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FINAL EVALUATION REPORT

XEE/J20

HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania

Bertrand Redonnet

UNITED NATIONS OFFICE ON DRUGS AND CRIME

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CONTENTS

Acronyms

AIDS Acquired Immunodeficiency Syndrome
ART Antiretroviral treatment
ASAP AIDS Strategy and Action Plan
EE Estonia
EU European Union
GDP Gross Domestic Product
GP General Practioner
HIV Human Immunodeficiency Virus
HQ Headquarters
IDU Injecting Drug User
LT Lithuania
LV Latvia
MMT Methadone Maintenance Therapy
NGO Non-Governmental Organisation
NIHD National Institute for Health Development
NPO National Project Officer
NSP Needle and Syringe Programme
PLWH Person/People Living with HIV
PSC Project Steering Committee
RU Russian
SMART Specific Measurable Achievable and Time-bound
TB Tuberculosis
UNAIDS Joint United Nations Programme on HIV and AIDS
UNDP United Nations Development Programme
UNODC United Nations Office on Drugs and Crime
USD United States Dollar
VAT Value Added Tax
WHO World Health Organisation

Summary matrix of findings, supporting evidences and recommendations

Findings: problems and issues identified	Supporting evidences	Recommendations
A consensus has emerged on effective implementation strategies to address HIV/AIDS among injecting drug users and in prisons. One of the main achievements of the project is that is has helped shape policy making and develop strategic approaches.	A good level of cooperation between Ministries of Health and Ministries of Justice has been achieved, as well as with Ministries of Interior. Ministries of Justice and prison departments are involved in national responses. Harm reduction is on the political agenda in the three countries and included in the national HIV strategies in Estonia and Latvia. Pharmacotherapy for opioid dependence is widely acknowledged as a crucial	For UNODC: Carry out an ex-post evaluation of the project, for example a year after completion, to provide further insights on the sustainability of activities and a reminder, if necessary, on the need to support evidence based services as part of comprehensive HIV strategies. Depending on funding opportunities, provide technical assistance through renewed projects in the three Baltic States.

Findings: problems and issues identified	Supporting evidences	Recommendations
	element of the national responses developed.	
A lack of consensus remains on the implementation of an effective HIV strategy in Lithuania.	Harm reduction and MMT are problematic issues among policy makers (Parliament Drug Control Commission and Health Committee) and in public opinion. In this context, NSP in prisons is not envisaged, MMT in the community is criticized and good progress up to now for the provision of MMT in prisons has stopped. The Centre for Communicable Diseases and AIDS did not engage in project activities aimed to scale-up MMT and NSP.	Engage in dialog at political and society level in Lithuania on the necessity of HIV prevention and care services for IDUs and in prisons, i.e. harm reduction services, based on available evidence. Establish and support an HIV Coordination Commission to implement an effective national response. Building on the work of the Project Steering Committee, support the Public Health Department of the Ministry of Health in this coordination role. Include NGOs in future national HIV Coordination Commission. Promote NGO involvement in relevant areas of work.
Considerable focus has been placed on capacity building and training activities, which has enhanced institutional and human capacity in the three countries to steer and implement effective responses to HIV among IDUs and in prisons.	Capacity building activities have included: developing technical guidelines, training modules and information materials. Participatory approaches were sought. Intervisions promoted methodological discussions on what constitutes effective implementation of services.	In the case of a renewed UNODC project, include a capacity building and training component, allocate adequate resources and actively promote findings on achievements.
Coverage of Methadone Maintenance Treatment (MMT) and Needle and Syringe Programmes (NSPs) has increased overall but remains low in Latvia and Lithuania, and to a lesser extent in Estonia for MMT.	MMT coverage in 2010 is 5.2% in Estonia, 1.9% in Latvia, 13.1% in Lithuania. In Estonia, geographic expansion of services especially MMT is needed, in particular in the South of the country, e.g. Tartu. 36 NSPs in Estonia, 18 in Latvia and 12 in Lithuania in 2010.	Scale-up MMT and NSPs in community settings in the three countries.
There have been some achievements with regard to HIV prevention and care activities in prisons.	MMT is available in all prisons in Estonia only. In Lithuania and Estonia, MMT is available for drug users in	Pursue advocacy for access and scaling-up harm reduction services in prisons, especially MMT and harm reduction

Findings: problems and issues identified	Supporting evidences	Recommendations
	police arrest houses. Introducing training on harm reduction in prisons is a strong achievement of the project.	education, condom provision and support pilot NSP projects where feasible. - Ensure the equivalence of access to health care services in the community and in prisons. Even more so given that access to MMT in police arrest houses is possible in Lithuania and Estonia. The equivalence of access to services in the stages of arrest, trial and detention will be beneficial in the short and medium term given the importance of the criminal justice system for implementing HIV/AIDS responses. - Continue educational and training activities directed to prisoners and staff. The focus on harm reduction should be sustained and activities should also address psychosocial support and rehabilitation/ resocialisation.
MMT is not available in Lithuanian prisons and in Latvian prisons and police arrest houses.	MMT is not available in Lithuanian prisons and in Latvian prisons and police arrest houses.	Ensure the availability of MMT in prisons in Latvia and Lithuania. Pursue specific advocacy MMT in prisons. Intensify cooperation between Ministry of Health and Ministry of Justice.
The small grants programme has made important contributions to developing HIV prevention and treatment services among injecting drug users and in prisons.	79 initiatives were funded in 2007-2010, representing 40% of total project expenditure. Increased coverage of HIV prevention services by supporting existing services or establishing new ones.	Future UNODC projects for HIV prevention and care among injecting drug users and in prisons should include a small grants programme, as this considerably strengthens the development of relevant services. In the case of a new UNODC project, include a small grants component.
Overall, activities and systems established during the project are sustainable, except for some small grant funded	In Latvia, 4 MMT sites, 7 NSPs and 6 prison interventions were identified as being at medium or high risk of not being sustained at	Sustain funding for activities at risk of discontinuation in Latvia and Lithuania, either through Government funding or, by default, donor assistance.

Findings: problems and issues identified	Supporting evidences	Recommendations
activities in Latvia and Lithuania which are at risk of discontinuation.	the end of the project. In Lithuania, 6 NSPs, 2 grant funded prison interventions at medium or high risk.	
Project monitoring and evaluation framework is unclear.	The project document's logical framework lacks satisfactory quantitative indicators. Consequently, the logical framework has not been used in practice to monitor project performance towards objectives. No systematic baseline to monitor implementation and outcomes or impact.	For UNODC: Develop a sound monitoring and evaluation framework and a coherent logical framework for similar projects in order to ensure informed implementation and allow for proper interpretation of results.

EXECUTIVE SUMMARY

This document presents the findings and conclusions of the final evaluation of the UNODC project for HIV prevention, treatment and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania. Implemented between 2007 and 2011, including a six months extension, the project has a total budget of USD 5,968,262. Funding for the project is provided by the Government of the Netherlands. The evaluation was carried out in January and February 2011.

The overarching goal of the project is to establish a favourable environment in the three project countries to better implement HIV/AIDS prevention and care activities among injecting drug users and in prisons. The project objectives are to: build national and regional consensus on effective implementation strategies to address HIV/AIDS among IDUs and in prisons; increase coverage of comprehensive HIV/AIDS prevention and care services among IDUs and in prison settings; generate and share strategic information to keep the programme on track and to respond appropriately to the rapidly evolving HIV/AIDS epidemics among IDUs and in prison settings.

The project is highly relevant to the national responses to HIV in the Baltic States and also appropriate for UNODC given its leading role among IDUs and in prison settings within the UNAIDS joint programme and its expertise in criminal justice systems.

Major findings of the evaluation:

A consensus has emerged on effective implementation strategies to address HIV/AIDS among injecting drug users and in prisons. Harm reduction is on the political agenda in the three countries and has been included in the national HIV strategies in Estonia and Latvia. Pharmacotherapy for opioid dependence is widely acknowledged as a crucial element of the national responses developed. A consensus on HIV interventions and harm reduction in prisons has been slower to emerge than for the community in spite of encouraging achievements.

A good level of cooperation between Ministries of Health and Ministries of Justice has been achieved, especially for prisons, as well as with Ministries of Interior. Institutional dialogue has lead to better understanding and involvement of Ministries of Justice and prison departments in national responses.

Capacity building initiatives have included developing technical guidelines, training modules and materials for HIV/AIDS prevention and care for service providers, injecting drug users and in prison settings. Training has been provided to a wide range of professionals and has contributed to the establishment of a growing and perhaps critical mass of trained and accredited service providers. Introducing training on harm reduction in prison is a strong achievement of the project in this respect.

At the end of the project there is institutional and human capacity in the three countries to steer and implement effective responses to HIV among IDUs and in prisons.

The project has also contributed a great deal to the increased availability of strategic information through supporting a number of studies and reviews and developing publications and information material, including a comprehensive project website.

The project addressed some of the gaps in coverage and access to services with expansion of Methadone Maintenance Therapy services (MMT) and Needle and Syringe Programmes in the community in the three countries. Outreach and peer-driven interventions in Latvia and Lithuania have helped reach IDU populations. Coverage has increased overall but remains low in Latvia and Lithuania, and to a lesser extent in Estonia. Considerable efforts have been placed on quality assurance of services, MMT in particular. Encouraging pilots contribute to the integration of services, for MMT and ART in Estonia and MMT and TB in Latvia. A

pilot project for overdose prevention with naloxone that has yet to be implemented in Estonia would bring considerably improve the range of available harm reduction services.

There have been some achievements with regard to HIV prevention and care activities in prisons during the project. MMT is available in all prisons in Estonia only. In Lithuania and Estonia, MMT is available for drug users in police arrest houses.

The small grants programme is an important feature of the project. Support for innovative services has helped to build capacity and identify best practices for harm reduction services in each of the three countries. The main objective of the grants is to support activities that increase availability, coverage and quality of evidence-informed HIV/AIDS prevention, treatment and care interventions for IDUs and in prison settings, in particular MMT and NSP. The grants programme is managed and monitored in a pragmatic way and reported by grantees to be accessible.

Several constraints were experienced in the course of project implementation. Monitoring of project outputs and activities during implementation was limited, due to the fact that the monitoring and evaluation framework is unclear. Issues related to financial management were experienced during the project. This initially affected the issuance of small grants. Financial management issues have been resolved and the overall financial implementation rate is good.

Constraints were also experienced for service provision. There is a lack of financial incentives to provide MMT in Latvia and Lithuania. Restrictive authorizations for specialist prescribing of drug treatment are another factor that has negatively affected the scaling-up of MMT in the three countries.

One of the main outcomes of the project is that is has helped shape policy making and develop strategic approaches. The criminal justice sector - Ministries of Justice, Ministries of Interior, Police, Prison Administrations - has been involved in national response to HIV. The project has also yielded better institutional coordination between health and justice ministries.

The project has contributed to building NGO capacity and promoting the involvement of civil society in national responses to HIV/AIDS.

It is difficult to attribute any change or trend in HIV transmission – the overall objective - to the activities carried out during this project given the inadequate impact measures available.

The project is however likely to have impact on future responses given its evidence-based public health approach. Although not entirely implemented, a comprehensive package of interventions has been promoted and many activities and services were initiated.

Increased attention has been paid to the sustainability of activities and systems established during the course of project implementation Overall, project results are sustainable. Most of the services will be continued after the end of the project, with some concerns for small grant funded activities in Latvia and Lithuania.

Lessons learned and best practice:

Iinterventions in prison settings are an essential part of national responses to HIV/AIDS. However it is difficult to implement harm reduction activities in prisons and a long-term and sustained approach is needed, bearing in mind that results may be slower to achieve than in community settings.

NGOs also play an essential role in effective national responses to HIV/AIDS. They are relevant actors to implement services in prison settings and services geared towards IDUs. NGOs have considerably improved their ability to engage with the public sector and play an active part in the implementation of effective HIV prevention and care strategies for IDUs and in prisons. The small grants project has substantially contributed to supporting NGOs, especially when considering the limited funding affected to this end.

It has also been possible to draw lessons on the design and scope of the project. The lack of a clear monitoring and evaluation framework makes it difficult to attribute results to project activities and impedes understanding of what needs to be achieved. The project design also creates some confusion on how outputs are structured to meet the stated objectives. The choices made by UNODC on the scope of the project have proven relevant to respond to an IDU driven HIV epidemic and the urgency to start interventions in prisons. Objectives that were realistically attainable were chosen, namely coverage and quality of MMT in all settings, NSP in community, targeted HIV education in prisons, and advocacy for NSP in prisons.

Elements of best practice were also developed during project implementation. Evidence-based approaches and methodologies were confronted with the experience of stakeholders in their specific context. Participatory approaches were sought. Interventions carried out during the project have been quite successful with respect to capacity building, by promoting methodological discussions and consensus on what constitutes effective implementation of services. Advocacy was also conducted bearing in mind the benefits of participatory processes and geared towards consensus building among national stakeholders.

Recommendations and conclusions:

This project demonstrates what can be achieved in a relatively short time and with adequate funding to strengthen HIV prevention and care among IDUs and in prisons. The project has been well-managed and the UNODC regional office has geared its efforts towards results, always allowing for flexibility and encouraging stakeholder participation. UNODC has provided very useful strategic leadership and technical assistance, including financial support critical for scaling-up services.

The foreseen objectives have been achieved and outputs under these objectives have been delivered. Comprehensive interventions geared towards injecting drug users and prisoners have been introduced. The project has considerably increased the Baltic States' capacity to provide quality interventions. Institutional and human capacity exists in the three countries to sustain the benefits of the project. These results are encouraging; however there are still gaps in service provision and weaknesses in the consensus for implementing effective HIV strategies.

Recommendations for UNODC:

- Carry out an ex-post evaluation of the project, for example a year after completion of the project, to provide further insights on the sustainability of activities and a reminder, if necessary, on the need to support evidence based services as part of comprehensive HIV strategies. Depending on funding opportunities, provide technical assistance through renewed projects in the three Baltic States. In the case of a renewed UNODC project, include a capacity building and training component and a small grants programme, allocate adequate resources and actively promote findings on achievements;

- Develop a sound monitoring and evaluation framework and a coherent logical framework for similar projects in order to ensure informed implementation and allow for proper interpretation of results.

General recommendations for the Governments of Estonia, Latvia and Lithuania:

- Support national HIV Coordination Commissions for the implementation of effective strategies;

- Scale-up MMT and NSP in community settings;

- Broaden authorisations for prescribing MMT to trained GPs and specialists and find incentives for healthcare professionals to provide drug treatment;

- Promote the integration of drug dependence, HIV and TB treatment services, with appropriate referral systems. Increase HIV rapid testing in non-medical settings to increase the accessibility for vulnerable groups. Further integrate drug treatment - in particular pharmacotherapy of opioid dependence - and HIV prevention and care into primary health care;

- Pursue advocacy for access and scaling-up harm reduction services in prisons, especially MMT and harm reduction education, condom provision and support pilot NSP projects where feasible;

- Ensure the equivalence of access to health care services in the community and in prisons, especially MMT. Even more so given that access to MMT in police arrest houses is possible in Lithuania and Estonia. The equivalence of access to services in the stages of arrest, trial and detention will be beneficial in the short and medium term given the importance of the criminal justice system for implementing HIV/AIDS responses;

- Continue educational and training activities directed to prisoners and staff. The focus on harm reduction should be sustained and activities should also address psychosocial support and rehabilitation/resocialisation.

Recommendations for the Government of Estonia:

- Adopt a clinical protocol for MMT in prisons and a policy document stating the basis and aims of such treatment;

- Seek to implement the planned pilot project on overdose prevention with naloxone.

Recommendations for the Government Latvia:

- Find funding arrangements for narcologists so as to ensure adequate provision of MMT in community settings;

- Develop support to NGOs through Government funding or, by default, donor assistance, in particular for small grant funded activities at risk of discontinuation. Governments should demonstrate their support for the work of NGOs and promote NGO involvement in relevant areas of work. Include NGOs in national HIV Coordination Commission;

- Ensure the availability of methadone maintenance treatment in prisons.

Recommendations for the Government of Lithuania:

- Engage in dialog at political and society level on the necessity of HIV prevention and care services for IDUs and in prisons, i.e. harm reduction services, based on available evidence;

- Establish and support an HIV Coordination Commission to implement an effective national response. Building on the work of the Project Steering Committee, support the Public Health Department of the Ministry of Health in this coordination role;

- Develop support to NGOs through Government funding, in particular for small grant funded activities at risk of discontinuation. Governments should demonstrate their support for the work of NGOs and promote NGO involvement in relevant areas of work. Include NGOs in national HIV Coordination Commission;

- Sustain funding for small grant funded programmes at risk of discontinuation either through Government funding or, by default, donor assistance.

- Intensify cooperation between Ministry of Health and Ministry of Justice for the improvement of services in prisons, in particular MMT.

I. INTRODUCTION

A. Background and context

UNODC project XEE/J20 – "HIV prevention, treatment and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania" was approved by the UNODC Executive Director in November 2006 and signed by the Governments of Estonia, Latvia and Lithuania between November 2006 and January 2007. The duration of the project is 4 years and a half, until 30 June 2011. The total budget is USD 5,968,262. Funding for the project is provided by the Government of the Netherlands.

In 2010 a project revision was approved that increased the overall budget from USD 5,000,000 to USD 5,968,262 and extended the project for six months. The project objectives and outputs remained unchanged.

The overarching goal 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 prisons through addressing normative policy, capacity building and programmatic aspects of national HIV/AIDS prevention activities. The implementation

strategy involves the development of a sustainable and ongoing enabling political environment, increasing capacity to provide quality interventions, and the introduction of comprehensive interventions targeted to injecting drug users and prisoners.

The project objectives are to: build national and regional consensus on effective implementation strategies to address HIV/AIDS among IDUs and in prisons; increase coverage of comprehensive HIV/AIDS prevention and care services among IDUs and in prison settings; generate and share strategic information to keep the programme on track and to respond appropriately to the rapidly evolving HIV/AIDS epidemics among IDUs and in prison settings.

Overall, the planned duration and resources of the project – four years and a USD 5 million original budget – were relevant given these objectives. A four years period allows time for national strategies to be developed and the implementation environment to mature. Considering the support for service provision that the project objectives entail, the budget was not overly ambitious and could even have been more substantial.

The project design around these objectives calls for some comments. It is not always clear in the project document how outputs relate to objectives[1] and the headings adopted affect the clarity, logic and coherence of the project document.

Output 1.1 on the amendment of national HIV/AIDS strategies and action plans contributes to objective 1 of building consensus on effective implementation strategies. Yet amendments of strategies and plans are not the only ways to contribute to building strategic consensus. Activities under output 1.1 shed more light however the ways to contribute to build consensus and better relate to this objective (these include: supporting a project steering committee, carrying out rapid situation and response assessments, reviews of policy, administrative and operational provisions).

[1] Objective 1: Build national and regional consensus on effective implementation strategies to address HIV/AIDS among injecting drug users and in prisons.
Output 1.1 National HIV/AIDS strategies and action plans amended
Objective 2: Increase coverage of comprehensive HIV/AIDS prevention and care services among injecting drug users and in prison settings.
Output 2.1 Improved institutional and professional capacity to address HIV/AIDS among injecting drug users and in prisons.
Output 2.2 Increased access to HIV/AIDS prevention and care services for injecting drug users and in prison settings.
Objective 3: Generate and share strategic information to keep the programme on track and to respond appropriately to the evolving HIV/AIDS epidemics among injecting drug users and in prison settings.
Output 3.1 All stakeholders are provided with strategic information and analysis on which they can base policy decisions concerning HIV/AIDS prevention and care among injecting drug users and in prison settings.

Objective 2 on coverage of comprehensive services is supported by output 2.1 on increased institutional and professional capacity and output 2.2 on increased access to services. Yet increased capacity and access to services do not necessarily or only contribute to the objective of increased coverage. Here too, the detail of activities carried out inform better on the ways to achieve increased coverage, namely needs assessments and financial support for the provision of services.

Also, output 2.1 on improving institutional and professional capacity - including by means of training and curricula development - is related to objective and output 3 on generating and sharing strategic information. Indeed, capacity building may be achieved by stakeholders' exposure to information and sharing of experiences.

Proposals for a project exit strategy in view of an extension in 2009 and 2010 provide useful insights on how objectives and outputs could be reformulated in a more logical manner. 4 distinct objectives were suggested, supported by a single output each:

Objective 1: Build national and regional consensus on effective implementation strategies to address HIV/AIDS among injecting drug users and in prisons.

Objective 2: Improve institutional and professional capacity to address HIV/AIDS among injecting drug users and in prisons. Increase coverage of comprehensive HIV/AIDS prevention and care services among injecting drug users and in prison settings.

Objective 3: Increase access to HIV/AIDS prevention and care services for injecting drug users and in prison settings.

Objective 4: Generate and share strategic information to keep the programme on track and to respond appropriately to the evolving HIV/AIDS epidemics among injecting drug users and in prison settings.

Hence, capacity building and service provision outputs would not fall under the same objective of increased coverage. Such a presentation would have added clarity to the project document, clearly distinguishing between strategy components and strands of work.

B. Purpose and scope of the evaluation

The project document envisaged an end-of-project evaluation. The purpose and scope of the evaluation are clearly stated in the terms of reference (See Annex 1, p. 52).

The objective of the final evaluation is to:

- Assess the impact of the project and the investment made;
- Assess the results of the project and demonstrate to what extent it has achieved its objectives and has been relevant, efficient, cost effective and sustainable;
- Provide information for better decision-making of UNODC management (best practices and lessons learned);
- Serve as a mean to empower project stakeholders and beneficiaries of HIV prevention, treatment and care among injecting drug users and in prisons;
- Ultimately contribute to the overall project goal of Estonia, Latvia and Lithuania addressing the HIV/AIDS epidemics among injecting drug users and in prison settings.

Because this is a final evaluation, emphasis is placed on the sustainability of activities and results under the project. This includes management and financial arrangements for national stakeholders after the project and the continuity and scaling/up of HIV/AIDS prevention, treatment and care services among injecting drug users and in prison settings.

The evaluation covers the project life span from November 2006 to December 2010. The six months extension of the project until June 2011 is also considered, bearing in mind that the evaluation is carried out during that period. The geographical scope of the evaluation is Estonia, Latvia and Lithuania.

C. Executing Modalities of the programme or project

The Executing Agency is UNODC, through the UNODC project office in Vilnius, Lithuania, and sub-office in Riga, Latvia. The Government Focal Implementation Agencies are the Estonian Ministry of Social Affairs, Latvian and Lithuanian Ministries of Health. These focal implementing agencies serve as the key points of contact, liaison, information and communication with UNODC, local stakeholders and other interested parties for the purposes of this project, namely cooperating governmental and municipal institutions, service providers and civil society organisations.

More details on institutional and management arrangements and coordination among implementing partners and other stakeholders are given in section 2.C.

D. Methodology

Further details of the methods used for this evaluation are found in the terms of reference (see Annex 1, p. 52) and the inception report for this evaluation.

Both primary and secondary data was collected for the purpose of this evaluation. Secondary data was mainly collected from the project's monitoring and evaluation system (indicators and reports). In this respect, evaluative work carried out during the project was closely scrutinized, in particular the comprehensive mid-term review. Existing data from national or regional observation and information systems was also utilized. This includes national surveillance reports, epidemiological data (WHO/UNAIDS/UNODC/National focal points for drugs and drugs addiction). Available epidemiological data was used in particular to make an assessment of results towards the overall project objective of decreasing or at least stable HIV prevalence and incidence rates among injecting drug users and prison inmates. Project and related documents reviewed are detailed in Annex 3 (p. 65).

The method of primary data collection was essentially qualitative, through semi-structured interviews and group discussions conducted with key informants. Key informants consist of selected Core Learning Partners in each country, as presented in the terms of reference for this evaluation. Other national stakeholders identified through discussion with UNODC and interviewed are service providers. Non-national stakeholders include WHO Euro and representatives from the donor country, the Netherlands. These two interviews were conducted by telephone. The list of people interviewed and mission schedule are presented in Annex 2 (p. 61).

A limited number of visits to project services was carried out, where feasible and considered critical. A visit to a Latvian prison where training services are delivered was particularly useful to assess opportunities and constraints. Discussions with project beneficiaries/clients, i.e. IDUs in and out of prison, were also useful for to assess project achievements and to relate activities to individuals' experience.

Facts were cross-checked, verified with a number of sources in different locations within or across countries, and with different sources holding other rationale or incentives for appraising a situation or answering a question.

A detailed plan of interviewees and meeting schedule in each country was provided by the Project Office. This plan was adapted for additional interviews with stakeholders and changes in availability of stakeholders.

Interviews were mainly conducted in English and some were conducted in a national language or Russian, in which case translation was be provided by UNODC staff or another respondent. A UNODC staff member – either the regional coordinator or the programme officer for Latvia

- accompanied the evaluator during interviews, which substantially facilitated discussions. Only in Lithuania were some interviews conducted without the presence of UNODC staff. The option was left open to conduct interviews without UNODC staff present if requested by respondents, but this did not happen, perhaps illustrating the good level of transparency and openness among project stakeholders.

Country visits were conducted between 26 January and 8 February 2011. Findings were presented at the final project conference in Riga, Latvia on 24-25 March 2011. A draft report was circulated to project stakeholders and UNODC HQ for comments. Comments received were incorporated into the final report.

E. Limitations to the evaluation

Neither risks nor limitations of the evaluation were identified based on the information obtained and analysed prior to the field mission.

The limitations to this evaluation during the mission are the following:

- The time spent in each country was limited. However the programme for interviews and visits was carefully prepared by UNODC staff so as to include as many respondents as possible. These respondents were selected according to their critical role in the project, irrespective of their opinion on the way the project was implemented.
- Interviews were carried out in English for the most part and in a national language or Russian in some cases. The respondents' level of English and the quality of translation provided ensured the clarity of discussion on substantial matters.
- The UNODC regional coordinator was present during most interviews and the project officer in Latvia during others. Discussions with respondents were not impeded by their presence. To the contrary, this provided an opportunity to clarify some issues and focus the discussion on the most relevant topics.

These limitations are considered normal in the context of an evaluation of this kind and should not affect the validity of findings and conclusions presented in this report.

II. MAJOR FINDINGS AND ANALYSIS

A. Relevance of the project

The project fits well within the UN Joint Programme on HIV and AIDS (UNAIDS) division of labour, according to which UNODC has lead responsibility for HIV-related services among injecting drug users and in prisons. The project is also relevant for interventions in prison and closed settings and draws on its comparative advantage in the criminal justice field. UNODC leadership of the project is reported as a key element for promoting policy dialogue and interventions in national criminal justice systems that may not have been possible otherwise.

The project is relevant to meet the needs of the three countries' national response to HIV/AIDS. Estonia, Latvia and Lithuania are still experiencing significant HIV epidemics, although the rate of new infections has tended to stabilize in the recent years (only in Lithuania did it increase in 2009). Injecting drug use is the most common known and reported transmission route for HIV in the three Baltic States. As a result, injecting drug users are disproportionately affected by HIV. Prison settings are also very important as there are high rates of HIV infection in prison settings in the three countries and high rates of imprisoned people relative to the population. Prisons and other closed settings provide a context characterised by a high risk of HIV transmission and a disproportionately high number of PLWH. A project focusing on IDU and prisons was therefore well tailored to meet the needs of HIV/AIDS responses in the Baltic States.

With regard to project objectives, decision was taken by UNODC to focus on some of the interventions that constitute a comprehensive package for HIV prevention and care among IDUs and in prisons. Setting out to implement the comprehensive package in the community and in prisons in three different countries was not realistic. Taking into account the SMART criteria and the experience of other projects and countries, it was decided that this project would focus on the coverage and quality of MMT in all settings, NSP in community, targeted HIV education in prisons, and advocacy for NSP in prisons. This decision was made together with the national stakeholders, UNODC HQ and the donor. Annual workplans were prepared keeping in mind these objectives.

B. Attainment of the project objectives and achievement of outputs

This section explores progress made during the project towards both objectives and outputs. The three foreseen project objectives have been achieved, with varying degrees of achievement of planned outputs and activities. Given that two out of three objectives are

supported by a single output, also considering the above-mentioned issues relating to the logic and coherence of the project document, attainment of project objectives and achievements of project outputs are addressed jointly. Results below are presented according to the following themes: strategy and consensus, capacity building and training, service provision, strategic information.

B.1 Consensus on effective implementation strategies

After four years of project implementation a consensus has emerged on effective implementation strategies to address HIV/AIDS among injecting drug users and in prisons. Harm reduction measures for responding to HIV/AIDS are increasingly acknowledged as appropriate and beneficial. Harm reduction is on the political agenda in the three countries and has been included in the national HIV strategies in Estonia and Latvia. Access to Methadone Maintenance Therapy (MMT)[2] is acknowledged as necessary in response to an HIV epidemic driven by injecting drug use.

A consensus on HIV interventions and harm reduction in prisons has been slower to emerge than for the community in spite of encouraging achievements – MMT is available in all prisons in Estonia for example. Parts of the criminal justice system are reluctant to embrace harm reduction methods. The implementation of needle and syringe programmes is problematic in this respect. Progress towards achieving equivalence between health service provision in the community and in prison settings are therefore hindered.

Although there is no thorough consensus on implementing responses to HIV/AIDS in prisons, institutional dialogue has lead to better understanding and acceptance by Ministries of Justice and the prison departments vis-à-vis other stakeholders, namely Ministries of Health and NGOs. Cooperation within prison services has also increased, namely between medical and rehabilitation teams. Awareness and interest in harm reduction of heads of prisons and prison department managers has also increased.

Some degree of regional consensus was achieved, through sharing experiences on MMT or between NGOs, but the focus of the project remained national. The level of consensus achieved - especially on MMT - ought to be highlighted from a regional perspective. The

[2] Pharmacotherapy for opioid dependence or opioid substitution therapy are terms also used in the three countries considered. With the exception of a minority of patients receiving bubrenorphine in Latvia and Lithuania, the treatment used in the context of the project is methadone and the term methadone maintenance treatment is used in this report.

Baltic States are a strategic European interface at the border with Russia, where harm reduction approaches and the introduction of MMT are more problematic.

In Estonia there appears to be more consensus than in other countries on effective implementation strategies. This is perhaps due to experience before the start of the project with funding received from the Global Fund to Fight AIDS, TB and Malaria. The National Institute for Health Development was previously Principal Recipient for the Global Fund grant and built on its management capacity to act as coordinator for implementation of the project in Estonia.

In Latvia, drug related HIV policies have been developed embracing harm reduction approaches and the Ministry of Interior is responsible for implementation of the drugs strategy. The National drugs commission is a stable coordinating body. It is active at a higher level in Government (Cabinet of ministers) than the HIV Coordination commission. The Ministry of Health is responsible for the national HIV commission that has integrated the Project Steering Committee and serves as a platform for exchange of information, yet a more action-oriented approach would be needed. Given the current balance between the drugs and HIV Commissions, potential overlap in drugs and HIV strategy is a guarantee that provisions in HIV strategy are not overlooked with regard to harm reduction.

Despite the lack of harm reduction service provision in prisons and the ongoing needs to continue advocacy with prison services, the project has instilled good cooperation with the Ministry of Justice on prison. There seems to be a political commitment to address prisoners' health and willingness on behalf of the Ministry of Justice and the Ministry of Health to identify opportunities for sustained cooperation.

The current situation in Lithuania is more problematic for achieving consensus on effective implementation strategies. Harm reduction and MMT are problematic issues among policy makers and in public opinion. The Parliament Drug Control Commission and Health Committee are strongly involved in governance and management of HIV responses and are not in favor of implementing harm reduction services. In this context, NSP in prisons is not envisaged, MMT in the community is criticized and good progress up to now for the provision of MMT in prisons has stopped. The continuation of MMT in police detention centres constitutes a clear gain in an otherwise difficult environment for implementation.

The main features of national strategies and coordination bodies are presented in Table 1.

Table 1. National HIV/AIDS and drugs strategies and coordination bodies

	ESTONIA	LATVIA	LITHUANIA
HIV Strategy and Action Plan	Includes harm reduction; 2006-2015. 3 year and yearly Action Plan.	Includes harm reduction; until 2013.	Perceived as weak; not targeted towards high risk groups. No Action Plan.
Drugs Strategy and Action Plan	National drug abuse prevention strategy; until 2012. Action Plan 2010-2012.	2012-2017 with Ministry of Interior responsible for implementation. MMT and NSP included in strategy.	Drug Control and Addiction Prevention Programme 2010-2016. Action Plan for 2011, harm reduction terminology is not adopted.
Policy coordination and implementation features	The National Committees on HIV and drug abuse are both supervised by the Ministry of Social Affairs (MoSA) and are planned to merge in 2013. MoSA is responsible for policy coordination. NIHD is implementing agency under MoSA. Ministry of Justice and Prison Department supportive for implementation.	Limited leadership from government, in particular the Ministry of Health responsible for the HIV Commission. National drugs commission appears able to provide leadership on harm reduction. Improved cooperation on prisons between the Ministries of Justice and Health, although responsibilities and are not clearly delineated and Ministry of Health is reluctant to take up a more proactive role.	Coordination role played by Drug Control Department in question; plans to merge in 2011 with the tobacco and alcohol agency; funding uncertainty. Project Steering Committee taken over by the Ministry of Health; possible future coordination role for Public Health department. Unclear coordination on prisons between the Ministries of Justice and Health given the unfavorable political context.

B.2 Capacity building and training

The project document originally included the support of a regional training centre for HIV/AIDS prevention and care service provision for injecting drug users and in prisons. This activity was set aside early on in the project, as it was thought that the formal creation of a regional training centre was not necessary to conduct regional capacity building and training activities. The function of the regional training centre was performed by the Vilnius Centre for Addiction Disorders.

Capacity building initiatives have included developing technical guidelines (clinical guidelines on MMT), training modules (on harm reduction in prisons in Latvia and Lithuania, on MMT in Latvia and Lithuania, for social workers with IDUs in Lithuania, and guidelines for intervision) and materials for HIV/AIDS prevention and care for service providers, injecting drug users and in prison settings. Intervisions carried out during the project have been quite successful with respect to capacity building, by promoting methodological discussions and encouraging participatory processes, e.g. intervision on MMT among psychiatrists, nurses and psychologists, also intervision for NSPs in Estonia. In total, 166 capacity building events have been organized with the number of participants exceeding 4000.

Training has been provided to policy makers, prison and police staff, doctors, nurses, social workers and NGOs. This has contributed to the establishment of a growing and perhaps critical mass of trained and accredited service providers.

Training on harm reduction in prison is a feature of this project that warrants attention. Training on harm reduction education in prisons was carried out by NGOs supported by small grants under the project. Training was provided to staff e.g. prison guards, prison medical doctor and psychologists. In Latvia, training was given to pairs or teams to ensure benefit of training in case staff is replaced or leaves, which may be helpful given the high turnover of prison staff. In Latvia and Lithuania, a training manual on harm reduction in prisons has been developed in the national language and appears to be widely consulted by staff. Training by providers other than NGOs was also conducted for prison staff on MMT and HIV treatment. In Lithuania, training was provided to staff in Kaunas remand prison by UNODC NPO on counseling and monitoring.

The training supported by UNODC is geared towards prison staff. There is an indirect outcome on inmates when they are in turn trained by prison staff. Activities supported by the small grant scheme included that after initial training, prison staff trained prisoners. Some

NGOs supported by the small grants scheme have also facilitated inmate training groups (HIV.LV in Latvia, Convictus in Estonia, Pusiaukelis, KRIS, Vilties svyturis, Positive Life and Social Risks Prevention Centre in Lithuania). In Latvia, peer to peer training and exchanges are also reported, tough not planned originally.

Training on harm reduction in prisons has opened discussions on the reality of drugs and HIV in prisons. Harm reduction remains controversial for prison staff and management but opportunities have been provided for exchange of views.

Study tours by policy makers, service providers were also organized to countries which provide comprehensive HIV prevention and care services for injecting drug users and in prisons. It is noteworthy that nominations for participation in study tours and training events were appropriate to make sure that training experience is applied by participants in their function and shared with other colleagues.

Carrying-out capacity building and training activities may be achievements as such, yet the question remains as to what is the actual outcome of these activities. It is difficult to assess if capacity building activities have increased capacity and how this translates in terms of coverage and quality of services provided. In the three countries the introduction of MMT programmes would most likely not have been possible without training of staff. It is also reasonable to say that capacity building initiatives may have contributed to convincing participants on the necessity of harm reduction approaches and motivating them for providing new services or providing them differently.

B3. Service provision

There were encouraging approaches to increase the coverage of services. The project addressed some of the gaps in coverage with expansion of MMT services and NSPs in the community in the three countries.

In Latvia MMT has expanded from one site in 2006 to 10 in 2010. The Riga Centre of Psychiatry and Addiction Disorders first started MMT and remains the main point from which new services may stem. Since 2006, the number of drug users receiving MMT has increased 3.4 times and reached 271 in 2010. Although the recent expansion of services is encouraging (including integration with TB treatment), coverage remains low, at 1.9% in 2010. There has also been some increase in the number of NSPs (18 in 2010 up from 12 in 2006) and successful peer-driven interventions were implemented. The number of syringes distributed per IDU per year has increased from 7 to 17 between 2006 and 2010.

In Lithuania, the project has addressed the gaps in coverage with expansion of MMT services. Nationwide, coverage remains low however, at under 13.1% of drug users. MMT is concentrated in 21 delivery points, up from 12 in 2006. Since 2006, the number of drug users receiving MMT has doubled and reached 712 in the end of 2010. A mobile dispensing clinic operates in Vilnius and the Centre for Addictive disorders was able to accept more patients. Introduction of MMT has not been possible in Visaginas, where local authorities could not be convinced, although there is a strong need for MMT to complement existing NSP. There are 12 NSP sites in the country (up from 8 in 2006) and peer-driven interventions are thought to have helped reach IDU populations. The number of syringes distributed per IDU per year has increased from 33 to 35 between 2006 and 2010.

In Estonia, the coverage of services is higher overall, in particular NSP with 36 sites in 2010 (up from 30 in 2006), yet MMT coverage is still low (5.2% in 2010) and a geographic expansion of services is needed, in particular in the South of the country, e.g. Tartu. The promotion of secondary syringe exchange in Estonia is worth highlighting as it is thought to concern a broad number of individuals beyond the reach of NSPs that cap the number of items that can be exchanged or handed out. The number of syringes distributed per IDU per year has increased from 117 to 174 between 2006 and 2010.

Assessing the level of coverage of services poses some difficulty as coverage estimates depend on the reliability of drug user population size estimates. The degree of accuracy of current estimates in unclear. If target population estimates change, so may coverage. In Estonia, estimates on prevalence and size of IDU population are awaited, utilizing new methods (capture-recapture with three data sources including forensic data and death registry), possibly providing new insights on the level of coverage.

The project has contributed to approaches related to specific issues for access to drug treatment and drug–related harm reduction services.

In Lithuania, the number of drug users accessing MMT has partly increased due to police referrals in Vilnius. Drug users arrested in alleged drug dealing sites by Vilnius police were referred to the Centre for Addictive disorders for treatment. This intake of new patients in addiction clinic by police referral is widely considered as a good example of collaboration between health and enforcement services.

In Estonia emphasis was placed more on quality than quantity of services, given that MMT in the community has been more broadly implemented than in the two other countries. The

quality issues raised were the harmonisation of practices (e.g. availability of high dosages, optimal dosages for maintenance) and the provision of patient centered care considering that time per patient may be insufficient.

However, significant issues remain for the development of MMT in the community, namely the current lack of incentives for specialists for prescribing. In the future, access to services may depend on the capacity to provide them. This is addressed in more detail in Section 2.C.

In Estonia, a pilot project providing naloxone for overdose prevention is under preparation for implementation in cooperation between harm reduction and emergency services. This initiative comes in response to the high prevalence of drug related deaths. An assessment of legal constraints was carried out yet there currently seems to be a lack of agreement on the way forward.

Project activities have also been useful to identify issues regarding access to HIV testing and treatment in the community, especially insofar as they affect IDUs.

In Estonia, there is good coverage for HIV testing in the medical system but Voluntary and confidential counseling and testing may not be widely available. It reportedly represents 3% of those tested, yet 30% of HIV cases are diagnosed by VCT. Testing in a wider range of settings is needed, e.g. harm reduction services, low threshold services, TB clinics, so as to promote functional referral systems. The route of HIV transmission is not well known and further information is needed to develop appropriate responses.

In Latvia ART is provided only by infectiologists, and still too centralized. Medication for PLWH comes from the Infectiology centre in Riga, which may pose logistic issues for patients outside Riga and its vicinity, as ART can only be prescribed in 7 sites outside Riga. Equitable access to treatment and care services, including ART, appears problematic for high-risk populations, especially IDUs.

In Lithuania, access to HIV testing is quite limited, in particular for high risk groups including IDUs. To reach high risk groups, the use of HIV rapid tests in non-medical settings should be sought. More generally, the main obstacle to scaling-up HIV testing in Lithuania appears to be a lack of available funding.

Further integration of services is needed, supporting IDUs' and prisoners' access to integrated and high quality treatment, including HIV, TB, Hepatitis C and drug treatment. This should not however be interpreted as a shortcoming of the project as the integration of services was

not a project objective. This does nevertheless affect IDUs and/or prisoners with regard to HIV prevention and care.

In Estonia a pilot project for integrated drug dependence and HIV treatment started in 2010 at the West-Tallinn Central Hospital Centre for Infectious Diseases. Around 15 people received ARV and MMT in 2010 and the programme was extended to 30 people in 2011. This is a praiseworthy initiative given that in Tallinn drug users may access services (MMT, ARV, medical treatment, outreach) in different areas and that follow-up of clients is not well established.

In Latvia a project grant for the integration of TB treatment and MMT was discontinued because the national TB Centre merged with the Infectious Disease Centre and new management did not wish to pursue. MMT and TB treatment integration would have been helpful considering that, independently from this project, TB and Hepatitis B and C services are already integrated to some extent and there appears to be consistency of treatment for TB-HIV patients.

There have been some achievements with regard to HIV prevention and care activities in prisons during the project. However these are insufficient given the scale and nature of the epidemic, in particular the risk of HIV transmission in prisons. For example according to the Prison Department in Lithuania, 104 were new cases detected among prisoners in 2010, among which 19 cases of infections occurred in prison, up from 10 in 2009.

The gaps identified are the unavailability of MMT in Latvia and Lithuania, an overall limited availability of condoms. These gaps cannot be interpreted as shortcomings of the project, as dialogue on MMT in prisons is now possible although an agreement has yet to be found, and condom promotion was not specifically included in the scope of the project. Further work is needed however to pursue the equivalence of provision of health services between community and prison settings and to improve the continuity of key medical services in communities, arrest houses and in prison settings.

MMT is available in all prisons in Estonia only. 48 people were reported to receive MMT during the fourth quarter of 2010. There is a shortage of qualified psychiatrists enabled to provide pharmacotherapy in prisons and efforts should be pursued to involve them from the community. More training sessions are needed, including intervisions, which have been praised by several respondents. Clinical protocols should be adopted in prisons so as to ensure service quality. An internal policy document on the pharmacotherapy of opioid dependence in

prisons should also be developed (Subata, Rotberga, Pharmacotherapy of opioid dependence in prisons in Estonia, 2010). MMT has started in Tartu prison in the South-East of the country, but services were not scaled-up because of lack of local community services. If the coverage of community MMT services increased then prison services would be more likely to open, with possibilities for referral to community services upon prisoners' release.

In Latvia MMT is not available in prisons although there are no legal obstacles for the provision of such services. There are no narcologists working in prisons and they would need to be involved from the community. An option is to allow prison psychiatrists or medical doctors who are not trained as narcologists to prescribe MMT. Legal amendments to determine a broader range of specialists involved in MMT have been adopted.

In Lithuania, the introduction of MMT in remand prisons could be achieved in the near future. Although an inter-ministerial task force has concluded that there are no legal obstacles for MMT to be implemented, good progress up to now for achieving this objective has stopped. The signature of a Memorandum of Understanding on MMT in places of detention between the Prison Department under the Ministry of Justice and UNODC has been delayed. The failure to introduce MMT in prisons is not attributable to UNODC. Repeated initiatives have been taken to achieve this in the past e.g. Open Society Institute since mid 90s. MMT in Lithuanian prisons remains an open question for the future. Political lobbying towards the Ministry of Justice should be sustained. Some NGOs also envisage litigation on the issue of access to MMT in prisons on the basis that the current situation constitutes a discriminatory practice and denial of access to health services, based on the principle of equivalence.

Several respondents in Latvia and Lithuania pointed to the fact that the absence of pharmacotherapy for opioid substitution in prisons, especially for short-term imprisonment, is one of the reasons keeping clients back from starting therapy in the community.

In Lithuania and Estonia, MMT is available for drug users in police arrest houses. This can be regarded as a significant achievement of the project.

Referrals systems are in place with a local or regional hospital or drug treatment centre. Community treatment centres bring individual doses for arrestees. MMT is dispensed based on medical prescriptions, without interpretation of treatment needs. Cooperation between detention services and community healthcare providers is pragmatic and the Ministries of Interior in both countries have been receptive to the implementation of new services.

In Estonia, there are four big arrest houses and MMT available in 2 of them where MMT available in the community. In Tallinn, the provision of MMT started in April 2010 and has concerned around 50 people at the time of the evaluation. Currently the community centre brings methadone to the detention centre medical services. Problems have been experienced with transportation of individual doses, the amount of take home doses given to detainees and the payment of MMT if it was not free of charge in the community prior to arrest. In the North East where community services and prison are further apart, UNODC supports costs for a medical nurse in prison and methadone is stored and distributed in the arrest house. An agreement is needed on a common mechanism between the two arrest houses. Storing and dispensing the methadone in the detention house makes sense since detainees can stay up to three months and there are MMT clients in the community likely to pass through detention houses. An agreement between community services, police detention centres and prisons is also needed to formalize the continuity of treatment in the criminal justice system.

Needle and syringe programmes are unavailable in prisons in any of the three countries. Ministries of Justice and Prison Departments Staff are not ready to implement NSPs and discussions on the range of HIV prevention and care services to be implemented in prisons have steered away from NSPs. In order to increase the chances of NSPs to be implemented in the future, a programme should be piloted where feasible, possibly in a small prison.

HIV testing is reported to be widely available in Estonian and Lithuanian prisons. In Latvia, some degree of cooperation between the prison department and NGOs exists, especially for conducting rapid tests (confirmation testing is more problematic because it is expensive and done off-site). HIV testing is voluntary but not widespread and prisoners in Latvia have increasingly been refusing to test in 2010. Improved procedures and a better understanding of such refusals are needed (as recommended in the mid-term evaluation of the Latvian national HIV programme 2009-2013). In Estonia, testing is performed upon entry in prison and repeated after 12 months of imprisonment.

Condoms are distributed in prisons in the three countries, although not widely and with increasing restrictions. Condoms are only available for conjugal visits or for purchase in prison stores. The current availability of condoms is a cause for concern and condoms should be distributed more widely to prisoners. Although condom promotion was not an expected output of the project, it is crucial for HIV prevention efforts in prisons and cannot be overlooked.

More is needed to support PLWH in prisons, especially ART, as well as setting-up proper referrals and case management. In Lithuania, there were 30 inmates received ART in prisons during 2010, 23 as of 31.12.2010. The Ministry of Justice overpays antiretroviral and other drugs due to excess VAT charged to public institutions. In Estonia ART is more readily available, so are viral load and immunity tests. An outstanding finding in this evaluation is that several respondents in Lithuania reported that HIV positive prisoners and prisoners who refuse to test for HIV are sent to Alytus prison. However the Prison Department denies such claims that HIV positive inmates are transferred to one prison in the country.

There are concerns for access to HIV and drug dependence treatment services on release from prisons. Referrals for treatment are not well developed and there are limited resocialisation services for released prisoners. Individuals' engagement in treatment remains essentially voluntary and there is a need for better follow up on discharge from prison, possibly through case management and with prisoners released conditionally. Treatment services, especially for MMT could be contacted before release.

Finally a common trait of funding and administration systems in the Baltic States explains why the principle of equivalence between available health services in community and prison settings is difficult to ensure. Prison and community health systems are administered by different ministries (Health and Justice) with separate funding, i.e. budget from Ministry of Justice in prisons, from Ministry of Health in the community. This may explain the reluctance of Ministries if Health in Latvia and Lithuania in particular to support interventions in prisons. A change of stewardship from Justice to Health for prison health may be difficult to achieve however. This distinction of systems poses challenges for health care delivery in prisons beyond HIV prevention and care. For example in Latvia prisoners' medical costs are not reimbursed by State health insurance, with the exception of ART and TB treatment. As in Lithuania where litigation is envisaged, in particular to obtain access to MMT in prisons, Latvian NGOs have seized the constitutional court on the grounds of restrictions to access to health care in prisons through costs incurred by inmates.

An overview of services provided is presented below in Table 2.

Table 2. Provision of key services

Type of service	ESTONIA		LATVIA		LITHUANIA	
	Achievements of the project	Sustainability/ Risks and constraints	Achievements of the project	Sustainability/ Risks and constraints	Achievements of the project	Sustainability/ Risks and constraints
MMT	Focus on quality rather than quantity of services in the community given that there was better coverage at onset yet low quality services. MMT in police arrest houses and prisons.	Funding for MMT is provided from national health insurance funds. Shortage of psychiatrists. Expansion needed to the South.	Expansion to 10 sites in 2010, up from one at the start of the project. Drug users receiving MMT has increased 3.4 times since 2006 and reached 271 in 2010.	Funding for MMT is provided from national health insurance funds. Requirement to start therapy at the in-patient unit in the Riga Centre of Psychiatry and Addiction Disorders. Lack of incentive for specialist prescribing.	Expansion to 21 sites, including a mobile clinic. Number of drug users receiving MMT has doubled since 2006 and reached 712 at the end of 2010. Police referrals for treatment. MMT in police arrest houses.	Funding for MMT is provided from national health insurance funds. Coverage remains low (<20% of DUs). Lack of incentive for specialist prescribing. No MMT in Visaginas.

NSP	Primary and secondary exchange. Good coverage.	Sustainable services. Expansion still needed to the South.	Some expansion. Mobile services. Peer driven interventions.	Funding uncertain for some NSPs.	Expansion to 11 sites. Peer driven interventions.	Funding from municipalities uncertain in cities other than Vilniusand Klaipeda, e.g. Visaginas, Kaunas, Mazeikiai.
Prisons	MMT in all prisons	Frequency of repeated testing unclear. Condoms for conjugal visits or for purchase in prison stores. ART available. No NSP.	No MMT. Targeted education on risk reduction for drug users and other inmates has been introduced in 7 out of 12 prisons.	Limited HIV testing and counseling. Condoms for conjugal visits or for purchase in prison stores. ART available. No NSP.	No MMT. Risk reduction education provided in 2 prisons in 2010.	ART insufficiently available. Condoms for conjugal visits or for purchase in prison stores. No NSP.
Other harm reduction	Assessment of legal obstacles for overdose prevention with naloxone. MMT/ART integration pilot.	Naloxone pilot not yet implemented.	MMT and TB integration pilot.	Limited HIV testing and counselling in the community.		Limited HIV testing and counselling, especially through NGOs.

B.4 Strategic information

The project has contributed a great deal to the increased availability of strategic information through supporting a number of studies and reviews (Table 3) and developing publications and information material (Table 4). Results of these and lessons learnt where shared with national HIV and drugs commissions, NGOs and other stakeholders. The strategic information generated during the project has contributed to develop a culture of evaluation and to promote evidence-based approaches, enhancing articulation between research and policy. A comprehensive project website was developed and maintained for wider dissemination of project information.

Table 3. Studies and reviews developed.

ESTONIA	LATVIA	LITHUANIA
"Evaluation of fighting HIV/AIDS in Estonia", Roger Drew, Martin Donoghoe, Agris Koppel, Ulrich Laukamm-Josten, Claudio Politi, Signe Rotberga, Anya Sarang and Heino Stöver "HIV/AIDS Interventions for Injecting Drug Users in Estonia: Evaluation and Recommendations", Anya Sarang and Martin Donoghoe "Evaluation of National Responses to HIV/AIDS in Prison Settings in Estonia 2008", Heino Stöver "Evaluation of Methadone Maintenance Therapy Program in Estonia", Emilis Subata "Evaluation of the needs and quality of methadone maintenance therapy in Estonia", Katri Abel-Ollo, Kaire Vals, Ave Talu, Franz Trautmann, John-Peter Kools, Sigrid Vorobjov, Emilis	"Evaluation of Access to HIV/AIDS Treatment And Care in Latvia", Kees de Joncheere, Irina Eramova, Jenni Kehler, Ulrich Laukamm-Josten, Signe Rotberga, Anna Zakowicz and Roger Drew "Evaluation of Pharmacological Treatment of Persons Dependent on Opioids in Latvia", Linda Sile and Ieva Pugule "Mid-Term Evaluation of UNODC Small Grants Programme in Latvia", Raminta Štuikytė "Estimation of the prevalence of problem drug use in Riga", Gordon Hay "Mid-term evaluation of the Latvian National HIV programme: 2009-2013", Irina Eramova, Kees de Joncheere, Ulrich Laukamm-Josten, Luis Mendao, Signe	"Regulations of Voluntary HIV Testing and Counselling Services Provided to Injecting Drug Users in Lithuania", Oksana Strujeva "Accessibility of Antiretroviral Therapy for HIV Infected Injecting Drug Users in Lithuania", Vilma Uždavinienė "Estimation of the Prevalence of Problem Drug Use in Lithuania", Gordon Hay "Availability of Sterile Injecting Equipment for IDUs in Lithuanian Pharmacies", Romualdas Gurevičius, Loreta Stonienė "Social and Health Care Services in Alytus and Klaipėda municipalities for Formerly Incarcerated Persons", I Can Live Coalition

Subata, Signe Rotberga "Evaluation of pharmacotherpy of opioid dependence in prisons of Estonia", Emilis Subata, Signe Rotberga	Rotberga, Maria Skarphedinsdottir and Roger Drew "Evaluation of MMT in Latvia", Emilis Subata "Access to rapid HIV tests in NSPs in Latvia", Iveta Škilina "Rapid Assessment and Response on Drug use in Valmiera Prison, Latvia", Richard Braam, Mārcis Trapencieris	"Rapid Assessment and Response on Drug use in Marijampolė Correction House", Birutė Semėnaitė, Ruūa Janulevičienė, Gintaras Kėžys, Rolandas Čepulis, Elžbieta Rapcevič, Vytautas Ilevičius, Richard Braam "Lithuanian legislation and policy analysis on HIV/AIDS prevention and care among injecting drug users in prison settings", Dovilė Juodkaitė, Rokas Uscila, Heino Stöver "Vulnerability assessment of people living with HIV (PLHIV) in Lithuania", Romualdas Gurevičius, Vilma Žydžiūnaitė, Svetlana Kulšis, Jurgis Andriuška, Lijana Vainoriūtė, Vaiva Gerasimavičiūtė "Evaluation of UNODC Small Grants Program in Lithuania", Anya Sarang "Evaluation of Access to HIV/AIDS Treatment And Care in Lithuania", Ulrich Laukamm-Josten, Pierpaolo de Colombani, Kees de Joncheere, Roger Drew, Irina Eramova, Signe Rotberga, Heino Stöver and Anna Zakowicz
	"Inventory of NSPs in Latvia and Lithuania using EMCDDA Data Collection Protocol for Specialists of Harm Reduction Services", Loreta Stonienė, Iveta Škilina, Signe Rotberga, Justė Kelpšaitė "Pilot project on peer-driven interventions in Latvia and Lithuania", Evija Dompalma, Loreta Stonienė, Signe Rotberga	
Mid-Term Evaluation, Roger Drew		

Table 4. Publications and information material

No.	Title in English	Languages available
1. Information materials for IDUs		
1.1.	About viral hepatitis	LT, RU
1.2.	Protect yourself from sexually transmitted infections	LT, RU
1.3.	How to protect yourself? (Overdose prevention)	LT, RU
1.4.	About HIV/AIDS and tuberculosis	LT, RU
1.5.	Services for injecting drugs users providers in Lithuania	LT
1.6.	Life goes on (for PLWHA)	LV, RU
1.7.	HIV and hepatitis A, B, C	LV, RU
1.8.	For drug users (on safe injecting)	LV, RU
1.9.	Legal information for drug users	LT
1.10.	Information about methadone maintenance therapy*	LT, LV, EE, RU
1.11.	Overdose prevention*	EE
2. Training modules, education materials and tools for service providers		
2.1.	Risk Reduction for Drug Users in Prison	LT, LV
2.2.	Frequently asked questions about methadone and/or buprenorphine	LT, LV, RU
2.3.	Legal aspects related to drug use and drug posession in Latvia	LV. RU
2.4.	Clinical protocol for pharmacotherapy with methadone	LT, LV, EE*
2.5.	Diagnostic, Treatment and Social Support of Opioid Dependent People	LT
2.6.	Intervision guidelines	LT, LV, EE, RU, EN
2.7.	Addiction Severity Index	LV, LT
2.8.	Social work with injecting drug users	LT
3. Translations into national languages		
3.1.	HIV and AIDS in places of detention: a toolkit for policy makers, programme managers, prison officers and health care providers in prison settings	LT, LV
3.2.	Effectiveness of Interventions to Manage HIV in Prisons. Opioid substitution therapies and other drug dependence treatment	LV
3.3.	From coercion to cohesion. Treating drug dependence through health care, not punishment	LT, LV
3.4.	Scaling up HIV testing and counselling in the WHO European Region	LT
3.5.	Guide to Starting and Managing Needle and Syringe Programmes	LV
3.6.	HIV Voluntary Counseling and Testing: A Reference Guide for Counselors and Trainers	LT
3.7.	Motivational Interviewing with IDUs	LT, LV
*	not completed at the time of evaluation	

C. Institutional and management arrangements and constraints

The project has been implemented by the UNODC project office in Vilnius and Riga and coordinated through a Project Steering Committee in Lithuania. In Latvia, the functions of the PSC are performed by the National HIV Coordination Commission. The main partners are:

the Riga Centre of Psychiatry and Addiction Disorders for MMT; the Latvian Infectiology Centre for NSPs the Ministry of Justice and the prison administration and NGOs for prison.

In Lithuania, the main partners are: the Vilnius centre for addiction disorders for MMT; Drug control department for low threshold centres; The Ministry of Justice and the prison department for prisons; The Ministry of Health for coordination of the project steering committee, as well as monitoring and evaluation. The Centre for Communicable Diseases and AIDS did not engage positively in the PSC and with stakeholders for the implementation of this project. Several respondents reported that the Centre openly opposes harm reduction approaches and participates in counterproductive initiatives for the implementation of an effective national response to HIV. The Centre does not perform the expected functions of a national infectious diseases centre, such as monitoring and evaluation of the national HIV programme, promoting the availability of data and the inclusion of civil society organisations. The centre is therefore seen as being responsible for some of the gaps in the national response and contributing to discrimination and stigmatization of IDUs and PLWH.

The project in Estonia was not implemented through a steering committee. UNODC works directly with main implementing partners, the National Institute for Health Development and the Ministry of Justice, as well as NGOs.

The small grants programme is an important feature of the project with regard to collaboration with implementing partners and stakeholders. It made an important contribution to developing HIV prevention and treatment services among injecting drug users and in prisons. The programme has allowed to increase coverage of HIV prevention services in the three countries by increasing the level of previously existing interventions and supporting new ones. Support for innovative services has helped to build capacity and identify best practices for harm reduction services in each of the three countries. The main objective of the grants is to support activities that increase availability, coverage and quality of evidence-informed HIV/AIDS prevention, treatment and care interventions for IDUs and in prison settings, in particular MMT and NSP. The programme has brought together a wide range of people involved in developing national responses to drugs and HIV/AIDS, including Government officials and health professionals, civil society and community organizations. The approach to managing and monitoring the grants programme is pragmatic. The grants programme was developed so as to avoid burdensome requirements. It is accessible for new applicants and easy to follow for grantees. Proposal and reporting forms are simple and can be written in national language. In a limited number of cases, cooperation with grant recipients was discontinued due to poor

quality of services or misuse of funds. Detailed information about activities supported under the grants scheme is available on the project website.

The project also benefited from substantial UNODC managerial and technical support. Most respondents acknowledged the important role played by the regional coordinator for engaging in dialogue and achieving results. The regional coordinator was praised for her diplomatic skills and strategic thinking. The level of UNODC staffing was higher during the project than originally planned. The recruitment of a national project officer was not planned in Latvia and Lithuania in the original project document. Respondents in both countries have emphasized the beneficial role of national project officer for facilitating project implementation. Estonia is the only country in the project without a national project officer. This raises the question of whether more could have been achieved with UNODC staff in the country. The NIHD is the main implementing partner and grant recipient in the project and it appears that it may have lacked human resources to do so consistently. Project coordination and steering in Estonia did not suffer from the absence of a national project officer, as the regional coordinator was closely involved in the national response, for example in discussions with the Ministry of Justice for NGO support.

The relationship between the project office for the Baltic States and the UNODC headquarters is constructive. Backstopping was received from UNODCs HIV/AIDS unit in a way that gave leeway to the project office for day-to-day management. The mid-term evaluation reported that the UNODC is seen as lacking technical expertise in certain areas of HIV/AIDS work, e.g. antiretroviral therapy. Respondents for the final evaluation did not express similar views and the UNODCs expertise on the various areas of HIV/AIDS work was not questioned. The project office has also drawn on WHO expertise and the ASAP mechanism, common to UNAIDS co-sponsors, for short-term and reactive inputs.

Monitoring of project outputs and activities during implementation was limited, due to the fact that the monitoring and evaluation framework is unclear. The project document's logical framework lacks satisfactory quantitative indicators. Consequently, the logical framework has not been used in practice to monitor project performance towards objectives, especially the second objective of increasing coverage of comprehensive HIV/AIDS prevention and care services among IDUs and in prison settings. Although a baseline assessment was conducted in 2006 on service accessibility and coverage, data collected does not constitute a systematic baseline to monitor implementation and outcomes or impact. During implementation, some situation assessments were carried out, including on the quality of MMT in Latvia and Estonia

and on legal obstacles for MMT in Latvia and Lithuania. These were useful for the development of activities. There is also a lack of systematic data collection and reporting in the national monitoring and evaluation systems in place that could tie in the project, especially estimates of IDU population and HIV prevalence among IDUs in Lithuania and Latvia. Given the weaknesses of the original monitoring and evaluation framework, indicators related to the output of increased access to services were introduced. These indicators measure availability and coverage of NSP (syringes distributed per NSP per year, number of NSP sites per 1000 IDUs), availability and coverage of MMT (MMT sites per 1000 opioid injectors, percentage of opioid injectors on MMT), quality of MMT (percentage of MMT programmes providing psychosocial support, percentage of patients receiving recommended methadone maintenance dose, average maintenance dose, average duration of treatment). The number of prisons offering targeted IEC for drug dependent inmates was also monitored and site visits were carried out by UNODC staff and external consultants to all services receiving UNODC grants.

Issues related to financial management were experienced during the project. Finances were originally managed through the UNDP office in Lithuania. UNDP was responsible for authorising payments which was problematic for the administration of small grants. UNDP actively participated in the grant approval processes. There were also issues related to payments in national currency in Latvia. The UNDP office in Latvia had closed so payments were made through UNDP in Lithuania, which was expensive and lengthy. The mid-term evaluation pointed out that UNODC and UNDP needed to resolve financial management issues. These issues have been dealt with and the risk of hindering implementation of the small grants scheme was avoided. UNDP is no longer involved in the selection and approval process for grants. The UNODC HQ grant committee was involved instead.

Overall financial implementation rate is good, although the expenditure was low compared to the original budget in the first year of implementation. The final implementation rate is expected be close to 100%. The project expenditure compared to initial and final budget allocation is presented below in Figure 1 and Table 5.

The grants scheme accounts for a considerable part of project costs. At 40% of total expenditure, small grants constitute the biggest category of expenditure. The financial allocation for the small grants programme is presented below in Table 6.

Figure 1: Project expenditure vs. budget allocation

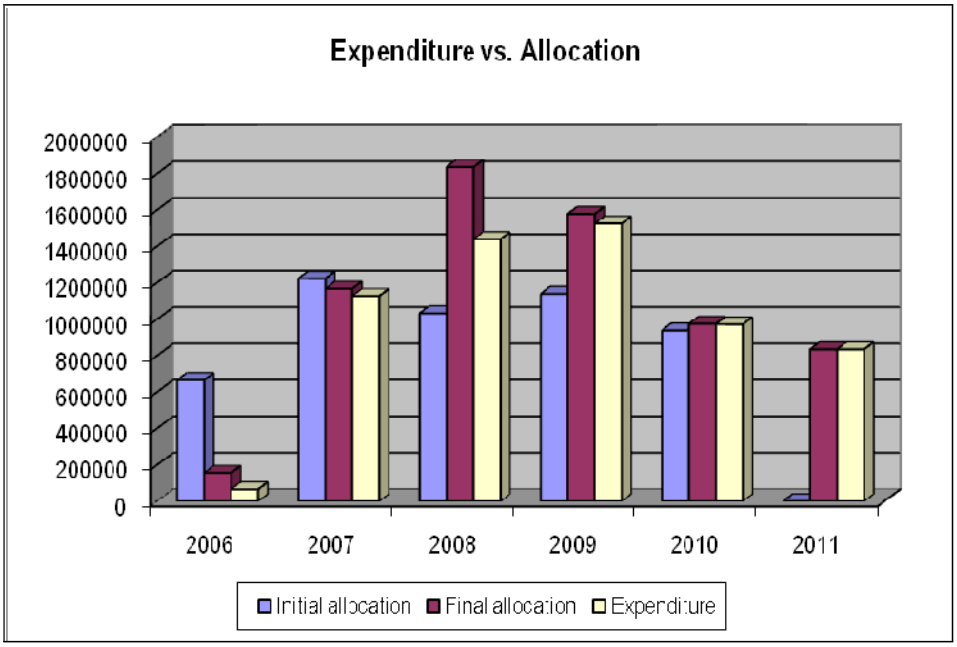

Table 5. Project expenditure vs. budget allocation

	2006	2007	2008	2009	2010	2011	TOTAL
Initial allocation	665,600	1,223,500	1,032,500	1,139,800	938,700	0	5,000,100
Final allocation	156,100	1,167,600	1,835,400	1,578,000	975,100	834,800	6,547,000
Expenditure	65,576	1,128,062	1,439,352	1,525,244	972,291	834,800	5,965,325

Table 6. Small grants programme 2007-2010 and allocation

Country	Number of applications received	Number of applications supported	Total budget in USD
Estonia	5	3	177,300
Latvia	61	45	914,000
Lithuania	54	31	644,000
Total	120	79	1,735,300

Several constraints were also experienced for service provision in the course of project implementation.

A first factor of constraint is the lack of financial incentives to provide MMT in Latvia and Lithuania. In Lithuania, incentives are needed for medical and health professionals to provide MMT in community services through mental health care centres especially. There is currently no additional remuneration for staff if MMT provided.

Since 2011 in Latvia, financing by the health payment centre (national health insurance) is based on the number of client visits, whereas a fixed sum was allocated previously. Narcologists need many patients and run a risk of running out of funding, the workload is perceived as too burdensome. For example, if a patient does not show up for an appointment, one visit less is paid to the narcologist.

This issue was raised during a project site visit for this evaluation: at a MMT dispensing centre, a narcologist refused to work at the site for lack of financial incentive. MMT could still be dispensed at the site but patients had to travel at their own cost to Riga for consultation related to their methadone prescription, a change of dosage for example. All small programmes outside the capital could be at risk.

Restrictive authorizations for specialist prescribing for drug treatment are another factor that has negatively affected the scaling-up of MMT. In Latvia drug treatment guidelines have been developed in the form of a regulation of the cabinet of ministries that includes

requirements and authorizations for prescribing. Currently MMT is prescribed by narcologists or trained psychiatrists only. In Lithuania, discussions are ongoing as to who is qualified and should be authorized to prescribe MMT. In Estonia, financial incentives and authorization for specialists to provide drug treatment were not reported as constraints. However there appears to be a lack of psychiatrists who would want to specialize in addiction treatment. This had a negative effect on capacity building and training activities. Rather than a lack of available expertise, there are not enough potential trainers motivated and available for training, especially on MMT.

Finally, the economic crisis and shortfalls in public funding were mentioned by an overwhelming majority of respondents as risks for project implementation and sustainability of activities. The economic crisis in the Baltic States has resulted in GDP reductions and Governments have responded with austerity measures. Significant budget cuts have been made for all sectors, including health and social sectors. The availability of State healthcare and prison budgets, as well as municipal budgets for the implementation of national HIV strategies has been affected. Scaling-up of services for drug users and in prisons is challenged and calls for sustained advocacy for harm reduction interventions as part of national public health strategies.

III. OUTCOMES, IMPACT AND SUSTAINABILITY

A. Outcomes and impact

Outcomes and Impact - medium and long term results generated by project activities – are considered with precaution. In particular, it may be difficult to attribute any change or trend in HIV transmission to the activities carried out during this project, as many contextual factors outside the project influence the results. Data is available on HIV incidence and prevalence among IDUs and in prisons and it is possible to compare this data between the start and the end of the project. But it is not possible to demonstrate that this project caused a particular impact on HIV transmission in the three Baltic States. Impact may also be different in the three countries, as the scale of the epidemic, national responses and project activities implemented differ in each country.

Measures that could inform us on the project's likely impact, namely project performance indicators and national surveillance systems indicators, are of limited use for attempting to observe change in the medium or long run. Thoroughly designed indicators on availability,

coverage and quality of services, along with potential impact indicators by type of services would be needed to do so.

One of the main achievements of the project is that is has helped shape policy making, develop strategic approaches and better understand gaps in services. These achievements are likely to have effects in the future. The project has contributed to policy dialogue at ministerial and institutional level. The criminal justice sector - Ministries of Justice, Ministries of Interior, Police, Prison Administrations - has been involved in national response to HIV. The project has also yielded better institutional coordination between health and justice ministries.

The project has contributed to building NGO capacity and promoting the involvement of civil society in national responses to HIV/AIDS. NGOs were involved in policy dialogue and linkages were developed between NGOs and Government. In particular it has been possible for NGOs to engage in dialogue with prison departments, advocacy and provision of HIV prevention services for drug users and prisoners. This is likely to bring about medium or long-term effects because of the limited NGO traditions in the Baltic States - in Lithuania and Latvia especially and Estonia to a lesser extent - and the limited support to NGOs from Governments. With continued advocacy and support for management capacity, NGOs may play an increasing role in the implementation of national response to HIV/AIDS, especially among high risk groups.

The project is likely to have impact on future responses given its evidence-based public health approach. Although not entirely implemented, a comprehensive package of interventions has been promoted and many activities and services were initiated. Project capacity building and training initiatives may have helped convince stakeholders of the necessity to sustain such approaches. In turn these stakeholders may act based on the skills received and work towards the effective implementation of strategies and services.

B. Sustainability

Increased attention has been paid to the sustainability of activities and systems established during the course of project implementation. The main concern raised by the mid-term evaluation was the sustainability of outputs after the project ends, particularly in the context of the global economic crisis. A sustainability strategy has been followed since the beginning of the project and considerable additional efforts have been made to address concerns for sustainability during the second half of project implementation. Overall, project results are

sustainable. Most of the services will be continued after the end of the project, with some concerns for a few small grant funded activities in Latvia and Lithuania. There is institutional and human capacity to implement comprehensive HIV prevention and care services in the three countries.

Involvement of all governmental and non-governmental stakeholders in project implementation, planning and monitoring has been sought. This includes participation in Project Steering Committees, Grant Committees, national and regional meetings and participatory processes for analysing results and improving implementation.

The Project Steering Committee is embedded within the HIV Coordination Commission for HIV in Lithuania and the HIV Coordination Commission in Latvia has functioned as a Project Steering Committee during the project. Yet the question remains as to whether these commissions have sufficient will to coordinate national responses to HIV/AIDS prevention and care for IDUs and in prisons. The Ministry of Health in Latvia heads the national commission but is somewhat reluctant to take up a full coordination role as the public health function in the country is fragmented and responsibilities for drugs and HIV responses are not clearly set-out. In Lithuania the Public Health Department in the Ministry of Health is keen to assume a coordination role yet this prove difficult given the current political environment.

Also with regard to project consensus building activities, the adoption of policy and normative documents ensuring evidence-informed response to HIV among IDUs and in prison settings has been promoted.

As regards training and capacity building, the sustainability strategy has included the involvement of national experts, professional associations and education institutions in the development and accreditation of training programmes and materials that will be used after the project ends.

Efforts to ensure availability of strategic information and lessons learnt to key stakeholders have also contributed to improving the chances to sustain results of the project.

Regarding the small grants programme, the mid-term evaluation recommended that UNODC should introduce ‘sustainability assessments’ into the procedures for assessing applications. UNODC has given higher priority to those grant applications which have more chance of sustainability and required co-financing and sustainability plan for services supported under the small grants scheme. UNODC has also explored ways in which the management of small

grants programme can be handed over to national agencies and how the grant system can be transferred to a more sustainable funding source, in particular from Government.

Sustainability of funding provided through small grants is of particular concern for NGOs involved in project implementation in Latvia and Lithuania. Building on the relation between NGO service providers and the Ministries of Health and Justice, Government funding should be sought to sustain services started. Given the limited tradition of support from the public sector to NGOs in these two countries, funding sources and mechanisms for funding to be channeled after the project have to be further explored. Sustained dialogue among national stakeholders is needed after the project.

Some respondents believed that funding sources other than Government, such as the European Commission may be hard to draw on given co-financing requirements. Other potential sources of funding mentioned are Nordic Council or the Open Society Institute. Concerns were also raised that the Baltic States may not be a priority for donors given the scale of the HIV epidemic compared to other regions of the world.

The mid-term evaluation also recommended introducing activities focused on the organisational development of NGOs, with a focus on grant management capacity and ability to fundraise. Some thought has been given to this but no action has been taken during the implementation of the project and project activities have focused on planned outputs. Initiatives geared towards increasing the management capacity of NGOs are nevertheless needed in the short and medium term.

In the near future, NGOs can turn to EU civil society networks (e.g. twinning, sharing experience) and can gather under national umbrella organisations so as to and mutualise organisational capacity and gather political clout.

The sustainability of activities supported by the small grants scheme in Lithuania and Latvia are presented in more detail in Tables 7 and 8 below.

In Estonia, national authorities have pledged to maintain the level of service provision. Estonia does not appear to rely on international donors and organizations for sustaining activities. Achievements will not be reversed, yet developing new activities may not be a priority given financial constraints. The risks are low for all services: MMT in prisons, MMT in police detention centres, NGO facilitating support groups in prisons, NSPs, integration of MMT and ART in West-Tallinn Central Hospital Centre. A good example of sustainable arrangements for service providers is provided by the NGO Convictus, which receives support

from the Ministry of Justice (for two prison support groups for PLWH and drug addicted inmates, on six-monthly agreements). To ensure continued support from the Ministry of Justice, Convictus can rely on AIDS Commission and NIHD.

Table 7. Sustainability of services supported in Lithuania in 2007 – 2010

Activity	Organization	Risk for not being sustainable
MMT	Samogitian Mental Health Centre, Telsiai	Low
	Kedainiai Primary Health Care Centre	Low
	Siauliai Personal Health Care Centre Mental Health Centre	Low
	Silutė Mental Health and psychotherapy Centre	Low
	Mazeikiai Mental Health Centre	Low
	Klaipeda Center for Addictive Disorders	Low
	Vilnius Centre for Addiction Disorders	Low
	Švenčionys Primary Health Care Centre	Low
	Alytus Policlinics Mental Health Care Centre	Low
NSP	Society helping drug users, PLWHA, Druskininkai	Medium
	Mazeikiai lodging house	Low
	Association "Tavo drugys"*	
	Charity and Support Fund “Vilties svyturys”	Low
	Klaipeda Mental Health Center	Low
	Red Cross Alytus Committee Anonymous Consulting Office “Pasitikejimas”	Medium
	Klaipeda Center for Addictive Disorders	Low
	Association of HIV Affected Woman and Their Intimates “Demetra”	Medium
	Kaunas City Social Service Centre	Medium
	NGO ,,Positive life"	Medium
	Kedainiai Primary Health Care Centre	Low
	Lithuanian Red Cross Visaginas Committee	High
Prisons	NGO “Pusiaukelis”**	
	Charity and Support Fund “KRIS in North-West of Lithuania”**	
	Charity and Support Fund “Vilties svyturys”**	
	NGO “Positive life”**	
	NGO ,,Social Risks Prevention Centre"	Low
	Charity and Support Fund „Garstyčios grūdas“	Medium
	Kaunas Remand prison	Medium

* UNODC support discontinued

** Organizations not interested in risk reduction education for prisoners

Table 8. Sustainability of services supported in Latvia in 2007-2010

Activity	Organization	Risk for not being sustainable
NSP	NGO "DIA+LOGS"	Low
	Social Service of Jēkabpils municipality	Low
	Jelgava Social Service Agency	Low
	Municipal agency "Ķekava Social Care Center" – HIV prevention program in Ķekava	Low
	Social Service of Kuldīga municipality	Low
	Tuberculosis and lung disease state agency	Low
	Talsi municipality	Low
	NGO "Vecāki Jūrmalai"	Low
	Liepāja Social Service Agency	Low
	NGO "Fenikss SI" (=Tukuma municipality)	High
	Municipal agency "Olaine Social Service"	Low
	NGO "Association of Latvian Samaritans"	High
	Bauska city council	Low
	Social Service of Cēsis municipality	High
	Social Service of Ogre municipality	Medium
	State agency "Latvian Infectology center"	Low
	Social Service of Saldus municipality	High
	Daugavpils Social Service Agency	Medium
	NGO "Saules sala" (= Kuldīga municipality)	Low
	Tuberculosis and lung disease state agency – cooperation project	Medium
Activities in prison	Liepāja prison	Medium
	Cēsis prison	Low
	Valmiera prison	Low
	Iļģuciems prison	Low
	Šķirotava prison	Low
	Brasa prison	High
	Daugavgrīva prison	Medium
	NGO "Association HIV.LV"	Medium
	NGO "AGIHAS"	Medium
	NGO "Apziņas ekoloģija"*	
	NGO "Papardes zieds"	Medium
MMT	Liepāja Social Service Agency	Low
	Hospital "Ģintermuiža"	Low
	Daugavpils regional hospital	Low
	Municipal agency "Jūrmala Social Care Center"	Low
	Kuldīga hospital	Low
	Municipal agency "Olaines Social Service"	Low
	NGO "KORIJŠI"	Medium
	Salaspils Health Center	High
	Tukums Health Care Center	Medium

* UNODC support was discontinued due to insufficient quality of services.

IV. LESSONS LEARNED AND BEST PRACTICES

A. Lessons learned

Interventions in prison settings are an essential part of national responses to HIV/AIDS given the risks of HIV transmission, the burden of HIV/AIDS in prisons and the likelihood of high-risk populations such as IDU to spend time in an out of prison. Harm reduction strategies can be implemented effectively only if it possible to work in prisons and other closed settings. However it is difficult to implement harm reduction activities in prisons for many reasons. A long-term and sustained approach is needed, bearing in mind that results may be slower to achieve than in community settings. An outstanding issue for the introduction of effective HIV prevention programmes in the context of prisons is the distinction between healthcare and other services in prison, which may rely on different funding systems, Ministry of Health in the case of prison healthcare services and Ministry of Justice for other services.

More generally prison healthcare services experience some difficulty vis à vis other services due to strict hierarchies in justice ministries and prison administrations and the focus inherent to prisons on prisoner's security or rehabilitation, which may take precedence over health.

The difficulty to provide HIV prevention and care services in prisons should also be considered in a European perspective, as a common approach to harm reduction in prisons across the European Union has yet to be adopted (MMT is widely accepted but few prisons have NSPs).

NGOs also play an essential role in effective national responses to HIV/AIDS. They are relevant actors to implement services in prison settings and services geared towards IDUs. NGOs are best placed to develop peer-driven approaches, such as support groups, and can provide services that the State is unable or willing to provide. During this project, NGOs have considerably improved their ability to engage with the public sector and play an active part in the implementation of effective HIV prevention and care strategies for IDUs and in prisons. The small grants project has substantially contributed to supporting NGOs, especially when considering the limited funding affected to this end. Yet NGOs still lack capacity and visibility, which can be partly explained by the limited tradition of State support to NGOs in Latvia and Lithuania for example. Sustained efforts are needed after this project to support

capacity building of NGOs and their involvement in decision making and strategy implementation with regard to HIV/AIDS.

It has also been possible to draw lessons on the design and scope of the project. The lack of a clear monitoring and evaluation framework makes it difficult to attribute results to project activities and impedes understanding of what needs to be achieved. For comparable projects, close attention should be paid in the design phase on ways to obtain appropriate baseline and follow-up data, as well as to set-up process and outcome indicators[3]. Given the limited country specific assessments and planning with Governments at the onset, perhaps more thought is needed for preparing similar projects, drawing on existing health information and monitoring systems.

With regard to project objectives, decision was taken by UNODC to focus only on some of the 9 interventions that constitute a comprehensive package for HIV prevention and care among IDUs and in prisons. The chosen objectives were: coverage and quality of MMT in all settings, NSP in community, targeted HIV education in prisons, and advocacy for NSP in prisons. A flexible focus when designing similar projects, based on pragmatic objectives should ensure effective implementation and increase the likelihood of achieving results.

The implementation of this project on HIV prevention and care for IDUs and in prisons has also been helpful to learn lessons on the scope of the project. Focusing on HIV prevention and care for IDU - a population - and in prisons – an environment, may cause some confusion on the scope the project. Indeed this approach leads to consider a variety of HIV issues, such as testing or antiretroviral therapy, which relate to wider health systems issues, namely access to health care. There is also a risk of considering non IDU related HIV issues in prisons only and not as much in the community. The UNODC HIV/AIDS Unit and the regional project office have however been able to draw on the technical expertise of individuals in the three countries and agencies – in particular WHO and the ASAP mechanism – for certain areas of HIV/AIDS work, where perhaps UNODC was not best placed to provide inputs. The choices made by UNODC in the preparation and design phase of the project have proven relevant to respond to an IDU driven HIV epidemic and the urgency to start interventions in prisons.

[3] The 2009 WHO, UNODC, UNAIDS "Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users" could be used for this purpose, tying in to national planning and monitoring, as it provides countries with a set of indicators and indicative targets (or "benchmarks") to be used to set programmatic objectives, and monitor and evaluate HIV interventions for IDUs.

B. Best practices

Best practice can be developed by applying evidence-based approaches and methodologies that are proven to be effective. These are however applied in a given environment for implementation and it is their confrontation with experience and attitudes of stakeholders that may lead to best practices.

The project has developed technical guidelines for quality assurance, e.g. clinical guidelines on MMT), training modules (on harm reduction in prisons in Latvia and Lithuania, on MMT in Latvia and Lithuania, for social workers with IDUs in Lithuania, and guidelines for intervision) and materials for HIV/AIDS prevention and care for service providers, injecting drug users and in prison settings.

Intervisions have allowed exchanges based on these supporting materials and available evidence. Confronting evidence base with specific experience of practitioners and staff is highly beneficial for learning and reaching a consensus among participants. Adherence also ensures better follow-up after training.

The project has also promoted participatory processes and evidence informed objectives through advocacy. UNODC in the Baltic States has sought to build consensus by engaging positively with civil servants and service providers during the project. Here too, adherence of stakeholders is paramount for the effective implementation of effective strategies for HIV prevention and care among IDUs and in prison settings.

Finally, the UNODC project website was developed as a comprehensive working tool and has proven to be very useful for stakeholders. A project of this scope and duration benefits from a well-managed website, both in terms of visibility and reference.

V. RECOMMENDATIONS

Recommendations for UNODC:

- Carry out an ex-post evaluation of the project, for example a year after completion of the project, to provide further insights on the sustainability of activities and a reminder, if necessary, on the need to support evidence based services as part of comprehensive HIV strategies. Depending on funding opportunities, provide technical assistance through renewed projects in the three Baltic States. In the case of a renewed UNODC project, include a

capacity building and training component and a small grants programme, allocate adequate resources and actively promote findings on achievements;

- Develop a sound monitoring and evaluation framework and a coherent logical framework for similar projects in order to ensure informed implementation and allow for proper interpretation of results.

General recommendations for the Governments of Estonia, Latvia and Lithuania:

- Support national HIV Coordination Commissions for the implementation of effective strategies;

- Scale-up MMT and NSP in community settings;

- Broaden authorisations for prescribing MMT to trained GPs and specialists and find incentives for healthcare professionals to provide drug treatment;

- Promote the integration of drug dependence, HIV and TB treatment services, with appropriate referral systems. Increase HIV rapid testing in non-medical settings to increase the accessibility for vulnerable groups. Further integrate drug treatment - in particular pharmacotherapy of opioid dependence - and HIV prevention and care into primary health care;

- Pursue advocacy for access and scaling-up harm reduction services in prisons, especially MMT and harm reduction education, condom provision and support pilot NSP projects where feasible;

- Ensure the equivalence of access to health care services in the community and in prisons, especially MMT. Even more so given that access to MMT in police arrest houses is possible in Lithuania and Estonia. The equivalence of access to services in the stages of arrest, trial and detention will be beneficial in the short and medium term given the importance of the criminal justice system for implementing HIV/AIDS responses;

- Continue educational and training activities directed to prisoners and staff. The focus on harm reduction should be sustained and activities should also address psychosocial support and rehabilitation/resocialisation.

Recommendations for the Government of Estonia:

- Adopt a clinical protocol for MMT in prisons and a policy document stating the basis and aims of such treatment;

- Seek to implement the planned pilot project on overdose prevention with naloxone.

Recommendations for the Government Latvia:

- Find funding arrangements for narcologists so as to ensure adequate provision of MMT in community settings;

- Develop support to NGOs through Government funding or, by default, donor assistance, in particular for small grant funded activities at risk of discontinuation. Governments should demonstrate their support for the work of NGOs and promote NGO involvement in relevant areas of work. Include NGOs in national HIV Coordination Commission;

- Ensure the availability of methadone maintenance treatment in prisons.

Recommendations for the Government of Lithuania:

- Engage in dialog at political and society level on the necessity of HIV prevention and care services for IDUs and in prisons, i.e. harm reduction services, based on available evidence;

- Establish and support an HIV Coordination Commission to implement an effective national response. Building on the work of the Project Steering Committee, support the Public Health Department of the Ministry of Health in this coordination role;

- Develop support to NGOs through Government funding, in particular for small grant funded activities at risk of discontinuation. Governments should demonstrate their support for the work of NGOs and promote NGO involvement in relevant areas of work. Include NGOs in national HIV Coordination Commission;

- Sustain funding for small grant funded programmes at risk of discontinuation either through Government funding or, by default, donor assistance.

- Intensify cooperation between Ministry of Health and Ministry of Justice for the improvement of services in prisons, in particular MMT.

VI. CONCLUSIONS

This project demonstrates what can be achieved in a relatively short time and with adequate funding to strengthen HIV prevention and care among IDUs and in prisons. It is highly relevant to the national responses to HIV in the Baltic States and also appropriate for UNODC

given its leading role among IDUs and in prison settings within the UNAIDS joint programme and its expertise in criminal justice systems.

The foreseen objectives have been achieved and outputs under these objectives have been delivered. The project has been well managed and the UNODC regional office has geared its efforts towards results, always allowing for flexibility and encouraging stakeholder participation.

The project implementation strategy has involved the development of a sustainable enabling political environment. Cooperation has been achieved between Ministries of Health and Ministries of Justice, especially for prisons, as well as Ministries of Interior.

Comprehensive interventions geared towards injecting drug users and prisoners have been introduced. The project has considerably increased the Baltic States' capacity to provide quality interventions. Institutional and human capacity exists in the three countries to sustain the benefits of the project. These results are encouraging, however there are still gaps in service provision and weaknesses in the consensus for implementing effective HIV strategies. Overall, UNODC has provided very useful strategic leadership and technical assistance, including financial support critical for scaling-up services.

Yet external support for strategic leadership and technical assistance also delays the moment when countries commit politically and ensure funding to implement national responses. In this respect, the project is not only relevant given the nature and scale of HIV among IDU and in prisons, it is also relevant in terms of timing. The project started shortly after accession of the Baltic States to the EU. Four years on, the three countries are maturing EU member States and are less and less likely to receive external funding and technical assistance through the UN system. Rather, the development of systems and interventions will take place within the EU framework, with likely benefits in the medium and the long run. The UNODC project was timely during what could be called a transition phase of national responses to HIV/AIDS in the Baltic States.

ANNEX 1. Terms of reference of the evaluation (without its annexes)

TERMS OF REFERENCE Final

evaluation of UNODC project "HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania"

1. PROJECT OVERVIEW

Project Title:	HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania
Project Number:	XEE/J20
Duration:	November 2006- June 2011
Executing Agency:	UNODC
Government Focal Implementation Agencies:	Estonia: Ministry of Social Affairs Latvia: Ministry of Health Lithuania: Ministry of Health
Total Approved Budget:	USD 5,768,300
Donors:	The Netherlands
Project Manager:	Signe Rotberga

2. PROJECT BACKGROUND INFORMATION

The HIV epidemic peaked in the Baltic States in the years 2001 to 2002 and until now HIV prevalence rates remain one of the highest in the European Union. Different from other EU countries, the main HIV transmission mode is injecting drug use. All three countries have concentrated epidemics with HIV prevalence among injecting drug users (IDUs) ranging from 8% in Vilnius to more than 50% in Tallinn. HIV prevalence among the general population is 1.3% in Estonia, 0.8% in Latvia and 0.1% in Lithuania.

UNODC project XEE/J20 – "HIV prevention, treatment and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania" was approved by UNODC Executive Director in November 2006 and signed by the Governments of Estonia, Latvia and Lithuania during the period from November 2006 till January 2007. Duration of the project is 4.5 years (till 30 June 2011). The total budget is USD 5,768,300. Funding for the project is secured by the Government of the Netherlands.

The Executing Agency is UNODC, and day-to-day execution is ensured through the UNODC project office in Vilnius, Lithuania, and sub-office in Riga, Latvia. The Government Focal

Implementation Agencies are the Estonian Ministry of Social Affairs, Latvian Ministry of Health and Lithuanian Ministry of Health. These focal implementing agencies serve as the key points of contact, liaison, information and communication with UNODC, local stakeholders and other interested parties for the purposes of this project.

The overarching goal 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 prisons through addressing normative policy, capacity building and programmatic aspects of national HIV/AIDS prevention activities. The implementation strategy involves the development of a sustainable and ongoing enabling political environment, increasing capacity to provide quality interventions, and the introduction of comprehensive interventions targeted to injecting drug users and prisoners.

Project Objectives

Overall goal	To assist Estonia, Latvia and Lithuania to halt and reverse the HIV/AIDS epidemics among injecting drug users and in prison settings.
Objective 1: Build national and regional consensus on effective implementation strategies to address HIV/AIDS among injecting drug users and in prisons.	
Output	Activities
1.1. National HIV/AIDS strategies and action plans amended	1.1.1 Establish national, regional project steering committees and conduct stakeholders and commencement meetings. Develop and agree with the stakeholders of the three countries a detailed budgeted work plan with achievement indicators and verification methods
	1.1.2. Conduct national rapid HIV/AIDS situation and response assessments related to injecting drug use and in prison settings and set coverage targets
	1.1.3. In each country, conduct and consolidate reviews of policy, administrative and operational provisions related to HIV/AIDS prevention and care among injecting drug users and in prison settings
	1.1.4. Provide assistance in amending national HIV/AIDS strategies and action plans based on national situation assessment and policy reviews to reach coverage targets
Objective 2: Increase coverage of comprehensive HIV/AIDS prevention and care services among injecting drug users and in prison settings.	
Output	Activities
2.1 Improved institutional and professional capacity to address HIV/AIDS among injecting drug	2.1.1 Conduct training needs assessment of service providers from both government and civil society organizations
	2.1.2. Identify and support a regional training centre for HIV/AIDS prevention and care service provision for injecting drug users and in prisons

users and in prisons	2.1.3. Develop curricula, training modules and materials for HIV/AIDS prevention and care for injecting drug users and in prison settings
	2.1.4. Train a critical mass of professionals from both government and civil society organizations involved in service delivery
2.2 Increased access to HIV/AIDS prevention and care services for injecting drug users and in prison settings	2.2.1. Carry out a needs assessment of service provision sites to scale up the provision of comprehensive HIV/AIDS services for injecting drug users and in prisons
	2.2.2. Provide, where necessary, financial support for provision of services to both government and non-governmental organizations
	2.2.3. Assist governments in securing sustainable funding for sufficient access points to meet the targets
	2.2.4. Carry out ongoing, mid-term and end-of-project monitoring and evaluation
Objective 3: Generate and share strategic information to keep the programme on track and to respond appropriately to the evolving HIV/AIDS epidemics among injecting drug users and in prison settings.	
Output	Activities
3.1 All stakeholders are provided with strategic information and analysis on which they can base policy decisions concerning HIV/AIDS prevention and care among injecting drug users and in prison settings	3.1.1. Establish a regional information centre to collect and analyse project related information
	3.1.2. Document and share lessons learnt and experiences at various forums
	3.1.3. Participate in various technical and professional networks at the national, regional and global levels

The following performance indicators are formulated for the project:

- Decreasing or at least stable HIV prevalence and incidence rates among injecting drug users and prison inmates;
- Countries adopt national HIV/AIDS strategies which include comprehensive HIV/AIDS prevention and care measures for injecting drug users and inmates;
- Increasing number of injecting drug users and inmates are provided with services;
- Training/workshops implemented with full participation of key service providers;
- Increasing number of sites providing comprehensive HIV/AIDS prevention and care services;
- Increasing number of prisons offering comprehensive HIV/AIDS prevention and care services for inmates;
- Annual project progress reports and other strategic information is documented and disseminated.

In 2010, a project revision was done to increase the overall budget from USD 5,000,000 to USD 5,768,300 and to extend the project duration till 30 June 2011. The project objectives and outputs remained unchanged.

The main challenge is sustainability of activities and systems established during the course of project implementation, particularly in the context of the global economic crisis. The scale and severity of the economic crisis in the Baltic States is many times higher than in other countries. In 2009, GDP in Estonia decreased by 14.1%, in Lithuania by 15%, and in Latvia by 18%. During the economic crisis, the governments of the Baltic States have introduced tough austerity measures. Significant budget cuts have been made for all sectors, including health and social sectors, and this undermines governments' capacity to fully take over harm reduction services establishes under UNODC project. In Latvia and Lithuania, major reforms of the health sector have been started, and there is a danger that preventive services and programmes are seen as an easy target for reducing spending. In 2010, the total public health care budget in Latvia has been decreased by 14% comparing with 2009, and by 25% comparing with 2008. The total budget for prisons has been decreased by 30.5 % comparing with the previous year. Unemployment rate in Estonia has risen from 5.5% in 2008 to 19.8 in March 2010, in Latvia from 7.5% to 20.4%, and in Lithuania from 5.8% to 18.01% during the same period. According to EC estimates, Latvia, Lithuania and Bulgaria will be the last states to recover from the global recession.

3. PURPOSE OF THE EVALUATION

As foreseen in the project document as well as per the rules of the UNODC Evaluation Function, a final independent evaluation of the project needs be conducted in order to(1) assess the impact of the project and the investment made (2) assess the results of the project and demonstrate to what extent it has achieved its objectives and has been relevant, efficient, cost effective and sustainable, (3) provide information for better decision-making of UNODC management (best practices and lessons learned), (4) serve as a mean to empower project stakeholders of HIV prevention among injecting drug users and in prisons. The proposed final evaluation has been initiated by UNODC Project Office for the Baltic states and it is agreed with UNODC Independent Evaluation Unit (IEU), HIV Unit and the Donor Government. The final evaluation will be managed by the project team.

Core Learning Partnership (CLP) is proposed to encourage a participatory evaluation process from the beginning to the end of the evaluation. The CLP will participate and have the ability to provide comments at each stage of the evaluation. Members of the CLP will be the Ministries of Health in Latvia and Lithuania, the Ministry of Social Affairs in Estonia, the Ministries of Justice in all three countries, co-operating governmental and municipal institutions, service providers and civil society organisations. A proposed list of CLP members is attached in Annex 2.

4. EVALUATION SCOPE

The evaluation will cover the project life span from November 2006 till December 2010. The geographical scope of the evaluation is Estonia, Latvia and Lithuania.

Key questions to be answered by the evaluation:

- Relevance:
  - Are the project objectives relevant to the actual HIV situation in Estonia, Latvia and Lithuania?
  - Does the project address needs of injecting drug users and prisoners?
  - Does the project address needs of policy makers, health and social care professionals, criminal justice system personnel and civil society organizations active in the field of HIV prevention and care?

- Efficiency:
  - Have the outputs been delivered in a timely manner?
  - Has project funding been spent as planned?
  - Could the project outputs been delivered with fewer resources without reducing the quality and quantity?
  - What measures have been taken during project planning and implementation to ensure that resources are efficiently used?

- Effectiveness:
  - Has the project achieved its foreseen objectives and results (outputs, outcomes, and activities)? If not, has some progress been made towards their achievement?
  - What are the success factors for the achievement or reasons for non-achievement of project objectives?
  - What are the major challenges, opportunities and obstacles encountered by the project as a whole?
  - Is the project cost-effective, i.e. could the outcomes have been achieved at lower cost through adopting a different approach and/or using alternative delivery mechanisms?

- Impact:
  - What are the intended and unintended, positive and negative, long term effects of the project on drug users, prisoners, individuals and institutions working in the field of HIV prevention and care?
  - To what extent can the identified changes be attributed to the project?

- Sustainability:
  - What is the likelihood that the benefits from the project will be sustained after the end of the project?
  - Are the beneficiaries committed to continue working towards project objectives after it ends? Do institutions and professionals have motivation and capacity to efficiently administer HIV prevention and care among IDUs and prisoners?
  - Are services developed under the project likely to continue, be scaled up or replicated after the project funding ceases?

- Gender equality:
  - Did the project identify gender issues?
  - What results has the project achieved addressing gender sensitivity?
  - Could the project have been more gender-sensitive?

- Partnerships:
  - Have coordination mechanisms between UNODC, relevant other partners or non-UN-Institutions been successfully established?

- Have partnerships with civil society organizations been established? What is the likelihood that these partnerships will be sustained after the end of the project?
- What are the opportunities, achievements and/or challenges of the partnerships?
- What are the comparative advantages of UNODC and was the project implemented with these in mind?

5. EVALUATION METHODS

Evaluator will review available key documents and conduct a thorough desk review. These documents encompass the ones closely related to the project as well as context-specific ones from the government and other organizations. Preliminary list of documents to be consulted is attached in Annex 1. The desk review is of primary importance as information contained therein will be cross-checked by primary research methods.

The evaluation should include but not necessarily be limited to the following methods:

- desk review of relevant documents (project document, quarterly, semi-annual and annual project reports, minutes of technical meetings, reports on project activities, relevant national policy documents etc.);
- individual and/or group interviews with members of the Project Steering Committee, National HIV Coordination Commissions (main governmental stakeholders and civil society), representatives of the counterparts and implementing partners;
- interviews with a representative sample of the project beneficiaries based on a pre-designed questionnaire;
- meeting with representatives of UNAIDS co-sponsors present in the Baltic States;
- field visits to services developed/supported under the project;
- conference calls with representatives from the UNODC HIV/AIDS Unit;
- questionnaires

The evaluator has to take into account the Guiding Principles for Evaluations at UNODC (Annex 4) and provide a detailed description of evaluation methods (for example, in the shape of an evaluation matrix) in an inception report that will be reviewed by the Regional Project Coordinator, HIV Unit and the IEU prior to the field mission (see Inception Reports guidelines in Annex 6). The inception report will (i) summarize the desk review findings, (ii) specify and elaborate on the evaluation methodology (evaluation matrix) relating evaluation questions to evaluation criteria, indicators, sources of information and methods of data collection, and (iii) develop data collection tools and instruments.

6. EVALUATION TEAM COMPOSITION AND QUALIFICATIONS

Evaluation will be conducted by an independent international expert without prior involvement in the project. The evaluator will not act as representative of any party and should remain independent and impartial throughout the evaluation.

The evaluator should demonstrate:

(i) advanced university degree in social sciences, medicine, public health or related field, with specialized training in evaluation and project/program management;

(ii) extensive knowledge of, and experience in applying, qualitative and quantitative evaluation methods;

(iii) at least five years of international experience in designing and implementing evaluations;
(iv) technical competence in the area under evaluation – HIV prevention among injecting drug users (advanced university degree or practical experience);
(v) excellent communication and drafting skills;
(vi) language skills: English proficiency; knowledge of another language relevant to the evaluation might be an asset (Estonian, Latvian, Lithuanian or Russian)
(vii) previous working experience in East European region might be an asset.

7. PLANNING AND IMPLEMENTATION ARRANGEMENTS

7.1. Management arrangements and logistical support

The evaluation should be planned and conducted in close consultation with UNODC Project Office for the Baltic States. The evaluation tools and methodology must be agreed with the UNODC Project Office for the Baltic States. Project Office will provide the necessary substantive support, including travel arrangements, transportation during the field missions, organisation of meetings, translation and submission of all documents for desk review. The UNODC Independent Evaluation Unit (IEU) will provide quality assurance and ensure compliance with the Norms and Standards of the United Nations Evaluation Group (UNEG) and UNODC guidelines by providing comments on evaluation tools and methods, the draft report and clearance of the final report.

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

The evaluator reports directly to UNODC Project Office for the Baltic States. The report will contain the findings, conclusions and recommendations as well as a recording of the lessons learned during project implementation. The draft report must be disseminated for review to UNODC Project office for the Baltic States, UNODC IEU and the identified CLP members. In addition, to the extent possible, the draft report will also be circulated to the project counterpart agencies, the representative of the donor and, with other parties involved in the project for review. While considering the comments provided on the draft, the evaluator would use his/her independent judgment in preparing the final report. The final draft will be an independent and impartial evaluation of the project and will meet all UNEG and UNODC evaluation requirements.

7.2. Indicative timeframe for the evaluation process

Expected duration: 10 January – 31 March 2011.

Tasks	Number of w/days	Tentative dates	Location	Expected result
Desk review of project document, reports and other background documents	7	10-18 January	Home based	

Development of evaluation methodology				Inception report containing work plan, key findings of desk review and evaluation methodology
Briefing of evaluator by the responsible official at the HIV Unit, UNODC HQ (Vienna) and Regional Coordinator for the Baltic states (by phone)	1	21 January	Home-based	
Mission to Estonia, Latvia and Lithuania: meetings and interviews with identified stakeholders, identified beneficiaries and collaborative partners; debriefing with the Regional Coordinator	14	31 January - 17 February	Vilnius, Riga, Tallinn	Data from major stakeholders collected; Exit minutes prepared and discussed
Data analysis and preparation of the draft report	9	21 February – 3 March	Home-based	Draft evaluation report with findings, lessons learned and results submitted to UNODC for review
Collecting comments on draft report from UNODC Project Office, UNODC IEU and CLP (performed by UNODC Project Office)		7-14 March		
Finalization of the report on the basis of comments received	3	16-18 March	Home -based	Evaluation report
Presentation of final evaluation report in the project final conference in Riga	2	24-25 March	Riga	Evaluation report presented
Total working days(incl. travel)	36			

7.3. Expected deliverables

Expected deliverables:

1. Inception report
2. Draft evaluation report in line with UNODC evaluation guidelines.
3. Final evaluation report and presentation.

The final report should not be longer than 25 pages, excluding the annexes and the executive summary (Annex 3). The report should be developed with respect to the following chapters:

- executive summary (maximum 4 pages)
- introduction
- analysis and major findings
- outcomes, impacts and sustainability
- lessons learned and best practices
- recommendations
- overall conclusions.

Annexes to the evaluation report should be kept to an absolute minimum. Only those annexes that serve to demonstrate or clarify an issue related to a major finding should be included. Existing documents should be referenced but not necessarily annexed. Maximum number of pages for annexes is 15.

After completing the evaluation process, consultant should fill in the Evaluation Assessment Questionnaire (Annex 5).

8. PAYMENT

Evaluator will be issued consultancy contract and paid in accordance with United Nations rules and procedures. Payment will be made in two instalments: 30% upon completion of inception report, and 70% upon clearance of the final report. Travel and accommodation expenses during the field mission will be covered by UNODC in accordance with the UN rules and regulations.

9. ANNEXES

Annex 1. Reference to desk review (list of documents)

Annex 2. Core Learning Partnership (CLP) members

Annex 3. UNODC standard format and guidelines for evaluation reports

Annex 4. Guiding principles for evaluation at UNODC

Annex 5. Evaluation assessment questionnaire

Annex 6. Guidelines for Inception Reports

ANNEX 2. List of persons interviewed and field visit schedule

PROGRAMME

LITHUANIA

Wednesday, 26 January

Time	Institution	Participants
9.30–11.00	Drug Control Department under the Government of the Republic of Lithuania Venue: Šv. Stepono str. 27	Audronė Astrauskienė, Director
11.30- 12.30	Centre for Communicable Diseases and AIDS under the Ministry of Health Venue: Goštauto 40 A	Saulius Čaplinskas, Director
12.30-13.30		
14.00-15.30	Vilnius Centre for Addictive Disorders Venue: Gerosios Vilties str. 3	Emilis Subata, Director

Thursday, 27 January

Time	Institution	Participants
9.00–16.30	National conference Is HIV epidemic in Lithuania controlled? Hotel „Best Western, Vilnius“ Konstitucijos pr. 14	
	Individual meetings during the conference:	Kęstutis Petrauskas, Deputy Director, Health Care Service Division of Ministry of Interior, Violeta Stanionytė, Kaunas Remand Prison

Friday, 28 January

Time	Institution	Participants
9.00–11.00	Ministry of Justice Prison Department under the Ministry of Justice Venue: L.Sapiegos g. 1	Tauras Rukūnas, Chief Specialist, Division of Criminal Justice, MoJ Kęstutis Širvaitis, Deputy Director of Prison Department Valdas Jocius, Deputy Head, Health Care Division, Prison Department Birutė Semėnaitė, Chief specialist, Health Care Division, Prison Department
11.30-13.00	Ministry of Health Venue: Vilnius str.33,	Viktoras Meižis, Head of EU Affairs and Foreign Relations Division Rima Vaitkienė, Deputy Head of EU Affairs and Foreign Relations Division Audrius Ščeponavičius, Director, Public Health Department Loreta Ašoklienė, Deputy Head of Public Health Strategy Division of Public Health Department
13.00-14.30		
14.30-16.00	NGO UNODC office, A.Goštauto 40A	Jurgita Poškevičiūtė, Director, The "I Can Live" Coalition"; Jurgis Andriuška, Head, PLWHA Association "Positive life"; Svetlana Kulšis, Association of HIV Affected Women and Their Intimates "Demetra"

ESTONIA

Monday, 31 January 2011	
10.00-11.30	Aljona Kurbatova Infectious Diseases and Drug Abuse Prevention Department, National Institute for Health Development
11.30-13.00	Ave Talu, Katri Abel-Ollo, Sigrid Vorobjov, Kaire Vals Estonian Drug Monitoring Centre, National Institute for Health Development
	Lunch
14.00-16.00	Nelli Kalikova, NGO Elulotus
Tuesday, 1 February 2011	
09.30-10.30	Igor Sobolev Estonian Network of PLWH
10.30-12.00	Kristina Joost, Latsin Alijev NGO Convictus
	Lunch
14.00-16.00	Leo Ehiloo Police Detention Centre
Wednesday, 2 February 2011	
09.30-11.00	Merilin Maesalu, Maris Salekešin Ministry of Social Affairs
11.30-12.30	Pille Teder Ministry of Justice
	Lunch
14.00-15.30	Zaza Tsereteli Northern Dimension Partnership in Public Health and Social Well-being
21.25.....	Departure to Riga

LATVIA

Thursday, 3 February

Institution	Time	Persons
Ministry of Health, Latvian Infectology Centre 72 Brivibas Str., Riga	10.00 – 11.45	Inga Šmate Inga Upmace Gunta Grīsle Inga Liepiņa Andris Egle Iveta Skripste
Ministry of Justice and Prison Administration, 15 Raiņa boulv., Riga	13.00 – 14.45	Olga Zeile Kristīne Ķipēna Ilona Spure Regīna Fedosejeva
NGO "Papardes zieds", 34 Grēcinieku Str.	15.30 – 17.00	Iveta Ķelle Baiba Purvlīce

Friday, 4 February

Institution	Time	Persons
NGO "DIA+LOGS", "AGIHAS", "Association HIV.LV" 135 Dzirnavu Str.	09.00 – 11.00	Ruta Kaupe Agita Sēja Ivars Kokars Aleksandrs Molokovskis
WHO Country Office in Riga, 21 Pils Str.	11.30 – 12.30	Aiga Rūrāne
Ministry of Interior, 1 Čiekurkalna, 2k	15.00 – 16.00	Jānis Bekmanis

Monday, 7 February

Institution	Time	Persons
Riga Centre of Psychiatry and Addictive Disorders, 2 Tvaika Str., Riga	9.00 – 10.30	Astrīda Stirna Sarmīte Skaida Aija Pelne
Šķirotava prison, 63 Krustpils Str., Riga	11.30 – 13.30	Ilze Ušacka Lidija Laganovska
MMT in Salaspils, 8 Lauku Str., Salaspils	15.00 – 16.00	Ināra Dravniece Tatjana Deņisova

Also interviewed:
Wil de Zwart, Dutch Ministry of Health, Welfare and Sport
Ulrich Laukamm-Josten, WHO

Annex 3. Documents reviewed

I. Project reports:

1. Project document;
2. Annual Project Progress Report 2006 (http://www.unodc.org/documents/balticstates//ProjectReports/XEEJ20_APPR_2006.pdf);
3. Annual Project Progress Report 2007 (http://www.unodc.org/documents/balticstates//ProjectReports/XEEJ20_APPR_2007.pdf);
4. Annual Project Progress Report 2008 (http://www.unodc.org/documents/balticstates//ProjectReports/XEEJ20_APPR_2008.pdf);
5. Annual Project Progress Report 2009 (missing);
6. Annual Project Progress Report 2010 (missing);
7. Quarterly Project Progress Report 2007 IQ;
8. Quarterly Project Progress Report 2007 IIQ;
9. Quarterly Project Progress Report 2007 IIIQ;
10. Quarterly Project Progress Report 2007 IVQ;
11. Quarterly Project Progress Report 2008 IQ;
12. Quarterly Project Progress Report 2008 IIQ;
13. Quarterly Project Progress Report 2008 IIIQ;
14. Quarterly Project Progress Report 2008 IVQ;
15. Quarterly Project Progress Report 2009 IQ;
16. Quarterly Project Progress Report 2009 IIQ;
17. Quarterly Project Progress Report 2009 IIIQ;
18. Quarterly Project Progress Report 2009 IVQ;
19. Quarterly Project Progress Report 2010 IQ;
20. Quarterly Project Progress Report 2010 IIQ;
21. Quarterly Project Progress Report 2010 IIIQ;
22. Quarterly Project Progress Report 2010 IVQ (missing);
23. Mid-term evaluation of the project XEEJ20 (http://www.unodc.org/documents/balticstates//ProjectReports/report-mid-term-evaluation_XEEJ20.pdf);
24. Mid-term evaluation of UNODC small grants programme in Latvia (http://www.unodc.org/documents/balticstates//ProjectReports/report-mid-term-evaluation_XEEJ20.pdf);
25. Evaluation of UNODC small grants program in Lithuania (http://www.unodc.org/documents/balticstates//ProjectReports/Report_GrantsEvaluationLithuania.pdf);
26. Data on grants (general - http://www.unodc.org/balticstates/en/grants/index.html; Estonia - http://www.unodc.org/balticstates/en/grants/estonia/all.html; Latvia - http://www.unodc.org/balticstates/en/grants/latvia/all.html; Lithuania - http://www.unodc.org/balticstates/en/grants/lithuania/all.html).

II. Selected reports on training activities:

1. "Pre- and post- HIV test counseling";
2. "Motivational interviewing";
3. "Medical and psycho-social aspects of the pharmacotherapy for opioid dependence", 2009;
4. "Medical and psycho-social aspects of the pharmacotherapy for opioid dependence", 2010;
5. "Opioid substitution therapy for specialists of penitentiary institutions of Estonia";

6. “Arrest and dependence diseases: medical treatment and pharmacotherapy in police guard house”;
7. „Treatnet Addiction Severity Index (ASI)“.

III. Latvia:

1. “Evaluation of Access to HIV/AIDS Treatment And Care in Latvia” (Kees de Joncheere, Irina Eramova, Jenni Kehler, Ulrich Laukamm-Josten, Signe Rotberga, Anna Zakowicz and Roger Drew) (http://www.unodc.org/documents/balticstates//Library/Other/Report_ART_Latvia.pdf);
2. National HIV/AIDS programme;
3. UNGASS report.

IV. Lithuania:

1. “International Consultant on Estimation of the Prevalence of Problem Drug Use in Lithuania” (Gordon Hay) (http://www.unodc.org/documents/balticstates//Library/Other/Prevalence_IDU_LT.pdf);
2. “Rapid Assessment and Response on Drug use in Marijampolė Correction House” (Birutė Semėnaitė, Rūta Janulevičienė, Gintaras Kėžys, Rolandas Čepulis, Elžbieta Rapcevič, Vytautas Ilevičius, Richard Braam) (http://www.unodc.org/documents/balticstates//Library/PrisonSettings/RAR_summary_Eng.pdf);
3. “Lithuanian legislation and policy analysis on HIV/AIDS prevention and care among injecting drug users in prison settings” (Dovilė Juodkaitė, Rokas Uscila, Heino Stöver) (http://www.unodc.org/documents/balticstates//Library/PrisonSettings/Report_Legal_LT_ENG.pdf);
4. National HIV/AIDS programme;
5. UNGASS report parts A and B;

V. Estonia:

1. “Evaluation of fighting HIV/AIDS in Estonia” (Roger Drew, Martin Donoghoe, Agris Koppel, Ulrich Laukamm-Josten, Claudio Politi, Signe Rotberga, Anya Sarang and Heino Stöver) (http://www.unodc.org/documents/balticstates//Library/Other/Report_Evaluation_Fighting_HIVAIDS_2008_Estonia_Eng.pdf);
2. “HIV/AIDS Interventions for Injecting Drug Users in Estonia: Evaluation and Recommendations” (Anya Sarang and Martin Donoghoe) (http://www.unodc.org/documents/balticstates//Library/Other/Report_Evaluation_Fighting_HIVAIDS_2008_Estonia_Eng.pdf);
3. “Evaluation of National Responses to HIV/AIDS in Prison Settings in Estonia 2008” (Heino Stöver) (http://www.unodc.org/documents/balticstates//Library/PrisonSettings/Report_Evaluation_Prisons_2008_Estonia.pdf);
4. Report from visit to Tartu prison;
5. “HIV/AIDS prevention, care and support in prison settings: the case of NGO Convictus, Estonia” (http://www.unodc.org/documents/balticstates//Library/PrisonSettings/Report_Evaluation_Prisons_2008_Estonia.pdf);
6. National HIV/AIDS programme for 2006-2009
7. UNGASS report.