

# **TERMINAL EVALUATION REPORT**

**Project Number:** AD/PAK/I35

**Project Title:** Counselling and Treatment of Women with Substance Abuse Problems

**Thematic area:** Prevention, treatment and rehabilitation

**Country:** Pakistan

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## EXECUTIVE SUMMARY

### Summary table of findings, supporting evidence and recommendations

<i>Findings: identified problems/issues</i>	<i>Supporting evidence/examples</i>	<i>Recommendations</i>
<p>1. Continuation of project</p> <p>The project funding has ended.</p>	<p>The project funding has ended. NGOs are preparing to cut down on services and close the in-door unity (in Karachi)</p>	<p>UNODC to solicit donors for bridging finance so that the project's momentum is not lost.</p> <p>UNODC to work with funding agencies to obtain funds so project can be continued and expanded.</p> <p>NGOs to continue wherever possible with some of the project interventions</p>
<p>2. Need to ensure the sustainability of project</p>	<p>Project activities dependent on international funding.</p>	<p>In the next phase ensure that the project is well monitored and evaluated and provide good evidence about the usefulness of the project so that local provincial and national funding can be obtained.</p>
<p>3. Need for better data on substance abuse among women and M &amp; E data from treatment and rehabilitation interventions</p> <p>3.1 A National study of women drug users was used as a baseline to this pilot. However, the study lacked specific information on drug use among women in project sites.</p> <p>3.2 Data collected by the project focused on descriptive information on clients but lacked analysis of the interventions provided. Little reliable follow-up information</p>	<p>Mapping of project sites was not undertaken.</p> <p>Recently emerging anecdotal reports of substantial numbers of women buying injectable tranquillisers from pharmacies.</p> <p>Not enough information on efficacy of interventions not on why any one approach is superior to another.</p>	<p>a. Study of drug use problems and service needs among women in project sites.</p> <p>B. Study of women buying psychotropic drugs in pharmacies</p> <p>C. Development of analytic framework and agreed definitions of variables for project to enable evaluation and assessment of project activities.</p>
<p>4. Information and Education and awareness raising in the community</p> <p>4.1. An attempt to provide information to women in a variety of settings and to the community at large was not entirely successful.</p> <p>4.2. Nor was much attention given to dealing with stigma and discrimination against women with substance abuse difficulties.</p>	<p>FM radio initiative yielded a disappointing response</p> <p>Some existing IEC material developed by NGOs reflects unclear and even erroneous thinking about the aetiology of women's substance abuse problems.</p>	<p>A. Abandon FM radio initiative.</p> <p>B. Develop accurate publicity information on women's drug use and re-direct publicity to sites which women attend.</p> <p>C. Develop and test awareness raising strategy targeting the community at large and families to deal with stigma and discrimination against women who use drugs.</p> <p>D. Distribution of IEC material to be re-thought and different approaches developed to target different audiences.</p>
<p>5. Treatment and rehabilitation</p> <p>5.1. Not enough information about treatment outcome. (Short follow-</p>	<p>High relapse rates and re-admission to treatment.</p> <p>Project document makes general</p>	<p>A. Diversify and enhance treatment approaches.</p>

<i>Findings: identified problems/issues</i>	<i>Supporting evidence/examples</i>	<i>Recommendations</i>
<p>up period because of brevity of project)</p> <p>5.2 Not enough information about the nature and quality of treatment.</p> <p>5.3 Insufficient attention to issues of STI, HIV/AIDS and HEP C in the project document.</p>	<p>statement about addressing HIV/AIDS prevention among vulnerable women but only one activity relates to HIV and deals only with referral</p>	<p>B. Establish day programmes</p> <p>C. Consider harm reduction approaches where appropriate. Establish close relationship with STI and VCT centres</p> <p>D. Provide more ongoing support and relapse prevention strategies to women and their families</p> <p>E. Introduce training peer led approaches</p> <p>F. Extend the number of trained NGO staff and institute a system of regular supervision (and support)</p> <p>Ensure that HIV/AIDS prevention, diagnosis and treatment (where needed) receives a high priority</p>
<p>6. The project has not forged ongoing collaboration with others working in the field of women's health and welfare.</p> <p>Not much evidence of project NGOs networking with other agencies. Many 'one off' activities</p>	<p>Little evidence of referrals to project from other clinics or physicians.</p>	<p>A. Develop strategy to allay the concerns of other health workers and NGOs about the project 'usurping' their clients. (e.g. offer voluntary consultation and support so that women can continue to be treated by their initial agency or physician.</p> <p>B. Establish close working ties with HIV/AIDS services and reproductive health clinics and all NGOs working with women</p>

**a) Summary description of the project or programme evaluated including project objectives**

The project relates to objective four of the UNODC, country office Pakistan's draft Strategic Programme Framework (SPF) 2006-2009, which pledges support to women with drug abuse problem as one of the five priority areas. This project also addresses HIV/AIDS prevention among vulnerable drug abusers including women.

The pilot project contributes to this objective by addressing the issue of inadequate services to assist women with substance abuse problems in Pakistan. The objective of the project is to 'Strengthen the capacities of public institutions and non-government organizations to provide effective drug abuse treatment and rehabilitation services for women with drug problems'. The project will encompass:

- An assessment of the extent and nature of substance abuse problems among women
- Establishment of outreach counselling and treatment services
- Establishment of substance abuse treatment programmes

The project will also provide a knowledge base and a tested and refined methodology for replication of the approach in a wider programme.

The following 4 outputs were outlined:

- (1) Baseline study to establish status of substance abuse problem among women carried out

and discussed with stakeholders

- (2) Outreach services, in the two selected cities, established
- (3) Home and centre –based drug treatment programme for women with substance abuse problems established.
- (4) Radio publicity of the services for women with substance abuse problems.

#### ***b) Major findings of the evaluation***

- The development and provision of prevention, treatment and rehabilitation interventions targeted specifically at women in Pakistan are both necessary and feasible. It is critical that interventions focusing on women drug users be continued and expanded.
- The project employed concepts and strategies that are sound and in line with international experience and guidelines. However, there is room, in the future for trying out additional, innovative approaches to reach more of the hidden population of women drug users.
- Personnel working on this pilot project demonstrated a high level of commitment to the work and an ability to work in difficult environment while preserving confidentiality and integrity.
- The pilot revealed data gaps. There is inadequate information about the scale and nature of women's drug use both in urban and rural areas in Pakistan. Project activities, including treatment successes and failures need to be monitored and researched more carefully.
- The project was well managed and implemented and succeeded in gaining the full support of the National and Provincial Drug Control authorities.
- Insufficient attention to HIV/AIDS prevention and care in the project design. Only one activity relates to HIV i.e. referral to STI and VCT clinics.

#### ***c) Lessons learned and best practices***

##### *c.1. Lessons learnt*

- The project identified women with a wide variety of substance abuse problems, which do not fit any stereotype of drug using women. In future a wider range of interventions and treatment objectives should be employed to meet the need of this heterogeneous population.
- Rehabilitation and aftercare:
  - The high relapse rates suggest that issues of rehabilitation are key factors in recovery and must not be neglected and that there is a need to address a range of problems beyond drug use experienced by women coming to treatment. Following treatment women often returned to the same situation of stress and discord, which may have precipitated or exacerbated their substance abuse problem.
  - It became apparent that the project should consider providing opportunities for economic empowerment where appropriate.
  - The high relapse rate in the pilot also indicated that women in treatment and their families need longer follow-up support and would benefit from peer outreach workers and from the example of recovering drug users.
- Radio publicity (output 4) Both NGOs conducted numerous radio programmes. However, evidence from the low level of response would suggest a disappointing response. It would seem that different strategies have to be employed in targeting women with information about drug abuse and new ways must be found for publicising the new services.

##### *c.2. Best practice(s)*

It is too early to identify examples of best practice.

However it must be emphasised that the two participating NGOs and their partner (in Lahore) displayed a high degree of diligence, commitment and professionalism in respect to the project and have, overall succeeded, in ensuring the ongoing support of the government.

#### ***d) Recommendations and conclusions.***

The pilot project demonstrated unequivocally the need for drug services focusing on women in Pakistan. The project should be continued and expanded to more cities and to pilot rural areas where drug use is present and all efforts must be made to ensure the long-term sustainability of interventions for women.

With the exception of output one of the project, which was abandoned by UNODC in consultation with the government, all outputs were achieved, and at times exceeded expectations. The main objective of the pilot was to establish services and demonstrate the feasibility of targeting women. This was achieved however in the next phase the range of interventions must be extended to address the heterogeneity of women's drug abuse needs and the multiplicity of their needs. Careful monitoring and evaluation of the interventions is required. So reference to HIV is made just once in the list of outputs (a referral system to STI and VCT clinics to be established) it is recommended that in the next phase of the project more attention be paid to establishing useful data systems. These would include better baseline information on women's substance use in the project areas, monitoring and evaluation of the services on offer, follow up of the women and their families who have undergone treatment

The challenge of forging ongoing working relationships with others working with women – specifically on women's health and socio-economic and family issues was not accomplished and needs to be explored in the next phase, So too the IEC strategy and awareness raising and dealing with stigma and discrimination was addressed in an ad hoc manner through a variety of media events and lectures and participation in conferences. In the next phase this needs to be addressed systematically in the next phase (and where necessary innovative) ways of reaching and working with women in all walks of life can be achieved.

At the end of this initial pilot a number of gaps in the data were identified. These included insufficient baseline data in the project sites and the lack of follow-up information - both a function of the short duration of the project. It is recommended that in the next phase, more attention be given to monitoring and evaluating the interventions, so that they can be modified and expanded accordingly.

## **1. INTRODUCTION**

### **1.1 Background and Context**

This pilot project was developed in the context of increased awareness in Pakistan of the extent of women's involvement in substance use problems. The first study of women's drug use in Pakistan was conducted in 2000<sup>1</sup> and although it reported on a small sample of women, it indicated clearly that problematic drug use existed among women and suggested a need for more attention to women's substance abuse in the country. At the time of the pilot's inception a national study of women's drug use in Pakistan was ongoing.

This pilot project was designed to provide information about women's drug use problems in Pakistan, focusing on Lahore and Karachi, and with the view that lessons learnt will be used in designing further interventions. Initially, doubts lingered about the extent to which women would

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1 Anti Narcotics Force (ANF) and National Commission on the Status of Women (NCSW) 2005 'Perspectives on Female drug abuse in Pakistan'.

be able and willing to seek help and whether their families would accept their difficulties and provide them with the necessary support for recovery.

## 1.2 Purpose and scope of the Evaluation

The purpose of this terminal evaluation is to assess whether in the past two years the project has succeeded in accessing and motivating women substance abusers to seek treatment and rehabilitation in two cities in Pakistan. In addition, the task of the evaluation was to consider the 'way forward' and to recommend whether the pilot should be continued, modified and/or expanded.

The Terms of Reference for the evaluator enumerated the major topics for the evaluation. (However, the report follows the template provided by UNODC).

These comprise the following issues:

Project strategy, approaches, design, implementation and results specifically:

- (i) The project strategy in terms of the appropriateness of objective (both the drug control and the immediate objectives
- (ii) The appropriateness of the achievement indicators
- (iii) The work-plan and planned duration of the project
- (iv) Clarity logic and consistency of project document
- (v) An assessment of the project's success in realizing objective of strengthening the capacities of NGOs to provide quality drug treatment and rehabilitation services to women with substance abuse problems
- (vi) An assessment of the underlying factors that influenced the outputs of the project and results either positively or negatively
- (vii) An assessment of the project's implementation to determine the efficiency and effectiveness of the project
- (viii) An assessment of the capacity needs of the implementing organizations in implementing the project, and how its current capacity may have hindered or accelerated the results desired
- (ix) The contribution of the project in attaining the drug control objective
- (x) The quantity and quality of outputs produced
- (xi) Sustainability of results

For Terms of Reference, please see Annex 1

## 1.3. Executing Modality/Management Arrangements

*Execution modality:* This project was executed by the UNODC in Pakistan. The government counterpart was the Ministry of Narcotic Control (MNC)

*Implementation arrangements:*

- UNODC Country Office in Pakistan implemented the project in collaboration with the Anti Narcotic Force (ANF) Demand Reduction Directorate, the Provincial Governments and two local NGOs.
- The UNODC National Project Officer managed the project and implementation was monitored by quarterly meetings of the project steering committee, which consisted of the Director of the ANF, the Deputy Secretary of the MNC, UNODC Drugs and HIV advisor and the UNODC Project Officer.

- Two partner NGOs (one in Lahore and one in Karachi) provided regular quarterly progress and financial reports to UNODC.

This implementation modality was chosen in order to provide NGO partners with the maximum technical support available in the UNODC and the ANF Demand Reduction Division.

The Project Steering committee was chaired by the Director of Planning and Development at the ANF and will in future be chaired by the Deputy Director General of the ANF. The Project committee meetings were attended by UNODC, representatives from the Anti Narcotic Force (ANF) and from the Ministry of Narcotic Control (MNC) and by the Provincial Deputy Directors of the ANF as well as by the partner NGOs. Backstopping was carried out by site visits undertaken by UNODC and government partners, and by feedback from UNODC to the monthly and quarterly reports from the field and the accompanying work-plans.

Few project activities were implemented directly by UNODC. These were

- Training of project staff and
- The Study Tour to Bangladesh.

All other project activities were implemented by NGOs in Lahore and Karachi. The partner NGOs were jointly selected by UNODC, the Anti Narcotic Force and the Ministry of Narcotic Control.

Prior to this pilot, demand reduction experience was largely confined to working with men drug users. The objective of this project was to strengthen the technical and logistic capacity of NGO partners to determine the nature of the problem and to develop services for women. Efforts were made to identify women substance abusers, motivate them to come to treatment, offer counselling to women and their families, out-door or indoor treatment and relapse prevention, follow up support and home-based treatment where appropriate.

#### **1.4 Methodology**

The evaluation was conducted in Pakistan over a 7- day period. Field visits were made to Lahore and Karachi. The UNODC Project Officer (Dr. Farrukh Ansari) accompanied the consultant and facilitated the evaluation. The overall theme of all meetings was to elicit views and impressions of the pilot and reflections on lessons learnt and future directions.

- Meeting with Drug Liaison Officer at the Italian Embassy who are funding this pilot project and with Ministry of Narcotics Control and ANF officials in Islamabad
- Field visits consisted of site visits to NGOs, open-ended discussions with key informants (project staff) and meetings with ANF personnel in Islamabad and Lahore.
- Meeting and discussions with women substance abusers, some of whom were in recovery and others were still in treatment.
- A comprehensive review of secondary data including all project documents i.e. project document and log-frame, routine reports from the implementing agencies, copies of presentations given by project staff during the pilot, treatment and rehabilitation data about clients gathered and analysed by the project – including both qualitative (case studies) and quantitative data, publicity and public information material on women’s drug use problems.
- Presentations by both NGOs (power point) + full reports describing their clients and providing a complete picture of all activities undertaken during the pilot.<sup>2</sup>

The evaluation of this pilot project included extensive discussions with key informants - service providers, and the target population and included visits to the premises of the two participating

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<sup>2</sup> See annex 3 for NGO reports

NGOs (where the in-door facilities were located) and the premises of the NGO SHEED in the red light district in Lahore where many of the women are working.

- Discussions with key informants from NGO staff covered the whole range of project objectives and implementation modalities. Discussions also focused on alternative methods of accessing and identifying women with substance abuse problems, alternative approaches to treatment and the need for more rehabilitation facilities and skills /literacy training. In addition the evaluation touched upon the gaps in technical and financial capacity for achieving the projects goals and objectives. Finally considerable attention was given to the feasibility and advisability of extending and widening the project, the measures needed to ensure the sustainability of interventions, information /data needs for an extended project targeting women (especially on psychotropic drug use by women), an exploration of ‘the way forward’.
- Discussions with women clients focused mostly on their experience of treatment, and their views on its effectiveness, the reactions of their families to the problems, difficulties in staying off-drugs and the need for support including the need for peer outreach workers.

Because of the limited duration of the pilot, there was no discussion on the impact of the project in terms of its drug control objectives, but some lessons learnt were identified.

*\* Please see Annex 2 for list of sites visited and key informants*

## **2. ANALYSIS AND MAJOR FINDINGS**

It is important to note at the outset that this pilot project was of short duration (April 2006 to March 2008). Note, however that activities in Lahore only began in October 2006. The total budget allocated to the project was \$270,000.

### **2.1 Overall Performance Assessment**

The design, and objectives of the pilot project were appropriate to the task and was timely in the light of information about an increase in substance abuse among women in Pakistan. The choice of two cities in different provinces was appropriate as was the choice of partner NGOs – both of whom had experience in drug treatment but had not hitherto focused on women.

The NGOs were successful in achieving all the targets set out in the project document and there was a transparent and efficient use of resources. The project staff in both cities demonstrated a high level of commitment and professionalism. NGO project staff were keen and enthusiastic about proceeding to the next phase of the project and expanding both services and the range of interventions.

### **2.2. Attainment of the Objectives**

An excellent start has been made in Pakistan to meet the project’s objective: ‘To strengthen the capacities of public institutions and NGOs to provide quality drug treatment and rehabilitation services to women with substance abuse problems’ Developing specific interventions for women substance abusers in Pakistan was feasible.

The project succeeded in contributing to a more extensive knowledge base on substance abuse problems among women in Pakistan:

- Public officials in key institutions (especially in the government drug control sector) have improved their knowledge and understanding of the issue – a major gain from the project’s study tour and from the regular project meetings and from informal contact with the NGOs.
- The NGOs were charged with taking the lead in their cities to raise awareness about women’s substance abuse problems targeting both the community at large as well as vulnerable women in the community – it is difficult to assess to what extent this has been successful not least

because the pilot was small. What is evident though is that despite media events and radio programmes as well as direct communications with others in the health and HIV/AIDS sector, ongoing collaboration has proven difficult and has not yet been fully achieved (with the exception of ongoing work with the NGO SHEED in Lahore). Routine referral from organisations where women substance abusers may be attending for other reasons to the specialised substance abuse treatment facilities was not established (e.g. from reproductive health, HIV/AIDS and antenatal clinics, hospital outpatient, mental health facilities). In the next phase of the project the NGOs who participated in the pilot will be in a good position to mentor, advise and counsel other organisations on the prevention, treatment and rehabilitation of women

The objective of the pilot was to establish services for women and this was successfully achieved.

A close examination of the outputs expected from the pilot project, reveals that the implementing NGOs undertook all the activities outlined in the project document with the exception of output one, which was abandoned in consultation with UNODC and government counterpart because of the ongoing study of women substance abusers in Pakistan. Without exception project staff demonstrated a high level of professionalism and commitment to the task.

The involvement of the government of Pakistan (The ANF and the MNC) was achieved. Attendance at the Project committee meetings was good, and some officials participated in the study tour. All officials interviewed knew about the project and were fully supportive of it – wanting it to continue.

It was difficult to assess whether the objective of providing ‘quality’ drug treatment and rehabilitation was met because there was little outcome or follow up information. However, the project met the targets for women in treatment and for staff training. But the numbers of trained personnel actually engaged in the project was low and routine staff changes potentially threatened the work of the project. A increase in the number of staff members is needed in the next phase to ensure continuity.

However, the large number of women who came for help to the project demonstrates that women contacted by the project recognised the need for these services. Furthermore, there was no documentation on why a particular treatment modality was indicated for any particular woman.

As relatively few women were given home-based treatment, special interventions required for this approach were not developed or tested.

### **2.3. Achievement of Programme/Project Results**

#### ***Overall achievements***

The project was successful in delivering the majority of outputs outlined in the project documents.

The major achievement of the project was that the NGO staff succeeded in contacting women substance abusers and motivating them to come to treatment. In addition, data collected by the NGOs in the two sites added to the understanding of women’s substance abuse particularly in Lahore and Karachi. (For example the NGO observed in Lahore that there were many women buying injectable drugs from pharmacies, and in Karachi that women were willing and able to attend treatment and did not necessarily need home based interventions). However, more information is needed.

It is too early to assess what the women treated by the project gained from treatment, as there is no systematic data on relapse or abstinence and none on whether the project was successful in assisting their families in helping the women with their substance abuse problems.

Some specific achievements were:

- The numbers of women treated by two NGOs exceeded expectations. Most women were treated either as in-door or out-door patients with only 16 treated at home.
- Home-based treatment was provided by the Karachi project to 19 out of 106 women. None of the women in Lahore required home-based treatment but many were treated in the community where they worked in the sex industry (56%).
- Residential (in-door) treatment was provided to 1.9% of women attending the Lahore project and to 87 out of 106 women attending the Karachi project
- Close collaboration with the NGO SHEED working in Lahore red-light district led to an increase in expertise and knowledge about the drug use problem of sex workers and demonstrated the feasibility of close collaboration with NGOs working with sub-populations of women.

**Output one:** A baseline study to establish the status of substance abuse problem among women carried out and discussed with stakeholders’.

This baseline study was set aside because an ongoing national study of women’s drug use was underway at the time the project began.

The national study provided excellent background information but the data on the two project sites was scant. The total sample of women from Lahore was 53 (6% of total sample) and in Karachi it was 79 (9% of the total sample)

**Output two:** Outreach services in the two selected sites established.

All the activities listed under output two of the project were implemented.

- Two NGOs were selected in the project cities and outreach workers were recruited and trained.
- Telephone counselling services were established. However the numbers of women using these services was disappointingly low. Other options could be tried in a future project (e.g. distributing contact material in health centres, hospitals, doctor’s surgeries, pharmacies etc) attempting to add a woman with a drug problem to a radio/or TV soap opera and dealing with her problems in the script)
- Referrals to STI clinics were established but little use was made of government and other NGO treatment facilities. It is not clear why this was so, but it appears that there were numerous possible reasons: the clinics were not conveniently located or were perceived by the women as being unwelcoming. Partner NGOs did not routinely offer to accompany women to these facilities.
- The partner NGOs provided treatment to women drug users. The number of women registered as receiving services at each centre was 216 in Lahore and 106 in Karachi.
- There is no information on the % of families who understand early signs and symptoms of substance abuse problems. However, some services such as information and counselling were available for families of women receiving treatment.

**Output three:** ‘Home and centre-based drug treatment programme for women with substance abuse problems established’.

- Training was provided to 32 drug treatment staff regarding intervention for women with substance abuse problems. Five day training took place in Islamabad in March 2007. Training was provided by international consultant Ms. Jan Copeland. Topics covered by the training include; women, gender, and substance use problems, barriers to treatment

access, engaging women in treatment, treatment services for substance abuse that are responsive to gender, counselling women with drug abuse problems and HIV/AIDS and drugs abuse.

- A study tour to Bangladesh took place in March 2008 (9 participants). The group visited three organizations, providing treatment services to women with drug abuse problems. The participants had a good exposure to women treatment projects. The participants learnt that the project implementing organizations had good linkages with other organizations for referral for services and that vocational rehabilitation is an important element of the interventions.
- Some education of family members about women's drug use is ongoing – the education includes awareness raising on potential harm from drug use, principles of relapse prevention, how to handle craving, relationship issues and advice on how to resolve conflicts.
- Treatment was provided to 216 women in Lahore and to 107 women in Karachi. These numbers exceeded the target of 100 in each site.
- Out-door treatment is provided to sex workers in the red light district of Lahore. However, there are few injectors among them.
- Referral to VCT services was established in Lahore but few women who were referred to the nearest VCT facility came back because they could not meet the relevant person. Other VCT facilities were too far and not convenient to access.
- More than half of the families received counselling and support but few received training in providing this to their family member as hoped for in Activity 3:3

**Output four:** Radio publicity of the services for women with substance abuse problems developed

- Radio programmes were undertaken on FM100 radio. However, it yielded a small response. In Lahore there were 12 calls to the hotline and 20 calls in response to the 12 radio programmes. Data from Karachi was not available although a number of radio programmes did go ahead.

\*\* Please see annex 4 for summaries of NGO activities in the two sites and for the reports provided by NGOs for details of their activities.

## **2.4. Implementation**

The pilot project was principally implemented by two NGOs and executed by UNODC. The two implementing NGOs in Lahore and Karachi were selected jointly by UNODC and ANF. The work-plan included providing drug treatment to women drug users every month, field visits three times a week, telephone counselling and primary health care. The NGOs were required to submit monthly progress (data only) and quarterly reports which included data plus narrative on progress and a financial report.

Regular reports were submitted to UNODC and funds were disbursed on time. Monitoring was done through site visits and meeting were held with the project staff and target population. In addition the Regional Directorates of the Anti Narcotics Force in Lahore and Karachi regularly visited the project sites and met the NGO project staff and the project beneficiaries. Law and order situation hampered the field work in both the project sites and the experienced project psychologist in Lahore left the project after her marriage. The project coordinating committee met regularly and provided both oversight and backstopping to the project. The fact that the majority of activities outlined in the project document were undertaken attests to the successful implementation of the project. The budget was adequate for meeting the limited objectives of the project.

Government counterparts are committed to the project and expressed support for its continuation

## **2.5. Institutional and Management Arrangements**

The institutional and management arrangements for this pilot were appropriate considering its short timelines and limited resources.

## **3. OUTCOMES, IMPACTS AND SUSTAINABILITY**

### **3.1. Outcomes**

#### *Treatment outcomes - abstinence*

A large number of women drug users were contacted during this short pilot and many of them underwent treatment, exceeding the expectation of the project.

*In-door or out-door treatment:* In Karachi the majority (87/106) were provided with residential treatment while in Lahore only (4/206) were treated in-door. However, the client groups showed marked differences, and these may have affected treatment choice. In Karachi 38 (36%) of women were using heroin, and 36 were using psychotropic drugs and 25 were injectors. In contrast Aghaz-e-Nau most of the women were psychotropic drug users – 88 (41%) and hashish users - 77 (36%). Only 2 women in the Lahore cohort reported injecting drugs. It is interesting to note that the Karachi project reported just 13% abstinence after three months follow up while Lahore reported abstinence rates of 35% after 3 months follow up. However, these data are difficult to interpret as not only are the profiles of women in each project very different (with a larger group of women addicted to hard drugs in Karachi) but also the follow up data unclear, since follow up period is short. It will be necessary in the future to pay more attention to data recording and to establishing acceptable definitions of variables across the project sites.

It is not clear however, to what extent the interventions can be judged as successful. The follow up period was inevitably short. Preliminary result from one of the site (Karachi) suggests that just 13% were able to maintain abstinence following treatment (But the follow up length not given thus making it difficult to assess the relevance of this finding) while the other project site in Lahore reported higher levels of abstinence (35%) at the end of the pilot but again the length of follow up is unclear.

#### *Treatment outcomes - rehabilitation / skills training/ re-integration in family:*

No information was available on what actually happens to the majority of women post treatment so it is impossible to judge at this stage, the efficacy of the interventions.

However, the pilot demonstrated clearly that working with women drug users in Pakistan is feasible and the UNODC pilot project has the potential of making a difference in Pakistan by focusing on the hitherto neglected problem drug use among women. The project has gained full support from the National and Provincial Drug Control agencies – the ANF and the MNC and

have now accepted that women require specialised assistance. There are indications that the NGOs participating in the project are ready to try innovative approaches (including home-care, and day-care) to reach their target population and in the next phase of the project to be more analytic in monitoring their work.

#### *Increase in knowledge about women's drug use:*

The pilot demonstrated that there are considerable drug use problems among women and a potential serious hidden population of women who suffer from substance abuse problems. However, the pilot project was not designed to undertake the necessary studies on the matter (having deferred studies of the project areas in the expectation that the national study will yield sufficient information. However, the national study did not yield sufficiently detailed information

for programme development. In a visit to just one inner city pharmacy in Lahore a reported 10-20 women come daily to purchase injectable tranquillisers. Understanding about the type of interventions with the greatest potential for helping women was gained and gaps in services were identified.

### **3.2. Impact**

It is too soon for an assessment of the project's impact not only because of its short duration, but also because it was small scale – confined to a small number of NGOs in just two cities in Pakistan. There is no doubt that some women and their families benefited from the treatment offered and that in both cities there is a generally favourable view of the project. However, efforts to extend the reach of the project and reach a wide audience of women with preventive messages, was not altogether successful. Radio programmes did not produce a satisfactory response. It is impossible assess the impact of lectures and advocacy events in the community or of participation in conferences about women's issues. There is no information on specific resulting actions.

No negative or unintended consequences were identified.

### **3.3. Sustainability**

This pilot is not sustainable in its present form but provides an essential base for the design of an extended and expanded intervention.

Sustainability is dependent on reliable and sufficient funding to allow for continuity in service provision, satisfactory publicity of services so that women in need of help are aware of what is on offer and continuous capacity building and quality control.

At present the National and Provincial Drug Control authorities in Pakistan are fully supportive of the project and are very much in favour of its continuation and expansion to other cities and selected rural villages in Pakistan but there is a need for financial commitment from the National and Provincial Drug Control authorities to continue supporting the project once the pilot has proved its efficacy and usefulness. Continued funding and continued support from UNODC will enhance the process of achieving sustainability. Such support will enable the developing effective methods of reaching and helping women with substance abuse problems.

## **4. LESSONS LEARNED AND BEST PRACTICES**

### **4.1. Lessons learnt**

During the project implementation much was added drug control professional's understanding of women's drug use in Pakistan.

The project demonstrated the heterogeneity of women's substance abuse problems from the women self-medicating with psychoactive drugs to women working in the sex industry who were resorting to using a variety of drugs. A major lesson learnt is that because of this heterogeneity multiple approaches are needed and a range of interventions. The pilot did employ some key approaches but more innovative approaches are needed, most especially some that are tailored to the situation in Pakistan.

The need to go beyond treatment and consider rehabilitation is a major lesson learnt from this pilot. It also became apparent that the project should consider providing opportunities for economic empowerment and referral to skills training or employment opportunities where appropriate.

It also became apparent during this pilot that there is a need to address problems beyond drug use experienced by women coming to treatment and maybe to consider intermediate treatment aims (i.e. not only abstinence but harm reduction strategies when needed). These include family difficulties (including drug /alcohol use by other family members, psychiatric /mental health

problems of the woman or key members of her family, difficulties with children, ill health, socio-economic problems of poverty and helplessness etc.

The pilot also indicated that women in treatment need long follow-up support and would benefit from peer outreach workers and from the example of recovering drug users.

Both NGOs conducted numerous radio programmes (output 4). However, evidence from the low level of response would suggest a disappointing response. It would seem that different strategies have to be employed in targeting women with information about drug abuse and new ways must be found for publicising the new services.

#### **4.2. Best Practices**

It is too early, at the end of a 24-month project to identify examples of best practice.

#### **4.3. Constraints**

There are a number of problems, which have presented difficulties and constraints upon this pilot project.

*The risks to personal safety and security for both project staff and women drug users:* The current volatile law and order situation in Pakistan inhibits free and unfettered access to certain districts in both cities. Added to this are the periodic police raids on Lahore red light district. These circumstances have impacted on the ability of counsellors to do their work – particularly in Lahore since much of the out-door work there was based in the red-light district where the women are working.

*Project's modest funding* resulted in a reduced staff with a lack of opportunities for continuing training and capacity building and a lack of resources to build and sustain collaborations and networks. This inhibited the growth of the project and impacted upon the ability to experiment and innovate, and to go beyond simple data analysis. The project did not have the budget for training for peer educators and outreach workers from among the recovering women and for really sustained follow up support. The project did not have sufficient resources to undertake effective awareness raising and to address the issues of stigma and discrimination towards women drug users.

It must be acknowledged that the position of women in Pakistan society and the role of their family can hinder the work of the NGO. Women drug users often experience difficulties at home and both women and NGOs report that domestic issues frequently trigger relapse. Public education, and intensive work with family members may in the future begin to address these issues.

### **5. RECOMMENDATIONS**

#### **5.1. Issues resolved during the evaluation**

As field visits to Lahore and Karachi were short (1-1/2 day each) and time spent in Islamabad equally limited (and second meeting with Drug Liaison officer at the Italian embassy to discuss continuing funding – was unfortunately cancelled) the opportunities for acting upon issues and problems discussed were not practicable.

#### **5.2. Actions/decisions recommended**

##### **Recommendation 1: Ensuring the continuation of the project**

The first priority at this time is to ensure the continuation of the project while additional funding is being sought. It is recommended the UNODC find a way to do that so that the momentum of the project is not lost, and trained staff do not seek alternative employment in the meantime.

It is suggested that the project continue in some of their low cost interventions. Low cost activities could occur by building on the existing strengths of the partner NGOs and the experience they gained during the pilot. Low cost activities would include counselling and the establishment (in Karachi) of a day programme abandoning if necessary the more expansive in-door programme and continuing if at all possible counselling and support in the red-light district of Lahore.

### **Recommendation 2 Ensuring the sustainability of project**

Sustainability is a major issue to be tackled in the next phase of the project. As this was a relatively short pilot, it cannot be expected that much attention would have been given to issues of sustainability although it must be noted that the project succeeded in ensuring the support of the Pakistan government at provincial and national level, and the support of current funders (who expressed their willingness to consider funding a longer and extended project). It is recommended that all efforts should be made to secure longer term funding for the next phase of the work. And following a well evaluated and monitored next phase that services will be able to secure local/provincial or national funding.

It is recommended that day programmes and an expansion of home based treatment as well as in-door treatment will all be continued when the project is again fully funded.

### **Recommendation 3: Improve data**

Need for better data for planning appropriate interventions and for evaluating and monitoring what the project is offering:

- A number of data gathering initiatives are needed. This included:
  - Study of drug use problems among women in existing project sites and in all new sites chosen for the next phase, followed by a needs assessment.
  - Conducting studies in selected pharmacies to determine the level and pattern of women's purchase (and use) of psychotropic medicines
- Standard reporting systems across project sites should be established especially in respect to qualitative data to be congruent with internationally accepted definitions, nationally accepted social class or socio-economic status categorisation, categorisation of drugs of choice and details on relapse, re-admission, and re-entry programmes. This will enable a comparison between these data and other findings from across the world. Detailed documentation is also necessary in order to learn from the experience. Recording systems should also indicate why a particular treatment approach has been chosen.
- Need for follow-up information on treatment outcome. Currently abstinence and relapse data are unclear. Because the project was short, information on outcome was unreliable (short and incomplete follow-up).
- It is also recommended that variables to be reported on should be standardised in order to understand the experience of the project and the data from different sites.

### **Recommendation 4: Improve information about women's drug use and counteract stigma and discrimination**

Discontinue the radio publicity of the services for women with substance abuse problems (Output 4).

- Develop different strategies to make issues about women's drug use and available services known to women and focus publicity on sites where women are likely to be found (e.g. medical surgeries, child-care services, reproductive health clinics, ante-natal clinics, health

centres, hospital outpatient departments) and on vulnerable women who may attend VCT centres STI clinics and NGOs working with special needs women such as sex workers.

- At the same time revise awareness-raising strategy for women and their families in the community to address issues of stigma and discrimination directed at women with substance abuse problems.
- Develop different and ongoing strategies for reaching women in different localities and with different socio-economic status. (During the pilot many publicity and information giving activities were ‘one off’ activities such as a single lecture, or a single visit to an organisation, or attendance in seminars and conferences).
- Ensure that all information provided to the women, their families and the community on substance abuse is accurate and appropriate to the local situation.
- Develop awareness raising strategies on women’s drug use targeting health professionals and pharmacists, to assist them in diagnosing the problem and giving them the information for appropriate referrals.

### **Recommendation 5: Improving Treatment and rehabilitation**

- Extend treatment options to women with substance abuse problems bearing in mind the heterogeneity of women and their problems.
- Treatment options should include more outreach and peer led interventions, group work, extended after-care and more follow-up support group groups. Add day - programmes which will enable women to live at home yet gain some distance and objectivity from their home situation and master new problem solving skills.
- Treatment interventions should include referral and assistance for women to use STI VCT centres whenever their life style and risk behaviour gives rise to suspicion that they may have been exposed to HIV or Hepatitis C.
- In the next phase of this project, innovative approaches to rehabilitation, income generation, literacy and skills training for women drug users in Pakistan should be developed as a priority.
- It is recommended that the project look beyond the goal of total abstinence for some drug dependent women and consider harm reduction interventions where appropriate.
- An increase of the scale of staff training is recommended to extend the pool of trained NGO personnel to ensure that inevitable staff turnover does not endanger the implementation of the project.
- Ensure the quality of both the training and the subsequent interventions. So far we have little information on what is actually offered beyond generalised approaches such as ‘motivation’ or ‘relapse prevention’ or ‘support’. Establish routine support and supervision for field staff. Record and evaluate all treatment interventions.
- Train and support a network of outreach and peer workers –introducing a ‘buddy’ system to help recovering women. Peers are key to efforts to reach women and to support them and their families during treatment and recovery. Develop and extend post-detoxification support to include support to family members.

### **Recommendation 6: Collaboration and links with other agencies (especially re. HIV/AIDS)**

- It is recommended that in future, the project set a high priority on fostering close collaboration with other community agencies (e.g. health care centres, NGOs, CBOs hospitals, AA etc) by encouraging appropriate referral and offering information and technical support. Information from project NGO suggests that so far this has proven to be difficult.

- Discussions with project partner NGOs revealed a number of systemic problems in collaboration with other agencies. For instance, doctors either in private practice or in hospital settings are unwilling to refer their patients to specialists in women's substance abuse and are guarding their 'control' over their patients. There seems to be a competition for patients.
- The project will have to find a way of overcoming these problems by for example involving medical practitioners and mental health workers in the project: e.g. by offering advice on how to manage their patients, or offering training and information and by alerting other professionals to different types of abuse including the excessive use of prescribed tranquillisers and sleeping tablets which may emanate (perhaps inadvertently) from their treatment. Collaborations could thus focus on empowering others and whenever appropriate recommending referrals to specialised agencies. The project NGOs could undertake capacity building and ensure close collaborative working relationships with other NGOs, health care organisations and personnel working with women in Pakistan.
- Establish close ties with the National AIDS Programme and with reproductive health clinics and antenatal clinics and with all NGOs working with women.

## **6. OVERALL CONCLUSIONS**

The pilot project 'Counselling and Treatment of women with substance abuse problems' has met the majority of objectives set out in the project document (AD/PAK/135).

It is an important initiative and should be continued, expanded and consolidated into an ongoing, well funded, and well researched treatment programme using multiple approaches.

The next phase of the project should employ a wider option of treatment interventions, extend the pool of trained personnel including peer /outreach workers and most particularly develop and enhance the rehabilitative aspect of the project, providing more ongoing support and relapse prevention services to women and their families

The NGO project staff should in future undertake a greater mentoring role vis a vis other health providers and be more active in networking and collaborating with other organisations working with women's health issues particularly STI and HIV/AIDS.

The project undertake better recording of interventions and record different treatment approaches, undertake sustainable training and capacity building programmes by in addition to instigating project training also collaborate with other training institutions (e.g. social work, nursing, medical and pharmacist training).

The project should continue with its advocacy work, exploring new and innovative avenues to inform the general population and vulnerable women in particular about drug use and about the availability of services.

The project objective was to develop the capacity of two non-governmental organizations one in Lahore (Aghaz-e-Nau) and one in Karachi (New Horizon) to provide quality services to women with drug abuse problems.

These NGOs are in charge of assisting women and their families understand the harmful effects of drugs, addiction and recovery process, and to make available counselling and motivational interviewing, followed by drug detoxification either in the community or at home or in a residential facility, relapse prevention skills training, family and individual post detoxification treatment and support.



**Terms of Reference**

**PROJECT TERMINAL EVALUATION**

**Project Title: Counselling & Treatment of Women with Substance Abuse Problems**

**Project Number: AD/PAK/I35**

**I. BACKGROUND**

The drug control objective of the project is to reduce drug abuse in Pakistan. The project is being executed by UNODC. The management of this project is the responsibility of the UNODC Country Office for Pakistan based in Islamabad. The Government counterpart is the Ministry of Narcotics Control (MNC) and Anti Narcotics Force. A national Project Officer is responsible for the overall implementation of the project and achievements. The project implementation is being monitored through the regular meetings of a project steering committee headed by Director P&D Anti Narcotics Force and comprising of UNODC (Drugs & HIV Advisor & Project Officer) and Deputy Secretary, MNC.

The immediate objective of the project is to **strengthen the capacities of public institutions and NGOs to provide quality drug treatment and rehabilitation services to women with drug problems**

***Achievement indicators:***

- *Number of women provided drug treatment and rehabilitation;*
- *Number of telephone calls received seeking guidance and support.*
- *% of families who understand early signs and symptoms of addiction/relapse and how to handle them;*
- *Number of family members who are trained in counselling, relapse prevention, after care, stress management, crisis management etc;*
- *Number of women who receive treatment per month;*
- *Number of phone calls received per talk show;*
- *Emails/Letters from listeners.*

This is a pilot project, which is providing vital information regarding women with drug abuse problems and ways to assist them. Lessons learned from the project will be valuable in designing an expanded project (possibility in conjunction with other UN agencies under the 'One UN' programme now being pursued by the UN Country Team in Pakistan.)

The project has developed the capacity of two non-governmental organisations to provide quality services to women with drug abuse problems. The project helps such women and their families understand the harmful effects of drugs, addiction and recovery process, availability of treatment services and how they can utilize these services. Thirty drug treatment staff trained by an international trainer in treatment of women with drug abuse problems

**II. PURPOSE OF THE EVALUATION**

The evaluation will assess:

- (a) Project strategy, approaches, design, implementation and results specifically:
- (i) The project strategy in terms of the appropriateness and obtain ability of objectives (both the drug control and the immediate objective)
  - (ii) The appropriateness of the achievement indicators
  - (iii) The work plan and planned duration of the project
  - (iv) The clarity, logic and consistency of the project document
  - (v) An assessment of the project's success in realizing objective of strengthening the capacities of NGOs to provide quality drug treatment and rehabilitation services to women with drug problems
  - (vi) An assessment of the underlying factors that influenced the outputs of the project and results either positively or negatively
  - (vii) An assessment of the project's implementation to determine the efficiency and effectiveness of the project
  - (viii) An assessment of the capacity needs of the implementing organizations in implementing the project, and how its current capacity may have hindered or accelerated the results desired
  - (ix) The contribution of the project in attaining the drug control objective
  - (x) The quantity and quality of outputs produced
  - (xi) Sustainability of results

(b) Recommendations

Taking into account the project's drug control objective of reducing drug abuse, the evaluation may recommend continuation or expansion of the project or related activities. Recommendations may also be made in respect of technical or other issues related to the identification, design, implementation or management of the project.

Taking into account the pilot nature of the project the evaluators should include follow –on or complementary project ideas which would contribute to an integrated approach to the problem of drug abuse.

(c) Lessons learned

The evaluation should identify lessons learned from the project, which are valid for technical assistance in reducing drug abuse beyond the project itself.

### III. METHODOLOGY

The evaluation will be based on the study of documents, on interviews with key persons and visits to implementing NGOs partners. Prior to the evaluation, the evaluator will have received copies of the project document and other relevant reports. Other documents will be available from the UNODC country office in Islamabad.

A tentative itinerary has been included in these terms of reference. However, the parties to the project may modify interviews and site visits during the course of the evaluation if the team deems it necessary for the evaluation.

### IV. EXTERNAL EVALUATOR

The evaluation will be carried out by an external evaluator.

The **External Evaluator** will be a Medical Professional or Psychologist or Sociologist with 10-15 years' experience in drug treatment and rehabilitation in developing countries more specifically treatment of women with drug abuse problems. The expert will be responsible for the review the capacity of the implementing NGOs to deliver quality treatment services to women with drug abuse problems, maintenance

of record of clients receiving treatment, follow –up and after care services, family programme and assessment of adequacy of treatment approaches and data collection system developed. . In addition he/she will possess substantial experience of project design and evaluation/management techniques including a considerable degree of operational and management experience, experience in drug treatment services and social work He/she will be responsible for writing of the final report. The expert will be required to possess strong diplomatic, interpersonal and communications skills. Excellent ability to write in English is essential.

The evaluator will not act as representatives of any party, but will use his/her independent judgements in assessing the project.

## **V. BRIEFINGS, CONSULTATION AND ADMINISTRATIVE SUPPORT**

The external evaluator will initially meet at UNODC country office in Islamabad and stay for 01 days in Islamabad for an in-depth briefing by the officer in charge UNODC, Drug & HIV Advisor and project officer. The latter will guide and direct the provision of the necessary substantive and administrative support. The field visit to two project sites will last 03 days. This will be followed by a presentation of major findings. The external evaluator will finalize the main report and submit the final report to UNODC country office before leaving Islamabad. (See suggested itinerary).

The external evaluator is expected to visit a good portion of relevant project sites.

The external evaluator will maintain close liaison with the officer in charge UNODC and the project officer.

Although the external evaluator should feel free to discuss all matters relevant to his/her assignment with the authorities concerned, they are not authorized to make any commitment on behalf of UNODC .

The external evaluator will debrief UNODC on the project evaluation.

## **VI. EVALUATION REPORT AND FOLLOW-UP**

Before finalization of the evaluation report, the external evaluator will discuss the draft report with representatives of the Government and UNODC, country office, Pakistan. Although the external evaluator will take all such views expressed into account, he/she will use his/her independent judgement in preparing the final report.

The external evaluator will complete the evaluation within 05 days from its commencement. The evaluation report and the summary assessment questionnaire attached to these TOR will be submitted to UNODC, country office Pakistan before departure from Islamabad. The report will contain the findings, conclusions and recommendations of the evaluators as well as recording of the lessons that have been learned from the project. The report will follow the format attached to these TOR. .

UNODC will distribute the report to the Government of Pakistan. The report will be discussed at a meeting of the parties to the project, which will take place during a Tripartite Review (TPR) to be held shortly after the evaluation.

### **TIMETABLE**

07 working days August 2008

Arrival of External Evaluator	Islamabad	
<ul style="list-style-type: none"> <li>• Meeting at UNODC, Islamabad</li> <li>• Security briefing UNDP</li> <li>• Review of the project document and other reports</li> </ul>		1 day
<ul style="list-style-type: none"> <li>• Meeting with Secretary Ministry of Narcotics Control</li> <li>• Meeting with D.G, Anti Narcotics Force (ANF)</li> <li>• Meeting with project steering committee</li> </ul>		1 day
<ul style="list-style-type: none"> <li>• Departure for Lahore</li> </ul>	By Air	1 day

<ul style="list-style-type: none"> <li>• Meeting with Force Commander, ANF Lahore</li> <li>• Meeting with director of Aghaz-e-Nau</li> <li>• Visit to project sites</li> <li>• Meeting with Director of SHHED</li> <li>• Meeting with women treated by the project</li> <li>• Leave for Karachi</li> </ul>		
<ul style="list-style-type: none"> <li>• Meeting with Force Commander, ANF, Karachi</li> <li>• Visit to project sites</li> <li>• Leave for Islamabad</li> </ul>	By Air	2 days
<ul style="list-style-type: none"> <li>• Internal wrap-up session.</li> <li>• Debriefing to UNODC</li> <li>• Debriefing project Steering Committee</li> <li>• Finalization of report</li> <li>• Wrap up meeting with UNODC</li> <li>• Final delivery of report</li> </ul>		2 days

## **Annex 2**

### **1. List of organisations and key informants met during the evaluation**

#### **Islamabad**

Mr. Hassan Mahmood, Senior Joint Secretary, Ministry of Narcotics Control

Mr. Iftikhar Ahmad, Deputy Director General, Anti-Narcotic Force (HQ)

Brig.(R) Obedullah Khan Niazi, Director, Planning and Development, Anti-Narcotic Force (HQ)

Mr. Saeed Ahmad, Section Officer, Ministry of Narcotics Control

Mr. Franco Giandinoto, Drug Liaison Officer, Embassy of Italy

#### **Lahore:**

Brig. Babur Idris, Force Commander, ANF Regional Directorate

Dr. Mahmooda Aftab, Aghaz-e-Nau centre (AeN)

Ms. Uzma Shakoor, Clinical Psychologist

Ms. Sumera, Outreach Worker

Ms. Lubna Tayabb, General Secretary SHEED (Strengthening Education and Environment Development)

Peer worker for the SHEED

Visited the AeN and SHEED offices in Lahore

- Brief meeting with recovering women at the AeN centre
- Attended a group meeting of women with drug problems at the SHEED offices in Lahore's red-light district (attended by 12 women)

#### **Karachi**

Mr. Mohammad Naveed Younus, Coordinator, New Horizon Care Centre

Mr. Abdur Rehman, Administrator, New Horizon Care Centre

Ms Noreen Baig, Clinical Psychologist, Women's project, New Horizon Care Centre

Visited the Horizon's Women's treatment Centre

- Met and talked with seven recovering women at the centre

#### **UNODC Islamabad**

Mr. Yusaf Mahmood, Officer Incharge

Dr. Nadeem ur Rehman, Drugs and HIV Adviser

Dr. Farrukh Ansari, Project Officer

### **2. Documents used in the preparation of this report**

- a. Project document AD/PAK/135
- b. Draft report of Research on "Psychological and Socio Economic factors Responsible for Drug Addiction Among Women conducted by the National Commission on the Status of Women in collaboration with the ANF in June 2005

- c. Quarterly Progress reports: Aghaz-e-Nau Lahore  
Progress report and data analysis October 2006 to July 2008  
Power point presentation
- d. Quarterly Progress Reports: New Horizon – Karachi  
Progress reports and data analysis 1<sup>st</sup> April – 30<sup>th</sup> June 2008  
Power Point presentation

### **Annex 3: Summary Assessment Questionnaire**

- 5- Outstanding, highly appropriate, much more than planned/expected, certain to materialize
- 4- Very good, very appropriate, more than planned/expected, highly likely to materialize
- 3- Good, appropriate, as planned/expected, likely to materialize
- 2- Fair, less appropriate, less than planned/expected, less likely to materialize
- 1- Unsatisfactory, not appropriate, far below plans/expectations, unlikely to materialize
- 0- Cannot determine, not applicable

<b>A.</b>	Quality Performance Items	Ratings				
		1	2	3	4	5
1.	Project Design (clarity, logic, coherence)			√		
2.	Appropriateness of overall strategy			√		
3.	Achievement of objectives			√		
4.	Prerequisites fulfilment by Government			√		
5.	Adherence to Project Duration			√		
6.	Adherence to Budget			√		

<b>B.</b>	Implementation	Ratings				
		1	2	3	4	5
7.	Quality and timeliness of UNODC inputs			√		
8.	Quality and timeliness of Government inputs					
9.	Quality and timeliness of Third Party inputs	0				
10.	UNODC HQ Support (administration, management, backstopping)			√		
11.	UNODC FO Support (administration, management, backstopping)			√		
12.	Executing Agency Support			√		

<b>C.</b>	Results	Ratings				
		1	2	3	4	5
13.	Achievement of results			√		
14.	Timeliness and quality of results			√		
15.	Attainment, timeliness and quality of outputs			√		
16.	Programme/project impact	0				

17.	Sustainability of results/benefits	0				
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<i>D.</i>	Recommendations	Ratings				
		1	2	3	4	5
18.	Continue/extend no modifications					
19.	Continue with modifications (minor, extensive)			√		
20.	Complete Project Revision					
21.	Terminate					

<i>E.</i>	Comments
	Pilot project has made an excellent start in tackling the hidden problem of women's drug use in Pakistan. Pilot project should be extended and expanded. Additional staff and project sites recommended. Diversification of treatment models recommended. Stigma and discrimination against women drug users to be vigorously undertaken and awareness - raising to be re-thought.

Did the evaluation recommend to:

- a) \_\_\_-\_\_\_ abandon the project
- b) \_\_\_-\_\_\_ continue /extend the project without modifications
- c) \_\_\_-\_\_\_ continue/extend the project with minor modifications
- d) \_\_\_√\_\_\_ continue/extend the project with some modification
- e) \_\_\_-\_\_\_ continue/extend the project with extensive modification

## **Annex 4:**

### **a. *Summary of situation in the Lahore project site:***

The NGO AeN led this pilot in Lahore working in close collaboration with the NGO SHEED, which is working with sex workers in Lahore. The SHEED identified 300 women with substance abuse problems. Their peer education workers were tasked to motivate women to come to the NGO offices to meet with the two counsellors from AeN who were tasked to systematically provide counselling and relapse prevention to these women on an out-door basis, in SHEED's offices in the red light district of Lahore. All the work consisted of one-to-one counselling. Group meetings were not tried, and so far none of the recovering women were trained as peer educators / outreach workers.

#### *o Brief description of the AeN clients*

Between October 2006 and July 2008 216 women were treated by AeN. The most common drugs of choice were psychotropic drugs used as a preferred drug by 88 out of 216 women. Hashish was the drug of choice for 77/216 women. Alcohol was the substance of choice of 37 women and just 7 took opium and a further 5 women used heroin. Clearly women drug users did not always only use their drug of choice. Only 2 women reported injecting drugs. (Follow up indicated that one dropped out of treatment and now is still drug free).

The majority of women were referred to the project from SHEED (119/216). 79 women came through 'personal contact' and 15 women were referred by doctors and 3 came as a result of media publicity.

Results indicate that by end of pilot:

- o* 35% (76/216) are drug free (length of follow up)
- o* 13.9% (30) are still undergoing treatment
- o* 13.9% (30) are coming for follow up sessions
- o* 17.9% (38) have relapsed + 19.4% (42) have dropped out of treatment (may have relapsed)

1.9% (4 women) were provided in-door treatment.

42% (91 women) attended out-door treatment at AeN premises

56% (121 women) – all sex workers were treated in the office premises of SHEED by 2 women counsellors.

The project has recently begun working with the F.C College Kachi Basti but not on a regular basis because of the ending of the pilot and the lack of assured funding.

Home-based treatment was not applied. The treatment offered to women that were referred by SHEED was in the community – in the neighbourhood where they work.

### **b. *Summary of situation in the Karachi project site***

The pilot conducted by the New Horizon. This NGO has a large treatment facility for men and in just one year (July 2006- June 2007) provided services to 1442 drug users. The women's treatment centre was established in April 2007 and a small in-door unit was opened. By the end of the pilot period a total of 106 women had been treated in this new facility.

The achievements of these interventions were as follows:

- A total of 106 women were provided treatment /detoxification
  - o* 87 women were treated in the residential facility established for this pilot project

- 19 women were treated at home
  - None received in-door treatment.
- Outreach activities
  - 361 home visits were made and 97 follow visits to patients.
- 86 women were provided primary health care and a further 16 were referred for advanced medical care.

The drugs of choice were as follows:

Heroin was the preferred drug of 38 women (36%), Psychotropic drugs was the main drug used by 36 (34%) of women. 17 (16%) women used 'pain killers'. A small number of women reported alcohol use and cannabis (6 women each).

25 of the women (24%) injected drugs. There is no information on sharing.