FINAL EVALUATION REPORT

Project No: TDRUSJ12

Support to HIV/AIDS and Drug Abuse Prevention
Programs in the Russian Federation (2006-2011)

UNITED NATIONS OFFICE ON DRUGS AND CRIME
Konstantin Osipov, MD, MA HMPP
April 2011
Acknowledgments

The Consultant would like to acknowledge the support of Mrs. Svitlana Phidenko, the Project Coordinator, for her constant support, insight and expertise provided during the entire course of the evaluation.

The Consultant is particularly grateful to Timur Norov, Project Associate for the excellent organization and facilitation of meetings and field visits.

Special acknowledgment must go to local project coordinators and national partners of the Project for their openness, hospitality and first hand information, their helpful views and information provided during visits that all contributed significantly to this evaluation.

The Consultant appreciates the help of administrative staff of the UNODC Office in the Russian Federation who did their best to facilitate evaluation.

Disclaimer

Independent Project Evaluations are scheduled and managed by the project managers and conducted by external independent evaluators. The role of the Independent Evaluation Unit (IEU) in relation to independent project evaluations is one of quality assurance and support throughout the evaluation process, but IEU does not directly participate in or undertake independent project evaluations. It is, however, the responsibility of IEU to respond to the commitment of the United Nations Evaluation Group (UNEG) in professionalizing the evaluation function and promoting a culture of evaluation within UNODC for the purposes of accountability and continuous learning and improvement.

Due to the disbandment of the Independent Evaluation Unit (IEU) and the shortage of resources following its reinstitution, the IEU has been limited in its capacity to perform these functions for independent project evaluations to the degree anticipated. As a result, some independent evaluation reports posted may not be in full compliance with all IEU or UNEG guidelines. However, in order to support a transparent and learning environment, all evaluations received during this period have been posted and as an on-going process, IEU has begun re-implementing quality assurance processes and instituting guidelines for independent project evaluations as of January 2011.
## Table of contents

ACKNOWLEDGMENTS .......................................................................................................................... I  
LIST OF ACRONYMS ............................................................................................................................ III  
EXECUTIVE SUMMARY ........................................................................................................................ IV  
SUMMARY MATRIX OF FINDINGS, SUPPORTING EVIDENCES AND RECOMMENDATIONS ................. IV  
MAIN REPORT ....................................................................................................................................... I  
I. INTRODUCTION .................................................................................................................................. 1  
   A. BACKGROUND INFORMATION AND CONTEXT ........................................................................ 1  
   B. EVALUATION – PURPOSE AND SCOPE ..................................................................................... 2  
   C. EXECUTION MODALITIES OF THE PROJECT ............................................................................. 3  
   D. METHODOLOGY ............................................................................................................................. 4  
II. MAJOR FINDINGS AND ANALYSIS .................................................................................................. 5  
   A. RELEVANCE OF THE PROJECT .................................................................................................... 5  
   B. ATTAINMENT OF THE PROJECT OUTCOMES AND OUTPUTS .................................................. 7  
   C. INSTITUTIONAL AND MANAGEMENT ARRANGEMENTS AND CONSTRAINTS ....................... 16  
   D. PROJECT EFFECTIVENESS .......................................................................................................... 18  
   E. PROJECT EFFICIENCY .................................................................................................................... 19  
   F. PROJECT IMPACT .......................................................................................................................... 20  
   G. SUSTAINABILITY OF RESULTS AND BENEFITS ...................................................................... 21  
5. LESSONS LEARNED AND BEST PRACTICES .................................................................................. 21  
6. RECOMMENDATIONS AND OVERALL CONCLUSIONS .................................................................. 22  
ANNEXES .............................................................................................................................................. 24  
   ANNEX 1. TERMS OF REFERENCE FOR THE FINAL PROJECT EVALUATION ............................ 24  
   ANNEX 2. EVALUATION METHODOLOGY ...................................................................................... 31  
   ANNEX 3. LIST OF DOCUMENTS REVIEWED .................................................................................... 37  
   ANNEX 4. SCHEDULE OF MEETINGS WITH LIST OF PERSONS MET ........................................... 39  
   ANNEX 5. INTERVIEW QUESTIONNAIRES .......................................................................................... 42  
   ANNEX 6. PROJECT EXPENDITURES ................................................................................................. 44  
   ANNEX 7. EVALUATION ASSESSMENT QUESTIONNAIRE ............................................................... 45
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFEW</td>
<td>Aids Foundation East-West</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome CAPACITY</td>
</tr>
<tr>
<td></td>
<td>USAID Funded Central Asia HIV/AIDS Project</td>
</tr>
<tr>
<td>CARHAP</td>
<td>DFID Funded Central Asia Regional HIV/AIDS Project</td>
</tr>
<tr>
<td>CCM</td>
<td>Country Coordination Mechanism</td>
</tr>
<tr>
<td>DCA</td>
<td>Drug Control Agency</td>
</tr>
<tr>
<td>FDCS</td>
<td>Federal Drug Control Service</td>
</tr>
<tr>
<td>FSIN</td>
<td>Federal Penal System</td>
</tr>
<tr>
<td>GFATM</td>
<td>Global Fund to Fight HIV/AIDS Tuberculosis and Malaria</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IDU</td>
<td>Injecting Drug User MARPs</td>
</tr>
<tr>
<td></td>
<td>Most At Risk Populations</td>
</tr>
<tr>
<td>MAT</td>
<td>Medically Assisted Therapy</td>
</tr>
<tr>
<td>MoHSD</td>
<td>Ministry of Health and Social Development</td>
</tr>
<tr>
<td>MoI</td>
<td>Ministry of Interior</td>
</tr>
<tr>
<td>MoJ</td>
<td>Ministry of Justice</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization NRCA</td>
</tr>
<tr>
<td></td>
<td>National Research Center on Addiction</td>
</tr>
<tr>
<td>NSP</td>
<td>Needle and Syringe Exchange Programme</td>
</tr>
<tr>
<td>OSI</td>
<td>Open Society Institute – Soros Foundation</td>
</tr>
<tr>
<td>OST</td>
<td>Opioid Substitution Therapy</td>
</tr>
<tr>
<td>PLWHIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>ToT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Program on HIV/AIDS</td>
</tr>
<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
</tr>
<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Executive Summary

Summary matrix of findings, supporting evidences and recommendations

<table>
<thead>
<tr>
<th>Findings: problems and issues</th>
<th>Supporting evidences</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The design and management of the project has generally been accomplished to high standards, and the project has collaborated in developing or has directly produced three high quality models of HIV prevention services for prisoners and former inmates including the model for female IDUs former detainees.</td>
<td>Information acquired through the interviews with decision-makers, local administrations, project partners, direct programs’ observation during the evaluation mission, project documentation (progress reports, partners’ reports on the service utilization (number, type of clients and services), and publications. Three comprehensive HIV/AIDS prevention and care programs at pre- and post-release stages were established in St. Petersburg and Orenburg; Technical assistance/ training initiatives are well developed; These programs offer a case management model of service delivery and have excellent relations with clients; Two models are documented as the best practice models and shared with national stakeholders.</td>
<td>1. Use established high quality services as regional (site) models to guide the review/ update of the national normative frameworks for provision of effective evidence-based HIV-related interventions for IDUs and PLWHIV in places of detention and after release. 2. Establish the Technical Working Group of decision makers and experts representing Federal Penitentiary Services and narcological services. 3. Develop (by the Technical Working Group) and submit for official approval policy recommendations and normative documents on HIV prevention and care in places of detention and post-release.</td>
</tr>
<tr>
<td>Findings: problems and issues</td>
<td>Supporting evidences</td>
<td>Recommendations</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>2. Despite increases in awareness and knowledge on effective models of integrated care and social support for IDUs and HIV-positive IDUs, among relevant authorities and professionals the programming of new social services for IDUs and prisoners requires more advocacy efforts at the highest political and executive level.</td>
<td>The information acquired through the interviews with the decision-makers, local administration, local coordinators, representatives of NGOs, and clients of services.</td>
<td>4. Provide technical assistance and joint efforts with active involvement of all international and national stakeholders aimed at expanding harm reduction interventions and acceptance thereof in full comprehensive package of intervention for injecting-drug users incorporating needle and syringe exchange programs (NSP) and medically assisted therapy (MAT) of opioid dependence.</td>
</tr>
<tr>
<td>3. The project has made great progress in supporting new services and improving their accessibility at regional level, and involving new governmental and civil society organizations in provisions of services for prison inmates and former detainees. However, the threat to the project’s objectives posed by uncertainty about long term funding (and therefore programmatic) sustainability.</td>
<td>The information acquired through the interviews with the local administration, local coordinators, and representatives of NGOs. Examples of forms of coordination mechanisms (state/NGOs) in place for provision of pre- and post release service for former detainees in both sites.</td>
<td>5. The Federal Government should provide funding adequate to sustain and scale up of HIV related services for prisoners and at post release, and increasingly provide such services directly through relevant government agencies, as well as make according decisions to guarantee continuity of health services between prisons and community.</td>
</tr>
<tr>
<td>4. Capacity building efforts to increase awareness and</td>
<td>Information from the project reports; training programs; reports of training events;</td>
<td>7. Develop enabling regulatory environment to promote new educational</td>
</tr>
<tr>
<td>Findings: problems and issues</td>
<td>Supporting evidences</td>
<td>Recommendations</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>knowledge on effective models of integrated care and social support for IDUs and HIV-positive IDUs should follow with development of educational standards for training of substance abuse professionals, prison medical personnel, and health workers.</td>
<td>evaluation of participants (pre/post testing and evaluation).</td>
<td>standards and respective professional competencies currently not existent or under-developed, which will be required for scaling up new social services for PLHA and IDUs and those in prisons.</td>
</tr>
<tr>
<td>5. The recognition of the UNODC role at the level of regional administrations is a crucial resource for the implementation of new social services for IDUs and prisoners.</td>
<td>The information provided in the interviews with federal stakeholders, regional administration, local coordinators, representatives of NGOs, and with the Donor. UNODC PORUS Office functions highly effectively in concert with regional and federal stakeholders. Strong and consistent positive feedback about UNODC project management received from Russian stakeholders and the Donor (USAID/Russia.</td>
<td>8. UNODC to consider supporting high level policy dialogue among policy makers, experts and civil society to promote comprehensive HIV prevention package for IDUs and in prisons.</td>
</tr>
</tbody>
</table>
Project Background

The project TDRUSJ12 “Support to HIV/AIDS and Drug Abuse Prevention Programs in the Russian Federation” was approved by the UNODC Executive Director on 8 June, 2006. The project is executed within the framework of the UNAIDS initiative Coordination in Action: Applying Three Ones principles in Russian Federation in order to help the Russian Government deal with the twin epidemic of HIV and injecting drug use. The driving force behind the HIV/AIDS epidemic across the Russian Federation has been, and continues to be, injecting drug use. Injecting drug use takes place primarily within particular vulnerable and marginalized groups, including sex workers, prisoners/detainees, and vulnerable youth, especially young men. The project sites were the city of St. Petersburg and Leningrad Oblast, and the city of Orenburg and Orenburg Oblast.

The operational activities under the project started in October 2006. The project original duration was three years (12 May 2006 – 11 May, 2009). However, there were two Project revisions: (1) in July 2009, after an agreement with the Donor was reached the project budget was increased by $800,000 and the project duration was extended until 31 December 2010. It included also additional activities on introduction of evidence –based practices on drug abuse treatment and rehabilitation for IDUs including HIV-positive, dissemination of models of pre- and post-release services developed under the project, and increase awareness on internationally recognized approaches to assess and monitor treatment and rehabilitation of drug abusers including HIV-positive IDUs; (2) In July 2010, no cost extension for the project was approved until 31 March 2011 in order to complete the project activities and conduct the final project evaluation. It is expected that project activities will be completed by 31 March 2011. The total approved budget of the project is 2,200,000USD. The project is funded by the US Agency on International Development (USAID), Russia Office (from PEPFAR funds) (2,100,000USD) and Sweden (100,000USD).

The overall goal of the project is to increase the growth in access to effective HIV/AIDS and drug treatment and rehabilitation services in order to increase adherence to antiretroviral (ARV) treatment and reduce the impact of the IDU-driven epidemic in Russian Federation.

The project operates at two levels: (1) at the Federal level the project targets the senior policy makers and aims to raise their awareness on effectiveness of international best practices for HIV and drug abuse prevention and treatment for opiate addicts; (2) at regional level the project enables the creation of sustainable and high-quality referral services for the most vulnerable populations (former inmates) in order to increase their access to ARV treatment.

The project strategy envisaged development of case-management system for PLWHIVin pre- and post-release stage. The target groups of the project include detainees and released HIV-positive persons and injecting drug users, civil society organizations providing outreach work, civil society organizations providing HIV/AIDS prevention and care services, drug treatment and rehabilitation services, medical services of the Federal Penal System (FSIN), officers of FSIN and Federal Drug Control Service (FDACS). Through educational activities the project also targeted substance abuse, HIV, infectious disease, health, and social welfare professionals.
Major Findings of the Evaluation

Relevance
The Project design and practical implementation appear to be fully relevant both with regard to strategic documents of various levels of the Russian Federation, and considering the general needs of the target groups, namely IDUs including those with HIV. Therefore, technical assistance proposed by the project and focusing on advocating evidence based HIV/AIDS and drug dependence interventions, capacity building, and support of service provision all contributing to improving the access HIV/AIDS and drug dependence, treatment and rehabilitation, appear to be relevant and appropriate in the existing context thereby contributing to attainability of the project objectives to increase the growth in access to effective HIV/AIDS and drug treatment and rehabilitation services in order to increase adherence to antiretroviral (ARV) treatment and reduce the impact of the IDU-driven epidemic in Russian Federation.

Project Results
The project, through respective operational outputs contributed to advocacy agenda on increasing awareness of international best practices in the areas of HIV/AIDS and drug dependence interventions for policy-makers, experts and professionals in substance abuse and HIV, representatives of Federal Drug Control Service.

Development of organizational models of pre- and post release services for HIV-positive former inmates is one of the major project accomplishments. This work was carried out in the form of support to capacity building and direct support of service provision for elaboration of the abovementioned models. Two publications describing the models on provision of pre- and post- release services for HIV-positive inmates were developed and distributed among stakeholders.

The total of 4,307 detainees including HIV-positive IDUs and PLWHIV were covered by drug use and HIV/AIDS prevention and behaviors change programs. In order to increase the access to effective HIV/AIDS and drug treatment and rehabilitation services for those released from penitentiary institutions, the project models employed an individual post release case-management approach linking individuals to a wide range of available services: medical care, HIV testing and counseling, ART treatment adherence counseling, drug dependence treatment and rehabilitation, psychological and legal support, employment counseling, and peer support.

Three comprehensive HIV/AIDS prevention and care programs for former detainees are implemented in St. Petersburg and Orenburg regions of the Russian Federation. Both regions incorporated the Programs on comprehensive HIV/AIDS pre- and post release services for ex-prisoners into municipal Action Plans and Financial Frameworks.

The governmental and NGO professionals improved knowledge on M&E of pre- and post release HIV/AIDS related services for former detainees including the data collection instruments, methodology, and data interpretation. Knowledge and skills of respective staff on use of the Addiction Severity Index (ASI) as a screening and assessment tool for HIV and substance abuse interventions, was improved.

Difficulties encountered in the course of the project were mainly related to assumptions and external risks identified in the project logical frame, and the country’s official position with respect to evidence-based framework of the project as it relate to HIV and drug use.
Effectiveness
The project has been effective in managing multisectoral and participatory process on federal as well as on the regional levels. Effective collaboration established by the project enabled it to bring expertise related to HIV/AIDS and IDUs and allowed respective learning and knowledge sharing. The project allowed for advocating sensitive issues such as services to IDUs detainees and ex-prisoners and those living with HIV, including harm reduction with NSP and MAT among them.

Impact
The project has contributed to increasing availability of services for the IDUs and PLWH in public sector and within prison system in the two project regions. The advocacy and technical assistance for capacity building provided within the project have demonstrated a certain impact in terms of introduction of pre- and post release services for the target groups gradually moving towards their institutionalization within the municipal strategic plans.

Unfortunately, the project efforts did not lead to official acceptance or acknowledgment of the role of harm reduction and especially NSP and MAT in containment of IDU driven HIV epidemics calling for continuing advocacy efforts at all levels of decision-making and legislature.

Sustainability
The project results provide an evidence of sustainability and are characterized by a great deal local ownership where achievements in most of the outputs were reached with active and meaningful involvement of local decision makers, administrators, implementers and academia.

Lessons Learned and Best Practices
The project continues to be relevant in the context of the Russian Federation as a whole and the selected regions in St. Petersburg (Leningrad Oblast), and the city of Orenburg (Orenburg Oblast). The latter demonstrated a greater flexibility and responsiveness to the perceived needs of their constituencies.

The project made the case for a broad collaboration in the areas of drug use and HIV/AIDS at the federal and regional levels. This collaboration helped develop and introduce effective pre- and post-release service case-management models as well as M&E tools.

In order to increase the access to effective HIV/AIDS and drug treatment and rehabilitation services for those released from penitentiary institutions, the project models employed an individual post release case-management approach linking individuals to a wide range of available services: medical care, HIV testing and counseling, ART treatment adherence counseling, drug dependence treatment and rehabilitation, psychological and legal support, employment counseling, and peer support.

The project helped open minds of professionals and decision makers on issues relating to IDUs and PLWHV detainees and ex-prisoners. It brought respective international evidence and attracted available expertise facilitating the process of knowledge sharing and learning. The project contributed to development of new concept of social services providing support to IDU populations as most vulnerable to HIV and helping them to overcome their personal and socially-mediated problems.
The project has opened venues for interventions that may be performed within a continued phase of the project aimed at, for example, capacity building to enable local administrators to organize and provide integrated services for most-at-risk-populations (MARPs), including detainees and ex-prisoner IDUs and PLWHIV. Such venues can also become a conceptual ground for new similar projects.

Institutionalization of pre- and post-release service models in St. Petersburg and Orenburg has become an excellent example of emerging ownership and commitment of the local governments to deal with the sensitive issues of HIV/AIDS and drug dependence including those in penitentiary sector, and their interest to sustain the gains of the project.

The continuing opposition to establishing services for drug users and PLWHIV taking into consideration best available evidence call upon the need for continuing advocacy at all levels of decision making starting from the top executives and legislature.

To help increase availability and access to evidence-based HIV-related preventive, treatment and support services for IDUs and PLWHIV in the communities and penitentiary sector similar efforts in the future will have to aim at creating conducive legal and regulatory environment.

The recognition of the UNODC role at the level of regional administrations made the case for using this role as an important resource for designing of new social initiatives including services for IDUs and prisoners.

**Recommendations and Overall Conclusions**

**Recommendations**

- Use established high quality services as regional (site) models to guide the review/update of the national normative frameworks for provision of effective evidence-based HIV-related interventions for IDUs and PLWHIV in places of detention and after release.

- Establish the Technical Working Group of decision makers and experts representing Federal Penitentiary Services and narcological services.

- Develop (by the Technical Working Group) and submit for official approval policy recommendations and normative documents on HIV prevention and care in places of detention and post-release.

- Provide technical assistance and joint efforts with active involvement of all international and national stakeholders aimed at expanding harm reduction interventions and acceptance thereof in full comprehensive package of intervention for injecting-drug users incorporating needle and syringe exchange programs (NSP) and medically assisted therapy (MAT) of opioid dependence.

- The Federal Government should provide funding adequate to sustain and scale up of HIV related services for prisoners and at post release, and increasingly provide such services directly through relevant government agencies, as well as make according decisions to guarantee continuity of health services between prisons and community.

- The Government should develop mechanisms for engagement of the civil society organizations and the affected communities into the processes of decision-making on programming of health interventions and legislation and normative basis for their active involvement and participation in designing and provision of services.
• Develop enabling regulatory environment to promote new educational standards and respective professional competencies currently not existent or under-developed, which will be required for scaling up new social services for PLHA and IDUs and those in prisons.

• UNODC to consider supporting high level policy dialogue among policy makers, experts and civil society to promote comprehensive HIV prevention package for IDUs and in prisons.

**Overall Conclusions**

To further scaling up the HIV services to the levels required for adequate HIV epidemic control, more advocacy efforts at the highest executive level as well as technical assistance and joint efforts with active involvement of all international and national stakeholders aimed at expanding harm reduction interventions and acceptance thereof in full package incorporating needle and syringe exchange programs (NSP) and medically assisted therapy (MAT) of opioid dependence are needed.

Further development and scaling up of new social services for MARPS will require elaboration of the enabling regulatory environment as well as new educational standards and respective professional competencies currently not existent or under-developed.

When possible the future interventions need to be focused at the policy level to help the country formulate a clear position with respect to the identified issue, develop strategic view to remedial actions and build strong national ownership for process and results.

Future projects need to build and strengthen multi-sectoral partnerships in the areas of drug use and HIV/AIDS at the national and regional levels and to continue developing effective tools for strategic planning, implementation, monitoring and evaluation of joint efforts and initiatives.

In the future, UNODC may consider supporting high level policy dialogue among policy makers, experts and civil society in the Russian Federation to promote comprehensive HIV prevention package for IDUs and in prisons.
Main Report

I. INTRODUCTION

A. Background Information and Context

The project TDRUSJ12, Support to HIV/AIDS and Drug Abuse Prevention Programs in the Russian Federation was approved by the UNODC Executive Director on 8 June, 2006. The project is executed within the framework of the UNAIDS initiative Coordination in Action: Applying Three Ones principles in Russian Federation in order to help the Russian Government deal with the twin epidemic of HIV and injecting drug use.

As of February 2007, according to the Russian Federal AIDS Centre around 377,000 cumulative cases of HIV were officially registered in the country, and over 80% of registered HIV cases with known routes of transmission were attributed to injecting drug use. The driving force behind the HIV/AIDS epidemic across the Russian Federation has been, and continues to be, injecting drug use. Injecting drug use takes place primarily within particular vulnerable and marginalized groups, including sex workers, prisoners/detainees, and vulnerable youth, especially young men. The project sites were the city of St. Petersburg and Leningrad Oblast, and the city of Orenburg and Orenburg Oblast.

The operational activities under the project started in October 2006. The project original duration was three years (12 May 2006 – 11 May, 2009). However, there were two Project revisions:

1) In July 2009 after an agreement with the Donor was reached the project budget was increased by $800,000 and the project duration was extended until 31December 2010. It included also additional activities on introduction of evidence –based practices on drug abuse treatment and rehabilitation for IDUs including HIV-positive, dissemination of models of pre- and post-release services developed under the project, and increase awareness on internationally recognized approaches to assess and monitor treatment and rehabilitation of drug abusers including HIV-positive IDUs;

2) In July 2010 no cost extension for the project was approved until 31 March 2011 in order to complete the project activities and conduct the final project evaluation. It is expected that project activities will be completed by 31 March 2011. The total approved budget of the project is 2,200,000USD. The project is funded by the US Agency on International Development (USAID), Russia Office (from PEPFAR funds) (2,100,000USD) and Sweden (100,000USD).

The overall goal of the project is to increase the growth in access to effective HIV/AIDS and drug treatment and rehabilitation services in order to increase adherence to antiretroviral (ARV) treatment and reduce the impact of the IDU-driven epidemic in Russian Federation.

In order to attain this objective the project aims at achieving four outcomes operationalized by four built-in outputs:

Outcome 1: Increased awareness and knowledge on delivery of effective HIV/AIDS and drug treatment programs, including medically assisted treatment (MAT) of opioid dependence, for high risk groups among representatives of public health, drug control, police, prison, and other agencies.

Output 1. Increase awareness and knowledge on delivery of effective HIV/AIDS and drug treatment programs, including MAT for high risk groups among representatives of
public health, drug control, police, prison, and other agencies.

**Outcome 2:** Increased capacity to deliver effective drug treatment, rehabilitation and HIV/AIDS prevention and treatment services for IDUs and PLWHIV in the places of detention.

**Output 2:** Increase capacity to deliver effective drug treatment, rehabilitation and HIV/AIDS prevention and treatment services for IDUs and PLWHIV in the places of detention.

**Outcome 3:** Operational multi-sectoral pre- and post-release services in St. Petersburg, Orenburg for HIV positive detainees and IDUs are established.

**Output 3:** Introduce multi-sectoral pre-release and post-release HIV/AIDS prevention and care services for detainees in St. Petersburg and Orenburg Oblast.

**Outcome 4:** Monitoring and evaluation system of HIV/AIDS treatment and rehabilitation interventions strengthened.

**Output 4:** Strengthen monitoring and evaluation system of HIV/AIDS treatment and rehabilitation interventions.

The project operates at two levels:

1. At the Federal level the project targets the senior policy makers and aims to raise their awareness on effectiveness of international best practices for HIV and drug abuse prevention and treatment for opiate addicts;

2. At regional level the project enables the creation of sustainable and high-quality referral services for the most vulnerable populations (former inmates) in order to increase their access to ARV treatment.

The project strategy envisaged development of case-management system for PLWHIV in pre- and post-release stage. The target groups of the project include detainees and released HIV-positive persons and injecting drug users, civil society organizations providing outreach work, civil society organizations providing HIV/AIDS prevention and care services, drug treatment and rehabilitation services, medical services of the Federal Penal System (FSIN), officers of FSIN and Federal Drug Control Service (FDCS). Through educational activities the project also targeted substance abuse, HIV, infectious disease, health, and social welfare professionals, leading scientists and relevant policy-makers.

**B. Evaluation – Purpose and Scope**

The independent final evaluation of the Project TDRUSJ12 was initiated by the UNODC Office for the Russian Federation, in line with criteria defined by UNODC for mandatory independent project final evaluations: (1) the project budget exceed US $ 1,000,000; (2) project duration is four years or more. This evaluation was conducted under overall supervision of UNODC HQ Independent Evaluation Unit and UNODC HIV/AIDS Unit. This evaluation is included in the project work plan as well as foreseen in the agreement between UNODC and the Donor.

The evaluation is being undertaken in order to independently assess:

- The quality of the original design, its relevance to the identified needs of the partner regions, and its continued relevance during project implementation.
• The efficiency of project implementation, including with respect to both UNODC and partner government mobilization and management of resources (budget, inputs and activities).
• The effectiveness of the project in terms of achieving its planned objectives, including outputs delivered and contribution to outcomes.
• The likely overall impact of the project and the sustainability of benefits arising from the project; and
• Whether or not there were unanticipated results, either positive or negative, arising from project implementation?

Furthermore, the evaluation would identify key lessons learned and best practices relevant for future policy making and planning (both by UNODC and partner government/regional administrations) with respect to supporting cooperation of regional sites on HIV and drug abuse prevention and care issues. It would also provide specific recommendations regarding any follow-up actions required by UNODC and partner government/regional administrations to effectively sustain or improve support to the project’s programs in the future.

The main stakeholders involved in the evaluation were the following:

• The Project Manager
• Senior officials from the National Research Centre on Addiction (NRCA), Russian Ministry of Health and Social Development
• Senior officials from Federal Penitentiary Service, namely from the Federal Research Penitentiary Institute
• Senior officials from two participating regions involved in policy making, planning, and resource allocation decisions relevant to supporting implementation of the TDRUSJ12 project
• Civil society and implementing partners from 2 regions (Orenburg and Saint-Petersburg)
• Service recipients from 2 regions (Orenburg and Saint-Petersburg)
• Donors (USAID/Russia) who have funded TDRUSJ12 project
• UNODC staff at the Office for the Russian Federation, including current and previous project staff
• UNODC Independent Evaluation Unit
• UNODC staff at HIV/AIDS Unit, HQ.

A key purpose of the evaluation was to help all stakeholders (‘core learning partners’) reflect on what has worked well and what has not, and thus learn from the evaluation process.

Last but not least, the overall purpose of the evaluation was to draw lessons from the project implementation that could be the basis for instituting improvements to the new projects planning, design and management. Broader, it was expected that the evaluation would provide insights that would help UNODC increase the effectiveness and impact of its technical assistance in the interrelated fields of drug policies, criminal justice, and strategies in HIV prevention.

C. Execution Modalities of the Project

The project was implemented by UNODC Office for the Russian Federation, based in Moscow. The project implementation arrangements include the Ministry of Health and Social Development, and the Federal Penitentiary Service of the Ministry of Justice as the main Government stakeholders for the project with the regional/city administrations of Orenburg and
Saint-Petersburg playing key role for scaling-up direct HIV prevention and care services to injecting drug users.

D. Methodology

This evaluation employed the following methodology (see Annex 2. Evaluation Methodology):

a. Desk review of the project documents; concept note, logical framework, action plan, annual work plans, terms of reference, reports of meetings/workshops/trainings, and project progress reports. (see Annex 3 List of documents reviewed).

b. This evaluation employed a qualitative research in the form of semi-structured interviews with the following respondents:

(i) the project team (International Project Coordinator and Administrative staff);
(ii) UNODC country and HQ staff involved in the project planning and implementation;
(iii) national partners, including state (federal and regional/oblast) and NGO (non-state) sector representatives;
(iv) international partners including representatives from UN agencies, donor community and their implementing partners, who had worked closely with the project. In total 47 individuals became the informants for the findings of this evaluation.

The sampling was made in compliance with the chosen methods, to provide valid data for comparison and generalizing, thus obtaining the answers to the evaluation questions (see Annex 5. Interview Questionnaires).

Document analysis (periodical reports, project documentation, strategies, publications etc.). All available documentation will be included in the process of analysis.

Questionnaire was used for all the organizations involved in the project. Involvement of all organizations in the survey helped to analyze the data by region and by type of organizations participating in the project.

d. Interviews were undertaken with senior officials of federal and regional/oblast levels, field coordinators, project manager and partners. The samples were determined by the schedule of regional visits – most if not all of them were included in the evaluation visits, thus the interviews targeted most of the above-mentioned project stakeholders in the two regions including those at the federal level. The plan included face-to-face or telephone interviews with all project coordinators and partners. A feedback from project beneficiaries was obtained through non-structured interviewing and direct observation of service provision. Data collection from the project financial reports and from M&E matrixes helped derive quantitative measure of the progress and measure resource utilization rates.

e. Relevance of project design and potential for attainment of the outcomes were measured against the guiding documents for HIV/AIDS prevention, treatment and support for IDUs in public and prison settings.

f. The progress of the implementation was measured against the revised project document and annual work-plans prepared by the project team at the beginning of each year. Outputs stated in the annual plans were verified through document review and observation as well as through feedback received from the national counterparts.

g. Resource utilization were measured for the project (for each year) as well as for each output.

h. Observation during the field visits.
Limitations. The evaluation seems to be only constrained by limited time available for desk review relative to the volume of documentation produced and, the timing suggested for the field visits relative to the size of the project and the according need for apportioning of greater time to preparation of draft report as well as thorough planning of field schedule. The above however, did not negatively affect the evaluation and/or somehow compromise the validity of findings.

II. Major Findings and Analysis

Overall Performance Assessment

This section covers the major findings of the evaluation and the analysis of project data and information. It describes the overall performance of the project as well as issues of the project relevance, quality of design, effectiveness, efficiency of implementation and quality of management, impact and sustainability as well as lessons learned.

A. Relevance of the Project

The project has been designed based upon Regional/Country UNODC Strategy, in particular the Strategy Theme of Prevention, Treatment and Reintegration, and Alternative Development, Result Area 3.3: HIV/AIDS prevention and care (as it relates to injecting drug use, prison settings, and trafficking in human beings), UNODC strategic Result 3.3.1: Expand member States’ capacity to reduce the spread of HIV/AIDS among injecting drug users, in conformity with relevant international conventions and the established mandates of UNODC, and Result 3.3.2: Expand member States’ capacity to reduce the spread of HIV/AIDS in prison settings.

The project objectives are relevant in the regional and country-specific context taking into consideration the following: the HIV epidemic in Russian Federation and Eastern Europe is escalating and is one of the fastest growing in the world. Driven by injecting drug use, high rates of HIV prevalence can be observed among high risk groups along the drug trafficking routes that run from Afghanistan through Central Asia further to Russia and Eastern Europe—the so called “Northern Route” (World Drug Report, UNODC, 2010).

As of 31 December 2009, 529,828 HIV cases were registered in Russia. Injecting drug users, sex workers and prisoners remain the groups mostly affected by HIV epidemic in the Russian Federation. More than one third (37%) of the country’s estimated 1.8 million people who inject drugs are believed to be living with HIV. The interplay between sex work and injecting drug use is accelerating the spread of HIV in the region. At least 30% of sex workers in the Russian Federation have injected drugs. In some areas, up to 90% of people who use injecting drugs are infected with hepatitis C.

HIV prevalence in prisons is increasing and estimated to be at 6.4%. On average, 10% of PLWH registered in the Russian Federation are in prisons at any given period of time, and those who are

2 According to a study conducted among street drug users in St. Petersburg. UNODC, the NGO Stellite, March, 2010.
imprisoned for drug-related crimes have impeded access to HIV prevention and treatment and little or no access to effective drug dependence treatment\(^3\).

Regarding the mode of transmission, in 2009, 61.3\% of people newly diagnosed with HIV infection\(^4\) who had acquired infection through injecting drug use. Injecting drug users comprise around 78\% of the cumulative number of registered HIV cases. During last five years, HIV transmission from MARPs to the population through heterosexual contact has been steadily rising. In 2009, 35.8\% of people newly diagnosed with HIV infection became infected through heterosexual contact, while in 2006 it was 32.5\%. The main transmission route for women (61.8\%) is sexual contact, while for men it is injecting drug use (76.1\%) in 2009.\(^3\)

According to the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, signed by the Russian Federation, the comprehensive approach to the task of drug demand reduction entails, *inter alia*, adopting the necessary measures for the prevention of infectious diseases associated with drug use, such as HIV-infections and hepatitis B and C.

However, the country strongly opposes the two key harm reduction interventions namely, needle and syringe programs (NSPs) and opioid substitution treatment (OST) despite the wealth of evidence demonstrating their effectiveness. Concerning the OST, there is a legal ban on it in the Federal law on narcotic drugs and the National 2010-2020 Anti-Drug Strategy adopted in June 2010. As for NSP, the law (Criminal Code) lacks clarity and under certain circumstances it might be regarded as a criminal offence by a law enforcement officer. Moreover, Action Plan on implementation of National 2010-2020 Anti-Drug Strategy adopted by State Anti-drug Committee provides for elaborating proposals of a draft law which would limit functioning of organizations that implement harm reduction programmes.

Furthermore, HIV prevention is not integrated in state health care system. HIV services are mostly implemented through a network of specialized vertical programmes (AIDS centres) and drawing of blood for HIV testing is the only HIV-related service effectively implemented by most governmental medical facilities. Vague legal framework, lack of respective training, low motivation of medical personnel and high level of discriminating attitudes toward PLHIV and MARPs (including IDUs) remain key obstacles to improving services provided to those groups.

Services meant for key target populations including PLHIV and IDUs prisoners and those recently released from detention facilities, are fragmented and poorly coordinated. Referral links between services are weak thus compromising the principle of continuity of care. Official standards for providing harm reduction interventions continue to be associated with services outside state health system and therefore remain highly irregular in substance and contents. It is clear from the international research that the lack of coordinated and coherent provision of treatment and rehabilitation services including ARV and drug treatment, will lead to drop out and relapse.

Finally, the country reveals the gap in policy and practice for evaluating drug abuse treatment and rehabilitation calling upon testing modern methodologies for measuring the effectiveness of treatment and rehabilitation outcomes among IDUs including HIV-positive IDUs.

Based on the above, the Project design and practical implementation appear to be fully relevant both with regard to strategic documents of various levels of the Russian Federation, and

---

\(^3\) Report on the course of implementation by the Russian Federation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Moscow 2011

\(^4\) Those with identified route of transmission.

considering the general needs of the target groups, namely IDUs including those with HIV. Therefore technical assistance proposed by the project and focusing on advocating evidence based HIV/AIDS and drug dependence interventions, capacity building, and support of service provision all contributing to improving the access HIV/AIDS and drug dependence, treatment and rehabilitation, appear to be relevant and appropriate in the existing context thereby contributing to attainability of the project objectives to increase the growth in access to effective HIV/AIDS and drug treatment and rehabilitation services in order to increase adherence to antiretroviral (ARV) treatment and reduce the impact of the IDU-driven epidemic in Russian Federation.

B. Attainment of the Project Outcomes and Outputs

All the project activities have been carried out as planned having achieved the following results based upon outcome and output indicators (for details see Annex 2. Outcomes, Outputs, Indicator Targets and Activity Tables):

The content of Outcome 1 implies that Relevant authorities and professionals (representatives of public health, drug control, police, prison, and other agencies) apply increased knowledge of international best practices to the delivery of effective HIV/AIDS and drug treatment programmes, including medically assisted treatment (MAT)

The project, through respective operational output contributed to advocacy agenda through increasing awareness on international best practices in the areas of HIV/AIDS and drug dependence interventions for policy-makers, experts and professionals in substance abuse and HIV, representatives of Federal Drug Control Service.

As part of advocacy efforts during the 2006-2010 period, the project increased the knowledge of 354 experts in narcology and HIV/AIDS on internationally recognized best practices including those on delivery of effective HIV/AIDS and drug treatment programs, *cum Medically Assisted therapy (MAT) of opioid dependence*. These include 155 Federal Drug Control staff members at the series of seminars, 10 Chief Narcologists at the international conference, 59 specialists of narcology and psychology (49 from state institutions and 10 – from NGO sector) at the national workshop, 17 drug abuse and HIV professionals in study tours and 113 narcologists at master-classes;

UNODC supported trainings for 65 prison sector professionals on HIV-related stigma and discrimination issues. The main impact of these training events was increased staff’s awareness regarding HIV/AIDS related stigma and discrimination in 12 penitentiary institutions in St. Petersburg and 8 penitentiary institutions in Orenburg.

For strengthening national capacity, 17 high level decision-makers and leading scientists were trained on models of drug abuse treatment and rehabilitation for IDUs including integrated care for PLWHIV and social support for IDUs and PLWHIV. These include 4 professionals participated in the study visit to London (UK) and 13 professionals participated in two study visits to Vienna (Austria) and New Your (USA).
<table>
<thead>
<tr>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trained Federal Drug Control Service staff members</strong></td>
<td>Three training events on the role of medication assisted drug treatment programs were conducted</td>
<td>- Knowledge of 155 Federal Drug Control Service staff members on the role of medication assisted drug treatment programs increased.</td>
</tr>
<tr>
<td>P: 150 people trained</td>
<td>155 Federal Drug Control Service staff members trained on the role of medication assisted drug treatment programs.</td>
<td>Sources: Description of the interviews, questionnaires, Training Programs, Reports of training events, Lists of participants, Evaluation of participants demonstrated increase in knowledge (through pre/post testing and evaluation).</td>
</tr>
<tr>
<td>A: 155 people trained</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Trained prison staff members</strong></td>
<td>Three training events on HIV-related stigma and discrimination reduction were conducted</td>
<td>- Knowledge of 65 prison personnel on HIV/AIDS related stigma and discrimination increased.</td>
</tr>
<tr>
<td>P: 60 people trained</td>
<td>65 prison staff members trained on HIV-related stigma and discrimination reduction.</td>
<td>Sources: Description of the interviews, questionnaires, Training Programs, Reports of training events, Lists of participants, Evaluation of participants demonstrated increase in knowledge (through pre/post testing and evaluation).</td>
</tr>
<tr>
<td>A: 65 people trained</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Trained drug abuse professionals</strong></td>
<td>- Four master-classes on internationally recognized best practices were conducted;</td>
<td>- Knowledge of 113 drug dependence treatment professionals on internationally recognized best practices increased.</td>
</tr>
<tr>
<td>P: 60 people trained</td>
<td>- One national workshop conducted.</td>
<td>Sources: Description of the interviews, questionnaires, Training Programs, Reports of training events, Lists of participants, Evaluation of participants demonstrated increase in knowledge (through pre/post testing and evaluation).</td>
</tr>
<tr>
<td>A: 113 people trained (exceeded the target 1.8 times due to demand and request from national partners)</td>
<td>- 113 drug dependence treatment professionals were trained on internationally recognized best practices at master-classes; - 59 specialists were trained at the national workshop.</td>
<td></td>
</tr>
<tr>
<td><strong>Trained policy-makers and officials</strong></td>
<td>3 study visits were conducted (London, UK, 2007; Vienna, Austria, and NY, USA, 2010).</td>
<td>- Knowledge of 17 policy-makers, drug dependence treatment and HIV professionals on internationally recognized best practices increased.</td>
</tr>
<tr>
<td>P: 14 people trained</td>
<td>- 17 policy-makers, drug dependence treatment and HIV professionals participated in the study visits on internationally recognized best practices.</td>
<td>Sources: Description of the interviews, questionnaires, Programs and Reports of study visits, Evaluation of participants demonstrated increase in knowledge (through pre/post testing and evaluation).</td>
</tr>
<tr>
<td>A: 17 people trained</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Description, sources of information
The quality of the materials assessed in the interviews and questionnaires. The respondents confirmed the compliance of the local needs and the use of materials in the programme development.

Sources: Description of the interviews, questionnaires, documentation of the process of elaborating the materials (communication, drafts / projects of the materials), Training Programs, Reports of training events, Lists of participants, Evaluation of participants knowledge (through pre/post testing and evaluation).

In addition, the project provided support to 7 local organizations to introduce selected international best practices or to assess their application in Russia. These include (1) National Research Centre on Addiction, Moscow; (2) NGO “Bureau on Drug Abuse Problems”, (3) NGO “New Life”, (4) Orenburg State Medical Academy (Orenburg); (5) OO “Rusmedica”, (6) NGO “Drug Abuse Prevention Centre”, (7) NGO “Doctors to Children” (St. Petersburg).

Draft questionnaire on assessment of HIV-related risks among IDUs and recommendations on risk reduction among IDUs has been developed and is now available.

The Outcome has been reached based upon indicators.

Outcome 2. Increased capacity to deliver effective drug treatment, rehabilitation and HIV/AIDS prevention and treatment services for IDUs and PLWHIV in the places of detention.

The content of Outcome 2 implies that “Relevant prison and medical personnel deliver more effective drug dependence treatment, rehabilitation and HIV/AIDS prevention and treatment services for IDUs and PLWHA in the places of detention”.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trained medical professionals in prisons. Seven training events on HIV/AIDS issues and service delivery for IDUs and prisoners were conducted including one training on improvement of adherence to ARVT among HIV-positive inmates.</td>
<td>Knowledge and skills of 145 prison medical personnel on delivery of HIV prevention and care services for IDUs and prisoners increased.</td>
<td>145 prison medical personnel deliver more effective HIV/AIDS prevention and treatment services for IDUs and PLWHIV in the places of detention</td>
</tr>
<tr>
<td>P: 6 training events A.: 7 training events</td>
<td>Planned (P): 60 persons trained Achieved (A): 145 persons trained (exceeded the target 2.5 times due to demand and scaling up services)</td>
<td></td>
</tr>
<tr>
<td>Trained health professionals 6 training events for health care professionals on HIV/AIDS issues and service delivery for IDUs and ex-prisoners were conducted.</td>
<td>90 health care workers increased their knowledge and skills on HIV/AIDS issues and service delivery for IDUs and ex-prisoners.</td>
<td>90 of health care workers deliver more effective HIV-related services for IDUs and prisoners.</td>
</tr>
<tr>
<td>P: 4 training events A.: 6 training events</td>
<td>Planned (P): 60 persons trained Achieved (A): 90 persons trained (exceeded the target in 1.5 times due to scaling up services)</td>
<td></td>
</tr>
</tbody>
</table>
Trained outreach workers

2 training events for outreach and social workers on issues of social and medical support for former prisoners in the field of HIV prevention and drug dependence treatment were conducted.

P: 2 training events
Achieved as planned

Knowledge and skills of 27 outreach and social workers (11 from Orenburg and 16 from St. Petersburg) were increased on issues of social and medical support for former prisoners in the field of HIV prevention and drug dependence treatment.

Some of 27 outreach and social workers deliver more effective social and medical services for former prisoners in relation to HIV prevention and drug dependence treatment.

Process of all training events had been assessed by participants at the end of the event. The average score evaluating satisfaction is 5.3 points from six as a highest.

Sources: participation lists with signatures, trainer’s reports, and analysis of the process evaluations obtained from the questionnaires fulfilled by participants.

Service delivery in prisons

HIV-related information, education and communication (IEC) services were established in 8 selected prisons of two project regions.

Delivery of HIV/AIDS prevention and care services is organized in the form of group sessions for prisoners on HIV/AIDS prevention and behaviors change and individual counselling sessions.

4,307 detainees including HIV-positive IDUs and PLWHIV covered by HIV/AIDS prevention and care services.

Planned (P): 2,000 prisoners
Achieved (A): 4,307 prisoners
(exceeded the target 2,15 times due to demand and request from national partners)

30% increase in the number of detainees covered by HIV/AIDS prevention and care programs

Sources: Sub-grants reports on the service utilization (number, type of clients and services), interviews with respondents (prison officials, local coordinators, etc.)

Development of service models

Two manuals with recommendations on organizational models of pre- and post release services for HIV-positive former inmates were developed and prepared for publication.

Two manuals containing recommendations on pre- and post release organizational models of services for HIV-positive former inmates were published (edition - 300 copies each) and distributed among stakeholders.

Both publications with the models for provision of pre- and post-release services for HIV-positive former inmates are used in regions and during the national consultations on HIV programming.

The National consultation (in the format of conference) with representatives of Federal Penitentiary System from 10 regions of the Russian Federation on policy review and programming on HIV prevention among IDUs in prison sector and after release were conducted.

Sources: Description of the interviews, questionnaires, documentation of the process of elaborating the materials (communication, drafts / projects of the materials), Financial documents, approving the printing.

Description, sources of information

The quality of the materials assessed in the interviews and questionnaires. The respondents confirmed the compliance of the local needs and the use of materials in the programme development.

Sources: Description of the interviews, questionnaires, documentation of the process of elaborating the materials (communication, drafts / projects of the materials), Financial documents, approving the printing.

Development of organizational models of pre- and post release services for HIV-positive former inmates is one of the major project accomplishments. This work was carried out in the form of support to capacity building and direct support of service provision for elaboration of the aforementioned models.

The process evaluation included such criteria as the content compliance with the needs of participants, comprehensibility of the content, usability of the knowledge in practice.
As per output indicators, 145 prison sector medical personnel and 90 civil sector health care workers received necessary knowledge and skills on HIV/AIDS issues including adherence to ARVT and service delivery for IDUs and prison inmates/ex-prisoners. Some 27 outreach and social workers (11 from Orenburg and 16 from St. Petersburg) were trained on issues of social and medical support for former prisoners in the field of HIV and IDU prevention and treatment.

The total of 4,307 detainees including HIV-positive IDUs and PLWHIV were covered by drug use and HIV/AIDS prevention and behaviors change programs. Number of inmates received individual counseling sessions on HIV/AIDS prevention and treatment increased from 108 persons in 2007 to 2,587 – in 2009. HIV-related information, education and communication (IEC) services were established in 8 selected prisons of two project regions.

Two publications (manuals) describing the models on provision of pre- and post- release services for HIV-positive inmates were developed and distributed among stakeholders. One book contains project experience and entitled “Partnership Model of Pre- and Post Release Services for HIV-positive Former Inmates: Practical Experience of Orenburg and Orenburg region”. It includes description of the organizational model of pre- and post release services for HIV-positive former inmates: results, tools, algorithms, referral mechanisms, and examples of recording forms. Another book was the manual on “Organization of the Model of Medical and Social Support Services for HIV-positive Former Inmates IDUs: Practical Experience of Primorsky district, St. Petersburg”. This manual is recommended for publication by the Department of Sociology, St. Petersburg State University and published under auspices of Administration of Primorsky District, the City of St. Petersburg.

The National consultation (in the format of conference) with representatives of Federal Penitentiary System from 10 regions of the Russian Federation on policy review and programming on HIV prevention among IDUs in prison sector and after release were conducted; 51 professionals were informed about the models developed under the project.

The Outcome has been reached based upon indicators.

Outcome 3. **Operational multi-sectoral pre- and post-release services in St. Petersburg, Orenburg for HIV positive detainees and IDUs are established.**

The content of Outcome 3 implies that **Multi-sectoral pre-release and post-release HIV/AIDS prevention and care services are provided for detainees in St. Petersburg and Orenburg Oblast.**

In order to increase the access to effective HIV/AIDS and drug treatment and rehabilitation services for those released from penitentiary institutions, the project models employed an individual post release case-management approach linking individuals to a wide range of available services: medical care, HIV testing and counseling, ART treatment adherence counseling, drug dependence treatment and rehabilitation, psychological and legal support, employment counseling, and peer support.

UNODC provided grants to five NGOs in both regions to support HIV-prevention and care services for inmates and former prisoners. 151 professionals received in-service training on provision of pre- and post-release services in both regions (11 Orenburg +37 St. Petersburg (2009); 105 St. Petersburg in 2010). The number of consultations and other services (in both regions) delivered by the post-release service units and the partner organizations to former inmates increased from 570 - in 2007 to 5,017 (3,595 up to 2009 and 1,422 in 2010-2011) in 2011.
As the result of service delivery activities the outcome indicator has been reached – 1,000 former prisoners including IDUs and HIV-positive received HIV/AIDS prevention and case-management services in partner organizations at both sites.

Orenburg’s network encompasses 5 state entities and 6 NGOs serving four penitentiary institutions in Orenburg and Novotroitsk, Orenburg Oblast. The coordination mechanism is based on an Agreement signed by 11 organizations.

Two comprehensive HIV/AIDS prevention and care programs for former inmates are established in St. Petersburg. St. Petersburg’s network consists of 8 organizations and serves 4 penitentiary institutions. The coordination mechanism is based on 7 bilateral agreements signed by St. Petersburg’s partners.

A quadripartite Agreement to support provision of post release services for female IDU former detainees was signed by the City Committee on Social Policy, the City Crisis Centre for Women, Federal Penal System of St. Petersburg and Leningrad Oblast, and NGO “Doctors for Children”. As a result the City program of socio-medical services to HIV-positive female IDUs, who are former detainees, has been established in St. Petersburg.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 25 sub-grants for service provision (consultations/referrals) 2007-2011</td>
<td>- Coordination mechanisms (9 agreements: round or bilateral) in place for provision of pre- and post release service for former detainees in both sites</td>
<td>- Three comprehensive HIV/AIDS prevention and care programs for former inmates are implemented in 2 regions of the Russian Federation;</td>
</tr>
<tr>
<td>- 151 professionals received in-service training</td>
<td>- 1,000 former prisoners including IDUs and HIV-positive received HIV/AIDS prevention and care services.</td>
<td>- Two networks of partners’ organizations provide pre- and post- release services in both regions (22 organizations);</td>
</tr>
<tr>
<td>- 5,017 consultations and other services (in both regions) delivered by post-release service units</td>
<td>P: 12 organizations involved in networks of service provision A: 22 organizations</td>
<td>- 83.3% increase in the number of partners’ organizations providing pre- and post- release services in both regions. (From 12 to 22 organizations).</td>
</tr>
</tbody>
</table>

Sources:
- Sub-grants reports on the service utilization (number, type of clients and services), interviews with respondents (local administration, health officials, local coordinators, etc);
- text of nine agreements for establishment of networks of partners’ organizations (2 round agreements or 7 bilateral).

Three comprehensive HIV/AIDS prevention and care programs for former inmates were implemented in St. Petersburg and Orenburg (outcome), which demonstrate 50% increase of this indicator compare to the planned.

At the end of 2010, some 22 organizations became the members of the partner networks that provide pre- and post- release services in both regions (outcome); this demonstrates 83.3% increase in the number of partners’ organizations providing pre- and post- release services in both regions.

The project achievement as per the Logical Framework indicators include introduction of the package HIV/AIDS prevention and drug use treatment interventions for ex-prisoners in 2 regions of the Russian Federation, namely St. Petersburg and Orenburg. Both regions incorporated the Programs on comprehensive HIV/AIDS pre- and post release services for ex-prisoners into municipal Action Plans and Financial Frameworks.
The Integrated Inter-Departmental Program of Primorsky District on Medical and Social Support of Drug Abusers and HIV-positive Clients Released from Prisons was approved by the Head of Administration of Primorsky district and funded under the municipal 2010 Action Plan and Financial Framework (effective from 26 February 2010). The section concerning provision of pre- and post-release services was included in the three-year Activity Plan of Orenburg City Municipal Program aimed at Drug Abuse and HIV Prevention for 2010-2012.

Institutionalization of St. Petersburg and Orenburg models has become an excellent example of the project success, demonstrating emerging ownership and commitment of the local governments to deal with the sensitive issues of HIV/AIDS and drug dependence including those in penitentiary sector, and their interest to sustain the gains of the project.

The Outcome has been reached based upon project indicators and demonstrated success in institutionalization of the above service models.

Outcome 4. Monitoring and evaluation system of HIV/AIDS treatment and rehabilitation interventions strengthened.

M&E of HIV/AIDS and drug treatment interventions are crucial for providing operational and strategic information for stakeholders and decision makers. UNODC strengthened capacity of local organizations in terms of M&E. The content of Outcome 4 implies that Relevant professionals apply appropriate indicators, methods and tools for monitoring and evaluation (M&E) of comprehensive HIV/AIDS services.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trained personnel on M&amp;E issues</td>
<td>-22 professionals trained on monitoring and evaluation of the pre- and post-release programs including the data collection instruments, methodology, and data interpretation.</td>
<td>Capacity for M&amp;E of pre- and post-release services are strengthened at both sites; 22 professionals from local organizations apply appropriate indicators, methods and tools for M&amp;E of comprehensive HIV/AIDS services at pre- and post release stages.</td>
</tr>
<tr>
<td>Four training events on monitoring and evaluation were conducted in order to build capacity for M&amp;E of local NGOs.</td>
<td>-17 organizations were provided with technical assistance on M&amp;E of pre- and post-release programs.</td>
<td>-New data collection forms were developed and implemented at both project sites. 30% increase in the number of local programs incorporating new M&amp;E approaches.</td>
</tr>
<tr>
<td>Planned (P): 20 trained professionals, Achieved (A): 22 persons</td>
<td>Planned (P): 12 local organizations provided with technical assistance on M&amp;E; Achieved (A): 17 local organizations provided with technical assistance on M&amp;E.</td>
<td></td>
</tr>
<tr>
<td>Surveys at both sites</td>
<td>Surveys on effectiveness of pre- and post-release programs for drug</td>
<td>The report with surveys’ results on effectiveness of pre- and post-release</td>
</tr>
</tbody>
</table>

The process of training was evaluated by the participants fulfilling questionnaires at the end of the event. The first training has a lower scores (4,4 points from 6) as the second one (5,6). According to the information obtained from the regional coordinators, partners, the training programme was improved, that is why the second one was evaluated comparatively higher. Data gathered from the interviews demonstrate practical use of knowledge gained in both trainings.

Sources: participation lists with signatures, Trainer’s reports, project reports, interviews

As it is reflected in grant reports the partners used survey’s data
users including HIV-positive IDUs at both sites were conducted.  
P.: 2 surveys in both sites  
A.: 2 surveys in both sites

| Programs for drug users including HIV-positive IDUs is available and disseminated in both sites: St. Petersburg and Orenburg.  
P.: the survey report is available  
A.: the survey report is available |
| (quantitative and qualitative such as the results of client satisfaction surveys) in order to improve scope, quality and coordination of pre- and post-release medical and social services at both sites, and also to increase coverage. |

Sources: the surveys’ reports, interviews with the regional program coordinators, state partners, clients; grant reports.

| The Guidelines on practical application of the Russian version of Addiction Severity Index (ASI) was developed and published.  
5 training seminars on practical application of the Addiction Severity Index (ASI) were conducted in two project sites. |
| | 58 narcologists, psychologists, and social workers increased their knowledge and skills on use of ASI as a tool for assessment and monitoring of HIV and substance abuse interventions.  
Three hundred (300) copies of the Guidelines (output) were disseminated at training seminars in regions. |
| | Planned (P): 50 trained professionals,  
Achieved (A): 58 persons trained  
P: 300 copies of ASI manual  
A: 300 copies of ASI manual |
| Some 58 professionals apply the Addiction Severity Index (ASI) in their practise.  
Publications on practical application of ASI are available and applied by narcologists in both regions. |

Description, sources of information
The quality of the materials assessed in the interviews and questionnaires. The respondents confirmed the compliance of the local needs and the use of materials in the programme development.  
Sources: Description of the interviews, questionnaires, documentation of the process of elaborating the materials (communication, drafts / projects of the materials), Financial documents, approving the printing.

| Master-class on internationally–recognized approaches to the assessing and monitoring the treatment and rehabilitation outcomes among IDUs was delivered.  
P: 1 master-class  
A.: 1 master-class |
| Some 63 state and NGO professionals including narcologists, psychologists, and social workers increased their knowledge and skills on approaches to assess and monitor treatment and rehabilitation outcomes among IDUs.  
Planned (P): 50 trained professionals,  
Achieved (A): 63 persons trained |
| Some 63 professionals (narcologists, psychologists, and social workers) apply appropriate indicators, methods and tools for M&E of comprehensive HIV/AIDS services at pre- and post release stages. |

Process of the training had been assessed by participants at the end of the event. The average score evaluating satisfaction is 5.3 points from six as a highest.  
Sources: participation lists with signatures, Trainer’s reports, analysis of the process evaluations obtained from the questionnaires fulfilled by participants

Four training events on monitoring and evaluation were conducted in order to build capacity for M&E of local NGOs. Training programs were focused on M&E of pre- and post release HIV/AIDS related services for former detainees including the data collection instruments, methodology, and data interpretation.

---

7 The process evaluation included such criteria as the content compliance with the needs of participants, comprehensibility of the content, usability of the knowledge in practice.
As a result 17 organizations were provided with technical assistance on M&E of pre- and post-release programs. New data collection forms were developed and implemented at both project sites.

Currently 22 professionals (outcome) from local organizations apply appropriate indicators, methods and tools for monitoring and evaluation (M&E) of comprehensive HIV/AIDS services at pre- and post release stages.

Other activities included the surveys (2008-2009) that reviewed indicators in a service provider monthly monitoring reports, data provided in service provider facility records, and client satisfaction surveys at both sites.

The surveys aimed at the evaluation of the overall effectiveness of pre- and post-release programs supported by UNODC, looking at the higher level impact indicators (recidivism, illicit drug use and access to ARV treatment), but also at four categories of outcome indicators: improved (i) scope, (ii) quality, (iii) coordination, and (iv) access of pre- and post-release medical and social services.

The report with surveys’ results on effectiveness of pre- and post-release programs for drug users including HIV-positive IDUs was disseminated in both sites: St. Petersburg and Orenburg. As it is reflected in grant reports the partners used survey’s data (quantitative and qualitative such as the results of client satisfaction surveys) in order to improve scope, quality and coordination of pre- and post-release medical and social services at both sites, and also to increase coverage.

The Guidelines on practical application of the Russian version of Addiction Severity Index (ASI) was developed and published. Three hundred (300) copies of the Guidelines were disseminated at 5 training seminars on practical application of the Addiction Severity Index (ASI) in two project sites.

As a result 58 narcologists, psychologists, and social workers increased their knowledge and skills on use of ASI as a tool for assessment and monitoring of HIV and substance abuse interventions. Currently some 58 professionals apply the Addiction Severity Index (ASI) in their practice.

Master-class on internationally–recognized approaches to the assessing and monitoring the treatment and rehabilitation outcomes among IDUs was delivered.

Some 63 state and NGO professionals including narcologists, psychologists, and social workers increased their knowledge and skills on approaches to assess and monitor treatment and rehabilitation outcomes among IDUs.

Some 63 professionals (narcologists, psychologists, and social workers) apply appropriate indicators, methods and tools for monitoring and evaluation (M&E) of comprehensive HIV/AIDS services at pre- and post release stages.

The Outcome has been reached based upon project indicators and demonstrated capacity of project partners to use M&E tools.

The M&E tools were used by partner organizations not only during the project, but also the partners in regions still apply M&E tools after the project. We observed 30 % increase in the number of local pre- and post-release programs incorporating new monitoring and evaluation approaches in both sites (in Orenburg and St. Petersburg), which is important to demonstrate the impact and sustainability of these activities.
Overall, based upon indicators the project is considered successful and having contributed to its overall goal. There are however issues, risks and assumptions, that need to be considered in the similar projects and initiatives. These will be discussed hereinafter in the following section of this report.

C. Institutional and Management Arrangements and Constraints

Project Management

The project has been coordinated by UNODC Office for the Russian Federation. According to the project document and the Revision I and II, the project team is composed of an International Project Coordinator (hereinafter Project Coordinator) and an Administrative Assistant.

The Project Coordinator has been recruited and administered by the local UNDP Moscow though later due to change of contract arrangement the Coordinator’s position administering was taken over by UNODC HQs (UNOV) up to the end of the project (31 March 2011).

The International Project Coordinator was under the direct supervision of the Head of UNODC Programme Office in the Russian Federation and technical guidance of the Global Coordinator UNODC HQ HIV/AIDS Unit in order to fully benefit from the existing in-house expertise in the related area.

The project coordinator provides strategic guidance, management, coordination, and monitoring of the project activities. She prepares the semi-annual and annual reports to UNODC, monitors the project events and activities, and prepares the annual reports to the Donor (USAID, Russia) in coordination with the Co-financing & Partnership Section, UNODC HQ. She maintains regular communication among all concerned entities to ensure effective and efficient implementation of the project components.

The project coordinator maintains regular communication with all concerned entities including partners at the federal and regional levels to ensure the effective and efficient implementation of the project components. At the federal level the project is supported by the National Research Centre on Addiction (NRCA), Russian Ministry of Health and Social Development. At the regional level UNODC Office for Russian Federation effectively cooperates with following entities:

(1) Orenburg: Orenburg City Interdepartmental Commission on Drug Abuse and AIDS Prevention, Orenburg Regional Drug Abuse Treatment Centre, NGO “Bureau on Drug Problems”, Orenburg Regional Federal Penal Service, NGO “Grazdanskaya Volya”, Orenburg Oblast HIV/AIDS Center, NGO “New Life”, the Department of Social Support and the Department of Employment Services of the Orenburg City Administration;

(2) St. Petersburg: with Administration of Primorsky District, the City of St. Petersburg, NGO “Drug Abuse Prevention Centre”, St. Petersburg City AIDS Centre, NGO “Imena+”, the Federal Penal Service in St. Petersburg and Leningrad Oblast.

The project is implemented with the administrative support of UNDP Country Office in Moscow while UNODC Office for Russian Federation is responsible for the delivery of all project inputs, e.g. in terms of sub-contracting local and international experts and agencies on competitive bidding basis (through UNDP Country Office in Moscow). Daily communication among the project partners has been maintained through e-mail, and telephone.
Project Monitoring

The UNODC project coordinator was responsible for monitoring of the project activities and site visits. During the project the Coordinator conducted a number of visits to St. Petersburg and Orenburg to meet representatives of city administrations, state and NGO partners as well as to monitor training events in regions. Each project region was visited; recommendations for improvement of work of regional projects were given. The monitoring visits helped promote further dialogue between project partners.

Information has been collected and analyzed on a quarterly basis including information on number of people trained, pre- and post- training/seminar evaluation, publications, and the number of services provided (disaggregated by gender, age, and type of services). UNODC project coordinator collects information from quarterly reports of project partners. Information is used to improve provision of pre- and post-release services to HIV-positive IDU female former prisoners in St. Petersburg. Two local project coordinators have been responsible for maintaining records on the number of clients served and on the number of services provided. This monitoring approach helped ensure greater responsibility of network partners and forms the basis for future project sustainability. This mechanism also empowers the main service providers in the regions to ensure efficient project delivery with a corresponding level of accountability of partner organizations for impact of their activities.

According to the Project Document the project coordinator sets the same monitoring and identification criteria as other USAID partner-organizations funded from PEPFAR program. As guidance for the project delivery and monitoring, UNODC team and project partners use The US President’s Emergency Plan for AIDS Relief/Russia Strategic Information Reporting Guide, October 2009 and The President’s Emergency Plan for AIDS Relief Next Generation Indicators Reference Guide (August 2009). During the project life UNODC Project Coordinator was preparing in parallel to UNODC reports the semi-annual and annual Reports to the Donor (USAID, Russia) on achievement of specific PEPFAR’s indicators (I. PEPFAR Indicators and II. Narrative sections).

Changes/alterations and management of change

In the course of the project there were two revisions:

1. In July 2009, after an agreement with the Donor was reached the project budget was increased by $800,000 and the project duration was extended until 31 December 2010. It included also additional activities on introduction of evidence–based practices on drug abuse treatment and rehabilitation for IDUs including HIV-positive, dissemination of models of pre- and post-release services developed under the project, and increase awareness on internationally recognized approaches to assess and monitor treatment and rehabilitation of drug abusers including HIV-positive IDUs;

2. In July 2010, the no cost extension for the project was approved until 31 March 2011 in order to complete the project activities and conduct final project evaluation. It was expected that project activities will be completed by 31 March 2011. The total approved budget of the project is 2,200,000USD. The project is funded by the US Agency on International Development (USAID), Russia Office (from PEPFAR funds) (2,100,000USD) and Sweden (100,000USD).

The revised project design and respective logical framework helped strengthen advocacy component of the project, further elaborate service model development and capacity of local partners thereby facilitating attainment of the project objectives.
Financial management

The project’s financial management was carried out aligning the requirements for financial flow control from UNODC and the USAID. The requirement to provide reports in different reporting periods (USAID fiscal year starts October, UNODC – January) created additional workload ensuring the control over the use of funds.

Financial management was carried out by the Budget and Finance Assistant, UNODC Office in the Russian Federation covering the financial monitoring support functions for all UNODC projects in the Russian Federation. The electronic database to monitor financial obligations of UNODC projects is clear, user-friendly, easy to oversee and pro-active, since it provides data not only on the funding provided to partners incurred by also about other financial obligations such as dates for financial and substantive reports, outstanding payments and audit reports.

All documentation is available in printed format, are kept in well-structured folders, thus providing the opportunity to assess the details of, for example, tenders for experts or facilitators for project activities. Thus the developed system of financial management has ensured a transparent financial supervision and effective management, which meets the UNODC HQ requirements.

Problems and constraints encountered during implementation

Difficulties encountered in the course of the project were mainly related to assumptions and external risks identified in the project logical frame, and the country’s official position with respect to evidence-based framework of the project as it relate to HIV and drug use.

In particular one of the external risk factor regarding the fulfillment of Output 1 was ability of relevant high level professionals to allocate sufficient time for the master-classes and to participate in the study visits.

The main external risk factor to institutionalize the pre- and post- release models (Output 3) remains unstable global financial situation. Its consequences might result in reduction of regional and municipal budget expenditures that might lead to insufficient funding of NGOs activities. Insufficient support of NGOs by the state and local administrations would lead to decrease of delivery of psycho-social services to former inmates and could undermine the sustainability of developed pilot models and their scale up in other territories of the Russian Federation.

In order to mitigate possible negative impact of the abovementioned risks project management conducted meetings with concerned federal policy-makers and representatives from the Federal Penal System to help secure consideration of the models of pre- and post-release services developed under the project at the federal level.

Another limiting factor relates to frequent governmental staff turnover which effectively diminishes advocacy gains of the project, especially on sensitive issues of medically assisted therapy (MAT) and other evidence based interventions for IDUs in the community and custodial setting.

D. Project Effectiveness

The UNODC project has been set out to deliver outputs necessary to attain planned four outcomes and achieve the project’s objective to increase the growth in access to effective
HIV/AIDS and drug treatment and rehabilitation services in order to increase adherence to antiretroviral (ARV) treatment and reduce the impact of the IDU-driven epidemic in Russian Federation through advocacy, support to development of service delivery models and capacity building.

The project, no doubt may be regarded as effective given the produced outputs and having achieved some significant gains, namely: (i) Development of effective pre- and post-release service delivery models for HIV-positive inmates; (ii) Three comprehensive HIV/AIDS prevention and care programs for former inmates are implemented in St. Petersburg and Orenburg regions of the Russian Federation. (iii) Both regions institutionalized the aforementioned programs, i.e. incorporated the aforementioned programs into their municipal Action Plans and Financial Frameworks.; (iv) Specialists received a comprehensive information and practical application of the Addiction Severity Index (ASI) as an assessment tool for HIV and substance abuse interventions.

Overall achievement of the project is estimated at almost 100%, meaning that about 100% of revised outputs have been produced as planned (see Annex 2. Results achieved). In general, the pace of implementation has been significant in some outputs, and relatively slow in others, which has often been beyond control of the project team but dependant on the pace of federal and local partners reflecting working style and manners adopted and practiced in the country/ the region. In a number of cases the political situation did not allow to bring the desired change. In particular, advocacy efforts have yet to lead to acceptance of the effectiveness of integrated harm reduction interventions including medically assistance therapy.

The monitoring mechanism to measure the progress of project implementation was established at the beginning of project implementation and is based on logframe indicators which were further translated into annual workplans, where they are presented in a simple form describing the expected and actual results of each of the implemented activities. The Project Coordinator has monitored the overall performance of the project partners and the progress of project implementation in the regions using the above monitoring tools.

The project has been effective in managing multisectoral and participatory process on federal as well as on the regional levels. Effective collaboration established by the project enabled it to bring expertise related to HIV/AIDS and IDUs and allowed respective learning and knowledge sharing. The project allowed for advocating sensitive issues such as services to IDUs detainees and ex-prisoners and those living with HIV, including harm reduction with NSP and MAT among them.

During the field mission the Consultant received a positive feedback from target project beneficiaries who shared their views on implemented models of pre- and post-release services. Most of them found the services highly appropriate and necessary thereby providing the cause for farther development of various models and approaches to the needs of project target populations.

E. Project Efficiency

The project produced the above outputs by spending 60% (59, 9%) of the total allotment of 2.2 million USD) (see tables in Annex 6.). The efficiency in this case can be measured in terms of resource utilization on the main cost items and/or relative to the produced outputs. The latter does not seem to be feasible due to specific nature of projects in development area where a little gain as a result of advocacy efforts may be valued much higher than a planned output.
Analysis of proportional distribution of project funding revealed that 17.9\% of direct project funding was spent on project staff salaries, 1.3\% went to other direct operating expenses, significant funds were invested in funding trainings, conferences and study tours – 18.9\%.

Annual spending levels increased as the project implementation advanced and it was $73,602, $219,925, $276,048, $293,529, and $389,138 during the period from 2006 through 2010 respectively. Budget burning levels seem adequate to the volume of activities carried out during respective years.

When examining efficiency one would attempt to find out if the program could have been implemented with fewer resources without reducing the quality and quantity of the results? There is no simple answer as fewer resources would mean less advocacy events, less involvement of expertise, less technical meetings, less trainings and seminars, i.e. fewer of all the instruments employed by the project that create the basis for realization of project gains. Therefore in terms of this particular project fewer resources would probably mean reduced output.

F. Project Impact

With respect to this project, the impact is measured through potential contribution of the project outcomes to containing HIV/AIDS spread in the region and sustainability beyond the project end date. The impact must show effects of the programme on beneficiaries i.e. IDUs and PLWHIV both detainees and ex-prisoners beyond short-term objectives, i.e. outputs and outcomes.

The UNODC project, no doubt, has contributed to increasing availability of services for the above groups in public sector and within prison system in the two project regions. The advocacy and technical assistance for capacity building provided within the project have demonstrated a certain impact in terms of introduction of pre- and post release services for the target groups gradually moving towards broad institutionalization thereof within the municipal strategic plans away from piloting. Unfortunately the role of other international development partners has not been active both in the above territory and the subject area. Therefore all credits for the progress made with direct support provided by the project must go to UNODC.

The project contributed to development of new concept of social services providing support to IDU populations as most vulnerable to HIV and helping them to overcome their personal and socially-mediated problems. This in turn calls for the need to develop enabling regulatory environment as well as new educational standards and respective professional competencies needed to provide those services.

In addition to gains made in the availability of services and respective capacity building, the project contributed to introduction of the Addiction Severity Index (ASI) as the monitoring and evaluation tools thereby strengthening capacity to assess the needs of the target groups paving the way to informed and focused decision making and according interventions.

A special word must be devoted to the advocacy of evidence based interventions particularly NSP and MAT. Unfortunately, these project efforts did not lead to official acceptance or even acknowledgment of their role in containment of IDU driven HIV epidemics calling for continuing advocacy efforts at all levels of decision-making and legislature.
G. Sustainability of Results and Benefits

A major concern of sustainability is the likelihood that the benefits from the project will be maintained at the appropriate level for a reasonably long period of time after withdrawal of external support. It therefore refers to the results obtained through the project not the project *per se*.

As was indicated earlier, the objective of the project under this evaluation is to increase the growth in access to effective HIV/AIDS and drug treatment and rehabilitation services in order to increase adherence to antiretroviral (ARV) treatment and reduce the impact of the IDU-driven epidemic in Russian Federation. To attain the objective technical assistance under the project aimed at supporting advocacy, capacity building, and operationalisation of delivering effective HIV/AIDS and drug treatment programs for detainees and ex-prisoners IDUs and PLWHIV as well as strengthen M&E system of the above. Then the main criterion of sustainability should be the level of official acceptance as well as the level of utilization and continuation of the project activities and endorsement of the proposed concepts and project products, i.e. their institutionalization.

The results described in the previous sections provide an evidence of sustainability of the project initiatives where despite continuing rejection of effective evidence based interventions such as MAT and NSP the proposed service delivery models for the targeted groups were institutionalized and incorporated into municipal Action Plans and Financial Frameworks of the Programs aimed at *Drug Abuse and HIV Prevention for 2010-2012* in St. Petersburg and Orenburg regions.

Moreover, the project results are characterized by a great deal of local ownership where achievements in most of the outputs were reached with active and meaningful involvement of local decision makers, administrators, implementers and academia. Certainly, further elaboration of practical implementation of the formally adopted service delivery models and M&E tools are needed.

Therefore, the value added of the project is that it has opened venues for interventions that may be performed within a continued phase of the project aimed at, for example, capacity building to enable local administrators to organize and provide integrated services for most-at-risk-populations (MARPs), including detainees and ex-prisoner IDUs and PLWHIV. Such venues can also become a conceptual ground for new similar projects.

5. LESSONS LEARNED AND BEST PRACTICES

The project continues to be relevant in the context of the Russian Federation as a whole and in the selected regions. The latter demonstrated a greater flexibility and responsiveness to the perceived needs of their constituencies.

The project made the case for a broad collaboration in the areas of drug use and HIV/AIDS at the federal and regional levels. This collaboration helped develop and introduce effective pre- and post-release service case-management models as well as M&E tools.

In order to increase the access to effective HIV/AIDS and drug treatment and rehabilitation services for those released from penitentiary institutions, the project models employed an
individual post release case-management approach linking individuals to a wide range of available services: medical care, HIV testing and counseling, ART treatment adherence counseling, drug dependence treatment and rehabilitation, psychological and legal support, employment counseling, and peer support.

The project helped open minds of professionals and decision makers on issues relating to IDUs and PLWHIV detainees and ex-prisoners. It brought respective international evidence and attracted available expertise facilitating the process of knowledge sharing and learning. The project contributed to development of new concept of social services providing support to IDU populations as most vulnerable to HIV and helping them to overcome their personal and socially-mediated problems.

The project has opened venues for interventions that may be performed within a continued phase of the project aimed at, for example, capacity building to enable local administrators to organize and provide integrated services for most-at-risk-populations (MARPs), including detainees and ex-prisoner IDUs and PLWHIV. Such venues can also become a conceptual ground for new similar projects.

Institutionalization of pre- and post-release service models in St. Petersburg and Orenburg has become an excellent example of emerging ownership and commitment of the local governments to deal with the sensitive issues of HIV/AIDS and drug dependence including those in penitentiary sector, and their interest to sustain the gains of the project.

The continuing opposition to establishing services for drug users and PLWHIV taking into consideration best available evidence call upon the need for continuing advocacy at all levels of decision making starting from the top executives and legislature.

To help increase availability and access to evidence-based HIV-related preventive, treatment and support services for IDUs and PLWHIV in the communities and penitentiary sector similar efforts in the future will have to aim at creating conducive legal and regulatory environment.

The recognition of the UNODC role at the level of regional administrations made the case for using this role as an important resource for designing of new social initiatives including services for IDUs and prisoners.

6. Recommendations and Overall Conclusions

Recommendations:

- Use established high quality services as regional (site) models to guide the review/update of the national normative frameworks for provision of effective evidence-based HIV-related interventions for IDUs and PLWHIV in places of detention and after release.

- Establish the Technical Working Group of decision makers and experts representing Federal Penitentiary Services and narcological services.

- Develop (by the Technical Working Group) and submit for official approval policy recommendations and normative documents on HIV prevention and care in places of detention and post-release.

- Provide technical assistance and joint efforts with active involvement of all international and national stakeholders aimed at expanding harm reduction interventions and acceptance thereof in full comprehensive package of intervention for injecting-drug users incorporating
needle and syringe exchange programs (NSP) and medically assisted therapy (MAT) of opioid dependence.

- The Federal Government should provide funding adequate to sustain and scale up of HIV related services for prisoners and at post release, and increasingly provide such services directly through relevant government agencies, as well as make according decisions to guarantee continuity of health services between prisons and community.

- Develop enabling regulatory environment to promote new educational standards and respective professional competencies currently not existent or under-developed, which will be required for scaling up new social services for PLHA and IDUs and those in prisons.

- UNODC to consider supporting high level policy dialogue among policy makers, experts and civil society to promote comprehensive HIV prevention package for IDUs and in prisons.

**Overall Conclusions**

To further scaling up the HIV services to the levels required for adequate HIV epidemic control more advocacy efforts at the highest political and executive level are needed. It requires technical assistance and joint efforts with active involvement of all international and national stakeholders aimed at expanding harm reduction interventions and acceptance thereof in full comprehensive package of intervention for injecting-drug users incorporating needle and syringe exchange programs (NSP) and medically assisted therapy (MAT) of opioid dependence.

Further development and scaling up of new social services for MARPS will require elaboration of the enabling regulatory environment as well as new educational standards and respective professional competencies currently not existent or under-developed.

When possible the future interventions need to be focused at the policy level to help the country formulate a clear position with respect to the identified issue, develop strategic view to remedial actions and build strong national ownership for process and results.

Future projects need to build and strengthen multi-sectoral partnerships in the areas of drug use and HIV/AIDS at the national and regional levels and to continue developing effective tools for strategic planning, implementation, monitoring and evaluation of joint efforts and initiatives.

In the future, UNODC may consider supporting high level policy dialogue among policy makers, experts and civil society in the Russian Federation to promote comprehensive HIV prevention package for IDUs and in prisons.
ANNEXES

Annex 1. Terms of Reference for the Final Project Evaluation

PROJECT TITLE: Support to HIV/AIDS and Drug Abuse Prevention Programs in the Russian Federation

PROJECT NUMBER: TDRUSJ12

1. BACKGROUND INFORMATION

1.1 The project TDRUSJ12 “Support to HIV/AIDS and Drug Abuse Prevention Programs in the Russian Federation” was approved by the UNODC Executive Director on 8 June, 2006. The project is executed within the framework of the UNAIDS initiative Coordination in Action: Applying Three es principles in Russian Federation in order to help the Russian Government deal with the twin epidemic of HIV and injecting drug use. As of February 2007, according to the Russian Federal AIDS Centre around 377,000 cumulative cases of HIV were officially registered in the country, and over 80% of registered HIV cases with known routes of transmission were attributed to injecting drug use. The driving force behind the HIV/AIDS epidemic across the Russian Federation has been, and continues to be, injecting drug use. Injecting drug use takes place primarily within particular vulnerable and marginalized groups, including sex workers, prisoners/detainees, and vulnerable youth, especially young men. The project sites were the city of St. Petersburg and Leningrad Oblast, and the city of Orenburg and Orenburg Oblast.

The operational activities under the project started in October 2006. The project original duration was three years (12 May 2006 – 11 May, 2009). However, there were two Project revisions: (1) in July 2009 after an agreement with the Donor was reached the project budget was increased by $800,000 and the project duration was extended until 31 December 2010. It included also additional activities on introduction of evidence-based practices on drug abuse treatment and rehabilitation for IDUs including HIV-positive, dissemination of models of pre- and post-release services developed under the project, and increase awareness on internationally recognized approaches to assess and monitor treatment and rehabilitation of drug abusers including HIV-positive IDUs; (2) In July 2010 no cost extension for the project was approved until 31 March 2011 in order to complete the project activities and conduct final project evaluation. It is expected that project activities will be completed by 31 March 2011. The total approved budget of the project is 2,200,000USD. The project is funded by the US Agency on International Development (USAID), Russia Office (from PEPFAR funds) (2,100,000USD) and Sweden (100,000USD).

1.2. The overall goal of the project is to increase the growth in access to effective HIV/AIDS and drug treatment and rehabilitation services in order to increase adherence to antiretroviral (ARV) treatment and reduce the impact of the IDU-driven epidemic in Russian Federation.

1.3. The project operates at two levels: (1) at the Federal level the project targets the senior policy makers and aims to raise their awareness on effectiveness of international best practices for HIV and drug abuse prevention and treatment for opiate addicts; (2) at regional level the project enables the creation of sustainable and high-quality referral services for the most vulnerable populations (former inmates) in order to increase their access to ARV treatment. The project strategy envisaged development of case-management system for PLWHIV in pre- and post-release stage. The target groups of the project include detainees and released HIV-positive persons and injecting drug users, civil society organizations providing outreach work, civil society organizations providing HIV/AIDS prevention and care services, drug treatment and rehabilitation services, medical services of the Federal Penal System (FSIN), officers of FSIN and Federal Drug Control Service (FDCS). Through educational activities the project also targeted substance abuse, HIV, infectious disease, health, and social welfare professionals.

1.4 The project has four main outcomes, which are indicated in Table below:

<table>
<thead>
<tr>
<th>UNODC Results area/ project Objective/ Outcomes and Outputs</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1. Increased awareness and knowledge on delivery of effective HIV/AIDS and drug treatment programs, including MAT of opioid dependence, for high risk groups among</td>
<td>- Knowledge of drug abuse and HIV professionals on internationally recognized best practices increased</td>
</tr>
<tr>
<td></td>
<td>- Knowledge of prison personnel on HIV/AIDS related stigma and discrimination increased.</td>
</tr>
<tr>
<td></td>
<td>- 7 Russian local organizations supported to introduce of selected international best practices or to assess their application in Russia</td>
</tr>
</tbody>
</table>
representatives of public health, drug control, police, prison, and other agencies.

**Outcome 2.** Increased capacity to deliver effective drug treatment, rehabilitation and HIV/AIDS prevention and treatment services for IDUs and PLWHIV in the places of detention.

- Knowledge and skills of prison medical personnel on HIV/AIDS issues and service delivery for IDUs and prisoners increased.
- Knowledge and skills of health care workers on HIV/AIDS issues and service delivery for IDUs and prisoners increased.
- Coverage of HIV/AIDS prevention and care services for prisoners has increased.
- Number of local organizations provided with technical assistance for HIV-related institutional capacity building.
- Publications with the models for provision of pre- and post-release services for HIV-positive former inmates are developed and distributed among stakeholders.

**Outcome 3.** Operational multi-sectoral pre- and post-release services in St. Petersburg, Orenburg for HIV positive detainees and IDUs are established.

- At least two comprehensive HIV/AIDS prevention and care programs for former inmates are implemented in 2 regions of the Russian Federation.
- Two networks of partners’ organizations provide pre- and post-release services in both regions (at least 12 organizations).
- Coverage of HIV/AIDS prevention and care services for former prisoners has increased.

**Outcome 4:** Monitoring and evaluation system of HIV/AIDS treatment and rehabilitation interventions strengthened.

- Capacity for M&E of pre- and post-release services are in place at both sites.
- Knowledge and skills of substance abuse professionals, psychologists, and social workers on use of the Addiction Severity Index (ASI) as a screening and assessment tool for HIV increased.
- Publications on practical application of ASI and on outcomes measurement of treatment and rehabilitation of drug abusers are available.
- Knowledge and skills of governmental and NGOs professionals on internationally–recognized approaches to assess and monitor treatment and rehabilitation outcomes among IDUs increased.

2. PURPOSE OF THE EVALUATION

2.1. The independent final evaluation of the Project TSRUSJ12 has been initiated by the UNODC Office for the Russian Federation, in line with criteria defined by UNODC for mandatory independent project final evaluations: (1) the project budget exceed US $ 1,000,000; (2) project duration is 4 years or more. This evaluation will be conducted under overall supervision of UNODC HQ Independent Evaluation Unit and UNODC HIV/AIDS Unit. This evaluation is included in the project work plan as well as foreseen in the agreement between UNODC and Donor.

2.2 The evaluation is being undertaken in order to independently assess:

- The quality of the original design, its relevance to the identified needs of the partner regions, and its continued relevance during project implementation.
- The efficiency of project implementation, including with respect to both UNODC and partner government mobilization and management of resources (budget, inputs and activities).
- The effectiveness of the project in terms of achieving its planned objectives, including outputs delivered and contribution to outcomes.
- The likely overall impact of the project and the sustainability of benefits arising from the project; and
- Whether or not there were unanticipated results, either positive or negative, arising from project implementation.

Furthermore, the evaluation will identify key lessons learned and best practices relevant for future policy making and planning (both by UNODC and partner government/regional administrations) with respect to supporting cooperation of regional sites on HIV and drug abuse prevention and care issues. It will also provide specific recommendations regarding any follow-up actions required by UNODC and partner government/regional administrations to effectively sustain or improve support to the project’s programs in the future.

The evaluation is being undertaken three months prior to the end of the project implementation period so that lessons learned, best practices and recommendations made can be factored into forward planning by Russian stakeholders.

The main stakeholders to be involved in the evaluation are:

- The Project Manager
- Senior officials from the National Research Centre on Addiction (NRCA), Russian Ministry of Health and Social Development
- Senior officials from Federal Penitentiary Service, namely from the Federal Research Penitentiary Institute
• Senior officials from two participating regions involved in policy making, planning, and resource allocation decisions relevant to supporting implementation of the TDRUSJ12 project
• Civil society and implementing partners from 2 regions (Orenburg and Saint-Petersburg)
• Service recipients from 2 regions (Orenburg and Saint-Petersburg)
• Donors (USAID/Russia) who have funded TDRUSJ12 project
• UNODC staff at the Office for the Russian Federation, including current and previous project staff
• UNODC Independent Evaluation Unit
• UNODC staff at HIV/AIDS Unit, HQ.

A key purpose of the evaluation is to help all stakeholders (‘core learning partners’) reflect on what has worked well and what has not, and thus learn from the evaluation process

3. EVALUATION SCOPE
The evaluation shall cover time period from June 2006, when the original document of the project TDJ12FRU “Support to HIV/AIDS and Drug Abuse Prevention Programs in the Russian Federation” and the budget were formally approved, through to December 2010.

The geographical coverage of the evaluation includes the Russian Federation with particular focus on the project regions/cities: Moscow (Federal level partners), Orenburg (Orenburg Oblast), and Saint-Petersburg (Leningrad Oblast). Proposed field visit arrangements are provided in the section 6 of this TOR.

The project’s thematic area includes HIV prevention and care among injecting drug users and in prison settings, with particular a focus on scale up IDUs and prisoners’ access to evidence based HIV prevention and care measures in the Russian Federation.

The key (guiding) questions to be answered by the evaluation are as follows:

3.1 Relevance and quality of design
Relevance:
• Was the project design consistent with and supportive of relevant partner government priorities and policies?
• Was the project consistent with relevant UNODC strategic priorities and policies?
• Are the objectives of the project still relevant? Is the problem addressed still a major problem?
Quality of design:
• Were project objectives clear, realistic and appropriately documented (e.g. through a Logframe Matrix)?
• Were project stakeholders appropriately involved in project formulation/design?
• Did the project have adequately clear indicators (and targets), and were the proposed ‘means of verification’ (sources of information) appropriate and practical?
• Was there adequate/appropriate baseline data/information available, or plans made for its collection?

3.2 Efficiency of implementation and quality of management
• Were activities effectively planned, managed and monitored on an ongoing basis?
• Were sound financial management systems and practices used, which provided timely, accurate and transparent information on project expenditures and procurement?
• Was the pace of activity implementation satisfactory (or were there any significant delays)?
• Are stakeholders generally happy with the quality of project management?
• Has the project adequately documented, reported and disseminated information on what it is doing/has achieved?

3.3 Effectiveness
• Were project outputs delivered as planned?
• Was the quality of project outputs satisfactory, and was this appropriately monitored by the project?
• Have project outputs directly contributed to the achievement of desired/planned outcomes (immediate objectives), and what is the evidence?
• Is there any evidence of unplanned outputs or outcomes, either positive or negative?
• Has the project used resources cost effectively to maximize benefits?
• Where unforeseen challenges to the implementation of the project handled creatively and effectively?

3.4 Impact and sustainability
• What are the intended or unintended (positive and negative) long-term effects of the project?
• Is there evidence of local commitment to continue project initiated activities, such as increased budget appropriations, commitment to maintenance of drug use prevention initiatives and management mechanisms, etc?
• What, if any, are the identified threats to sustainability of benefits, and have these being appropriately addressed/managed by the project?
• To what extent will the benefits generated through the project be sustained after the end of donor funding?
• Have the beneficiaries taken ownership of the objectives to be achieved by the project? Are they committed to continue working towards these objectives once the project has ended?
3.5 Lessons learned

- What lessons can be learned from the project implementation in order to improve performance?
- Have any significant lessons been learned in the process of implementing this project, for example with respect to project design, project management and coordination, including financing and monitoring/evaluation arrangements; promoting prospects for the sustainability of benefits, including promoting partner ownership and mobilizing partner resources?
- What best practices emerged from the project implementation?

4. EVALUATION METHODS

4.1. The quality of the evaluation ‘product’ will depend very much on the methods used to collect and analyze data. Quality assurance is provided by the Core Learning Partners. Their role is to review this very TOR, including the methodology of the evaluation, the draft report and the final report. The consultant will consider comments received and will reflect them, as appropriate, without compromising his/her independence and impartiality. While the Project Manager is also part of the Core Learning Partners, his/her role is also to managing the process and logistics of the evaluation, while the Independent Evaluation Unit at HQ backstops this evaluation and approves the selection of the consultants, the methodology as well as the draft and final reports.

It is anticipated that the following methods will be used by the evaluation consultant:

- Preliminary desk review of all relevant project documentation, as provided by UNODC and independently accessed by the evaluator (e.g. from the web or through other professional contacts/sources). The desk review must be summarized and submitted as an inception report, which further specifies the evaluation methodology, determines its exact focuses, scope and data collection instruments.
- Preparation of questionnaires that will be administered to all key informants and key players, implementing partners, senior officials from the Administrations/Governments of the project territories, selected NGOs, community based providers, and clients of the services.
- Ongoing email and phone communication with stakeholders as required, including with respect to confirming all field work arrangements, meetings, etc.
- Preparation of an inception report, which includes a detailed statement of proposed evaluation methods and design matrix. Evaluator must present the detailed design matrix and evaluation instruments to UNODC prior the field visits.
- Field visits to selected project regions; Face to face interviews using structured or semi-structured questionnaires with key informants/service providers and key project stakeholders, both individually and (as appropriate) in small groups. If necessary, conduct focus group discussions with regional beneficiaries. This would include an initial meeting with staff of UNODC Office for the Russian Federation.
- Interviews with key informants and key players (face-to-face or by telephone): Donors, UNODC (project implementation team at the Office for the Russian Federation, HQ HIV/AIDS Unit), implementing partners, and senior officials from the Administrations/Governments of the project territories, selected HIV-service providers and clients of the services.
- Utilize results of targeted evaluations to assess effectiveness of medico-social support programs for prisoners including those who are IDUs and HIV-positive in Orenburg and Saint-Petersburg.
- Review/inspection of relevant documents, administrative and financial records.
- Presentation of preliminary evaluation findings at a debriefing at the UNODC Office for the Russian Federation.
- Final reflection on and analysis of all available information, preparation of the draft evaluation report (based on UNODC Evaluation Report Guidelines and Format) and submission to UNODC; and
- Preparation of the final evaluation report, following feedback from UNODC on the first full draft. Following acceptance of the final evaluation report, UNODC will then be responsible for disseminating the results of the evaluation to key stakeholders and for posting the evaluation on the UNODC internet. This is likely to include a specific presentation and ‘workshop’ event.

Key reference documents for the evaluation will include:

1. Project Document
5. Project Progress Reports
6. Partners’ reports on service delivery including monthly monitoring tables
8. Missions’ reports. Consultants’ reports on training events.
9. Publications issued under the project
10. Evaluation Handbook and Evaluation Policy
5. EVALUATION TEAM COMPOSITION

5.1. The project is to be evaluated by an independent external expert without his/her prior involvement in the project TDRUSJ12 project “Support to HIV/AIDS and Drug Abuse Prevention Programs in the Russian Federation”. Therefore, the evaluation team will comprise of one suitable qualified consultant.

5.2. The evaluator will not act as representative of any party and should remain independent and impartial throughout the evaluation.

5.3. Required area of expertise of independent evaluation expert includes:

- university degree or equivalent background in social sciences, public health or related disciplines, with specialized training areas such as evaluation, social statistics, qualitative research and analysis;
- 5-8 years progressive experience in research design methodology (qualitative and quantitative studies); prior experience in planning, designing, implementing, analyzing, and reporting results of qualitative and quantitative studies (survey design and implementation; social sciences research);
- Prior involvement in HIV/AIDS and IDUs related project/program evaluation would be an asset;
- Personal skills: capability to work with diverse stakeholders; communication; strong drafting skills; analytical skills; negotiation skills;
- Language skills. Fluency in English; ability to communicate in Russian is desirable.

The consultant must have had no direct involvement in the design or implementation of the Project.

The consultant will be selected by the UNODC Office for the Russian Federation through a competitive process in consultation with the Independent Evaluation Unit at HQ.

6. PLANNING AND IMPLEMENTATION ARRANGEMENTS

6.1. Management

The evaluation will be managed by the UNODC Office for the Russian Federation.

The Project Management Officer will:

- Oversee and support the whole evaluation process;
- Ensure that the evaluation consultant has timely access to all relevant project documentation, at least 2 weeks before start of the field work. This will include a list of key contacts (including names, position, agency and email addresses) of stakeholders, which should be included as the respondents for the proposed questionnaire;
- Provide a briefing to the consultant at the beginning of the consultancy on the expected final product (evaluation report format and content).

The UNODC Office for the Russian Federation, and the Project Management Officer, will be directly responsible for timely execution of the evaluation, including preparation of detailed timetable for the field visits, setting-up meetings with identified stakeholders and beneficiaries.

The Project Management Officer may join the evaluation consultant for some parts of the field work, although will not directly participate in interviews with stakeholders.

6.2 Logistical support

The Project Management Officer will arrange for logistical support for the evaluation consultant’s program of meetings in each city/region visited. This will include making prior contact with key stakeholders to ensure they are aware of the purpose of the evaluation, and are willing and able to meet with the evaluation consultant.

UNODC administrative unit will provide necessary administrative support (booking travel and accommodation; getting entry visas to the Russian Federation, etc). The evaluation consultant will travel first to Moscow, the Russian Federation (for a briefing with UNODC country office), then travel to Orenburg and St. Petersburg. Meetings will be held in each city with relevant senior officials involved in policy making, planning, and resource allocation decisions relevant to supporting implementation of the TDRUSJ12 project; civil society and implementing partners and service recipients. UNODC office will provide logistical support as required, for example in facilitating meetings/contact with stakeholders in both project sites, and helping with accommodation arrangements if required. At the end of the mission it is expected to have de-briefing meetings with officials from Federal Prison Service and the Federal Research Penal System Institute, and officials from the National Research Centre on Addiction (NRCA), Russian Ministry of Health and Social Development and UNODC country office staff.

The evaluation consultant will be fully responsible for providing his/her own lap-top computer, and for his/her communication and report production costs. Secretarial support will not be provided by the project.

6.3. Timeframe for the evaluation process
The evaluation will be undertaken over roughly a 6 week period, starting with the desk review of project documents and preparation of the questionnaires in late December 2010, and ending with the production and submission of the final evaluation report by February 28th 2011.

The evaluation consultant will provide up to a total of 30 days input over this time period, broken down roughly as follows.

It is understood that the evaluator would not hold the UNODC Regional Centre responsible for any unforeseen or untoward incident during the duration of the evaluation. It is recommended that the evaluator secure his/her own insurance coverage during the conduct of the evaluation.

Table - The matrix for calculating the number of days to be worked by consultants

<table>
<thead>
<tr>
<th>When (Tentative dates)</th>
<th>Consultant (how many days)</th>
<th>What tasks</th>
<th>Outcomes</th>
<th>Where (location)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6 February</td>
<td>5</td>
<td>Desk review</td>
<td>Desk review completed</td>
<td>Home/via phone</td>
</tr>
<tr>
<td>7-9 February</td>
<td>3</td>
<td>Preparation of inception report</td>
<td>Draft inception report with detailed evaluation plan and methodology prepared</td>
<td>Home</td>
</tr>
<tr>
<td>10-11 February</td>
<td>2</td>
<td>Finalization of inception report/briefing of evaluator</td>
<td>Finalization of evaluation methodology and instruments</td>
<td>Home/via phone</td>
</tr>
<tr>
<td>12-13 January</td>
<td>2</td>
<td>Finalization of evaluation methodology and instruments</td>
<td>Draft evaluation tools (interview sheets; questionnaires) prepared</td>
<td>Home/via phone</td>
</tr>
<tr>
<td>14-15 February</td>
<td>2</td>
<td>Testing of evaluation tools (interview sheets; questionnaires)</td>
<td>Draft inception report finalized; Evaluation tools (interview sheets; questionnaires) are finalized and ready for evaluation</td>
<td>Home/via phone</td>
</tr>
<tr>
<td>16 February</td>
<td>1</td>
<td>Briefing of evaluator by Representative, Project coordinator, and UNODC PORUS relevant staff (Moscow; field visit)</td>
<td>Draft inception report agreed. Methodology and evaluation plan agreed.</td>
<td>UNODC, Moscow</td>
</tr>
<tr>
<td>17-18 February</td>
<td>2</td>
<td>Field mission Interviews with identified stakeholders and survey of identified beneficiaries</td>
<td>Data from major stakeholders collected</td>
<td>St. Petersburg</td>
</tr>
<tr>
<td>19 February</td>
<td></td>
<td>Trip to Orenburg</td>
<td>Orenburg</td>
<td></td>
</tr>
<tr>
<td>20 February</td>
<td></td>
<td>Orenburg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21-22 February</td>
<td>2</td>
<td>Field mission Interviews with identified stakeholders and survey of identified beneficiaries</td>
<td>Data from major stakeholders collected</td>
<td>Orenburg</td>
</tr>
<tr>
<td>23 February</td>
<td>1</td>
<td>Data analysis and preparation of a draft evaluation report</td>
<td>Data analysis prepared for debriefing session</td>
<td>Moscow</td>
</tr>
<tr>
<td>24 February</td>
<td>1</td>
<td>1) Meeting with the officials of the National Research Centre on Addiction (NRCA), 2) Meeting with the officials of the FPS (FSIN); 3) Debriefing session with the Project Coordinator and Representative</td>
<td>Exit minute is prepared and discussed</td>
<td>UNODC, Moscow</td>
</tr>
<tr>
<td>25 February – 1 March</td>
<td>5</td>
<td>Data analysis and preparation of draft evaluation report</td>
<td>The first full draft of evaluation report is prepared and submitted to UNODC</td>
<td>Home</td>
</tr>
<tr>
<td>2-4 March</td>
<td>3</td>
<td>Commenting Evaluation Draft report</td>
<td>Round of comments among relevant stakeholders (UNODC and implementing partners)</td>
<td>Home</td>
</tr>
<tr>
<td>5 March</td>
<td>1</td>
<td>Incorporating comments</td>
<td>Finalization of the report</td>
<td>Home</td>
</tr>
<tr>
<td>6 March</td>
<td>1</td>
<td>Finalization of the evaluation report</td>
<td>A final evaluation report submitted to UNODC</td>
<td>Home</td>
</tr>
<tr>
<td>7 March</td>
<td>1</td>
<td>Preparation of evaluation summary on project</td>
<td>Evaluation summary on project submitted to UNODC</td>
<td>Home</td>
</tr>
</tbody>
</table>

Total w/days 32

6.4 Budget

The indicative total budget for the evaluation is as follows:

Consultancy fees (daily fee maximum 480$) $13,920
International Airfares $1,000
Domestic Airfares (St.Petersburg, Orenburg) $600
DSA (10 nights) + transfer costs $4,750
Incidentals (communication, postal, sundries) $1,000
TOTAL: $21,270
6.5 Expected deliverables

The expected deliverables from the evaluation consultant will be:

1. Development of a sound methodological approach, including tools, templates, and instruments.
2. An inception report (including a finalized design matrix and the evaluation instruments) to be submitted before 24 January 2011 in English.
3. A documented set of preliminary evaluation findings for presentation at the debrief in Moscow at the end of the field work (as a word document).
4. Power-point presentation on the evaluation findings at the debrief in Moscow at the end of the field work.
5. A first full draft of the evaluation report (based on the UNODC standard format and guidelines for evaluation reports, see an ANNEX 1), which is to be shared for comments with all Core Learning Partners, including the Independent Evaluation Unit at HQ.
6. The final evaluation report, taking into account comments provided by UNODC on the first draft to be submitted by 25 February, 2011 in English. An evaluator should fill in an evaluation assessment questionnaire.

7. PAYMENT

UNODC will issue a short-term consultancy contract to the successful candidate. The daily fee for services will be assigned according to UN salary scale for external consultants and will be based on the candidate’s qualification and competency level. The total fee will be calculated based on the agreed number of working days allocated to perform the requested tasks.

The payment for services will be made in installments upon certification of satisfactory performance at each phase:

1) The 1st installment, 30% will be paid upon submission of the methodology and evaluation plan and draft inception report;
2) The 2nd and the final installment, 70% will be paid upon acceptance of the Final evaluation report by UNODC Office for the Russian Federation and by the IEU.

UNODC will cover the travel costs, including daily subsistence, terminal costs and round-trip travel to and from Moscow and in-country travel (economy class) according to UN Rules and regulations.

All payments to the consultant will be made by the bank transfer.

8. Application procedure

Applicants are requested to send Curriculum Vitae or a completed United Nations Personal History Profile (PHP) available on the UN employment websites (http://jobs.un.org), a list of publications for the last five years, an application letter and names and contacts of three references to UNODC by fax +7 495 787 2129, or by e-mail fo.russia@unodc.org. The deadline for applications is 6 December 2010.

9. Source of funds

Project: TDRUSJ12FRU, Activity: 4.1.8, BL16-00.
Annex 2. Evaluation Methodology

This evaluation employed following methodology:

a. Desk review of the project documents; concept note, logical framework, action plan, annual work plans, terms of reference, reports of meetings/workshops/trainings, and project progress reports.

b. This evaluation employed a qualitative research in the form of semi-structured interviews with the following respondents:

   (i) the project team (International Project Coordinator and Administrative staff);
   (ii) UNODC country and HQ staff involved in the project planning and implementation;
   (iii) national partners, including state (federal and regional/oblast) and NGO (non-state) sector representatives;
   (iv) international partners including representatives from UN agencies, donor community and their implementing partners, who had worked closely with the project. It is expected that the total some 43 individuals will become informants for the findings of this evaluation.

The sampling is made in compliance with the chosen methods, to provide valid data for comparison and generalizing, thus obtaining the answers to the evaluation questions.

c. Document analysis (extant reports, documents, strategies, publications etc.). All available documentation will be included in the process of analysis.

Questionnaire will be used for all the organizations involved in the project. By involving all organizations in the survey, it will be possible to analyze the data by region and by type of organizations participating in the project.

d. Interviews will be undertaken with senior officials of federal and regional/oblast levels, field coordinators, project manager and partners. The samples are determined by the schedule of regional visits – most if not all of them are included in the evaluation visits, thus the interviews will target most of the aforementioned project stakeholders in the two regions including those at the federal level. The plan includes face-to-face or telephone interviews with all project coordinators and partners. A feedback from project beneficiaries will be obtained through non-structured interviewing and direct observation of service provision. Data collection from the project financial reports and from M&E matrixes will help derive quantitative measure of the progress and measure resource utilization rates.

e. Relevance of project design and potential for attainment of the outcomes will be measured against the guiding documents for HIV/AIDS prevention, treatment and support for IUDs in public and prison settings.

f. The progress of the implementation will be measured against the revised project document and annual work-plans prepared by the project team at the beginning of each year. Outputs stated in the annual plans will be verified through document review and observation as well as through feedback received from the national counterparts.

g. Resource utilization will be measured for the project (for each year) as well as for each output.

h. Observation during the field visits.
### A. Evaluation Matrix

<table>
<thead>
<tr>
<th>Main Evaluation Question</th>
<th>Specific Evaluation Question</th>
<th>Indicator</th>
<th>Data Source</th>
<th>Data Collection Method</th>
<th>Method of Data Analysis</th>
<th>Limitation/Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Was the project design consistent with and supportive of relevant partner government priorities and policies?</td>
<td>n/a</td>
<td>Project documents Relevant policies Senior officials</td>
<td>Desk Review Interview</td>
<td>Data Verification Comparison Triangulation</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Was the project consistent with relevant UNODC strategic priorities and policies?</td>
<td>n/a</td>
<td>Project documents Relevant policies UNODC staff</td>
<td>Desk Review Interview</td>
<td>Data Verification Comparison Triangulation</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Are the objectives of the project still relevant? Is the problem addressed still a major problem?</td>
<td>n/a</td>
<td>Project documents Project staff Senior officials</td>
<td>Desk Review Interview</td>
<td>Data Verification Comparison Triangulation</td>
<td>None</td>
</tr>
</tbody>
</table>
## Quality of Design

<table>
<thead>
<tr>
<th>Main Evaluation Question</th>
<th>Specific Evaluation Question</th>
<th>Indicator</th>
<th>Data Source</th>
<th>Data Collection Method</th>
<th>Method of Data Analysis</th>
<th>Limitation/Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Were project objectives clear, realistic and appropriately documented (e.g. through a Logframe Matrix)?</td>
<td>n/a</td>
<td>Project documents Relevant policies Senior officials</td>
<td>Desk review Interview</td>
<td>Data Verification Comparison Triangulation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Were project stakeholders appropriately involved in project formulation/design?</td>
<td>n/a</td>
<td>Project documents Relevant policies UNODC staff</td>
<td>Desk review Interview</td>
<td>Data Verification Comparison Triangulation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did the project have adequately clear indicators (and targets), and were the proposed ‘means of verification’ (sources of information) appropriate and practical?</td>
<td>n/a</td>
<td>Project documents Relevant policies Senior officials</td>
<td>Desk review Interview</td>
<td>Data Verification Comparison Triangulation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Was there adequate/appropriate baseline data/information available, or plans made for its collection?</td>
<td></td>
<td>Background papers Project staff</td>
<td>Desk review</td>
<td>Data verification</td>
<td></td>
</tr>
</tbody>
</table>
### Effectiveness

<table>
<thead>
<tr>
<th>Main Evaluation Question</th>
<th>Specific Evaluation Question</th>
<th>Indicator</th>
<th>Data Source</th>
<th>Data Collection Method</th>
<th>Method of Data Analysis</th>
<th>Limitation/Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Were project outputs delivered as planned?</td>
<td>Output indicators</td>
<td>Project reports</td>
<td>Desk review Interview</td>
<td>Data verification Comparison</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Was the quality of project outputs satisfactory, and was this appropriately monitored by the project?</td>
<td>n/a</td>
<td>Project report Project stakeholders</td>
<td>Desk review Interview</td>
<td>Data verification Observations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have project outputs directly contributed to the achievement of desired/planned outcomes (immediate objectives), and what is the evidence?</td>
<td>n/a</td>
<td>Project reports Project staff</td>
<td>Desk review Interview</td>
<td>Data verification Comparison Observations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is there any evidence of unplanned outputs or outcomes, either positive or negative?</td>
<td>n/a</td>
<td>Project reports Project staff Senior officials</td>
<td>Desk review Interview</td>
<td>Observations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has the project used resources cost effectively to maximize benefits?</td>
<td>n/a</td>
<td>Project reports Project staff Senior officials</td>
<td>Desk review Interview</td>
<td>Data verification Comparison Observations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Where unforeseen challenges to the implementation of the project handled creatively and effectively?</td>
<td>Project staff Senior officials</td>
<td>Desk review Interview</td>
<td>Data verification Observations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main Evaluation Question</td>
<td>Specific Evaluation Question</td>
<td>Indicator</td>
<td>Data Source</td>
<td>Data Collection Method</td>
<td>Method of Data Analysis</td>
<td>Limitation/Risk</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>-----------</td>
<td>--------------------------------------</td>
<td>------------------------</td>
<td>------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Were activities effectively planned, managed and monitored on an ongoing basis?</td>
<td>Project documents, Project staff</td>
<td>Desk review Interview</td>
<td>Data verification</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Were sound financial management systems and practices used, which provided timely, accurate and transparent information on project expenditures and procurement?</td>
<td>Financial reports Project staff</td>
<td>Desk review Interview</td>
<td>Comparison</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Was the pace of activity implementation satisfactory (or were there any significant delays)?</td>
<td>Project reports Project staff</td>
<td>Desk review Interview</td>
<td>Data verification</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are stakeholders generally happy with the quality of project management?</td>
<td>Senior officials</td>
<td>Interview</td>
<td>Data verification</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has the project adequately documented, reported and disseminated information on what it is doing/has achieved?</td>
<td>Project documents Advocacy materials</td>
<td>Desk review Interview</td>
<td>Data verification Observation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Impact and sustainability

<table>
<thead>
<tr>
<th>Main Evaluation Question</th>
<th>Specific Evaluation Question</th>
<th>Indicator</th>
<th>Data Source</th>
<th>Data Collection Method</th>
<th>Method of Data Analysis</th>
<th>Limitation/Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>The likely overall impact of the project and the sustainability of benefits arising from the project</td>
<td>What are the intended or unintended (positive and negative) long-term effects of the project?</td>
<td>n/a</td>
<td>Project documents Senior officials</td>
<td>Desk review Interview</td>
<td>Data Verification Comparison Triangulation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is there evidence of local commitment to continue project initiated activities, such as increased budget appropriations, commitment to maintenance of drug use prevention initiatives and management mechanisms, etc?</td>
<td>n/a</td>
<td>Strategy papers Development plans Senior officials</td>
<td>Desk review Interview</td>
<td>Data Verification</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What, if any, are the identified threats to sustainability of benefits, and have these being appropriately addressed/managed by the project?</td>
<td>n/a</td>
<td>Project documents Senior officials</td>
<td>Desk review Interview</td>
<td>Data Verification Comparison</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To what extent will the benefits generated through the project be sustained after the end of donor funding?</td>
<td>n/a</td>
<td>Senior officials</td>
<td>Interview</td>
<td>Data verification Observation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have the beneficiaries taken ownership of the objectives to be achieved by the project? Are they committed to continue working towards these objectives once the project has ended?</td>
<td>n/a</td>
<td>Senior officials Beneficiaries</td>
<td>Interview</td>
<td>Observation Triangulation</td>
<td></td>
</tr>
</tbody>
</table>
Annex 3. List of Documents Reviewed

1. Project Documents
   - RUSJ12 Funding Agreement between UNODC RORB and USAID/Russia (May 2006);
   - RUSJ12 Project Revision Document I (July 2009);
   - RUSJ12 Project Revision Document II (June 2010);

   - Annual Project Progress Report (January-December 2006);
   - Annual Project Progress Report (January-December 2007);
   - Annual Project Progress Report (January-December 2008);
   - Annual Project Progress Report (January-December 2009);
   - Annual Project Progress Report (January-December 2010);

3. Reports to the Donor (USAID/Russia; PEPFAR)
   - Annual Program Report to USAID (2006/2007)
     • PEPFAR indicators;
     • Narrative report;
     • Success story.
     • PEPFAR indicators;
     • Narrative report;
     • Success story.
     • PEPFAR indicators;
     • Narrative report;
     • Three success stories.
     • PEPFAR indicators;
     • Narrative report;
     • Indicators;
     • Success story.

4. Financial reports
   • Project financial reports for 2006-2010

5. UNODC Costed Annual Work Plan

6. Missions’ reports. Consultants’ reports on training events, project website
   - Seminar-training “Management of social support and HIV/AIDS and drug abuse prevention of people recently released from prisons” (28-30 May 2007, Barnaul, Altai)
     i. Technical report;
     ii. Seminar-training program;
     iii. List of participants;
     iv. Results of participants’ evaluation forms
     i. Technical report; ii.
     Training program; iii.
     List of participants;
     iv. Results of participants’ evaluation forms
     i. Technical report;
     ii. Master-class program;
     iii. List of participants;
iv. Consultant’s report (D. Kamaldinov);
  v. Mission report (S. Pkhidenko)

- Master-classes “Improvement of Integrated Care to HIV-positive IDUs within the System of Drug Abuse Rehabilitation Aimed at Increasing their Access to ART: Therapeutic Community Approach” (18-19 June 2009, Orenburg) and (23-23 June 2009, St. Petersburg)
  i. Technical report;
  ii. Program of master-classes;
  iii. List of participants;
  iv. Results of participants’ evaluation forms
  v. Consultant’s reports (G. De Leon and D. Kamaldinov);
  vi. Mission reports (S. Pkhidenko);

- Master-classes “Innovative Methods of Provision of Integrated Narcological Assistance to HIV-Positive Injecting Drug Users” (9-10 and 11-12 November 2010, Moscow)
  i. Technical report;
  ii. Program of master-classes;
  iii. Lists of participants;
  iv. Results of participants’ evaluation forms
  v. Note to the file;
  vi. Consultant’s reports (D. Kamaldinov);

- Seminar “Addiction Severity Index: Treatnet UNODC version” (27-29 January 2010, Saint-Petersburg)
  i. Technical report;
  ii. Program of master-classes;
  iii. List of participants;
  iv. Results of participants’ evaluation forms

- Study tour “Models of Drug Abuse Treatment and Rehabilitation for Injecting Drug Users including Issues of HIV-prevention and Care: Austrian Experience” (16 – 20 May 2010, Vienna, Austria)
  i. Technical report;
  ii. Study-tour program;
  iii. List of participants;
  iv. Results of participants’ evaluation forms
  v. Participant’s report (A. Kozlov);
  vi. Mission report (S. Pkhidenko)

- Study Tour “Treatment and Rehabilitation Models for IDUs, Including Integrated Care for PLWHIV and Social Support for PLWHIV and for IDUs” (November 27-December 4 2010, New-York, Washington, USA)
  i. Technical report;
  ii. Study-tour program;
  iii. List of participants;
  iv. Results of participants’ evaluation forms
  v. Participant’s reports.

7. Collaboration with National Research Center on Addiction (NRCA)
   - Agreement between UNODC and NRCA;
   - Work-plans;
   - Protocols of the meeting with UNODC and NRCA;
   - Letter on project approval from the National Research Center on Addiction (NRCA), Russian Ministry of Health and Social Development dated

8. Evaluation handbook and Evaluation Policy
   - Standard format and guidelines of the United Nations Office on Drugs and Crime for Evaluation Reports.
   - Independent Evaluation Unit: Evaluation handbook

7. Additional materials published under the project
   - Manual with project experience entitled “Partnership Model of Pre- and Post Release Services for HIV-positive Former Inmates: Practical Experience of Orenburg and Orenburg region”;
   - Manual on “Organization of the Model of Medical and Social Support Services for HIV-positive Former Inmates IDUs: Practical Experience of Primorsky district, St. Petersburg”;
   - The Guidelines on “Practical Application of the Russian Version of Addiction Severity Index (ASI): Treatnet version”
### Annex 4. Schedule of Meetings with List of Persons Met

<table>
<thead>
<tr>
<th>Date</th>
<th>Weekday</th>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15/02</td>
<td>Tuesday</td>
<td>07.30</td>
<td>Departure from Almaty</td>
</tr>
<tr>
<td>16/02</td>
<td>Wednesday</td>
<td>10:15</td>
<td>Meetings with UNODC staff members at UNODC PORUS facilities:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Head of Office, UNODC PORUS – Mr. Vladimir Ibragimov;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Project Coordinator, UNODC PORUS Ms. Svitlana Pkhidenko;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Finance assistant, UNODC PORUS - Ms. Galina Yusupova (Discussion on financial management of the project);</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Project Associate, UNODC PORUS – Mr. Timur Norov (Logistics issues)</td>
</tr>
<tr>
<td>16.00</td>
<td></td>
<td></td>
<td>Departure to railway-station</td>
</tr>
<tr>
<td>16.45</td>
<td></td>
<td></td>
<td>Departure to Saint-Petersburg</td>
</tr>
<tr>
<td>20.43</td>
<td></td>
<td></td>
<td>Arrival to Saint-Petersburg (SP)</td>
</tr>
<tr>
<td>17/02</td>
<td>Friday</td>
<td>11.00</td>
<td>Meeting/interview with the representative of local authority:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Responsible Secretary, the Anti-Drugs Commission, Administration of Primorsky District, St. Petersburg (Ms. Elena Kotova)</td>
</tr>
<tr>
<td>12.00</td>
<td></td>
<td></td>
<td>Meeting/interview with implementing partner organization:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Head, NGO “Drug Abuse Prevention Center” (Mr. Latyshev Grigory Vladislavovich)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Social worker, NGO “Drug Abuse Prevention Center” (Mr. Lasankin S.A)</td>
</tr>
<tr>
<td>13.00</td>
<td></td>
<td></td>
<td>Meeting/interview with the representative of local authority:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Chief State Sanitary Doctor, the Federal Penitentiary Service, SP, Leningrad Oblast (Mr. Sadchenko S.Yu.);</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Director, the Center of Social Support of Family and Children of Primorsky region, SP (Ms. Rusakova N.A.);</td>
</tr>
<tr>
<td>15.00</td>
<td></td>
<td></td>
<td>Meeting/interview with partner organization:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Executive Director of NGO “Svecha” (Ms. Godlevskaya M.V.)</td>
</tr>
<tr>
<td>16.30</td>
<td></td>
<td></td>
<td>Meeting/interview with implementing partner organization:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Chief Narcologist of Leningrad Oblast, Department of Addictive Disorders, SP Bekhterev Psychoneurological Research Institute (Mr. Krupitsky E.M.);</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Chief, the Department of Treatment of Addictive Disorders, SP Bekhterev Psychoneurological Research Institute (Mr. Ilyuk R.D.);</td>
</tr>
<tr>
<td>18/02</td>
<td>Thursday</td>
<td>10.00</td>
<td>Meeting/interview with the representative of local authority:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Head, the Department of Demography Issues and Gender Policy, Committee on Social Policy, Government of the City of Saint-Petersburg (Ms. Zhukova Marina Viktorovna)</td>
</tr>
<tr>
<td>10.45</td>
<td></td>
<td></td>
<td>Meeting/interview with the representative of local authority:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Senior specialist, The Department of Demography Issues and Gender Policy, Committee on Social Policy, Administration SP (Ms. Maksimova Irina Alekseevna)</td>
</tr>
<tr>
<td>12.15</td>
<td></td>
<td></td>
<td>Meeting/interview with the representative of local authority:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Head, Department on Educational Work with Prisoners, Administration of Federal Penitentiary Service of RF in SP &amp; Leningrad oblast (Mr. Volgin Oleg Anatolevich)</td>
</tr>
<tr>
<td>12.45</td>
<td></td>
<td></td>
<td>Meeting/interview with implementing partner organization:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Head, NGO “Vrachi detyam” (Ms. Suvorova Svetlana Vyacheslavovna);</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Project coordinator, NGO Vrachi detyam (Mr. Zaharov Konstantin Alexandrovich);</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Project coordinator, NGO Imena+ (Mr. Shabanov Stanislav Aleksandrovich)</td>
</tr>
<tr>
<td>16.15</td>
<td></td>
<td></td>
<td>Visiting Crisis Center for Woman</td>
</tr>
<tr>
<td>17.00</td>
<td></td>
<td></td>
<td>Meeting with the group of project clients.</td>
</tr>
<tr>
<td>19/02</td>
<td>Saturday</td>
<td></td>
<td>Analysis of received information and filled questionnaires, preparation of preliminary evaluation findings</td>
</tr>
<tr>
<td>20/02</td>
<td>Sunday</td>
<td>06.45</td>
<td>Departure to Moscow</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10.30</td>
<td>Arrival to Moscow</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18.55</td>
<td>Departure to Orenburg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22.55</td>
<td>Arrival to Orenburg</td>
</tr>
<tr>
<td>21/02</td>
<td>Monday</td>
<td>11.00</td>
<td>Meeting/interview with the representative of local authority:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Deputy Head, the Orenburg Administration on Social Issues (Ms. Marchenko Liudmila Aleksandrovna);</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Chief Doctor, the State Healthcare Department “Orenburg Oblast Center on Prevention and Fighting with AIDS and Infectious Diseases” (AIDS Center) (Mr. Vyaltsilin Sergey Valentinovich);</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.00</td>
<td>Meeting/interview with implementing partner organizations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Head, ANO “New Life” (Ms. Gizatulina Olesya Rinatovna);</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.30</td>
<td>Meeting/interview with implementing partner organizations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Project Coordinator, ANO “New Life” (Ms. Marinets Olga Valerievna);</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Case-Managers, ANO “New Life” (Mr. Chesnokov Denis and Ms. Shastina Elena).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.00</td>
<td>Meeting with the group of project clients:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anton, Anna, Aydana, Sergey, Dasha, Olesya, Denis, Lena.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22/02</td>
<td><strong>Tuesday</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.00</td>
<td>Meeting/interview with the representative of local authority:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Head, the Medical Services of Administration, Federal Penitentiary Service of Orenburg Oblast (Mr. Anikeev Aleksey Anatolievich);</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Deputy Head, the Medical Services of Administration, Federal Penitentiary Service of Orenburg Oblast (Mr. Bolshakov Aleksey Vladimirovich);</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.00</td>
<td>Meeting/interview with the representative of state institutions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Chief Doctor, the Narcology Dispensary of Orenburg Oblast (Mr. Karpets Vladimir Vasilievich);</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Director, the Population Employment Agency of Orenburg Oblast (Ms. Kovalenko Klawdia Pavlovna)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.00</td>
<td>Departure to Moscow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.00</td>
<td>Arrival to Moscow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23/02</td>
<td><strong>Wednesday</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Analysis of received information and filled questionnaires, preparation of preliminary evaluation findings. Telephone interview with former Project Coordinator of TDRUSJ12 (Ms. Ilse Jekabsone)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24/02</td>
<td><strong>Thursday</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.00</td>
<td>Meeting/interview with the representatives of local authority:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Head, the National Research Center on Addiction (NRCA) (Ms. Koshkina Evgeniya Anatolievna);</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Head, AIDS and Other Infectious Diseases Prevention Department, NRCA (Ms. Dolzhanskaya Natalia Aleksandrovna);</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Head, Clinical Psychopharmacology Department (NRCA) (Ms. Vinnikova Maria Alekseevna);</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Head, Rehabilitation Department (NRCA) (Mr. Dudko Taras Nikolaevich);</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.00</td>
<td>Meeting/interview with the representatives of local authority:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Head, Division of Research in Medical and Sanitary Services Provision of Prisoners, Research Institute, Federal Penitentiary Service of the Russian Federation (Mr. Usufov Rustam Shikhzadaeевич);</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25/02</td>
<td><strong>Friday</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.00</td>
<td>Meeting with USAID:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Head, USAID Russia (Mr. W. Sleiter);</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Deputy Head, USAID Russia (Ms. Alyssa Leggoe);</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Senior HIV/AIDS Advisor (Ms. Elena Gurvich);</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telephone interview with UNODC HQ:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Expert, HIV/AIDS Prevention and Care Unit, UNODC HQ (Ms. Zhannat Kosmukhamedova);</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Deputy Chief Doctor, Republican Narcological Dispensary of Republic of Tatarstan (Ms. Khava Rezeda Fatkullovna)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.00</td>
<td>Debriefing session on preliminary evaluation findings during two sites’ visits to regions with UNODC staff members:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Head of Office, UNODC PORUS (Mr. Vladimir Ibragimov);</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Project Coordinator, UNODC PORUS (Ms. Svitlana Phkidenko);</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Project Associate, UNODC PORUS (Mr. Timur Norov);</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26/02</td>
<td><strong>Saturday</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.50</td>
<td>Personal stay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.20</td>
<td>Departure to Almaty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27/02</td>
<td><strong>Sunday</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arrival to Almaty</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Moscow:**
- Head of Office, UNODC PORUS – Mr. Vladimir Ibragimov
- Project Coordinator, UNODC PORUS Ms. Svitlana Phkidenko
- Finance assistant, UNODC PORUS - Ms. Galina Yusupova
- Project Associate, UNODC PORUS – Mr. Timur Norov
- Head, the National Research Center on Addiction (NRCA) - Ms. Koshkina Evgeniya Anatolievna;
- Head, the AIDS and Other Infectious Diseases Prevention Department, NRCA - Ms. Dolzhanskaya Natalia Aleksandrovna;
- Head, the Clinical Psychopharmacology Department, NRCA - Ms. Vinnikova Maria Alekseevna;
- Head, the Rehabilitation Department, NRCA - Mr. Dudko Taras Nikolaevich;
- Head, Division of Research in Medico-Sanitary Provision of Prisoners, Research Institute, Federal Penitentiary Service of the Russian Federation - Mr. Usufov Rustam Shikhzadaevich;
- Head, USAID Russia - Mr. W. Sleiter;
- Deputy Head, USAID Russia - Ms. Alyssa Leggoe;
- Senior HIV/AIDS Advisor, USAID Russia - Ms. Elena Gurvich.

Saint-Petersburg (SP):
- Responsible Secretary, Anti-Drugs Commission, Primorsky District Administration, Ms. Elena Kotova;
- Head, NGO “Drug Abuse Prevention Center” - Mr. Latyshev Grigory Vladislavovich;
- Social worker, NGO “Drug Abuse Prevention Center” - Mr. Lasankin S.A.
- Chief State Sanitary Doctor, the Federal Penitentiary Service, Leningrad Oblast - Mr. Sadchenko S.Yu.;
- Director, Center of Social Support of Family and Children of Primorsky region, - Ms. Rusakova N.A.;
- Executive Director of NGO “Svecha” - Ms. Godlevskaya M.V.;
- Chief Narcologist of Leningrad Oblast, Chief of the Department of Addictive Disorders, SP Bekhterev Psychoneurological Research Institute - Mr. Krupitsky Evgeny Mikhaylovich;
- Chief, the Department of Treatment of Addictive Disorders, SP Bekhterev Psychoneurological Research Institute - Mr. Ilyuk Ruslan Dmitrievich;
- Head, the Department of Demography Issues and Gender Policy, Committee on Social Policy, Government of the City of SP - Ms. Zhukova Marina Viktorovna;
- Senior specialist, the Department of Demography Issues and Gender Policy, Committee on Social Policy, Government of the City of SP - Ms. Maksimova Irina Alekseevna;
- Head, the Department on Educational Work with Prisoners, Administration of Federal Penitentiary Service of Russian Federation in SP and Leningrad oblast - Mr. Volgin Oleg Anatoliyevich;
- Head, NGO “Vrachi detyam” - Ms. Suvorova Svetlana Vyacheslavovna;
- Project coordinator, NGO “Vrachi detyam” - Mr. Zakharov Konstantin Aleksandrovich;
- Project coordinator, NGO “Imena+” - Mr. Shabanov Stanislav Aleksandrovich.

Orenburg:
- Deputy Head, Orenburg Administration on Social Issues - Ms. Marchenko Liudmila Aleksandrovna;
- Chief Doctor, the State Healthcare Department “Orenburg Oblast Center on Prevention and Fighting with AIDS and Infectious Diseases” (AIDS Center) - Mr. Vyaltsin Sergey Valentinovich;
- Head, the Department of Social-Psychological Rehabilitation of HIV-infected patients, Orenburg Oblast AIDS Center - Ms. Marinets Olga Valerievna;
- Head, ANO “New Life” - Ms. Gizatulina Olesya Rinatovna;
- Case-Manager, ANO “New Life” - Mr. Chesnokov Denis;
- Case-Manager, ANO “New Life” - Ms. Shastina Elena;
- Clients, ANO “New Life” – Anton, Anna, Aydana, Sergey, Dasha, Olesya, Denis and Lena.
- Head, Department for Administration of Medical Services, Federal Penitentiary Service of Orenburg Oblast - Mr. Anikeev Aleksey Anatolievich;
- Deputy Head, the Medical Services of Administration, Federal Penitentiary Service of Orenburg Oblast Mr. Bolshakov Aleksey Vladimirovich;
- Chief Doctor, the Narcology Dispensary of Orenburg Oblast - Mr. Krupets Vladimir Vasiliyevich;
- Director, the Population Employment Agency of Orenburg Oblast - Ms. Kovalenko Kladvia Pavlovna;

Telephone interviews:
- UNODC former Project Coordinator of TDRUSJ12 project - Ms. Ilse Jekabsone;
- Expert, the HIV/AIDS Prevention and Care Unit - Ms. Zhannat Kosmukhamedova;
- Deputy Chief Doctor, Tatarstan Republican Narcological Dispensary Ms. Khaeva Rezeda Fatkhullovna.
Annex 5. Interview Questionnaires

Interview Questionnaire ‘key federal and regional level stakeholders’

Final Evaluation of UNODC Project TDRUSJ12

“Support to HIV/AIDS and Drug Abuse Prevention Programs”

(for all stakeholders)

1. What services are currently available for the IDUs including those living with HIV (PLWH) in this
country? (Probe: for preventive, treatment and support services in public as well as in prison system, for low
and high threshold services).

2. What are the major challenges in delivering these services to IDUs? (Probe: for needed human resources
in public and NGO sector, their capacity and availability, also for legislation, state regulations and for
normative documents which could potentially hamper service provision).

3. Have you worked closely with the UNODC Project TDRUSJ12 “Support to HIV/AIDS and Drug Abuse
Prevention Programs”?

4. If you have collaborated, can we discuss how the approaches suggested and elaborated by the project can
be further disseminated in the region/the country? And in your opinion what impact they could have on the
improved access to services by IDUs? (Probe: for various sectors for implementation and expected impact
timelines).

5. In your opinion what was the most success thus far that this project managed to achieve. Please could you
think of at least two-three most important achievements? (Probe: why these are perceived to be
achievements).

6. In your opinion what are the issues the future projects may need to consider to have success in helping
increase service availability for IDUs? (Probe: for various sectors in public and prison sector, for low and
high threshold services).

(for partners of the project)

7. Could you briefly describe the role of your organization in this project (if any)?

8. How would you describe the role of your organization in addressing HIV and drug use issues in Russian
Federation?

9. Did you require/ receive sufficient training and/or technical assistance in the project?

10. Do you have a system to monitor the progress and evaluate the results of programmatic activities relating
HIV/AIDS and/or drug use? Is information readily available and updated regularly? Is information
compatible for international comparisons?

11. Do you use Addiction Severity Index (ASI) for screening and assessment of HIV/drug use interventions?
(for active NGO – partner of the project)

Organization/Facility Details
   (i).   Name of Organization:
   (ii).  Address, tel, fax, email
   (iii). Director, staff participating in the interview (with positions)

1.    What HIV/drug use services do you currently offer?

2.    What oblasts and/or districts do you reach?

3.    What are the target populations you serve? *Probe for: IDU, former prisoners, PLWH*

4.    How many people [specify target group] do you cover?

5.    What are you aiming to achieve by working with these populations? What is the mission and goals of your organization?

6.    What are the most sought after services by each of the target groups you serve?

7.    What is your estimate of unmet demand for services? How many people are there in the target group(s) you serve that don’t access your services?

8.    What are the 3 most significant challenges (other than funding) for which you need assistance to implement quality HIV prevention, treatment, care and support services?

9.    Can you describe 1-2 best and promising practices of HIV prevention, treatment, care and support work that you implement that you would like to share with others doing similar work?

10.   What are the most commonly expressed needs and challenges/difficulties faced by your target population? Please prioritize needs by assigning numbers with the 1st being the most essential 5 being the least essential.

11.   What systems do you have in place to measure the quality of the services you provide? How often do you assess the quality of your services?

12.   If you could design and implement the ideal HIV service delivery system for the target group you service, what would it look like?

13.   Please comment on the level of integration of the services you provide with other government and NGO services in your area? Is the integration effective? What makes it effective? If it isn’t effective, what are the reasons for this?

14.   What are your 3-5 most significant and important organization and management systems strengthening needs?

Thank you for your cooperation and for the provided information
### Annex 6. Project Expenditures

**RUSJ12FRU expenditures per year by outputs**

<table>
<thead>
<tr>
<th>Outputs/Year</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output 1</td>
<td>$73,602.00</td>
<td>$3,390.00</td>
<td>$20,721.49</td>
<td>$69,639.12</td>
<td>$175,188.49</td>
<td>$16,730.31</td>
<td>$359,271.41</td>
</tr>
<tr>
<td>Output 2</td>
<td>$0.00</td>
<td>$75,787.60</td>
<td>$53,591.26</td>
<td>$63,837.25</td>
<td>$18,806.81</td>
<td>$0.00</td>
<td>$212,022.92</td>
</tr>
<tr>
<td>Output 3</td>
<td>$0.00</td>
<td>$140,748.00</td>
<td>$132,036.60</td>
<td>$124,180.29</td>
<td>$83,007.77</td>
<td>$26,664.77</td>
<td>$506,637.43</td>
</tr>
<tr>
<td>Output 4</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$69,699.12</td>
<td>$35,872.44</td>
<td>$112,135.32</td>
<td>$22,315.02</td>
<td>$240,021.90</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$73,602.00</td>
<td>$219,925.60</td>
<td>$276,048.47</td>
<td>$293,529.10</td>
<td>$389,138.39</td>
<td>$65,710.10</td>
<td><strong>$1,317,953.66</strong></td>
</tr>
</tbody>
</table>

**RUSJ12FRU Operating Costs per year by category**

<table>
<thead>
<tr>
<th>Description</th>
<th>Calendar year 2007</th>
<th>Calendar year 2008</th>
<th>Calendar year 2009</th>
<th>Calendar year 2010</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
<td>a+d</td>
</tr>
<tr>
<td>Travel in projects</td>
<td>$27,610</td>
<td>$4,136</td>
<td>$14,160</td>
<td>$11,243</td>
<td><strong>$57,149</strong></td>
</tr>
<tr>
<td>Personnel Costs</td>
<td>$27,776</td>
<td>$49,246</td>
<td>$149,274</td>
<td>$167,943</td>
<td><strong>$394,239</strong></td>
</tr>
<tr>
<td>Premises</td>
<td>$11,865</td>
<td>$2,118</td>
<td>$8,744</td>
<td>$23,337</td>
<td><strong>$46,064</strong></td>
</tr>
<tr>
<td>General Operating Expenses</td>
<td>$9,485</td>
<td>$4,891</td>
<td>$5,045</td>
<td>$9,872</td>
<td><strong>$29,293</strong></td>
</tr>
<tr>
<td>PSC to UNODC-UNODC impl. proj</td>
<td>$48,304</td>
<td>$53,683</td>
<td>$52,249</td>
<td>$73,803</td>
<td><strong>$228,039</strong></td>
</tr>
<tr>
<td>PROJECT TOTAL</td>
<td><strong>$125,040</strong></td>
<td><strong>$114,074</strong></td>
<td><strong>$229,472</strong></td>
<td><strong>$286,198</strong></td>
<td></td>
</tr>
</tbody>
</table>
Annex 7. Evaluation assessment questionnaire

Project/programme title: Support to HIV/AIDS and Drug Abuse Prevention Programs in the Russian Federation

Project/programme number: TDRUSJ12

The evaluators are required to rate each of the items shown below on a scale of 1 to 5 (1 being the lowest and 5 being the highest), as follows:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Excellent</td>
<td>(90-100 per cent)</td>
</tr>
<tr>
<td>4</td>
<td>Very good</td>
<td>(75-89 per cent)</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
<td>(61-74 per cent)</td>
</tr>
<tr>
<td>2</td>
<td>Fair</td>
<td>(50-60 per cent)</td>
</tr>
<tr>
<td>1</td>
<td>Unsatisfactory</td>
<td>(0-49 per cent)</td>
</tr>
</tbody>
</table>

These ratings are based on the findings of the evaluation and thus are a translation of the evaluation results.

A. Planning

<table>
<thead>
<tr>
<th>Rating</th>
<th>Planning</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Project design (clarity, logic, coherence)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appropriateness of overall strategy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Achievement of objectives</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fulfilment of prerequisites by Government</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adherence to project duration</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adherence to budget</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Implementation

<table>
<thead>
<tr>
<th>Rating</th>
<th>Implementation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quality and timeliness of UNODC inputs</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quality and timeliness of government inputs</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quality and timeliness of third-party (specify–partners) inputs</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>UNODC headquarters support (administration, management, backstopping)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>UNODC field office support (administration, management, backstopping)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Executing agency support</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Results

<table>
<thead>
<tr>
<th>Rating</th>
<th>Results</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Attainment, timeliness and quality of outputs</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Achievement, timeliness and quality of outcomes</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Programme/project impact</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sustainability of results/benefits</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Recommendations

The evaluator should choose ONE of the four options below.

<table>
<thead>
<tr>
<th>Recommendations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue/extend without modifications</td>
<td></td>
</tr>
</tbody>
</table>
E. **Comments**

Overall rating of the project ranges from “Good” to “Very Good”. The project has been successful having shown its relevance and usefulness in the respective context of the selected regions and the entire country. However, transformation of the project’s focus from the service delivery level towards technical assistance in policy development and institutional capacity building employing a right-based and participatory approach to the problem of drug use and HIV/AIDS would enable the project to achieve more substantial and sustainable results.

The recognition of the UNODC role at the level of regional administrations made the case for using this role as an important resource for designing of new social initiatives including services for IDUs and prisoners.