – 321,000 IDUs only in Central Asia⁸ and taking into account limited funding and time available for the implementation, reaching at least 35 per cent in each project country, when coverage in 2003 was estimated to be below 5%⁹, seemed unrealistic.
 - c. Owing to the fact, that targeted countries were lacking adequately trained providers (for low and high threshold services) the project also focused on a) developing professional and educational standards and b) training 2,654 service providers within four-year period. However, training large number of individuals while at the same time trying to develop educational standards seemed ambitious in light of Kazakhstan's refusal to finance recurrent costs of the Pavlodar national center;
 - d. Finally UNODC has not been the only player in the region when the project started there have been a few projects financed by bi-lateral or multilateral donors and implemented by AFEW, KNCV, CARHAP, CAPACITY, etc. who already had been working at service delivery level training outreach workers, distributing syringes, etc. So the project had to find a niche relevant to UNODC's mandate, namely, working at policy development and institutional capacity building level that ensured effectiveness and long-term sustainability of the achieved results and prevented duplication.
22. All of these factors allowed the team to question adequacy of targets and logic of activities planned in the original project document. Therefore, toward the end of 2006 the regional project coordinator, in consultation with the UNODC HQ and HIV/AIDS unit, revised the planned activities, while maintaining project's overall goal and main objective. The focus of the proposed interventions shifted from the previously proposed trainings at the service delivery

⁶ The Project Legal Agreement p.17

⁷ The Regional Project Coordinator joined the team December 2006 and out of 12 national staff only three were hired before 2007.

⁸ Mathers BM., Degenhardt L., Phillips B., Wiessing L., Hickman M., Strathdee SaA., Wodak A., Panda S., Tyndall M., Abdalla T., Mattick RP., 2008, Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. The Lancet, Published online September 24, 2008 DOI:10.1016/S0140-6736(08)61311-2.

⁹ J.Godinho, A.Renton, V.Vinogradov, T.Novotny, G.Gotsadze, MJ Rivers, M.Bravo. 2004. Reversing The Tide: Priorities for HIV/AIDS Prevention in Central Asia. The World Bank. Washington DC.

level towards technical assistance in a policy development and institutional capacity building within ministries, the governmental bodies and among major NGOs. In the revised document the project plans to achieve its goal by producing following five outcomes¹⁰:

- **Outcome 1:** Updated legal and policy frameworks are human-rights based and provide for the universal accessibility of HIV related services thus ensuring the implementation of rapid, large-scale and comprehensive targeted interventions for IDUs in public sector and inmates in custodial settings;
- **Outcome 2:** National quality standards for the provision of a full spectrum of the effective evidence-based HIV related interventions for IDUs and inmates in custodial settings are developed and adopted;
- **Outcome 3:** Updated occupational standards in health care, social protection, law enforcement and penitentiary system demands enhanced professional competencies of service providers that allow for provision of comprehensive HIV related services for IDUs and inmates in custodial settings
- **Outcome 4:** Updated curricula for undergraduate, postgraduate and continuous professional education provide for sustainable capacity building opportunities for relevant service providers in health care, social protection, law enforcement and penitentiary systems and ensure acquiring of the necessary level of professional knowledge and skills for providing the effective and comprehensive HIV-related targeted interventions for IDUs and inmates in custodial settings
- **Outcome 5:** The lessons learned from implementation are documented and disseminated within the region and also to a wider audience outside Central Asian countries.

23. While no formal revisions of the project has been undertaken, the project team communicated these changes with the UNODC ROCA and Vienna office and since January 2007 the planned and implemented activities under the project are focused on achieving these outputs. Therefore, this consultant evaluated the revised project implementation. **Formalization of the enacted changes in the project design, clear reflection of the purpose, objective and expected outputs and their link to outcomes in the revised project document is deemed necessary to facilitate final evaluation. Besides, it is necessary to streamline the terminology throughout the revised document to aid clarity, logic and coherence of the project design.**

1.2 Purpose and Objective of the Evaluation

24. The overall purpose of this evaluation was to draw lessons from implementation that could inform needed changes in the project planning and management for the remaining time under the contract. Also this evaluation was expected to provide insights that will help UNODC increase effectiveness and impact of its technical assistance in the interrelated fields of drug policies, criminal justice and strategies in HIV/AIDS prevention (*See ToR in Annex 1*).

1.3. Executing Modality/Management Arrangements

25. As stated above, the project is being implemented by the Regional Office of UNODC. The *Regional Project Coordinator* (RPC) is based in Kazakhstan, Astana supported by the project assistant and in each project country there are *National Project Officers* (NPO) with part time support coming from project assistants, also located in the UNODC country offices. NPOs under the guidance of the RPC are responsible for managing daily activities; building

¹⁰ The language of outcomes varied in various documents supplied to evaluator. The language of the outcomes, presented below, were refined at the request of the consultant by the project team.

partnerships with national and international partners on a country level; managing experts and facilitating the work of *Technical Working Groups* (TWG) established for outputs 1, 3 and 4 and in each country; contributing to the annual project planning and reporting exercises. NPOs directly report to the RPC and the latter reports to ROCA and on technical matters she receives support/advice/guidance from UNODC Vienna HIV/AIDS unit.

26. Daily communication among the project management team spread throughout six countries is assured through e-mail, internet and phone, complemented with regional semi-annual meetings. The team composition and collaborative spirit, which has emerged within this team, allows for smooth implementation of the planned activities.

1.4. Scope of the Evaluation

27. This evaluation focused on:

- a. Examining overall project design, its objectives and chosen strategies and their relevance to the HIV/AIDS epidemic and its drivers for IDUs (in public and prison system);
- b. Timeliness and effectiveness of the implementation and produced outputs thus far. The progress of implementation was measured against annual work-plans and in light of expected outcomes towards the end of the project. The impact was measured through potential contribution of the project outputs to containing HIV/AIDS spread in the region and sustainability beyond the project end date.
- c. Relevance of the selected interventions to UNODC's mandate and UNODC's added value in contributing to the containment of HIV/AIDS spread in Central Asia and Azerbaijan.

1.5. Methodology

28. This evaluation employed following methodology:

- a. Desk review of the project documents;
 - b. Qualitative research in the form of in-depth interviews with: a) the project team (regional coordinator and NPOs); b) UNODC country and HQ staff involved in the project planning and implementation oversight; c) national partners, which included state and non-state sector representatives (see questionnaire in the annex); d) international partners including representatives from UN agencies, donor community and their implementing partners, who had worked closely with the project. Total 86 individuals informed the findings of this report.
 - c. Data collection from the project financial reports and from M&E matrixes helped to derive quantitative measure of the progress and measure resource utilization rates.
29. Relevance of project design and potential for attainment of the outcomes was measured against the guiding documents for HIV/AIDS prevention, treatment and support for IUDs in public and prison setting^{11,12,13,14}.

¹¹ UNODC 2006, HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings: A Framework for an Effective National Response.

¹² UNAIDS 2007, A Framework for Monitoring and Evaluating HIV Prevention Programs for Most-At-Risk Populations

¹³ WHO 2005, Policy and Programming Guide for HIV/AIDS Prevention and Care among Injecting Drug Users.

¹⁴ WHO/UNODC/UNAIDS 2007, Interventions to address HIV in prisons: Drug dependence treatments.

30. The progress of the implementation was measured against the revised project document and annual work-plans prepared by the project team at the beginning of each year. Outputs stated in the annual plans were verified through document review and observation as well as through feedback received from the national counterparts.
31. Resource utilization was measured for the project (for each year) as well as for each output and by country. The accounting system, employed by the project office, was not capable of partitioning project expenditures by outputs, therefore methodological approach was used to allocate overall project spending among different outputs and measure output-specific spending levels. Namely, total expenditure for expenditure categories in travel, training and conferences/meetings, were divided by total number of individuals (not including UNODC staff) participating in these events. This approach helped derive average unit cost per participant, which later on was multiplied by the number of participant from each country or in each output to estimate spending levels. The expenditure data was provided by the project office from non-audited expenditure statements. Co-financing received from implementing partners, was not recorded on the UNODC books but was compiled by the project team from conference, workshop and training budgets as well as from the Memorandum of Understanding that were signed with the co-financing partners.
32. **Disclaimer:** For the accuracy and adequacy of the financial and non-financial data emerging from M&E matrixes the responsibility rests with the project team and this consultant is solely responsible for the opinions expressed in this report.
33. **Limitations:** The evaluation was significantly constrained because of limited time available relative to the size of the regional project. This consultant only had twenty days (including weekends) to visit six countries. Out of fifteen working days (on average 2.5 days per country) that were made available for conducting meetings with the government officials, donors and partners, portion of the time was also spend on traveling between countries. Poor travel links in the region as well as weather conditions (frequent flight delays and cancellations) imposed additional limitation on the flexibility. Consequently the working time was not evenly distributed among countries. Taking all these constraints into account, some findings of the evaluation could have benefited from more time during interviews. Nevertheless: timely provision of all project related document prior to mission, good and efficient arrangements for meetings, organized by the project staff, allowed to meet and interview 86 individuals (some individually and some in groups) who informed the presented results.
34. **The unit of analysis** is the regional project and findings and discussions are not focused on a country level performance, which is seen by this consultant to be a role of the regional project coordinator. Nonetheless, overall project performance measurement does take into account different pace, speed and quality of the project implementation on a country level.

2. ANALYSIS AND MAJOR FINDINGS

35. This section of the report covers the analysis of data and information and articulates the major findings of the evaluation. It describes the overall performance of the project as well as issues of relevance, effectiveness and efficiency of the project design and implementation in meeting the project's objective. It also describes issues related to implementation and appropriateness of overall institutional and management arrangements and how these arrangements have impacted the implementation and delivery of the results.

2.1 Overall Performance Assessment

36. **Relevance:** The regional studies carried out by UNAIDS, World Bank, DFID, etc. prior to the development of this project underlined the importance of work among IDUs to prevent the

HIV/AIDS epidemic spread as well as importance to work on drug-related laws, which criminalized possession of small amounts of illegal drugs and set the stage for both repression and corruption. Therefore, injecting drug users (IDUs) were segregated from medical and social support systems, allowing HIV infection to become more and more concentrated. Furthermore, the detailed analysis of the strategic and legal framework showed that the policy environment in Central Asian Republics regarding HIV/AIDS prevention and treatment still reflected the legacy of Soviet approaches to communicable diseases. Therefore, further policy support for tolerance, human rights protection, and appropriate medical and social support for HIV-related medical conditions was greatly needed¹⁵. And the need to revise legal and regulatory environment as well as set the professional and educational standards was recognized as a key for fostering an enabling environment and for reducing barriers to prevention, treatment and support for IDUs.

37. Moreover, impediments to effective response to HIV/AIDS epidemic among IDUs were common to all countries and required common innovation and regional economies of scale to improve legislation, overcome professional resistance to change, enhance intervention quality and coverage of groups at risk¹⁶.
38. Therefore, the revised project design (revisions were carried out towards the end of 2006) and respective logical framework, which shifted focus from the previously proposed trainings at the service delivery level towards technical assistance and advocacy on a policy development level, focus on amending legal and regulatory framework, developing professional and education standards and contributing to the development of comprehensive package of interventions for HIV/AIDS prevention, treatment and support among drug users were appropriate interventions in an existing context. Consequently, the revised project design seems to be adequate and offers potential to contribute to containing HIV/AIDS epidemic growth in the targeted countries, if well implemented.
39. **Effectiveness:** The UNODC project is set out to deliver six outputs, which are necessary to attain planned five outcomes and achieve the project's objective – i.e. **establishing favorable environment in all project countries to better implement HIV/AIDS prevention and care activities among injecting drug users in public and in prison settings**. While implementation at full speed only started one year late – beginning of 2007 and after project revisions, the team managed to significantly advance production of five out of six outputs and almost in accordance to the annual plans. Namely:
 - a. Legislative review, which included review of laws, state regulations and normative acts, has been carried out in all project countries. For this purposes international consultant, hired by the UNODC, provided standard methodology and trained national counterparts (members of technical working groups). The national experts reviewed the documents and produced national reports with the set of specific recommendations for legislative and regulatory changes. The proposed recommendations in most countries were discussed at the national level, the set of recommendations were presented at the Central Asian Inter-parliamentary conference held in Dushanbe, Tajikistan during 2008. Currently all final national reports in Russian language are available and summary regional report is available in a draft form. The reports will undergo final editing and publishing. According to the RPC, the reports will be broadly disseminated January 2009. The quality of the produced reports has been reviewed by the Canadian consultants, who under the contract with UNODC, provided continuous technical

¹⁵ J.Godinho, A.Renton, V.Vinogradov, T.Novotny, G.Gotsadze, MJ Rivers, M.Bravo. 2004. Reversing The Tide: Priorities for HIV/AIDS Prevention in Central Asia. The World Bank. Washington DC.

¹⁶ Renton A., Gzirishvili D, Gotsadze G, Godinho J. 2006. Epidemics of HIV and sexually transmitted infections in Central Asia: Trends, drivers and priorities for control. International Journal of Drug Policy, Vol. 17 (6), pp 494-503.

assistance to the national TWGs and also assumed the responsibility for the final regional report production. Availability of the set of specific recommendations for legislative changes and amendments in the normative acts is a significant step forward and huge volume of work. However, **without timely enacting changes in the legislative and normative acts, the impact of this work will be minimal.**

- b. Developing professional and educational standards¹⁷. In this area UNODC has formed national TWGs and regional reference group. UNODC also provided technical and logistical support and mobilized international partners e.g. WHO, UNAIDS and etc. and managed to produce set of national documents/reports, which detail professional qualifications and skill-mix, set requirements for educational programs (for under and post-graduate training programs and for various professions in medical, social, law-enforcement and penal system), which should help improve the knowledge of trainees/students about HIV/AIDS prevention, treatment and support among IDUs. This voluminous work was effectively implemented. NPOs engaged key national partners from respective government and educational institutions, which was very helpful, namely: some of the elaborated recommendations have been already considered in different regulatory acts in various countries at the initiative of representatives from government or educational institutions. Nevertheless, now it is important to institutionalize developed standards through relevant governmental resolutions, ministerial decrees and/or through decisions of educational institutions.
- c. The project faced delays in amending objectives, strategies and target indicators in the national programs related to IDUs. While, the project facilitated three regional consultations as well as 24 national meetings in which 514 individuals participated it yet has not produced specific recommendations on what needs to be changed in these national programs. According to the project team, these consultations allowed starting preparations for reviewing national programs related to HIV and drug use, but have not rendered final outcomes yet - i.e. the specific recommendations for program modification/amendments. On the other hand the project is dependant on national governments to undertake Mid-Term Review of the national programs planned for 2009 in most countries.
- d. Develop quality standards for the provision of a full spectrum of the effective evidence-based HIV related interventions for IDUs and inmates in custodial settings. The progress made on this output has been weak due to several objective reasons. This task has proved to be technically complex. Identifying, selecting and adopting the methodology for measuring adequacy of services offered to IDUs in the targeted countries and mapping them throughout the region, proved to be challenging for the team and for the HIV/AIDS technical support unit at UNODC Vienna. The terms of reference developed for this work was revised several times. The final draft version, shared with the evaluator, raises several concerns about the proposed methodology, namely: a) validity of the proposed methodology for service adequacy measurement; b) feasibility of obtaining epidemiological data and the data from IDUs which requires IDU survey, quite complex task to undertake; c) quality and comparability of the data, if it will be obtained in various countries; d) the scale and feasibility of implementation of the study within the limited time left under the project; e) cost and benefits of the proposed work and f) finally the utility of the findings i.e. how they will be used. Because of all these issues slow progress was obvious and delays are significant. **While, developing and agreeing to comprehensive package of interventions in the**

¹⁷ The professional and educational standards are two separate outputs of the project contributing to separate outcomes, but the project team implements them simultaneously with the same TWG, therefore in the report we have merged them and discuss the progress together.

region offers great potential for improving access to quality preventive, treatment and support services for IDUs, the process and the methodology selected for this purposes raises concerns/questions.

40. Despite the delay and methodological challenges, mentioned above, the project team in overall has performed effectively and within limited time implemented voluminous set of activities (22 regional workshops/conferences and 184 national meetings/workshops and conferences), produced number of outputs that require further work to be institutionalized.
41. The project's team has been effective in orchestrating and managing multi-sectoral and participatory process on country as well as on the regional level. During January 2007 – October 2008 the project managed to mobilize 176 individuals, representing various sectors and international organizations and partners, who participated in the country, regional and global events (see Table 1 for details). Mobilization of these stakeholders, by the team that was just formed and recently introduced to the national and international players, building collaborative spirit and bringing them together to cooperate on the project activities, is seen as a significant performance measure for effective implementation.
42. **Timeliness:** Effective management on the part of the project team allowed achieving significant progress in implementation, conditioned that there was a significant delay during 2006 and implementation mainly commenced at full pace (in all countries) only after mid 2007. Overall progress of the project is estimated at ≈50%, meaning that overall ≈50% of outputs have been produced as planned (see Table 2). Overall progress may seem slow but pace of implementation has been significant in some outputs and relatively slow in others. E.g. delay in achieving output 1.1 was beyond project's immediate control and is a result of delayed review of national HIV/AIDS programs by the Governments. Delay in achieving output 2.0 is due to methodological challenges described earlier. In other areas project seems to be on track and most likely will be able to complete activities and achieve planned outputs before the project ends on December 2009, but not in all outputs (see discussions below).
43. **The Efficiency** was measured through resource utilization relative to the produced outputs. Analysis revealed that only 25% of direct project funding was spent on project staff salaries and other direct operating expenses, significant funds were invested in funding national working groups and experts -14%, trainings and conferences – 61%, which provided space for discussions, negotiations, national/regional capacity strengthening as well as advocacy for the needed legislative and normative changes (see Chart 1) or for promotion of services needed for IDUs. Also the project produced stated outputs by spending only 52% of its approved budget (4.0 million \$US).

Table 1 Sectoral representation of the project counterparts

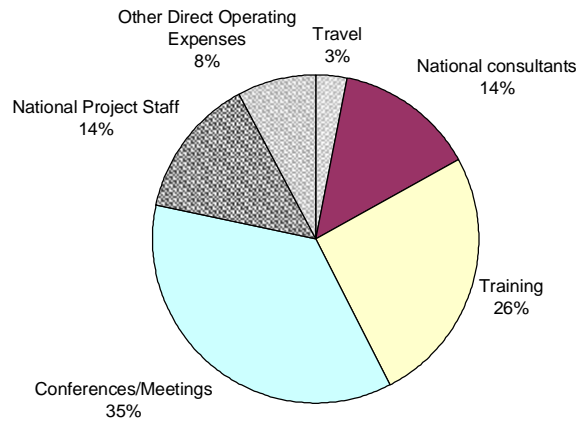
Country ¹⁸	Central Government	Education Sector	Health Sector	International Organization	Justice Sector	Law Enforcement	Legislator	NGO	UN Partner	Grand Total
Azerbaijan	2	1	4	6	3	2	1	4	7	30
Kazakhstan	-	2	9	10	5	2	1	3	6	38
Kyrgyzstan	1	1	4	5	6	1	1	2	8	29
Tajikistan	1	2	4	5	2	1	1	1	2	19
Turkmenistan	3	4	3	3	2	6	1	2	5	29
Uzbekistan	2	-	5	8	2	1	1	3	9	31
Grand Total	9	10	29	37	20	13	6	15	37	176

¹⁸ Countries in alphabetical order

44. Annual spending levels increased as the project implementation advanced and it was \$231,216, \$840,951 and \$1,010,617 in 2006, 2007 and 2008 respectively. Budget burning levels seem adequate to the volume of activities carried out during respective years. Number of participants in national, regional and global events was used as a proxy measure to look at adequacy of annual spending. In 2006 total 167 individuals participated in the project organized events, in 2007 their number increased up to 1,538 and in 2008 it was 1,117 (10 month data).

Chart 1

Structure of Project Expenses 2006-2008



Total project expenditures during 2006-2008 = \$US 2,082,783

Source: Project financial reports

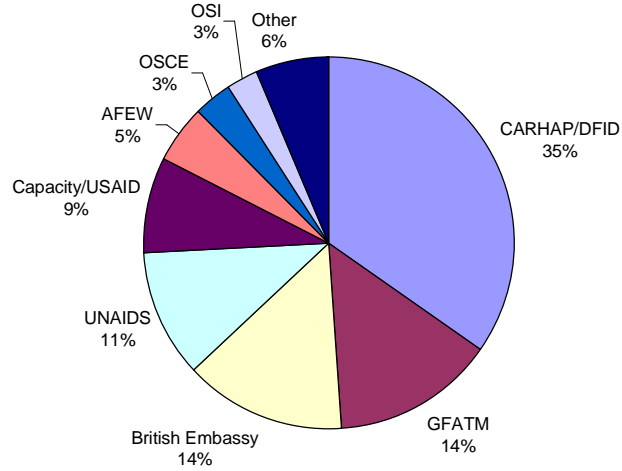
45. Finally, the project team managed to raise significant amount of co-financing from fourteen different partner organizations through offering space for collaborative and transparent planning and implementation. Most of these funds were contributed through jointly co-financing meetings, workshops or experts included in the Technical Working Groups by collaborating organizations. Significant contributors were made by CARHAP/DFID -35% followed by GFATM and British Embassy both contributing 14% of co-financing. UNAIDS and CAPACITY - a USAID funded project provided 11% and 9% respectively (see Chart 2 for further details). Total amount \$US 142,519 was raised by the project team or approximately 7% of total expenditure for 2006-2008.

46. Using the methodology described in the respective section of this report, country specific spending levels were estimated and the approximate distribution of the direct country spending was¹⁹: Azerbaijan -20%, Kazakhstan - 8%, Kyrgyz Republic- 13%, Tajikistan -9%, Turkmenistan - 17% and Uzbekistan -12%. The remaining 21% were used to finance regional and global events.

¹⁹ These estimates only take into account expenditures on travel, training and conferences/meetings. Operational expenditure and UNODC staff and office costs are not included.

Chart 2

Partner Co-financing of AD/RAC/05/I29 Project



Total Co-financing for 2007-2008 = \$US 142,519

Source: Project reports

47. These findings allow concluding that the project team performed efficiently by making additional resources available for the project and most of budget funds were spent on the direct inputs necessary to achieve outputs rather than on management.
48. Overall performance of the project team seems to be on track with the exception of two outputs, which could be revisited and either eliminated or implementation adjusted along the suggestions provided in the recommendations section.

Table 2 Progress of implementation

Progress of Implementation	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	Comment
Outcome 1: Updated legal and policy frameworks are human-rights based and provide for the universal accessibility of HIV related services thus ensuring the implementation of rapid, large-scale and comprehensive targeted interventions for IDUs in public sector and inmates in custodial settings											
Output 1.1 Objectives, strategies and target indicators of National HIV Programs related to service delivery to IDUs amended in line with the requirements of UNGASS (2001) the World Summit (2006)											Preparatory work has been carried out but final revision of national programs depends on the sovereign government decision to undertake MTR reviews, therefore implementation of this activity is beyond immediate control of the project team and opportunistic approach is being used.
Output 1.2 Country-specific legislation, normative frameworks and enforcement mechanisms that eliminate legal barriers for accessing prevention, treatment and care services by IDUs are adopted through respective acts											Significant progress has been made by the project team in developing specific recommendations to amending the laws, regulations and other normative acts. The final objective is to institutionalize as many recommendations as possible through modifying laws, decrees, government resolutions or facilitating issuance of new ones.
Outcome 2: National quality standards for the provision of a full spectrum of the effective evidence-based interventions for IDUs and inmates in custodial settings are developed and adopted											
Output 2 Guidelines on the standards of adequacy of HIV prevention, treatment and care among IDUs submitted to NAC/line ministries											This outputs has been significantly delayed due to technical complexity of the selected methodology for the service mapping study.
Outcome 3: Updated occupational standards in health care, social protection, law enforcement and penitentiary system demands enhanced professional competencies of service providers that allow for provision of comprehensive HIV related services for IDUs and inmates in custodial settings											
Output 3. Model professional competencies and job descriptions developed and adopted											The project has developed significant number of professional competences and job descriptions, that await adoption by respective ministries and government institutions
Outcome 4: Updated curricula for undergraduate, graduate and postgraduate/continuous professional education provide for sustainable capacity building opportunities for relevant service providers in health care, social protection, law enforcement and penitentiary systems and ensure acquiring of the necessary level of professional knowledge and skills for providing the effective and comprehensive HIV-related targeted interventions for IDUs and inmates in custodial settings											
Output 4. Model educational standard developed and adopted											The project has developed significant number of educational standards for under and post graduate education and for various disciplines, which await adoption by respective educational and/or government institutions
Outcome 5: The lessons learned are documented and disseminated within the region and also to a wider audience outside Central Asian countries.											
Output 5. Mid-term and final evaluation conducted and reports distributed among major stakeholders											Mid-term evaluation implemented
Overall progress of implementation											The project implementation is advancing well with the exception of output 2. Due to limited time and funds availability the team is recommended to adjust implementation and critically consider importance of output 2 for the overall project

NOTE: Using results matrix the progress of implementation was measured as a % of planned outputs achieved

2.2. Attainment of the Objectives

49. In Central Asia and in Azerbaijan the way public sector functions, resembles the legacy of Soviet Union. Therefore, creating enabling legal and regulatory environment is critical for services aimed at IDUs to emerge and expand. Based on this the project seems relevant to the existing context and offers potential for attainment of the objective – i.e. **establishing favorable environment in all project countries to better implement HIV/AIDS prevention and care activities among injecting drug users in public and in prison settings.**
50. The public system in the targeted countries is overregulated by the central government and without rules, set from the top, it is doubtful that officials or employees in government or public sector will engage in a behavior, which may risk their employment. Therefore, to facilitate preventive, treatment and care delivery services to IDUs in public and prison system it is essential for law enforcement sector, for penal system as well as for people working in health and social sectors, to receive clear guidance/instructions on what and how can be done, what is allowed and what is not. Development of such instructions is usually mandated by laws or government resolutions and norms are elaborated by relevant agencies/ministries and reflected in the regulatory documents. Therefore, it is thought that elaboration and adoption of laws, regulations and standards set out in the project documents should improve the environment for better service delivery for IDUs and potentially increase availability of preventive, treatment and support services to this group.
51. The legal-review supported by the project already provided set of very specific recommendations. While final country and regional reports are still pending, some of these recommendations are already in the process of being implemented e.g.:
 - a. Kazakhstan is in the process of reviewing *Health Care Codex* in the parliament, and one of the issues that will be reflected in the relevant law on drug dependence treatment is the acknowledgment of the *Opioid Substitution Therapy* (OST) as a legal method for treating drug addiction;
 - b. In Turkmenistan, amendments enacted by the MoH moved Methadone from Schedule “A” to “B” therefore simplifying the rules governing import, distribution, prescription and delivery of this drug to beneficiaries;
 - c. In Tajikistan, amendments to legislation have repealed the provision for mandatory testing on HIV for foreigners as a prerequisite for entering for the country. Also, the notion of OST was introduced in the National HIV/AIDS Program for 2007-2010, MoH and the Government is reviewing draft decree to introduce OST on a pilot basis.
 - d. In Uzbekistan ARV treatment was introduced in the penitentiary system in 2008, through respective decree issued by MoH and MoI; the parliament initiated the national working group to amend HIV/AIDS law in light of the developed recommendations.
 - e. In Azerbaijan, the head of the parliamentary committee for health care initiated the development of the new law on HIV/AIDS, which is expected to build on the project developed recommendations. The draft of this law is expected during January 2009 with the discussion and adoption planned for May 2009.
52. Most of these changes resulted from active advocacy and promotion on the part of individuals involved in the TWGs of the project or attending the regional workshops/conferences. While some changes are already being implemented it is hard to validate direct causal link with the UNODC supported project and its outputs. These anecdotal examples were mentioned during interviews, but they certainly give indication about the progress being made by the countries in improving availability of certain services for IDUs. Nonetheless, UNODC supported legal review developed long list of recommendations and further efforts are warranted to

institutionalize them. Close monitoring and documenting legal, regulatory and normative acts that will emerge in the countries as a result of UNODC's legal review will be essential to make final judgment on attainment of the project objective.

53. Also the project developed recommendations for professional and educational standards. Implementation of these standards will significantly differ in the targeted countries, because of differences in licensing and permit systems (and some have none because such systems were not available in the Soviet Union), as well as different system of accreditation for educational programs/institutions. Therefore, implementation modalities/processes of these recommendations will vary between countries as well as between penal, health, law enforcement and social sectors. E.g. Kazakhstan has special permitting system for medical staff, but none is available for law enforcement and social sectors; in Kyrgyz republic MoH provides permits to medical staff, but in Law enforcement such system is not available; and in Turkmenistan and Azerbaijan licensing/permitting system for medical staff does not exist. Therefore, uniform approach for institutionalization of these changes across the region does not seem feasible and management team has to become creative when developing approaches to implementation or institutionalization.
54. Nevertheless, some countries have already moved forward and started using professional and educational standards developed by the project. E.g. Kyrgyz Ministry of Justice plans using these professional standards and incorporating them as a requirement for individuals that are being hired by penal system; educational standards are envisioned to inform teaching programs at the center for continuous education of the Kyrgyz Penal System. The Ministry of Health of the Republic of Kazakhstan has approved the recommendations for update of the occupational standards in health care, that were developed by national experts in the frame of RAC-I29 project, and necessary amendments have been made in the ministerial regulating documents. Such outcomes yet are sporadic but show the progress made in institutionalization but further efforts are required. Adequate documentation of different implementation-institutionalization modalities is warranted to be able to judge the attainment of the objective at the time of final evaluation, because current project reports do not cover them.
55. Finally, the educational standards for undergraduate education will have real impact in a longer term perspective, while standards for post-graduate studies could render benefits much earlier, if teaching material based on these standards are timely developed and used. Professional standards, when adequately reflected in the state regulations, are expected to create demand for skills and knowledge and motivate individuals to acquire them through educational programs or self-development. Therefore, actual impact can only be measured in years to come and not at the end of 2009.
56. As stated above, the project is significantly behind the schedule for undertaking service adequacy mapping and developing preventive, curative and support service standards for IDUs in public and prison system. Therefore, feasibility of attaining this outcome within the limited time remaining for the implementation is questionable without selecting appropriate methodology, which assures timely provision of results and their use by the project team.

2.3. Achievement of Project Results

57. The analysis of the implementation allows concluding that yet project managed to produce ≈50% of the planned outputs, which offer opportunity to achieve the expected results, conditioned that the progress of implementation is well advanced and recommendations adequately implemented. Namely:
58. **The legislative review** is available, which offers set of specific recommendations on which laws, require amendment, which government resolutions or ministerial decrees have to be changed. But significant effort will be required during 2009 to advocate these needed changes

and actually enact them. Only after such institutionalization the environment for delivery of preventive, treatment and supportive services to IDUs, may become conducive. However, institutionalization of some legal or normative changes will prove challenging. According to many that were interviewed, the government's resistance/ignorance of many issues reflected in the legislative review is still strong and will demand significant time, effort and energy on the part of UNODC's team as well as its national and international partners, before these changes in the laws and regulations emerge.

59. Nevertheless, already carried out technical and advocacy work is showing its initial results. Currently OST pilots are available in three out of six countries. But Kazakhstan, Tajikistan and Turkmenistan are currently planning initiating pilots, while Azerbaijan is going to expand their pilot sites, largely due the advocacy and technical work carried over past couple years. **Availability of OST in public and later on in the prison system will be significant breakthrough, if these services eventually will be scaled up to levels required for effective HIV/AIDS epidemic control.** Currently, the scale of OST pilots are very small and aggregate coverage is barely up to several hundred IDUs in all countries. **Opposition against OST is still strong and implemented pilots are under big threat.** Opposition exists among law-enforcement as well as among professionals and academia of the health sector. Decision makers supporting OST stand on a politically shaky ground and if resistance from various sectors (like Drug Control Agencies, law-enforcement, etc) increases, officials from health sector will most likely withdraw their support. Existing situation warrants more advocacy work with DCAs and Ministry of Interior officials. UNODC supported projects in the region have established closer professional links as well as institutional credibility with these agencies. **Therefore, building synergies between UNODC's regional projects related to law-enforcement, drug control and HIV/AIDS; reinforcing UNODC's institutional position with regards to harm reduction and OST and delivering clear messages through various delivery channels to collaborating governments, could become promising strategy for the effective advocacy.**
60. The **professional standards**, when they emerge and if are adequately implemented could potentially improve the quality of the available high threshold services for IDUs. Besides, standardizing professional requirements could help clarify the roles, functions and qualifications demanded by the states for certain service provision for IDUs. Consequently these standards could also help states develop more services and increase their accessibility. Such standards have more potential for improving the size, availability and quality of high threshold services. As for low threshold services, they could potentially emerge as barriers. The region (former Soviet States) is renowned for using standards and state regulations for creating barriers and/or controlling certain economic activities (including health service provision). Quite frequently state regulations emerge as an additional means in the hands of underpaid government employees to extort rent/bribe and therefore impose financial or other barriers on service providers. Therefore, careful implementation of standards for low-threshold services is warranted, because these standards could still offer potential for increasing access to services for IDUs:
- a. In Uzbekistan these standards could help the government to better develop its applications to GFATM; through better planning as well as delivery of the needed human resources in the network of 230 Trust Points, established by the government at PHC facilities for the delivery of harm reduction services; distribute adequate amount of syringes, disinfectants, and other preventive materials; facilitate expansion of OST services beyond pilots, etc.
 - b. In Kyrgyz republic these professional standards for low threshold services could be endorsed through national NGO conference and become self-imposed regulations by the non-governmental sector.

- c. In Tajikistan, Turkmenistan, Azerbaijan and Kazakhstan implementation modalities (and therefore potential benefits) of the professional standards for low threshold services are not yet clear.
61. The **Educational standards**, which currently are in the form of recommendations, also require institutionalization. These standards address three different levels of education system undergraduate, post-graduate and continuous. Therefore, they will only have an impact on the availability of trained human resources in delivering needed services to IDUs, when they penetrate education system and when graduates of these programs enter the labor force. The project will make major breakthrough, if before it ends, some of these standards will be effectively institutionalized. The institutionalization will differ:
- a. *Between different sectors*, e.g. social sector, law-enforcement and penitentiary and in the health sector, because these sectors differently regulate under and post-graduate education as well as continuous studies. E.g. in Kazakhstan social worker is not a profession recognized in the legislation, therefore institutionalization of education standards for the social workers will be challenging, but implementation of standards for educating law-enforcement officials seems much easier.
 - b. *Between countries*: If in Kazakhstan standards for social worker will be problematic to be implemented, in Kyrgyz republic it will be much easier, because social workers are produced by universities and new standards, when implemented, could expand the knowledge base of these professionals about IDUs and HIV/AIDS issues.
62. Due to these differences the project will require different approaches as well as the actual result are expected to differ country by country. Also, with regards to educational standards the results will be seen in a medium to longer-term time span. Implementing all standards that were developed by the project seems unrealistic due to the amount of work it requires. Therefore, selecting the priorities, and focusing on those educational standards or programs (undergraduate, postgraduate or continuous) which could help expand the services for IDUs in an immediate to medium-term time-span seems more desirable to attain the results.

2.4. Implementation

63. The project faced several challenges in implementation. Initial approvals from collaborating governments were significantly delayed: e.g. Uzbekistan approved the project only on October 13th of 2006 or almost nine month late from the start date. Approval from Turkmenistan came on April 30th 2007 and on May 5th 2007 from Kazakhstan.
64. Further challenges were related to delays in hiring key project personnel – RPC and NPOs. Up until 2007 only three out of twelve national staff was hired. Lengthy UN recruitment procedures along with delayed government approvals were at fault. Until hiring core project team, the implementation was managed by individuals from UNODC Regional Office for Central Asia (ROCA), who besides managing this project also had other responsibilities. Up until manning the project team implementation was slow and only picked up mid 2007, which left little time for implementation (little over 2.5 years as opposed to 4 years).
65. The project operates in close coordination with the host governments in Central Asia and Azerbaijan. Bureaucratic procedures of these countries, the need to officially nominate the project national focal point as well as members in TWG also took significant amount of time. However, it was necessary as it provided greater national ownership for the produced results/recommendations and helped increase trust and improve collaborative spirit with the governments and state officials. The governments were asked to nominate representatives from various sectors (health, penitentiary, law-enforcement, educational institutions, judiciary, etc.) which helped build multi-sectoral TWGs. The multisectoral nature of the TWGs helped to

break the boundaries on a national level and deliver key messages about policy challenges across the virtual boundaries existing between various sectors.

66. Furthermore, the project established space for multi-sector collaboration not only on a national but also on a regional level, which helped in several ways:
 - a. Brought knowledge and experience related to HIV/AIDS and IDU issues from different countries and allowed learning, sharing and cross-fertilization;
 - b. Allowed advocating issues related to the needed legislative and regulatory changes among representatives of various sectors. Participation of parliamentarians in some regional meetings helped secure champions within legislative branch who potentially could advocate changes on a country level (though this will not happen in all countries but only in some);
 - c. Helped convincing the prison and law-enforcement representatives in the need for OST and harm reduction services for IDUs. Defusing/reducing opposition from these influential sectors already allowed embarking on piloting OST in public sector of three countries, but furthering advocacy efforts in this area is still warranted.
67. In addition regional collaboration helped develop one tool for legislative, professional and educational standards review, which offered economies of scale. Regional trainings offered in one place for all countries helped reduce costs. The results of these reviews were presented also in the regional meetings, which resulted in improvements of the national documents. National pride and competitiveness, emerging in the regional meetings and conferences, was quite helpful to move country level processes forward, because national TWGs and their leaders felt responsible to deliver promised deliverable in the next regional meeting.
68. This regional work also helped to trigger informal professional networks, which currently operate and allow continuous regional collaboration via internet and e-mail exchange. Such developments seem very important because of the existing context, where HIV/AIDS and issues related to IDU is a relatively new technical field, where regional technical capacity is limited and where there is lack of recent knowledge about new approaches to prevention, treatment and support for IDU. This lack of knowledge is significantly dependant on limited international evidence and literature available in the Russian language, most spoken in the region. Literature in foreign languages is only accessible to very limited group of individuals. Therefore, professionals in the region significantly depend on the documents produced in Russia, where there is a political and professional resistance to OST and harm reduction approaches in public and prison system. This language dependence and Russian position frequently emerges as a barrier to promoting international approaches in preventing HIV/AIDS transmission among IDUs. The information solicited by UNODC and other partners, the international evidence translated into Russian language and supplied to the TWGs is making inroad in changing people's minds and positions towards sensitive issues of harm reduction and OST. While progress in the region is obvious, the scale is yet small and therefore achievements are still fragile and require further efforts before they become durable.
69. While in general the implementation process was well managed the project faced challenges in evaluating adequacy of services for HIV/AIDS prevention, treatment and support for IDUs. The task proved to be technically challenging for the project team that warrants closer and more intensive involvement of ROCA and HQ to agree on appropriate research methodology, finalize ToR, and decide on practical steps for beginning of the study, conditioned that it will be implemented within limited time available and the results of this work will be adequately used by the project.
70. Currently produced project reports/recommendations are in their draft form. Originally it was planned to finalize the products and widely disseminate in the region before the end of 2008.

Lack of the final reports, endorsed by the governments, leaves many project collaborating partners unaware of what the specific recommendations are. Finalizing and clearly communicating these recommendations to the partners involved is planned early 2009.

71. Finally, the project is faced with significantly increasing costs for travel, for meetings and conferences, which makes fewer funds available for the project (in relative terms). Also out of \$US 4.0 million as of November 2008 only 3.44 was pledged by donors (14% less than estimated budget) leaving only \$US 1.36 million for the remaining period. **This limited amount may become insufficient to carry out the project at the scale it requires to institutionalize all recommendations emerging from legislative review and from review of professional and educational standards.**

2.5. Institutional and Management Arrangements

72. The project is being managed by the RPC based in Astana, Kazakhstan and supported by six NPOs and project assistants in each country, with the exception of Azerbaijan. RPC reports to UNODC regional office for Central Asia and also receives support from UNODC Vienna headquarters on technical matters that arise during the implementation. Administrative and managerial support has been adequate and effective in helping the project team deliver most deliverables and almost on time. There seems to be only one occasion, when technical support needed for the team proved inadequate relative to the task – service adequacy mapping study. Although, as stated in the previous sections, the task itself is quite complex, very limited (if any) similar studies have been carried out in the rest of the world. Therefore, the delay in implementing this study is not basis to judge adequacy of the technical support. Instead, it should be viewed through the lens of UNODC's organizational fitness for this type of work.
73. The project team employed annual project review and planning meetings with key national counterparts, which allowed increasing project ownership among national representatives. The project's annual plans were actively shared with collaborating partners (CARHAP/DFID, Capacity/USAID, OSI, UNAIDS etc.), which allowed partners to identify mutually interesting activities, jointly mobilize needed resources and jointly implement, which increased collaboration as well as coordination among international partners/donors. The latter offers best practice for efficient management, good coordination and mobilization of partners, which creates greater potential for the project to have sustained impact.
74. UNODC in Central Asia implements several regional projects working with law-enforcement and drugs control agencies. Institutional credibility of UNODC among these "power" ministries and agencies is quite high. Consequently UNODC has greater convening power on a regional level to bring "influential" individuals in the meeting room/conferences. This institutional advantage should be further used by the project team to intensify advocacy for policy relevant issues about HIV/AIDS among IDUs so that to receive adequate attention from law-enforcement and drug control agencies, dissolve/reduce their traditional opposition, and secure their support for human rights based and effective drug control policies. **Better cooperation/coordination between UNODC/ROCA implemented regional projects would allow for advancing OST services up to the scale when they could help prevent HIV as well as potentially reduce illegal drug consumption.**

3. OUTCOMES, IMPACTS AND SUSTAINABILITY

75. This section describes project outcomes, impacts and talks about the sustainability. While the direct link between the project activities and outputs are clear, establishing causal linkages with the project supported activities with the impact was not possible, because other projects or

factors could have contributed to the changes described below. Therefore, preliminary impacts depicted below should be treated with care.

3.1. Outcomes

76. The project outcomes, which relate to legislative review and review of professional and educational standards, are under way to become final. In many countries these documents still await government review and approval. As soon government's endorsement is secured, the team will focus on implementing at least part of the key recommendations reflected in these documents. It is obvious that only after institutionalization of these changes in the legal/normative documents, the legal/regulatory environment, which facilitates improved access of IDUs to services, could be created.
77. This regional project has managed to set the stage and develop the regional and multi-sectoral collaboration, which helped the regional expertise around the issues related to HIV/AIDS prevention, treatment and support among IDUs to grow; collaboration among the sectors on the national level as well as on a regional level to grow; momentum for changes in the legal and normative fields to be generated, etc. One may see this latter outcome as subjective and non-tangible, but most national stakeholders involved in the working groups, meetings and conferences saw this to be one of the major achievements of the regional project along with others, because it helped to create critical mass of individuals (representing different sectors) in each country who are capable of "slowly pushing" needed legislative and normative changes in their respective countries.

3.2. Impacts

78. While most legislative, professional and educational recommendations yet have to be implemented, the advocacy and technical assistance provided in the frame of the project has already rendered its initial impact in Kazakhstan, Tajikistan, Turkmenistan. These countries are initiating OST on a pilot basis. Government of Azerbaijan has made a decision to expand pilots to two more sites with 200 new patients enrolled. In these countries the obvious, albeit modest, progress has been made with direct technical support provided by the project. In Kyrgyz Republic, the process of scaling up is going on without such a direct link to the project activities. Nevertheless, since the planned coverage of IDUs by OST in 2009 in all these countries is expected to be low (under couple hundred in each country with the exception of Kyrgyzstan, where it comes to above 700), more advocacy efforts, technical assistance and concerted actions with involvement of all international and national stakeholders are needed for scaling up OST to the levels required for adequate HIV/AIDS epidemic control. It will be essential to expand the number of IDUs involved in OST in all countries to effectively measure the project impact on end-use beneficiaries. Besides OST, the project managed to facilitate introduction of ARV in the penitentiary system of Uzbekistan in 2008. Advancing similar achievement in other countries would also benefit beneficiaries.
79. Based on the aforementioned, it seems the process on a regional level, set by the UNODC team, is making incremental inroad in increasing availability of services for IDUs in public and prison system. Furthermore, the collaborative and participatory process which established strong sense of ownership over the produced outputs, improved technical capacity, etc. all of these certainly offers potential for the greater impact to be realized towards the end of this project. Therefore, the team has to capitalize on the attained achievements and further them – i.e. increase access of IDUs to preventive, treatment and care services through improving legal and regulatory environment, which helps reduce existing access barriers.

3.3. Sustainability

80. Legislative changes, when enacted and effectively implemented, on its own offer sustainability of the outcomes. Therefore, for achieving lasting benefits it is essential to focus efforts in two direction:
- a. **On institutionalization of the produced recommendations.** As soon as the project produced recommendations are reflected in the amended (or new) laws, respective government resolutions and ministerial decrees and normative acts, it is expected that:
a) the legal/normative barriers for IDUs will be reduced; b) potentially more services will become available both in public and prison system and c) IDUs will timely receive the needed preventive, treatment and support services and d) the project will have long-lasting sustainable impact.
 - b. **Further increase technical capacity** among regional counterparts, which will offer fertile ground for future interventions as well as will be sustainable investment on its own.

4. LESSONS LEARNED AND BEST PRACTICES

4.1. Lessons

81. **The benefits of the regional cooperation.** This regional project emerged at the time when expertise related to HIV/AIDS issues was relatively new technical field and regional technical capacity was quite limited. Furthermore, this weak technical capacity was constrained by language barriers, which prevents from timely access to emerging international evidence for HIV/AIDS prevention, treatment and support among IDUs. The regional project and most importantly the process and space offered by the project helped in several ways:
- a. Allowed current international evidence about IDUs to be delivered to professionals and policy makers alike, representing various sectors (law enforcement, prison, public health, law makers, etc.). This evidence was brought by regional experts (available in one country but lacking in others) in a culturally acceptable form and in the language understood by all;
 - b. Allowed learning, sharing and cross-fertilization and therefore facilitated critical mass of the regional and national experts to emerge, which will hopefully have continuous influence on a national policy making process; will advocate the needed changes and deliver recent evidence into the national policy making process.
82. Therefore, exploiting potential benefits of the regional cooperation (on expert and policy maker level jointly) and supplying new knowledge/evidence in a culturally sensitive manner, offers the modality for future project design in the similar context, where national technical or policy making capacity is limited or non-existent. However, allowing sufficient time, resources and adequate space for such interactions, seems to be critical factor, when planning similar projects.
83. **UNODC has institution-specific competitive advantage** in engaging with law-enforcement and drug control sectors (on a technical as well as policy making level) as well as with ministries of health, education and social welfare on HIV/AIDS related issues. Using this organizational strength the regional project, using HIV/AIDS among IDUs as a thematic driver, managed to mobilize technical experts from the “powerful” sectors along with experts from health and education and provided working space and sufficient time for multi-sector collaboration on the technical level to emerge. This process helped participants to see the same issue of drug addiction from various angles, which was most helpful in bringing together confronting positions and find mutually acceptable solution-more beneficial to society. Most interviewed acknowledged that UNODC was the only agency that managed to bring together these

different sector at a table, which significantly aided representatives from health sector to convey the messages, change the thinking and attitudes of their colleagues towards IDUs, harm reduction and OST. Such exchange significantly improved a) national level collaboration among involved experts and b) aided national level multi-sector coordination. However, in this spaces not having decision-makers from “powerful” sectors to a degree limited attainments. **Most interviewed from partner organizations as well as in UNODC acknowledge the need for furthering this UNODC’s institutional advantage and trying to use organizational convening power to bring decision-makers from the “powerful” sector together with experts into the space where advocacy efforts could help:** a) better explain the HIV/AIDS epidemic drivers and importance of IDU population in this epidemic; b) alter their thinking/attitudes towards IDUs, harm reduction activities, OST; c) help them see OST as one of the means for demand reduction for illicit drugs and c) facilitate expansion of services needed for this group. Opposition to these preventive and treatment interventions is common in many countries of former Soviet Union and beyond, where epidemic is still primarily concentrated among IDUs. **Therefore, using organizational strength of UNODC in advocating attitude change among “power” ministries towards IDUs may become the strategy for UNODC that could be closely considered.**

4.2. Best Practices

84. UNODC’s project team offered open, transparent and inclusive space for all partners (national and international) during planning process as well as during annual reviews. This transparency brought several benefits to the region as well as countries involved:
 - a. It helped government counterparts assume ownership of the process and outputs produced with the project support. This sense of ownership was forthcoming in the interviews with the ones actively involved in project implementation. Probably because of this sense of ownership national partners in some countries emerged as champions, who, using their good understanding of how systems and government structures work in their respective countries, advocated changes not waiting until the project’s final products
 - b. It helped mobilize and coordinate the partners (national and international) interested in collaboration. This coordination was instrumental in identifying and jointly supporting the national and regional level experts’ work as well as events (workshops, trainings and conferences), which eventually increased efficiency of the project implementation as well as allowed other partners to sit at the table.
85. According to the most interviewed during evaluation, this transparency and collaborative spirit was also instrumental in building trust in UNODC's work. In some countries, it also helped representatives of other organization, who usually never access law-enforcement, prison and drug control agencies, reach out to these stakeholders and deliver their message(s).
86. **The value of the process** seems to have been critical in producing complex outputs within a limited time as well as generating national ownership. Using technical meetings of TWGs on a national and regional level, bringing partners from different sectors at these meetings, allowing sufficient time for partnership-collaboration to emerge, facilitating cross-fertilization, the knowledge, experience and expertise sharing in these meetings, all seems to have been critical for national and international partners. This was only possible through: a) identification of opportunities for such meetings; b) strategically using meeting formats and their content; c) allocating sufficient resources (time of staff and funding) for these events and d) orchestrating similar processes in six different countries.

4.3. Constraints

87. Initially the implementation process was significantly delayed, because of the late approval of the project by participating countries and consequently delayed nomination of TWG members by the host governments.
88. The project was designed at the time, when UNODC had very limited in-house HIV/AIDS capacity in country sub-offices. Therefore it faced the need to hire NPOs as well as RPC in order to build in-house management team and lead the project. Scarcity of national technical experts as well as lengthy UN procedures for hiring international staff, were important delaying factor for the slow start-up. The new staff, which joined the management team, also needed continuous capacity development in the technical areas related to HIV/AIDS. This further constrained the team and placed significant burden as they moved on with the project implementation, while learning the topics related to HIV and AIDS.
89. Then, the team embarked on the task – service adequacy mapping, which proved to be technically challenging and complex enough that in-house technical expertise within UNODC ROCA was not sufficient to timely advance implementation.
90. The high volume of activities and the scope (legislative review, professional and educational standards for various professionals/educational programs representing different sectors) have all contributed to significantly stretching available human resources for the project management, which placed burden on NPOs and RPC. Therefore, at times, sharpness of focus on what is the ultimate project objective and expected output seems to have decreased within the team. Therefore, this report provides some recommendations for the team to consider.
91. Finally, global price increases were strongly felt in the region and cost of fuel, airline travel, accommodation and food have increased significantly. These price increases on one hand and shortfall in donor pledges on the other, significantly limit the remaining funds under the project and call for very careful and strategic selection of the activities, which the regional team will implement before the end of this project.

5. RECOMMENDATIONS

92. This part of the report provides recommendations aimed at enhancing the effectiveness and efficiency of the project implementation so that towards the end of the project the objective is achieved and has positive impact on service availability and accessibility for IDUs.

5.1. Issues resolved during the evaluation

93. During the interviews it became obvious that project partners had good knowledge only about those parts of the project with which they interacted, but overall understanding of the project purpose and expected outcomes was weak. Therefore the project team was advised to **communicate effectively** the project purpose, attained outcomes and expected results to key counterparts on national and regional level. For this purposes the project team was advised to:
 - a. **Improve intra-organizational and communication with donors:** Advance content of mid-year and annual reports to better communicate the volume of implemented activities, achieved results and emerging challenges during project implementation. The revised content should not become burdensome for NPOs and RPC but should allow monitoring the progress as well as should help in identifying challenges, which require attention.
 - b. **Disseminate project products widely to strengthen advocacy efforts.** Finalize editing, printing and dissemination of the project (national and regional) products a) legal review; b) professional standards and d) educational standards. Converting lengthy

technical reports into short and sharp policy briefs i.e. glossy 4 or 8 page communication materials could be considered. This material will help to better advocate the needed legislative and regulatory changes on a national as well as regional level. It will help better inform national and international partners about the project outcome(s) and their content. The better knowledge of the specific recommendations by others could be helpful in increasing the size of individuals/organizations, who with or without the project, may become advocates for the changes reflected in the project recommendations.

94. **Services adequacy mapping study.** This issue was discussed at length with NPOs, RPC and ROCA and Vienna staff. It has been mutually agreed that before implementing this study following needs to be assured:

- a. Sufficient resources (financial and human) should be allocated towards the activities that have been already significantly advanced and require further institutionalization. Priority should be placed on:
 - Enacting legal and normative changes, that will help increase availability of services as well as access of IDUs to these services;
 - Amending objectives for strategies and target indicators for National HIV and drug control programs to assure that service delivery indicators for IDU's are inline with the requirements of UNGASS (2001) and the World Summit (2006)
- b. If after allocation of resources to priority areas the project will still have balance of funds and the time, this study could be considered, but:
 - The purpose and utility of the study has to be clearly defined and justified in the respective project documents;
 - The appropriate methodology, which is available and could be adopted to the region, has to be identified before initiating this study;
 - The methodology selected should allow balancing the scope and time requirement for the study implementation, with ultimate objective of delivering and using the study results before the project's end date.

95. Revision of the project, which occurred during January 2007, has not been reflected in the basic project documents. Therefore, formalization of the enacted changes in the project design, clear reflection of the purpose, objective and expected outputs and their link to outcomes in the revised project document is deemed necessary to facilitate final evaluation. Besides, it is necessary to streamline the terminology throughout the revised document to aid clarity, logic and coherence of the project design.

5.2. Actions/decisions recommended

96. The legislative review and review of professional and educational standards produced lengthy list of recommendations. Due to large number of these recommendations, as well as large number of countries involved in the project it is unrealistic to aim at institutionalizing all of them. On the other hand, without institutionalization of these recommendations the impact of the project on the legislative/regulatory environment will be marginal, if any. Therefore, the team was advised following:

- a. **The team should think and act strategically** i.e. Keeping the primary objective of the project in mind, and in close collaboration with national counterparts, identify those recommendations, which are feasible to be institutionalized before the project end date, and focus most efforts on those activities that will be necessary for this institutionalization. Adequately reflect the selected activities and respective outputs in the annual (country and regional) implementation plans.

- b. **Develop monitoring system** to monitor and inventory the results of institutionalization on a national and regional level and adequately reflect achievements in the mid-year and annual reports.
97. While being strategic, the team has to **balance available resources with the planned activities**, which may require removal and/or significant reduction of the scope of some activities on the regional level or in some countries.
 98. The project is reaching the stage when regional uniform approach may not be required and country-specific priorities and implementation arrangements have to drive implementation. Therefore, the team is recommended to undertake country-specific planning for 2009, which will focus on implementing those recommendations which in a given country context present greater opportunity.
 99. To **strengthen advocacy for OST** and mute the opposition emerging from “powerful” ministries/agencies the UNODC ROCA needs to use its organizational strength, identify synergies between various regional projects and, where possible, try to generate better understanding and mobilize greater support from “powerful” policy makers in support of OST. In order to achieve this UNODC ROCA may require following:
 - a. Create in-house system for regular and effective information sharing among regional projects and coordinators, which should help identify the room of opportunity for such advocacy efforts and effectively employ them;
 - b. Mainstream common organizational position/messages related to issues related to HIV/AIDS and OST. This organizational position and similar messages have to be delivered to the national counterparts irrelevant of the project nature (drug policies, criminal justice or strategies in HIV/AIDS prevention).
 100. The remaining time under the project may not be sufficient to complete even scaled down activities, therefore no-cost extension could be considered.

6. OVERALL CONCLUSIONS

101. The overall design of the project is appropriate to the existing context in the Central Asia and Azerbaijan and, if successfully implemented, it is expected to render significant and long lasting impact – increase availability and access to preventive, treatment and support services for IDUs in public and prison systems. The only concern, which is raised in this review relates to service adequacy mapping study, because the study proved to be complex, it was hard to timely identify appropriate methodology and therefore it has been significantly delayed. Therefore, if the project will face funding and resource shortages this could be the task, which can be easily eliminated without significant impact on the final outcomes/impact.
102. The project implementation, after initial delays that were caused by objective reasons, has advanced well and managed to produce key outputs. These outputs yet are in a draft form and await government approval before they could be disseminated. These outputs include long list of recommendations for legislative and regulatory changes, recommendations for professional (those that interact with risk groups and PLWHA) and for educational standards. But availability of recommendations is not sufficient and much more is required to institutionalize these recommendations i.e. amend and/or draft new laws, regulate with the help of president's or governments' resolutions or with the ministerial decrees that need to be prepared and issued by respective authorities. The institutionalization of the produced recommendations will benefit the situation and will help reduce/remove barriers to accessing necessary services by IDUs.
103. The recommendations, produced by the project, are extensive and it seems unrealistic to implement all of them. Therefore, the management team has to be strategic in selecting and

advocating those recommendations, which are feasible to be implemented during the coming year and which will help improve environment for the preventive, treatment and support services for IDUs to emerge and expand. This strategic choice has to also take into account the remaining time for the project implementation and available financial resources.

104. In light of the aforementioned, further implementation of the project may require modifications along following lines:
 - a. Scaling down some activities and focusing on those that offer greater potential for increased availability of certain services for IDUs during the time-span left under the project. The project may want to focus and advocate OST implementation in more countries or OST scale up in those where it has been in a pilot phase for past several years. Focusing on the selected services offers better potential to have an impact, rather than trying to implement all recommendations some of which will only have impact in a medium to long-term time-span.
 - b. Consideration could also be given extending project implementation beyond its current end-date December 31, 2009.
105. UNODC ROCA has to more effectively use its organizational advantage (easy access to law-enforcement, penitentiary and drug control sectors) for advocating OST treatment as a means for demand reduction for illicit drugs. Greater synergies between UNODC ROCA implemented regional projects, which interact with “power” ministries/agencies, and with the regional HIV/AIDS project is warranted that will help increase potential impact of the advocacy efforts.
106. Finally, the project needs to improve its communication strategies. It has to use various media (i.e. policy briefs, issues papers along with printed and edited project technical reports, etc) to effectively deliver messages to national and international partners in the countries, on a regional level and beyond. It is thought that this communication will also aid advocacy efforts. Intra-organizational communication efforts are as well required to improve information sharing among UNODC ROCA implemented projects.

ANNEXES

1. Terms of reference for Mid-Term Evaluation

PROJECT TITLE: Effective HIV Prevention and Care among Vulnerable Populations in Central Asia and Azerbaijan” (2006-2010)
PROJECT NUMBER: RAC-I29

1. BACKGROUND INFORMATION

In countries of Central Asia and in Azerbaijan, concentrated HIV epidemics are driven predominately by unsafe injecting practices widespread among drug users, mostly users of opioid drugs. The prevalence of problem drug use ranges from the highest 1% of the adult population in Kazakhstan to the lowest 0.5% in Tajikistan with other countries’ indicators being within these ranges (UNODC, 2006). In average about 70% of HIV transmissions in these countries are attributed to drug injections performed by contaminated equipment. Prison inmates are also among the most vulnerable to the spread of HIV infection with the rates of registered HIV cases several times higher than those outside prisons.

At the same time HIV prevention is not integrated in state health care system. Services meant for key target populations at higher risk (i.e. IDUs) are fragmented, poorly coordinated and have vague normative framework; no official standards for providing harm reduction interventions exists. Referral links between low threshold and high threshold services are weak or non-existent thus compromising the principle of continuity of services. While the opioid substitution treatment has been introduced in Azerbaijan, Kyrgyzstan and Uzbekistan, it is still in its pilot stage in all these countries and accessible only for a tiny proportion of those in need. While prison authorities are willing to develop general medical services and drug treatment services, so far no one country of Central Asia has introduced a full range of HIV prevention and treatment services in penitentiary system.

This project, developed in a consultative process with government agencies, UN, bi- and multilateral donors, will complement - through normative work, advocacy and sustainable capacity building - existing and planned initiatives to prevent generalized epidemics in the region. The project is being implemented by the UNODC Regional Office for Central Asia with backstopping by the HIV/AIDS Unit of UNODC HQ.

The **overall 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 and in prison settings through addressing normative policy and programmatic aspects and capacity building needs.

Immediate objective 1: To improve the legal and policy frameworks related to HIV/AIDS among injecting drug users and in prison settings with a view to establish favorable environments for rapid, large-scale and comprehensive interventions;

Immediate objective 2. To assist in the development and implementation of a comprehensive package of interventions for HIV/AIDS prevention and care among drug users including in prison settings;

Immediate objective 3. To develop professional and educational standards for HIV- and drug use-related services in project countries and provide sustainable capacity building opportunities for relevant HIV/AIDS service providers.

Immediate objective 4. To document and disseminate lessons learned within the region and also to a wider audience outside Central Asian countries.

While no formal revisions of the project has been undertaken, the concept of the project was changed in the beginning of 2007 with the consequent changes in the logframe, the project action plan and annual workplans (See Project Concept Note). The focus of proposed interventions has been shifted from the previously proposed trainings at the service delivery level towards technical assistance in policy development and institutional capacity building with ministries, other governmental bodies and major NGOs as counterparts. It is believed that the proposed strategies and interventions would provide for a comprehensive and sustainable response. Also by the advice of the Ministry of Health of Kazakhstan, the role of the Kazakhstan National Centre of Applied Research on Drug Abuse has been defined as a consultative body rather than the implementing partner (as it was described in the original project document).

Operationally, the project consists of the five blocs of interventions related to: 1) national programmes; 2) national legislation; 3) standards of adequacy of services; 4) standards of professional competences; 5) model teaching curricula.

For the sake of operational convenience the project was divided in two subprojects: subproject 1. *Increased access of IDUs to quality HIV prevention, treatment and care services*, and subproject 2. *Increased access of prison inmates to quality HIV prevention, treatment and care services* (see logframe schemes and results matrix).

Budget: total project budget for July 2006-June 2010 is \$4,000,000

Expected results of the project are presented in the Project Results Matrix, and annual outputs (performance indicators) are shown in the Integrated Annual Workplans. In brief, the following results of the project have been envisioned:

1. Objectives, strategies and target indicators of the National Programmes on 1) HIV, 2) Drug Control, and 3) Criminal Justice Reform/Penal Reform include harmonized provisions on HIV prevention for IDUs and prison inmates with focus on integration of the effective interventions into health care services.
2. Country-specific recommendations for amendments to legislation, normative frameworks and enforcement mechanisms that eliminate legal barriers for access of IDUs and prison inmates to HIV prevention, treatment and care submitted to/endorsed by National AIDS Committees (NAC)
3. Guidelines on the standards of adequacy of HIV prevention, treatment and care services for IDUs and prison inmates submitted to NAC/line ministries
4. Model standards of professional competencies of service providers related to HIV prevention, treatment and care for IDUs and prison inmates developed and submitted to NAC
5. Model curricula for pre- and post-diploma education of the selected disciplines related to the evidence-based HIV prevention interventions for IDUs and prison inmates developed and submitted to NAC
6. Project evaluation report and lessons learned shared among major stakeholders

2. PURPOSE OF THE EVALUATION

In compliance with the project document, the mid-term evaluation is undertaken by initiative of UNODC ROCA to measure the progress of the project made towards achieving its planned results, so that the project stakeholders, if necessary, take corrective steps to ensure attainment of project objectives at the end of the project.

In general, the overall purpose of the evaluation is to draw lessons from the project implementation that could be the basis for instituting improvements to the project planning, design and management. Broader, it is expected that the evaluation will provide insights that will help UNODC

to increase the effectiveness and impact of its technical assistance in the interrelated fields of drug policies, criminal justice, and strategies in HIV prevention. The main stakeholders of the evaluation are national counterparts of the project in whose countries the project is being implemented, management of UNODC HAU and ROCA, and project staff.

The evaluation report will be shared with relevant units of UNODC, government counterparts, and the donor countries.

3. EVALUATION SCOPE

The evaluation will measure the progress of project implementation in all six countries participating in the project (Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan) covering the period from July 2006 to July 2008.

The following areas should be presented and evaluated in the evaluation report:

- project position with regards a priority area/ comparative advantage for UNODC;
- relevance and attainability of the project objectives;
- results achieved;
- sustainability of results and benefits;
- relevance and utility of the results;
- managements structure of the project, its functionality;
- problems and constraints encountered during implementation

In particular, the specific areas of evaluation should cover the following:

- (1) Overall assessment of the project (context and rationale)
 - To what extent has the project been developed and implemented within the framework of the existing UNODC strategic instruments such as the Strategic Programming Framework (SPF)?
 - To what extent are the project logic, concept and approaches appropriate and relevant to achieving the government policies and objectives?
 - Whether the intended results have been supported by appropriate activities, inputs and processes? Risks and assumptions considered?
 - To what extent the project is complementing and provides for synergy with other projects that are being implemented by UNODC in the project countries?
- (2) Attainment of the project objective
 - To what extent has the project achieved its intended objective to date?
 - Evidence of the progress towards changes in legislation and normative frameworks to create a favourable environment for the universal access to HIV prevention in participating countries?
 - What is the evidence of the national counterparts having strengthened their capacities to develop and implement effective HIV strategies/interventions with regards to IDUs and prison inmates?
 - What is the evidence that the project contributed in developing monitoring and evaluation system with feasible indicators that has been providing good quality and strategic information to track project performances?
 - What are lessons learned so far that have been disseminated?
- (3) Implementation strategy (operational plan, monitoring and evaluation)
 - Does the project have a clearly identified specific target group(s) and measurable objectives in the programme document?
 - Are the activities planned under the objectives moving on track (schedule and substance wise)? Have the country project managers adapted to change, by adjusting the programme design and direction, when deemed necessary?

- Up to date, have the resources been mobilized and utilized efficiently?
 - Is there an appropriate mechanism in place to monitor and assess the overall progress of the project?
- (4) Achievement of outcomes and outputs
- What were the expected outputs from the project? Are all planned outputs likely to be achieved at the end of project?
 - Have the planned activities been implemented with the intended result (their scope, substance and coverage, if relevant)
- (5) Institutional and management arrangements (backstopping and support mechanisms regional and field offices, national governments and other local counterparts)
- What are the specific roles and responsibilities of staff at region, field office, country, donors and other partners in implementing and managing the project?
 - Has adequate and appropriate backstopping support been provided by the relevant parties (administrative/managerial support and coordination)? Up to date, have partner institutions fully and effectively discharged their responsibilities?
 - What are the potential challenges that may prevent the operations from producing intended results?
- (6) Impacts (long-term effects)
- What are the potential impacts of the project?
 - To what extent can the project expect to achieve the positive impacts based on project results observed at the moment?
- (7) Sustainability
- To what extent are the project interventions sustainable?
 - What concrete actions or measures have been taken, or are required, to ensure the sustainability of national agencies established / supported by the projects (e.g. structural, managerial and behavioural change)?
 - Is there adequate national commitment to support policy change?
- (8) Lessons learned and best practices
- What are the best practices (if any) documented during the current operations?
 - What specific lessons (if any) can UNODC draw from the project experiences for future directions, changes or modifications in substantive areas of project implementation?

4. EVALUATION METHODS

The evaluation will be conducted by using the following methods:

- desk review of the project document, concept note, logframe, action plan, annual workplans, terms of reference for consultancies, reports of meetings/workshops/trainings, and project progress reports;
- desk review of the project products as per expected results (i.e. reports on legislation analysis, professional standards, etc.);
- interviews with key stakeholders (national project Focal Points), National Project Officers, experts involved in project work during the field visits;
- observation during field visits.

Judgements presented in the evaluation report should be supported by reference to the methods used for coming to a certain conclusion. In conducting the evaluation, the evaluator needs to take account of relevant international standards, including “Guiding principles for evaluation at UNODC”, “Standards of evaluation in the UN system”, and “Norms for evaluations in the UN system”.

Upon completion of the fact-finding and analysis phase, a draft evaluation report will be prepared. The draft should be circulated to the parties for comments. The evaluator may choose to take the comments into account in producing the final report, for which he/she will be solely responsible.

5. EVALUATION TEAM COMPOSITION

The evaluation of the project will be carried out by an independent expert appointed by the UNODC. The donors to the project may provide an expert to participate in the evaluation as observer.

Costs associated with the UNODC expert will be borne by the project. All costs for a donor appointed observer will be borne by the donor government directly.

The expert shall act independently in his/her individual capacity, and not as a representative of the government or organization which appointed him/her. The independent expert should adhere to the independence and impartiality of the evaluation process discussed in the UNODC guiding principle for evaluation. The report will be prepared by the independent expert appointed by the UNODC. This expert should have the following qualifications:

- Experience in conducting independent evaluations (if possible, within the UN system);
- Familiarity with the HIV- and drug-abuse-related situation, including the HIV-related situation in penitentiary system, in Central Asia and Azerbaijan;
- Knowledge of the concept of universal access to HIV prevention, treatment and care and of the specific evidence-based strategies for HIV prevention among injecting drug users and in prison settings;
- Excellent analytical, drafting and communication/writing skills in English. Knowledge of Russian will be considered as an asset.

6. PLANNING AND IMPLEMENTATION ARRANGEMENTS

The evaluator will be briefed on the project by the UNODC Regional Project Coordinator on his/her arrival to the region. The essential project documents can be sent to the evaluator in advance to allow for preliminary familiarization with the project subject.

UNODC Regional Project Coordinator and the project staff in countries will provide necessary substantive and administrative support during the expert's field visits. Office space and required equipment will be provided by relevant UNODC Project Offices.

Although the expert should be free to discuss all matters relevant to its assignment with the authorities concerned, he/she is not authorized to make any commitment on behalf of UNODC or the Government.

The expert will submit the evaluation report (in Russian and or in English) to the Project Coordinator, UNODC ROCA. The report will contain the findings, conclusions and recommendations of the evaluator as well as a recording of the lessons learned. Draft evaluation report should be shared with UNODC/ROCA, Tashkent, Uzbekistan, Chief of the Independent Evaluation Unit, and HAU, UNODC HQ, Vienna, Austria for their review, prior to its finalization. The evaluation expert, while considering the comments provided on the draft, would use its independent judgment in preparing the final report.

The final report should be submitted to UNODC no later than three weeks upon completion of the mission. The report should be no longer than 15 pages, excluding annexes and the executive summary. The report will be distributed by UNODC as required to the governmental authorities and respective donors, and will be discussed at a meeting by the parties to the project. For the latter meeting and for the further use, the summary of the evaluation report with recommendations should be prepared as the PowerPoint presentation and sent to the UNODC Project Coordinator along with the final version of the evaluation report.

The timetable of evaluation mission is as follows:

15 working days in six project countries

10 working days for writing the evaluation report

The suggested date for the evaluation mission: **August-September 2008**

The mission will include the meetings with the national authorities and experts involved in the project.

PERFORMANCE INDICATORS

- Timely and accurate submission of the documents.
- Substantive and linguistic quality of the documents prepared.
- Conformity of the project evaluation report with the standard format and guidelines for the preparation of project evaluation reports and technical guidance received.
- Report should contain recommendations for future course of action.

2. Organizations and places visited and persons met

Name	Position and Organization
Kazakhstan	
1. Nina Kerimi	UNODC, Regional Coordinator
2. Mr. Albert Askarov	Deputy head of State sanitary Epidemiological Committee, MoH
3. Mr. Marat Boranbayev	Head of the Department on organization and finance, licensing and HR, Drug Enforcement Committee, MoIA
4. Round table on legislation review	List of participants available upon request
5. Ms. Aigul Tastanova	Chief narcologist, Senior specialist Department of organizational work, MoH
6. Mrs. Nuriya Gafarova	Head of the organizational-methodological department , Republican Center for Applied Research on Drug Addiction
7. Ms. Lolita Ganina	Head of epidemiological department Republican AIDS center
8. Ms. Saltanat Surtaeva	Project coordinator PIU of Global Fund project in Kazakhstan
9. Ms. Madina Chuakova	Program manager, PIU of the Global Fund project in Kazakhstan
10. Ms. Madina Takenova	UNODC NPO Kazakhstan
Kyrgyz Republic	
11. Ibraeva Gulmira Abitovna	Chief specialist of Department for treatment and prevention, MoH
12. Sydykanov Bolot	National program coordinator of CARHAP
13. Tokubaev Ruslan	Director of Republican Narcology center
14. Kinderbaeva Nurgul	Country Director of CAPACITY project
15. Bayizbekova Daynagul	M&E coordinator, CAPACITY project
16. Ishemkulov Bonivur	NGO liaison officer, CAPACITY project
17. Ainagul Isakova	Manager of UNDP project "Support to Kyrgyz Government in response to HIV/AIDS"
18. Lyudmila Nevzorova	Head of organizational- methodological dep-t, NAC
19. Katkalova Oksana	Chief inspector of the department for penitentiary system reform
20. Toktosunov Turgunbek	Head of pedagogic department of GUIN
21. Chayahmetov Baurzhan	Penitentiary system programs coordinator under Prime-minister's office
22. Dobaev Zootbay	ex-coordinator Penitentiary system programs
23. Iriskulbekov Erik	Lawyer of Legal clinic "Adilet"
24. Mr. Mirlan Mamyrov	UNODC, NPO Kyrgyz Republic
Tajikistan	
25. Christer Brannerud	UNODC, International Project Coordinator
26. Ms. Maria Boltaeva	UNAIDS, NPO
27. Saleban Omar	GFATM Principal Recipient
28. Ms. Musaeva Zarina	C CAPACITY, Country Director
29. Ms. Sharipova Khursandoy	Medical University, Professor
30. Mr. Rasulov Sayfidin	Tajik National University, Psychology Dpt., Instrucor
31. Mr. Malakhov Mahmadrhim	Republican Narcology Centre, Director
32. Mr. Mirzoev Azamjon	Deputy Minister of MoH
33. Rustam Nurov	Deputy head of medical Department of Penitentiary Affairs, Ministry of Justice
34. Mr. Dodarbekov Mansurjon	AIDS Centre- Head of department
35. Mr. Khidirov Murtazokul	NGO "RAN"
36. Ms. Nigora Abidjanova	Public Health Programm Coordinator, OSI
37. Mr. Abdulkhakov Bahrom	Deputy Chief of Department of Correctional Affairs of the Ministry of Justice of the Republic of Tajikistan
38. Nurlyaminova Zuhra	AIDS Centre- Head of department
Uzbekistan	
39. Mr. Akmal Rustamov	UNODC NPO, Uzbekistan
40. Ms. Tatyana Shoumilina	Country Rep of UNAIDS
41. Mr. Aziz Khudoberdiyev	National Officer UNAIDS
42. Ms. Flora Salikhova	World Bank Project Manager
43. Mr. Kamran Niaz	UNODC Epidemiology Adviser
44. Mr. Askar Akhmedov	CARHAP/DFID
45. Ms. Tatyana Nikitina	NGO Intilish
46. Mr. Dmitry Subotin	NGO Intilish, CARHAP consultant
47. Mr. James Callahan	Regional Representative UNODC/ROCA
48. Mr. Andrey Moki	Leading Specialist, National Drug Control Agency of Cabinet of Ministers of

Name	Position and Organization
Uzbekistan	
49. Mr. Bakhodir Yusupaliev	Deputy Head of Drug Treatment and Care Central Department, MoH
50. Ms. Luisa Baymirova	Head Expert, Drug Treatment and Care Central Department, MoH
51. Ms. Lyudmila Tursunkhodjaeva	Chief Narcologist of Tashkent Medical Institute of Postgraduate Studies
52. Ms. Matluba Alimova	Head of Education Department, Ministry of Health, Leader of the National
53. Ms. Irina Dudukina	Experts Group on Professional Standards and Education Curricula
54. Ms. Rakhima Nazarova	Chief Legal Adviser of Ministry of Health, Leader of the National Experts
55. Mr. Benjamin Mills	Group on Legislation Analysis
56. Ms. Elena Yakovleva	USAID funded CAPACITY Project Country Director
57. Mr. Mumtoz Khakimov	Health Management Specialist USAID, CCM Voting member
58. Ms. Guzal Akramova	AFEW National Officer
59. Mr. Akmal Makhamatov	Coordinator of CCM of Uzbekistan
60. Mr. Saidmurod Saidaliev	Assistant Coordinator of CCM
61. Ms. Guzal Giyasova	WB funded CAAP National Project Officer
62. Mr. Bakhodir Yusupov	Head of Main Sanitary and Epidemiologic Surveillance Department
63. Ms. Evgeniya Lankevich	National AIDS Center Director
64. Mr. Oleg Mustafin	Head of Medical Unit of the Penitentiary Management System (GUIN)
65. Ms. Zhannat Kosmukhamedova, (teleconference)	Deputy Head of Human Rights Department, Penitentiary Management System (GUIN)
66. Mr. Ercan Saka	Chief Doctor of Tashkent City Narcology Dispensary
67. Ms. Enegul Djumayeva	Expert on Gender & HIV in Eastern Europe and Central Asia, UNODC HQ
68. Ms. Bahtygul Karryeva	in Vienna, AUSTRIA
69. Mr. Beklych Ovezklychev	UNODC, International Project Coordinator
70. Ms. Batyr Kulhanov	UNAIDS, NPO
71. Ms. Gulnara Haitova	WHO, Head of Country Office
72. Mr. Guychgeldy Shirmamedov	Head of Treatment and Prevention Department of the Ministry of Health,
73. Mr. Akmered Bayshimov	Focal Point
74. Ms. Gelgymurad Haldurdyev	Senior prosecutor of General prosecutor Office
75. Mr. Gurban Toryaev	Senior inspector of Medical service of Ministry of Internal Affairs
76. Mr. Babaniyaz Charyev	Senior inspector of Medical service of Ministry of Internal Affairs
77. Annatach Mamedova	Deputy of Head of Department of Execution of Punishment of Ministry of
78. Matanat Garakhanova	Internal Affairs
79. Elmira Alekperova	Senior specialist of Department of International relations and Law of Ministry
80. Baxtiyar Mirsakulov	of Internal Affairs
81. Farida Mamedova	Head of LE Department of Apparatus of President, Deputy of SCDC
82. Viktor Gasimov	Senior Specialist of LE Department of Apparatus of President
83. Leyla Imanova	UNODC, NPO Turkmenistan
84. Hadi Recebli	National Red Crescent Society, Chief of Medical Department
85. Ilham Mamedov	President of the Development Research Center "Elm"
86. Ms. Arzu Guliyeva	Member of the Development Research Center "Elm"
87. Ms. Arzu Guliyeva	Director of Association "Mother and Child Care"(NGO)
88. Ms. Arzu Guliyeva	MoH, Chief of Department on Epidemiological Control
89. Ms. Arzu Guliyeva	Director of Medical Program, OSI
90. Ms. Arzu Guliyeva	Parliamentarian, Chair of the Committee on Political and Social Issues
91. Ms. Arzu Guliyeva	Parliamentarian, Chair of the Committee on Political and Social Issues
92. Ms. Arzu Guliyeva	UNODC, NPO Azerbaijan

3. Summary assessment questionnaire

(Only used with project collaborating partners)

Warm-up

1. What services are currently available for the IDUs in this country? (*Probe* for preventive, treatment and support services in public as well as in prison system).
2. What are the major challenges in delivering these services to IDUs? (*Probe* for legislation, state regulations and for normative documents which could potentially prevent services provision. Also for needed human resources in public and NGO sector, their capacity and availability).

Now let's discuss the staffs in public, prison and NGO sector, who deliver services to IDUs. I am interested in their education and capacity to deliver services to IDUs in public and prison systems. Let's start with:

Educational Standards

3. Are there adequately trained individuals for the delivery of preventive, treatment and support services to IDUs in public and prison systems?
4. If not, what is the major impeding factors availability of the need human resources? (*Probe* availability of training programs and their standards, availability of formal educational programs for various professions, potential impeding factors).
5. Would changing educational standards increase availability as well as quality of the needed human resources?
6. How feasible is to introduce new educational standards in the existing educational system (*Probe* discuss separately standards and their potential introduction in: a) Under-graduate programs; b) post-graduate programs and c) in continuous education.)
7. What will be required to institutionalize these standards? (*Probe* who regulates & how these various programs are regulated and who is responsible for such regulations; check the regulation requirements for various sectors i.e. social, law-enforcement, prison, health).

Professional standards

8. Are there professional standards for the delivery of preventive, treatment and support services to IDUs in public and prison systems? (*Probe* the need for such standards, for various sectors).
9. If not, what are the major impeding factors for the availability of the need standards?
10. Would changing professional standards help increase availability as well as quality of the needed human resources? (*Probe* for various sectors, for low and high threshold services)
11. How feasible is to introduce new professional standards in the existing system (*Probe* discuss separately standards and their potential introduction in various sectors)
12. What will be required to institutionalize these standards? (*Probe* who regulates & how these regulations for various sectors are enacted; check the regulation requirements for various sectors i.e. social, law-enforcement, prison, health).

Now let's discuss the legislative/regulatory environment and potential need for changes

13. In your opinion, how necessary are the legislative changes to increase access to various services for IDUs and let's separately talk about public and prison system. (*Probe* which laws, regulations or normative documents currently impede access to services; talk about various sectors).
14. How feasible is to enact laws, or issue government resolutions or ministerial decrees to remove these barriers? (*Probe* separately for different acts and identify low and high hanging fruits and range of challenges; what can be done to overcome these challenges?).

Collaboration with UNODC

15. Have you worked closely with the UNODC regional project for "Effective HIV/AIDS prevention and care among vulnerable populations in Central Asia"?
16. If you have collaborated, can we discuss how the recommendations produced by the project can be implemented in this country? And in your opinion what impact they could have on the improved access to services by IDUs? (*Probe* for various sectors for timelines for implementation and expected impact timelines).

Let's discuss your personal experience with the UNODC project.

17. In your opinion what was the most success thus far that this project managed to achieve. Please could you think of at least three most important achievements? (*Probe* why these are perceived to be achievements).
18. In your opinion what are the issues this project may need to consider for future to have success in helping increasing service availability for IDUs? (*Probe* for various sectors in public and prison sector).

Thank you for your cooperation and for the provided information

4. Relevant Materials

Draft, December 2008/MTR

Effective HIV/AIDS Prevention and Care among Vulnerable Populations in Central Asia and Azerbaijan (2006-2009)

Log frame scheme

GOALS I-II: By 2010 incidence of HIV among IDUs&prison inmates is halted at the level of...*[targets formulated by country]*

STRATEGIC RESULTS I-II: Increased access of IDUs& prison inmates to quality HIV prevention, treatment and care services...*[targets formulated by country]...[target formulated by country]*

Project objective: through addressing normative policy, programmatic aspects and capacity building needs, to establish a favourable environment in all project countries to ensure the universal access to HIV prevention, treatment and care services for injecting drug users and prison inmates*

OUTCOME 1: Updated legal and policy frameworks conducive for UA of IDUs& prison inmates adopted

OUTCOME 2: Standards for provision of a full spectrum of quality HIV prevention and treatment services for IDUs & prison inmates adopted

OUTCOME 3: Updated standards of professional competencies of service providers allowing for achieving UA with focus on IDUs&prison inmates adopted

OUTCOME 4: Updated curricula for pre- and post-diploma education adopted by national educational systems

OUTCOME 5: Lessons learned documented and disseminated to inform future programming and planning

Output 1.1
Recommendations for inclusion of concrete provisions related to UA for IDUs& in prisons to nat. HIV prevention and other relevant programmes

Output 1.2. Country specific recommendations for update of nat. legislation and normative frameworks on drug control, HIV & criminal justice justice

Output 2.1 Guidelines on standards for the essential HIV related interventions including coverage and scale of service provision for IDUs& prison inmates

Output 3.1 Updated occupational standards of service providers re. HIV prevention, treatment and care for IDUs& prison inmates

Output 4.1
Model curricula for pre- and post-diploma education re. to HIV-related interventions for IDUs& prison inmates

Output 5.1
Final project evaluation report presented to major stakeholders

***Full description of outcomes:**

Outcome 1: Updated legal and policy frameworks are human-rights based and provide for the universal accessibility of HIV related services thus ensuring the implementation of rapid, large-scale and comprehensive targeted HIV interventions for IDUs in public sector and inmates in custodial settings;

Outcome 2: National quality standards for the provision of a full spectrum of the effective evidence-based HIV related interventions for IDUs and inmates in custodial settings are developed and adopted;

Outcome 3: Updated occupational standards in health care, social protection, law enforcement and penitentiary system provide for enhanced professional competencies of service providers that allow for provision of comprehensive HIV related services for IDUs and inmates in custodial settings

Outcome 4: Updated curricula for undergraduate, graduate and postgraduate/continuous professional education provide for sustainable capacity building opportunities for relevant service providers in health care, social protection, law enforcement and penitentiary systems and ensure acquiring of the necessary level of professional knowledge and skills for providing the effective and comprehensive HIV-related targeted interventions for IDUs and inmates in custodial settings

Outcome 5: The lessons learned are documented and disseminated within the region and also to a wider audience outside Central Asian countries.